Halton Clinical Commissioning Group

NHS Halton Clinical Commissioning Group Annual Report 2014-15

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Foreword

Welcome to the second Annual Report produced by NHS Halton Clinical Commissioning Group (CCG). In 2014/15 we have focused on consolidating what is working and seeking to improve and develop in areas where we have significant challenges.

We have consolidated ourselves as an organisation through a review of our governance and clinical leadership arrangements. We have maintained strong links with our member practices, partner organisations and local communities. We have sustained our award winning Community Wellbeing Practices and developed the concept of wellbeing and whole person care across all our commissioning activity. We have been a leader on bringing social value into the heart of NHS commissioning and procurement. We have continued on a journey of integration in commissioning and service delivery with Halton Borough Council. Finally, we have worked hard to ensure that we met our statutory responsibilities and the rights enshrined in the NHS Constitution.

Continuous improvement is a belief system and modus operandi that permeates NHS Halton CCG. We are constantly looking to improve and develop ourselves and the services we commission for our local population. In the last year we have focused on reducing non elective or emergency/unplanned activity in the two Accident and Emergency (A&E) departments that serve our Borough. Working in partnership with ten separate organisations that provide health and care services as well as estates and facilities management support we have invested £2m in developing two new Urgent Care Centres for the Borough. These will be fully open in the next financial year and will provide an alternative to an attendance at a local A&E and potentially an admission into a hospital bed.

During 2014/15, with our member practices and local partners, we developed and produced a Strategy for General Practice Services in Halton. We did this as we recognised the challenges that General Practice was facing nationally and locally in regard to increased demand, diminishing human and financial resources and more regulation. We believe that, through this Strategy, we have produced a way forward

not only for General Practice in our Borough but also for out of hospital care as a whole. Indeed, what has emerged is the beginnings of a future service model for our Borough - One Halton. In many ways we pre-empted the NHS Five Year Forward View with this Strategy and we are pleased with the synergies and similarities between our local vision and that expressed nationally. We hope that we are given the space and support to deliver our proposals.

Not everything we have done as NHS Halton CCG can be covered in an Annual Report, let alone a Foreword to such a document. We can say that all we have done has been achieved through collaboration, cooperation and engagement with our member practices, partners and local people. We hope that you find this Annual Report informative; we believe that it gives a good overview of our work and that, whilst it points to future challenges, also suggests that there are significant opportunities for NHS Halton CCG in the next twelve months.

Simon Banks
Chief Officer
28th May 2015

SECTION 1 – ANNUAL REPORT

1.0 Strategic Report

1.1 How do we fit into the NHS landscape?

NHS Halton CCG has responsibility for planning and purchasing local NHS services on behalf of the 125,970 people which makes up its local population, and others who need emergency care whilst in the area. We are a membership organisation, formed from the 17 GP practices in the Borough.

As an organisation we are responsible for:

- Elective hospital care
- Rehabilitation care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services
- Prescribing

NHS Halton CCG is clinically-led by GPs and other healthcare professionals, including a Chief Nurse, one registered nurse and a secondary care doctor. Each practice has nominated a GP as its lead for liaison with the CCG and this group meets regularly. Additionally, each commissioning intention is owned by a clinical lead who will lead delivery of the work.

As well as working with clinicians and healthcare providers to ensure services best meet the needs of the population, NHS Halton CCG works in partnership with Halton Borough Council (the organisation responsible for public health, education, housing, social care and a range of other services that impact on the health and wellbeing of people in the Borough) to ensure health and social care is as integrated and linked together as possible.

Currently NHS England is responsible for commissioning GP services, pharmacies, opticians, dentists and specialised services for the Halton population. However, from 1st April 2015, the organisation takes over responsibility for the monitoring and commissioning of GP services for the local area.

1.2 History of NHS Halton CCG

NHS Halton CCG has been from practices previously governed by NHS Halton and St Helens Primary Care Trust. The organisation has existed in shadow form since November 2011, and was established as a sub-committee of the Board of NHS England (Merseyside Area Team) in January 2012 as it worked towards full establishment. Following assessment, the CCG was authorised to become a statutory body on 1st April 2013 with no conditions, although it received the green light from NHS England to become authorised in February 2013.

The shift away from Primary Care Trusts and the creation of CCGs formed part of the Government's wider desire to create a clinically- driven commissioning system that is more sensitive to the needs of patients. The public also now have much more influence over what kind of health services should be available locally and have greater opportunities for holding to account local services and commissioners that are not performing well.

We are now in our second year operating as a statutory organisation. This year we have built on the successes of our first year; as well as seeking to improve and develop in areas where we have significant challenges.

1.3 Our Vision, Purpose and Values

NHS Halton CCG has a strong clinical vision, which is underpinned by values that embody the founding principles of the NHS.

Our Vision

The organisation has a strong vision for the future of health care services in Halton; Involving everybody in improving the health and wellbeing of the people of Halton.

Our Purpose

NHS Halton CCG intends to achieve this vision in a number of ways:

1. We will improve the health and well-being of the population of Halton by preventing ill-health, promoting self-care and independence, arranging local, community-based support whenever possible and ensuring high quality

hospital services for those who need it. In doing so, we aim to empower and support local people from the start to the end of their life.

2. We intend to support people to keep well and supported in their homes, particularly avoiding crises of care that result in hospital admission. Practices will be the building blocks around which we will support and empower individuals and communities, promoting prevention, self-care, independence and resilience.
3. We will work with local people and organisations, including Halton Borough Council, healthcare providers and the voluntary sector to ensure that the people of Halton experience smooth, coordinated, integrated and high quality services to improve their health and wellbeing.

Our Values

Our values draw on the NHS values embodied in the NHS Constitution and in the founding principles of the NHS, and are at the heart of our work. These are:

Partnership

We will work collaboratively with our practices, local people, communities, and other organisations with which we share a common purpose.

Openness

We will undertake to deliver all business within the public domain unless there is a legitimate reason for us not to do so.

Caring

We will place local people, patients, carers and their families at the heart of everything we do.

Honesty

We will be clear in what we are able to do and what we are not able to do as a commissioning organisation.

Leadership

We will be role models and champions for health in the local community.

Quality

We will commission the services we ourselves would want to access.

Transformation

We will work to deliver improvement and real change in care.

1.4 The local population

Over the last 10 years Halton's population has increased by 7,600 residents. However, this increase has not occurred evenly across all age groups. The most significant increases have been in the 0-4, 45-64 and 75+ age groups whilst the 5-14 age group has decreased.[1]

Health

The health of people in Halton is generally worse than the England average. Life expectancy for both men and women is lower than the England average.[2] Although there has been an improvement in the health of Halton residents over the last decade and they are now living an average of two years longer. Overall death rates have reduced due to falling death rates from heart disease and cancers. However, despite the increase in life expectancy they are still not living as long as the national average. And there are also vast differences in life expectancy between the most deprived areas of Halton and the least deprived areas – 8.9 years lower for men and 8.0 years lower for women.[3]

Other milestones include the number of adults who smoke has fallen, and there has been an improvement in the diagnosis and management of common health conditions such as diabetes and cancers. The percentage of children and older people having their vaccinations and immunisations has also improved, and the number of children participating in at least three hours of sport/ physical activity per week is above the national average.

Despite these improvements, the Borough still faces a range of tough challenges. As well as health inequalities, people in Halton are living a greater proportion of their

[1] Halton Health and Wellbeing Strategy 2013-2016, p. 6
[2] Public Health England Health Profile 2014 – Halton – 14th August 2014
[3] Public Health England Health Profile 2014 – Halton – 12th August 2014

lives with an illness or health problem that limits their daily activities than in the country as a whole. The proportion of women who die from cancer is higher in Halton than anywhere else in the country. A lot of this is due to lung cancer caused by smoking.

As Halton's population ages it is predicted that there will be more people with conditions like dementia and diabetes. Diabetes is also linked to a rise in obesity. Alcohol and substance misuse continue to create challenges for both the health service and wider society, in particular crime and community safety. Admissions to hospital due to alcohol related conditions continue to rise each year, and those under the age of 18 are amongst the highest in the country (2007-2010 figures). Admissions due to substance misuse (age 15-24 years) were the highest in England (2008-2011 figures). [4]

These health and social challenges will impact upon services requirements; and it is evident that prevention and early intervention strategies will be necessary for health and social care services to cope with the expected increased demand from this changing population.

1.5 Social commentary

Halton is one of the most deprived areas in the country - ranked 27th most deprived area in the country and the third most deprived in the Liverpool City Region, behind Knowsley and Liverpool, on the national ranking tool.[5] There are also around 6,600 children currently living in poverty.[6] These circumstances bring their own set of challenges that require due consideration. NHS Halton CCG has a number of programmes, initiatives and policies which have been implemented with the purpose of ensuring equity for all patients as well as ensuring the additional contribution services make to local communities is fully recognised.

Driving Social Value

The Public Services (Social Value) Act 2012 requires public sector agencies, when

[4] Halton Health and Wellbeing Strategy 2013-2016, p. 7-8
[5] Halton JSNA p. 2
[6] Public Health England Health Profile 2014 – Halton – 14th August 2014

commissioning a public service, to consider how the service they are procuring could bring added economic, environmental and social benefits. NHS Halton CCG is committed to ensuring these additional economic and social benefits are recognised and considered by the providers from which they commission services.

NHS Halton CCG, Halton Borough Council, third sector and social enterprise colleagues have been part of the National development of local offer around a Social Value. A Halton Social Value Charter has been designed based on the six principles of Marmot and aligned with local evidence of need and inequalities. The integrated principles allow providers to deliver social value in a variety of ways through trust governance arrangements, sourcing local goods, environmental reduction schemes, and employee and patient health promotion initiatives. They can also work with local communities and the voluntary and community sector organisations to support their delivery of social value (see diagram below).

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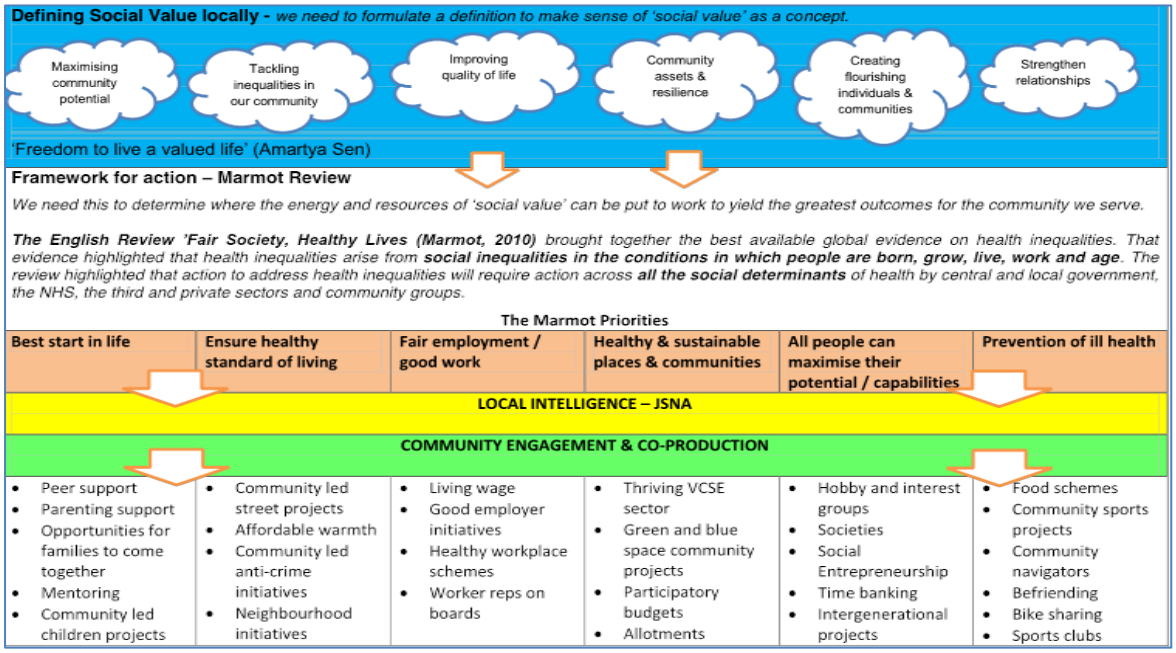

As part of their commitment to Social Value, commissioners aim to work with providers who can not only improve health and wellbeing for all, but will also be able to measure social value. Systems have been put in place which can be used to help measure this and report it transparently. The gathering together of local intelligence will be central in order to identify what the local needs are in relation to the six priorities for action to ensure that we are addressing local needs. This will require

input from experts from public health, local authority intelligence teams and commissioning managers from the CCG and the Council. 2015/16 will see a major drive on training across Halton to develop Social Value Champions within organisations to embed the principles and therefore the outcomes of Social Value.

Operation Emblem

In December 2013 'Operation Emblem' began as a pilot project to provide a better way of policing call-outs involving people with mental ill-health in order to improve clinical outcomes. Inspired by the national Crisis Care Concordat the nominees set out locally-agreed standards of care people should expect if they suffer a mental health crisis within Halton and detailed how the emergency services should respond.

Since the pilot a Community Psychiatric Nurse has been accompanying a dedicated Police Officer during call-outs involving individuals who are exhibiting unusual behaviour linked with drug and alcohol dependency along with mental ill-health. The Community Psychiatric Nurse is able to immediately access the individual's care plan if they are known to services and to contact their Care Co-ordinator to discuss what the best approach is, as well as offering immediate support to the individual.

This approach has proved successful in reducing the amount of people being arrested under section 136 Mental Health Act or being taken unnecessarily to hospital for treatment by 82.5 per cent. In the first fortnight alone, a system-wide saving of £35,000 was delivered and although the full economic value is yet to be determined, it is expected to be vast. In addition the social value of reducing the advanced Criminal Records Bureau element, and maintaining or allowing future employment, will alone offer a huge economic saving. The service is now award winning and shortlisted for the Nursing Standards award in May 2015.

Building Social Value in local Communities

The Community Wellbeing Practice (CWP) initiative was developed by Wellbeing Enterprises CIC and is funded by the CCG as a way of better responding to the social factors which affect health and wellbeing, such as isolation and poverty, to provide more inclusive healthcare within GP Practices. A dedicated team of Community Wellbeing Officers work within GP practices across Halton to provide

one-to-one sessions to patients and help them navigate around the support available within the community sector. They also provide a range of psychosocial support, such as life-skills training, a social prescribing programme, volunteering opportunities and training. Clinicians can also directly refer patients to the 'Wellbeing Review' service to develop personalised action plans based on the patient's social needs. Over 7,000 interventions have been delivered and 86% of participants rated their satisfaction as 8/10 or above.

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In October 2014 the initiative was formally recognised when it won the NAPC's (National Association of Primary Care) Best Practice Health and Wellbeing Innovation of the Year award. The awards acknowledges and celebrates individuals and organisations that have excelled in specific fields of health care delivery, and importantly shows how 'best practice' can be used to improve care provided to patients and their families.

Lead the Change

During 2014 a two year project to encourage social entrepreneurship across Halton was launched, with support and match-funding from NHS Halton CCG. The initiative recognises that *everyone* in the community has great ideas to make positive change in their local area, and provides small funding awards to encourage people to give their ideas a go – even if they have never run their own business or managed a project before.

The aim of the initiative is to create an ecosystem of social entrepreneurship, where local people work together to tackle social change. The project encourages potential applicants to identify innovative social solutions to address some of the most pressing health and social needs in Halton, such as keeping people physically active, improving mental health and wellbeing and reducing loneliness and isolation.

Awards between £500 and £5,000 were made, and funded projects include:

- Skills development peer group for people with mental health problems, sharing practical skills such as computer skills, confidence, self-esteem and also providing opportunities for people to meet others and make new friends

- Supporting older people with dementia post-diagnosis, run by people with dementia
- A social group for Veterans where they work together as a team to build model air-fits
- Pop-up cafes to tour local Community Centres, teaching healthy and affordable recipes with children and families
- Hoola-hoop classes for children and families

We are now supporting award winners to deliver their projects, also linking them in to the support available from other local Voluntary, Charitable and Social Enterprise organisations who support social entrepreneurship.

Volunteering Project

Wellbeing Enterprises teamed up with Halton & St Helens Voluntary and Community Action to secure over £70,000 in funding from NHS Health Education North West to pilot an opportunity to utilise volunteers to support Halton patients being discharged from Warrington and Halton Hospitals NHS Foundation Trust and St Helens and Knowsley Hospitals NHS Trust.

Volunteers, who will spend time on hospital wards to improve the discharge process and flow of patients by providing practical and social support, are recruited to the project. The project also recruits volunteers to visit patient's homes after they have been discharged to help prevent readmissions by improving patient's self-care and strengthening their social networks.

Subject to successful piloting, we see the potential to extend this approach to incorporate more preventative support to prevent admissions to acute care, primarily through Urgent Care settings.

Safe in Town

The Safe in Town scheme is there to help people to keep safe and to feel safe when they are out and about. It is run by Halton Speak Out. People who are (14+) and have a learning or physical disability, people with Alzheimer's and other Dementia and people over the age of 60 can sign up for the Safe in Town scheme.

Those signing up to the scheme are provided with a wallet card, on which they write the telephone number of their nominated emergency contact - this could be a friend, relative or carer. If a patient is out and about and doesn't feel safe, they are now able to go into any shop or building in the community that has the Safe in Town logo. By showing them their card they will phone the nominated person and keep you safe until that person comes to collect you.

Engagement and Inclusion

Face-to-face engagement took place with over 5,500 people, supported by wider engagement through platforms like local press, social media and marketing materials. We are the only CCG in the region which has a Patient Participation Group attached to every practice. Quarterly Health Forum events and PPG Plus events offer delegates presentations from clinicians and key CCG representatives, followed by question and answer sessions. Those attending can get involved in shaping the future of health services and pathways.

Other initiatives which drive engagement and inclusion include our monthly two hour show on Halton Community Radio, which provides a platform to discuss key issues like urgent care, cancer, stroke services. Each show features guests from partner agencies, providers and third sector and enables members of the public to phone in and ask questions.

The CCG commissioned 'Talking through music programme' is a locally devised initiative, and has been developed by patients and clinicians. Its main aims and objectives are to break down the stigma attached to mental health by combining mainstream patients with those with mental health issues on the same programme to offer a respite service with no waiting lists to anybody. It also aims to restore employment aspirations in often disaffected patients and as a result three former patients have now returned to work.

Following discharge patients can be further engaged at a public venue encouraging inclusion in the community. It also provides some important structure and involvement with the outside world to try reduce the risk of relapsing. The group

arranges performances, write songs, chat, learn to play an instrument and support each other. They also deliver talks on the wards with patients.

1.6 Corporate Information

The following section outlines NHS Halton CCG's roles and responsibilities, and how it has met its statutory requirements in relation to employment, equality and diversity and sustainability.

Equality and Diversity

Promoting equality is at the heart of NHS Halton CCG core values, ensuring that we commission services fairly and that no community or group is left behind in the changes that will be made to health services to meet the challenges the NHS face, as outlined in the 'Five Year View'.

We will continue to work internally, and in partnership with our Providers, community and voluntary sector and other key organisations to ensure that we advance equality of opportunity and meet our exacting requirements of the Equality Act 2010.

The Equality Act 2010 requires us to meet our Public Sector Equality Duty across a range of protected groups including age, gender, race, sex, sexual orientation, religion/belief, gender identity, marital/civil partnership status and pregnancy/maternity status.

We are required to prepare and publish Equality Objectives to meet our Specific Duty as outlined in the Equality Act 2010. Our plan is specific and measurable and we will update on an annual basis. More information about our objectives can be found in the Member's Report.

Staff Information

Breakdown of persons by gender, that are part of the CCG

	Female	**Male**
Governing Body	5	10
Very Senior Managers (not on GB)	0	0
Other members of staff	29	5

We certify that the Clinical Commissioning Group has complied with the statutory duties laid down in the National Health Service Act 2006 (as amended).

Sustainability Report

The NHS Carbon Reduction Strategy for England was published in January 2009 and set a mandatory framework for NHS organisations to embed sustainability into their culture and activities, contributing to overall carbon emission reduction targets. The strategy came on the heels of the UK Climate Change Act 2008 which set out, for the first time, statutory emission cuts. NHS organisations are required to deliver CO2 emissions of 10% by 2015, 34% by 2020, 50% by 2025 and 80% by 2050. This is set in the context of the overall NHS carbon footprint arising from buildings (19%), transport (16%) and procurement (65%).

NHS Halton CCG has a small employee base occupying office space and are a relatively low carbon emitting organisation. The CCG is required to report its progress in delivering against sustainable development indicators.

We have been developing plans to assess risks, enhance our performance and reduce our impact, including against carbon reduction and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning. We will ensure the CCG complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

The CCG also recognises that working in a sustainable way is essential in helping us to improve health and wellbeing. We also know that many of the factors affecting this are outside the direct control of the NHS. So, working with our partners is crucial in achieving a sustainable Halton and we continue to make good progress in this area.

1.7 How we Operate

Over the next five years the NHS will face increasing challenges. We know that demand for health and social care services is rising, and we want a health and social care system that delivers excellence and a positive experience for those requiring these services.

As an organisation we foresaw these challenges and from the very beginning and have been committed to pursuing integration with Halton Borough Council. We believe that it only through working in partnership with the local authority and other organisations across all areas of their work, we can maximise every opportunity to make a real difference to improve health and wellbeing in the Borough. Our integration is manifested in shared strategies, plans, resources and delivery but also, and probably more importantly, in shared motivation, ambition and values.

NHS Halton CCG is based within Runcorn Town Hall, alongside Halton Borough Council, enabling much closer collaboration and integration between the two organisations. We are committed to not only working with colleagues at the local authority but also hospital and other provider trusts, community and voluntary organisations, and primary care services to make a difference to improve the health of local people.

Our Business Model

The business model of NHS Halton CCG underpinned by core functions includes:

- Joint Commissioning, integrated with local authority team
- Contracts and Performance
- Corporate Services, including Governance and Quality
- Finance Service (shared service across 3 CCGs)
- Safeguarding (hosted by the CCG on behalf of the Mersey area)

The CCG is further supported through a contract arrangement with the North West Commissioning Support Unit.

Integration

In April 2013 NHS Halton CCG and Halton Borough Council entered into a 3 year Joint Working Agreement for the commissioning of services for people with Complex

Care needs. The development of this Joint Working Agreement has been possible under Section 75 of the Health and Social Care Act 2006, which allows local authorities and health organisations to pool funds. This Agreement provides the legal framework in which NHS Halton CCG and Halton Borough Council work together in order to achieve their strategic objectives of commissioning and providing cost effective, personalised, quality services to the people of Halton. As part of the Joint Working Agreement, Halton Borough Council and NHS Halton CCG entered into a Pooled Budget arrangement, totalling just under £33 million. This pool contained the expenditure on delivering care and support services for adults with complex needs.

In the summer of 2013, the government announced its intention to further promote integrated working across health and social care through the development of mandatory pooled budget arrangements between Local Authority Adult Social Care Services and Clinical Commissioning Groups. These new arrangements, known as the Better Care Fund(BCF), were intended to improve the quality of care delivered within localities and strengthen system capacity and demand management.

During 2014, partners within Halton worked collaboratively to develop Halton's BCF Plan. It was also agreed that the BCF would be incorporated into the existing Pooled Budget arrangements between NHS Halton CCG and Halton Borough Council. Halton's BCF plan was presented and approved for submission by Halton's Health and Wellbeing Board and received the necessary national approvals in January 2015.

System Resilience

Halton's Urgent Care Working Group (UCWG), formally the Urgent Care Board, was established at the end of 2012. The Group has been responsible for providing multi-disciplinary strategic direction and guidance across the Urgent Care system within Halton. It has also overseen all significant service changes required to deliver Urgent Care across the Halton Health Economy, by ensuring that patients can access high quality emergency and follow up care, as well as preventing patients from reaching crisis point so that they need to access emergency care.

Building on the successful work of the UCWG, and following the release of the NHS England guidance 'Operational resilience and capacity planning for 2014/15,' we have worked to transform the UCWG into a System Resilience Group (SRG). It now has delegated responsibility from NHS Halton CCG and Halton Borough Council for the regular planning of service delivery and the associated capacity planning to ensure delivery across the Halton health economy, in elective and non-elective care. The SRG is also the forum where wider considerations such as planning, patient experience, chronic conditions and home care is discussed.

One of the first tasks for the newly established SRG was to produce an Operational Resilience and Capacity Plan with main partners, such as NHS Halton CCG, Halton Borough Council, St Helens and Knowsley Teaching Hospitals NHS Trust, Warrington and Halton Hospitals NHS Foundation Trust, Bridgewater Community Healthcare NHS Trust, 5 Boroughs Partnership NHS Foundation Trust, North West Ambulance Service NHS Trust and NHS England.

