NHS
Frimley
Clinical Commissioning Group

ANNUAL REPORT AND ACCOUNTS

APRIL 2022 – JUNE 2022

Contents

1. FOREWORD

Starting Well: It's a key ambition of the Frimley Health and Care Integrated Care System and it's a sentiment shared by our teams since we first started preparing for the establishment of NHS Frimley.

When we came into being on 1st July 2022, we hit the ground running, building on the high standards, best practice and aspirations of the former NHS Frimley Clinical Commissioning Group (CCG) and partner organisations, and setting ourselves up for success.

We still face extraordinary challenges and are working under enormous pressure, yet our teams and our individual staff members face the future with optimism and a renewed sense of purpose.

When we brought together the former East Berkshire, North East Hampshire and Farnham and Surrey Heath CCGs in April 2021 to create a single Frimley CCG, we did so with a vision for our new organisation: to deliver access to safe, sustainable, high quality, equitable, affordable and effective services. This would be achieved through working with our communities and our partners, leading to a health and care system where quality, co-production, financial sustainability and governance were all improved.

This report demonstrates our continued commitment to those goals and focuses on the work to build on that and transition into a new organisation – NHS Frimley.

The functions of both NHS Frimley and the wider Frimley Health and Care will develop over the coming months as the transition from CCGs – which formally began on 1st July – continues. Entirely new organisations and structures were created by the Health and Care Act, and a process was set in motion to move responsibility for many important and sizeable aspects of the health economy from national to system level. This is a major task which will take time, yet it is an important aspect of true integration of the services we and our partners are able to plan and deliver.

In just the short time we've had so far we have been able to see the huge potential benefits of our digital work, combining data sources and patient and public feedback to help create services which can be responsive, targeted and resilient. The voices of local people have never been heard louder within the Frimley footprint and we're committed to listening and incorporating what our communities are telling us into our plans for the future.

COVID-19 is still very much with us, albeit on a different scale than before, thanks largely to the phenomenal efforts of all of those who have been involved in the vaccination programme and who are now ready to deliver the next wave vaccinations. The virus still poses a real threat to sections of our communities and 'normal' life as we knew it before the pandemic is still a long way off for the medical community.

Demand for treatment in the wake of the worst of the pandemic has been felt across all services and has had significant spikes throughout the summer months. This has been

a serious challenge to our recovery plans and efforts so far and will persist as we head into autumn and winter, when demand traditionally increases.

We appreciate the scale of the task ahead but equally, we know how far we've come already and what we've achieved, as a CCG, as an ICB and as an Integrated Care System. We're excited to see what we can do together with our partners as part of a statutory system.

Fiona Edwards
Accountable Officer, Frimley CCG
Chief Executive NHS Frimley

Dr Huw Thomas
Clinical Chair, Frimley CCG

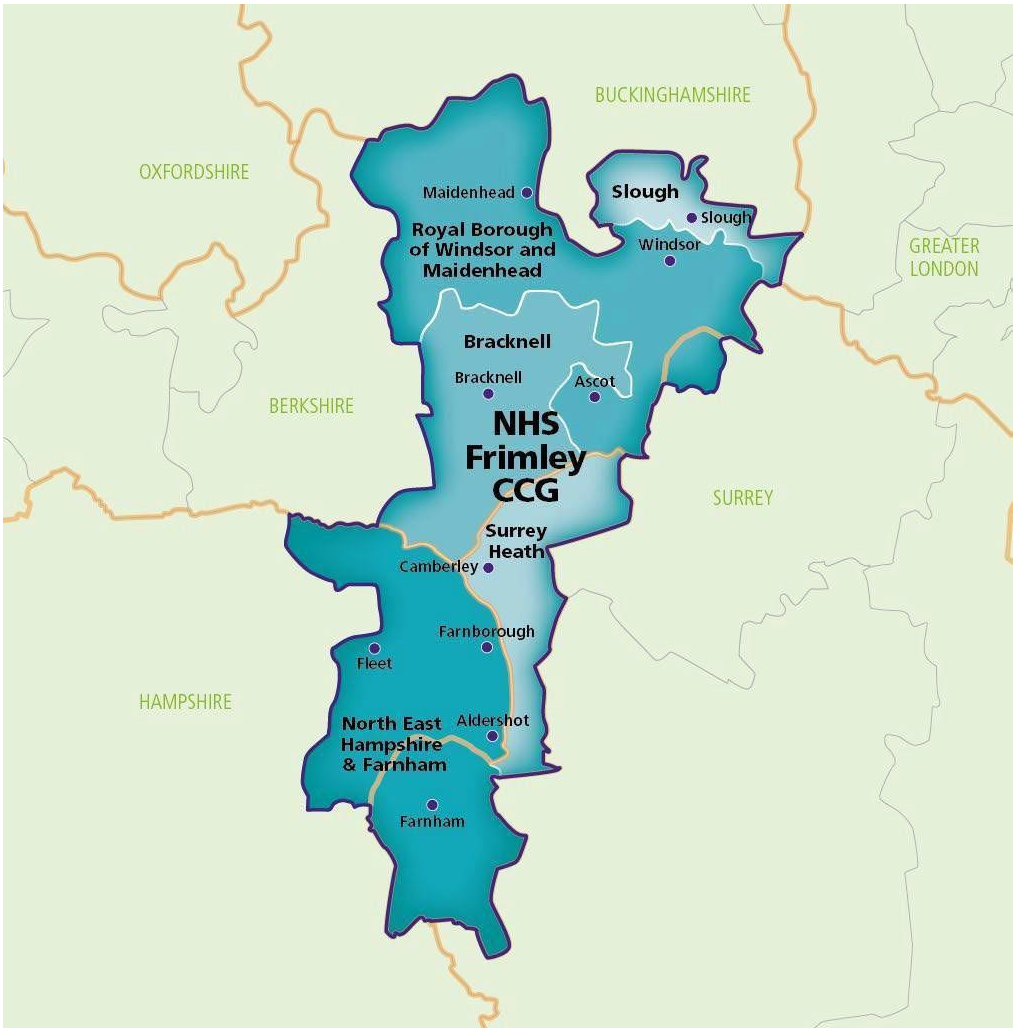
28 June 2023

2. PERFORMANCE OVERVIEW

The Performance Overview section of this Annual Report is designed to provide a short summary about the CCG, including our purpose, key objectives, achievements and any risks to achieving our objectives.

Our purpose

Frimley CCG's purpose is to deliver the best possible health and wellbeing outcomes for our local community within the resources available. This is achieved through using the combined leadership of local GPs, independent lay people, public health, local authority and NHS commissioning staff to make informed decisions about local healthcare. The CCG serves a population of around 800,000 registered at 72 GP practices across five Places. These Places are: Bracknell Forest; Royal Borough of Windsor and Maidenhead; Slough; North East Hampshire & Farnham; and Surrey Heath.



The CCG is responsible for planning and commissioning healthcare services to meet the needs of our local population working in partnership with colleagues from NHS England, NHS trusts, CCGs, Health & Wellbeing Boards, public health, local

authorities and the voluntary sector. We are committed to understanding and responding to the needs of local people in our communities, co-designing services and working towards a 'Community Deal' as part of our ambitions.

The CCG has delegated responsibility from NHS England for commissioning sustainable primary care services and all the GP practices within our CCG area form part of our membership organisation, responsible for making sure that local people get the health services they need.

Our activities

The CCG commissions:

- Primary care services (GPs);
- Out of hours primary medical services;
- Urgent and emergency care, including NHS 111, Accident and Emergency (A&E) and ambulance services;
- Elective (planned) hospital care, such as hip replacement surgery, hernia repairs and day surgery;
- Community health services, such as community nursing, physiotherapy, podiatry, speech & language therapy and rehabilitation services;
- Mental health services (including psychological therapies);
- Services for people with learning disabilities and autism;
- Maternity and newborn services (excluding neonatal intensive care);
- Children and young people's health services, such as community child health, therapists, acute care, child and adolescent emotional health and wellbeing; and
- NHS continuing healthcare for people with ongoing healthcare needs.

Our organisational structure

Frimley CCG was established on 1 April 2021, following the merger of East Berkshire, North East Hampshire & Farnham and Surrey Heath CCGs who had been working closely together as a Collaborative since 2019. Frimley CCG is made up of the five Places and works across the same geography as our partner organisations in the Frimley Health and Care Integrated Care System.

Our Vision as a single Clinical Commissioning Group

- To deliver access to safe, sustainable, high quality, equitable, affordable and effective services through innovative service models that consider national and international best practice, appropriately reflect local need and factor in the ability to manage future surge pressures (COVID-19, seasonal flu).
- To achieve the above through community collaboration, mutual decision making with people as partners, great teams, engaged and informed leaders.
- To create a health and care system that is materially higher in quality, more productive, financially sustainable and better governed.

Our experience tells us that it is relationships, not organisational boundaries, that determine the level of integration within systems and ultimately the ability to transform health and care outcomes. We have designed our organisation to build and develop these relationships at all levels – through individual and organisational values, neighbourhoods and relationships with our Primary Care Networks – with an emphasis on place, and structures which enable people to work flexibly across organisational boundaries and manage complexity.

The CCG also focuses on the importance of local insight and need, whilst recognising the strength of working as a system with a consistent core approach. This is in readiness for the establishment of a single Frimley Integrated Care System which will be made up of an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) effective July 2022.

Some services are commissioned on the new CCG (and Frimley ICS) footprint, others are secured at smaller Place footprints. Others may be jointly commissioned within local authority boundary footprints and/or health commissioners in other ICSs, while for rare disorders services need to be considered and secured nationally or regionally. We continue to be proud of the strategic commissioning model that has worked optimally across organisational and system boundaries.

Our business model and environment

For quarter 1 of 2022-23 the CCG continued to manage itself through a number of business models from in-house, shared and bought-in services which enabled the CCG to retain ownership of statutory responsibilities while benefiting from economies of scale, working with partners across the CCG and ICS.

In-house staff

Staff have very successfully adapted to remote working over the past two years and have responded to the challenges and opportunities it brings. Working together as a merged organisation has enabled better use of our people and our financial resources and to avoid duplication, making us more efficient and cost-effective. Thanks to working collaboratively prior to the pandemic, we have been able to maintain our close links and relationships whilst having to be based remotely.

