NHS
Barnsley
Clinical Commissioning Group

Annual Report and Accounts 2019/20

Putting Barnsley People First

Message from the Chief Officer

Welcome to the annual report and accounts for NHS Barnsley Clinical Commissioning Group (CCG) for the financial year 2019/20.

I'd like to start by saying how incredibly proud I am of all the key workers, organisations and communities across Barnsley and in our neighbouring areas, who have gone above and beyond in this most challenging of years.

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We could not have known, when we started writing this report that the year would end in such an unprecedented way.

I'd like to offer my thoughts to those families and friends who have experienced the loss of a loved one. Behind those numbers are real people who we must all remember.

In our role as commissioner, we started 2019/20 with a continued drive to integrate the local healthcare system. Significant progress has been made and we now have two important building blocks in place. Firstly GP practices coming together with leadership from Barnsley Healthcare Federation into a Primary Care Network, underpinned by locality networks. Secondly, a single integrated community health service working hand in hand with the GP services.

Both of these have helped tighten relationships locally at a time when working as one across Barnsley has been vital. It is hard to see how we could go back from this. We must hold on tight to the positive things we have seen, to continue to serve Barnsley people the best we can.

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.

Lesley Smith
Chief Officer, NHS Barnsley Clinical Commissioning Group

Making a difference

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.

Children and young people's mental health and wellbeing has continued to be on the national and local agenda this year. We asked young people and their families to tell us what sorts of support and services they needed as part of a new Child and Adolescent Mental Health Service (CAMHS).

Nationally, we know that children and young people are waiting a long time to be seen by Child and Adolescent Mental Health Service, or CAMHS, and this has also been the case in Barnsley. Our aim is to develop a new approach to providing care for children and young people's mental health and emotional wellbeing, which offers a more joined up approach, so they can get the right support at the right time.

In 2019 we heard from the NHS England's Intensive Support Team who carried out an independent review of CAMHS and the separate MindSpace service, which runs in secondary schools. This review helped identify what was working well, and what could work better, to improve outcomes for children and young people experiencing mental health and emotional wellbeing issues. The independent review took place in April 2019 and one of the recommendations was to do an urgent review of service specifications.

As a result we looked at national best practice and spoke to local health professionals about what they think. From the engagement work undertaken by OASIS the Barnsley young commissioners, Chilypep, HealthWatch Barnsley and local MPs amongst others, we have a rich picture of what children, young people, their parents/carers, and professionals expect from a CAMHS service.

We worked closely with OASIS, to develop the specification. The new service is a joined up offer which ranges from low level support to specialist medical support. A key aim of the new service is that children and young people receive support and treatment quickly as we know this is important for getting the best outcomes.

We heard from 142 people who have fed back to us either in person at one of the meetings that we have attended, via one of the two surveys that we have hosted online and provided paper copies of or via email or telephone call directly to the CCG.

The emerging themes from the conversations and feedback that we received has helped to reinforce our direction of travel in relation to our proposals for the new service model for CAMHS and to further inform the service specification.

The feedback helped inform four key elements for the new service which are:

- Provide timely support and offer children and young people robust, ongoing support while they are waiting to be seen.

- A joined up offer of more low-level support as well as specialised medical support.
- The service will support people up to the age of 25 (this would be a gradual change).
- The service will see children and young people outside of school/college hours wherever possible so that they do not have to miss lessons to get support.

Additional feedback, identified through the engagement activities, which we incorporated into the new specification, covers the following areas:

- Children and young people want to be more involved in their treatment and care planning
- Parents and carers would like more support when their child/young person is being seen by CAMHS
- The treatment environment should be child friendly e.g. comfortable furniture and calming décor
- The service should provide technologically-based support tools such as online self-help and apps Increase awareness and training with regard to what support is available
- Offer more support outside of normal hours (not just crisis support)
- Re-model the Single Point of Access (SPA) to make sure people are seen quickly

Next steps

The CAMHS re-procurement process commenced late Feb 2020 but has been suspended due to the Covid-19 pandemic. The decision was taken to extend the contract of the current service providers, South West Yorkshire Partnership Foundation NHS Trust and MindSpace, until 31 December 2020, at which time the position will be reviewed to assess the most effective way of delivering the newly designed CAMHS service.

Continuing Healthcare (CHC)

The NHS target for completed CHC referrals within 28 days is 80%. Two years ago the CCG was completing fewer than 20% of referrals within 28 days and so a redesign of the service took place. This year we are now consistently exceeding the target by completing above 95% of referrals within 28 days, improving both patient experience and outcomes.

The team has seen a reduction in anxiety for individuals and families and an increase in positive feedback, with letters of thanks proudly displayed on the wall and using all feedback in 1-1s and team meetings.

The impact on case management and reviews has been significant too. This is an area where further development work will take place. At the end of December 2018 we were working alongside 434 individuals, 205 of these were overdue for review - 47%. At the end of December 2019, it was 426 people, 65 of these were overdue for review -15%.

The CHC team has implemented additional check points for reviews at six and nine months, with a named nurse assessor working with each individual. This has improved both nursing practice and has received positive feedback from families who have valued the continuity.

The development of the innovative approach to personal health budgets has evaluated well. Whilst not a common care package option, the benefits local man Ben experienced in

his mobility and mental wellbeing through using a therapy Husky has allowed to team to demonstrate the value of continuing healthcare through media coverage.

The team is now thriving, retention is high and they are proud of their progress and the care they give.

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.

This year the NHS Long Term plan set out that GP practices should come together and work with their neighbouring practices to form primary care networks, often referred to as PCNs.

Since the NHS was created in 1948, the population has grown and people are living longer. Many people are living with long term conditions such as diabetes and heart disease, or suffer with mental health issues and may need to access their local health services more often.

To meet these needs, practices have begun working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks.

Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively care for the people and communities they serve. Where emerging primary care networks are in place in parts of the country, there are clear benefits for patients and clinicians.

In July 2019 the GP federation supported and enabled the development of six pre-existing neighbourhood teams into localities in a single primary care network. These teams, each of which has a clinical director, is small enough to provide the personal care valued by both patients and GPs. They can also come together and work as one primary care network which is large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

Clinical pharmacists, employed by the CCG and working in GP practices, have continued to play a central role in the GP practice team. This year we have extended that programme to increase both the number of posts and the role they play in growing the local workforce. These roles were identified in the NHS Long Term Plan as key. Barnsley had already been a leader in this area and so this year, we have reviewed where additional clinical pharmacy roles can make the most difference across the team and borough.

Next steps

Primary care networks are crucial to the development of Integrated Care Systems and in meeting the ambitions in the Long Term Plan. NHS England and Improvement recognise that PCNs are at an early stage of development – our objective is for the Network Contract Directed Enhanced Service (DES) to support PCNs to deliver the ambition for improved

standards of care across the country, setting realistic expectations for delivery that benefit patients.

Draft outline service specifications for April 2020 were developed through a national co-design process with relevant stakeholder groups. In recognition of the breadth and importance of the proposals, drafts were published nationally of the proposed service requirements in December 2019. An engagement period took place.

Whilst there was a level of in-principle support for the aspirations of the individual services, the engagement showed concerns. These included; the workforce implications and the investment general practice is being asked to make in new workforce roles; the level of resource available to support delivery; the level of specificity and length of the specifications and the aggregate effect of introducing all five services from April 2020.

NHS England and Improvement has said they want to provide PCNs with certainty and renewed confidence about their future as rapidly as possible. The feedback has already been informing negotiations on the final GP contract package, which addresses the core concerns raised in a way that continues to respect the existing five year deal, sustains general practice, and secures improvements for our communities.

The strength of the GP federation was highlighted at the end of this year as they took a major and early role in the primary care response to Covid-19 and in supporting primary care resilience.

Performance Report

Signature of the Performance Report by the Accountable Officer

Lesley Smith, Accountable Officer,
18 June 2020

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 registered population of around 260,000, 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 have come to the end of our five-year commissioning strategy 'Putting the NHS Five Year View into Action' and have moved into a year of aligning ourselves to the NHS Long Term Plan.

South Yorkshire and Bassetlaw Integrated Care System (ICS) published plans to significantly invest and improve healthcare for local people – including aims to significantly reduce the number of preventable deaths and illness that are caused by smoking, obesity and mental illness.

The South Yorkshire and Bassetlaw (SYB) Five Year Plan outlines the key areas where £129 million of new indicative funding will be concentrated to address significant healthcare challenges and inequalities in the region.

Healthy life expectancy is lower in South Yorkshire and Bassetlaw compared to the national average, and there are high levels of the common causes of disability and death including smoking, obesity, physical inactivity and hospital admissions due to alcohol. The Five Year Plan aims to address these issues by tackling the 'burden of illness' where it can be prevented from occurring in the first place.

Highlights from the Five Year Plan include new funding for more urgent treatment centres; improved community-based services to prevent unnecessary hospital admissions; investment in digital systems to enhance patient accessibility to online appointments and working more closely with community-based institutions like schools to teach children about good mental health.

Key priorities of the Five Year Plan are to:

- Reduce the number of deaths and preventable harm from smoking, alcohol, obesity and mental illness, including suicide.
- Improve care for people with respiratory illnesses, heart disease and learning disabilities.
- Decrease the number of unnecessary urgent hospital admissions by delivering more community care in the home, utilising paramedics and alternative services to provide healthcare when and where it matters.
- Support older people to stay well through supporting carers and trialling new technology to deliver online healthcare appointments – preventing falls in the home, care homes and hospitals.
- Provide community-based mental health care to support children in schools and adults with complex mental illness to get back, and remain, in work.
- Invest in confidential and secure digital technology to support patients through online appointment bookings, viewing of their own heath records and access to video GP appointments.
- Work in partnership across the 30 Primary Care Networks (PCNs) in the region, ensuring NHS services continue to join-up and offer the best healthcare solutions to patients in their neighbourhoods.
- Invest in flexible workforce schemes, such as a system-wide nursing bank, to ensure improved mobility of staff to work where they are needed.
- Engagement with the public and a range of partners including NHS hospitals, mental health and social care trusts and clinical commissioning groups, and local councils across South Yorkshire and Bassetlaw took place to ensure key healthcare priorities were addressed in the new Plan.

Building on the nationwide NHS Long Term Plan (2019), the outcome from the engagement has enabled the ICS to formulate an achievable and costed Five Year Plan for South Yorkshire and Bassetlaw.

The SYB ICS was set up initially as a 'Sustainability and Transformation Partnership' in October 2016 to modernise and improve the way health, social care, local authorities and the third sector across South Yorkshire and Bassetlaw work together to provide healthcare for the 21st century. Since 2016, the ICS has secured a total of £129 million, which has enabled it to progress with a number of schemes and initiatives to improve regional healthcare services. A further £129 million, which is detailed in the Five Year Plan, is secured for transformation schemes.

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 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 the 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 on extending the pilot work carried out in the Dearne across the rest of the borough during 2019/20.

The integrated team in the Dearne chose 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 2019/20.

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.

The proportion of people waiting more than 4 hours in A&E reduced in January but remained below the standard. The Barnsley urgent and emergency care delivery board held a summit in late 2019 to discuss all aspects of attendances to A&E as well as any subsequent admissions into the hospital. This was to gain a shared understanding of why the number of people attending continued to grow (as with other areas of the country), the health profile of those people attending and where else in the health system could some of these people be better supported.

The summit developed three work streams, one to ensure patients only need to attend A&E where necessary, one to ensure patients who are already known to services and at high risk of attendance/admission are receiving proactive care and have robust care plans in place and a third focussing on behaviour change. System plans to improve pathways and ensure timely access to care are also being developed with partners to avoid hospital admission where this is preventable.

Access to psychological therapies (IAPT) or talking therapies:

Following the recommissioning of this service in 2017/18 the IAPT performance significantly improved during 2018/19 with access, recovery and waiting time performance consistently in line with targets. However, the continued expected growth in performance remained below the required level to deliver the national expectation of 22% (1.83% per month) from the end of 2019/20, and increasing to 25% in 2020/21 and has remained below the increasing target for over 12 months. Monthly meetings are in place with the provider to support the expansion of the service and increase the numbers accessing IAPT services.

Performance summary

CCG Assurance Framework

The NHS Oversight Framework for 2019/20 has replaced the CCG Improvement and Assessment Framework (IAF) and the provider Single Oversight Framework, and informs the assessment of CCGs in 2019/20. It is intended as a focal point for joint work, support and dialogue between NHS England, NHS Improvement, CCGs, providers and sustainability and transformation partnerships and integrated care systems.

In recent years it has become increasingly clear that the best way to manage the NHS's resources to deliver high quality, sustainable care is to focus on organising health at both system and organisational level. NHS England and NHS Improvement are aligning their operating models to support system working. 2019/20 will be a transitional year, with their regional teams coming together to support local systems.

A new approach to oversight will set out how regional teams review performance and identify support needs across integrated care systems (ICSs). This framework summarises how this new approach to oversight will work from 2019/20 and the work that will be done during 2019/20 for a new integrated approach from 2020/21.