The Plan outlined Halton's SRG response to the need to undertake a whole system approach for operational resilience and the schemes, using nationally allocated non-recurrent funding for operational resilience, to help manage increases in activity etc. within the system.

The numerous schemes identified

- Supported the flow within A&E within Whiston and Warrington Hospitals;
- Supported the flow through acute bed base; and
- Deflected admissions from A&E.

These schemes coupled with close operational management of services and work with all providers provided additional capacity within the system to manage the changes in demand whilst maintaining the quality of care for Halton residents.

1.8 How have we performed?

NHS Halton CCG has a duty to monitor and report on its performance against the NHS constitution standards, NHS Outcomes Framework and the CCG Outcomes Framework. These Frameworks contain sets of measures which are required to be

calculated in a very specific way, this allows performance of a single CCG to be benchmarked against its peers to identify areas of good practice and areas where lessons could be learnt. In addition to the nationally defined measures NHS Halton CCG also reports against local performance measures which have been chosen through consultation with the public and clinicians, some of these measures sit within a national scheme of “Quality Premium” measures where Halton agrees with NHS England a series of local measures and challenging targets, other local measures sit within the Better Care Fund.

NHS Halton CCG monitors in detail its performance in relation to the NHS Constitution Standards and has unfortunately in this year failed to deliver the NHS Constitution standards in relation to Ambulance response times as outlined below:

- Category A calls resulting in an emergency response within 8 minutes (red 1)
- Category A calls resulting in an emergency response within 8minutes (red 2)
- Category A calls resulting in an ambulance arriving at the scene within 19 minutes

Ambulance response times have been a challenge across all CCGs and action in year to improve performance where only partially successful. Further action has been taken by the commissioning partners to enable improved performance during 2016/17.

In addition to the performance frameworks which are specifically targeted towards the NHS, the actions of NHS Halton CCG have a significant impact of performance frameworks affecting Public Health and Halton Borough Council; as such NHS Halton CCG works very closely with the local authority and public health in achieving joint aims. More information about how NHS Halton CCG has met the nationally set targets can be found in the Corporate Performance Report shown at Appendix 1.

1.9 Financial Review

The CCG published its five year Financial Strategy in June 2014. The Finance Strategy outlined the key financial duties that the CCG operates under. The annual

accounts for 2014/15, and financial review below, demonstrate that the CCG achieved its key financial duties for 2014/15 as follows:

Table 1

Statutory Duties	Target £m	Actual £m	Variance £m	Met?
Expenditure not to exceed income	188.3	186.4	-1.8	√
Capital resource use does not exceed the amount specified in Directions	0.3	0.3	0.0	√
Revenue resource use does not exceed the amount specified in Directions	186.7	184.9	-1.8	√
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0.0	0.0	0.0	√
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0.0	0.0	0.0	√
Revenue administration resource use does not exceed the amount specified in Directions	3.5	2.9	-0.6	√

The budget for 2014/15 was developed to ensure that the CCG could meet the financial targets set by NHS ENGLAND whilst allowing the CCG to deliver on its commissioning intentions as set out in its Commissioning Strategy which in turn reflects the Health and Wellbeing Strategy of the Borough informed by the Joint Strategic Needs Assessment.

This section of the report sets out the summarised financial performance of the CCG over the last financial year taken from the Annual Accounts of the CCG which are detailed at the end of the CCG Annual Report (Section 3). These accounts have been prepared under a Direction issued by the NHS Commissioning Board under the National Health Service Act 2006 (as amended). The CCG has produced the accounts on the basis that it is a going concern as it has no reason to believe that its future is in doubt either due to its own performance or through changes in legislation.

The CCG has responsibility for commissioning a range of NHS services in hospital and the community for both physical and mental illness. It therefore has contracts with a number of hospitals, including St Helens and Knowsley Hospitals NHS Trust and Warrington and Halton Foundation Trust. Mental Health services are provided in

the main by the Five Boroughs Partnership Foundation Trust. Bridgewater Community Healthcare NHS Foundation Trust is the largest community services provider.

The CCG also has responsibility for GP prescribing budgets and for continuing healthcare in nursing homes within the Borough. However, not all health care for the people of Halton is commissioned by the CCG. NHS England has responsibility for commissioning primary care services, provided through a range of partnerships and independent contractors including 17 GP practices, 12 dental practices, 34 pharmacies and 11 opticians. In addition, it directly commissions hospital services which are nationally defined as specialist – including for example, brain surgery, most cancer services and secure mental health services.

The Council has responsibility for commissioning public health services covering substance misuse, sexual health and health checks, whilst Public Health England has responsibility for commissioning national screening and vaccination programmes.

Financial Performance in 2014/15

CCGs receive their funding from NHS England in two parts. The main element is the Programme Allocation which is for the commissioning of health services. The second allocation is the CCGs Running Cost Allowance which covers the administration and management of the CCG.

The CCG cannot use its Programme Allocation to increase the Running Cost Allowance although an under-spend on its Running Costs can be used to support its Programme Budget. All CCGs must ensure that health services are delivered within their total Programme and Running Cost Allocations and cash flow controls as set by NHS England. In addition, it was expected to deliver a 1% surplus in 2014/15. The CCG was successful in meeting both its statutory financial duties and the 1% target in 2014/15.

Table 2

Summary of CCG Income & Expenditure	2014/15	2013/14
	£m	£m
Opening Baseline Allocation - Programme	178.5	176.7
Other Allocations - Programme	4.8	-0.7
Opening Baseline Allocation - Running Costs	3.1	3.1
Other Allocations - Admin	0.4	0.0
Total CCG Allocation	**186.7**	**179.1**
CCG Revenue - Admin	0.1	0.0
CCG Revenue - Programme	1.4	2.0
Total CCG Revenue (Income)	**1.5**	**2.0**
Total CCG Resources	**188.3**	**181.0**
Gross Operating Expenses - Admin	3.0	2.9
Gross Operating Expenses - Programme	183.4	176.3
Finance Costs	0.0	0.0
Total CCG Operating Expenses	**186.4**	**179.3**
Surplus/(Deficit) Carried Forward*	**1.8**	**1.8**
**This will be returned to the CCG in 2015/16*		

In delivering the financial targets for 2014/15 the CCG has had to manage a number of challenges:

- Meeting the costs of over-performance under ‘payment by results’ arrangements against its Acute hospital activity plans both in terms of elective out-patient and day-case volumes and in terms of the case-mix of the hospital inpatient spells due to increased patient complexity.
- Managing the GP prescribing budget including the impact of price changes outside of the CCGs control
- Managing winter pressures which have led to increased non elective attendances at hospital and hospital admissions

The delivery of the financial target required significant effort by the Governing Body, Performance and Finance Committee and GP Practice Membership, as well as the

executive team in the CCG. Their efforts were helped by the return of resources by NHS England in respect of the Continuing Health Care National Restitution Risk Pool.

How was the money spent in 2014/15?

The CCG spent its allocation to ensure that the following services were delivered for the people of Halton:

Table 3

CCG Spending	**2014/15 £m**	**2013/14 £m**
Programme Expenditure		
Acute Services	99.1	97.8
Mental Health Services	17.0	16.0
Community Health Services	22.7	21.7
Continuing Care	11.1	10.6
Prescribing & Primary Care Services	27.9	26.5
Other Programme Services	4.1	1.8
Total Programme Spend	**182.0**	**174.3**
Running Cost (Admin) Expenditure	**2.9**	**2.9**
Total Expenditure*	**184.9**	**177.3**

**This figure is net of £1.5m income received by the CCG (£2m in 2013/14)*

In commissioning these services less than 2% was spent on administration and governance –which was within the Running Cost Allowance set by NHS ENGLAND. This expenditure is set out in the table below:

Table 4

Running Costs (Admin)	**2014/15**		**2013/14**	
	£m	£/head*	£m	£/head*
CCG Direct Costs Staff	1.0	8.2	1.0	7.82
CCG Direct Non-Pay	0.8	7.2	0.8	6.24
Other CCG Shared Services	0.2	1.7	0.2	1.76
Commissioning Support Unit	0.9	7.2	1.0	7.94
Total Running Costs	2.9	24.35	2.9	23.75
**This is the ONS constrained population which equated to 124,626 in 2014/15 (124,104 in 2013/14)*				

1.10 Looking Forward to 2015/16 and beyond

Financial Overview

Unlike in previous years NHS England have not been able to publish indicative CCG allocations for the next 2 to 3 years because of the General Election in May. Therefore the CCG only has a confirmed allocation for 2015/16. These included programme budget allocation, running cost allocation and transfers in of national monies to contribute to the Better Care Fund. The allocation publication also showed notional allocations in respect of primary care services and specialised services which relate to Halton as NHS England wish to delegate some of their direct commissioning functions for these services. NHS Halton CCG has indicated that it is willing to take on responsibility for the commissioning of GP primary care services and NHS England has approved the CCG to do this.

At the time of writing, much of the detail around the co-commissioning of GP primary care is still to be confirmed by NHS England although work has been done on the governance arrangements within the CCG which has been approved by NHS England. The notional allocation for GP primary care is £15.6m for Halton.

The CCG will receive a programme budget funding increase of 1.94% (or £3.5m) in 2015/16, giving a total programme allocation (excluding notional primary care allocations) of £184.5m. This includes seasonal resilience funding of £1.0m which means that the general growth increase to the CCG is circa 1.4%. Although the NHS has been protected in relation to other public spending in a period of austerity, this is a historically very low level of funding growth for the health service which is meeting increasing demands from the population. The CCGs running cost allocation is reduced by 10.39% (or £0.3m) for 2015/16, which is broadly in line with earlier planning assumptions. This presents significant challenge to the CCG as it will likely assume significant additional management responsibilities around primary care commissioning and possibly specialised services.

The CCG approved a 5 year commissioning strategy and 5 year financial strategy in June 2014 based on assumptions around future funding and the NHS policies of the current Government. Given the election the 5 year strategy has not been rolled forward and the CCG has focussed its planning on developing an operational plan

for 2015/16 with partners and stakeholders, although incorporating the implications of the NHS Five Year Forward View. The Annual Budget for 2015/16 will support the CCG's commissioning intentions and One Halton health and wellbeing objectives.

The CCG will continue to work closely with the Local Authority through the mechanism of the Health and Wellbeing Board. Together they will have a key role on maintaining and improving performance objectives:

- Ensuring that NHS Constitution waiting times targets continue to be met and preparing for the new mental health performance targets
- Improving the health of Halton people through the GP Practice wellbeing services
- Increasing the choice available to local people about which hospital they are referred to
- Tackling urgent care demand with the opening of the Urgent Care Centres in Widnes and Runcorn
- Maximising the effectiveness of the Better Care Fund investment
- Delivering the vision and challenges set out in the NHS England's Five Year Forward View published in October 2014.

In delivering these objectives, the CCG and the Council is mindful of the continued drive for austerity and reduced level of public spending. In order to cope with this, all CCGs continue to work to deliver NHS England's Quality Innovation Productivity and Prevention (QIPP) initiative, which is intended to reduce costs so that the NHS can continue to improve services and meet the growing demand for health care. This will be supported through further collaboration between the CCG and the Council on the commissioning of health and social care services.

In 2015/16 £9.4m will be made available from CCG resources to be transferred to a pooled budget for health and social care, which is called the Better Care Fund (BCF). The plans on how this fund is going to be used in this Borough were approved by the Health and Wellbeing Board, the Governing Body of the CCG and Council Cabinet in the 2014/15 financial year. The CCG and Local Authority are now planning to implement the various schemes to be funded by the BCF in 2015/16.

The expectation of continuing reduced growth for NHS funding means that the CCG will continue to be faced with difficult choices on spending priorities. Although the CCG has been able to deliver its financial duties and targets in 2014/15, the relatively low levels of funding growth emphasises the importance of the QIPP agenda to ensure that funds are used to achieve maximum benefit to the health of the population whilst continuing to deliver the necessary financial targets. The CCG has received significant assurance from the Mersey Internal Audit Agency in relation to the operational delivery of its QIPP Programme. Clearly, given the poor health within the Borough and current high demand for secondary care, there are still very significant challenges to be faced but the organisation with its partners, is focussed and determined to tackle them.

As well as constraints in relation to future resources, the CCG faces other principal risks and uncertainties that have the potential to impact on its long-term financial performance. As part of the planning process undertaken with NHS England, the CCG is required to quantify its key financial risks and mitigations. The CCG has identified principal risks as follows;

- activity over performance and associated costs under payment by results (PbR) arrangements
- increased demand for community services under cost per case Any Qualified Provider (AQP) arrangements
- the cost and volume of Continuing Healthcare cases and high cost mental health placements out of areas
- managing the GP prescribing budget
- financial risk associated with the transfer of GP primary care budgets
- achievement of the CCG's overall QIPP programme.

Through robust internal controls and governance, strong contract management arrangements, proactive management arrangements and joint pooled budget arrangements with the Council in relation to the majority of Continuing Health Care cases, the CCG will seek to manage and mitigate these risks. The CCG has received a high level of assurance in relation to its financial reporting and budgetary

control arrangements and a significant assurance opinion in relation to the quality of its internal controls. The internal structures which will help the CCG deal with these risks is set out in the Governance section of the Annual Report.

Non-Financial Overview

The future will be very challenging for the NHS Halton CCG and our partners. We will continue to see considerable demands placed on health and care. There are a number of contributory factors to the pressures in the health and care system, and as the environment in which we operate is complex, there are no easy solutions. Whilst there are no easy solutions it is also clear that no change is not an option. The NHS Five Year Forward View makes this case strongly and compels NHS Halton CCG, our partners and the communities we serve to embark upon radical transformation of all aspects of the care we commission and deliver.

In 2014/15 we made some key decisions about future models of care and our role as a membership based commissioning organisation. These decisions will ultimately impact on everyone in NHS Halton CCG, in all our member practices and across all people and organisations we work with in the Borough. These decisions have defined what we will focus our efforts upon in 2015/16 and beyond.

During 2014/15, with our member practices and local partners, we developed and produced a Strategy for General Practice Services in Halton. In 2015/16 we will begin to implement this Strategy that seeks to deliver sustainable general practice services that are at the heart of out of hospital care in our Borough, which is exactly what the Five Year Forward View suggests should be happening. From this Strategy and our work on new models of urgent care and community services provision, a future service model is emerging - One Halton. One Halton is about multi-specialty community provision, about harnessing the talents and skills of all health and care organisations to improve care and support for our communities. One Halton will start to be shaped and gain traction as a system wide change programme in 2015/16.

The One Halton change programme, incorporating the opening of the Urgent Care Centres and delivery of the Strategy for General Practice Services in the Borough, will be greatly accelerated by the Prime Minister's Challenge Fund. NHS Halton CCG

was successful in our application to Wave 2 of the Prime Minister's Challenge Fund, announced on 27 March 2015, for £1.5m in funding to support improvements in general practice services for 2015/16.

Finally, NHS England is increasingly delegating more and more responsibility to CCGs for commissioning services that were not originally intended to be our responsibility. This agenda, known as co-commissioning, means that some specialised services will become our responsibility and we will jointly commission others with NHS England. There is also a clear direction of travel around primary care commissioning with NHS England delegating commissioning of general practice for the Borough to NHS Halton CCG from 1st April 2015. We anticipate that, during 2015/16, there will also be discussions around pharmacy, optometry and dental services. This delegation of additional responsibilities comes with no additional supporting resources, so would need to be met through existing budgets.

Halton will not, cannot, be immune from a radical transformation of health and care. We should not be afraid of change, we should embrace it and shape the future. This is what we have been doing since we came together as a CCG and what need to do for the foreseeable future. We have a track record of delivery, an ambitious Governing Body and people committed to high quality service provision for our population. The future is in our hands.

Simon Banks
Chief Officer
28th May 2015

2.0 Member's Report

NHS Halton Clinical Commissioning Group is made up of 17 GP Practices within the Borough:

Practice Name	Address
Appleton Village Surgery	2-6 Appleton Village, Widnes, WA8 6DZ
Beaconsfield Surgery	Bevan Way, Widnes, WA8 6TR
Beeches Medical Centre	20 Ditchfield Road, Widnes, WA8 8QS
Brookvale Practice	Hallwood Health Centre, Hospital Way, Runcorn, WA7 2UT
Castlefields Health Centre	The Village Square, Castlefields, Runcorn, WA7 2HY
Grove House Practice	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Heath Road	Heath Road, Runcorn, WA7 5TJ
Murdishaw Health Centre	Gorsewood Road, Murdishaw, Runcorn, WA7 6ES
Newtown Health Care Centre	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Oaks Place Surgery	Widnes HCRC, Oaks Place, Caldwell Road, Widnes, WA8 7GD
Peelhouse Medical Plaza	Peelhouse Lane, Widnes, WA8 6TN
Tower House Practice	St Paul's Health Centre, High Street, Runcorn, WA7 1AB
Hough Green Health Park	Hough Green Road, Widnes, WA8 4NJ
Upton Rocks Primary Care	Widnes RUFC Car Park, Heath Road, Widnes, WA8 7NU
Weavervale Practice	Hallwood Health Centre, Hospital Way, Runcorn, WA7 2UT
West Bank Medical Centre	2 Lower Church Street, West Bank, Widnes, WA8 0NG
Windmill Hill Medical Centre	Norton Hill, Windmill Hill, Runcorn, WA7 6QE

The Chief Officer is Simon Banks and the Clinical Chair is Dr Cliff Richards.

2.1 Governing Body Membership 2014/15

All members of the Governing Body, as outlined below and unless otherwise stated, served from 1st April 2014 – 31st March 2015

Dr Cliff Richards – Chair

Dr Cliff Richards is a GP and has worked in the local area for more than 30 years.

Sits on following Committees;

Chair of Governing Body
Performance and Finance Committee
Quality Committee
Service Development Committee

Declared interests:

Regular Locum at Brookvale Practice, Runcorn. Part-Owner of Hallwood Health Centre, Runcorn. Partner's daughter attends Stick and Step a conductive education charity. 20/02/2014

Mr Simon Banks – Chief Officer

Simon has worked locally in the voluntary sector and NHS for 22 years and brings a wealth of experience to NHS Halton Clinical Commissioning Group.

Sits on following Committees;

Governing Body

Chair of Integrated Governance Committee

Chair of Performance and Finance Committee

Human Resource & Organisational Development Committee

Declared interests:

Nil as of 05/02/2014

Mrs Jan Snoddon – Chief Nurse

Jan is an experienced senior nurse who has worked in the NHS for almost 42 years. She has broad experience in both primary and secondary care nursing, including

nurse development and education. Jan is a published author of a nursing text book aimed at community matrons and nurses managing patients with complex health needs. Jan's main areas of interest include quality and safety, patient and carer experience, developing service and safeguarding children and vulnerable adults.

Sits on following Committees;

Governing Body

Integrated Governance Committee

Chair of Quality Committee

Service Development Committee

Declared interests:

Associate Lecture at Edge Hill University as of 07/07/2014

Mr Paul Brickwood – Chief Finance Officer

Paul is a qualified accountant with 30 years NHS experience and more than 20 at director level, most recently within Knowsley PCT, where he had a wide portfolio which included acute commissioning and information technology. Paul is a successful Director of Finance with a strong track record of developing innovative solutions to achieving financial balance and service improvement and is able to contribute on a range of general management and clinical issues.

Sits on the following Committees;

-

Governing Body

Integrated Governance Committee

Performance & Finance Committee

Declared interests:

Employed by NHS Knowsley CCG and provides a Chief Finance Officer role for NHS Halton CCG, NHS Knowsley CCG and NHS St Helens CCGs. Wife is Director of Gillian Brickwood Ltd, a private company which provides health consultancy services.-20/02/14

Professor Mike Chester – Secondary Care Doctor

Mike lives in the North West and brings a wide range of expertise to NHS Halton CCG. His background as a hospital consultant helps the CCG look at things from all angles. Mike's special area of interest is developing a culture of continuous improvement through innovation and is the innovation lead on the Governing Bodies of two other CCGs. As a pioneer of patient-centred care and president of a national patient and carer support group, he is particularly interested in ensuring patients and carers get joined up care.

Sits on the following Committees;

Governing Body
Quality Committee

Declared interests:

Owner / Director of Virtual Angina Ltd.
Director of Patient Centred Solutions Ltd, wife is Co-Director.
Governing Body Member of East Staffordshire and Kingston CCGs. 06/03/2014

Mrs Gill Frame – Registered Nurse

Gill is a Registered Health Visitor and a Registered Nurse and is the clinical lead for children. She has extensive experience of children's services and has had responsibility at strategic and operational level for a range of children's services– from prevention, early intervention, universal (Health Visiting and School Nursing); services for children with complex and additional needs (therapist and special schools), Integrated Mental Health and Wellbeing (children's psychology, Specialist Community Child and Adolescent Mental Health and Young People's Inpatient Services, Early Intervention Psychosis Services). She has experience of working across/with a number of local authorities at both Borough and county level. Gill has also led on the development of new services such as ADHD and the redesign of a number of pathways including Integrated Services for Children with Disabilities across LA and health and integrating the referral and assessment services for safeguarding. Gill has significant experience of the safeguarding agenda for both adults and children.

Sits on the following Committees;

Governing Body

Audit Committee from 15th December 2014

Remuneration Committee - Vice Chair from 1st August 2014

Quality Committee – Vice Chair

Declared interests:

Adhoc consultancy with NHS organisations. Independent Chair of Cheshire West and Chester Local Safeguarding Children's Board, NMC Fitness to Practice Nurse 13/08/2014

Diane Hanshaw – Practice Managers' Representative

Diane Hanshaw has worked within the NHS for 30 years. The majority of this time has been spent working within primary care, however Diane also has experience of working within Halton & St Helens Primary Care Trust and also St Helens and Knowsley Health Informatics Service. Diane is the Practice Manager of Beaconsfield Surgery where she has been for last seven years.

Sits on the following Committees;

Governing Body

Remuneration Committee until 31st December 2014

Quality Committee

Declared interests:

Practice Manager Beaconsfield Surgery, Widnes 02/03/2014

Dr Claire Forde – GP representative

Dr Claire Forde is a GP partner at Grove House Practice in Runcorn. She is originally from Liverpool and studied medicine at University of Liverpool. She has a keen interest in medicines management.

Sits on the following Committees;

Governing Body

Quality Committee

Service Development Committee

Declared interests:

GP Partner at Grove House Practice and part-owner of St Pauls Health Centre, Runcorn 21/08/14

Dr Michael O'Connor – GP representative

Dr Mick O'Connor is a GP at Beaconsfield Surgery in Widnes. Originally from the North East, Mick studied medicine at the University of Liverpool and has since settled in the North West.

Sits on the following Committees;

Governing Body

Audit Committee from 15th December 2014

Quality Committee

Service Development Committee – Chair

Declared interests:

Contract Lead for St Helens & Knowsley Hospitals and GP partner at Beaconsfield Surgery

Dr David Lyon – GP Representative

David has been a GP in Castlefields for 25 years and had always had an interest in the management of the local NHS, beginning as a non-executive director of the local health authority in 1992.

David has published research on integrating care and avoiding hospital admissions and spent ten years as the clinical lead for quality improvement programmes across the country for The Improvement Foundation.
David's lead roles are complex care in older people, including integrating primary care with community services, the voluntary sector and social services. He also leads specifically on dementia and the contract with Bridgewater Community Healthcare NHS Trust who provide the local community services.

Sits on the following Committees, including dates:

Governing Body – 1st April 2014 – present

Service Development Committee – 1st April 2014 – present

Quality Committee – 1st April 2014 – present

Declared interests:

GP Partner at Castlefields Health Centre, Runcorn. 06/02/2014

Dr Damian McDermott - GP Representative

Dr Damian McDermott is a GP at Tower House Practice, St Paul's Health Centre, Runcorn, and has worked in the area for 28 years. Dr McDermott said: "We to want make sure that the health reforms deliver the best possible care for the people of Halton"

Sits on the following Committees, including dates: Governing Body – 1st April 2013 – present Membership Forum – 1st April 2014– present
Service Development Committee – 1st April 2014 – present
Quality Committee – 1st April 2014 – present

Declared interests:
GP Partner providing PMS Services at Tower House Practice Runcorn. Part-Owner St Paul's Health Centre, Runcorn. Trustee of Vicarage Lodge Playgroup, Runcorn. 12/02/2014

David Merrill – Lay Member
Dave is a local person, having lived in the Borough all his life. His career was spent as an accountant with Halton Borough Council and since his retirement he has served on the boards of NHS Halton and St Helens PCT, NHS Merseyside and Halton Housing Trust.