The local leadership team in each Place includes GPs and other clinicians drawn from the local area, ensuring strong local clinical leadership and focus in all decision making. They work closely with local authority colleagues planning and making decisions jointly. The CCG has developed Place Based Committees that are partnership forums which recognise the role of local authorities and provider organisations in the planning and delivery of health and care improvements.

Shared support services

These are provided by NHS South, Central and West Commissioning Support Unit (CSU). They support the CCG by providing expertise in a range of management areas such as information governance, HR, Freedom of Information, complaints, IT, procurement, finance and contracting. The CCG and its predecessors have benefited from using a variety of these services and have established a strong working relationship.

Shared commissioning expertise

In 2022-23 the CCG continued to share expertise for services that need a high level of collaborative commissioning, for example: NHS Hampshire, Southampton & Isle of Wight CCG lead on NHS Continuing Healthcare, Funded Nursing Care and maternity and children's health services for our Hampshire residents. Whilst NHS Surrey Heartlands CCG, NHS Frimley CCG and Surrey Council fund a joint commissioning team to support improvements in children's services.

Other partners

We work closely with a wide range of voluntary and non-statutory services locally and with our local authority partners at Surrey County Council, Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, Rushmoor Borough Council, Hart District Council, Waverley Borough Council and Surrey Heath Borough Council.

We liaise closely with colleagues from the UK Health Security Agency (previously part of Public Health England) in Surrey, Hampshire and Berkshire who provide details about the health needs of our local population based on information from the Joint Strategic Needs Assessment (JSNA), which informs our local planning decisions.

There is also close working with NHS England who have specialised and primary care commissioning responsibilities for community pharmacy, dentistry and community optometry.

The CCG is a key partner on the Health and Wellbeing Boards in Hampshire, Surrey, Bracknell Forest, Royal Borough of Windsor and Maidenhead and Slough. In 2022 the Place Based Committees of the Frimley CCG worked closely with health and wellbeing partners to further align ways of partnership working. Further information can be found in the Health and Wellbeing section of the Annual Report.

Frimley Health and Care Integrated Care System

There is a strong history of successful partnership working over a number of years in Frimley Health and Care ICS, demonstrated through the number one ranking in the system oversight framework (as an ICS) – the only system to be consistently high performing.

The CCG is an integral part of the ICS and worked with system partners to focus on the rollout of the vaccination programme, elective recovery and to address health inequalities that have resulted from the pandemic.

Frimley CCG's priorities and objectives

NHS England has set out their priorities for the 2022-23 and it is within this context that financial plans were developed by the CCG and our system partners. The ten national priorities we have been asked to focus on are as follows:

1. **Invest in our workforce** – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.

2. **Respond to COVID-19** ever more effectively - delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.

3. **Deliver significantly more elective care** to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.

4. **Improve the responsiveness of urgent and emergency care** (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

5. **Improve timely access to primary care** – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.

6. **Improve mental health services and services for people with a learning disability and/or autistic people** – maintaining continued growth in mental health investment to transform and expand community health services and improve access.

7. **Continue to develop our approach to population health management, prevent ill health and address health inequalities** – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.

8. **Exploit the potential of digital technologies to transform the delivery of care and patient outcomes** – achieving a core level of digitisation in every service across systems.

9. **Make the most effective use of our resources** – moving back to and beyond pre-pandemic levels of productivity when the context allows this.

10. **Establish ICBs and collaborative system working** – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Key issues and risks

The main risks and issues in Q1 2022 included:

(1) ongoing impact of Covid recovery on the financial regime and the financial allocation for the Frimley system with the related risk that this presented to the delivery on the requirements of the operating plan.

(2) the need to positively focus on levelling up models of care so that the CCG (and its successor organisation the ICB) can deliver on its statutory duties to improve health outcomes, address inequalities and deliver greater inclusion across the system.

(3) the CCG does coordinate its approach with system partners to use insights and intelligence driven data to recover health and social care then it will not effectively address the health impact of the Covid Pandemic in our communities.

(4) to ensure establishment of the ICB in line with statute and the safe handover of CCG functions to its successor organisation.

The main risks and issues described above have been associated with the unprecedented and unplanned demand on health services as a result of the COVID-19 public health emergency. Despite the pressure on capacity, finance and resources the system has been able to work hard and consistently with health and local government partners to manage the impact on the quality of care during the surge for acute services.

The COVID-19 pandemic has fundamentally changed the way we deliver care and carry out our routine business activities. A need to expand choice and modernise access to services has been a long-term ambition which the pandemic has helped to accelerate, driving a positive impact on people and the environment in which they live and work; both of which are key health and wellbeing priorities for our places over the next 12 to 18 months.

Going Concern

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. This follows the

interpretation in the Group Accounting Manual (GAM) of Going Concern in the public sector. 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. If services will continue to be provided the financial statements are prepared on the going concern basis. As the CCG's functions will continue to be delivered by the ICB the CCG has therefore assessed that it remains a going concern as at 30 June 2022.

Looking ahead

The CCG has ceased to exist as the statutory commissioning organisation for Frimley and the new ICB will come into effect on the 1 July 2022 to take on its statutory functions.

Work is being undertaken to ensure a seamless transition to the new ICB as a fundamental part of the ICS. We have worked for a number of years with ICS ambitions setting the system direction and these will continue to form the core objectives for the new organisation. The ICB will continue to retain all the CCG functions but will have a board made up from a wider group of system partners, including wider health, local government and primary care.

Performance Summary

We recognise the huge amount of work carried out by our staff, together with local people and our many partners, to respond to the COVID-19 pandemic and begin our recovery.

In this report, we wanted to show some of the incredible work undertaken not just across the NHS, but also local authority, voluntary and private sectors. It is only by working together that we have been able to achieve so much and overcome so many challenges.

You will read many descriptions that describe quite complex ways of working. The wider relationships such as systems, partnerships and collaboratives enable the CCG to work at scale to 'fast-track' health improvements across a large area and implement them locally. This ensures that we use our resources wisely, as well as learn from those who may have already successfully implemented a service or programme from which we all can benefit.

Our local communities remain our principal focus and so we will continue to work with our patients and partners to design, develop and deliver services that our localities need. We do this by ensuring that the objectives we set form the basis for the priorities we identify in each local area. Again, the key to this is in working together, so that we can share capacity and skills and operate with greater consistency with all our local partners for the benefit of patients.

3. PERFORMANCE ANALYSIS

Introduction

During the first quarter of the 2022/23 financial year the CCG continued to deliver on its operational priorities established for 2021/22, alongside the planning for the transition to the Integrated Care Board.

2021/22 was framed around another pandemic dominated year, the impact of months of lockdown measures combined with the rollout of the vaccination program is beginning to take effect. As progress continues, the number of people requiring urgent care for COVID-19 has continued to come down – in response to this Frimley CCG has been working hard to bring waiting times back down and continue to work through the backlog of unmet care. At the same time, we have been planning for our health services to be able to scale up COVID-19 services swiftly should this be required.

In May 2021 the CCG presented its Operating Plan for 2021-22 at the Governing Body meeting in public. This set out a system approach to developing healthier communities based on the Frimley Health and Care 5 year strategy:

- Leadership and Governance: Our System Recovery Network leading the delivery of our Operating Plan submission, strengthening cross system, place and partner alignment, underpinned by our agreed recovery activities and principles;

- The System Recovery Network supported by an Operational Planning Oversight Group enabling clear connectivity between the quality, delivery and financial aspects of the system plan;

- Centralised and aligned ICS activity and resource model which supports rapid appraisal of interdependencies and the assessment of the impact of improvement projects, covering activity, workforce and facilities, which are converted into a common currency.

We've continued to experience significant and increasing demand for non-COVID-19 related urgent and emergency care with general practice reporting increased same day demand up to 30% above peak winter levels. Even our community partners reported above normal caseload numbers with high acuity. Communication with the public has been vital to overcome some of these fears and remind the public what support is available to them.

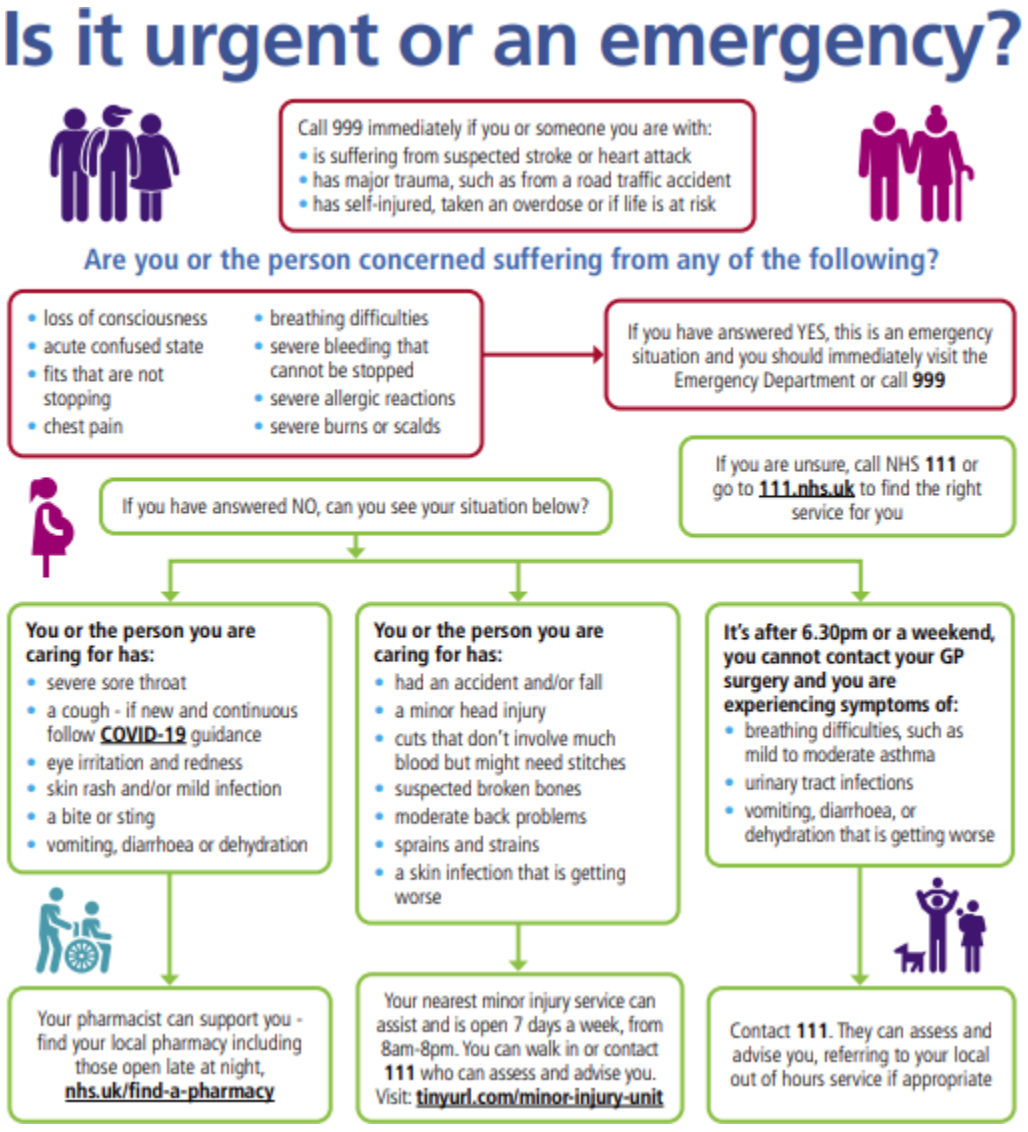
This section shows some of the incredible work as we recover from the pandemic and focuses on:

- Improving access to services

- Supporting those most at risk
- Supporting our workforce

Improving access

It is important that we all know where to turn when we or someone we care for needs help. As demand for NHS services increases, particularly when services are under considerable pressure, it is important that the public are seen and supported by the appropriate service. Frimley Health and Care ICS have produced this flow chart which can help the public determine which service they need.



Additional capacity in primary care, including face to face appointments, has been included in our winter pressures programme to support the increased demand we have seen for primary care services. As part of a national initiative, the General Practice Appointment Data (GPAD) mapping exercise was completed by all PCNs. This has helped drive a consistent approach for appointments and helped us

understand demand and plan the right level of capacity for the future.

A new Community Pharmacy Consultation Service has been rolled out across all practices to facilitate patients having a same day appointment with their community pharmacist for minor illness or an urgent supply of a regular medicine, improving access to services and providing more convenient treatment closer to patients' homes.

We have established a centralised pulse oximetry at home service, providing remote monitoring for patients with confirmed diagnosis of COVID-19 to ensure timely intervention to prevent unnecessary hospitalisation whilst facilitating timely and effective clinical involvement.

Based on feedback from local people we have been working with our PCNs and constituent member practices to shape, develop and mobilise an efficient digital front door to services, improving consistency in access and facilitating more timely responses to patient queries through deployment of VoIP (Voice over Internet Protocol) telephone systems, introducing population health segmentation, and streamlining of current processes.

Supporting those at risk

Working with our ICS partners we have created 'insight' data reports that have helped us target those most at risk and those whose health has deteriorated over the past year or so for example people with uncontrolled long-term conditions and proactively managing those with a history of missing reviews.

Using population health managements tools, we have also been able to identify key priority areas such as cardiovascular disease, arrythmia and depression.

Using our COVID-19 vaccination sites we have been able to further address health inequalities through opportunistic health checks and co-administration of flu vaccinations. We have also created opportunities to improve population health by providing health promotion advice and offering health & screening checks where feasible.

Through our outreach clinics we have engaged some of our most vulnerable population, offering health screening and advice, flu and COVID-19 vaccination.

Frimley has led the roll-out of anti-viral treatment for COVID-19 infection. Multiple organisations came together to successfully provide these brand-new treatments in the community for local people. Since going live in December 2021 the service has received over 3,300 patient referrals with over 700 patients successfully treated following triage making it one of the highest performing COVID-19 Medicine Delivery Units in the country and feedback from service users has been of a high standard.

Supporting our primary care workforce

Many of our practices have been significantly impacted by the pandemic, with staff suffering with exhaustion, long term sickness increasing, or staff leaving their current profession. Recruitment and retention of staff has been a particular challenge.

We have continued to work closely with practices and have re-established practice visits to facilitate a safe and transparent dialogue so that a robust resilience support offer can be developed and implemented.

All our practices have engaged in our Health and Wellbeing offer and we continue to meet with all practices via dedicated practice managers meetings. Supported by the national Winter Access Fund, a number of our PCNs have deployed telephony and eHubs, increasing working efficiencies, streamlining processes, and building resilience of individual general practices. PCNs have piloted urgent/same day telephony hubs, improving access, reducing waiting times and improving patient satisfaction.

4 KEY PERFORMANCE MEASURES

The 2021-22 financial year saw the NHS transition from the Level 4 incident response regime for the COVID-19 Pandemic, the highest level of critical incident response, which requires NHS England National Command and Control to support the NHS response. Key priorities for the NHS were to:

- Support the health and wellbeing of staff and taking action on recruitment and retention
- Delivering the NHS COVID-19 vaccination programme and continuing to meet the needs of patients with COVID-19
- Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- Working collaboratively across systems to deliver on these priorities.

The system-wide structures established across the Frimley system during 2020/21 continued to support all system partners via our Incident Control Centre, which directs and manages our collective local resource and capacity to focus on our recovery, in line with NHS England directives. Continuing the approach into Q1 2022-23, assurance and reporting requirements continued to be streamlined to essential activities to enable resources to be focused on the recovery priorities. To this end, much of the performance monitoring and reporting routinely undertaken was suspended during this period and is therefore not included in our Annual Report. Where some has continued – referral to treatment times, cancer waits and ambulance response times for example – performance has been significantly below national targets as might be expected and does not reflect the extraordinary work and efforts of services over the last year.

Frimley CCG took a number of steps to provide information to support decision making and provide assurance around the quality of services during this extremely challenging period.

System wide assurance of statutory functions

In line with the priorities set out by NHS England/Improvement we have focussed on Accident & Emergency and ambulance performance, referral to treatment (RTT) management, cancer referrals and treatment, and screening & immunisation. Weekly

data has been reviewed by the performance team with exception reports escalated to the executive team to agree corrective actions. The Quality Performance & Finance Committee has been stood back up to review performance on behalf of the Governing Body. The focus has been on system wide performance but with additional information for each our five places overseen by our Place Committees.

Operational performance management information;

Operational dashboards are produced to support system oversight via the System Portfolio Delivery Boards. These reports continue to adapt to reflect the emerging pressures or focus across the system. Place based insights included in the report focus on the following three priorities; vaccine roll out, reducing burden on acute services (both admissions & discharges) and supporting primary care resilience.

Planned & Emergency Care Performance oversight for inclusion in the Annual Report

At the time of publication Performance oversight measures for key planned and emergency care metrics are unavailable. At the beginning of June 2022 Frimley Health NHS Foundation Trust, as the biggest provider of Planned and Emergency care services to our population, began the implementation of their new Electronic Patient Record (EPR).

Epic EPR is the biggest change the Trust have ever undertaken. It will improve everyone's experience at Frimley Health – patients, staff, and visitors. With Epic EPR we are getting a single electronic system to replace the 200-plus paper and computer systems we currently use. All the information about our patients will now be in one secure place.

This is vital to improving patient care and will play a key role in delivering the six strategic ambitions of Frimley Health NHS Foundation Trusts strategy.

Summary of key performance metrics

Note – in the tables below periods are monthly with tables showing current month and previous 5 months in tabular and graphical form. Data Range start indicates the extent of data which has been reviewed in monitoring performance, Data Range End indicates the latest month for which data is available for each metric.

Adult Mental Health

Portfolio	Metric ID	Metric Description	Reporting Frequency	Target	Data Range Start	Data Range End	Previous five periods					Latest Data	Latest 6 period trend
Adult Mental Health	E.A.S.1	Estimated diagnosis rate for people with dementia	Monthly	67%	Apr-20	Jun-22	63.3%	63.6%	64.0%	63.6%	63.6%	63.4%	
Adult Mental Health	E.A.S.2	IAPT recovery rate	Rolling 3 month	50%	Apr-19	May-22	51.9%	50.0%	50.6%	49.2%	50.2%	49.8%	
Adult Mental Health	E.A.S.3	IAPT Roll-Out Access Rate (rolling 3 month)	Rolling 3 month	6.25%	Apr-19	May-22	5.1%	5.1%	4.8%	5.2%	5.0%	5.2%	
Adult Mental Health	E.H.21	IAPT (hidden waits) people who have waited more than 90 days between first and second appointments	Monthly	< 10%	Apr-19	May-22	4.6%	11.7%	11.0%	11.2%	9.9%	12.9%	
Adult Mental Health	EH1_A1	IAPT Proportion of people that wait 6 weeks or less who finish treatment	Monthly	75%	Apr-19	May-22	94.6%	96.4%	96.1%	94.9%	94.1%	95.2%	
Adult Mental Health	EH1_A2	IAPT Proportion of people that wait 18 weeks or less who finish first treatment	Monthly	95%	Apr-19	May-22	99.3%	100.0%	100.0%	100.0%	100.0%	99.5%	
Adult Mental Health	E.H.12	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	Monthly	1170	Apr-20	Jun-22	430	516	644	865	870	646	
Adult Mental Health	E.H.13	People with severe mental illness (SMI) receiving a full annual physical health check and follow up interventions	Monthly	70%	Feb-21	Jul-22	53.3%	58.9%	58.8%	58.4%	56.6%	55.4%	
Adult Mental Health	E.H.15	Rate of women accessing specialist perinatal mental health services	Monthly	10.0%	Apr-21	Jun-22	4.4%	4.4%	4.4%	4.5%	4.8%	5.0%	
Adult Mental Health	E.H.15(L1)	Number of women accessing specialist perinatal mental health services	Monthly	944	Apr-21	Jun-22	415	425	420	430	450	470	
Adult Mental Health	E.H.17	Number of people accessing Individual Placement and Support	Quarterly	217	Jun-20	Jun-22	208	162	237	310	386	193	
Adult Mental Health	EIP1	Early Intervention Psychosis (EIP) - Percentage of people with first episode of psychosis who have accessed or are waiting for treatment	Monthly	60%	Jun-20	Mar-22	82.1%	83.0%	83.0%	83.3%	unreliable data	unreliable data	