Financial Performance

NHS Barnsley CCG achieved all of its financial duties in 2019/20. This is demonstrated in the table on page 16 and within the Annual Accounts. In addition, the CCG ended the year with a balanced budget, in line with NHS England expectations.

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 2020/21 and beyond is challenging. Nationally, CCG average growth allocations for 2020/21 are 4.14%. Barnsley will receive 4.21% as a result of changes in the national formula. Pressures nationally on CCG budgets are expected to continue due to increasing demand for Health services and the impact of Covid-19.

Performance analysis

How we measure performance

NHS Constitution Rights and Pledges and NHS England's Oversight Framework	We monitor our performance against the NHS constitution measures domains within the NHS England and NHS Improvement Oversight 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 2019 to March 2020. These standards relate to any patients registered with a Barnsley GP, wherever they are treated.

It should be noted that Covid-19 will have had an impact on the performance.

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%. (Final figure was 90.91%)	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%. (Final figure was 85.75%)	Not 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%. (Final figure was 90.04%)	Not 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%. (Final figure was 92.24%)	Not achieved
Cancer waits – 62 days	
Maximum two-month (62-day) wait from urgent GP referral to first definitive treatment for cancer – target 85%. (Final figure 80.19%)	Not achieved
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – target 90%. (Final figure wasn88.18%)	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).	Not achieved
Mental health waiting times	
Improved Access to Psychological Services IAPT: People entering treatment against level of need – target 1.83%	Not achieved
Improving Access to Psychological Therapies **(**IAPT) – people who complete treatment, moving to recovery – target 50%	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 2019/20 was as follows:

Duty	**Target** £'000s	**Actual Performance** £'000s	**Achievement**
Expenditure not to exceed income	451,065	451,065	Yes
Capital resource use does not exceed the amount specified in Directions	49	49	Yes
Revenue resource use does not exceed the amount specified in NHS Directions	450,907	450,907	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in NHS Directions	49	49	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	5,872	5,872	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 however there have been a small number of 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, over 90% of patients were seen and treated within 4 hours.

Achievement of the waiting times targets for cancer treatment at Barnsley Hospital has been consistently good with performance targets against key cancer standards achieved in 2019/20.

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 waiting times and recovery rates for talking therapies, or IAPT, services during 2019/20, however access rates remain below the national standard and therefore work in 2020/21 will focus on increasing the capacity of the service and referral rates by expanding to support people with long term conditions.

Primary Care

The formation of a Primary Care Network, hosted by Barnsley Healthcare Federation, has been a significant focus for GP practices and the CCG this year.

The single supra network is underpinned by six neighbourhood teams, which broadly align to the local authority area councils. This year they have formed, appointed clinical directors and have started to build up an understanding of the local health needs of the six areas.

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 2019/20 is £35.8million. £3m of this is provided from grants made directly to the local authority for disabilities facilities and social care adaptations and £13.1m from the Improved Better Care Fund and Winter Pressures Grant. The remaining £19.7m is provided from the CCG baseline allocation.

Note 23, page 15 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 2019/20 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.

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.

Care Quality Commission (CQC) inspections in GP practices

Throughout 2019/20 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

Our community services and mental health provider, South West Yorkshire Partnership NHS Foundation Trust was inspected by CQC in 2019. It received an improved overall rating of ‘good’.

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.

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.

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. One was recorded at Barnsley Hospital NHS Foundation Trust and one at Sheffield Teaching Hospitals in 2019/20.

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 a position on the Board subgroups.

Collaborative working with key partners is imperative in the CCG successfully discharging its safeguarding adult responsibilities. The CCG is a member of the Domestic Homicide Review and Safeguarding Adult Review Executive Panel supporting both the Safeguarding Adults Board and the Safer Barnsley Partnership Board in the commissioning of reviews to ensure that lessons are learned from the way in which local services and individuals work to safeguard adults.

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 Barnsley Safeguarding Children Partnership (BSCP) and its sub groups. The Partnership came into creation in April last year (replacing the previous Safeguarding Board), in response to national changes in guidance (Working Together to Safeguard Children 2018).

Under the new arrangements the CCG has now become an equal partner, and has shared responsibility, with the police and social care. The CCG is represented in these arrangements by the chief nurse and the designated nurse who plays an active part in the sub groups and related work streams.

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 BSCP in delivering a comprehensive audit programme to ensure these objectives are being achieved.

Safeguarding is an ever changing picture and over the last twelve months the partnership has been working hard to ensure staff working with children and families are aware of the modern safeguarding agenda. This includes the relative new concept contextual safeguarding.

Traditionally, the majority of safeguarding concerns for children have come from the threat posed by abuse/neglect form their parents/carers. More recent years has seen a change in this picture with many threats now coming from outside their home. This includes things like criminal exploitation, county lines, modern slavery, trafficking, radicalisation, child sexual exploitation and the risks associated with gang culture. In order to keep staff abreast of changes the partnership has been rolling out training and ensuring relevant policies and procedures are in place.

In order to learn lessons and improve services, the BSCP undertakes reviews 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 safeguarding review panel. Over the last twelve months we have unfortunately experienced cases that have required a safeguarding review and one requiring a learning lessons event. The learning form these is disseminated across all partners and action plans developed and monitored to ensure learning. 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.

Research shows that for those children taken into care their health outcomes are generally not as good as those in the general population. Consequently, the designated nurse has led on several pieces of work to try and promote healthier lives and lifestyle choices. This includes working in partnership with ‘Reds in the Community’ to deliver a 30 week programme of physical activities with inbuilt public health/safeguarding messages and work to address emotional wellbeing.

Additionally, Barnsley College were approached regarding running a course for those about to leave care. The course commenced last year and aims to learn young people basic cooking skills, independence skills, and healthy eating.

A plan has also been developed and implemented with the aim of the reducing teenage pregnancy for children in care. This came as a result of an audit which showed that the numbers of the children in care becoming pregnant was disproportionately high and often led to the baby being removed from their care. The plan incorporated work around extended service provision/support, easier access to sexual health services, and work with schools, training for foster carers and social care staff and involvement of young people regarding service provision. The designated nurse has led on a programme of training on various issues relating to health, including mental health that has been delivered for foster carers, staff in residential homes and staff within social care.

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 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 assessment of CCG's approach to patient and community engagement. Barnsley CCG received the highest rating of Green Star in 2018/19 and expects to retain this Green Star rating, via its self-assessment, in 2019/20.

Our approach to involvement

Our engagement and involvement strategy is available on our website here. It outlines how we are committed to engaging, involving and consulting with a wide range of audiences, using the most appropriate tools and techniques.

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

This year we have developed the way we work in partnership with a range of service user forums which fall under the umbrella of Your Voice Barnsley. This is a collection of supported and service user led forums focusing on specific areas of interest.

We have also been trialling an approach to working with and alongside local communities. As one of a number of organisations working in the Dearne, including health, social care, council schools and community organisations, we heard the priorities people living in that community had.

Local residents were trained up as community champions and went out and about talking to people about emotional wellbeing and resilience and also the things that were top of young people's list. The priorities were made up of the conversations in these communities, rather than what the organisations and agencies thought mattered most. There is more detail about this approach later in this section of the report.

How we involve the public in our governance

Public, community and patient engagement activity 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 and engagement report at every governing body meeting which is presented by the head of communications and engagement.

Where appropriate engagement and/or consultation proposals are also submitted to the local Overview and Scrutiny Committee. Where matters span more than one CCG area, such as in the case of work across the South Yorkshire and Bassetlaw Integrated Care System, a joint overview and scrutiny committee will be receive proposals.

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 assessments (EIA) are an integral part of our commissioning processes. This 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.

Our equality objectives are published on our website as well as our Public Sector Equality Duty report.

How we involve you to make a difference

To help support the work do to go out and talk to people and groups, 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).

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 Your Voice Barnsley groups. 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 2019/20 people have talked to us 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. These link through to the CCG website.

- Procurement of a new Children's and Young People's Mental Health Service for Barnsley – Recruitment of Parent/Carer Representative to be involved as a member of the procurement panel
- Recovery College Review
- Access to infertility treatment
- Developing a new Child and Adolescent Mental Health Service (CAMHS) for Barnsley
- Developing community services and neighbourhood teams across Barnsley
- Help shape the future of health and care services in your area. Looking at what the NHS Long Term Plan means for local communities - events and survey
- Health checks for people with a learning disability or autism - July 2019 at Barnsley Metrodome
- Partnership working in the Dearne - two surveys launched to gain feedback in relation to (1) Emotional wellbeing (people of working age) and (2) Engagement with Children and Young People of Secondary School Age
- Diabetes advice and support
- Developing a Vision Strategy for Barnsley

Engagement across South Yorkshire and Bassetlaw

The CCG is a partner in the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). The ICS is a group of partners involved in health and social care that have agreed to work together to improve health and care. The ICS has made a commitment to involving patients and the public in health service developments.

With support from voluntary sector partners the ICS has undertaken extensive involvement work with public and patients to inform the work of the Hospital Services Review Transformation Programme (read our engagement reports from the HSR work here). Partners have also worked with community, patient and voluntary groups as well as staff to inform work across a range of areas, including over the counter medicines, autism, emergency admissions from care homes, children's healthcare website, stoma care, and the development of the South Yorkshire and Bassetlaw 5 year plan.

To support the work of the ICS in improving health and care services for the SYB population a SYB ICS Guiding Coalition has been established. This is an advisory forum which includes voices from primary and secondary care clinicians, local authorities, voluntary sector and the public.

The Citizens' Panel has continued to develop, bringing together people from across the region to provide an independent view and act as a critical friend on matters relating to work being done by the ICS (find out more about the Citizens Panel here), a Transport and Travel Panel (TTP) with patients and the public membership from across the region, to look at the potential impact of service change. At the moment the TTP is not meeting as there are no significant changes in the pipeline but it will be reinstated should this change.

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 system. Members of the public can keep up to datewith ways in which they can contribute their thoughts, views and time through the ICS's social media channels and by signing up to an ICS mailing list.

Detail about feedback received and how we put it to use is available at 'Using your feedback' page.

Hospital Services

In August 2017 the ICS commenced a clinical review of hospital services in the region. Patient, public and clinical involvement was critically important to this work. The review used a number of engagement methods to support the hospital services review, which has been detailed in previous annual reports, and an outline of the engagement undertaken can be found here: https://www.healthandcaretogethersyb.co.uk/get-involved/using-your-feedback

In August and September 2019 the South Yorkshire and Bassetlaw Integrated Care System's Hospital Services Review Case for Change report was received by all of the ICS partners' Clinical Commissioning Group Governing Bodies and the Trust Boards. The full report was published online on the 6th August and a press release about the report was published on the same day.

Extensive patient and public engagement has taken place throughout the development of the Hospital Services Revie and discussed at Trust Board and Governing Body meetings. Additionally the key recommendations from the report have been used to seek opinions from parents/carers who were most likely to be affected by the recommendations in the report, which focusses on maternity and paediatric services. It was also an opportunity to return to the parent/carer groups from whom we heard regularly in earlier Hospital Services Review engagement exercises to demonstrate how their input had helped shape the recommendations in this report.

The South Yorkshire Community Foundation (SYCF) charity carried out focus groups with parent/ carer groups in South Yorkshire, these included a group which supports young long-term unemployed mothers. The group aims to help overcome inequalities and the lack of access to services which has a direct impact on people with low incomes. The charity is working to support the emotional wellbeing and mental health of mothers and their families during pregnancy, birth and afterwards; and has been supported by the Bassetlaw Community and Voluntary Service who have conducted focus groups with parent/ carer groups in Bassetlaw children's centres in disadvantaged communities.

The full reports from these engagement activities can be found here.

NHS Long Term Plan

The NHS Long Term Plan was published by NHS England in January 2019 and set out how the NHS will improve the quality of patient care and health outcomes. The South Yorkshire and

Bassetlaw Integrated Care System (ICS) along with all other ICS/STPS in the country was then tasked with working with their local partners to develop their local response and producing an ICS five-year strategic plan. As an essential part of this process wide engagement with health and care staff, patients, the public and other stakeholders across South Yorkshire and Bassetlaw has taken place.

The Barnsley, Doncaster, Nottinghamshire, Rotherham and Sheffield Healthwatches joined forces to co-ordinate conversations with more than 1500 members of the South Yorkshire and Bassetlaw public throughout the spring and summer 2019. They asked people, either by survey or in face to face group conversations about their views on the priority areas that had already been identified by the public in similar conversations in 2016.

SYB ICS also connected and had conversations with staff and stakeholders online and through partner organisations, our ICS Staff Side Forum, forums and at events.

There are three reports outlining the feedback and a summary of how the feedback has shaped the Plan, available online here.

Reducing Emergency Admissions from Care Homes

The urgent care workstream wanted to look at how in SYB we might reduce the numbers of people who are taken to hospital clinically inappropriately. The ICS engagement team visited three care homes in June 2019 and spoke to staff and residents to gain some insight into why they typically call ambulances and whether the residents would prefer to have the support they need to stay where they are living or would prefer to go to hospital or a hospice.
The findings from this insight gathering exercise were provided to the urgent care workstream for them to utilise and are available on our website here.