Sits on the following Committees;
Governing Body – Vice Chair
Audit Committee – Chair
Performance and Finance Committee

Declared interests:

Member of Peelhouse Medical Plaza Patient Participation Group. Member of Patient Information Leaflet Ratification Group, St Helens and Knowsley Teaching Hospitals NHS Trust. Registered with Halton Carers Group. 11/02/2014

Lay Member - Ingrid Fife

Ingrid has experience of the public and private sector, having started her career as a registered nurse. She has worked in large multinational and in start-up businesses and was an executive director at a medical testing business recognised as a high growth fast track 100 company. A qualified marketer she has a real customer focus having worked throughout her career to develop new products and services in line with customers' needs and therefore has a natural interest in the area of customer involvement. Ingrid has always sought roles in organisations where their work makes a difference to people's lives and has been Chair of the Board at Halton Housing Trust since 2009.

Sits on the following Committees;

Governing Body

Audit Committee – Vice Chair

Remuneration Committee – Chair

Human Resource & Organisational Development - Committee - Chair

Declared interests:

Husband is Director of Medtrade Ltd. Shareholdings in name of self and husband of 1% in Medtrade Ltd. Chair of Halton Housing Trust and Board Member of Regenda Homes Ltd. 06/02/2014

Lay Member Bob Bryant

Following experience in the voluntary sector and contact with many vulnerable and disabled people in Halton, Bob was elected as a local councillor in May 2008. The main reason for this was to champion health issues in Halton and provide a voice for local people. Bob retired from this post in 2011. He has held many posts in the health sector, including Governor at North Cheshire Hospital NHS Trust and Chair of the Halton PPI and Chair of Lets Go Stroke Club for the last 16 years.

Sits on the following Committees;

Governing Body – 1st April 2014 – 31st August 2014
Audit Committee - 1st April 2014 – 31st August 2014
Remuneration Committee– 1st April 2014 – 31st August 2014
HR & OD Committee – Vice Chair – 1st April 2014 – 31st August 2014
Performance and Finance Committee – Vice Chair – 1st April – 31st August 2014
Bob retired from his role as Lay Member of the Governing Body on 31st August 2014
Declared interests:
Trustee of Halton Community Radio. Trustee of Halton Carers Group. Chair of Lets Go Stroke Club. Chair of Halton Stroke Strategy Group. Wife works for Halton Borough Council as PA to a Strategic Director. 19/02/2014

Lay Member David Austin
Dave has lived in Runcorn for more than 20 years, where he worked as a civil servant. He was a local Councillor before standing down in 2012. He served on the Halton Borough Council's Health, Policy and Performance Board and is an active member of the Brookvale Patients' Participation Group.

Sits on the following Committees;
Governing Body
Audit Committee
Integrated Governance Committee
Quality Committee

Declared interests:
Chair of Brookvale Practice Patient Participation Group. Director of Murdishaw Community Centre. 10/02/2014

Shahzad Tahir – Lay Member
Shahzad has held senior management positions in the voluntary, housing and local authority sectors leading on housing management, tackling inequality, community engagement and addressing social inclusion. He is currently an independent member on a fostering panel and has also served as a Non-Executive Director of a Housing Association

Sits on the following Committees, including dates:

Governing Body - from 4th November 2014

Audit Committee - from 4th November 2014

Human Resource & Organisational Development Committee - from 4th November 2014

Remuneration Committee – from 4th November 2014

Declared interests:

Fostering Panel Member of Together Trust as of 4/11/14

2.2 Audit Committee

The names of the individuals forming the Audit Committee throughout the year and up to the signing of the Annual Report & Accounts are detailed below:

- David Merrill – Chair – 1st April 2014- present
- David Austin – 1st April 2014 - present
- Ingrid Fife – Vice Chair – 1st April 2014 to present
- Dr Mick O'Connor – 15th December 2014 to present
- Gill Frame – 15th December 2014 to present
- Bob Bryant – 1st April 2014 – 31st August 2014
- Shahzad Tahir – 15th December 2014 – present

In attendance to support the Audit Committee:

- Paul Brickwood, Chief Finance Officer (CCG)
- Jan Snoddon, Chief Nurse (CCG)
- Catherine Graney, Finance Lead (CCG)
- Louise Cobain / Steve Connor (Mersey Internal Audit Agency)
- Liz Temple-Murray / Mark Heap (Grant Thornton)
- Roger Causer / Virginia Martin (Mersey Internal Audit Agency – Counter Fraud)

Please note:-

It is not expected that both of the Grant Thornton representatives or both of the Mersey Internal Audit Agency representatives will attend each meeting. Usually just one from each organisation attends.

The MIAA Counter Fraud representatives are not required to attend each meeting, just when they have an agenda item. Again, both representatives are not expected to attend when they do have an agenda item, usually just one attends.

2.3 Other Committees

The CCG has a number of sub-committees of the Governing Body. These include:

- Audit Committee;
- Human Resource and Organisational Development Committee
- Integrated Governance Committee
- Performance and Finance Committee
- Quality Committee
- Remuneration Committee
- Service Development Committee
- Urgent Issues Committee

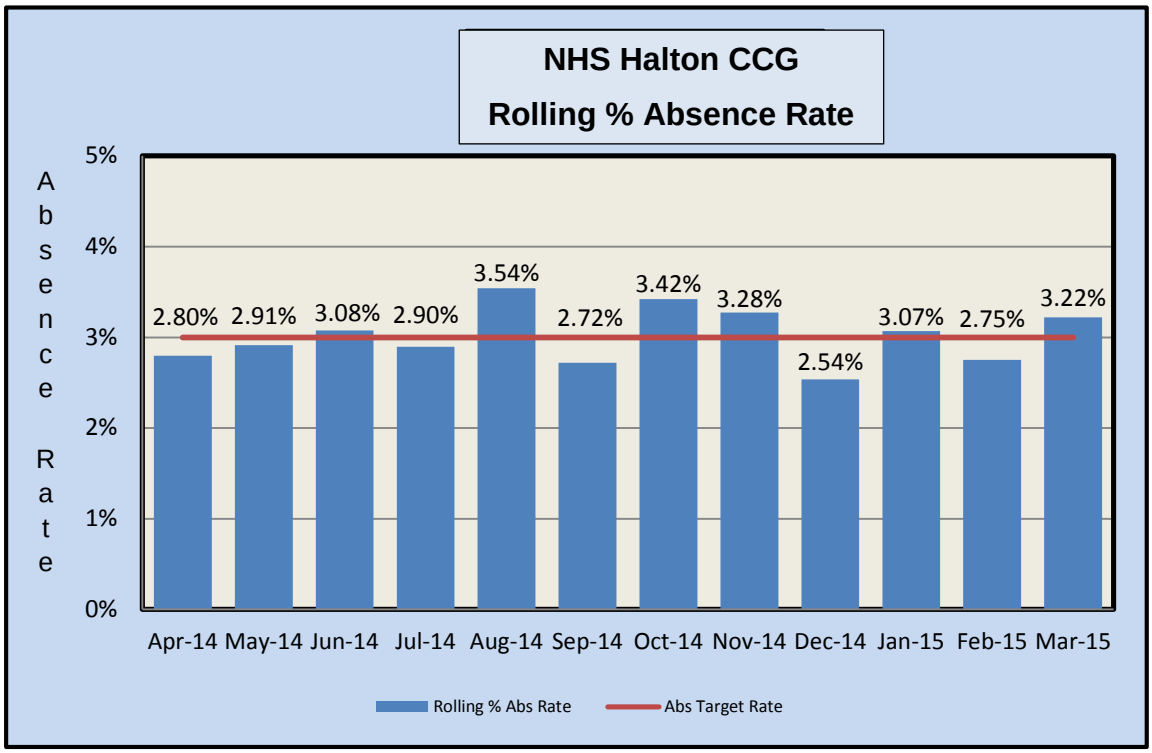
The Governance Statement contains further details of Committees and the attendance register for each committee is included at Page 137 in Appendix 2.

2.4 Pension Liabilities

Accounting treatment for pension costs and liabilities is outlined in note 4.5 of the Annual Accounts. Past and present employees are covered by the provisions of the NHS Pension Scheme which is an unfunded, defined benefit scheme.

NHS Halton CCG accounts for the costs of the scheme in year as a charge to the Operating Cost Statement. Full details of the scheme and how it is applied by the CCG can be found in the accounting policies to the Annual Accounts 2014-2015.

2.5 Sickness Absence Data – Table 5



In the rolling 12 month period ending March 2015 there were 383 wte days lost to sickness absence over 23 occasions. At the end of March 2015 the headcount of the CCG was 43 giving an average total of 8.9 days sickness absence per employee.

Across the CCG There were 29 members of staff who had no sickness absence during the 12 month period. Further information about Sickness Absence Data is available in the Annual Accounts on page 114.

2.6 External Auditor's Remuneration

NHS Halton CCG's external auditor is Grant Thornton UK LLP. The cost of external audit services in 2014-15 was £72,000 including VAT Minus £6,000 Audit Commission rebate from the previous year.

2.7 Cost Allocation and Charges for Information

We certify that NHS Halton Clinical Commissioning Group has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

2.8 Disclosure of Personal Data Related Incidents

The information below relates to personal data related incidents:

- **Serious Incident requiring investigation (SIRI)**
  There have been no Information Governance related SIRIs caused by the CCG during 2014/15.
- **Information Governance incidents**
  There have been no incidents caused by the CCG during 2014/15 that were required to be reported.

2.9 Employee Consultation

As an organisation, we believe that a positive and inclusive approach to employment relations is conducive to the achievement of individual, service and business objectives. We actively promote an open and honest culture, encouraging our people to share their feedback and tell us how they feel about the issues they care about.

Excellent partnership arrangements with external organisations and Trade Unions ensure that we openly discuss, challenge and agree initiatives that have a positive impact on both our staff and our organisation. NHS Halton CCG and Staff Side organisations have a common objective of ensuring the efficient operation and success of the organisation for the benefit of all, through working in partnership to secure these aims and objectives.

We have therefore adopted a formal consultative process within NHS Halton CCG, which is in the form of our Partnership Forum. The function of the Partnership Forum provides the provision of a formal vehicle for the agreement of types, forms and content of information and general consultative communication exchanges between managers and staff. Our Partnership Agreement provides a clear framework within which employment relations will be conducted effectively within NHS Halton CCG.

2.10 Equality Disclosures

We are required to prepare and publish Equality Objectives to meet our Specific Duty as outlined in the Equality Act 2010. Our plan is specific and measurable and we will update on an annual basis.

The CCG understands that at sometimes in our lives we may face barriers in relation to accessing health services or experience different outcomes. The CCG wants to reduce the health differences across our diverse communities and our Equality Objectives will support us to do this.

Our Equality Objectives are:

- To make fair and transparent commissioning decisions
- To improve access and outcomes for patients and communities who experience disadvantage
- To improve the equality performance of our providers through robust procurement and monitoring practice
- To empower and engage our workforce

Equality Delivery Systems 2

To help us set our Equality Objectives we are currently undertaking Equality Delivery Systems (EDS) 2.

NHS Halton CCG has been assessed as “Developing” reflecting the need to fully embed equality and diversity. The CCG is currently working towards improving its performance around the following EDS 2 indicators, over the next 2 years:-

- Services are commissioned, procured, designed and delivered to meet the health needs of local communities (EDS 2 – Ref 1.1)
- People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds (EDS 2 – Ref 2.1)
- Papers that come before the Governing Body and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed (EDS 2 – Ref 4.2)

The outcomes and recommendations of the assessment will be presented to the CCG in June 2015.

Provider Performance

All our key NHS providers have undertaken the EDS 2 assessment and have set equality objectives in accordance with their requirements. We are working closely with our providers to improve equality performance and access and outcomes for protected groups through robust contract monitoring, via the quality contract schedule.

Disabled Employees

NHS Halton CCG has duties to meet under the Equality Act 2010 in relation to workforce and organisational development. The CCG has therefore taken positive steps to ensure that policies across the CCG deal with equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, policies around managing employees and protecting employees from harassment, victimisation and discrimination. Through our recruitment processes the CCG promotes the 'Two Ticks' symbol on all vacancies, to promote the CCGs commitment to employing disabled people.

Equal Opportunities

NHS Halton CCG is committed to equality of opportunity for all employees and is committed to employment practices, policies and procedures which ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic as outlined in the Equality Act (2010) and any other status covered by the Human Rights Act (1998). Diversity is to be viewed positively and, in recognising that everyone is different, the unique contribution that each individual's experience, knowledge and skills can make is valued equally.

2.11 Health and Safety

NHS Halton CCG is a low risk organisation with a positive health and safety culture. We have effective policies, procedures and a safety management system in place to ensure the continued health, safety, welfare and development of our staff.

Policy

NHS Halton CCG's aim is to set and maintain sensible and proportionate standards of health and safety management to ensure the wellbeing of our staff and others who may be affected by our activities, and to minimise the losses (financial and reputational) to our organisation from ill health and injury.

To assist in fulfilling their Health and Safety responsibilities, the CCG works collaboratively with the North West Commissioning Support Unit (NWCSU) and receives specialist Health and Safety Support from them. The Health and Safety Lead has assisted in the development of the Health and Safety Policy, and is available to staff via email and telephone, also attends on site at least monthly for face to face liaison. Assistance is provided around Display Screen Equipment (DSE) Assessments and utilising Access to Work where appropriate.

Overall Summary of Incidents

NHS Halton CCG has reported no Health, Safety, Fire or Security related incidents.

Breakdown for Non RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences regulations 2013)

None Reported

2.12 Fraud

All commissioners and providers of NHS services are required to put in place arrangements to tackle fraud, bribery and corruption, and this is undertaken by NHS Halton CCG's nominated Anti-Fraud Specialist (AFS), together with the Anti-Fraud team at Mersey Internal Audit Agency (MIAA). The CCG's Chief Finance Officer oversees these arrangements for the CCG.

Bribery Act 2010 & NHS Halton CCG Anti-Bribery Strategy

On 1st July 2011 the Bribery Act 2010 came into force, reforming the criminal law of bribery and corruption making it easier to tackle these offences proactively. It created specific criminal offences which carry custodial sentences of up to 10 years and potentially unlimited fines. It also introduced a corporate offence which means that if NHS Halton Clinical Commissioning Group (CCG) is exposed to criminal liability, it is punishable by an unlimited fine, for failing to prevent bribery.

Bribery is a criminal offence. NHS Halton CCG does not, and will not, pay bribes or offer improper inducements to anyone for any purpose; nor do we, or will we, accept bribes or improper inducements. This approach applies to everyone who works for us, or with us. To use a third party as a conduit to channel bribes to others is a criminal offence. We do not, and will not, engage indirectly in, or otherwise encourage, bribery.

We are as committed to the prevention, deterrence and detection of bribery just as we are to combatting fraud in the NHS. As an organisation, we have a zero-tolerance attitude towards bribery and we aim to maintain anti-bribery compliance as "business as usual", rather than as a one-off exercise. To this end, everyone associated with the CCG is expected to play their part. The CCG has adopted and implemented a corporate Anti-Bribery Strategy.

2.13 Prompt Payments Code

NHS Halton CCG has been signed up to the Prompt Payments Code since February 2014.

2.14 Better Payments Practice Code

Non NHS/Trade		
Total Non-NHS trade invoices paid in the year	2,279	27,323,848
Total Non-NHS trade invoices paid within target	2,033	26,520,374
%	**89.21%**	**97.06%**

NHS (NHS/Inter-Commissioning/NHS ENGLAND-CCG)		
Total NHS trade invoices paid in the year	1,929	132,972,106

Total NHS trade invoices paid within target	1,858	132,270,336
%	**96.32%**	**99.47%**

Targets Month 12 2014/15

NHS all passed.

Non NHS not passed due to queries

2.15 Emergency Preparedness and System Resilience

Clinical Commissioning Groups (CCGs) are Category 2 responders under the Civil Contingencies Act 2004. This requires them to share information and co- operate with other agencies in terms of planning for emergencies.

The Department of Health however has indicated an expectation that CCGs also undertake the duties assigned to Category 1 responder; who requires production of Emergency Plans, Business Continuity Plans, Assessment of Risk and ensuring that there are arrangements for informing and warning the public. This will allow CCGs to be part of the overall planning process within both the Local Resilience Forum and the Local Health Residence Partnership.

Under the guidance issued by NHS England, CCGs are required to have a system in place which will allow their commissioned services to contact them on a 24/7 basis. This 24/7 access will additionally allow the NHS England Area Team to make contact in emergencies, allowing CCGs to work with the Area Team in support of the wider NHS response to any incident.

CCGs are required to ensure they have a Business Continuity and Incident Response Plan in place which complies with the NHS Core Standards for Emergency Planning, Response and Resilience (EPRR) and are also required to assure themselves that their commissioned services have plans in place to respond to and recover from emergencies.

I certify that NHS Halton CCG has incident response plans in place, which are fully compliant with the NHS Commissioning Board Emergency Preparedness Framework 2013. The CCG regularly reviews and makes improvements to its major incident plan

and has a programme for regularly testing this plan, the results of which are reported to the Integrated Governance Committee and the Governing Body.

2.16 Principles for Remedy

CCGs must make arrangements for dealing with complaints in accordance with The Local Authority Social Services and NHS Complaints (England) Regulations 2009 (the Regulations).

When people have a complaint about an NHS service they can complain to the provider of that service or to the commissioner of that service.

Other resources that set out expectations of how complaints are to be handled include Principles of Good Administration, Principles of Good Complaints Handling and Principles of Remedy (the Ombudsman's Principles).

Good complaint handling and providing fair and proportionate remedies are an integral part of good administration which is why the same key Principles apply to each. NHS Halton CCG approaches these principles in its values, which include openness honesty caring, quality and leadership. These underpinned by good corporate governance arrangements.

The North West Commissioning Support Unit is commissioned to operate the CCG complaints services working to agreed policies and procedures in line with the national guidance. As Chief Officer, I review and sign off all complaints that are directly notified to NHS Halton CCG.

2.17 Exit Packages and Severance Payments

There were no exit packages or severance payments in 2014/15

2.18 Off-Pay Roll Payments

The following tables provide details of off-payroll engagements as at 31 March 2015.

Table 6

Off-payroll engagements as at 31 March 2015 for more than £220 per day and that last longer than six months	**Number**
Number of existing engagements as at 31 March 2015	5
Of which, the number that have existed:	0
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	5
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
New off-payroll engagements between 1 April 2014 and 31 March 2015 for more than £220 per day and that last longer than six months	**Number**
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	0
Number of new engagements which include contractual clauses giving the CCG the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	0
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	5
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	14

Off payroll engagements relate to Governing Body members. Of the off payroll engagements, payments to Governing Body Members are made to the individual GP's practices and are therefore assessed to be low risk with no assurance necessary that the individual is paying the right amount of tax. There is one exception to this which is paid via an Invoice to an individual for which assurance is being sought.

2.19 Statement of Disclosure to Auditors

So far as the member is aware, that there is no relevant audit information of which NHS Halton CCG's external auditor is unaware; and, that the member has taken all the steps that they ought to have taken as a member in order to make them self - aware of any relevant audit information and to establish that NHS Halton CCG's auditor is aware of that information.

Simon Banks

Chief Officer

28th May 2015

3.0 Remuneration Report

Remuneration Committee Membership includes:

- Ingrid Fife Chair of Remuneration Committee
- Bob Bryant Lay Member until 31st August 2014
- Gill Frame Lay Member & Vice-Chair
- Diane Hanshaw Practice Managers' representative until 31st December 2014
- Shahzad Tahir Lay Member from 4th November 2014

Other attendees:

- Paul Brickwood Chief Finance Officer
- HR Representative.

3.1 Remuneration Committee Report

The Remuneration Committee provides advice to the Governing Body on such remuneration which includes all aspects of salary and provisions for other benefits as well as arrangement for termination of employment and other contractual terms.

The Committee meets a minimum of two times a year. It met on 14th April 2014 and 5th February 2015, and provided minutes and assurance to the Governing Body. Further details relating to the attendance of meetings can be found in Appendix 2.

3.2 The Working Environment

NHS Halton CCG has created an environment where staff feel empowered, valued and respected. Strong communication from the Executive Management Team filters down to all levels of the organisation supported by weekly 'stand-up' sessions, monthly team meetings and an open door policy. As a commissioner of health services, we believe health and wellbeing applies as much to our employees as it does to our local population.

Staff Survey

Clinical Commissioning Groups are not obligated to undertake an annual staff survey but NHS Halton CCG has opted to create and undertake its own survey with staff. We believe the survey ensures a better understanding of how staff are feeling; helps us to measure how well the organisational values are embedded as well as providing

a platform for staff to formally raise concerns they have relating to the work arena. The results from last year's survey were overwhelmingly positive - 39.9% of staff strongly agreeing and 53.6% of staff agreeing that their role is important and they can clearly see how it contributes to the objectives and vision of the CCG.

Health and Wellbeing Policy

The Health and Wellbeing Policy was created a direct result of staff feedback captured via the staff survey. Wellbeing can be described as the creation of an environment which allows employees to achieve their full potential. During the year the CCG continued to remain fully committed to the health and positive wellbeing of its employees and understood that the health and wellbeing of the workforce was crucial to the delivery of the improvements in patient care to the people of Halton.

Our health and wellbeing plan is designed to bring existing staff wellbeing issues to the forefront, whilst seeking to create an organisational culture where negative wellbeing issues are identified, minimised and managed effectively. Our health and wellbeing plan has been developed, through staff engagement and includes a range of initiatives including access to a comprehensive Occupational Health Service and confidential counselling services for staff and family friendly policies, which supports the CCGs commitment to providing the necessary support to employees to attend work regularly and to ensure that all employees are treated in a consistent, fair and sympathetic manner.

Volunteering Policy

NHS Halton CCG also considers staff volunteering an essential element within our health and wellbeing agenda. We also recognise volunteering as an essential aspect of our patient and public involvement work, which will help to build better links and relationships with our local community. As such, we are committed to encouraging and enabling our staff to participate in volunteering activities to support their personal development, help the CCG achieve its objectives, values and vision by delivering benefits in community where we operate.

3.3 Senior Managers Performance Related Pay

NHS Halton CCG does not have a performance related pay scheme currently in place.

3.4 Senior Managers Service Contracts

The contracts in place of senior managers reflect NHS terms and conditions of employment. Each Senior Manager has a contract in place which reflects NHS Terms and Conditions. Notice periods are agreed locally. Those with NHS Terms and Conditions are required to provide three months' notice. Other senior roles including Chief Officer and Chair will be six months. These are outlined in the table below.

Table 7

Title	Contract Term	Notice Period
Chief Officer	Permanent	6 Months
Chair	31st March 2016	6 Months
Chief Finance Officer *	Permanent	6 Months
Deputy Chair	31st March 2016	3 Months
Chief Nurse	Permanent	3 Months
Director of Transformation	Permanent	3 Months
Lay Member x 4	31st March 2016 / 1st November 2016	3 Months
Secondary Care Doctor	31st March 2016	3 Months
Registered Nurse	31st March 2016	3 Months
Practice Manager Member	31st March 2016	3 Months
GP Representative x 4	31st March 2016	3 Months

* Post holder hosted by Knowsley CCG

3.5 Service Contracts

Within NHS Halton CCG there are a number of clinical leads and governing body members with a contract for service in place. The term of contract is twelve months renewable by mutual agreement. The notice period for terminating a contract for service is three months.

3.6 Exit Packages and Severance Payments

None were recorded.

3.7 Payments to Past Senior Managers

There have been no payments to past senior managers in 2014/15.

3.8 Pay Multiples (Audited)

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

The banded remuneration of the highest paid member of the Governing Body in NHS Halton CCG in the financial year 2014-15 was
£105,000 - £110,000 (2013-14 £150,000 - £155,000). This was 3.49 times (2013-14 4.42 times) the median remuneration of the workforce, which was £30,764 (2013-14 £34,530).

Explanation for movement in the ratio

The movement from a ratio of 4.42 last year to 3.49 this year in mainly due to the inclusion of off payroll engagements and the calculation of the highest paid member following clarification using the HFMA and latest Audit guidance on Pay Multiple disclosures
As such there will be a variance between the prior year and the current year for this report and thereafter will be comparing like for like.

In 2014-15 no employees received remuneration in excess of the highest-paid member of the Governing Body.