Learning Disabilities & Autism

Portfolio	Metric ID	Metric Description	Reporting Frequency	Target	Data Range Start	Data Range End	Previous five periods					Latest Data	Latest 6 period trend
LD&A	E.k.1a	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by CCG	Monthly	10	Jun-20	Jul-22	9	8	6	7	7	7	
LD&A	E.k.1b	Reliance on inpatient care for people with a learning disability and/or autism - Care commissioned by NHS England	Monthly	8	Jun-20	Jul-22	10	11	11	10	10	10	
LD&A	E.k.1c	Reliance on inpatient care for people with a learning disability and/or autism - Care for children	Monthly	2	Jun-20	Jul-22	1	1	1	1	1	2	
LD&A	E.K.3	Learning disability registers and annual health checks delivered to patients 14yrs+ by GPs	Monthly	20.0%	Apr-21	Jul-22	66.1%	79.1%	3.4%	10.2%	15.8%	20.4%	

Children & Young People

Portfolio	Metric ID	Metric Description	Reporting Frequency	Target	Data Range Start	Data Range End	Previous five periods					Latest Data	Latest 6 period trend	Variation	Target assurance
CYP	E.H.10	Waiting time for routine referrals to CYP eating disorder services	Quarterly	95%	Sep-20	Jun-22	74.2%	76.0%	73.9%	71.9%	67.7%	66.0%			
CYP	E.H.11	Waiting time for urgent referrals to CYP eating disorder services	Quarterly	95%	Sep-20	Jun-22	84.6%	86.0%	84.2%	73.8%	72.1%	66.0%			
CYP	E.H.9	Improve access to Children and Young People's Mental Health Services (CYPMH)	Rolling 12 month	8254	May-21	Jun-22	8295	8255	8320	8295	8525	8515			

5 SUMMARY OF FINANCIAL PERFORMANCE

Financial overview

Clinical Commissioning Groups are expected to manage expenditure within the resources allocated by NHS England and deliver a minimum of a break-even position in the financial year. This requires not only careful management of the finances but also strong internal control mechanisms to ensure the resources of the CCG are handled in a way which is up to public standards and can be sustained year on year.

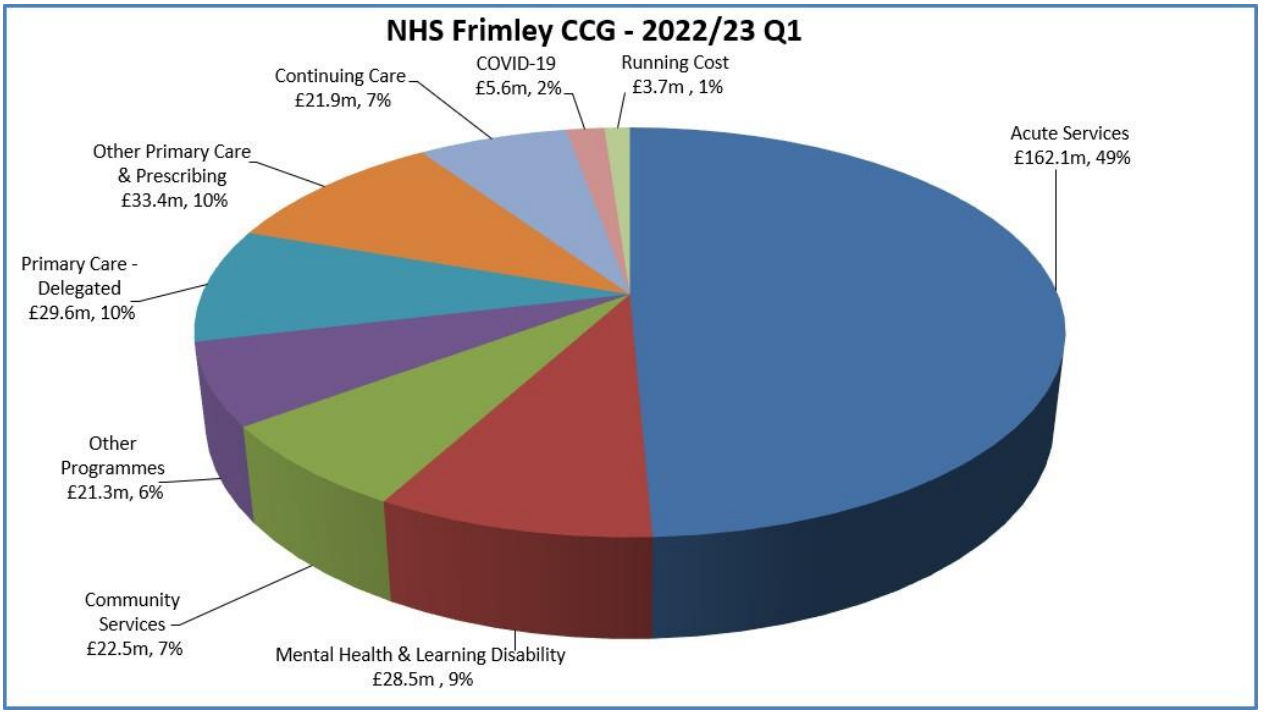
On 28 April 2022, the Health and Care Act received royal assent and this confirmed the establishment of Integrated Care Boards in England. As a result of this NHS Frimley CCG would be wound up on 30 June 2022 and NHS Frimley Integrated Care Board will be formed on 1 July 2022. As explained in note 1.1 to the accounts, the CCG's accounts are still prepared on a going concern basis due to the continued provision of the CCG's commissioning functions by the ICB.

Review of the financial year

The CCG closed its ledger as at 30 June 2022 with a surplus position of £2,478k, as a result of a release of prior year accruals. NHSE subsequently issued revenue resource adjustments to bring CCGs back into break even position. The revenue resource adjustment for NHS Frimley CCG reduced the revenue resource for the CCG, and this was transferred to NHS Frimley Integrated Care Board (ICB) and the ICB's revenue resource limit increased by the same amount; the overall full year revenue resource allocation for 2022-23 remains the same.

The CCG spent £329m in the 3 months to 30 June 2022 and £1.3bn in 2021-22, which equates to approximately £404 for the 3 months to 30 June 2022 for every person registered with our practices. NHS Frimley CCG has reported a breakeven for the 3 months to 30 June 2022 (21-22 surplus £5.5m).

The chart shows the breakdown of expenditure in the year across the main categories:



Approximately half our expenditure, £162m (21-22 £624m), is for acute services. Our main provider is Frimley Health NHS Foundation Trust (FHFT), with whom we spent £123.9m in the 3 months to 30 June 2022 and £491.3m in 2021-22. Other main providers of acute services for our population include Royal Berkshire NHS Foundation Trust £7.8m (21-22 £30.1m), Royal Surrey County Hospital Foundation Trust £3.3m (21-22 £12.8m) and Ashford St Peters NHS Foundation Trust £2.7m, (21-22 £10.3m) for the 3 months to June 22. We also spent £6.2m (21-22 £16.7m) with a range of London Trusts for specialist services. Acute expenditure also includes the cost of emergency ambulance services, 3 months to June 22 £7.8m, 21-22 £28.4m.

Most of our mental health services are provided by Berkshire Healthcare NHS Foundation Trust (3 mths to June 22 £12.7m, 21-22 £59.9m) and Surrey & Borders Partnership Foundation Trust (3 mths to June 22 £7.4m, 21-22 £34.7m).

Community services are provided mainly by Berkshire Healthcare NHS Foundation Trust (3 mths to June 22 £10m, 21-22 £39.1m) and Frimley Health NHS Foundation Trust and Health (3 mths to June 22 £4.9m, 21-22 £19.5m).

Under full delegated responsibility for Primary Care (GP) commissioning, the CCG received an allocation of £29.6m (21-22: £114.0m) from NHS England in the three month to 30 June 2022. Most GP costs are funded through contracts held directly by NHS England and administered by Frimley CCG. We also meet the cost of drugs prescribed by our local GPs of £23.8m (21-22:£95.8m) and pay for the GP ‘out of hours’ service at a cost of £1.3m (21-22:£6.0m).

The CCG collaborates with our local authority partners under the Better Care Funds with Bracknell Forest Council, Slough Borough Council, Surrey County Council, Royal Borough of Windsor & Maidenhead and Hampshire County Council, supporting greater integration across health and social care services. In the 3 months to June 22 the CCG spent £12.4m (21-22: £58.5m) under the Better Care Funds.

The CCG has spent a total of £5.6m (21-22: £57.4m) on Covid related services, £4m (21-22: £42.3m) of which went to Frimley Health NHS Foundation Trust with £1.3m (21-22: £8.2m) being spent on placements and home-based care, including equipment for use at home. This was run under the hospital discharge scheme, funding for which ceased on 31 March 2022. The scheme was run in conjunction with Bracknell Forest Council, Slough Borough Council, Surrey County Council, Hampshire County Council and the Royal Borough of Windsor & Maidenhead. The scheme enabled patients to be safely discharged from hospital as soon as possible to either a nursing or residential care setting or with additional support at home. This supported the flow of patients through the acute hospitals and freed up bed capacity and nursing resource for Covid patients and those who were more acutely unwell.

The Integrated Care System will be required to invest in mental health services over and above the growth increase it receives each year as part of its allocation. During the year 2022-23, the Integrated Care System will maintain this enhanced investment across both our core services and for some specific investments, including in our eating disorders services and for safe havens. Our expenditure on mental health services for 2022-23 will be measured on a full year system basis and will reviewed by our auditors later in 2023 to verify that we have achieved the mental health investment standard as required.

Running Costs

The CCG receives a separate allocation for the costs of running the organisation based on the size of the population and it must not overspend against this amount. In the 3 months ended 30 June 22, we received and spent £3.7m (21-22 £14.9m).