Children's healthcare website

The Care of the Acutely Ill Child Clinical (CAIC) Work-stream and the SYB Local Maternity System (LMS) want to put in place a 'Healthier Together' website to provide health information and advice for pregnant women, children, young people and their families across the SYB. Based on the successful Healthier Together 0-18 Hampshire Website, the CAIC work-stream and SYB LMS wanted to replicate this website resource across SYB ICS to:
a) provide a clinically led website with simple health information that is easy to navigate for pregnant women, children, young people and their families
b) support the consistency of information between SYB services, Trusts and between primary and secondary care on a range of conditions including the most common illnesses – to improve patient outcomes
c) promote and guide choice and personalisation in access to care
d) provide a facility for system wide patient engagement
e) reduce costs to services by providing health professionals with a free SMS facility to share patient information with pregnant women, children and their families
f) support reductions in child and adolescent GP attendances and hospital admissions as seen across Hamsphire.
A survey was launched in October 2019, online and via partners' circulation to seek the views of pregnant women, children, young people and their families, and health professionals on the website and the concept. The survey closed in January 2020 having received just under 100 online responses. The responses were analysed and used to inform the business case. The analysis is available on our website here.

Autism

Autism is a key priority for the ICS across 'all-ages' and there is a clear commitment to becoming more autism friendly. To take this forward, and to ensure all stakeholders, including patients and their carers, are involved in developments a Workshop, co-produced by Speak Up, was held on the 10 October with representation from schools, health, voluntary sector organisations, social care, police, experts by experience, parents and carers. Patient stories, from people who weren't able to be at the workshop but wanted their story told, were gathered by the ICS engagement team, and were heard at the workshop. Some of the outcomes from the workshop can be found on our website here.

During the workshop areas of focus for the SYB wide autism work were agreed and these are now being taken forward by Task and Finish Groups for each of the themes. The ICS engagement team continues to work on behalf of the workstream, and with Speak Up to ensure patients and their carers are given the opportunity to share their views and help shape the direction of travel. This includes ensuring the voices of the seldom heard communities and those not directly involved with autism support services are heard.

Over the counter medicines

In late 2018 the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) undertook a public engagement campaign designed to raise awareness of planned changes to prescribing of over the counter (OTC) medicines for minor, common, short-term health concerns.

The campaign evaluation report told us:

- 82% of respondents said they would be happy to purchase their medicine OTC if told to do so by a GP
- People are reasonably confident to treat themselves where appropriate – either without further medical assistance or with advice from a pharmacist
- Knowledge of what prescriptions actually cost the NHS is relatively low

Phase two of the campaign builds on the success of the 569million reasons brand and voice. It is a digital campaign comprising of online and social media content to help drive engagement with the message across South Yorkshire and Bassetlaw. The narrative of phase two is strongly based on the findings from the engagement in phase one. A snap shot of viewpoints from small numbers of the public and clinicians was also used to pilot the phase two materials before they were launched in January 2020.

Stoma

The Medicines optimisation workstream identified that across South Yorkshire and Bassetlaw, stoma services are provided in many ways. To help them understand this better they first held a focus group with stoma patients from across South Yorkshire and Bassetlaw. The focus group gave their views and also helped to develop a survey to be sent via GP practices to current and recent stoma patients to ask them about their experiences of the stoma products that they order and receive (in order to receive more quantitative data to support the qualitative insight gathered from the focus group). The survey is running from January to April 2020. The findings will inform the future development of stoma services across South Yorkshire and Bassetlaw. A summary of the findings will be available on our website here after the survey closes and the findings have been analysed.

Children's surgery and anaesthesia

Over the last few years work has been taking place in South Yorkshire and Bassetlaw, across all of the hospitals, to make sure the children's surgery that takes place is safe and can remain safe in the future when faced with the many things that change healthcare delivery, such as new technologies and staffing numbers.

This work has overwhelmingly found that the majority of children's surgery can continue to be delivered as it currently is in South Yorkshire and Bassetlaw's hospitals.

However, surgery for abdomens (appendicectomy) is complex and the recommendation from all the doctors and nurses who looked at this, was that a change should be made to the treatment of appendicitis in children under the age of 8, or if the care of the child is likely to have some clearly identified complexities (for example if the child has another complicated medical or surgical condition at the same time as appendicitis).

The number of appendicectomies (surgery to remove the appendix) undertaken in South Yorkshire and Bassetlaw each year on children under 8, or with significant complexities, is very small.

Children under 8 are not 'small adults' and clinicians believe that if children need an appendicectomy, it is better and safer for them to be seen by a surgeon who is trained to, and regularly operates on, young children.

The majority of appendicectomies are not time-critical, meaning they do not need to be carried out within hours of diagnosis. Children who need an appendicectomy can be safely moved.

Therefore the proposal was for children aged under 8, and for children with complex needs, appendicectomies should be conducted at Sheffield Children's Hospital. This would affect around 40 children a year.

All other appendicectomies on children aged 8 and above would continue to be performed in all of the South Yorkshire and Bassetlaw hospitals where they are currently performed (this would continue to exclude Bassetlaw Hospital, which does not carry out this surgery on children).

In the very rare case of a time-critical emergency, such as a burst appendix (rather than appendicitis), the procedure would be likely to be carried out in the hospital where the child had first arrived.

An engagement exercise was undertaken in early 2020 with those most likely to be affected by this decision (parents/ carers and young people who may be parents in the future) to test their views on the proposal. The summary of this engagement will be available here once the survey has closed and been analysed.

Gluten free

In July 2019 the Joint Committee of Clinical Commissioning Groups was asked to consider whether the CCGs for Barnsley, Bassetlaw, Doncaster, Sheffield and Rotherham should undertake a public engagement around changing the prescribing of gluten free products in some parts of the region so that it is all inline. They agreed that involvement activity should take place to allow potentially affected citizens and stakeholders the opportunity to share their views on the inconsistencies between each place and whether CCGs should consider aligning prescribing processes to make the access to prescriptions for gluten free products equitable

across South Yorkshire and Bassetlaw. This involvement activity was a targeted exercise using face to face engagement with individuals and groups to ensure a cross-section of views are captured. The outcomes of this engagement exercise will be available here.

Hip and Knee

The elective and diagnostics workstream wanted to get views from patients to a proposal that hip and knee follow up appointments would continue to be provided in each hospital, however where a patient is in agreement the final one year appointment would be virtual, meaning the patient doesn't need to attend a clinic and be seen in person. The ICS engagement team visited hip and knee outpatient clinics in Bassetlaw, Mexborough and Doncaster hospitals in June 2019 and spoke to patients waiting for their appointment. The summary of this engagement can be found here.

Developing a Hyper Acute Stroke Unit (HASU) Aphasia friendly leaflet

Receiving specialist treatment in the first 72 hours after having a stroke is vital for patients to survive, and to survive well. The NHS across South Yorkshire and Bassetlaw is now better able to provide this specialist care. After significant work, clinical input and public consultation, changes to the way we deliver hyper acute stroke services came into place from 1 July 2019 for Rotherham patients and 1 October 2019 for Barnsley patients.

To support the changes work was undertaken with an aphasia stroke survivors group to help develop a leaflet about HASU that would be accessible for those who have aphasia, which is a language disorder that results from damage to portions of the brain that are responsible for language.

Echo

The elective and diagnostic workstream wanted to seek patient opinion on the idea of offering for patients' repeat Echo scans to be undertaken locally. The ICS engagement team visited the Northern General in May 2019 and spoke to patients waiting to go into echo clinic. The summary of this engagement can be found here.

Innovation Fund bid assessments

The urgent and emergency care workstream set up an urgent and emergency care innovation fund. With just under £400,000 funding available for local place partnerships and SYB organisations to bid for monies to help them develop innovative urgent and emergency care approaches that if successful could be rolled out wider in SYB. A panel was established to assess the bids and the ICS engagement team facilitated the involvement of Healthwatch to sit on the panel to represent the patient voice in the decision making.

Suicide and the media

South Yorkshire and Bassetlaw (SYB) has a higher suicide rate than the England average. In May 2019 the SYB ICS held a workshop to discuss what can be done differently to better support those who are bereaved by suicide and to raise awareness to support other vulnerable people and prevent suicide in South Yorkshire and Bassetlaw. To help inform the workshop the ICS engagement team reached out to families bereaved by suicide to hear their stories. A short video with the experiences of the families was made and shared at the workshop and online here.

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.

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 NHS Long Term 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 part of the PDA's Health Inequalities Targeted Scheme (HITS), our focus in 2019/20 has been on enhancing care for people with Cardiovascular Disease (CVD), Diabetes and Chronic Obstructive Pulmonary Disease (COPD).

Following a review of cervical screening data, the CCG commissioned additional cervical screening sessions in the evening and at the weekend. This pilot was aimed at women who traditionally were not taking up their screening invitation.

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. The QUIT programme was launched at Barnsley Hospital this year offering stop smoking support for inpatients.

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). It is the focal point for health and wellbeing decision making, and drives collaboration, integration and joint commissioning.

The JSNA is a dynamic data set which is now update as new data becomes available. It is also complemented by a population health management approach which will be providing data to inform planning on a more localised level.

The Health and Wellbeing Board strategy for Barnsley will be reviewed in 2020 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.

Governance

The CCG has a sustainability lead (the Head of Governance & Assurance) and has put in place a Sustainable Development Strategy and Management Plan. This was refreshed in 2018/19 with the support of our staff engagement group, the Radiators, and has been kept under review during 2019/20. 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:

Commissioning	
Using our influence as a commissioner	• We work with our providers to ensure they are delivering their own stretching carbon reduction targets. • As described in this report, the 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 2019/20 we continued an ambitious medicines ordering – safety and waste programme which is successfully reducing medicines waste associated with third party ordering.
Corporate	
Travel & mobile working	We: • Encourage CCG staff to car share or engage in active travel. • Introduced a trial electric bike for all staff to use during work time to travel to and from meetings. • 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. • Provide a car lease option for our staff which offers preferential terms for electric vehicles. • Are exploring installing a charging point for electric vehicles at our premises.
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 and have upgraded our printers to more efficient models. • Where appropriate staff are provided with mobile devices and are expected to use these rather than paper in meetings.
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.
Buildings	• We work with NHS Property Services on all aspects of estates sustainability as a tenant, for example, the boiler at Hillder House has been replaced and we have put thermostats on our radiators. • 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 2019/20 are provided below, along with comparators from 2018/19:

Total NIA (m^2)	19/20 Elec kWh	19/20 Elec Cost	19/20 Gas kWh	19/20 Gas Cost	19/20 Water m^3	19/20 Water Cost
2019/20	64,150	£12,205	128,868	£4,796	8,446	£1,039
2018/19	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 an 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 and NHS Improvement of our preparedness.

The CCG played its role in the Covid-19 pandemic. We operated our own emergency response both for the CCG, for the ongoing delivery of primary care in Barnsley and as partners in the Barnsley and South Yorkshire wide response.

Accountability Report

Signature of the Accountability Report by the Accountable Officer

Lesley Smith, Accountable Officer,
18 June 2020

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.

During 2019/20 the Governing Body was 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 2019-20 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	9/9
Dr John Harban	Elected Member	1 April 2013, reappointed 1 April 2015, 1 April 2018	9/9
Dr Sudhagar Krishnasamy	Elected Member & Medical Director (from 1 July 2019)	1 April 2013, reappointed 1 April 2017	8/9
Dr Mark Smith	Elected Member	1 April 2015, reappointed 1 April 2018	7/9
Dr Adebowale Adekunle	Elected Member	18 July 2016	8/9
Dr Jamie MacInnes	Elected Member	10 December 2018	8/9
Dr Mohammed Hussain Kadarsha	Elected Member	1 April 2017	9/9
Vacant	2 x Elected Members		Vacant
Nigel Bell	Lay Member for Governance (Conflicts of Interest Guardian)	20 July 2017	8/9

Name	Position on the Governing Body	Appointment dates	Attendance record*
Chris Millington	Lay Member Representative for Patient and Public Engagement and Primary Care Commissioning	1 April 2015, reappointed 1 April 2018	9/9
Sarah Tyler**	Lay Member for Accountable Care	1 April 2017 – 30 August 2019	3/3
Vacant	Practice Manager Member	Vacant	Vacant
Mike Simms	Secondary Care Clinician	1 September 2013, reappointed 1 April 2017	8/9
Martine Tune***	Chief Nurse (Acting)	13 July 2018 – 30 June 2019	2/2
Jayne Sivakumar	Chief Nurse	1 December 2019	3/3
Lesley Smith	Chief Officer (and Accountable Officer)	28 July 2014	7/9
Roxanna Naylor	Chief Finance Officer	19 June 2017	9/9

* In 2019/20 there have been 6 bi-monthly Governing Body meetings, 1 extraordinary meeting, 1 emergency meeting by teleconference, and the AGM

**The Lay Member for Accountable Care resigned in August 2019 after which this position remained vacant for the remainder of the year

***The Chief Nurse (Acting) was on secondment from 1 July 2019. The Deputy Chief Nurse, Jayne Sivakumar, attended Governing Body in a non-voting capacity until she was made substantive Chief Nurse from 1 December 2019.