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

3.9 Salaries and Allowances

A full breakdown of salary for the Governing Body is available is shown in Table 8

Table 8

Remumeration Report 2014/15

Salaries and allowances (Audited)

			2014-15						2013-14					
Name	Title	Note	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000	Salary (bands of £5,000) £'000	Expense payments (rounded to the nearest £00) £'00	Performance pay and bonuses (bands of £5,000) £'000	Long term performance pay and bonuses (bands of £5,000) £'000	All pension-related benefits (bands of £2,500) £'000	Total (bands of £5,000) £'000
Dr C Richards	Chair		60-65	1	0	0	0	60-65	60-65	0	0	0	0	60-65
David Merrill	Deputy Chair		10-15	0	0	0	0	10-15	10-15	0	0	0	0	10-15
Simon Banks	Chief Officer	*	105-110	19	0	0	0-2.5	105-110	105-110	18	0	0	135-137.5	240-245
Jan Snoddon	Chief Nurse		75-80	55	0	0	20-22.5	100-105	70-75	58	0	0	17.5-20	95-100
Dr M O Connor	GP Board Member	4	15-20	0	0	0	0	15-20	25-30	0	0	0	0	25-30
Dr D McDermott	GP Board Member	4	15-20	0	0	0	0	15-20	15-20	0	0	0	0	15-20
Dr D Lyon	GP Board Member	4	15-20	0	0	0	0	15-20	15-20	0	0	0	0	15-20
Dr C Forde	GP Board Member	4	15-20	0	0	0	0	15-20	15-20	0	0	0	0	15-20
Prof M Chester	GP Board Member		15-20	0	0	0	0	15-20	15-20	0	0	0	0	15-20
Paul Brickwood	Chief Finance Officer	1	25-30	11	0	0	0	30-35	25-30	13	0	0	45-47.5	75-80
D Hanshaw	Practice Manager		0-5	0	0	0	0	0-5	0-5	0	0	0	0	0-5
G Frame	Nurse		10-15	0	0	0	0	10-15	5-10	0	0	0	0	5-10
David Austin	Lay Member		5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Ingrid Fife	Lay Member		5-10	0	0	0	0	5-10	5-10	0	0	0	0	5-10
Robert Bryant	Lay Member	2	0-5	0	0	0	0	0-5	5-10	0	0	0	0	5-10
Shahzad Tahir	Lay Member	3	0-5	0	0	0	0	0-5	0	0	0	0	0	0

Expense payments are in respect of lease vehicles and mileage and are shown in £ hundreds

Notes:

1. Paul Brickwoods remuneration is split across NHS St Helens CCG, Knowsley CCG and NHS Halton CCG. The remuneration costs shown represent NHS Halton CCG's share of the total remuneration paid by the three CCG's. The total remuneration paid was within the band £115,000 to £120,000 and the allocation of cost to the CCG is based on the size of each CCG's constrained population at the time of the CCGs formation, as follows:

CCG	Constrained Population	%
St Helens	186,743	41
Knowsley	149,108	33
Halton	124,104	26

2. Robert Bryant left his post on the 31st August 2014
3. Shahzad Tahir took up post on the 4th November 2014
4. GP Board Members are paid through the practice and are an off payroll engagement

Table 9

Pension Benefits 2014/15 (Audited)

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at aged 60 (bands of £2,500)	Total accrued pension age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Simon Banks	Chief Officer	0-2.5	0-2.5	20-25	60-65	318	291	19	0
Paul Brickwood	Chief Finance Officer	0-2.5	0-2.5	50-55	155-160	1111	1051	32	0
Jan Snoddon	Chief Nurse	0-2.5	2.5-5.0	35-40	105-110	0	0	0	0

Certain members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for certain members.
The pension entitlement above is the total pension entitlement for each Director, is not split across other organisations and may have been partly accrued in a non senior manager capacity.

On reaching Pensionable age employees do not have a Cash Equivalent Transfer Value, this is in respect of Jan Snoddon

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 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 membership of the pension scheme. This may be for more than just their service in a senior capacity to which disclosure applies (in which case this fact will be noted at the foot of the table). 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 costs. 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, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Table 10

Off-Payroll Engagements

The following tables provide details of off-payroll engagements as at 31 March 2015

Off-payroll engagements as at 31 March 2015 for more than £220 per day and that last longer than six months	**Number**
Number of existing engagements as at 31 March 2015	5
Of which, the number that have existed:	0
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	5
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

New off-payroll engagements between 1 April 2014 and 31 March 2015 for more than £220 per day and that last longer than six months	**Number**
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	0
Number of new engagements which include contractual clauses giving the CCG the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	0
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	5
Number of individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements	14

Off payroll engagements relate to Governing Body members. Of the off payroll engagements, payments to Governing Body Members are made to the individual GP's practices and are therefore assessed to be low risk with no assurance necessary that the individual is paying the right amount of tax. There is one exception to this which is paid via an Invoice to an individual for which assurance is being sought

Simon Banks

Chief Officer

28th May 2015

SECTION 2 - STATEMENTS BY THE CHIEF OFFICER

1.0 Statement of Chief Officer Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have a Chief Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Simon Banks to be the Chief Officer of NHS Halton Clinical Commissioning Group.

The responsibilities of a Chief Officer, including responsibilities for the propriety and regularity of the public finances for which the Chief 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) and for safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Clinical Commissioning Group Chief Officer Appointment Letter.

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction.
The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.
In preparing the financial statements, the Chief Officer is required to comply with the requirements of the Manual for Accounts issued by the Department of Health and in particular to:

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

- Prepare the financial statements on a going concern basis.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my Clinical Commissioning Group Chief Officer Appointment Letter.

Simon Banks

Chief Officer
28th May 2015

2.0 Governance Statement

The Clinical Commissioning Group was licenced from 1 April 2013 under provisions enacted in the Health & Social Care Act 2012, which amended the National Health Service Act 2006. As at 1 April 2014, the clinical commissioning group was licensed, without conditions.

NHS Halton CCG is co-terminus with Halton Borough Council; the Borough of Halton is within Liverpool City Region and is linked to the Cheshire and Merseyside Sub Regional Team for NHS England. The Borough is split by the River Mersey which separates the two towns of Widnes and Runcorn with the surrounding districts form the Borough. The local authority and NHS Halton CCG has maintained a good record of innovative ways of working and of engagement with local people most of this in partnership with key stakeholders.

NHS Halton CCG consists of 17 member practices. The local practices and clinicians have continued to work closely together to improve the health of local people. From its inception NHS Halton CCG has ensured high levels of engagement and involvement with local member practices with excellent clinical leadership. During this year practice and stakeholder engagement has focused on the development of the Primary Care Strategy and the delivery of the local Urgent Care Centres. NHS Halton CCG continues to work hard to engage with the broadest range of local people through Patient Participation Plus, Halton Peoples Health Forum and its Steering Group, the local consultation steering group and the consultation events this group has planned and supported. There has been a particular focus on local young people's groups such as the Young Peoples Parliament, INVOLVE, the Canal Boat Adventure Project and SPARC (Supporting People to Achieve Real Choice). NHS Halton CCG has worked hard to consolidate its culture of engagement with the people of Halton which is fundamental to delivering the CCG's strategic objectives. During 2014/2015, the period of this statement, the CCG developed robust processes to deliver appropriate models and levels of consultation with local people in line with the expectations placed on the NHS to consult on service review and change. The Consultation Steering Group reviews all commissioning programmes and plans and agrees the consultation model required and ensures its delivery. The CCG Governing Body has received a full report of all engagement with local people

which includes the outcomes of all Consultation Steering Group decisions and consultations.

NHS Halton CCG, from its inception in shadow form in November 2011, has worked closely with Halton Borough Council, aiming for integration with the local authority. NHS Halton CCG had in place on the 1st April 2013 a number of formal joint appointments and joint budgetary and commissioning arrangements with the local authority, these arrangements continue and have been further strengthened this year through the Better Care Fund arrangements. The Better Care Fund Partnership Board is providing assurance on the delivery of the Better Care Fund plan and ensuring effective management of pooled budgets. NHS Halton CCG has submitted to NHS England the Better Care Fund Plan and this has been approved following a robust assurance process in line with the national assurance programme.

The vision and strategic aims for NHS Halton CCG are clearly outlined within its Constitution which was reviewed in January 2015 in light of planned delegation of general medical services commissioning during 2015. The vision and strategic aims for the CCG focus on delivery of improvements in the health of local people using a wellbeing approach delivered through integrated commissioning, ensuring ethical and social value based decisions through effective engagement and involvement with local people.

NHS Halton CCG has clearly moved towards and continues to move ahead with its integration plans building and expanding its relationships with the local authority and its other key stakeholders. CCGs are now two years old as organisations and are embedding their culture and approach to delivery; there have been challenges for all the CCGs in this year and for NHS Halton CCG these include:

- Consolidating team and capacity and ensuring delivery of commissioning functions.
- Building and embedding relationships with stakeholders in the system.
- Building and embedding social values based approach which delivers the required local focus.
- The impact of further changes in the system move to delegated and co-commissioning and the changing approach to assurance by NHS England.

- Further development of data and intelligence support for corporate reporting.
- Financial pressures in the system caused by over performance in some areas.

The future challenges for the NHS remain clear, provider sustainability, the need for new and innovative service models, the integration agenda and the obvious financial pressures across the NHS. Specifically for NHS Halton CCG there is a continued drive to reduce the resource spent on managerial costs which could impact detrimentally the ability of NHS Halton CCG to deliver its functions. The CCG is constantly mindful of this and monitors and manages the risk tightly. The CCG has reviewed support services to ensure value for money is delivered at the same time as effective commissioning support.

The Governing Body of NHS Halton CCG includes four Lay Members who provide Non-Executive leadership and challenge in the following key areas:

- Governance and audit
- Human resources and Organisational Development
- Patient engagement and experience
- Quality of care

The organisation took a clear decision early in its development to recruit more than the mandated two Lay Members on the Governing Body. This decision and the recruitment of four local people have ensured that the views of local people are strongly represented on the Governing body and within all Committees. The recruitment of four lay members has enabled a greater level of involvement for lay representation due to the extra capacity in the system. All Lay Members of the Governing Body hold clear areas of responsibility to ensure the organisation is cognisant of the views of patients and their carers and to ensure that the voice of local people is front and centre in the way we deliver our business.

The Governing Body of NHS Halton CCG also includes in a Non-Executive capacity:

- A Registered Nurse
- A Secondary Care Doctor

Both these professionals have added further scrutiny and challenge for the organisation

which alongside their skills and experience in health care has supported the organisation in delivery of its functions and plans.

Accountable Officer 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 in my Clinical Commissioning Group Accountable Officer Appointment Letter. I am responsible for ensuring that NHS Halton Clinical Commissioning Group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity.

Compliance with the Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. 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. The CCG has been reported as fully assured of its Governance Arrangements via the CCG assurance process undertaken by NHS England throughout 2014/15.

NHS Halton Clinical Commissioning Group Governance Framework.

The National Health Service Act 2006 (as amended), at paragraph 14L (2) (b) states: *The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it complies with such generally accepted principles of good governance as are relevant to it.*

The Governance Framework of NHS Halton Clinical Commissioning Group

The Governance Framework for NHS Halton CCG is outlined within the approved and signed constitution. NHS Halton CCG recognised that robust governance of its business is essential to ensure effective delivery of its functions, cognisant of this the CCG commissioned an effectiveness review of reporting by internal audit early in the year and

this enabled NHS Halton CCG to be assured about its governance structures. The structure and responsibilities of all committees are outlined in detail below.

On-going governance reviews completed in this year by the internal auditors has delivered a significant level of assurance for NHS Halton CCG. This alongside a report of significant assurance within the Director of Audit Opinion has provided the organisation and the Governing Body with positive governance assurance in this year.

Throughout the year NHS Halton CCG has completed Quarterly Assurance Reviews with NHS England's Merseyside Area Team. The assurance assessments have provided a high level of assurance in relation to performance against mostly the delivery of NHS Constitutional requirements by local providers, alongside the CCG Outcome and Quality Domains. The Assurance process has also reviewed governance and other internal systems with positive feedback across the quarters.

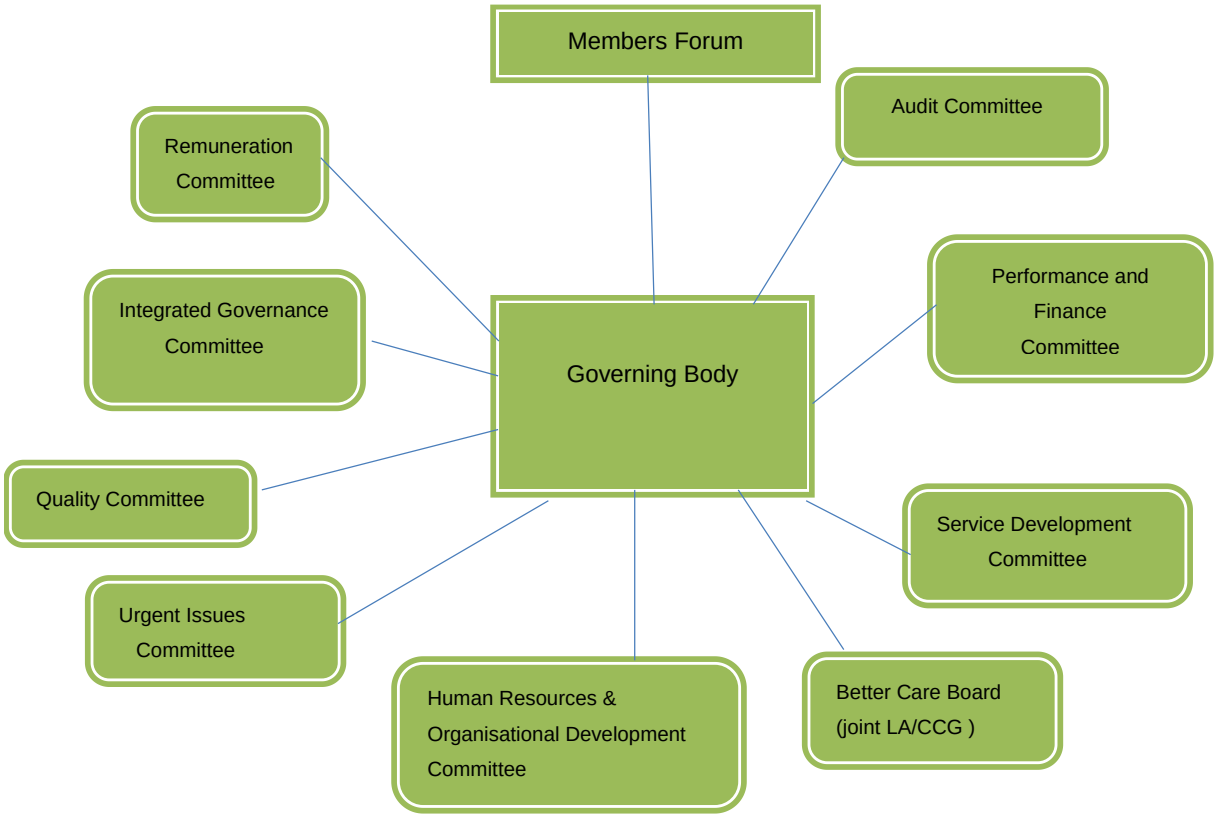
The Assurance process no longer allows for reciprocal assurance from NHS England to the organisation in relation to specialised commissioning and direct commissioning of Primary Care. There is also a move towards delegated commissioning of general medical services, with the potential for dental, optometry and pharmacy services to follow as well as some specialised commissioning and other primary care areas. The final part of the assurance process is to identify support if required and any developmental programmes required for the organisation.

NHS Halton CCG is a membership organisation with an agreed constitution to which all member practices are signatories. The Members' Forum and Service Development Committee continue to be the driving force of NHS Halton CCG, and are essential to ensuring that the organisation can deliver clinical commissioning through excellent clinical leadership and engagement.

Each committee has clear terms of reference which outlines responsibilities and accountabilities and reporting requirements directly to the Governing Body. The committees have clear work programmes to ensure delivery of their agreed terms of reference; a number of committees have completed self-assessments of effectiveness to identify any developments required for committee members. Each committee has clear

areas of responsibility for specific risks within NHS Halton CCG Risk Register and Board Assurance Framework and clear agenda time to review these risks ensuring an assessment of assurance level can be defined. The terms of reference and membership for each committee are outlined together with attendance at committees+ in Appendix 2.

The structure of the CCG is outlined below



The Members' Forum meets quarterly; all staff from member practices are invited to attend. This forum alongside the Service Development Committee has provided the driving force for delivery for the commissioning plans for NHS Halton Clinical Commissioning Group. As a membership organisation it is essential that the members were involved in setting and driving the agenda for clinical commissioning. The Service Development Committee which is chaired by a GP Governing Body member has driven the content and programme for the Members' Forums.

The Members' Forum has influenced and approved the commissioning intentions and

two year, five year plans and primary care strategy for the organisation and the practice and clinical leads as part of the Service Development Committee have driven the delivery of all the commissioning programmes providing and receiving regular update on delivery. Clinical engagement has been fundamental to ensuring delivery for the CCG and the Members' Forums in this year have facilitated this process and will continue to do so in the future. The decision making powers of the Members' Forum are clearly outlined within NHS Halton CCG Constitution.

The Governing Body meets monthly in public; all papers are uploaded to the NHS Halton CCG website at least five days prior to the meeting. The Governing Body provided an opportunity at each meeting for public questions submitted in advance to which a response is provided. The CCG encourages public questions for its meetings but also enables a number of other options for local people to raise issue and ask questions of the CCG. The Governing Body has reviewed all information received so it could ensure a golden thread of reporting can be evidenced throughout the year and the MIAA reviews regarding reporting to Governing Body and the delivery of quality requirements have provided significant levels of assurance for the CCG in this year.

The Governing Body membership includes five local General Practitioners including the Clinical Chair. The remaining members of the Governing Body are the Chief Officer, Chief Finance Officer, Chief Nurse, Secondary Care Doctor, Registered Nurse, Practice Manager member and four lay members, one of whom is the Deputy Chair and Chair of Audit Committee.

The Governing Body has a number of regular invited attendees including: NHS Halton CCG Director of Transformation, Halton Borough Council Director of Public Health, Operational Director of Assessment and Prevention and Children's Trust representative, and a representative from Health Watch. Following the review of the constitution in January 2015 from April 2015 the Director of Public Health and the Director of Transformation formally become voting members of the Governing Body. This change was agreed to ensure that the importance of and responsibility for health inequalities and service transformation and integration are clearly reflected within the Governing Body membership.

The Governing Body has in this year regularly reviewed its effectiveness and a development plan for its members as part of the NHS Halton CCG Organisational Development Strategy has been delivered. The Organisational Development Strategy has been reviewed for 2015/2016 to ensure continuous development of the Governing Body and the organisation.

Audit Committee

The Audit Committee provides NHS Halton Clinical Commissioning Group with independent assurance through the approval of audit plans, review of internal audit reports including ensuring delivery of actions advised, and delivery against the plan. The Audit Committee also receives the Board Assurance Framework (BAF) and Risk Registers for review and further challenge. The Audit Committee obtains external audit advice and opinions ensuring appropriate review and implementation of guidance released nationally.

The Audit Committee is established in accordance with Halton Clinical Commissioning Group's (the CCG) Constitution. The remit responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the Constitution and Standing Orders.

Membership

Details of the membership can be found in the Member's Report. The duties of the Committee are driven by the priorities of the CCG, as identified by the CCG, and the associated risks.

Integrated governance, risk management and internal control

The Audit Committee also reviews the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the organisations objectives.

The Committee's work aligns to that of the Integrated Governance Committee and Quality Committee, which are now well established to seek assurance that robust clinical

quality is in place and that risks are mitigated. The Committee also approves arrangements for internal control and risk management.

In carrying out this work the Committee utilises the work of internal audit, external audit and other assurance functions, but is not limited to these sources of assurance. It can also seek reports and assurances from Officers and Governing Body members as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This has been evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it. The Audit Committee has approved the Detailed Financial Policies of the CCG and its arrangements for discharging the financial duties.

Internal audit

The Committee ensures that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Officer and CCG. This has been achieved by consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal. The Committee also views and approves the internal audit strategy, and operational plan, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework. The committee considers the major findings of internal audit work (and management's response) and ensures co-ordination between the internal and external auditors to optimise audit resources. The committee also ensures adequate resource and standing within the organisation and completes an annual review of the effectiveness of internal audit and approves the appointment of the internal auditors.

External audit

The Committee reviews the work and findings of the external auditors and consider the implications and management's responses to their work. This is achieved by consideration of the performance of the external auditors, as far as the rules governing the appointment permit. Review and agreement with the external auditors, before the audit commences, of the nature and scope of any audit as set out in the annual plan, and ensures co-ordination, as appropriate, with other external auditors in the local health

economy. The Committee also reviews with the external auditors their local evaluation of audit risks and their assessment of the organisation.

The reviews of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the CCG and any work undertaken outside the annual audit plan, together with the appropriateness of management responses. CCGs have not yet been given the freedom to select external auditors, once this is give the audit committee will influence this decision.

Other assurance functions

The Committee has reviewed the findings of other significant assurance functions, both internal and external and considered the implications for the governance of the Clinical Commissioning Group. These include any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies, etc.) The Committee can also review the circumstance and reason behind any suspension of the Constitution. None of these have occurred in this year.

Counter fraud

The Committee received appropriate reports and assurance to satisfy itself that the Clinical Commissioning Group has adequate arrangements in place for countering fraud and has reviewed the outcomes of counter fraud work. It has also approved the arrangements for counter fraud and associated work programme.

Management

The Committee can and has requested and reviewed reports and positive assurances from senior staff on the overall arrangements for governance, risk management and internal control. The Committee can also request specific reports from individual functions within the organisation as they may be appropriate to the overall arrangements.

Financial reporting

The Committee has monitored the integrity of the financial statements of the Clinical Commissioning Group and any formal announcements relating to the organisations

financial performance. The Committee ensures that the systems for financial reporting to the CCG, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the CCG. As part of this assurance the internal auditors have completed a review of financial and budgetary management providing significant assurance to the CCG.

The Audit Committee, under delegated powers from the Governing Body, has approved the Annual Report and Financial Statements focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted misstatements in the financial statements
- Significant judgements in preparing of the financial statements
- Significant adjustments resulting from the audit
- Letter of representation
- Qualitative aspects of financial reporting

Committee In Year Delivery

In this year the Committee has delivered each of its functions, with a focus on ensuring the on-going effectiveness of governance systems. The Committee has through officers in attendance been provided with significant assurance in relation to key themes highlighted by internal and external auditors. The Committee has been able through reporting to ensure the delivery of actions required in any internal audit reviews completed. The Audit Committee Chair with the Chief Nurse has met regularly with internal audit team to ensure the delivery of the internal audit plan.

The table below outlined the audits completed and results for information. Links to the external auditors have also been maintained ensuring any key risks have been managed appropriately. The Committee has approved and monitored the delivery of the Counter Fraud Strategy and plan for the year.

Table 12

Audit Area	Outcome	Lead Officer	Date completed
Board Assurance	Assured	Chief Nurse	March 2015
Governing Body Reporting	Significant	Chief Nurse	February 2015
Quality responsibilities and early warning dashboard	Significant	Chief Nurse	October 2014
Financial reporting /budgetary control	Significant	Chief Financial Officer	February 2015
ESR /HR interface	Significant	Chief Officer	February 2015
Provider contract management	Significant	Chief Officer	February 2015
Commissioning planning	High	Director of Transformation	January 2015
Clinical coding Maternity PBR	Not Applicable	Chief Officer	March 2015
Information Governance	Assured	Chief Nurse	February 2015
Audit Committee Self -Assessment	Completed	Audit committee chair	January 2015

Human Resources and Organisational Development Committee

Human Resources and Organisational Development Committee has been responsible for ensuring all appropriate polices and processes are in place, approving all policies and processes included ensuring personal development reviews are completed and development and training for all staff is delivered.

The Committee has advised the Governing Body on all Human Resources (HR) and Organisational Development (OD) matters. The Committee is established in accordance with NHS Halton Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation.

Remit and responsibilities

The Committee contributes to the development of and oversees the implementation of the HR and OD Plan for the CCG, the development of competence and skills based assessment and planning methodologies to support CCG development. Ensuring staff values within the NHS Constitution are upheld throughout the CCG and with reference to the equality impact of programmes of change. Approval of HR and OD Policies and Procedures including disciplinary arrangements on behalf of the Governing Body and review and provide assurance in relation to the organisations responsibilities with regard to Public Sector Equality duty / legislation (in relation to employment and staffing).

The Committee has monitored all workforce performance targets and would recommend remedial action plans when performance is below target and has ensured there are appropriate arrangements and processes in place for reviewing salaries, packages and grading of staff that are not on the Very Senior Managers Framework (e.g. Agenda for Change).