Further details about our expenditure in the three month period to 30 June 2022 are available in our Financial Statements. These statements have been prepared in accordance with the Directions issued by NHS England under the National Health Service Act 2006 and are audited by KPMG LLP. Our external audit fees for the three month period to 30 June 2022 were £140k plus VAT (21-22:150k plus VAT)

6 SUSTAINABLE DEVELOPMENT

Sustainability means spending public money well, with smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term. Spending money well and considering the social and environmental impacts is covered in the Public Services (Social Value) Act (2012).

The CCG is committed to environmental and social sustainability through our actions as a corporate body as well as a commissioner. This section covers the work undertaken across our five places and includes how the CCG is working on:

- **Optimising the use of medicines**
- **Sustainable models of care: Making sure people don't need to go into hospital**
- **Digital transformation: Creating sustainable digital solutions**
- **Improving how we use our buildings**

Optimising the use of medicines

There are real opportunities to reduce the carbon emissions related to the prescribing and use of medicines and medical products. The CCG has a dedicated team that work to optimise medicines, reduce waste, and look at alternative medicines that have a lower carbon footprint. The 2021-22 NHS Standard Contract also set out two key areas for early action in this area - inhalers and anaesthetic gases. Inhalers account for 3% of the total NHS carbon emissions. The CCG's approach to inhaler prescribing is mentioned below.

Lowering of the carbon footprint of inhaler prescribing

The CCG's medicines optimisation team have led the sustainable agenda locally and regionally, with engagement from all system partners, on ways to reduce the carbon footprint and environmental impact of prescribing and help improve the provision of medication.

Joint working with specialist respiratory teams and PCNs has led to the development of guidance and support tools to aid clinicians and individuals in reaching shared decisions about inhalers and whether to use low carbon inhalers in preference to higher carbon options. All PCNs across the ICS are showing significant progress in moving to prescribing of lower carbon inhaler devices.

The work undertaken in Frimley has received national recognition and is cited as an example of good practice by the Royal College of Paediatrics and Child Health: https://qicentral.rcpch.ac.uk/resources/systems-of-care/reducing-the-environmental-impact-of-inhaler-use-and-disposal-within-the-paediatric-department-at-wexham-park-hospital/ *Roome C, Bush O, Steinbach I, Langran T, Patel S. Reducing the environmental impact of inhaler use and disposal within paediatrics and the local community.* Archives of Disease in Childhood 2021;106:A41-A42 https://adc.bmj.com/content/106/Suppl_1/A41.2

Sustainable models of care: Making sure people don't need to go into hospital

Embedding net zero principles across all clinical services is a critical ambition for many NHS organisations. The CCG continues to develop and improve how services provide care closer to home to support this ambition.

Integrated community health and care services

Heathlands is part of our joint vision with Bracknell Forest Council to create integrated community health and care services for our Bracknell Forest residents; services that are essential to local communities, are close to home, family and friends and services that we hope our residents feel familiar with and are seamless with the care they receive at home.

Heathlands has 66 single en-suite rooms. Windsar Care has been appointed to provide residential care for those experiencing the challenges of dementia and Frimley Health Foundation Trust will manage a 20-bed intermediate care facility. The intermediate care facility opened to the public in March 2022 closely followed by the residential service in April.

The intermediate care beds are part of our wider ambition to support those living with frailty. Frimley Health Foundation Trust and community staff will work closely together to provide joined up care to local residents. Heathlands will provide a local alternative to hospital where people need support to get back on their feet following illness or injury. This may include being 'stepped up' from home to intermediate care or 'stepped down' from hospital to intermediate care, where people need extra support before going home.

These intermediate care beds will help patients avoid being admitted to hospital and reduce hospital stays, in favour of being cared for in their local community by a dedicated team focused on helping them achieve their personal rehabilitation goals. Freeing up hospital beds, reducing length of hospital stay and transfers of care will contribute positive benefits to the wider Frimley system releasing hospital bed capacity for those that need it most.

Same day urgent care

Our aim is to provide primary and community integrated same day urgent care that is responsive and focused on meeting the needs of the local community. The model will offer clear and timely access to advice, assessment and where required appropriate intervention for individuals who require support to manage their urgent health needs.

The ambition is to improve patient care outcomes and satisfaction by navigating patients to the right place, to see the right person, at the right time and to reduce patient confusion whilst improving access to same day primary and urgent care assessment and management. We have worked with our analytics team to understand the right capacity of the same day model to support the urgent care demand requirements. For example, some people with more complex needs and long-term conditions have a greater need for continuity of care from the same clinician or team of clinicians, whereas people who are generally well with an urgent health problem may be suitable for an appointment with any clinician.

The changes underway in Bracknell Forest provide a good example of what we are working towards across the whole ICS footprint. Changes have been made to our already well established integrated urgent care services to meet demand throughout 2021-22 and into Q1 of 2022-23, in particular, provision of additional dedicated clinics made as part of the Bracknell Forest winter surge response.

Improving access to gastroenteritis medication for children

The CCG and ICS partners have introduced a new service improving access to gastroenteritis medication for children across all localities within the ICS. Gastroenteritis is among the leading causes for local people accessing urgent care and this service will support treatment closer to home as well as relieving pressure on urgent care services.

Digital transformation: Creating sustainable digital solutions

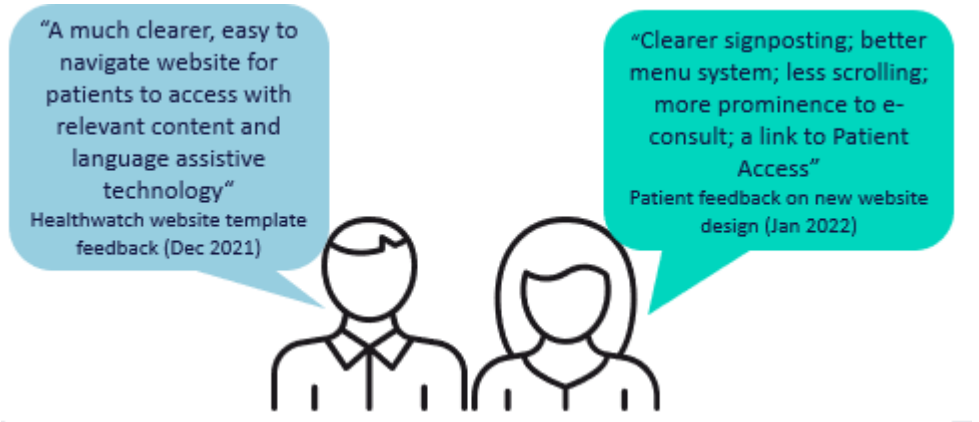
The CCG has continued to work with system partners to harness new digital technology and systems to help transform how GPs deliver services and at the same time help reduce carbon emissions.

Digital Access to primary care

With infection prevention and control measures placing continued restrictions on the level of face-to-face appointments during 2021-2022 and into Q1 of 2022-23, phone, online and video communication was the norm for initial appointments, with patients invited to see a clinician in person if appropriate.

We know that every individual has their own preferred method of contacting health services and that the switch to an increased number of virtual appointments during the pandemic has not been to everyone's liking. In October and November 2021 the CCG ran a survey specifically on digital access to primary care, to identify how people felt and what issues needed to be addressed.

There were 603 responses to the survey, providing feedback on people's confidence in using certain digital communication tools, their experience of using those tools and their willingness or reluctance to recommend them to others. When combined with the respondents' ages and genders, and with a wealth of other data and insights from other areas of work, the information serves as a valuable asset to help us make positive changes to the way local people can access health and care services. This feedback is now being used to help the CCG create consistent access to services in a variety of ways including telephone, online and face to face.



Other improvement areas include:

- **Training for practice receptionists** and wider staff in holding 'positive conversations' and training for GPs and managers to support engagement with patients, carers and local communities are both underway.
- **Patient information** have been created to help the public better understand the tools and technology available to support wellbeing. These are being produced

and updated regularly - please visit www.frimleyhealthandcare.org.uk for more information.

- A number of **new GP practice websites** have now launched, with more to follow throughout 2022. These have been developed to ensure a consistency of design that makes navigating GP websites much easier for our residents and supports people knowing the best source of support for their needs.
- There is also a focus in 2022 on the development of **digital champions** to raise awareness of services available, develop further training and improve access to digital services.

Supporting the management of long-term conditions
Since November 2021, we have been working with Healthy.io to enable smartphones to be used to support how patients record their urine tests. Increasing the number of tests taken by patients with diabetes is particularly important as early markers of kidney damage can be assessed using these specialist tests.

Patients who had not had a test in the previous 12 months were encouraged to test their urine at home and use their smartphone to submit test results. In one practice alone 109 patients were identified as not having had a test in the previous 12 months. Over half responded to the request, helping the practice focus on patients who were most at risk of chronic kidney disease.

Prescribing decision support software
This year saw the successful introduction of computer software that helps clinicians make safe and cost-effective prescribing decisions. In a single year the software created safety messages 122,186 times that then resulted in savings of over £400,000 in prescribing costs.

Use of technology - Therapeutic gaming apps
Our staff in Surrey Heath worked with BfB Labs, a company that designs therapeutic digital technology gaming applications, to support children and young people waiting for the Children's Mental Health Service (CAMHS) treatment. In addition, this application can also be used to help children who would not be eligible for CAMHS but require support with their mental health. Working with three GP practices, we have trialled Champions of the Shenga; which trains young people in diaphragmatic breathing (utilising a heart rate sensor) which helps them to regulate their emotions and become more resilient.

Children and young people that have used the game provided positive feedback:

"*This app has made a visible difference to X. And I would be more than happy to take part in any other apps or programs that may help him as he is now in home education, and I am looking to get him tested for autism / adhd. Thanks very much for your help and for adding us to this program. Many thanks*" – Parent of a young person aged 14.

We have continued to use and build on relationships with local schools through the 'Link' workshop and, more specifically, we developed a special gaming app with three Primary Schools to support years five and six. Lumi Nova is an immersive mobile game to help build lifelong skills and manage worries.

Improving how we use our buildings

In January 2018 the ICS was awarded £28.4m to support the implementation of an Estates Investment Programme to develop local **Integrated Care Hubs (ICH) within the Frimley ICS footprint, with eight** projects identified across the Frimley area.