Committees, including Audit Committee

During 2019/20 the following members of the Governing Body were members of the CCG's Audit Committee: Nigel Bell, Chris Millington, and Dr Adebowale Adekunle. There was a vacancy for a Member of the Membership Council to serve as a Member of the Audit Committee throughout 2019/20.

All CCG's are required by statute to have an Audit Committee and a Remuneration Committee (for details see remuneration report, page 73). 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 in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

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 2020 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
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and 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 accounts; and,
- Prepare the accounts 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
18 June 2020

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 2019, 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:

- Had an application approved by NHS England to move to the new model constitution from 1st April 2020
- As part of this application, reduced the number of posts on the Governing Body from 17 to 13, made provision for future non-material changes to the Constitution to be approved by Governing Body, and enhanced arrangements for Membership Council meetings by making formal provision for deputies and virtual decision making
- Embedded more streamlined arrangements for bi-monthly Governing Body meetings
- Enhanced the committee reporting template to provide greater clarity and assurance across the full range of the CCG's statutory and regulatory duties
- 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
- Further embedded arrangements with respect to managing conflicts of interest by requiring relevant staff to complete all three of the online modules provided by NHS England, and providing specific guidance and training provided to Committee Chairs and Committee Secretaries
- Undertaken a review of CCG Committee Effectiveness.

During 2019/20 NHS England has continued to oversee the performance and development of the CCG through its Oversight Framework (formerly known as the Improvement and Assessment Framework). The 2019/20 year-end assessment will be published by the CCG when it has been received from 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.

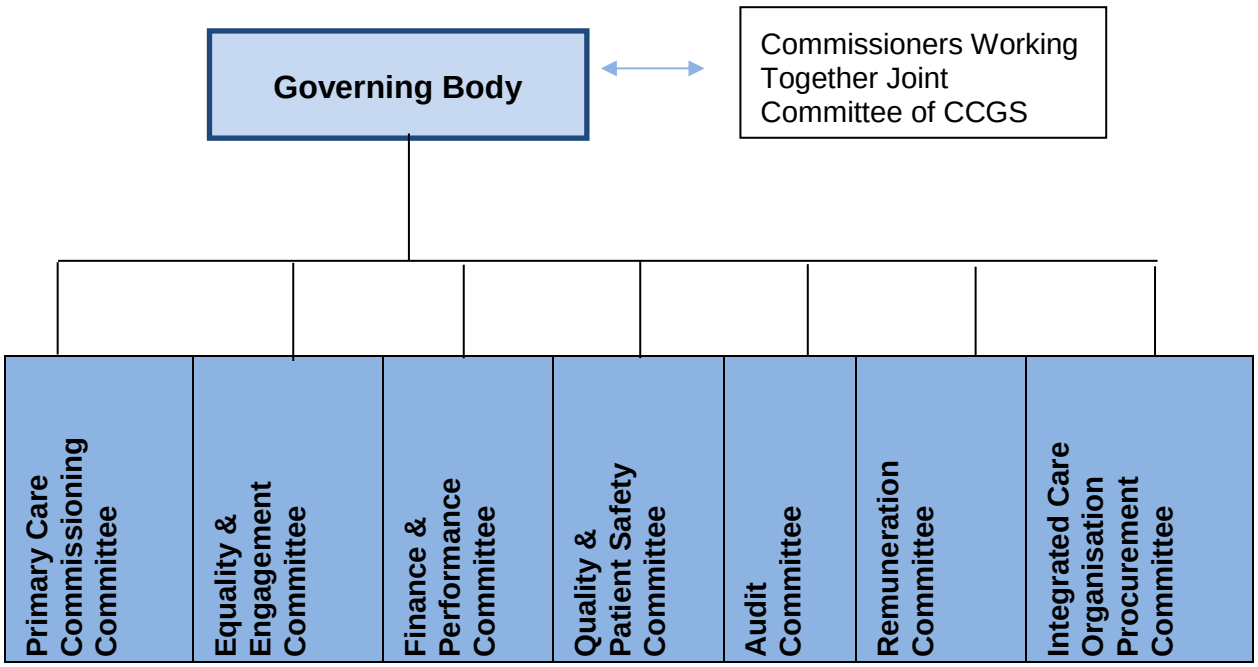
Governance Arrangements and Effectiveness

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 in 2019/20 elected 9 Members to the Governing Body. The Membership Council met 6 times during 2019/20. 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 2019/20 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 37), and the remuneration paid to senior managers (in the Remuneration Report, page 74).

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 Governance Handbook on our website (https://www.barnsleyccg.nhs.uk/about-us/governance-handbook.htm). Minutes of all Committees are reported to the Governing Body, significant matters are escalated through the Risk Management Framework (described on page 56), 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	5/5
Lay Member for PPE & Primary Care Commissioning	Chris Millington	5/5
Elected Governing Body Member	Dr Adebowale Adekunle	3/5

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	9/10
Governance Lay Member	Nigel Bell	9/10
Elected Governing Body Member	Dr John Harban	9/10
Elected Governing Body Member	Dr Jamie MacInnes	10/10
Elected Governing Body Member	Dr Adebowale Adekunle	9/10
Member of the Membership Council	Dr Andy Mills	7/10
Chief Officer	Lesley Smith	6/10
Chief Finance Officer	Roxanna Naylor	10/10
Head of Planning, Performance and Delivery	Jamie Wike	9/10

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** **(April 2019 – March 2020)**
Associate Medical Director (Chair) – until July 2019	Dr Sudhagar Krishnasamy	2/2
Medical Director (Chair) – from August 2019	Dr Sudhagar Krishnasamy	3/4
Chief Nurse Acting (Deputy Chair) - until June 2019	Martine Tune	2/2
Deputy Chief Nurse (Deputy Chair) - from July 2019 to December 2019	Jayne Sivakumar	2/2
Chief Nurse (Deputy Chair) - from December 2019	Jayne Sivakumar	1/2
Governing Body Secondary Care Clinician	Mike Simms	6/6
Governing Body Member	Dr Mark Smith	6/6
Governing Body Member (from October 2019)	Dr Adebowale Adekunle	2/3
Lay Member for Public and Patient Engagement	Chris Millington	5/6
Head of Medicines Optimisation	Chris Lawson	5/6
Senior Primary Care Commissioning/Contracting Manager - until December 2019	Julie Frampton*	1/4
Head of Primary Care from December 2019	Julie Frampton*	0/2
Primary Care Transformation Manager	Terry Hague**	5/6
Membership Council Rep	Dr Ibrar Ali	2/6
Membership Council Rep	Dr Shahriar Sepehri	3/6

* Nominated a deputy to attend on her behalf

** Deputy nominated to attend on behalf of Julie Frampton

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)	Chris Millington	4/4
Chief Nurse (Acting) (Deputy Chair) from July 2019	Martine Tune	0/1
Chief Nurse (1 July 2019 onwards) (Deputy Chair)	Jayne Sivakumar	1/3
Member of the Membership Council	Dr I Saxena	2/4
Head of Communications and Engagement	Kirsty Waknell	4/4
Senior Primary Care Commissioning Manager (Deputy attended May 2019 meeting)	Julie Frampton Louise Dodson	3/3 1/1
Elected Governing Body Member	Dr A Adekunle	3/4
Healthwatch Barnsley	Susan Womack	3/4
Equality and Diversity Lead	Colin Brotherston-Barnett	4/4
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 PPE and Primary Care Commissioning (Chair)	Chris Millington	4/4
Lay Member for Governance	Nigel Bell	4/4
Chair of the Governing Body	Dr Nick Balac	3/4
Elected Governing Body Member	Dr John Harban	3/4
Elected Governing Body Member	Dr Jamie MacInnes	4/4
Governing Body Secondary Care Clinician	Mike Simms	2/4

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	5/5
Lay Member for Accountable Care (Vice Chair) (left CCG 30 August 2019)	Sarah Tyler	1/2
Lay Member for Governance	Nigel Bell	5/5
Chief Officer	Lesley Smith	3/5
Governing Body Secondary Care Clinician	Mike Simms	5/5
Head of Governance & Assurance	Richard Walker	4/5
Clinical Advisers	*Name*	
Chair of the Governing Body	Dr Nick Balac	1/5
Associate Medical Director (to 30 June 2019) Medical Director (from 1 July 2019)	Dr Sudhagar Krishnasamy	5/5
Elected Governing Body Member	Dr Mark Smith	5/5

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 the 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, Barnsley Healthwatch, 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.

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 Health & Wellbeing Board is responsible for oversight of the Better Care Fund. 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.

Information about South Yorkshire Commissioners and Providers Working Together

Joint Committee of Clinical Commissioning Groups

In 2015 the CCG became a member of the Joint Committee of CCGs (JCCCG). Initially the Committee had delegated authority to only make decisions on two service areas (Hyper Acute Stroke Services and some out of hours Children's Surgery and Anaesthesia services). In June 2019 CCGs agreed revised delegated authority for decision making for a new set of priorities, which can be found by visiting the ICS website here. These were accompanied by a revised Manual Agreement, Terms of Reference and Work plan for the JCCCG.

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). 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 2019/20, the ICS evolved, with some existing groups continuing to meet, and other additional groups meeting:

The System Health Oversight Board

The System Health Oversight Board (HOB) is the primary governance group comprising Executive and Non-executive members from across SYB statutory bodies and the regional NHS Bodies. The HOB provides a joint forum between health providers, health commissioners, NHS England and 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.

A key purpose of the HOB is to give assurance to partners and the regions on progress and delivery and to give strategic direction on healthcare issues. The HOB meets quarterly.

Membership of the HOB is drawn from the SYB health community, the regions and arm's length bodies and includes Chairs from the Mental Health Alliance, Joint Committee of CCGs x 2, Acute Providers Committees in Common, Health and Wellbeing Boards and Healthwatch as well as a lead for Primary Care Networks from each place and the Executive membership.

Health and Care Partnership Board

The Health and Care Partnership Board (CPB) continues the work of the Collaborative Partnership Board, and as well as including the chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, umbrella Voluntary Action organisations, Healthwatch organisations, NHS England and other arm's length bodies it is a key forum for engaging with the chief executives from the local authorities in South Yorkshire and Bassetlaw.

The System Health Executive Group

The System Health Executive Group (HEG) is the primary executive group comprising Chief Executive and Accountable Officer members from each health statutory organisations across the ICS and other partner organisations across Yorkshire and the Humber, to plan and deliver strategic health priorities which require collaborative working across the SYB ICS footprint.

The Integrated Assurance Committee

The Integrated Assurance Committee has non-executive and lay member representatives as well as executive membership. The purpose of the Integrated Assurance Committee is to provide assurance to the partners and to regulators on the performance, quality and financial delivery of health and care services within the five places and across the system in South Yorkshire & Bassetlaw.

The ICS System Health and Care Management Team

The ICS System Health and Care Management Team includes accountable officers and chief executives, directors of strategy, transformation and delivery and directors of finance.

Workstream Programme Boards

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. A review of governance and ways of working led by an independent expert who engaged with system partners to develop the proposals for new partnership arrangements led to the revised governance that has been introduced in 2019.

Following the publication of the NHS Long Term Plan in January 2019, the ICS has been working with partners, staff, patients, public and stakeholders on the development of a South Yorkshire and Bassetlaw 5 Year Plan which was launched in January 2020.

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 working more closely with the voluntary sector, cyber security, CAMHS, developing neighbourhood teams, population health management, the future of commissioning, and learning disabilities
- Statutory and Mandatory training has been provided for Governing Body members in conflicts of interest management, 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 has been completed – the survey found a high level of satisfaction with the conduct of the CCG's business although a small number of areas for improvement were identified.

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 1983 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. These arrangements have been subject to external scrutiny through a range of processes, including the NHS England CCG Oversight Framework, as highlighted on page 13.

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 2019/20 was on commissioning and procurement of primary medical services. The report provided substantial assurance over the CCG's arrangements and raised just two low risk recommendations.

During 2019/20 the Constitution has been subject to further review and amendments have been made. Most significantly the CCG has adopted the new model constitution for CCGs, which offers a range of benefits: it provides consistency with neighbouring CCGs all of which have adopted the new model, provides greater flexibility to accommodate future changes to commissioning arrangements, and simplifies future governance by allowing Governing Body to approve non material changes to the Constitution going forward. Whilst in most respects the new model simply incorporates our existing arrangements into the new format, the opportunity has been taken to bring forward a number of other changes which we feel will enhance our governance as we enter a period of uncertainty and change, notably:

- Provision for Membership Council to extend maximum periods of continuous service from 7 to 9 years, enabling us to retain experience and capacity until the future of commissioning becomes clearer
- Reduction in the size of the Governing Body from 17 to 13 members, which will make a significant contribution to the delivery of our running costs targets whilst retaining sufficient capacity to maintain our effectiveness.