Committee In Year Delivery

In this year the Committee has reviewed and approved a suite of Human Resources Policies and procedures. The Committee early in the year reviewed and approved the Organisational Development Plan and has received regular updates on delivery of the plan. The Committee recently reviewed and approved an updated Organisational Development Plan for 2015/2016. The Committee received as part of its work programme a number of performance reports from the Human Resources team to ensure compliance with human resources legislation. These included:

- Sickness and absence levels
- Mandatory training compliance
- Recruitment updates
- Staff survey (including wellbeing and culture).

The Staff survey for 2014/15 (the second year of this survey) provided positive feedback to the organisation in relation to staff engagement, organisational culture, access to Professional Development Reviews and development plans, and staff wellbeing. There has been a focus for the CCG on wellbeing and culture for staff in this year, with Nordic Walking Group being supported alongside other wellbeing programmes. All CCG staff

have completed Insights Discovery programme in this year which supports the understanding of behaviours on decision, relationships and team dynamics.

Integrated Governance Committee

Integrated Governance Committee has reviewed all areas of Governance (Freedom of Information, Information Governance compliance, Complaints, Claims, Incidents, Board Assurance Framework and Corporate Risk Register and Equality and Diversity reporting.

The reporting group for this committee is:

- Information Governance Working group

This Committee reports to NHS Halton CCG Governing Body on the development, implementation and monitoring of all areas of integrated governance by providing assurance on the systems and processes by which the CCG leads, directs and controls its functions in order to achieve organisational objectives. The Committee is established in accordance with NHS Halton Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

Remit and responsibilities

This Committee through its work programme and leadership promotes good risk management and ensures effective governance, both clinical and non-clinical processes across the CCG. Approval of the Integrated Risk Management Strategy and any other appropriate policies and strategies are key to delivering the functions of the Committee; as is oversight of main assurance and risk systems which ensure processes are in place to enable the CCG to comply with their statutory requirements.

The Committee also provides effective challenge to risk assessment and risk assurances provided by Corporate Risk Register (CRR) and Board Assurance Framework (BAF) to ensure that robust controls are evident throughout the organisation. This also includes scrutiny of risks contained within all areas of the BAF and CRR.

Agreement and coordination of the Assurance Framework allows integration of the governance activities that focus on continually improving the patient experience and ensuring safe care, efficiency and effectiveness through effective risk management. The

Committee has overseen the development and embedding of CCG systems and processes in relation to internal control and risk management. It has also supported the continuing development of the BAF and the CRR to ensure the identification of any areas where internal or external controls need strengthening to support on-going assurance and decision making in respect of risk management to achieve strategic objectives.

The Committee has enabled the identification of specific risks contained within the BAF and CRR which relate to the duties of the Committee. Ensuring that those identified risks are managed effectively and that sufficient detailed assurance is gained from the risk owner. The Committee also ensures that risk co-owners, managers and staff within the CCG are provided with appropriate training, and ensures there are appropriate arrangements in place in respect of incident reporting, investigation and learning. The Committee provides assurance for the Governing Body with regard to the CCG responsibilities in relation to the Public Sector Equality Duty and Equality Act 2010.

Information Governance (IG)

The Committee ensures that the CCG have established and maintained policies and procedures to comply with the Data Protection Act, Freedom of Information Act, other relevant legislation and the Common Law Duty of Confidentiality. The Committee has monitored, reviewed and contributed to the Asset and Risk Management Programme across the organisation and approved, implemented and maintained the Information Governance Strategy and Information Governance Policies and has appropriate operational procedures with review mechanisms.

The Committee has ensured that Information Governance is reflected in Corporate Policy documents as appropriate within the organisation with appropriate review mechanisms and prepared the annual Information Governance Toolkit assessment for sign off on behalf of the Governing Body. The Committee monitors progress on the established Information Governance work programme and ensured that the agreed approach to information handling is communicated to all staff and made available to the public. The Committee ensures that coordination of the activities of staff with Data Protection, Confidentiality, Security, Information Quality, Records Management and Freedom of Information responsibilities are completed and monitor all information handling activities across CCG to ensure compliance with the Law, NHS and Social Care guidance.

We have submitted a satisfactory level of compliance with the information governance tool kit assessment, achieving Level 2 requirements in all areas. This has been audited by MIAA and received significant assurance. There have been no Serious Untoward Incidents relating to data security breaches.

The data and intelligence provided through the CCGs commissioning support provider to inform needs analysis and service commissioning is subject to robust quality assurance, both internally by the provider and by the CCG. The CCGs plans and forecasts are also subject to external scrutiny and sign off by NHS England.

Fire Health and Safety/Local Security Management Service (LSMS)

The Committee ensures there are appropriate arrangements in place to ensure compliance with statutory responsibilities in respect of health and safety including policies, procedures and training, approving appropriate policies and reviewing compliance. The Committee also ensures that there are appropriate arrangements for the management of staff safety issues via the Local Security Management Specialist and ensures the delivery of the appropriate support via the local LSMS action plan in line with national requirements.

Other

The Committee approves appropriate policies and plans to ensure compliance with emergency planning duties as outlined in the Civil Contingencies Act 2004, providing assurance of compliance with the NHS Constitution in all areas of commissioning and assurance of compliance by all providers and is accountable for the performance and reporting of other functions as delegated by the Governing Body. The Committee also provides assistance to the Audit Committee in respect of internal control assurance and approve relevant Corporate Policies on behalf of the Governing Body.

Committee In Year Delivery

The Committee has a broad work programme which it has delivered effectively in year. The key areas of achievement have been:

- Submission of completed assessment for Information Governance toolkit with significant assurance for Level 2 self-assessment.

- Assurance of compliance with Equality and Diversity.
- Assessment of assurance levels for both Corporate Risk Register and Board Assurance Framework.
- Assessment of compliance against Health and Safety and Local Security Management Requirements
- Report on compliance with Category 2 responses for civil contingencies

Performance and Finance Committee

Performance and Finance Committee has received reports in relation to financial performance via the Finance Team and contractual activity against in year plans from the Commissioning Support Unit. These are presented in a RAG rated dashboard. The committee also received reports from:

- Contract Review Boards for each provider contract to ensure contractual reporting is robust.

The Committee has advised the Governing Body on all financial matters and provide assurance in relation to the discharge of statutory functions in line with the Standing Financial Instructions (SFIs). The Committee ensures that the performance of commissioned services is monitored. The Committee is established in accordance with NHS Halton Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Reservation & Delegation.

The Committee is responsible for the overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, financial recovery plans and cost improvement plans. The Committee has reviewed the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties and ensuring that the Performance and Finance Plans are consistent with and complementary to the CCGs Annual Budget, Two year Strategy, the Five year Plan and the Better Care Fund.

The Committee can approve any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG. The Committee monitors operational and financial performance across all

commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them. The Committee ensures the overall financial management of the organisation including the delivery of investment plans, monitoring of reserves, delivery of financial recovery plans and cost improvement plans.

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the Committee (other than duties which are reserved to the Governing Body or Membership alone):

- Approve the annual financial plan.
- Monitor implementation of the annual financial plan to ensure that the total resource available to CCG is invested in high quality services that support the achievement and delivery of specified priorities.
- Ensure the delivery of financial balance and that the organisation meets its statutory financial targets.
- Monitor delivery of QIPP at an organisational level.
- Monitor contract planned expenditure against actual spend for commissioned services.
- Review, monitor and agree corrective action for all agreed financial performance indicators.
- Approve any variations to planned investments or plans within the limits set out in the detailed financial policies of the CCG.

Value for Money

NHS Halton Clinical Commissioning Group uses a number of systems and process to manage and ensure economy efficiency and effectiveness. NHS Halton CCG utilises programme budgeting, value for money reviews for tendering, particularly in relation to Commissioning Support.

During the year we completed an assessment of our value for money using the Audit Commission criteria and our external auditors are planning to give an unqualified value for money conclusion.

Committee in Year Delivery:

The Performance and Finance Committee meet monthly to agree on Key Issues highlighting the main areas of concern and good practice, which is reported to the

Governing Body on a monthly basis. All papers received by the Committee provide assurance of risk mitigation.

The Committee meets and receives monthly updates on the areas below;

- Board Assurance Framework/Risk Register
- Corporate Performance Report
- Combined Performance Report
- Continuing Healthcare (CHC) Restitution
- Independent Exception Funding Requests

These documents and their contents are reviewed in detail to ensure the delivery of its Key functions and highlight to the Governing Body any areas of risk.

A quarterly Medicines Management update is also received in relation to budgetary performance and risk.

Quality Committee

The Quality Committee is responsible for providing the CCG and Governing Body with assurance in relation to the quality of both primary care (general practice) and all providers NHS and independent provision commissioned by the CCG. The Committee is responsible for ensuring early recognition of problems with quality in providers (early warning of service failure) providing assurance to the CCG and its Governing Body.

The Committee has received data on quality performance via the North West Commissioning Support Unit (NWCSU) (provider based data, national and local data sets) which it has reviewed monthly. The data sets due to the variety of processes for submission have varying timescales for reporting which can lead to a time lag in information but the Committee has utilised other datasets alongside soft intelligence to provide some assurance and enable triangulation. The Quality Committee has utilised internal provider data which is timelier where this is appropriate whilst recognising the risk that some data may change when validated. The NWCSU has provided an early warning and quality performance dashboard which has been interrogated by the committee members in detail.

Quality Committee has a number of working groups which report to it, these are:

- Medicines Management Group
- Primary Care Quality Group
- Clinical Quality and Performance Groups (part of contractual arrangements) for all provider contracts provide quality performance reporting.

This Committee reports to NHS Halton CCG Governing Body on the development, improvement and monitoring of all areas of quality. These include clinical effectiveness, patient safety and patient experience. The Committee provides assurance on the systems and processes by which the CCG leads, directs and controls its functions in relation to quality of care in order to achieve organisational objectives. The Committee is established in accordance with NHS Halton Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Reservation & Delegation.

Key areas of delivery:

Clinical Effectiveness, Patient Safety, Patient Experience and Engagement

The Committee is responsible for overseeing quality processes across all commissioned services. It provides assurance to the Governing Body that all activity relating to quality is coordinated and transparent ensuring a coherent and systematic review of the system including early warning of service failures.

The Committee receives and reviews at every meeting the Early Warning System for all providers and provides regular overviews using the Early Warning Quality and Safety Framework/Dashboard for the Governing Body as appropriate. The Committee receives and reports on the Contract Quality key performance indicators relating to commissioned services through receipt of written updates from Contract quality groups (Quality Boards or Clinical Quality and Performance Groups) and ensures that variations in clinical practice performance are identified and addressed through the use of benchmarking and clinical evidence.

The Committee ensures that providers deliver continuous quality improvements though the review of information, notification or advice received from the NHS England, Quality Surveillance Group, CQC, Monitor or any External Regulator which relates to or has a bearing on an NHS care provider's provision including the results of national clinical audit

information and confidential enquiries. The Committee receives and reviews joint Clinical Investigation Reports which are commissioned from time to time and receives and reviews progress reports relating to a Remedial Clinical Action Plan and any Remedial Clinical Action Plan report.

The Committee co-ordinates, prioritises, agrees and monitors actions to minimise risks across serviced commissioned by NHS Halton CCG, receiving reports on any Serious Untoward Incidents and or reports or investigations of Significant Events Analysis/audits. The Committee also receives and ensures actions are delivered in relation to Patient Safety Incidents or reports or investigations of Patient Safety Incidents including Unexpected Patient Deaths. The Committee receives and reviews any CQC Report for local providers ensuring actions are in place to manage any issues identified, receives and reviews any independent investigation or reviews carried out on any local providers and ensures findings and actions are in place to manage any issues identified and reviews lessons learnt from any unexpected deaths investigated by the coroner and share learning across Providers.

The Committee receives regular reports to ensure there are appropriate arrangements in place in respect of Safeguarding as recommended by the Quality Committee and receives reports on all safeguarding incidents and ensure providers have robust safeguarding arrangements in place including approval of policies. The Committee receives regular (quarterly) reports and assurance in relation to safeguarding activity in Halton and the performance of providers in relation to safeguarding KPIs and receives and acts upon outcomes of reviews of Safeguarding Incidents - trends, themes and lessons learnt.

The Committee receives and ensures that complaints are properly investigated and the details are analysed alongside patient safety indicators.

The Committee ensures lessons are learnt from patient experience intelligence through the receipt of findings of Patient Experience reports undertaken locally, regionally or nationally, receiving regular reports in relation to Friends and Families Test implementation. The Committee approves and ensures there are appropriate policies

and procedures in place for the handling of patient complaints, concerns or enquiries in accordance with relevant regulations.

The Committee reviews and approves CCG engagement plans both CCG specific and in partnership with others including the Local Authority. The Committee receives and reviews reports from outcome of engagement and stakeholder events and provide assurance to the Governing Body in relation to patient and other stakeholder engagement.

The Committee also receives for the CCG and all providers' assurance in relation to compliance with NHS constitution this compliance is reported via Quality Dashboard and Corporate Performance report.

Committee In Year Delivery

The Quality Committee focuses on its work of assuring itself on the quality of services provided to the people of Halton, and uses all of the reports received to evidence mitigation of risks in relation to Quality.

The Quality Committee meets and receives monthly updates on the areas below, reviewing in detail and advising on appropriate action.

CQPG Key Issues Reports from;

- St Helens and Knowsley NHS Hospitals Trust
- Warrington and Halton Hospitals NHS Foundation Trust
- Bridgewater Community Foundation Trust
- 5 Boroughs Partnership Trust
- Corporate Performance Report
- Board Assurance Framework/Risk Register
- Medicines Management Working Group
- Provider Quality Performance Report

The Committee, in relation to the Quality Dashboard look at all areas of lower than expected performance, undertaking in order to provider assurance, deep dives into;

Advanced Quality Performance; Serious Untoward Incidents; including themes and lessons learnt in Stroke.

A number of annual reports and strategies have been presented for approval by the Committee and these include;

- Safeguarding Adults Annual Report
- Safeguarding Children's Annual Report
- Safeguarding Strategy
- Consultation and Engagement Strategy
- Quality Strategy
- Suicide Strategy
- Engagement Report

In addition a number of updates have been received covering; Child Sexual Exploitation, Flu Coverage and a number of Patient Surveys. Consultation and Engagement, along with Primary Care Quality Development Working Group, are also received on a regular basis throughout the year.

Remuneration Committee

This statutory committee meets infrequently and has met twice in this year to enable delivery of its functions. The Committee advises the Governing Body on Remuneration matters. The Committee is established in accordance with NHS Halton Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation. The Committee shall make recommendations to the Governing Body on determinations about pay and remuneration.

The Committee is responsible for:

- Determining the remuneration and conditions of service of the Executive Management team
- Determining remuneration for people who provide services to the CCG including Governing Body members, Clinical Leads and for payments to Practices for engagement in commissioning activity.

- Determining allowances under any pension scheme it might establish as an alternative to the NHS Pension Scheme.
- Reviewing the performance of the Chief Officer and other Executive Management team members and determining annual salary awards.
- Determine the policy for and scope of termination / redundancy payments whist ensuring they are in accordance with national guidelines.
- Approving the severance payments of the Chief Officer and of other Executive Management staff.

In this year the committee has agreed:

- Pay awards for Staff on Agenda For Change and Governing Body contracts
- Remuneration for executive team

Service Development Committee

The Service Development Committee is alongside the Members Forum the process to drive delivery for the CCG. The Committee is formulated of Clinical Leads, Practice Leads, and senior managers and it has in the year ensured the delivery of the strategic commissioning plan. The Committee has also supported the development of the two year operational plan and the five year strategic plan.

The Service Development Committee is established in accordance with NHS Halton Clinical Commissioning Group's Constitution and is chaired by a GP Governing body member. This Committee reports directly to the Governing Body and acts as an advisory function to the Governing Body. The Committee has delegated powers of approval in accordance with the operational delegated limits within the Scheme of Reservation and Delegation.

The role of each practice representative is to:

- Act on behalf of the practice as a member of key decision making processes.
- Ensure the practice is actively engaged with and involved in the work of the CCG.
- Ensure that all practice staff are fully informed and engaged via internal systems.
- Attend appropriate meetings (members forums - 3/4 per year, service development - monthly) to enable engagement and involvement in decision making for the practice in the membership organisation.

- Work to ensure all requirements are met and support the CCG in discharging duties effectively.
- To ensure member practices are setting the commissioning agenda for the organisation and supporting the setting of operational delivery.
- To ensure the two way engagement with member practices.
- To enable involvement of member practices.
- Review service improvements and development and present options and advice to the Governing Body for approval/ratification.

Service Improvement Plan

The Committee meets to develop and submit for approval the Integrated Commissioning Plan and intentions.

To enable this, the Committee has:

- Submitted options and plans for delivery (beyond its delegated limit for approval) for agreement and ratification at the Governing Body.
- Monitored delivery of the CCG service improvement plan, reporting and escalating to the Quality Committee and through to Governing Body any substantial and immediate risk to the CCG.
- Provided an assessment of the level of risk and possible mitigation plan for these risks.
- Reviewed from a commissioning, quality, reputational or financial perspective with a view to making appropriate decisions to ensure the safety of the local population and the organisation.

The Committee has supported the Clinical leads to develop and review quality improvement programmes across all providers, ensuring all contracts are fit for purpose and measurable. Clinical leads will present to the group updates on delivery of objectives for their areas and any risks to delivery of these. Areas for improvement will include:

- Patient safety
- Clinical quality
- Patient experience
- Mortality
- Readmission

- Variation in performance/benchmarking

Pathway Development

The Committee has supported and enabled pathway development locally and regionally through committee members working with Clinical Networks and appropriate forums.

In particular the Committee has:

- reviewed all pathways and approved their adoption. These will then be ratified via the Quality Committee.
- been mindful of all NICE and other guidance and reviewed the implementation and impact of this guidance as appropriate.

Committee In Year Delivery

The Service Development Committee meets monthly and receives and reviews Commissioning decisions in line with its delegated powers.

Each meeting has a Hot Topic, usually an area of service development for the Committee to discuss.

The Committee also receives appropriate papers to enable Clinicians to agree commissioning actions and report these Key Issues to the Governing Body on a monthly basis.

In the 2014/15 financial year, the Committee has approved the following:

- Primary Care investment to manage long term conditions
- GP Strategy
- IM&T Strategy
- MSK Service Redesign
- New care pathways
- Pharmaceutical Industry Policy
- Falls Strategy
- Commissioning Policy
- A&E Diversion Scheme
- NHS Health Checks

- Dermatology
- Mental Health Strategy and Mental Health Promotion/Prevention
- Urgent Care Centres
- Support to people in Care Homes in partnership with the local authority
- Public Health Intelligence Programme Review (PHEIT)
- A&E Diversion Scheme

The Committee is also responsible for developing and agreeing the Members Forum agenda and ensuring its delivery.

These documents and their contents are reviewed in detail to ensure the delivery of its Key functions and highlighted any areas of risk to the Governing Body.

Urgent Issues Committee

The Urgent Issues Committee is an ad-hoc committee called only when an immediate decision is required by the Governing Body under the Scheme of Reservation and a Governing Body cannot be arranged. These meeting are infrequent and any decisions made must be presented to the next Governing Body for ratification. The reason for the urgent decision must be clearly outlined as part of this process.

The Urgent Issues Committee is established in accordance with NHS Halton Clinical Commissioning Group's Constitution. These Terms of Reference set out the membership, remit responsibilities and reporting arrangements of the Committee and shall have effect as incorporated into the Constitution and Standing Orders.

The duties of the Committee will be driven by the priorities of NHS Halton CCG, as identified by the CCG, and the associated risks. The Committee will meet as required to manage any urgent issues which develop within the CGG, the areas managed through the Committee covered could be:

Governance and Risk Management

The Committee shall meet to review any substantial and immediate risk to the CCG from a commissioning, quality, reputational or financial perspective with a view to making

appropriate immediate decisions to mitigate risk to the local population and the organisation.

Items managed could include:

- Service provision risk
- Financial risk
- Reputational risk
- Performance risk

Service Issues

The Committee shall meet to review any immediate concerns or issues in relation to service commissioning or provision.

Items could include:

- Patient Safety
- Clinical quality
- Patient experience
- Failure of service provision or breakdown

Financial Issues

The Committee will review any immediate urgent issues in relation to the financial stability or performance of the CCG.

Items could include:

- Management of sudden financial pressure
- Urgent decision of unplanned but essential immediate spend
- Immediate action in relation to possible financial mismanagement or probity issue

Management Issues

The Committee will meet to respond to urgent/immediate managerial risks and issues for the CCG.

Individual Funding Issues

The Committee will meet to review immediate/urgent high cost funding requests to ensure effective and informed decision making enabling immediate response.

Reputation and Communications

The Committee will meet to review and manage any urgent/immediate reputational and communications issues for the CCG.

Items could include:

- Service failure or incident
- Local incident (SUI, Safeguarding/Child death)
- Major Incident
- Local political issues

Better Care Board

In line with the Better Care Fund submission and the approval of these plans the CCG has developed in this year a further Governing Body sub-committee. This Committee manages the functions and risks in relation to the delivery of the Better Care Fund (BCF) Programme Plan. The membership of this group includes executive members of the CCG and elected members and senior managers of Halton Borough Council. The Committee is chaired by an elected member from the Council.

This BCF plan identifies the programmes of work to be delivered through the local system resilience and integration programmes. The plan includes 17 programmes of work which deliver integrated commissioning and service delivery across health and social care to support the reduction of avoidable emergency admissions and readmissions across the Halton health and social care system.

The programmes of work are in the areas of:

- Pooled budget for complex health and social care
- Urgent Care
- Carers support
- Implementation of the Care Act
- Protection of adult social care

The Committee meets monthly to receive reports on delivery against programmes plans, financial reporting and performance against expected outcome trajectories. The Committee also receives presentations from the services involved locally to enable an understanding of service delivery and impacts on local people. The Better Care Executive Group is the operational group for the delivery of these programmes of work and meeting pre the committee to develop reporting and identify potential risks or delays for the Committee.

Mid Mersey Stroke Group

During 2014/15 NHS Halton CCG identified real concerns regarding the variability of Stroke services for the people of Halton. In response to this concern the CCG initiated the Mid Mersey Stroke Group. This group is not a formal sub-committee of the Governing Body but does report on its progress to the Governing Body. The group is not a decision making group but has an advisory and developmental function which it has delivered very effectively in this year through its clinical membership and leadership. The membership of this group includes clinicians from all local CCGs, local acute providers (stroke specialist clinicians), alongside commissioners from all local CCGs, staff from local stroke network and local stroke groups including patient representation.

The group has made excellent progress in this year with some improved performance across both acute providers. The group has agreed a Stroke CQUIN (Commissioning Quality and Innovation) for local providers in 2015/2016 contract year. The Stroke Group has enabled clinical collaboration across both local acute trusts and has enabled links to national networks and developments. The Stroke Group members have presented to the national network and the progress made recognised as good practice. The CCG has been requested to widen the scope of the work of this group and support the improvement work required across the whole of Merseyside in relation to stroke performance.

System Resilience Group

More information about the roles and responsibilities of the group can be found in the Strategic Report.

Other Key Committees and Groups

NHS Halton CCG has been an active member of a number of key committees and groups in this year. These committees and groups deliver a mix of advisory, scrutiny, partnership and development functions. NHS Halton CCG has ensured a high level of clinical engagement and managerial presence at these groups. Membership and presence at these groups and committees have ensured and supported the delivery of a number of statutory and other functions.

The Groups include:

- Health and Wellbeing Board
- Local Safeguarding Children's Board and sub groups
- Local Safeguarding Vulnerable Adults Board and sub groups
- NHS England Merseyside Safeguarding Assurance Group
- Mersey CCG Network
- Cheshire and Mersey Quality Surveillance Group
- Contractual boards for all key contracts
- Mid Mersey Commissioning Collaborative
- Pan Mersey Medicines Management Committee
- Learning Disabilities Board
- Provider to CCG Board to Boards
- CCG Governing Body to Governing Body with local Co-commissioners

The System of Internal Control

The system of internal control within NHS Halton CCG is designed to manage risk to a reasonable level as it is impossible to eliminate all risk. NHS Halton CCG has developed a clear structure to deliver in effective control and governance. NHS Halton CCG has well established processes for internal control which are well understood and have worked well in year. Our staff are clear in relation to delegated powers and the system to ensure effective controls.

NHS Halton CCG has reviewed the effectiveness of its committees during the year and all actions required have been taken to embed learning from this review. NHS Halton CCG has a number of internal and joint (external) committees which enable the delivery

of the statutory functions and strategic objectives.