These Integrated Care Hub are designed to ensure that primary and community care services have sufficient and suitable capacity, in the right places, to meet future demand. The aim is also to enable staff to work in the most efficient way by utilising the estate and digital capability to maximise impact.

The CCG is working with our partners across health and care to design the clinical model and the space requirements, to provide an integrated care model designed around the needs of our population.

The integrated care model programme aims to:

- deliver a sustainable model of primary care by providing premises that are fit for purpose, with capacity for future growth. Premises must support the use of digital technology for consultations which increased enormously during the pandemic and now forms a real alternative to face to face consultations;
- allow for co-location of professional teams, supporting integration and delivering joined-up services designed to meet local need;
- create capacity and improve recruitment and retention of the extended clinical workforce, including new roles for clinical pharmacists, physiotherapists, mental health practitioners and extended nursing roles, and;
- provide greater patient choice by offering more appointments locally with a wider range of health and care professionals available to ensure more appropriate and timely intervention – the right person, in the right place at the right time.

Using our buildings more efficiently

Blue Mountain, Bracknell Forest

Binfield and Warfield are within one of Bracknell Forest Council's Major Areas for Growth and are next to planned Strategic Development locations in the neighbouring Borough of Wokingham.

The CCG and Bracknell Forest Council have worked throughout 2021/2022 and into Q1 2022-23 to redevelop the former Blue Mountain Golf club to build a community and health centre. The centre will open in summer 2023.

The new facility will enable health and care services to be delivered locally, provide much needed accommodation to house an extended and integrated multi-disciplinary workforce, deliver modern facilities that are designed to support new ways of working and create capacity to meet growth in future demand.

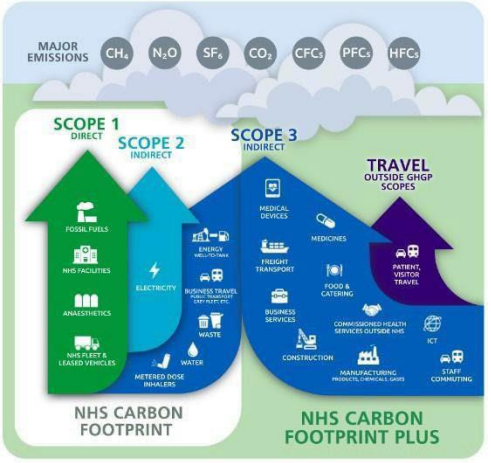
Brook House

During 2021/2022 Ascot Medical Centre and Green Meadows Surgery moved to a modern, fully refurbished building at the Heatherwood Hospital site in Ascot, called Brook House. The site has allowed a mixed workforce to provide additional services to patients, enabling more appointments and supporting patients to be seen more quickly.

The move to a digital working model using laptops enables flexible working for staff, increasing wellbeing and retention at a particularly difficult time for all in primary care. Staff and patients using the new building reported feeling better and more social and recruitment has been more successful, partly due to the new modern facilities.
The practices are working together on supporting staff resilience and retention, developing a Same Day Urgent Care service and ensuring the use of the new space matches the needs of the local population.

As well as Brook House, planning permission has been granted for the Sunningdale Health Hub development which will locate Kings Corner Surgery and Magnolia House Surgery within facilities which are suitable for the future. The site will also be key to the delivery of community services for practice patients.

Sustainable Development Summary



As the CCG transitions into becoming an ICB there will be a wider view on how the system can help meet the NHS targets to deliver a net zero National Health Service:

- For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

There are many national and local opportunities to meet these targets including:

- our care: By developing a framework to evaluate carbon reduction in new models of care being considered and implemented as part of the NHS Long Term Plan;

- our medicines and supply chain: By working with our suppliers to ensure they meet or exceed our commitment on net zero emissions before the end of the decade;
- our transport and travel: By supporting road-testing for what would be the world's first zero-emission ambulance by 2022, with a shift to zero emission vehicles by 2032 feasible for the rest of the fleet;
- our innovation: By ensuring the digital transformation agenda aligns with our ambition to be a net zero health service, and actively seeking out future innovations that support this ambition;
- our hospitals: By supporting the construction of 40 new 'net zero hospitals' as part of the Government's Health Infrastructure Plan with a new Net Zero Carbon Hospital Standard;
- our heating and lighting: By completing a £50 million LED lighting replacement programme, which, expanded across the entire NHS, would improve patient comfort and save over £3 billion over three decades;
- our adaptation efforts: By building resilience and adaptation into the heart of our net zero agenda with the third Health and Social Care Sector Climate Change Adaptation Report and;
- our values and our governance: By supporting an update to the NHS Constitution to include the response to climate change, launching a new national programme for a greener NHS, and ensuring that every NHS organisation has a board-level net zero lead, demonstrating that this is a key responsibility for us all.
  Reference to 'delivering a net zero national health service
  https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf

7. IMPROVING QUALITY

Local people have the right to high quality patient care as stated by the NHS Constitution and the CCG continues to be responsible for ensuring continual quality improvement of all locally commissioned NHS services.

Quality care is the level of care we would expect our families and loved ones to experience, should they need it. Quality is what matters most to people who use our services and what motivates and unites everyone working in health and care. It is intrinsically linked to finance and performance as one of the three key pillars.

Frimley CCG has adopted the National Quality Board definition and vision of quality for those working in health and care systems. It uses Lord Darzi's definition of high-quality care as being safe, effective, and providing a positive experience, with a greater emphasis on population health and health inequalities.

Safe - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports, and enables people to make safe choices and protects people from harm, neglect, abuse, and breaches of their human rights; and ensures improvements are made when problems occur.

Effective - informed by consistent and up-to-date high-quality training, guidelines, and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking, and clinical audit.

Positive Experience - responsive and personalised - shaped by what matters to people, their preferences, and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable. Caring - delivered with compassion, dignity, and mutual respect.

Well-led - driven by collective and compassionate leadership, which champions a shared vision, values, and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.

Sustainable use of resources - focused on delivering optimum outcomes within financial envelopes, reducing impact on public health and the environment.

Quality Care is equitable - everybody should have access to high-quality care and outcomes, whatever their background or circumstances, and those working in health and care must be committed to understanding and reducing variation and inequalities.

COVID-19 Quality Response

As a system, the quality impact of COVID-19 on services remains a key focus of the Frimley ICS Executive Quality and Response Group. Through Quality Impact Assessments, System Leaders can understand the change and impact on services and give consideration on the effect to the whole system. They also give the opportunity to highlight and reduce health inequalities.

Many members of the quality team come from clinical backgrounds including nursing, physiotherapy, and paramedics. This has meant during peaks of the pandemic in 2021-22, the team was able to offer clinical support to vaccination centres, the acute hospital and community services to help our partners when workforce shortages were impacting on the delivery of patient care.

Frimley ICS COVID-19 Vaccination Programme

The Frimley COVID-19 vaccination programme continued to enact government- endorsed Joint Committee on Vaccination and Immunisation (JCVI) guidance throughout 2021-22 and the first quarter of 2022-3, operating flexibly to respond to changing requirements, and providing localised vaccination sites. The programme was expanded to include oversight of the flu vaccination programme, which gave an opportunity to explore the co-administration of flu and COVID-19 vaccinations where possible.

As of 30th June 2022, Frimley ICS had delivered 1,725,150 vaccinations to local people, with 599,891 first doses, 566,684 second doses, 490,558 first boosters and 60,239 second boosters. This has been a huge and successful effort involving all parts of the system, including the NHS, Local Authorities, the Police, volunteer services, charities, and community groups.

Frimley has consistently appeared in the Top 10 nationally for uptake in key cohorts during the Spring 2022 programme. As of 3rd July 2022, Frimley's COVID vaccination uptake statistics were:

- No.6 in England for Spring Boosters uptake (82.2%)
- No.1 in England for healthy 5-11s healthy uptake (14.3%)
- No.6 in England for 5-11s at risk uptake (19.6%)
- No.7 in England for 12-15s second doses (46.3%)
- No. 6 in England for 16-17s second (65.8%) doses
- Figures for COVID vaccination uptake for people with Learning Disabilities on the GP registers (July 2022) show that Frimley were 4th out of all ICBs nationally with 87.68% of eligible people having had three doses of the vaccine.

Ensuring good outreach, information, and support to all vulnerable and hard-to-reach groups within the community remains a key priority for our programme.

Infection Prevention and Control

The Infection Prevention and Control (IPC) Team spans the ICS and has undertaken a wide-ranging programme of work, including:

- providing support for all adult and social care organisations across Frimley ICS,

ensuring IPC principles were implemented and upheld to safeguard both staff and those receiving care.

- training in Infection Prevention and Control/Personal Protective Equipment use for staff in care homes, supported living organisations and primary care.
- providing support for primary care with the 'stepping up' of services, such as vaccination sites, 'hot' hubs, and specialist treatment centres.
- carrying out infection, prevention and control reviews of vaccine sites.
- providing outbreak management support to social care organisations and primary care
- 'fit-testing' care home staff needing to undertake aerosol generating procedures upon a resident and requiring the use of FFP3 (Filtering Face Pieces) respirators.
- working with care homes to support discharge of residents from hospital

Throughout the pandemic the IPC Team has continued to undertake post infection reviews, with a focus on sharing learning across the system.

Serious Incidents

Serious Incidents and Never Events are well-defined by the NHS England Serious Incident (SI) Framework and by the Never Events Policy and Framework. The CCG's serious incident management process allows providers to be held to account and seeks assurances over their investigation, in order to ensure learning from serious incidents and Never Events has taken place and mistakes are not repeated.

The CCG holds serious incident panels with our providers. This gives us an opportunity to identify any themes and discuss larger pieces of work aimed at minimising systemic risks

Never events are considered to be red flags as they highlight potential weaknesses in how an organisation manages fundamental safety processes.

	Frimley CCG
Never Events 1st April 2021- 31st March 2022	4
Never Events 1st April 2022 – 30th June 2022	0

Complaints

The CCG welcomes feedback via complaints, concerns, and compliments from members of the public as part of efforts to continually improve commissioned services.

The CCG can provide advice to patients and/or carers about help available if they are unhappy with the NHS care they have received. This includes assisting in a discussion with the care provider at the time a concern is identified (whenever possible) and providing advice about independent advocacy services and the Parliamentary Health Service Ombudsman (PHSO) as appropriate.