An application to make these changes was submitted to NHSE for review on 31 January 2020 and formal approval was received on 25 March 2020.

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:

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 on a quarterly basis.

These arrangements have continued to evolve and become further embedded in 2019/20:

- Building on work undertaken in the previous year, the Governing Body Assurance Framework (GBAF) was refreshed early in 2019/20 in order to enhance its clarity and relevance by ensuring the risks were related directly to the key priorities and deliverables in the *NHS Operational Planning and Contracting Guidance 2019/20*

- Following the review, 'digital and technology' was added to the existing priority areas on the GBAF (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 three low risk recommendation made
- Following the Head of Internal Audit Opinion Stage 2 work 360 Assurance reported that the GBAF has continued to be presented throughout the year to the Governing Body and its sub-committees in accordance with the CCG's Integrated Risk Management Framework thereby ensuring it is subject to robust scrutiny and challenge. Actions and assurances within the GBAF are being updated throughout the year, although there is further scope for actions to be SMART, clearly link to gaps in control/assurance and to include an expected completion date to aid review and challenge.
- A 360 Assurance Internal Audit review of the CCG's Governance & Risk Management, completed in September 2019, reviewed the CCG's arrangements in three areas: Strategic Objectives and Values, Governing Body and Sub-Committee Governance, and Strategic Risk Management Arrangements. The CCG received a 'significant assurance' opinion in each of these areas.

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 2019, was held at the Digital Media Centre in Barnsley and was attended by 12 Governing Body members, 18 members of CCG staff, and 22 members of the Barnsley public from a wide range of stakeholders
- The Our Public Engagement Network (OPEN) has been created, 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 2019/20, are described in detail from pages 62 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. Page 43 describes the governance structure of the CCG, while page 55 describes the approach to risk management, and explains 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 2019	5	19	4	3
Sept 2019	5	21	3	3
March 2020	6	16	3	4

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 2019	Status at March 2020
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; additional primary care capacity via iHeart and home visiting service; OOH services being remodelled as part of neighbourhood team mobilisation & PCN development.	Contract and Performance Monitoring reported via F&PC	**4x4=16**	**5x4=20**
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. BMBC and the CCG have agreed to develop a proposal for a Joint Commissioning Board.	Oversight by Health & Wellbeing Board	**4x4=16**	**4x4=16**

Risk	How managed / mitigated	How assessed	Status at April 2019	Status at March 2020
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 Clinical Pharmacists to provide support to all Practices in Barnsley. The CCG has also funded apprentices to provide additional capacity in Primary Care. Long term plan & network contract DES includes provision for a range of primary care specific roles.	A workforce baseline assessment will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points. Oversight at PCCC.	**4x4=16**	**4x4=16**
Discharge medication risks related to poor or incomplete D1 discharge letters	Risks escalated to BHNFT senior management. APC monitors concerns. Audit of discharge letters undertaken with outcomes considered by Quality & Patient safety Committee. D1 summit planned March 2020.	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**
If the health and care system in Barnsley is not able to commission and deliver end of life care services of sufficient quality and capacity to support end of life patients in the community, there are risks to the quality & safety of care; finances; and performance.	CCG is working closely with BMBC joint commissioning team and providers. CHC End of Life team contacts all providers each morning to identify vacancies. Close liaison with Rightcare Barnsley for updates on care packages. Care packages can be spot purchased from any provider inc on the Barnsley border. 24 hour placement in residential/NH offered to all patient awaiting a care package in hospital to prevent delayed discharge.	Daily monitoring by relevant teams	**Added to risk register in Dec 2019**	**5x3=15**

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 in 2020/21 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 Long Term Plan, and the CCG's objectives, going forward.

Any new risks will be reflected in the 2020/21 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*
- 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 44)
- The CCG's *management structure*, with responsibilities clearly allocated to teams and individuals
- The *Risk Management Framework* (see page 56)
- 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 Oversight 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 statutory guidance on managing conflicts of interest 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 December 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 one medium and seven low risk recommendations, all of which were accepted and are either complete or being actioned, as follows:

Recommendation	Risk	Status
Inform Audit Committee that full review of Standards of Business Conduct Policy will take place in June 2020	Low	Complete
Update Standards of Business Conduct Policy to clarify our definition of 'senior manager'	Low	In progress
Remind all staff of the requirements for declaring interests within 28 days.	Medium	Ongoing
To ensure that declaration of interest forms are appropriately completed prior to adding them to the register.		
Check declaration of interest forms to ensure adequate completion. Forms which are not fully completed to be returned to the line manager.	Low	In progress
Ensure that all relevant conflict details are fully recorded on the register		
Where reciprocal declarations are received, a declaration of interests form to be sent out to the counter party for completion and inclusion in the register.	Low	Complete

Update the Standards of Business Conduct Policy to ensure that the gifts & hospitality register includes all of the information required by the NHS England guidance.	Low	In progress
Refresher training to be carried out for committee chairs and minute takers covering the requirements in the policy on the recording of declarations of interests in meetings.	Low	Complete
Update the Standards of Business Conduct Policy to ensure that it includes all of the elements required by the NHS England guidance relating to breaches.	Low	In progress

In accordance with NHS England requirements the CCG requires all Governing Body members, Committee members, senior managers and staff engaged in procurement activity are required to complete online training in the management of conflicts of interest. As at January 2020, 93% of relevant staff had completed the mandatory module one. In 2020/21, to further enhance and embed the CCG's arrangements, all relevant staff will in addition be required to complete the non-mandatory modules two and three.

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. The key findings will be reported through Finance & Performance Committee in accordance with the policy.

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 has undertaken its annual review of the CCG's arrangements for ensuring compliance with a sample of the requirements of the Data Security & Protection (DSP) Toolkit. The review was completed in two phases commencing in November 2019. The final report was received in March 2020 and provided significant assurance, and included no recommendations requiring to be actioned before the CCG submitted its Data Security & Protection (DSP) Toolkit assessment for 2019/20. The toolkit was therefore submitted on 30th March 2020.

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 2019/20 the CCG has obtained commissioning support functions from a variety of sources:

Scope of Service	Provider	Sources of Assurance
Business Intelligence GPIT / Corporate 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 *substantial 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	Received
NHS Business Service Authority	Prescription Services	May 2020
	Dental Services	May 2020
NHS Shared Business Services	Financial Accounting Services	May 2020
NHS Digital	GP Payments, CQRS, SUS, Optician Payments	May 2020
Capita	Primary Care Payments Services	*Not received – expected 19.6.20*

The Chief Finance Officer has received and reviewed all relevant SARs, except for the report on Primary Care Payment Services which is expected the be provided on 19 June 2020. None of the reports identified control issues requiring disclosure in the Governance statement with the following exceptions:

NHSBS Finance & Accounting Services: Due to an outbreak of Covid-19 at the processing centre in Puna, India the service auditor was unable to test transactions during March (and in some instances Feb) 2020 meaning that they have been unable to confirm that a number of controls were operating in these months. However:

- Their testing confirms all these controls were operating effectively for the period April 2019 to Jan (and in some instances to Feb) 2020
- NHSBS management confirms in its part of the report that all controls were operating as described throughout the full 12 month period
- Our local controls, both within the CCG and operated on a shared basis by Rotherham CCG, continued to operate throughout the full 12 months
- This includes budget monitoring which is our over-arching control to identify any material divergence of actual from budgeted levels of expenditure
- Our own internal auditors have tested controls both within the CCG and at RCCG and has provided substantial assurance over their operation throughout the year.

On the above basis, despite the inability of the service auditor to test a full 12 months' transactions in respect of some controls, we have sufficient assurance over the finance and accounting systems to be confident that the figures in our accounts represent a true and fair view of our income and expenditure for the year.

NHS Digital and Capita – GP Payments
The PwC report on controls operated by NHS Digital found that in all material respects the controls in the system were fairly described, suitably designed, and operated effectively through the period with the exception of one control relevant to objective 4 ('Controls are in place to provide reasonable assurance that system change cannot be undertaken unless valid, authorised and tested').

The KPMG report on controls operated by Capita has been 'delayed, due to the impacts of Covid-19.' It is anticipated that the report will be received on 19.6.2020. In previous years this report has identified some control issues.

Taken together therefore these reports do not provide the CCG with complete assurance over the controls over payments to GPs. 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 substantial assurance on Budgetary Controls, Financial Reporting and Key Financial Systems for 2019/20. KPMG undertakes substantive testing and review of these figures as part of their external audit plan and process. This provides assurance that the figures presented are a true and fair view of primary care co-Commissioning expenditure. However the KPMG Capita report will be reviewed before the final submission of the accounts and appropriate action taken should it contain anything to contradict this view.

Control Issues

No significant control issues have arisen in 2019/20 which require disclosure in this report.

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

Throughout 2019/20 the Governing Body has built upon the experience of the first six 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 imperative.

Emphasis on the delivery of efficiencies will continue in 2020/21 and beyond. However due to the world wide pandemic of Covid-19, Clinical Commissioning Groups (CCGs) and NHS Providers have been instructed by NHS England and Improvement (NHSE/I) to suspend all national planning requirements and contract negotiations for 2020/21. NHSE&I have instructed that payments to NHS providers are based on nationally determined block sums for the period April to July 2020. The CCG awaits further guidance and financial planning will resume in line with national requirements.

NHS England's Oversight Framework for 2019/20 includes an assessment of the CCG's Quality of Leadership which covers our arrangements for good financial leadership. The CCG will publish its year-end results for the Quality of Leadership Indicator when these are received from 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 balanced position, in line with NHS England expectations.

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

Page 44 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, which has been reviewed and updated during 2019/20, 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 each year of submission the CCG has been 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 June 2020 concluded that:

*'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 consistently.'*

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

Audit Assignment	Status	Assurance Level
Governance & Risk Management	Complete	Significant
Policy Monitoring	Complete	NA - Advisory
Conflicts of Interest	Complete	Significant
Integrity of the General Ledger and Financial Reporting	Complete	Substantial
Delegated Primary Medical Care Functions	Complete	Substantial
Continuing Healthcare	Complete	Limited
Data Security Standards and Protection Toolkit	Complete	Significant
Workforce (client wide project)	Complete	NA - Advisory

All audit reports from assurance reviews in the 2019/20 Internal Audit Plan that have been issued to management and the Audit Committee to date have reported Significant or Substantial Assurance on systems and processes with the exception of the Continuing Healthcare review which provided limited assurance. The CCG accepts the findings in this report and has agreed to undertake further work to strengthen the s117 policy and operating processes / procedures alongside new and emerging legislation and guidance around the Mental Health Act and the Deprivation of Liberty Safeguards (Liberty Protection Safeguards). This will include ensuring that the following controls, put in place to address the control weaknesses identified, become embedded within CCG operating processes:

- Clinical oversight by a senior nurse with experience of mental health and learning disabilities provided at each s117 panel and for out of panel decisions
- A confirm and challenge approach taken and the information and care planning processes are examined
- The business support at panels provides an update to the CHC Business Support Team of any changes agreed to the care packages to enable Broadcare to be updated.

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 Oversight 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 2019/20.

The 'Control Issues' section (page 69) 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.

Lesley Smith, Accountable Officer
18 June 2020

Remuneration and staff report

Signature of the Remuneration and Staff Report by the Accountable Officer

Lesley Smith, Accountable Officer
18 June 2020

Remuneration Committee

The details of the remuneration committee can be found on page 49.