Managing Risk/ Risk Profile

NHS Halton CCG has developed and approved its Integrated Risk Management Strategy which describes clearly the process for risk management within the organisation. The process for managing risk within the CCG allows clear ownership and accountability for all risks and also ensures that committees and the Governing Body are able to assess all assurance levels (link here)

The Governing Body has continued to be actively involved in the development and monitoring of the Board Assurance Framework (BAF). Management of risk is well embedded in the organisation both strategically and operationally. The CCG has managed within this year to recognise and manage its risk well, the Governing Body is clear regarding the profile of risk for the organisation and how it is maintaining effective control of this.

The BAF describes clearly risks identified, the level of risk, responsible committee and officers and the gaps and assurance including actions required to mitigate gaps in control or assurance. The internal auditors have completed a review of the risk management and the Board Assurance Framework and assessed this as level A. Members of the Governing Body are well engaged in managing risk in the CCG, the BAF is used effectively by the Governing Body and by all Committees.

The Corporate Risk Register is well established and committee and managerial ownership of risks is clearly outlined. The Risk Registers are reviewed by the Executive Management Team monthly. Committees use the risk register alongside the BAF to ensure they can deliver their role in providing assurance to the Governing Body with regard to the risks the committee has delegated responsibility for. Risks are identified in relation to strategic objectives and operations/corporate delivery.

The current Board Assurance Framework contains 23 risks across the seven strategic objectives. Each risk has been clearly outlined together with a risk rating and objective rate to achieve. There are clear controls and mitigating actions alongside assurance processes and levels.

During 2014/15 a total of 23 strategic risks were identified

- 3 risks identified as High (15 - 25)
- 12 risks identified as Moderate (score between 9 -14)
- 8 risks identified as Low (score 4 - 8)

Table 13 lists current BAF risks based on residual scores (risks may link to more than one strategic objective)

Table 13

Strategic Risk	**High 15-25**	**Moderate 9-14**	**Low 4-8**
Strategic Risk One *To commission services which continually improve the health and well-being of Halton residents*		5	
Strategic Risk Two *To engage with local people and communities about our work and plans*		1	2
Strategic Risk Three *To develop plans which will deliver improvements in local health services whilst making efficiency savings*		1	1
Strategic Risk Four *To deliver all of our statutory duties and commissioning responsibilities effectively, whilst ensuring there are robust constitutional, governance and finance*	3	6	9
Strategic Risk Five *To develop into a high-performing organisation, working with our partners to deliver a joined-up approach to commissioning wherever possible*	2	2	1
Strategic Risk Six *To ensure that all external commissioning support is appropriate, affordable and effective in helping us deliver our work.*	1		
Strategic Risk Seven *To develop the skills knowledge and competencies of our workforce to create a high-performing team*	1		

Corporate Risk Register

The Corporate Risk Register contains 36 risks across the function areas of NHS Halton CCG. None of these risks rate a high risk score, the risks and scores are:

- Low 21 risks
- Moderate 15 risks

The key risk areas for NHS Halton CCG in this year have been:

1. Commissioning support (assurance has been obtained through robust contract management.
2. Ensuring effective stakeholder and public engagement (assurance has been obtained through 360 degree feedback and external assurance via NHS ENGLAND assurance processes)
3. Impact of new commissioning systems and structure (assurance obtained through high levels of partnership working leading to delivery or objectives in year and external assessment via assurance process with NHS England)
4. Failure to recognise early warning of service failure in providers and failure to effectively manage quality in providers (assurance gained through external assessment of delivery via NHS England assurance processes, internal audit review (significant assurance) and internally through contract management and challenge supported by robust quality reporting)
5. The CCG has been aware of the concerns regarding potential conflict of interests within CCGs (mitigation against this risk through clear standards of business conduct and declarations of conflicts within its Governance system and review of the Constitution.

The potential risks for NHS Halton CCG in the coming year relate to:

1. Failure or reduction in engagement from local members and clinicians due to time and work pressures will affect negatively the ability of the CCG to deliver true clinical commissioning in line with its Constitution. (Mitigation through clear engagement with member practices, understanding pressures internally and identifying process for support.)
2. Internal capacity to deliver a huge transformational agenda including the delegated commissioning programme for General Practice (mitigation is being delivered through the development of appropriate plans and a programme management approach to implementation).
3. There are major financial pressures across NHS but for NHS Halton CCG specifically in relation to programme costs, where a saving of £46m over 5 years is required (mitigation for this risk is via tight financial planning and development of an operational plan which have been modelled to ensure they deliver the outcomes required)

4. There is a further risk in relation to management costs, where a real terms 20% reduction is required over five years (risk mitigation for this risk is via a review of commissioning support and effectiveness of all functions)
5. Provider sustainability in relation to both finances and quality due to financial pressures and the need for service reconfiguration. (mitigated by adherence to contracting and procurement rules to ensure that NHS Halton CCG commissions for the services required by the population it serves)
6. There is a financial risk to the CCG due to possible impact of up coding activity by providers or coding changes by providers in an attempt to breach financial gaps internally. (Mitigation through coding reviews, tight contractual performance management and regular reviews of activity through performance reporting)
7. Failure to deliver effective commissioning support following the failure of the NWCSU to be approved as a provider on the lead provider framework. (this will be mitigated by membership and management through the transition board being chaired by NHS England with reviews of each support service line)

The CCG recognises that it is impossible to prevent all risk but has developed and will continue to use an effective risk assessment and management process. This is supported by an online process for risk reporting and review.

The key risk areas for NHS Halton CCG in this year have been;

1. Commissioning support (assurance has been obtained re internal audit review)
2. Ensuring effective stakeholder and public engagement (assurance has been obtained through internal audit review, 360 degree feedback and external assurance via NHS England assurance processes)
3. Impact of new commissioning systems and structure (assurance obtained through high levels of partnership working leading to delivery or objectives in year and external assessment via assurance process with NHS England).
4. Failure to recognise early warning of service failure in providers and failure to effectively manage quality in providers (assurance gained through external assessment of delivery via NHE England assurance processes and internally through contract management and challenge supported by robust quality reporting assured via MIAA review)

5. The CCG has been aware of the concerns regarding potential conflict of interest within CCGs (mitigation against the risk through clear standards of business conduct and declarations of conflicts within its Governance system and significant assurance via internal audit review).

As Accountable Officer the Chief Officer has overall accountability for the management of risk and discharges this duty by;

a) Continually promoting risk management and demonstrating leadership, involvement and support
b) Ensuring an appropriate committee structure is in place, with regular reports to the Governing Body
c) Ensuring that senior officers of the CCG are appointed with managerial responsibility for risk management
d) Ensuring the development of appropriate Policies, Procedures and Guidelines for the CCG in relation to risk management
e) Identifying risks to the achievement of the CCGs strategic goals
f) Monitoring these via the CCG Governing Body Assurance Framework and Corporate Risk Register.

Engagement Structures

The structures which enable and support engagement of local people to ensure NHS Halton CCG takes appropriate commissioning decisions include the Halton People's Health Forum (HPHF), Practice Participation Group (PPG) Plus, Consultation Steering Group and working in partnership with other partners including Halton Borough Council and HealthWatch.

PPG Plus is a programme developed in this year to support, facilitate and enable strong PPGs in all member practices. Though all local practices have establish PPGs since the inception of PPG plus and through the support from the Engagement Manager some PPGs are more successful than others. The PPGs are being supported through PPG Plus which meets quarterly providing support for the practice based groups.

NHS Halton CCG is proud of its success in engaging local people; the development of a Steering Group to plan and run the Halton People's Health Forum (HPHF) events

ensures that these events are delivered effectively and achieve the engagement outcomes required. A recent internal audit review of engagement processes and structures provided significant assurance for NHS Halton CCG in relation engagement processes and reporting. The Chair of the Halton Peoples Health Forum Steering Group has attended the NHS England Assurance Meetings as part of the local scrutiny function as appropriate. The Chair also attends the Quality Committee as an invited attendee to present assurance on the effectiveness of HPHF sessions and to provide reports on outputs from the sessions.

The HPHF early sessions allowed the CCG to identify the key health and social issues for the local population, using workshops and an interview booth to allow local people to comment directly to the CCG regarding their views. As part of the feedback process the CCG delivered at later sessions of the HPHF a 'you said we did 'programme.

The Consultation Steering Group developed in this year is now well established and has within this year reviewed a number of commissioning programmes and assessed the consultation requirements of these. The group reviews plans in line with the national consultation guidance and defines the level and process of consultation required. Once the decision is made the CCG then ensures that the lead commissioner is supported and enabled to carry out the appropriate level of consultation and can present to the group the outcomes. This process ensures the CCG acts in line with requirements of national guidance for consultation on commissioning activity and service review/redesign.

Engagement of the CCG Membership remained high on the agenda for the CCG in this year, as outlined in this statement above the CCG has held a number of Members Forums at which views from all practice staff have been obtained to influence the plans for the CCG.

Information Governance Statement

NHS Halton CCG has an active and effective Information Governance (IG) Working Group which has ensured that all requirements have been delivered for the IG toolkit. NHS Halton CCG has achieved Level 2 as required and the submission has been reviewed by the internal audit team which resulted in an assessment result of Significant Assurance.

NHS Halton CCG's Chief Officer is the Accountable Officer for IG supported by the Chief Finance Officer as Senior Information Responsible Officer (SIRO) and the Chief Nurse as Caldicott Guardian and IG lead. NHS Halton CCG has no information breaches to report within the Statement of Information Governance

Governance Conclusion

NHS Halton CCG is proud of its internal governance and assurance systems, both the internal and external auditors for the organisation have provided positive feedback regarding the management of risk and assurance. NHS Halton CCG strives to ensure robust governance whilst enabling swift and effective decision making to deliver health improvement for the people of Halton.

Director of Auditors Opinion

The Director of Auditors overall opinion is as follows;

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

Please note the full report is shown at Appendix 3.

Simon Banks

Chief Officer 28th May 2015

SECTION 3 - ANNUAL ACCOUNTS

1.0 Report by the auditors to Members of the Clinical Commissioning Group

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF NHS HALTON CLINICAL COMMISSIONING GROUP

We have audited the financial statements of NHS Halton Clinical Commissioning Group for the year ended 31 March 2015 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the NHS Commissioning Board with the consent of the Secretary of State as relevant to the National Health Service in England.
We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes on page 57
- the table of pension benefits of senior managers and related narrative notes on page 58
- the table of pay multiples and related narrative notes on page 55

This report is made solely to the members of NHS Halton Clinical Commissioning Group in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Clinical Commissioning Group (CCG)'s members and the CCG as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Chief Officer and auditor
As explained more fully in the Statement of Chief Officer Responsibilities, the Chief Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements
An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the CCG's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Chief Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report which comprises the Foreword, Strategic Report, Member's Report, Remuneration Report, Statement of Chief Officer Responsibilities and Governance Statement to identify material inconsistencies with the

audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.
In addition, we are required to obtain evidence sufficient to give reasonable assurance that the expenditure and income reported in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

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

Opinion on financial statements
In our opinion the financial statements:

- give a true and fair view of the financial position of NHS Halton Clinical Commissioning Group as at 31 March 2015 and of its net operating costs for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the NHS Commissioning Board with the consent of the Secretary of State as relevant to the National Health Service in England.

Opinion on other matters
In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the NHS Commissioning Board with the consent of the Secretary of State as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception
We report to you if:

- in our opinion the governance statement does not reflect compliance with NHS England's Guidance;
- we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

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

Respective responsibilities of the CCG and auditor

The CCG is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission in October 2014.

We report if significant matters have come to our attention which prevent us from concluding that the CCG has put in place 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 its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, as to whether the CCG has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2015.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the CCG had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2014, we are satisfied that, in all significant respects, NHS Halton Clinical Commissioning Group put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2015.

Certificate

We certify that we have completed the audit of the accounts of NHS Halton Clinical Commissioning Group in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Mark Heap
for and on behalf of Grant Thornton UK LLP, Appointed Auditor
Royal Liver Building, Liverpool. L3 1PS

28 May 2015

2.0 Financial Statements

Halton CCG Statement of Comprehensive Net Expenditure for the year ended 31 March 2015

	Note	2014-15 £000	2013-14 £000
Total Income and Expenditure			
Employee benefits	4.1.1	1,841	1,577
Operating Expenses	5	184,570	177,675
Other operating revenue	2	(1,513)	(1,969)
Net operating expenditure before interest		**184,898**	**177,283**
Investment Revenue	8	0	0
Other (gains)/losses	9	0	0
Finance costs	10	0	0
Net operating expenditure for the financial year		**184,898**	**177,283**
Net (gain)/loss on transfers by absorption	11	0	0
Total Net Expenditure for the year		**184,898**	**177,283**
Of which:			
Administration Income and Expenditure			
Employee benefits	4.1.1	1,022	970
Operating Expenses	5	2,013	1,977
Other operating revenue	2	(114)	(0)
Net administration costs before interest		**2,921**	**2,947**
Programme Income and Expenditure			
Employee benefits	4.1.1	819	607
Operating Expenses	5	182,557	175,698
Other operating revenue	2	(1,399)	(1,969)
Net programme expenditure before interest		**181,977**	**174,336**

Other Comprehensive Net Expenditure		2014-15 £000	2013-14 £000
Impairments and reversals	22	0	0
Net gain/(loss) on revaluation of property, plant & equipment		0	0
Net gain/(loss) on revaluation of intangibles		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Movements in other reserves		0	0
Net gain/(loss) on available for sale financial assets		0	0
Net gain/(loss) on assets held for sale		0	0
Net actuarial gain/(loss) on pension schemes		0	0
Share of (profit)/loss of associates and joint ventures		0	0
Reclassification Adjustments		0	0
On disposal of available for sale financial assets		0	0
Total other comprehensive net expenditure		0	
Total comprehensive net expenditure for the year		**184,898**	**177,283**

The notes on page 108-139 for part of this statement

Halton CCG Statement of Financial Position as at 31 March 2015

	Note	31 March 2015 £000	31 March 2014 £000
Non-current assets:			
Property, plant and equipment	13	24	78
Intangible assets	14	0	0
Investment property	15	0	0
Trade and other receivables	17	0	0
Other financial assets	18	0	0
Total non-current assets		**24**	78
Current assets:			
Inventories	16	0	0
Trade and other receivables	17	1,922	2,230
Other financial assets	18	0	0
Other current assets	19	0	0
Cash and cash equivalents	20	29	61
Total current assets		**1,951**	2,291
Non-current assets held for sale	21	0	0
Total current assets		**1,951**	2,291
Total assets		**1,975**	2,369
Current liabilities			
Trade and other payables	23	(7,242)	(6,572)
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	0	0
Total current liabilities		**(7,242)**	(6,572)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(5,267)**	(4,203)
Non-current liabilities			
Trade and other payables	23	0	0
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Borrowings	26	0	0
Provisions	30	0	0
Total non-current liabilities		**0**	0
Assets less Liabilities		**(5,267)**	(4,203)
Financed by Taxpayers' Equity			
General fund		(5,267)	(4,203)
Revaluation reserve		0	0
Other reserves		0	0
Charitable Reserves		0	0
Total taxpayers' equity:		**(5,267)**	(4,203)

The notes on pages 108 to 139 form part of this statement

The financial statements on pages 104 to 139 were approved by the Governing Body on 27th May 2015 and signed on its behalf by:

Simon Banks
Chief Officer (Accountable Officer)
29th May 2015

	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2014-15				
Balance at 1 April 2014	(4,203)	0	0	**(4,203)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted CCG balance at 1 April 2014	**(4,203)**	**0**	**0**	**(4,203)**
Changes in CCG taxpayers' equity for 2014-15				
Net operating expenditure for the financial year	(184,898)	0	0	(184,898)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0	0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised CCG Expenditure for the Financial Year	**(184,898)**	**0**	**0**	**(184,898)**
Net funding	183,834	0	0	183,834
Balance at 31 March 2015	**(5,267)**	**0**	**0**	**(5,267)**

	General fund £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Changes in taxpayers' equity for 2013-14				
Balance at 1 April 2013	**0**	**0**	**0**	**0**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	**143**	**0**	**0**	**143**
Adjusted CCG balance at 1 April 2013	**143**	**0**	**0**	**143**
Changes in CCG taxpayers' equity for 2013-14				
Net operating costs for the financial year	(177,283)			(177,283)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets held for sale		0		0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised CCG Expenditure for the Financial Year	**(177,140)**	**0**	**0**	**(177,140)**
Net funding	172,937	0	0	172,937
Balance at 31 March 2014	**(4,203)**	**0**	**0**	**(4,203)**

The notes on Pages 108 – 139 form part of this statement

Halton CCG Statement of Cash Flows for the year ended
31 March 2015

	Note	**2014-15 £000**	2013-14 £000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(184,898)	(177,283)
Depreciation and amortisation	5	54	65
Impairments and reversals	5	0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	17	308	(2,230)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	23	670	6,572
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	30	0	0
Increase/(decrease) in provisions	30	0	0
Net Cash Inflow (Outflow) from Operating Activities		**(183,866)**	(172,876)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(183,866)**	(172,876)
Cash Flows from Financing Activities			
Parliamentary Funding Received		183,834	172,937
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Net Cash Inflow (Outflow) from Financing Activities		**183,834**	172,937
Net Increase (Decrease) in Cash & Cash Equivalents	20	**(32)**	61
Cash & Cash Equivalents at the Beginning of the Financial Year		**61**	0
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**29**	61

The notes on Pages 108 – 139 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 (CCGs) shall meet the accounting requirements of the Manual for Accounts issued by the Department of Health. Consequently, the following financial statements have been prepared in accordance with the Manual for Accounts 2014-15 issued by the Department of Health. The accounting policies contained in the Manual for Accounts follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to CCGs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on 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 CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of Financial Statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Acquisitions & Discontinued Operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

1.4 Movement of Assets within the Department of Health Group

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.5 Charitable Funds

The CCG did not operate any Charitable Funds in 2014-15 (nil in 2013-14).

1.6 Pooled Budgets

Where the CCG has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 the CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. If the CCG is in a "jointly controlled operation", the CCG recognises:

- The assets the CCG controls;
- The liabilities the CCG incurs;
- The expenses the CCG incurs; and,
- The CCG's share of the income from the pooled budget activities.

If the CCG is involved in a "jointly controlled assets" arrangement, in addition to the above, the CCG recognises:

- The CCG's share of the jointly controlled assets (classified according to the nature of the assets);
- The CCG's share of any liabilities incurred jointly; and,
- The CCG's share of the expenses jointly incurred.

1.7 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

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

1.7.1 Critical Judgements in Applying Accounting Policies

Apart from those involving estimations (see below), the CCG has made no critical judgements in applying accounting policies.

1.7.2 Key Sources of Estimation Uncertainty

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

1.7.3 Payables estimates

Due to the time lag around the availability of data, the prescribing payable is estimated as the difference between the prescribing expenditure profile to 31 March 2015 (as determined by the NHS Business Services Authority) and the actual confirmed amount of expenditure recorded. The key risk is that the actual data is different to the estimates made, resulting in the prescribing payable being either over or understated. As at 31 March 2015, the prescribing payable was £3.8 million (£3.6 million as at 31 March 2014).

1.8 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. Where income is received for a specific activity that is to be delivered in the following year, that income is deferred. The CCG did not have any deferred income in the financial year 2014-15 (nil in 2013-14).

1.9 Employee Benefits

1.9.1 Short-term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken. The cost of leave earned but not taken by employees at the end of the period is not recognised in the financial statements as it is deemed that the impact is immaterial.

1.9.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the CCG of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the CCG commits itself to the retirement, regardless of the method of payment.

1.10 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 CCG has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.11 Property, Plant & Equipment

1.11.1 Recognition

Property, plant and equipment is capitalised if:

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

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 own useful economic lives.

1.11.2 Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.
Land and buildings used for the CCG's services or for administrative purposes are stated in the statement of financial position at their re-valued amounts, being the fair value at the date of revaluation less any impairment.
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.
Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing

costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

The CCG had no property as at 31 March 2015 therefore there has not been any property revaluation in the financial year 2014-15 (nil in 2013-14).

1.11.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.12 Intangible Assets

The CCG had no intangible assets as at 31 March 2015 (nil as at 31 March 2014).

1.13 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.
Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the CCG expects to obtain economic benefits or service potential from the asset. This is specific to the CCG and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

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

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.14 Donated Assets

The CCG had no donated assets as at 31 March 2015 (nil as at 31 March 2014).

1.15 Government Grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.16 Non-current Assets Held For Sale

The CCG had no non-current assets held for sale as at 31 March 2015 (nil as at 31 March 2014).

1.17 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.

1.17.1 The CCG as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the CCG's surplus/deficit.

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

Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.18 Inventories

The CCG did not hold any inventories as at 31 March 2015 (nil as at 31 March 2014).

1.19 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management.

1.20 Provisions

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

- Timing of cash flows (0 to 5 years inclusive): Minus 1.50%
- Timing of cash flows (6 to 10 years inclusive): Minus 1.05%
- Timing of cash flows (over 10 years): Plus 2.20%
- All employee early departures: 1.30%

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

The CCG had no provisions as at 31 March 2015 (nil as at 31 March 2014).

1.21 Clinical Negligence Costs

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

1.22 Non-clinical Risk Pooling

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

in respect of particular claims are charged to operating expenses as and when they become due.

1.23 Continuing healthcare risk pooling

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

1.24 Carbon Reduction Commitment Scheme

Carbon Reduction Commitment and similar allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the CCG makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income amounts are valued at fair value at the end of the reporting period. The CCG considers this to be immaterial therefore no provision was recognised as at 31 March 2015 (nil as at 31 March 2014).

1.25 Contingencies

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

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

The CCG had no contingent assets or liabilities as at 31 March 2015 (nil as at 31 March 2014).

1.26 Financial Assets

Financial assets are recognised when the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at fair value through profit and loss;
- Held to maturity investments;
- Available for sale financial assets; and,

- Loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.26.1 Financial Assets at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the CCG's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

1.26.2 Held to Maturity Assets

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.26.3 Available For Sale Financial Assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

1.26.4 Loans & Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.
Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the CCG assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.27 Financial Liabilities

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

Loans from the Department of Health are recognised at historical cost. Otherwise, financial liabilities are initially recognised at fair value.

1.27.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.27.2 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the CCG's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.27.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from 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 net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.28 Value Added Tax

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

1.29 Foreign Currencies

The CCG's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the CCG's surplus/deficit in the period in which they arise.

1.30 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the CCG has no beneficial interest in them.

1.31 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the CCG not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

The CCG made no losses or special payments in the financial year 2014-15 (nil in 2013-14).

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

The Government Financial Reporting Manual does not require the following Standards and Interpretations to be applied in 2014-15, all of which are subject to consultation:

- IFRS 9: Financial Instruments
- IFRS 13: Fair Value Measurement
- IFRS 14: Regulatory Deferral Accounts
- IFRS 15: Revenue for Contract with Customers

The application of the Standards as revised would not have a material impact on the accounts for 2014-15, were they applied in that year.

2. Other Operating Revenue

	2014-15 Total	2014-15 Admin	2014-15 Programme	2013-14 Total
	£000	£000	£000	£000
Recoveries in respect of employee benefits	0	0	0	0
Patient transport services	0	0	0	0
Prescription fees and charges	0	0	0	0
Dental fees and charges	0	0	0	0
Education, training and research	0	0	0	0
Charitable and other contributions to revenue expenditure: NHS	0	0	0	0
Charitable and other contributions to revenue expenditure: non-NHS	0	0	0	0
Receipt of donations for capital acquisitions: NHS Charity	0	0	0	0
Receipt of Government grants for capital acquisitions	0	0	0	0
Non-patient care services to other bodies	431	87	344	1,061
Income generation	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	0	0	0	0
Other revenue	1,082	27	1,055	908
Total other operating revenue	**1,513**	**114**	**1,399**	**1,969**

Admin revenue is revenue received that is not directly attributable to the provision of health care or health care related services.

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the general fund.

3. Revenue

Revenue is totally from the supply of services. The CCG receives no revenue from the sale of goods.