Complaints and concerns raised to the CCG help to inform future service improvements. The CCG ensures individual quality leads are informed of complaints or concerns relating to the providers they work with.

The tables below show the number of complaints and concerns that have been received over the period of 1st April 2021 to the 30th June 2022:

Complaints	Frimley CCG
1st April 2021- 31st March 2022	78
1st April 2022- 30th June 2022	520

Concerns	Frimley CCG
1st April 2021- 31st March 2022	10
1st April 2022- 30th June 2022	113

Clinical Feedback

During 2021-22 and into Q1 2022-2023 Frimley CCG continued to provide a platform for GP practices and other health professionals to report patient and process specific concerns across our local healthcare system. Through the clinical feedback process resolutions are sought and investigations opened into quality matters. The clinical feedback system is a valuable tool to respond to and monitor quality issues. It gives an opportunity for Frimley CCG to identify themes among concerns raised and to bring about positive changes to patient experience.

Learning Disabilities Mortality Review Programme (LeDeR)

The Learning Disabilities Mortality Review Programme (LeDeR) was established following a national Confidential Inquiry into Premature Deaths of People with learning disabilities, which reported that people with learning disabilities are more likely to die from causes of death that could have been avoided with good quality healthcare.

Changes to national structures caused a temporary suspension of case work between April and June 2021, while the new national platform was readied. Case reviews resumed in June 2021.

At system-level, the LeDeR Programme is managed by the CCG, and since the formation of Frimley CCG in April 2021 there has been a single Frimley ICS programme. The LeDeR Steering Group meets on a quarterly basis to review investigations, to act on lessons learnt and to facilitate improvements which can be shared across organisations.

The CCG has ensured that the vaccination of people with Learning Disabilities has remained a priority across the system (with reasonable adjustments and support put in place) and highlighted the need for vigilance for people showing atypical symptoms after

vaccination. As discussed above, as of July 2022, Frimley ICS ranked 4th nationally for uptake of COVID vaccinations among people with a learning disability.

Mortality Review Group

The CCG convenes an ICS Mortality Review Group, meeting quarterly. This group is chaired by the Executive Director of Quality and Nursing and includes executive and operational leads from all main providers, including Royal Berkshire NHS Foundation Trust. The group meets to share learning from provider mortality reviews, and initiatives / responses to key risk areas identified. Through this forum providers have been able to share their practice in relation to key topics such as early detection of deterioration, frequent attenders to Accident & Emergency units, substance misuse, mental health risk assessments, and psychiatric liaison. The group also discusses and shares progress with the planned widening of the Medical Examiners system to cover community and primary care services.

End of Life Care

There has been rapid pace of change in end-of-life (EOL) care within Frimley ICS in response to the challenges during the pandemic. The ICS EOL Steering Group has continued to meet and prioritise areas of development. One area that supports this is the introduction of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment), which had a soft launch in July 2021. Training commenced in primary, secondary and voluntary sectors, including care homes. The medicines optimisation team has continued to work on electronic end-of-life prescribing drug charts, which was nearing completion.

ReSPECT is a long-term project to ensure that training is delivered at different levels across the system to ensure understanding and competency in completing the ReSPECT forms.

The Steering Group is in the process of developing guidance in relation to homeless pathways and videos which could help to support health inequalities in Frimley ICS. The Steering group will be setting priorities for the forthcoming year following completion of the national Palliative and end Of Life Care (PEOLC) Ambitions.

Quality at Place

Within Frimley CCG dedicated Place quality leads ensure high quality of care is brought closer to home. Whilst the CCG recognises there will be variation of approaches, there will be a continued focus on:

- empowering and educating people to make informed decisions about their health and to manage and take responsibility for their care.
- developing services that place the person at the centre of the care process, and.
- developing integrated services that deliver the right care, first time.

Place-Based quality lead roles were created to embed quality in everything that is done at Place. The roles have continued to evolve over the past year and are

becoming firmly integrated within Place-Based teams at operational and strategic levels.

The CCG Place quality leads work closely with the Care Quality Commission (CQC) to ensure that any areas of concerns or quality issues are known. Support can then be offered to patients and providers, promoting best practices, and identifying opportunities to make improvements or positive changes.

Care Home

Care Home quality leads have been working together to support local care homes during the COVID-19 pandemic. The team has provided support on issues such as infection control advice, discharge issues and vaccination hesitancy.

Care home support forums were introduced in March 2020, providing an opportunity to share the latest guidance changes, to update on local support and training offers and to provide a question-and-answer opportunity.

During the pandemic virtual training and education packages were offered on a wide range of topics. These packages included both older adults and learning disability care homes in the Frimley ICS area.

The Care Home quality leads were innovative in their support to care homes. The CCG provided laptops to homes where they did not have sufficient equipment and supported the roll out of iPads from the national programme. The team worked with nursing homes on enabling them to be connected with the shared care records (Connected Care) and are piloting remote monitoring for at-risk residents.

Care Home quality leads have enabled close partnership working with local authority colleagues and the development of strong local relationships.

Safeguarding

2021-22 saw an ever-closer collaboration of safeguarding partnerships across the Frimley system and has allowed the development of shared ICS and ICB Ambitions. In Q1 of 2022 the safeguarding partnerships has finalised the development of shared ICS and ICB Ambitions for 2022/23:

- establishment of a Safeguarding model ready for the ICB.
- implementation of a collaborative portfolio model for organisations across the ICS; this includes development of one ICS training resource, and development of an ICS Safeguarding Annual Report for the health system

Streamlined governance and reporting arrangements were established for the newly formed CCG - the Executive Director of Nursing for the CCG acting as the Chair for the Strategic Safeguarding Group and the named and designated safeguarding leads for the CCG and the Providers meeting together on a regular basis to ensure aligned system working. This has fostered close working relationships, embedded best practice, and allowed the development of system-wide reporting, which is cascaded to each of the Five Places within the CCG footprint.

The following ICS portfolio focus was agreed by the Strategic Safeguarding Group in 2022:

1. Children and Young People in care, care leavers, unaccompanied asylum-seeking children, fostering and adoption
2. Domestic abuse, honour-based violence, forced marriage, Female Genital Mutilation
3. Asylum Seekers and Refugees
4. Safeguarding and Mental Health
5. Safeguarding Training
6. Workforce, resilience supervision
7. Prevent
8. Governance Data, Annual Reports, and Audits
9. Safeguarding and Ageing, care homes, domiciliary providers
10. Exploitation, serious violence, violence against women and girls, sexual exploitation, trafficking, modern day slavery
11. Transition

NHS England has indicated its satisfaction with the CCG's progress to establish appropriate safeguarding systems in readiness for the establishment of the ICB and the CCG submitted a 'green' rating.

Collaboration has allowed for joint learning from live cases in each area; for example, the prevention of violence and abuse to babies and children, early detection of and improving the response to abuse by neglect and self-neglect. In addition, closer collaboration has supported care and residential homes where a health-coordinated response is essential and a need was identified for increased communication, particularly for organisations which are positioned close to county borders. We have learned that issues with violence – especially knife crime – must be reported quickly. There has been a positive response to the creation of a new health navigator position in the acute trust.

The Safeguarding Team has been working with Surrey and Hampshire Children in Care Teams to improve the provision of health care to children and young adults, including care leavers. One example of their work was ensuring improved access to dentists and the creation of a specialist children in care Children and Adult Mental Health (CAMHs) role worker. We have been working with multi-agency partners to arrange health provision for people who are seeking asylum or are part of resettlement programme and are housed in hotels and other placements across the Frimley ICS footprint.

Primary care is fully supported with safeguarding responsibilities by the safeguarding

team. The use of virtual on-line training has improved the attendance rates and this model has been permanently adopted. The team works with specialist named GPs for safeguarding to continuously improve the safeguarding response across primary care.

Medicines Safety

This year a new Medicines Safety Pharmacist post was created, and a multi-disciplinary ICS Medicines Safety Group established.

The medicines optimisation team supported local practices with training and guidelines to support some key medicines safety priorities: anticoagulants, medications that can cause dependence and National Patient Safety Alert Steroid Emergency Cards. These priorities have all brought about positive progress in prescribing patterns.

In 2021, the medicines optimisation team and NHS Surrey and Borders Partnership Foundation Trust were shortlisted for a Health Service Journal Award for their innovative work on PRISM (Pathway Redesign for the Improvement of Safer Valproate Medication prescribing) which ensures that women prescribed valproate (for mental health conditions) are supported appropriately to reduce the risk of harm that this medication brings during pregnancy.

The team also undertook a project with Berkshire Healthcare NHS Foundation Trust to review the prescribing of psychotropic medication (that includes anti-depressants, anti-anxiety, anti-psychotic, and mood stabilisers) for children with learning disabilities. As a result of the review, the medicines optimisation team made recommendations to improve practice.

Workforce development

The medicines optimisation team develops and delivers over 100 training sessions a year for different groups of staff, for example practice clinical staff, Care Home Staff, PCN Pharmacists, Pharmacy Technicians, GP Trainees, Nurses, Paramedics and Prescription Managers. This has improved the safety of medicines use and supported new professionals working in primary care and care homes.

This year has also seen the creation of system-wide Early Careers Pharmacy development groups to form strategy and deliver change to pharmacy career pathways and placements within the ICS. We aim to create more cross-sector placements and posts that will not only recruit and retain staff better but also create a workforce that is truly system-wide and understands what we are all trying to achieve together.

There is a focus also on the inauguration of an Integrated Care System Wide Pharmacy Workforce group that will bring a number of diverse stakeholders together to begin the necessary work of creating an agile, sustainable, and prosperous pharmacy workforce for the entire system.

Medicines Optimisation in Care Homes (MOCH)

The MOCH Team has continued to support care homes and health care professionals throughout the pandemic by providing guidance and support on safe use of medicines. This has been in the form of written guidance, training webinars, phone calls, a quarterly

newsletter and answering queries. The team has led the roll out of a digital solution (EMIS proxy) which streamlines prescription ordering and reduces workload at both care homes and GP practices.