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	
	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20
Governing Body Members:**												
Dr N Balac, Chairman	95-100	**95-100**	0	**0**	0	**0**	0	**0**	7.5-10	**10-12.5**	105-110	**110-115**
L J Smith, Chief Officer***	55-60	**55-60**	0	**0**	0	**0**	0	**0**	0	**0**	55-60	**55-60**
R Naylor, Chief Finance Officer	100-105	**100-105**	0	**0**	0	**0**	0	**0**	62.5-65	**25-27.5**	160-165	**125-130**
Dr M Ghani, Medical Director (seconded from 27.05.18 to 31.03.19, resigned 31.03.19)	10-15	**0**	0	**0**	0	**0**	0	**0**	2.5-5	**0**	15-20	**0**
B Reid, Chief Nurse (to 31.07.18)	30-35	**0**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**0**
M Tune, Chief Nurse Acting (from 13.07.18, seconded from 1.07.19)	60-65	**20-25**	0	**0**	0	**0**	0	**0**	85-87.5	**0**	150-155	**20-25**
J. Sivakumar, Chief Nurse (from 1.12.19)****	0	**30-35**	0	**0**	0	**0**	0	**0**	0	**2.5-5**	0	**30-35**
Dr J Harban, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**30-35**
Dr S Krishnasamy, Governing Body Member & Appointed Medical Director(from 1.07.19)	45-50	**45-50**	0	**0**	0	**0**	0	**0**	7.5-10	**7.5-10**	55-60	**55-60**
Dr M Guntamukkala, Governing Body Member (seconded from 27.5.18 to 31.03.19, resigned 31.03.19)	0-5	**0**	0	**0**	0	**0**	0	**0**	0	**0**	0-5	**0**
Dr M Smith, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**30-35**
Dr M Simms, Secondary Care Clinician, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**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**
Dr M H Kadarsha, Governing Body Member	30-35	**30-35**	0	**0**	0	**0**	0	**0**	0	**0**	30-35	**30-35**
S Tyler, Lay Member for Accountable	5-10	**0-5**	0	**0**	0	**0**	0	**0**	0	**0**	5-10	**0-5**

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	
	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20	18/19	19/20
Governing Body Members:**												
Care (resigned 30.8.19)												
N Bell, Lay Member for Governance	10-15	**10-15**	0	**0**	0	**0**	0	**0**	0	**0**	10-15	**10-15**
J MacInnes, Governing Body Member (from 10.12.18)	5-10	**30-35**	0	**0**	0	**0**	0	**0**	0	**5-7.5**	5-10	**35-40**
Other Senior Staff:												
R Walker, Head of Governance & Assurance	55-60	**60-65**	0	**0**	0	**0**	0	**0**	47.5-50	**15-17.5**	105-110	**75-80**
J Wike, Director of Strategic Planning and Performance	70-75	**75-80**	0	**0**	0	**0**	0	**0**	90-92.5	**77.5-80**	160-165	**155-160**
J Holdich, Head of delivery (integrated primary and out of hospital care (resigned 30.09.19)	85-90	**45-50**	0	**0**	0	**0**	0	**0**	45-47.5	**0**	130-135	**45-50**
J Budd, Director of Commissioning	105-110	**105-110**	0	**0**	0	**0**	0	**0**	22.5-25	**25-27.5**	130-135	**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 31.3.20)+pension lump sum as at 31.3.20)-((20xpension as at 31.3.19 adjusted by inflation)+pension lump sum as at 31.3.19 adjusted by inflation). Less the employee pension contributions paid within the year.

**Clinicians on the Governing Body are employed on a sessional basis. The Chair is employed for 3 days per week; the medical director is employed for 1.5 days per week; the secondary care clinician for 4 days per month; and other Governing Body member GPs for 1 day per week.

***The Chief Officer's time is partly recharged £27,569 (£94,515 2018/19) to the South Yorkshire and Bassetlaw Integrated Care System and £68,160 (£Nil 2018/19) to Sheffield CCG as Interim Chief Officer so the salary band disclosed above in the senior management remuneration table relates only to the duties for Barnsley CCG. The total remuneration for all employments was £152,647 (£150,702 2018/19).

****The pension disclosure relates to the Chief Nurses previous role, as the Chief nurse left the pension scheme at the end of June 19.

Pension benefits as at 31 March 2020 [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 2020 (bands of £5,000)	Lump sum at pension age at 31 March 2020 (bands of £5,000)	Cash Equivalent transfer value at 01 April 2019	Real Increase in cash equivalent transfer value	Cash Equivalent transfer value at 31 March 2020	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	20-25	60-65	425	21	472	0
L J Smith, Chief Officer **	0	0	0	0	0	0	0	0
R Naylor, Chief Finance Officer	0-2.5	0	30-35	0	331	16	369	0
Dr M Ghani, Medical Director (seconded from 27.05.18 to 31.03.19, resigned 31.03.19)	0	0	0	0	248	0	0	0
B Reid, Chief Nurse (to 31.07.18)	0	0	0	0	0	0	0	0
M Tune, Chief Nurse Acting (from 13.07.18, seconded from 1.7.19)	0	0	25-30	85-90	662	0	641	0
J Sivakumar, Chief Nurse (from 1.12.19) **	0-2.5	0	20-25	40-45	320	7	337	0
Dr J Harban, Governing Body Member	0	0	0	0	0	0	0	1
Dr S Krishnasamy, Governing Body Member & Appointed Medical Director (from1.07.19)	0-2.5	0	10-15	20-25	151	5	166	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 ***	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
S Tyler, Lay Member for Accountable Care (resigned 30.8.19)*	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 2020 (bands of £5,000)	Lump sum at pension age at 31 March 2020 (bands of £5,000)	Cash Equivalent transfer value at 01 April 2019	Real Increase in cash equivalent transfer value	Cash Equivalent transfer value at 31 March 2020	Employers contribution to stakeholder pension
Governing Body Members:	£000	£000	£000	£000	£000	£000	£000	£000
N Bell, Lay Member for Governance*	0	0	0	0	0	0	0	0
J MacInnes, Governing Body Member (from 10.12.18)	0-2.5	0	0-5	0	2	1	7	0
Other Senior Staff:								
R Walker, Head of Governance & Assurance ****	0-2.5	0	5-10	0	71	9	90	0
J Wike, Director of Strategic Planning and Performance	2.5-5	0	30-35	0	326	47	391	0
J Holdich, Head of Delivery (integrated primary & out of hospital care) (resigned 30.09.19)	0	0	0	0	895	0	0	0
J Budd, Director of Commissioning	0-2.5	0	5-10	0	40	14	70	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 2019/20 (2018/19: 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 2019/20 was £140,000 - £145,000 (2018/19: £140,000 - £145,000). This was 3.8 times (2018/19: 3.9) the median remuneration of the workforce, which was £37,267 (2018/19: £36,644).

In 2019/20, no employees received remuneration in excess of the highest-paid member. Remuneration ranged from £14,124 to £142,294 (2018/19: £9,295 to £140,468).

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.

	2019/20			**2018/19**
	Total	Permanently employed	Other	Total
	Number	Number	Number	Number
Total (average Whole Time Equivalent WTE staff)	**109**	106	3	103
Of the above: Number of whole time equivalent people engaged on capital projects	**0**	0	0	0

Staff numbers and costs 2019-20 [SUBJECT TO AUDIT]

	2019-20			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	**4,598**	4,381	217	**1,904**	1,793	111	**2,694**	2,588	106
Social security costs	**457**	451	6	**190**	188	2	**267**	263	4
Employer contributions to the NHS Pension Scheme	**927**	920	7	**559**	557	2	**368**	363	5
Other pension costs	**-**	-	-	**-**	-	-	**-**	-	-
Apprenticeship Levy	**14**	14	-	**14**	14	-	**-**	-	-
Other post-employment benefits	**-**	-	-	**-**	-	-	**-**	-	-
Other employment benefits	**-**	-	-	**-**	-	-	**-**	-	-
Termination benefits	**-**	-	-	**-**	-	-	**-**	-	-
Gross employee benefits expenditure	**5,996**	**5,766**	**230**	**2,667**	**2,552**	**115**	**3,329**	**3,214**	**115**
Less recoveries in respect of employee benefits (note 3.1.2)	**(50)**	(50)	-	**(50)**	(50)	-	**-**	-	-
Total - Net admin employee benefits including capitalised costs	**5,946**	**5,716**	**230**	**2,617**	**2,502**	**115**	**3,329**	**3,214**	**115**
Less: Employee costs capitalised	**-**	-	-	**-**	-	-	**-**	-	-
Net employee benefits excluding capitalised costs	**5,946**	**5,716**	**230**	**2,617**	**2,502**	**115**	**3,329**	**3,214**	**115**

Staff numbers and costs 2018-19

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**

Staff composition

As at 31 March 2020 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	3	10	**13**
Very Senior Manager	0	1	**1**
Director	0	1	**1**
GP	1	1	**2**
Band 8D	0	0	**0**
Band 8C	3	1	**4**
Band 8B	4	2	**6**
Band 8A	23	13	**36**
Other staff	67	5	**72**
Total	**101**	**34**	**135**

Sickness absence and ill health retirements data

In 2019/20 DHSC has taken the decision not to commission the data production exercise for NHS bodies regarding sickness and absence data. NHS Digital publishes NHS sickness absence rates at the following link https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates . During 2018/19, the average annual sick days per whole time equivalent member of staff was 3.6).

	2019-2020	2018-2019
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.

This year a range of HR policies were reviewed and refreshed. These included the Annual and Special Leave policy, giving staff the option to buy or sell a limited number of leave hours. In addition we reviewed the zero tolerance policy and introduced a trans equality policy, replacing the gender reassignment support in the workplace policy.

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 is a Disability Confident employer 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.

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 employ 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%	0
51%-99%	0
100%	1

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	£5,004.68
Provide the total pay bill	£4,381,000
Provide the percentage of the total paybill spent on facility time, calculated as: (total cost of facility time ÷total pay bill) × 100	0.11%

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 2019/20 (2018/2019 £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 GPs 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 2020, for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2020	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 2019/20, for more than £245 per day and that last longer than six months (2018/19: Nil).

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	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 2019 and 31 March 2020 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 2019/20.

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, 11 and 19.

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 2020 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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The Primary Statements:

Notes to the Accounts

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(109)	(243)
Other operating income	2	0	(2)
Total operating income		**(109)**	**(245)**
Staff costs	3	5,996	5,055
Purchase of goods and services	4	444,562	417,400
Depreciation and impairment charges	4	13	0
Provision expense	4	0	0
Other Operating Expenditure	4	445	440
Total operating expenditure		**451,016**	**422,895**
Net Operating Expenditure		**450,907**	**422,650**
Total Net Expenditure for the Financial Year		**450,907**	**422,650**
Other Comprehensive Expenditure		**0**	**0**
Comprehensive Expenditure for the year		**450,907**	**422,650**

The notes on pages 6 to 25 form part of this statement

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment	7	36	0
Total non-current assets		**36**	**0**
Current assets:			
Trade and other receivables	8	2,353	3,015
Cash and cash equivalents	9	30	36
Total current assets		**2,383**	**3,051**
Total assets		**2,419**	**3,051**
Current liabilities			
Trade and other payables	10	(33,934)	(28,742)
Total current liabilities		**(33,934)**	**(28,742)**
Assets less Liabilities		**(31,515)**	**(25,691)**
Financed by Taxpayers' Equity			
General fund		(31,515)	(25,691)
Total taxpayers' equity:		**(31,515)**	**(25,691)**

The notes on pages 6 to 25 form part of this statement

The financial statements on pages 2 to 5 were approved by the Governing Body on 18 June 2020 and signed on its behalf by:

Lesley Smith
Chief Accountable Officer
18 June 2020

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

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	**(25,691)**	**(25,691)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	**(450,907)**	**(450,907)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(450,907)**	**(450,907)**
Net funding	**445,083**	**445,083**
Balance at 31 March 2020	**(31,515)**	**(31,515)**

	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 1 April 2018	(26,015)	(26,015)
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19		
Net operating costs 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)**

The notes on pages 6 to 25 form part of this statement

Statement of Cash Flows for the year ended
31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(450,907)	(422,650)
Depreciation and amortisation	4	13	0
Impairments and reversals	4	0	0
Non-cash movements arising on application of new accounting standards		0	(5)
(Increase)/decrease in trade & other receivables	8	662	469
Increase/(decrease) in trade & other payables	10	5,192	(829)
Net Cash Inflow (Outflow) from Operating Activities		**(445,040)**	**(423,015)**
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		(49)	0
Net Cash Inflow (Outflow) from Investing Activities		**(49)**	**0**
Net Cash Inflow (Outflow) before Financing		**(445,089)**	**(423,015)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		445,083	422,974
Net Cash Inflow (Outflow) from Financing Activities		**445,083**	**422,974**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(6)**	**(41)**
Cash & Cash Equivalents at the Beginning of the Financial Year	9	**36**	**77**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year	9	**30**	**36**

The notes on pages 6 to 25 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 Department of Health Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH Group Accounting Manual 2019-20, issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DH Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group for the purpose of giving a true and fair view has been selected. The particular policies adopted 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.
In 2020/21, in response to the Covid-19 pandemic, all detailed financial planning was suspended and the requirement for CCGs to agree annual contracts with providers was removed. Instead, all CCGs are currently making regular 'block' payments to NHS providers in line with guidance. This mechanism is currently confirmed to the end of July 2020.
The Government has issued a mandate to NHS England for the continued provision of services in England in 2020/21 and CCG allocations have been set for the remainder of 2020/21. While these allocations may be subject to minor revision as a result of the COVID-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. DHSC guidance confirms that it is reasonable to assume funding will continue to flow on the same basis for 2021/22.
Based on this position, the CCG believes that it remains appropriate to prepare the accounts on a 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 23).
The Children's Services pool is hosted by Barnsley Metropolitan Borough Council; the Better Care Fund operates on an aligned budget basis. The Clinical Commissioning Group makes contributions to the pools, which are then used to purchase healthcare services. The Clinical Commissioning Group accounts for its share of assets, liabilities, income and expenditure of the pools as determined by the pooled budget

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 Clinical Commissioning Group.

1.5 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

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

1.5.1 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 Clinical Commissioning Group's accounting policies that have the most significant effect on the amounts recognised in the financial
Operating lease commitments - The Clinical Commissioning Group has in substance a property lease arrangement with NHS Property Services Ltd relating to the headquarters site. NHS England determined that the Clinical Commissioning Group 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 Clinical Commissioning Group'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 Clinical Commissioning Group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:
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

In the adoption of IFRS 15, a number of practical expedients offered in the Standard have been employed. These are as follows;
• As per paragraph 121 of the Standard the Clinical Commissioning Group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

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

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

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.