4. Employee benefits and staff numbers

4.1.1 Employee benefits	2014-15	Total		Admin			Programme		
	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000
Employee Benefits									
Salaries and wages	1,508	1,461	47	842	794	48	666	667	(1)
Social security costs	136	136	0	73	73	0	63	63	0
Employer Contributions to NHS Pension scheme	197	197	0	107	107	0	90	90	0
Other pension costs	0	0	0	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Gross employee benefits expenditure	**1,841**	**1,794**	**47**	**1,022**	**974**	**48**	**819**	**820**	**(1)**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	**1,841**	**1,794**	**47**	**1,022**	**974**	**48**	**819**	**820**	**(1)**
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**1,841**	**1,794**	**47**	**1,022**	**974**	**48**	**819**	**820**	**(1)**

4. Employee benefits and staff numbers

4.1.1 Employee benefits	2013-14	Total		Admin			Programme		
	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000
Employee Benefits									
Salaries and wages	1,308	1,308	0	800	800	0	508	508	0
Social security costs	112	112	0	71	71	0	40	40	0
Employer Contributions to NHS Pension scheme	158	158	0	99	99	0	59	59	0
Other pension costs	0	0	0	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0	0
Gross employee benefits expenditure	**1,577**	**1,577**	**0**	**970**	**970**	**0**	**607**	**607**	**0**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0	0	0	0	0	0	0
Total - Net admin employee benefits including capitalised costs	**1,577**	**1,577**	**0**	**970**	**970**	**0**	**607**	**607**	**0**
Less: Employee costs capitalised	0	0	0	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**1,577**	**1,577**	**0**	**970**	**970**	**0**	**607**	**607**	**0**

4.1.2 Recoveries in respect of employee benefits

The CCG made no recoveries in respect of employee benefits during the financial year 2014-15 (nil in 2013-14).

4.1.2 Recoveries in respect of employee benefits

The CCG made no recoveries in respect of employee benefits during the financial year 2014-2015 (Nil in 2013-2014).

4.2 Average number of people employed

	2014-15			2013-14
	Total Number	Permanently employed Number	Other Number	Total Number
Total	**27**	**27**	**0**	26
Of the above:				
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	0

4.3 Staff sickness absence and ill health retirements

	2014-15 Number	2013-14 Number
Total Days Lost	219	59
Total Staff Years	31	27
Average working Days Lost	**7.06**	**2.19**

The data above relates to the 12 month period January to December 2014.

	2014-15 Number	2013-14 Number
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. Where the CCG agrees early retirements, the additional costs are met by the CCG and not by the NHS Pension Scheme.

4.4 Exit Packages agreed in the Financial Year

No Exit Packages were agreed by the CCG in the financial year 2014-2015 (Nil for 2013-14)

4.5 Pension costs

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

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

4.5.1 Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary 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 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 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 scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

4.5.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

4.5.3 Scheme Provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year’s pensionable pay for death in service, and five times their annual pension for death after retirement is payable.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC’s run by the Scheme’s approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

5. Operating expenses

	2014-15 Total £000	2014-15 Admin £000	2014-15 Programme £000	2013-14 Total £000
Gross employee benefits				
Employee benefits excluding governing body members	1,669	850	819	1,407
Executive governing body members	172	172	0	170
Total gross employee benefits	**1,841**	**1,022**	**819**	**1,577**
Other costs				
Services from other CCGs and NHS England	3,341	1,114	2,227	2,112
Services from foundation trusts	75,803	15	75,788	69,560
Services from other NHS trusts	53,670	55	53,615	58,149
Services from other NHS bodies	6	6	0	0
Purchase of healthcare from non-NHS bodies	21,976	0	21,976	20,184
Chair and Non Executive Members	237	237	0	260
Supplies and services – clinical	0	0	0	0
Supplies and services – general	13	13	(0)	428
Consultancy services	106	101	5	246
Establishment	259	203	56	160
Transport	17	11	6	9
Premises	718	28	690	627
Impairments and reversals of receivables	0	0	0	0
Inventories written down	0	0	0	0
Depreciation	54	54	0	65
Amortisation	0	0	0	0
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0
· Assets carried at amortised cost	0	0	0	0
· Assets carried at cost	0	0	0	0
· Available for sale financial assets	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0
Impairments and reversals of investment properties	0	0	0	0
Audit fees	66	66	0	79
Other non statutory audit expenditure				
· Internal audit services	0	0	0	46
· Other services	0	0	0	0
General dental services and personal dental services	0	0	0	0
Prescribing costs	24,387	0	24,387	23,094
Pharmaceutical services	0	0	0	0
General ophthalmic services	0	0	0	0
GPMS/APMS and PCTMS	1,056	0	1,056	356
Other professional fees excl. audit	321	65	256	256
Grants to other public bodies	2,160	0	2,160	1,999
Clinical negligence	0	0	0	0
Research and development (excluding staff costs)	0	0	0	0
Education and training	47	45	2	42
Change in discount rate	0	0	0	0
Provisions	0	0	0	0
CHC Risk Pool contributions	261	0	261	0
Other expenditure	72	0	72	3
Total other costs	**184,570**	**2,013**	**182,557**	**177,675**
Total operating expenses	**186,411**	**3,035**	**183,376**	**179,252**

Admin expenditure is expenditure incurred that is not a direct payment for the provision of healthcare or healthcare services.

Internal Audit Fees in 2014/15 due to mapping changes have been included within Services to NHS Trusts

Although the cost of the Audit Fees shows £66,000, a rebate of £6,000 was received in this financial year relating to 2013-14. The total external audit fee paid this year was £72,000.

6. Better Payment Practice Code

Measure of compliance	2014-15 Number	2014-15 £000	2013-14 Number	2013-14 £000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	2,279	27,324	1,618	24,160
Total Non-NHS Trade Invoices paid within target	2,033	26,520	1,438	22,927
Percentage of Non-NHS Trade invoices paid within target	**89.21%**	**97.06%**	**88.88%**	**94.90%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,929	132,972	1,453	130,110
Total NHS Trade Invoices Paid within target	1,858	132,270	1,341	129,738
Percentage of NHS Trade Invoices paid within target	**96.32%**	**99.47%**	**92.29%**	**99.71%**

6.1 The Better Payment Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

As can be seen from the table, the performance against the 95% target has improved between 2013-14 and 2014-15 and the CCG will endeavour to ensure that the target is achieved or bettered in the future

6.2 The Late Payment of Commercial Debts (Interest) Act 1998
The CCG did not make any payments under the provisions of the Late Payment of Commercial Debts (Interest) Act 1998 during the financial year 2014-15 (nil in 2013-14).

7. Income Generation Activities
The CCG does not undertake in income generation activities.

8. Investment revenue
The CCG had no investment revenue in the financial year 2014-15 (nil in 2013-14).

9. Other gains and losses
The CCG had no other gains and losses in the financial year 2014-15 (nil in 2013-14).

10. Finance costs
The CCG had no finance costs in the financial year 2014-15 (nil in 2013-14).

11. Net gain/(loss) on transfer by absorption
The CCG had no net gains and losses on transfer by absorption in the financial year 2014-15 (nil in 2013-14).

12. Operating Leases
The CCG occupies property owned and managed by Community Health Partnerships Ltd and NHS Property Services Ltd.

Whilst the CCG's arrangements with Community Health Partnerships Ltd and NHS Property Services Ltd fall within the definition of operating leases, the rental charge for future years, including any charge for void space, has not yet been agreed. Consequently, note 12.1.2 does not include future minimum lease payments for these arrangements.

12.1.1 Payments recognised as an Expense

	Land £000	Buildings £000	Other £000	2014-15 Total £000	2013-14 Total £000
Payments recognised as an expense					
Minimum lease payments	0	707	23	**730**	602
Contingent rents	0	0	0	**0**	0
Sub-lease payments	0	0	0	**0**	0
Total	**0**	**707**	**23**	**730**	**602**

12.1.2 Future minimum lease payments

	Land £000	Buildings £000	Other £000	2014-15 Total £000	2013-14 Total £000
Payable:					
No later than one year	0	0	21	**21**	0
Between one and five years	0	0	24	**24**	0
After five years	0	0	0	**0**	0
Total	**0**	**0**	**45**	**45**	**0**

13. Property, Plant and Equipment

2014-15	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction and payments on account £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2014	0	0	0	0	31	0	112	0	143
Addition of assets under construction and payments on account				0					0
Additions purchased	0	0	0	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Cost/Valuation At 31 March 2015	**0**	**0**	**0**	**0**	**31**	**0**	**112**	**0**	**143**
Depreciation 1 April 2014	0	0	0	0	4	0	61	0	65
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Charged during the year	0	0	0	0	4	0	50	0	54
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following revaluation	0	0	0	0	0	0	0	0	0
Depreciation at 31 March 2015	**0**	**0**	**0**	**0**	**8**	**0**	**111**	**0**	**119**
Net Book Value at 31 March 2015	**0**	**0**	**0**	**0**	**23**	**0**	**1**	**0**	**24**
Purchased	0	0	0	0	23	0	1	0	24
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
Total at 31 March 2015	**0**	**0**	**0**	**0**	**23**	**0**	**1**	**0**	**24**
Asset financing:									
Owned	0	0	0	0	23	0	1	0	24
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP Lift contracts	0	0	0	0	0	0	0	0	0
PFI residual: interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2015	**0**	**0**	**0**	**0**	**23**	**0**	**1**	**0**	**24**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £000's	Buildings £000's	Dwellings £000's	Assets under construction & payments on account £000's	Plant & machinery £000's	Transport equipment £000's	Information technology £000's	Furniture & fittings £000's	Total £000's
Balance at 1 April 2014	0	0	0	0	0	0	0	0	0
Revaluation gains	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
Release to general fund	0	0	0	0	0	0	0	0	0
Other movements	0	0	0	0	0	0	0	0	0
At 31 March 2015	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13a Property, plant and equipment

2013-14	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2013	-	-	-	-	-	-	-	-	-
Transfer of assets from closed NHS bodies as a result of the 1 April 2013 transition	**-**	**-**	**-**	**-**	**31**	**-**	**112**	**-**	**143**
Adjusted Cost or valuation at 1 April 2013	**-**	**-**	**-**	**-**	**31**	**-**	**112**	**-**	**143**
Addition of assets under construction and payments on account	-	-	-	-	-	-	-	-	**-**
Additions purchased	-	-	-	-	-	-	-	-	**-**
Additions donated	-	-	-	-	-	-	-	-	**-**
Additions government granted	-	-	-	-	-	-	-	-	**-**
Additions leased	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	**-**
Disposals other than by sale	-	-	-	-	-	-	-	-	**-**
Upward revaluation gains	-	-	-	-	-	-	-	-	**-**
Impairments charged	-	-	-	-	-	-	-	-	**-**
Reversal of impairments	-	-	-	-	-	-	-	-	**-**
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	**-**
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	**-**
At 31 March 2014	**-**	**-**	**-**	**-**	**31**	**-**	**112**	**-**	**143**
Deprecation 1 April 2013	-	-	-	-	-	-	-	-	**-**
Adjusted depreciation 1 April 2013	-	-	-	-	-	-	-	-	**-**
Reclassifications	-	-	-	-	-	-	-	-	**-**
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	**-**
Disposals other than by sale	-	-	-	-	-	-	-	-	**-**
Upward revaluation gains	-	-	-	-	-	-	-	-	**-**
Impairments charged	-	-	-	-	-	-	-	-	**-**
Reversal of impairments	-	-	-	-	-	-	-	-	**-**
Charged during the year	-	-	-	-	4	-	61	-	**65**
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	**-**
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	**-**
At 31 March 2013	**-**	**-**	**-**	**-**	**4**	**-**	**61**	**-**	**65**
Net Book Value at 31 March 2014	**-**	**-**	**-**	**-**	**27**	**-**	**51**	**-**	**78**
Purchased	-	-	-	-	27	-	51	-	**78**
Donated	-	-	-	-	-	-	-	-	**-**
Government Granted	-	-	-	-	-	-	-	-	**-**
Total at 31 March 2014	**-**	**-**	**-**	**-**	**27**	**-**	**51**	**-**	**78**
Asset financing:									
Owned	-	-	-	-	27	-	51	-	**78**
Held on finance lease	-	-	-	-	-	-	-	-	**-**
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	**-**
PFI residual: interests	-	-	-	-	-	-	-	-	**-**
Total PFI & LIFT assets	-	-	-	-	-	-	-	-	**-**
Total at 31 March 2014	**-**	**-**	**-**	**-**	**27**	**-**	**51**	**-**	**78**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land	Buildings	Dwellings	Assets under	Plant &	Transport	Information	Furniture &	Total

13. Property, plant and equipment cont'd

13.1 Additions to assets under construction

The CCG had no assets under construction as at 31 March 2015 (nil as at 31 March 2014).

13.2 Donated assets

The CCG received no donated assets as at 31 March 2015 (nil as at 31 March 2014).

13.3 Government granted assets

The CCG had no government granted assets as at 31 March 2015 (nil as at 31 March 2014).

13.4 Property revaluation

The CCG had no property as at 31 March 2015 therefore there has not been any property revaluation in the financial year 2014-15 (nil in 2013-14).

13.5 Compensation from third parties

There has been no compensation received from third parties for assets impaired, lost or given up in the financial year 2014-15 (nil in 2013-14).

13.6 Write downs to recoverable amount

There have been no assets written down to recoverable amounts and no reversals of previous write-downs in the financial year 2014-15 (nil in 2013-14).

13.7 Temporarily idle assets

The CCG had no temporarily idle assets as at 31 March 2015 (nil as at 31 March 2014).

13.8 Cost or valuation of fully depreciated assets

The CCG had no fully depreciated assets still in use as at 31 March 2015 (nil as at 31 March 2014).

13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	5	8
Transport equipment	0	0
Information technology	0	0
Furniture & fittings	0	0

14. Intangible non-current assets

The CCG had no intangible non-current assets as at 31 March 2015 (nil as at 31 March 2014).

15. Investment property

The CCG had no investment property as at 31 March 2015 (nil as at 31 March 2014).

16. Inventories

The CCG had no inventories as at 31 March 2015 (nil as at 31 March 2014).

17. Trade and other Receivables

	Current 2014-15 £000	**Non-current 2014-15 £000**	Current 2013-14 £000	Non-current 2013-14 £000
NHS receivables: Revenue	256	0	595	0
NHS receivables: Capital	0	0	0	0
NHS prepayments and accrued income	578	0	12	0
Non-NHS receivables: Revenue	41	0	6	0
Non-NHS receivables: Capital	0	0	0	0
Non-NHS prepayments and accrued income	90	0	656	0
Provision for the impairment of receivables	0	0	0	0
VAT	11	0	1	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables	946	0	960	0
Total Trade & other receivables	**1,922**	**0**	**2,230**	**0**
Total current and non current	**1,922**		**2,230**	
Included above:				
Prepaid pensions contributions	0		0	

17.1 Receivables past their due date but not impaired

	2014-15 £000	2013-14 £000
By up to three months	156	0
By three to six months	55	0
By more than six months	0	0
Total	**211**	**0**

£140,845 of the amount above has subsequently been recovered post the statement of financial position date.

The CCG did not hold any collateral against receivables outstanding as at 31 March 2015 (nil as at 31 March 2014).

17.2 Provision for impairment of receivables

The CCG conducted an impairment review of all receivables as at 31 March 2015. It believes that all outstanding amounts

will be recovered therefore does not have any provision for the impairment of receivables.

18. Other financial assets

The CCG had no other financial assets as at 31 March 2015 (nil as at 31 March 2014).

19. Other current assets

The CCG had no other current assets as at 31 March 2015 (nil as at 31 March 2014).

20 Cash and cash equivalents

	2014-15 £000	2013-14 £000
Balance at 1 April 2014	61	0
Net change in year	(32)	61
Balance at 31 March 2015	**29**	**61**
Made up of:		
Cash with the Government Banking Service	29	61
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	**29**	**61**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 31 March 2015	**29**	**61**
Patients' money held by the CCG, not included above	0	0

21. Non-current assets held for sale

The CCG had no non-current assets held for sale as at 31 March 2015 (nil as at 31 March 2014).

22. Analysis of impairments and reversals

The CCG had no impairments or reversals of impairments recognised in expenditure during the financial year 2014-15 (nil in 2013-14).

23. Trade and other Payables

	Current 2014-15 £000	Non-current 2014-15 £000	Current 2013-14 £000	Non-current 2013-14 £000
Interest payable	0	0	0	0
NHS payables: revenue	1,141	0	442	0
NHS payables: capital	0	0	0	0
NHS accruals and deferred income	291	0	590	0
Non-NHS payables: revenue	582	0	360	0
Non-NHS payables: capital	0	0	0	0
Non-NHS accruals and deferred income	4,123	0	4,231	0
Social security costs	0	0	0	0
VAT	0	0	0	0
Tax	0	0	0	0
Payments received on account	0	0	0	0
Other payables	1,105	0	949	0
Total Trade & Other Payables	**7,242**	**0**	**6,572**	**0**
Total current and non-current	**7,242**		**6,572**	

24. Other financial liabilities

The CCG had no other financial liabilities as at 31 March 2015 (nil as at 31 March 2014).

25. Other liabilities

The CCG had no other liabilities as at 31 March 2015 (nil as at 31 March 2014).

26. Borrowings

The CCG had no borrowings as at 31 March 2015 (nil as at 31 March 2014).

27. Private finance initiative, LIFT and other service concession arrangements

The CCG had no private finance initiatives, LIFT or other service concession arrangements as at 31 March 2015 (nil as at 31 March 2014)

28. Finance lease obligations

The CCG had no finance lease obligations as at 31 March 2015 (nil as at 31 March 2014).

29. Finance lease receivables

The CCG had no finance lease receivables as at 31 March 2015 (nil as at 31 March 2014).

30. Provisions

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities in relation to CHC Continuing Healthcare claims relating to periods of care before the establishment of the CCG. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of the CCG

at 31 March 2015 was £0.8 million (£0.5 million at 31 March 2014).

31. Contingencies

The CCG had no contingent liabilities or assets as at 31 March 2015 (nil as at 31 March 2014).

32. Commitments

The CCG had no capital or other financial commitments as at 31 March 2015 (nil as at 31 March 2014).

33. Financial instruments

33.1 Financial risk management

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

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

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

33.1.1 Currency risk

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

33.1.2 Interest rate risk

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

33.1.3 Credit risk

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

33.1.4 Liquidity risk

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

33. Financial Instruments (cont'd)

33.2 Financial Assets

	At 'fair value through profit and loss' 2014-15 £000	Loans and Receivables 2014-15 £000	Available for Sale 2014-15 £000	Total 2014-15 £000
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	256	0	256
· Non-NHS	0	41	0	41
Cash at bank and in hand	0	29	0	29
Other financial assets	0	946	0	946
Total at 31 March 2015	**0**	**1,272**	**0**	**1,272**

	At 'fair value through profit and loss' 2013-14 £000	Loans and Receivables 2013-14 £000	Available for Sale 2013-14 £000	Total 2013-14 £000
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	595	0	595
· Non-NHS	0	6	0	6
Cash at bank and in hand	0	61	0	61
Other financial assets	0	960	0	960
Total at 31 March 2014	**0**	**1,622**	**0**	**1,622**

33.3 Financial liabilities

	At 'fair value through profit and loss' 2014-15 £000	Other 2014-15 £000	Total 2014-15 £000
Embedded derivatives	0	0	0
Payables:			
· NHS	0	1,432	1,432
· Non-NHS	0	5,810	5,810
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2015	**0**	**7,242**	**7,242**

	At 'fair value through profit and loss' 2013-14 £000	Other 2013-14 £000	Total 2013-14 £000
Embedded derivatives	0	0	0
Payables:			
· NHS	0	1,033	1,033
· Non-NHS	0	4,590	4,590
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2014	**0**	**5,623**	**5,623**

34. Operating segments

The CCG considers that it only has one operating segment: commissioning of healthcare services.

35. Pooled budgets

The CCG entered into a pooled budget arrangement with Halton Borough Council on the 1st April 2013. The pool is hosted by the Council. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for complex care. The CCG's share of the income and expenditure handled by the pooled budget in the financial year were:

	2014-15 £000	2013-14 £000
Income	13,603	13,383
Expenditure	(13,605)	(13,317)

36. NHS Lift Investments

The CCG had no LIFT investments as at 31 March 2015 (nil as at 31 March 2014)

37. Intra-government and other balances

37. Intra-government and other balances

	Current Receivables 2014-15 £000	**Non-current Receivables 2014-15 £000**	**Current Payables 2014-15 £000**	**Non-current Payables 2014-15 £000**
Balances with:				
· Other Central Government bodies	11	0	0	0
· Local Authorities	1,047	0	1,151	0
Balances with NHS bodies:				
· NHS bodies outside the Departmental Group	256	0	28	0
· NHS Trusts and Foundation Trusts	578	0	1,404	0
Total of balances with NHS bodies:	**834**	**0**	**1,432**	**0**
· Public corporations and trading funds	0	0	0	0
· Bodies external to Government	30	0	4,659	0
Total balances at 31 March 2015	**1,922**	**0**	**7,242**	**0**

	Current Receivables 2013-14 £000	Non-current Receivables 2013-14 £000	Current Payables 2013-14 £000	Non-current Payables 2013-14 £000
Balances with:				
· Other Central Government bodies	5	0	46	0
· Local Authorities	1,612	0	992	0
Balances with NHS bodies:				
· NHS bodies outside the Departmental Group	256	0	162	0
· NHS Trusts and Foundation Trusts	351	0	871	0
Total of balances with NHS bodies:	**607**	**0**	**1,033**	**0**
· Public corporations and trading funds	0	0	0	0
· Bodies external to Government	6	0	4,501	0
Total balances at 31 March 2014	**2,230**	**0**	**6,572**	**0**

38. Related Party Transactions 2014/15

38 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
The CCG has a contract with Brookvale Practice which is a related party as Mr David Austin (Lay Member) is the chair of the patient participation group	5	-2	0	0
The CCG has shared service contracts with NHS Knowsley CCG which is a related party as Mr Paul Brickwood (Chief Financial Officer) is also Chief Finance Officer of that CCG	362	-131	0	0
The CCG has shared service contracts with NHS St Helens CCG which is a related party as Mr Paul Brickwood (Chief Financial Officer) is also Chief Finance Officer of that CCG	280	-121	155	0
The CCG has a contract with Halton Borough Council which is a related party as Mr Robert Bryant's (Lay Member) wife is a PA at that organisation	15,986	-456	205	-36
The CCG has a contract with Grove House practice which is a related party as Dr C Forde (GP Governing body Member) is a partner at Grove House Practice	35	0	6	0
The CCG has a contract with Beaconsfield surgery which is a related party as Diane Hanshaw (Practice Manager) is a practice manager at Beaconsfield Surgery	4	0	0	0
The CCG has a contract with Tower House practice which is a related party as Dr Damien McDermott (General Practitioner) is a GP partner at Tower House Practice	87	0	0	0
The CCG has a contract with St Helens and Knowsley Hospitals NHS Trust which is a related party as David Merrill (Lay member & Deputy Chair of Governing Body) is a member of the patient ratification leaflet group.	34,725	-4	0	0
The CCG has a contract with Beaconsfiled surgery which is a related party as Dr Mick O'Connor (GP Governing Body Member & Contract Lead St Helens & Knowsley) is a GP partner at Beaconsfield	4	0	0	0
The CCG has a contract with Edge Hill Unviersity which is a related party as Jan Snoddon (Chief Nurse) is an Associate at Lecturer Edge Hill University	7	0	7	0

The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- NHS England (including Cheshire and Merseyside Commissioning Support Unit)
- Warrington and Halton Hospitals Foundation Trust
- St Helens & Knowsley Hospitals NHS Trust
- Aintree University Hospitals NHS Foundation Trust
- Liverpool Womens Hospital NHS Foundation Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust
- Liverpool Heart and Chest NHS Foundation Trust
- Wrightinton, Wigan and Leigh NHS Foundation Trust
- Southport and Ormskirk Hospitals NHS Trust
- Bridgewater Community Healthcare NHS Trust
- Alder Hey Childrens NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust
- NHS Business Services Authority
- NHS Litigation Authority

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Halton Borough Council.