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

Notes to the financial statements

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

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

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 Clinical Commissioning Group 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 Clinical Commissioning Group commits itself to the retirement, regardless of the method of payment.

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

1.8 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.

Expenses and liabilities in respect of grants are recognised when the Clinical Commissioning Group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

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

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.

1.9.2 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.

Property revaluations are performed with sufficient regularity to ensure that the carrying amounts are not materially different from those that would be determined at the end of the reporting period. Land and non-specialised buildings are held at market value for existing use.

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.

1.9.3 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 Clinical Commissioning Group expects to obtain economic benefits or service potential from the asset. This is specific to the Clinical Commissioning Group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis.

At each reporting period end, the Clinical Commissioning Group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

1.10 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.

1.10.1 The Clinical Commissioning Group 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.

1.11 Cash & Cash Equivalents

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

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

1.12 Clinical Negligence Costs

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

1.13 Non-clinical Risk Pooling

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

1.14 Continuing healthcare risk pooling

In 2014-15 a risk pool scheme was introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme Clinical Commissioning Group contributes annually to a pooled fund, which is used to settle the claims.

1.15 Financial Assets

Financial assets are recognised when the Clinical Commissioning Group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Clinical Commissioning Group 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 Clinical Commissioning Group is Loans and receivables, which are measured at amortised cost.

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 Clinical Commissioning Group recognises a loss allowance representing expected credit losses on the financial instrument.

The Clinical Commissioning Group 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. Clinical Commissioning Group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and Clinical Commissioning Group 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 Clinical Commissioning Group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been 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, 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 Clinical Commissioning Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.18 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 Clinical Commissioning Group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 Services Received

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

1.20 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.

1.21 Contingent liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Clinical Commissioning Group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

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

The DH GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

· IFRS 16: Leases - The 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 effective date for adoption of the standard as adapted and interpreted by the FReM was originally 1 April 2020 but this has been deferred by one year to 1 April 2021.

· IFRS 17: Insurance Contracts -Application required for accounting periods beginning on or after 1 January 2023, 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.

IFRS 16 Impact on the accounts from 1st April 2021.

IFRS 16 Leases is now applicable from 1 April 2021, superseding IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease, SIC 15 Operating lease incentives and SIC 27 Evaluating the substances of transactions involving the legal form of a lease. The standard introduces new or amended requirements with respect to lease accounting by removing the distinction between operating and finance leases. From 1 April 2021 the Clinical Commissioning Group will recognise a right-of-use (ROU) asset and a lease liability for all leases, except for short-term leases and leases of low value assets on the Statement of Financial Position (SoFP).

Impact of the new definition of a lease.

The Clinical Commissioning Group following the mandated guidance from NSHE will adopt the practical expedients available on transition to IFRS 16 by not reassessing whether a contract is or contains a lease. Accordingly, the definition of a lease in accordance with IAS 17 and IFRIC 4 will continue to be applied to lease entered or modified before 1 April 2021.

The change in definition of a lease mainly relates to the concept of control. IFRS 16 determines whether a contract contains a lease on the basis of whether the user has the right to control the use of an identified asset for a period of time in exchange for consideration.

The Clinical Commissioning Group has developed and executed an adoption plan which consists of;

1. a qualitative review and analysis of leases to determine the impact of the new standard
2. an assessment of the impact of the standard on systems and controls
3. a financial assessment of the impact of application of the standard.

As part of the assessment the Clinical Commissioning Group has applied the definition of a lease and the related guidance detailed in IFRS 16 to all lease contracts entered into or modified on or after 1 April 2021 to ascertain the accounting classification for each lease post 1 April 2021.

Financial impact of IFRS 16 Adoption

IFRS 16 changes how the Clinical Commissioning Group accounts for leases under IAS 17, with the operating cost solely have been recognised with the Statement of Comprehensive Net Expenditure (SoCNE). From 1 April 2021 on the adoption of IFRS 16 the Clinical Commissioning

· recognise a right-of-use assets and lease liabilities in the SoFP, initially measured at the present value of future lease payments based on the rate of interest implicit in the lease or the DHSC average borrowing rate;

· recognise associated depreciation on the right-of-use assets and interest on lease liabilities in the SoCNE; and

· Separate the total amount of cash paid into the principal portion (presented within financing activities) and interest (presented with operating activities) in the Consolidated statement of Cash-flows.

For short-term (lease term of less than 12 months) and leases of low-value assets (such as personal computers, office furniture and photocopiers), the Clinical Commissioning Group under the permitted expedients within IFRS 16 will continue to recognise the expense on a straight line basis within the SoCNE.

The Clinical Commissioning Group as mandated by NSHE will adopt the modified retrospective basis. This method will result in a cumulative adjustment to retained earnings as of 1 April 2021, as if IFRS 16 has always been in effect, and whereby comparative periods will not be restated. The cumulative effect on adoption of the standard is expected to be £Nil adjustment to reserves.

The impact of the adoption of IFRS 16 is still under review and accordingly adjustments may be subject to change as NHSE finalises its

The application of the other Standards that have been issued but have not been adopted would not have a material impact on the accounts for 2019-20, were they applied in that year.

2 Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	0	76
Non-patient care services to other bodies	59	45
Other Contract income	0	29
Recoveries in respect of employee benefits	50	93
Total Income from sale of goods and services	**109**	**243**
Other operating income		
Non cash apprenticeship training grants revenue	0	2
Other non contract revenue	0	0
Total Other operating income	**0**	**2**
Total Operating Income	**109**	**245**

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

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Source of Revenue				
NHS	0	0	0	0
Non NHS	0	59	0	50
Total	**0**	**59**	**0**	**50**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue				
Point in time	0	0	0	0
Over time	0	59	0	50
Total	**0**	**59**	**0**	**50**

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	0	0
Later than 1 year, not later than 5 years	0	0
Later than 5 Years	0	0
Total	**0**	**0**

3. Employee benefits and staff numbers

3.1.1 Employee benefits — Total — 2019-20

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,381	217	4,598
Social security costs	451	6	457
Employer Contributions to NHS Pension scheme	920	7	927
Other pension costs	0	0	0
Apprenticeship Levy	14	0	14
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	0	0	0
Gross employee benefits expenditure	**5,766**	**230**	**5,996**
Less recoveries in respect of employee benefits (note 3.1.2)	(50)	0	(50)
Total - Net admin employee benefits including capitalised costs	**5,716**	**230**	**5,946**
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	**5,716**	**230**	**5,946**

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**

3.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2019-20 Total £'000	2018-19 Total £'000
Employee Benefits - Revenue				
Salaries and wages	(40)	0	(40)	(75)
Social security costs	(4)	0	(4)	(8)
Employer contributions to the NHS Pension Scheme	(6)	0	(6)	(10)
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	(50)	0	(50)	(93)

3.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**106**	**3**	**109**	**99**	**4**	**103**
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 Clinical Commissioning Group has not paid any exit packages in 2019-20 (2018-19: Nil)

There has not been any non-contractual payments made to individuals where the payment value was more than 12 months' of their annual salary.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that report, 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 Clinical Commissioning Group's Organisational Change Policy

Exit costs are accounted for in accordance with relevant accounting standards and at the latest cost 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 and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019 updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

3.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6%, and the Scheme Regulations were amended accordingly.

The 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.

The employer contribution rate for NHS Pensions increased from 14.38% to 20.68% (including 0.08% pension levy) from 1st April 2019. For 2019-20, employers’ contributions of £746,011 (£613,469 excluding staffing recharges) (2018-19: £640,284, excluding staffing recharges £558,615) were payable to the NHS Pensions Scheme by the Clinical Commissioning Group at the former rate of 14.38% of pensionable pay. The balance to the 20.68% actual rate for 2019-20 was paid by NHS England on the Clinical Commissioning Group's behalf. The full cost and related funding of £321K has been recognised in these accounts.

4. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other Clinical Commissioning Groups and NHS England	874	585
Services from foundation trusts	281,122	258,331
Services from other NHS trusts	16,900	15,288
Services from Other WGA bodies	0	0
Purchase of healthcare from non-NHS bodies	38,840	36,343
Purchase of social care	11,983	14,897
Prescribing costs	46,519	44,240
Pharmaceutical services	466	574
General Ophthalmic services	(55)	284
GPMS/APMS and PCTMS	44,086	41,967
Supplies and services – clinical	6	0
Supplies and services – general	207	976
Consultancy services	0	0
Establishment	1,962	2,182
Transport	504	515
Premises	958	901
Audit fees	44	44
Other non statutory audit expenditure		
· Internal audit services	0	0
· Other services	19	12
Other professional fees	65	118
Legal fees	56	51
Education, training and conferences	6	92
Total Purchase of goods and services	**444,562**	**417,400**
Depreciation and impairment charges		
Depreciation	13	0
Total Depreciation and impairment charges	**13**	**0**
Other Operating Expenditure		
Chair and Non Executive Members	412	416
Research and development (excluding staff costs)	25	24
Expected credit loss on receivables	8	(2)
Non cash apprenticeship training grants	0	2
Other expenditure	0	0
Total Other Operating Expenditure	**445**	**440**
Total operating expenditure	**445,020**	**417,840**

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.

For 2019-20 Other Audit services represents review costs in relation to the Mental Health Investment standard. The value includes £5K for the completion of the 2018-19 review and an accrual of £14K in respect of the 2019-20 review to be conducted.

5. Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	15,855	96,806	17,791	101,339
Total Non-NHS Trade Invoices paid within target	15,850	96,801	17,768	101,253
Percentage of Non-NHS Trade invoices paid within target	**99.97%**	**99.99%**	**99.87%**	**99.92%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,649	299,204	2,571	273,681
Total NHS Trade Invoices Paid within target	2,644	299,181	2,569	273,661
Percentage of NHS Trade Invoices paid within target	**99.81%**	**99.99%**	**99.92%**	**99.99%**

The Better Payment Practice Code requires the Clinical Commissioning Group 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 which has been achieved by the Clinical Commissioning Group.

The Clinical Commissioning Group has not made any payments under the Late Payment of Commercial Debts (interest) Act 1998 during 2019-20 (2018-19: Nil)

6. Operating Leases

6.1 As lessee

6.1.1 Payments recognised as an Expense

	2019-20				2018-19			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	0	83	3	**86**	0	757	2	**759**
Contingent rents	0	0	0	**0**	0	0	0	**0**
Sub-lease payments	0	0	0	**0**	0	0	0	**0**
Total	**0**	**83**	**3**	**86**	**0**	**757**	**2**	**759**

In readiness for the adoption of the new IFRS 16 Leases accounting standard, the payments made to NHS property Services Ltd and Community Health Partnerships Ltd have been reassessed under the lease criteria and it has been deemed that the payments made for void, bookable and subsidiary costs do not meet the criteria for disclosure within 6.1.1. Therefore the amounts paid this year have been excluded from this note.

The amount recognised above under Buildings are as follows:
NHS Property Services Ltd £83K (2018-19: £130K)
Community Health Partnership Ltd £0K (2018-19: £627K)

Of the amount paid to NHS Property Services Ltd, £83K (2018-19: £83K) relates to the occupancy of Hilder House (CCG Headquarters) and £0K (2018-19: £46K) 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 £0K (2018-19: £627K) 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

	2019-20				2018-19			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	0	0	3	**3**	0	0	3	**3**
Between one and five years	0	0	1	**1**	0	0	4	**4**
After five years	0	0	0	**0**	0	0	0	**0**
Total	**0**	**0**	**4**	**4**	**0**	**0**	**7**	**7**

Whilst the Clinical Commissioning Group arrangement with NHS Property Services Limited falls within the definition of an operating lease, 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	Information technology	Furniture & fittings	Total
2019-20	**£'000**	**£'000**	**£'000**
Cost or valuation at 01 April 2019	642	237	879
Additions purchased	49	0	49
Cost/Valuation at 31 March 2020	**691**	**237**	**928**
Depreciation 01 April 2019	642	237	879
Charged during the year	13	0	13
Depreciation at 31 March 2020	**655**	**237**	**892**
Net Book Value at 31 March 2020	**36**	**0**	**36**
Purchased	36	0	36
Total at 31 March 2020	**36**	**0**	**36**
Asset financing:			
Owned	36	0	36
Total at 31 March 2020	**36**	**0**	**36**

7.1 Cost or valuation of fully depreciated assets

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

	2019-20 £'000	2018-19 £'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 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
NHS receivables: Revenue	0	0	29	0
NHS prepayments	1,313	0	1,458	0
NHS accrued income	0	0	1	0
NHS Contract Receivable not yet invoiced/non-invoice	388	0	794	0
NHS Non Contract trade receivable (i.e pass through funding)	53	0	119	0
Non-NHS and Other WGA receivables: Revenue	0	0	75	0
Non-NHS and Other WGA prepayments	63	0	28	0
Non-NHS and Other WGA accrued income	0	0	0	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	290	0	207	0
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	230	0	263	0
Expected credit loss allowance-receivables	(9)	0	(3)	0
VAT	22	0	43	0
Other receivables and accruals	3	0	1	0
Total Trade & other receivables	**2,353**	**0**	**3,015**	**0**
Total current and non current	**2,353**		**3,015**	
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.

8.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	26	98	1	10
By three to six months	0	21	0	0
By more than six months	0	2	0	3
Total	**26**	**121**	**1**	**13**

£29K of the amount above has subsequently been recovered post the statement of financial position date.
The Clinical Commissioning Group does not hold any collateral against receivable outstanding at 31 March 2020. (2018-19: Nil)

8.2 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
Balance at 01 April 2019	(3)	0	**(3)**
Lifetime expected credit loss on credit impaired financial assets	0	0	**0**
Lifetime expected credit losses on trade and other receivables-Stage 2	(6)	0	**(6)**
Lifetime expected credit losses on trade and other receivables-Stage 3	0	0	**0**
Credit losses recognised on purchase originated credit impaired financial assets	0	0	**0**
Amounts written off	0	0	**0**
Financial assets that have been derecognised	0	0	**0**
Changes due to modifications that did not result in derecognition	0	0	**0**
Other changes	0	0	**0**
Total	(9)	**0**	**(9)**

9. Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	36	77
Net change in year	(6)	(41)
Balance at 31 March 2020	**30**	**36**
Made up of:		
Cash with the Government Banking Service	30	36
Cash with Commercial banks	0	0
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	**30**	**36**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 31 March 2020	**30**	**36**
Patients' money held by the Clinical Commissioning Group, not included above	0	0

10. Trade and other payables	**Current 2019-20 £'000**	**Non-current 2019-20 £'000**	**Current 2018-19 £'000**	**Non-current 2018-19 £'000**
NHS payables: Revenue	2,051	0	1,172	0
NHS accruals	2,934	0	2,198	0
NHS deferred income	0	0	0	0
Non-NHS and Other WGA payables: Revenue	4,721	0	2,909	0
Non-NHS and Other WGA accruals	23,654	0	21,874	0
Non-NHS and Other WGA deferred income	0	0	0	0
Social security costs	93	0	76	0
VAT	0	0	0	0
Tax	79	0	71	0
Other payables and accruals	402	0	442	0
Total Trade & Other Payables	**33,934**	0	**28,742**	0
Total current and non-current	**33,934**		**28,742**	

There are no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years (31 March 2019: Nil).
Other payables include £328K outstanding pension contributions at 31 March 2020 (31 March 2019: £385K)

11. Provisions and Contingencies

The Clinical Commissioning Group had no provisions or contingent liabilities as at 31 March 2020 (31 March 2019: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 Clinical Commissioning Group. However, the legal liability remains with the Clinical Commissioning Group.

The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this Clinical Commissioning Group as at 31 March 2020 is £0K (31 March 2019: £192K).

The total value of legacy NHS Continuing Healthcare contingent liabilities accounted for by NHS England on behalf of this Clinical Commissioning Group as at 31 March 2020 is £4,583K (31 March 2019: £4,712K).

12. Commitments

12.1 Capital commitments

The Clinical Commissioning Group has no contracted capital commitments not otherwise included in these financial statements as at 31 March 2020 (31 March 2019: 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 NHS Clinical Commissioning Group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Clinical Commissioning Group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Clinical Commissioning Group in undertaking its activities.

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

13.1.1 Currency risk

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

13.1.2 Interest rate risk

The Clinical Commissioning Group 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 Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

13.1.3 Credit risk

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

13.1.4 Liquidity risk

The NHS Clinical Commissioning Group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS Clinical Commissioning Group draws down cash to cover expenditure, as the need arises. The NHS Clinical Commissioning Group 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 2019-20 £'000	Total 2019-20 £'000
Trade and other receivables with NHSE bodies	281	**281**
Trade and other receivables with other DHSC group bodies	160	**160**
Trade and other receivables with external bodies	520	**520**
Other financial assets	3	**3**
Cash and cash equivalents	30	**30**
Total at 31 March 2020	**994**	**994**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Total 2019-20 £'000
Trade and other payables with NHSE bodies	586	**586**
Trade and other payables with other DHSC group bodies	4,468	**4,468**
Trade and other payables with external bodies	28,306	**28,306**
Other financial liabilities	402	**402**
Total at 31 March 2020	**33,762**	**33,762**

14 Operating segments

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

	2019-20 £'000
Total Gross Expenditure (as per Statement of Comprehensive Net Expenditure)	451,016
Total Gross Income (as per note 2)	(109)
Total Net Expenditure as at 31 March 2020	450,907
Total Assets (as per Statement of Financial Position)	2,419
Total Liabilities (as per Statement of Financial Position)	(33,934)
Total Net Assets as at 31 March 2020	(31,515)

During the year the Clinical Commissioning Group spent £446,697,000 on the commissioning of Healthcare and other services (net programme expenditure), Gross programme Expenditure £446,756,000 less Gross programme Income £59,000 . This represents 99.1% of the Clinical Commissioning Group's net expenditure.

53.8% of the Clinical Commissioning Group's net programme expenditure was expensed with the two main local providers £178,596,000 (40.0%) to Barnsley Hospital NHS Foundation Trust and £61,849,000 (13.8%) to South West Yorkshire Partnership NHS Foundation Trust.

15. Pooled budgets

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

Children and Young People's Trust

The Clinical Commissioning Group 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;

	2019-20 £'000	2018-19 £'000
Contribution to pooled commissioning budget:		
Opening balance as at 1 April	0	0
Barnsley Clinical Commissioning Group	6,456	6,002
Barnsley Metropolitan Borough Council	33,020	31,570
	39,476	**37,572**
Services Commissioned from the pooled budget:		
Barnsley Metropolitan Borough Council	33,960	32,406
South West Yorkshire Partnership NHS Foundation Trust	4,266	3,943
Barnsley Clinical Commissioning Group	1,250	1,223
Over/ (under) spend	278	(138)
Transfer / Use of Balances	(278)	138
Total Commissioned services	**39,476**	**37,572**
Closing balance as at 31 March	**0**	**0**

The £278K deficit in the pool has been addressed by the relevant organisation at the year end under IFRS 11 Joint arrangements and is based upon each organisation taking its statutory obligations.

The Clinical Commissioning Group has recognised a deficit of £780K in its financial statements for 2019-20 this relates to the budgets the Clinical Commissioning Group has a statutory obligation for. BMBC has recognised a surplus of £502K.

Barnsley Better Care Fund

In line with the national announcement of the creation of a Better Care Fund (BCF) in December 2013, the Clinical Commissioning Group 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 Clinical Commissioning Group hosted the arrangement during 2019-20 and 2018-19 period.

A summary of the pooled budget is shown below;

	2019-20 £'000	2018-19 £'000
Contribution to pooled commissioning budget:		
Opening balance as at 1 April	1,388	2776
Barnsley Clinical Commissioning Group	19,682	18,944
Barnsley Metropolitan Borough Council	16,031	12,153
	37,101	**33,873**
Services commissioned from the pooled budget:		
Barnsley Clinical Commissioning Group	9,072	8,846
Barnsley Metropolitan Borough Council	28,029	23,639
Total Commissioned services	**37,101**	**32,485**
Closing balance as at 31 March	**0**	**1,388**

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	1,206	4	125	0
Lundwood Medical Practice	Dr Harban	Governing Body Member	Practice Payments	947	3	86	0
Kakoty Practice	Dr Harban	Governing Body Member	Practice Payments	902	0	111	0
Royston Group Practice	Dr Krishnasamy	Governing Body Member	Practice Payments	1,157	0	145	0
Victoria Medical Centre	Dr Smith	Governing Body Member	Practice Payments	1,569	4	177	0
Wombwell Chapelfields Medical Centre	Dr Adekunle	Governing Body Member	Practice Payments	1,556	2	195	0
Hollygreen Practice	Dr Kadarsha	Governing Body Member	Practice Payments	2,039	1	217	0
Lakeside Surgery	Dr Kadarsha	Governing Body Member	Practice Payments	354	0	45	0
Dove Valley practice	Dr MacInnes	Governing Body Member	Practice Payments	1,717	1	201	0

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 Clinical Commissioning Group. St Georges Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1. Two of the partners of St Georges Medical Centre are also partners at Kingswell Surgery. Dr Balac is also the Clinical lead for primary care for the South Yorkshire and Bassetlaw Integrated Care System.

Dr Harban, Governing Body Member for the Clinical Commissioning Group is a Director for Lundwood Surgical Services Ltd: no transactions have been recorded with the entity in 2019-20. Dr Harban & Partners is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1. Dr Harban is also a partner at Kakoty Practice which is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1

Dr Krishnasamy, Governing Body Member for the Clinical Commissioning Group is a Director for SKSJ Medicals Ltd: no transactions have been recorded with the entity in 2019-20. Royston Group Practice is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1

Dr Smith, Governing Body Member is a Director of Janark Medical Ltd: no transactions have been recorded with the entity in 2019-20. Senior Partner at Victoria Medical Centre. Victoria Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1

Dr Adekunle, Governing Body Member for the Clinical Commissioning Group. Wombwell Chapelfields Medical Centre is a member of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1. He also provides clinical services to Local Care Direct Wakefield, no transactions have been recorded in 2019-20.

Dr Kadarsha, Governing Body Member for the Clinical Commissioning Group is a Director for YAAOZ Ltd and Malkarsha Properties Ltd: no transactions have been recorded with these entities in 2019-20. Dr Kadarsda is a shareholder in Primecare Ltd, which holds the APMS contract for Lakeside Surgery. Hollygreen and Lakeside Surgery are members of Barnsley Healthcare Federation, a Community Interest Company (CIC) see note 16.1

Lesley Smith, The Chief officer for the Barnsley Clinical Commissioning Group and Interim Chief officer for the Sheffield Clinical Commissioning Group, and is also the deputy system lead for South Yorkshire and Bassetlaw Integrated care System.

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

Jayne Sivakumar, The chief nurse is a Director for RJS Healthcare Ltd: no transactions have been recorded with this entity in 2019-20.

The Department of Health and Social Care is regarded as a related party. During the year the Clinical Commissioning Group 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 Resolution 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 16.1 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 2019-20 the Clinical Commissioning Group recognised an income recharge with the Community Interest Company of £49,834
The Clinical Commissioning Group also made expenditure transactions totalling £6,341,796 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 Clinical Commissioning Group. (2018-19: Nil)

18. Financial performance targets

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

		2019-20	2019-20		2018-19	2018-19	
NHS Act Section		Target £'000	Performance £'000	Duty Achieved	Target £'000	Performance £'000	Duty Achieved
223H (1)	Expenditure not to exceed income	451,065	451,065	Yes	423,895	422,895	Yes
223I (2)	Capital resource use does not exceed the amount specified in Directions	49	49	Yes	0	0	Yes
223I (3)	Revenue resource use does not exceed the amount specified in Directions	450,907	450,907	Yes	423,650	422,650	Yes
223J (1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	49	49	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	5,872	4,210	Yes	5,598	4,268	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 2019-20 represent the in year position. The Clinical Commissioning Group's historic surplus brought forward from 2018-19 into 2019-20 was £14,532K. £2,000K of the historic surplus was drawndown and utilised within the year non-recurrently, leaving a historic surplus balance of £12,532K. The actual performance for 2019-20 was a balanced budget, which means that the carried forward surplus into 2020-21 is £12,532K.

19. 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 2019-20 Number	Total Value of Cases 2019-20 £'000	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Administrative write-offs	2	3	0	0
Fruitless payments	0	0	0	0
Store losses	0	0	0	0
Book Keeping Losses	0	0	0	0
Constructive loss	0	0	0	0
Cash losses	0	0	0	0
Claims abandoned	0	0	0	0
Total	**2**	**3**	**0**	**0**

The CCG had no cases individually over £300,000 (31 March 2019: Nil)

Special payments

	Total Number of Cases 2019-20 Number	Total Value of Cases 2019-20 £'000	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Compensation payments	0	0	0	0
Compensation payments Treasury Approved	0	0	0	0
Extra Contractual Payments	0	0	0	0
Extra Contractual Payments Treasury Approved	0	0	0	0
Ex Gratia Payments	0	0	0	0
Ex Gratia Payments Treasury Approved	0	0	0	0
Extra Statutory Extra Regulatory Payments	0	0	0	0
Extra Statutory Extra Regulatory Payments Treasury Approved	0	0	0	0
Special Severance Payments Treasury Approved	0	0	0	0
Total	**0**	**0**	**0**	**0**

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 2020 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 2020 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 2019/20.

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 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 2019/20.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 40, 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 CCGs 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 set out on page 40, 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 December 2019 and updated in April 2020 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 for the year ended 31 March 2020 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Rashpal Khangura, Director
for and on behalf of KPMG LLP
Chartered Accountants
Leeds

23 June 2020