38. Related Party Transactions 2013/14

38 Related party transactions							
Details of related party transactions with individuals are as follows:							
Name	Role Within CCG	Role within Related Party	Related Party	**Payments to Related Party**	**Receipts from Related Party**	**Amounts owed to Related Party**	**Amounts due from Related Party**
				£000	**£000**	**£000**	**£000**
Mr David Austin	Lay Member	Chair	Brookvale Practice	10	-8	0	0
Mr David Austin	Lay Member	Director	Murdshaw Community Centre	1	0	1	0
Mr Paul Brickwood	Chief Finance Officer	Chief Finance Officer	NHS Knowsley CCG	259	-80	0	-6
Mr Paul Brickwood	Chief Finance Officer	Chief Finance Officer	NHS St Helens CCG	300	-192	0	-4
Mr Robert Bryant	Lay Member	Trustee	Halton Carers Group (Halton Carers Centre Ltd)	0	0	20	0
Mr Robert Bryant	Lay Member	Wife Works as a PA	Halton Borough Council	15078	-240	47	-642
D Henshaw	Practice Manager	Practice Manager & Governing Body Representative	Beaconsfield	10	-1	0	0
Dr D Lyon	General Practitioner	GP Partner	Castlefields Health Centre	41	-1	1	0
Dr D McDermott	General Practitioner	GP Partner	Tower House Practice	20	-1	1	0
Mr D Merill	Lay Member & Deputy Chair of Governing Body	Member of Patient Information Leaflet Ratification Group	St Helens & Knowsley Teaching Hospitals NHS Trust	32645	0	4	0
Mr D Merill	Lay Member & Deputy Chair of Governing Body	Registered with Halton Carers Group	Halton Carers Group (Halton Carers Centre Ltd)	0	0	20	0
Dr M O'Connor	General Practitioner	GP Partner	Beaconsfield Surgery	10	-1	0	0
The Department of Health is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:							
• NHS England (including Cheshire and Merseyside Commissioning Support Unit)							
• Warrington and Halton Hospitals Foundation Trust							
• St Helens & Knowsley Hospitals NHS Trust							
• Aintree University Hospitals NHS Foundation Trust							
• Liverpool Womens Hospital NHS Foundation Trust							
• Royal Liverpool and Broadgreen University Hospitals NHS Trust							
• Liverpool Heart and Chest NHS Foundation Trust							
• Wrightinton, Wigan and Leigh NHS Foundation Trust							
• Southport and Ormskirk Hospitals NHS Trust							
• Bridgewater Community Healthcare NHS Trust							
• Alder Hey Childrens NHS Foundation Trust							
• 5 Boroughs Partnership NHS Foundation Trust							
• NHS Business Services Authority							
• NHS Litigation Authority							
In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Halton Borough Council.							

39. Events after the end of the reporting period

From 1st April 2015 the CCG will take on delegated responsibility for the commissioning of general practice Primary Care from
NHS England. The indicative budget which will transfer to the CCG from NHS England is £15.6 million.

40. Losses and special payments

The CCG had no losses or special payments during the financial year 2014-15 (nil in 2013-14).

41. Third party assets

The CCG held no third party assets as at 31 March 2015 (nil as at 31 March 2014).

42. Financial performance targets

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

National Health Service Act Section	Duty	2014-15 Maximum	2014-15 Performance	2013-14 Maximum	2013-14 Performance
223H(1)	Expenditure not to exceed income	188,251	186,411	181,024	179,252
223I(2)	Capital resource use does not exceed the amount specified in Directions	0	0	0	0
223I(3)	Revenue resource use does not exceed the amount specified in Directions	186,738	184,898	179,055	177,283
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	3,489	2,921	3,100	2,947

For the purposes of 223H(1); 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 for as received in the financial year (whether under the provision of the Act or from other sources, and included here on a gross basis).

43. Impact of IFRS

Accounting under IFRS had no impact on the results of the CCG during the financial year 2014-15 (nil for 2013-14).

44. Analysis of charitable reserves

The CCG held no charitable reserves during the financial year 2014-15 (nil for 2013-14).

APPENDIX 1

Corporate Performance Report - Halton CCG - 2014/15 (as at end of January 2015)

Ref	Measure	2013/14 baseline	2014/15 FY Target	2014/15 FY Forecast
1) PREVENTING PEOPLE FROM DYING PREMATURELY				
1	**Reducing PYLL though causes considered amenable to healthcare (rate per 100,000 CCG population) (NHS OF 1a I & ii / QP 1)**	2856.2 (2012 actual)	2672	
2	*Under 75 mortality rate from cardiovascular disease per 100,000 (PHOF 4.4 / NHS OF 1.1) Local Data*	112.2		93.55
3	*Under 75 mortality rate from respiratory disease per 100,000 (PHOF 4.7 / NHS OF 1.2) Local Data*	50.1		51.2
4	*Under 75 mortality rate from Liver disease (PHOF 4.6 / NHS OF 1.3)Local Data*	28.3		25.3
5	*Under 75 mortality rate from cancer per 100,000 (PHOF 4.5 / NHS OF 1.4) Local Data*	190.2		187.6
2) ENHANCING QUALITY OF LIFE FOR PEOPLE WITH LONG TERM CONDITIONS				
6	**Health related quality of life for people with long term conditions (ASCOF 1A / NHS OF 2)**	67.3 (actual 2013)		69%
7	**Reducing emergency admissions (composite measure) (rate per 100,000) Halton CCG (QP3)**	3215	3114	2499.6
8	*Unplanned hospitalisation for chronic ambulatory care sensitive conditions (rate per 100,000) Halton CCG (NHS OF 2.3i)*	1193 est.	1163	998.0
9	*Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (per 100,000) Halton CCG(NHS OF 2.3ii)*	439 est.	350	437.3
10	*Emergency admissions for acute conditions that should not usually require hospital admission (per 100,000) Halton CCG (NHS OF 3a)*	1840 est.	1794	1424.9
11	*Emergency admissions for children with lower respiratory tract infections (LRTI's) (per 100,000) Halton CCG (NHS OF 3.2)*	488 est.	476	359.8

12	**Estimated diagnosis rate for people with dementia (PHOF 4.16 / NHS OF 2.6i) Halton CCG**	est. 63%	67%	68.0%
13a	**Improving access to psychological therapies (QP2) Halton CCG - Access** ***Quarterly position (sum of current and previous 2 month's %, where available)***	12% (13/14 est.)	3.75% in Q4	3.80%
13b	**Improving access to psychological therapies (QP2) Halton CCG - Recovery**		50%	40.0%
3) HELPING PEOPLE TO RECOVER FROM EPISODES OF ILL HEALTH OR FOLLOWING INJURY				
14	**Emergency admissions within 30 days of discharge from hospital % (PHOF 4.11 / NHS OF 3b) Halton CCG**	15.6%	15.5%	15.8%
15	**Hospital admissions where original admission was due to a fall (65+) BCF (rate per 100,000) Halton CCG (Local QP6)**	1021.8	987	852.4
16a	**Percentage of people who have had a stroke and spend 90% or more of their time on a stroke unit (cumulative) (CCG OF 3.6v) Total Halton CCG**	78.3% (to Jan14)	80%	85%
16b	**% at high risk of stroke who experience a TIA are assessed and treated in 24 hours (cumulative) Total Halton CCG**		60%	70%
17a	*Percentage of people who have had a stroke and spend 90% or more of their time on a stroke unit (cumulative) WARRINGTON (CCG at provider) (CCG OF 3.6v)*		80%	80%
17b	*% at high risk of stroke who experience a TIA are assessed and treated in 24 hours (cumulative) WARRINGTON (CCG at provider)*		60%	60%
18a	*Percentage of people who have had a stroke and spend 90% or more of their time on a stroke unit (cumulative) ST HELENS (CCG at provider) (CCG OF 3.6V)*		80%	85%
18b	*% at high risk of stroke who experience a TIA are assessed and treated in 24 hours (cumulative) ST HELENS (CCG at provider)*		60%	100%
4) ENSURING THAT PEOPLE HAVE A POSITIVE EXPERIENCE OF CARE				
25	**Addressing issues identified in 2013/14 Friends & Family Test - Warrington A&E (provider catchment) (NHS OF 4c / Local QP4) - in month figure**	42 (Q3 2013/14)	86%	87.0%

26	*Friends & Family test Whiston A&E (provider catchment)* ***(NHS OF 4c)in month figure***	75	86%	95.3%
27	*Friends & Family test Warrington site inpatient (provider catchment)* ***(NHS OF 4c)in month figure***	78	94%	94.5%
28	*Friends & Family test Halton Hospital site inpatient (provider catchment)****(NHS OF 4c)in month figure***	90	94%	98.7%
29	*Friends & Family test St Helens Inpatient (provider catchment)* ***(NHS OF 4c)in month figure***	77	94%	100.0%
5) TREATING AND CARING FOR PEOPLE IN A SAFE ENVIRONMENT AND PROTECTING THEM FROM AVOIDABLE HARM				
30	**Patient safety incidents reported (per 1000 total provider bed days) Warrington (provider catchment) (NHS OF 5a) (in month)**			24.2
31	**Patient safety incidents reported (per 1000 total provider bed days) St Helens (provider catchment) (NHS OF 5a) (in month)**			2.4
32	**Patient safety incidents reported (per 1000 total provider bed days) 5BP (provider catchment) (NHS OF 5a) (in month)**			87.8
33	**Patient safety incidents reported (per 1000 total provider bed days) Bridgewater (Halton & St Helens Division) (NHS OF 5a)**			6.1
34	**Incidence of healthcare associated infection (HCAI) MRSA (NHS OF 5.2i) (Halton CCG Total)**	est. 0	0	0
35	**Incidence of healthcare associated infection (HCAI) Difficile (NHS OF 5.2 ii) (Halton CCG Total)**	est. 33	20	40
36	*Incidence of healthcare associated infection (HCAI) Difficile* ***(NHS OF 5.2 ii) Warrington & Halton Hospitals NHS Foundation Trust*** *(provider catchment)*			29
37	*Incidence of healthcare associated infection (HCAI) Difficile* ***(NHS OF 5.2 ii) STH&K*** *(provider catchment)*			48
38	**Improving the reporting of medication-related safety incidents - Bridgewater (provider catchment) (Local QP5)**	3.8%(Q3 & Q4 2011/12)	9.3%	11.0%

NHS Constitution Measures				
39	**Admitted patients to start treatment within a maximum of 18 weeks from referral (NHS CM1) (Monthly snapshot - Halton CCG)**		90%	94.0%
40	**Non-admitted patients to start treatment within a maximum of 18 weeks from referral (NHS CM2) (Monthly snapshot - Halton CCG)**		95%	98.1%
41	**Maximum 18-week waits from referral to treatment (incomplete non-emergency pathways) (NHS CM 3) (Monthly snapshot Halton CCG)**	95.31% (Dec 13)	92%	95.9%
42	**The number of Referral to Treatment (RTT) pathways >52 weeks for all pathways (number Halton CCG - in month - unadjusted) (NHS CSM 4)**	7	0	5
43	*The number of Referral to Treatment (RTT) pathways >52 weeks for all pathways (number Halton CCG - in month - unadjusted) (NHS CSM 4) Halton CCG at Warrington Trust*		0	2
44	*The number of Referral to Treatment (RTT) pathways >52 weeks for all pathways (number Halton CCG - in month - unadjusted) (NHS CSM 4) Halton CCG at St Helens Trust*		0	0
45	**Patients waiting for a diagnostic test should have been waiting less than 6 weeks from referral (NHS CM 4) Halton CCG (cumulative)**		99%	99.9%
46	**Maximum four-hour waits in A&E departments (NHS CM 5) (cumulative) Halton CCG**	97.6% (Dec 13)	95%	95.0%
47	*Maximum four-hour waits in A&E departments (NHS CM 5) Warrington & Halton Hospitals NHS Foundation Trust (provider catchment) (cumulative)*		95%	93.2%
48	*Maximum four-hour waits in A&E departments (NHS CM 5) StH&K (provider catchment) (cumulative)*		95%	94.5%
49	**Mixed Sex Accommodation Breaches (NHS CSM1) in month number of Halton CCG patients**	6	6	5
50a	**Care Programme Approach: The proportion of people on CPA who were followed up within 7 days of discharge from psychiatric in-patient care (NHS CSM3) (5BP) (cumulative)**		95.0%	95.4%
NHS Constitution Measures - Cancer waits				

51	**Maximum 14-day wait from an urgent GP referral for suspected cancer (NHS CM 6) (cumulative) Halton CCG**	95.43% (Nov 13)	93%	92.9%
52	**Maximum 2 week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected (NHS CM 7) (cumulative) Halton CCG**		93%	94.2%
53	**Maximum 31-day wait from diagnosis to first definitive treatment for all cancers (NHS CM 8) (cumulative) Halton CCG**		96%	98.6%
54	**Maximum 31-day wait for subsequent treatment where that treatment is surgery (NHS CM 9) (cumulative) Halton CCG**		94%	94.0%
55	**Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen (NHS CM 10) (cumulative)**		98%	99.9%
56	**Maximum 31-day wait for subsequent treatment where that treatment is radiotherapy (NHS CM 11) (cumulative) Halton CCG**		94%	96.8%
57	**Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer (NHS CM 12) (cumulative) Halton CCG**		85%	83.8%
58	*Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer (NHS CM 12) Cumulative (Warrington)*		85%	86.7%
59	*Maximum 62-day wait from urgent GP referral to first definitive treatment for cancer (NHS CM 12) Cumulative (St Helens)*		85%	89.5%
60	**Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers (NHS CM 13) (cumulative) Halton CCG**		90%	100.0%
61	**Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) - no operational standard set (NHS CM 14) (cumulative) Halton CCG**		90%	87.9%
NHS Constitution Measures - Ambulance calls				
62	**Maximum 8-minute response for Category A red 1 ambulance calls. (NHS CM 15a) NWAS figure (cumulative)**	75.81% (Dec 13)	75%	72.3%

63	*Maximum 8-minute response for Category A red 1 ambulance calls. (NHS CM 15a) HALTON CCG Figure (cumulative)*		75%	70.8%
64	**Maximum 8-minute response for Category A red 2 ambulance calls. (NHS CM 15b) NWAS figure (cumulative)**		75%	70.2%
65	*Maximum 8-minute response for Category A red 2 ambulance calls. (NHS CM 15b) HALTON CCG Figure (cumulative)*		75%	70.3%
66	**Category calls resulting in an ambulance arriving at the scene within 19 minutes (NHS CM 16) NWAS figure (cumulative)**		95%	93.5%
67	*Category calls resulting in an ambulance arriving at the scene within 19 minutes (NHS CM 16) HALTON CCG figure (cumulative)*		95%	93.3%
NHS Activity Measures				
68	**Elective - ordinary admissions (NHS AM1) Halton CCG (EC1) (cumulative)**	3491	3524	3168
69	*Elective - ordinary admissions (NHS AM1a) HCCG at WHHFT (cumulative)*	1655	1667	1415
70	*Elective - ordinary admissions (NHS AM1b) HCCG at StH&K (cumulative)*	980	989	932
71	**Elective - day cases (NHS AM2) Halton CCG (EC2) (cumulative)**	15301	15583	16211
72	*Elective - day cases (NHS AM2a) HCCG at WHHFT (cumulative)*	9122	9189	9606
73	*Elective - day cases (NHS AM2) HCCG at StH&K (cumulative)*	3896	4052	4525
74	**Non-elective admissions (NHS AM 3) Halton CCG (EC4) (cumulative)**	16963	16793	17172
75	*Non-elective admissions (NHS AM 3a) HCCG at WHHFT (cumulative)*	8287	8204	8110
76	*Non-elective admissions (NHS AM 3b) HCCG at StH&K (cumulative)*	7613	7483	7976
77	**All first outpatient attendances (NHS AM 4) Halton CCG (EC5) (cumulative)**	38276	39185	40556
78	*All first outpatient attendances (NHS AM 4a) HCCG at WHHFT (cumulative)*	19021	19160	18782
79	*All first outpatient attendances (NHS AM 4b) HCCG at StH&K (cumulative)*	14400	15126	16464
80	**All subsequent outpatient attendances (NHS AM 5) Halton CCG (cumulative)**	97228	92936	95169

81	*All subsequent outpatient attendances **(NHS AM 5a)** HCCG at WHHFT (cumulative)*	40848	41151	41636
82	*All subsequent outpatient attendances **(NHS AM 5b)** HCCG at StH&K (cumulative)*	37498	32737	35379
83	**A&E Attendances - Type 1 (NHS AM 6) Halton CCG (cumulative)**			40596
84	*A&E Attendances - Type 1 **(NHS AM 6a)** Halton CCG at WHHFT (cumulative)*			23972
85	*A&E Attendances - Type 1 **(NHS AM 6b)** Halton CCG at StH&K (cumulative)*			15108
86	**A&E Attendances - all types (NHS AM 7) Halton CCG (cumulative)**	92293 (est.)	89985	88057
87	*A&E Attendances - all types **(NHS AM 7a)** Halton CCG at WHHFT (cumulative)*	30832		28580
88	*A&E Attendances - all types **(NHS AM 7b)** Halton CCG at StH&K (cumulative)*	17168		16879
89	**GP written referrals for a first outpatient appointment (NHS AM8) (EC9) Halton CCG (cumulative)**	26117	26396	28045
90	**Other referrals for a first outpatient appointment (NHS AM9) Halton CCG (EC10) (cumulative)**	17434	17596	16169
Better Care Fund Measures (not elsewhere reported)				
92	**Delayed Transfers of care (days per 100,000 population) (BCF 11.3)** in month figure (Halton UA)	est. 2064	1968	2752
Financial Gateway				

APPENDIX 2

QUALITY COMMITTEE MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on Committee	**Total No of Meetings Attended**	Comments
David Austin	Governing Body Lay Member	11/12	
Dr Anne Burke	Clinical Lead	11/12	
Prof Michael Chester	Governing Body Secondary Care Doctor	4/12	
Dr Claire Forde	Medicines Management Clinical Lead	11/12	
Gill Frame	Clinical Lead and Governing Body Registered Nurse	10/12	
Diane Hanshaw	Practice Management representative	4/12	
Dr David Lyon	Governing Body GP , Contract Lead and Clinical Lead	6/12	
Dr Damian McDermott	Governing Body GP , Contract Lead and Clinical Lead	10/12	
Dr Mick O'Connor	Governing Body GP , Contract Lead	7/12	
Dr Ifeoma Onyia	Public Health representative	7/12	
Doreen Shotton	Healthwatch representative	7/12	
Jan Snoddon	Chief Nurse (Chair)	8/12	
Sue Wallace-Bonner	Local Authority representative	3/12	

PERFORMANCE AND FINANCE COMMITTEE MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Simon Banks	Chief Officer - Committee Chair	8/9	
Paul Brickwood	Chief Finance Officer	6/9	
Bob Bryant	Lay Member	1/3	*Left 31/8/14*
David Merrill	Lay Member	8/9	
Dr Cliff Richards	Chair of the Governing Body	5/9	

HUMAN RESOURCE & ORGANISATIONAL DEVELOPMENT COMMITTEE MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Simon Banks	Chief Officer	4/5	
Bob Bryant	Vice Chair - Lay Member	1/2	*Left the Committee 31/8/14*
Angela Delea	Head of Corporate Services	3/5	
Ingrid Fife	Committee Chair - Lay Member	5/5	
Diane Hanshaw	Governing Body Practice Manager Representative	2/2	*Left the Committee*
Shahzad Tahir	Lay Member	2/2	*Joined the Committee 4/11/14*

GOVERNING BODY MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Dr Cliff Richards	NHS Halton CCG Chair and Chair of Governing Body	7/11	
Bob Bryant	Lay Member	3/4	*Left the organisation 31/8/14*
Dave Austin	Lay Member	11/11	
David Merrill	Lay Member and Deputy Chair of Governing Body	11/11	
Diane Hanshaw	Practice Manager Governing Body Member	8/11	
Doreen Shotton	HealthWatch Representative	10/11	
Dr Claire Forde	General Practitioner	11/11	
Dr Damian McDermott	General Practitioner	10/11	
Dr David Lyon	General Practitioner	11/11	
Dr Mick O'Connor	General Practitioner	9/11	
Gill Frame	Registered Nurse Governing Body Member and Clinical Lead - Children	10/11	
Ingrid Fife	Lay Member	10/11	
Jan Snoddon	Chief Nurse	9/11	
Paul Brickwood	Chief Finance Officer	10/11	
Prof Michael Chester	Secondary Care Doctor Governing Body Member	5/11	
Shahzad Tahir	Lay Member	5/5	*Commenced 4/11/14*
Simon Banks	Chief Officer	9/11	

SERVICE DEVELOPMENT COMMITTEE MEETING ATTENDANCE APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Dr Cliff Richards	Chair of the Governing Body	7/11	
Dr Mick O'Connor	Committee Vice-Chair - Clinical Contract Lead for StHK	7/11	*Became Chair September 14*
Dr Chris Woodforde	Clinical Lead - Respiratory - Peelhouse Medical Plaza	2/11	
Dr David Wilson	Clinical Lead - Primary Care Health Informatics - Grove House Practice	7/11	
Dr Salil Koyitty Veedu	'Clinical Lead - Primary Care Development - Beaconsfield Surgery	5/11	
Dr Mukesh Saksena	Practice Clinical Lead - Heath Road Medical Centre	0/11	
Dr Gary O'Hare	Practice Clinical Lead - Murdishaw Health Centre and Clinical Lead - Safeguarding, Childre	6/11	
Dr Karl Botham	Practice Clinical Lead - Peelhouse Medical Plaza	8/11	
Lisa Birtles Smith	Clinical Lead - Learning Disabilities - Halton Borough Council	6/11	
Dr Jonathon Beynon	Practice Clinical Lead - Weaver Vale Practice	2/11	
Dr Araf Arain	Practice Clinical Lead - Newtown Health Care Centre	8/11	
Dr Miles Brindle	Practice Clinical Lead - Appleton Village Surgery	6/11	
Dr Anne Burke	Clinical Lead - Mental Health & Contract Lead - 5 BP NHS Foundation Trust	8/11	
Dr Fenella Cottier	Clinical Lead - Women's Health - Weaver Vale Practice	2/11	
Dr Claire Forde	GP Governing Body Member and Medicines Management Lead	11/11	
Dr Melanie Forrest	Clinical Lead - Cancer and End of Life - Beeches Medical Centre	8/11	
Dr Yezi Hasan	Practice Clinical Lead - Upton Rocks Primary Care	1/11	
Dr Satya Koya	Practice Clinical Lead - Hough Green Health Park	0/11	
Dr David Lyon	GP Governing Body Member, Contract Lead - Bridgewater Community Healthcare NHS Tr	7/11	
Dr Neil Martin	Clinical Lead - Urgent Care - Beaconsfield Surgery	3/11	
Dr Damian McDermott	GP Governing Body Member and Contract Lead, WHHFT and Clinical Lead - Diabetes and	9/11	
Dr Priya Narayan	Practice Clinical Lead - Oaks Place Surgery	1/11	
Dr Previn Narayana	Practice Clinical Lead - West Bank Medical Centre	1/11	
Jacqui Ireland	Head of Finance	7/11	
Jan Snoddon	Chief Nurse	4/11	
Gill Frame	Clinical Lead - Children and Families	7/11	
Dave Sweeney	Committee Chair and Operational Director Integrated Commissioning	9/11	
Dr Rachel Millichip	Practice Clinical Lead - Castlefields Health Centre	4/11	
Dr Ninian Thomson	Practice Clinical Lead - Windmill Hill Medical Centre	5/11	Ninian Thompson commenced attendance in September 14

AUDIT COMMITTEE ATTENDANCE- APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
David Merrill	Lay Member	4/4	
David Austin	Lay Member	4/4	
Ingrid Fife	Lay Member	3/4	
Bob Bryant	Lay Member	1/4	*Left the organisation 31/8/14*
Dr Mick O'Connor	General Practitioner	0/2	*Joined Committee Dec 14*
Shahzad Tahir	Lay Member	2/2	*Joined Committee Dec 14*
Gill Frame	Lay Member	2/2	*Joined Committee Dec 14*
Paul Brickwood	Chief Finance Officer	3/4	
Jan Snoddon	Chief Nurse	4/4	
Catherine Graney	CCG Accountant	4/4	
Louise Cobain	MIAA	4/4	
Steve Connor	MIAA	0/4	
Scott Fisher	MIAA	2/4	*Left September 14*
Liz Temple-Murray	Grant Thornton	4/4	
Mike Thomas	Grant Thornton	0/4	*Left September 14*
Mark Heap	Grant Thornton	1/4	*Joined Committee December 14*
Roger Causer	MIAA – Counter Fraud	1/4	
Virginia Martin	MIAA – Counter Fraud	2/4	

The MIAA Counter Fraud representatives are not required to attend each meeting, just when they have an agenda item.

REMUNERATION COMMITTEE MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Bob Bryant	Vice Chair - Lay Member	1/1	*Left Committee 31/8/14*
Gill Frame	Committee Vice Chair – Lay Member	2/2	
Ingrid Fife	Committee Chair - Lay Member	2/2	
Diane Hanshaw	Governing Body Practice Manager Representative	1/1	*Left Committee 31/12/14*
Shahzad Tahir	Lay Member	1/1	*Joined Committee 31/12/14*

INTEGRATED GOVERNANCE MEETING ATTENDANCE - APRIL 2014 - MARCH 2015

Name	Role on the Committee	Total No of Meetings Attended	Comments
Simon Banks	Chief Officer – Committee Chair	3/4	
Jan Snoddon	Chief Nurse	3/4	
Paul Brickwood	Chief Finance Officer	3/4	
Angela Delea	Head of Corporate Services	4/4	
David Austin	Lay Member – Committee Vice Chair	3/4	