The MOCH team also had a crucial role in providing information to care home staff on COVID- 19 vaccinations in order to support them make informed decisions about having the vaccine. They have attended multi-disciplinary team meetings to provide expert pharmaceutical advice and support with medication review of complex patients and also developed a structured medication review (SMR) referral pathway. The team have also provided various education and training sessions to PCN staff, GPs included, to develop local workforce capability including training on tackling SMRs and sessions discussing specific case studies e.g., polypharmacy and frailty.

8. ENGAGEMENT WITH PEOPLE AND COMMUNITIES

Involving local people and communities in the work that we do is essential to our success as an organisation. Patients, communities, and local people not only have the right to participate in plans and decisions around their own health and care, but they should also be able to play a role in shaping the services available. For services to be truly effective we need to raise awareness among our residents of the choices available to them, to allow them to make informed decisions and get the treatment they need, when they need it.

Working in partnership with patients, carers, families and local people within their own communities, brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

Through our experiences of working with local people in recent years, we know that collaboration and developing trusting relationships with our communities leads to better decisions and better results. We are committed to keeping the patient and public voice at the heart of everything we do.

By supporting projects and approaches that are community focused we can continue to co-design an approach that tackles broader inequalities that affect our health. Equality, diversity and inclusion underpins all of our work and is at the heart of who we are and what we do and the CCG is committed to ensuring that all voices are heard both internally and externally. The impact of the pandemic has been felt by everyone and it is important that we understand the difficulties people are facing whether they be related to health, housing, finances or family. Our ambition is to work together with local people, voluntary sector, health, care and local government to deliver change as part of our local communities.

One size doesn't fit all so a blended approach will ensure that there are a range of ways that people will be able to get involved.

Image from 'Working in partnership with people and communities: statutory guidance', published by NHS England, 7th July 2022

Our legal duties and principles of engagement

To reinforce the importance and positive impact of working with people and communities, NHS England, CCGs and trusts all have legal duties to make arrangements to involve the public in their decision-making about NHS services. The main duties on NHS bodies to make arrangements to involve the public are set out under section 13Q of the National Health Services Act for NHS England, and section 242 (for NHS trusts and NHS foundation trusts) of the National Health Service Act 2006. The Equality Act 2010 also requires public sector organisations to have 'due regard' to the need to: eliminate unlawful discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. This is known as the 'public sector equality duty' (section 149 of the Equality Act 2010).

This section of the annual report provides an overview of the consultation and engagement activities that have taken place over the quarter from April 2022 to June 2022.

We know from experience that engagement with patients, carers and our localcommunities can result in:

- Better outcomes and patient experience;
- Improved services - gathering and using patient experiences can help the CCG commission (buy) and deliver services more effectively;
- Reduced demand - informing and engaging people can increase self-care, improve take-up rates for healthy options, and reduce inappropriate serviceuse;
- Deliver change - involving people in discussions and decisions about servicechanges can make it easier to manage risks and deliver difficult change successfully.

We are continuing to drive a real culture change across the health and social caresystem, to put engagement and co-production at the heart of everything that we do, helping residents to actively participate in design and delivery of services – now and in the future.

NHS England, in partnership with a wide range of stakeholders and patient and public representatives, has developed the following ten principles that NHS Frimley will adopt:

- Put the voices of people and communities at the centre of decision-making
- Start engagement early and feedback how engagement has influenced activities and decisions
- Understand our community's needs, experience and aspirations for health and care
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the Voluntary, Community and Social Enterprise (VCSE) sector as key partners
- Provide clear and accessible public information about vision, plans and progress
- Use community development approaches that empower people and communities
- Use co-production, insight and engagement to achieve accountable health and care services

- Co-produce services and tackle system priorities in partnership with people and communities
- Learn from what works and build on the assets of all ICS partners

Organisational change and system development

During the first quarter of 22/23 we have been focusing on the communications and engagement requirements to effectively transition to NHS Frimley Integrated Care Board as part of Frimley Health and Care Integrated Care System. We have been ensuring that partners and stakeholders understand the changes and are aware of the new constructs that make up the Integrated Care System, to set us up effectively to involve our communities and local people in our work throughout the full year.

It has been important to us to ensure we maintain the high standards we set ourselves as a CCG to involve local people and communities and to prioritise effective, regular and meaningful engagement as a key way to ensure we provide effective services.

Developing a new 'People and Communities Strategy'

New health and care legislation has seen the creation of Integrated Care Boards (ICB's). These are the statutory NHS organisations which will work with partners across the Integrated Care System (ICS) in collaboration with local people and communities, to improve health outcomes for everyone. ICB's are expected to develop a system-wide strategy for engaging with people and communities.

Between April-June 2022, the draft strategy for Frimley was developed. Across three virtual events in May over 50 people took part in conversations about our approach to working in partnership with people and communities. These events and supporting conversations involved a strong range of voices, including local people, NHS partner organisations, Local Authorities, community development specialists, voluntary sector representatives and Healthwatch. These sessions highlighted three clear themes that we must acknowledge and act upon during the first 12 months as an Integrated Care Board. The first was a clear steer for **equality and inclusion** to be an initial priority in delivery, the second was the need for continued **partnership working and shared leadership**. Finally, a challenge to really see us 'step back up' and to **reconnect with local people and communities** in a new way, post pandemic restrictions.

The draft strategy has now been shared with both NHS England and will be shared with the new Frimley Public Services Partnership in 2022-23 with the expectation that further refinement and engagement activity will take place throughout the year, to ensure we actively listen to communities as we establish new ways of working.

For more information about this work please visit:
https://insight.frimleyhealthandcare.org.uk/peopleandcommunities

Engagement across the Frimley Health and Care System

Working in partnership, our intention is to implement the ambitions of the Frimley Health and Care Integrated Care System for the benefit of the communities we serve and our staff.

Our shared ambitions are:

- Starting Well: We want all children to get the best possible start in life.
- Focus on Wellbeing: We want all people to have the opportunity to live healthier lives, no matter where in our system they live.
- Community Deals: We will agree with our residents, families and carers how we work together to create healthier communities.
- Our People: We want to be known as a great place to work and live, and to make a positive difference.
- Leadership and Culture for Improvement: We will work together to build collaboration at every level across the system.
- Outstanding use of resources: We will offer the best possible care and support where it is most needed, in the most affordable ways.

The ambitions were developed through high levels of engagement and they reflect local needs, issues and priorities, are rooted in evidence and aim to tackle health inequalities and the wider determinants of health and wellbeing for our population.

All of our engagement activity is based around the above ambitions and is focused on supporting one or more of the above goals. We continue to work with our local residents, families, volunteers and carers to agree how we collectively (as organisations, individuals and families) create healthier communities, supporting healthy choices and designing and delivering new ways of working to improve the health and wellbeing of our local population.

Join the Conversation

We have a number of ways in which people can engage with us, because we understand that everyone is different and what suits one of our residents will not work for another.

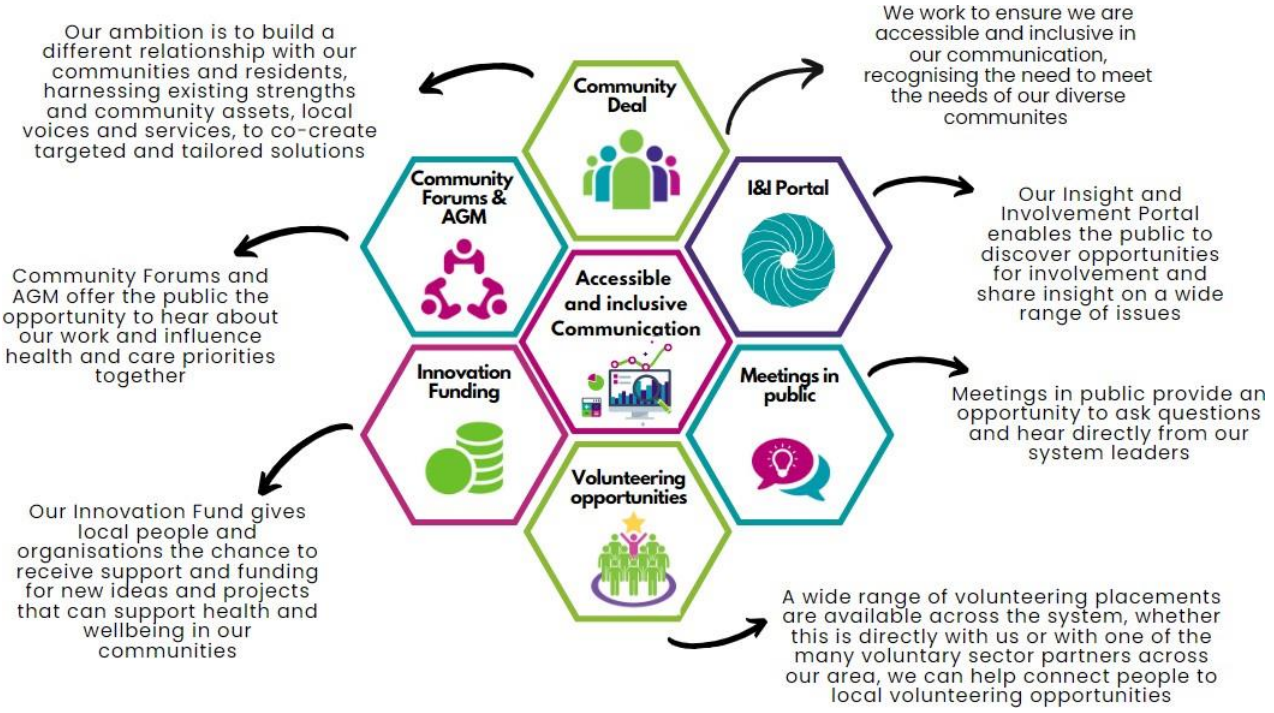
Join the conversation

These different channels come together under our Join the Conversation programme. The simple brand reflects our belief as a CCG that our population is involved in what we do, and that any individual, group or organisation can play a part.

Over the years we and our predecessors have increased the involvement of our population in our activities. The pandemic affected our interaction with local people, but we are still able to

engage with them, and where and when we see relaxing of infection control measures we are looking forward to meeting with people once again.

There are a wide range of ways that people can get involved and share their views:



The Insights & Engagement Portal

As part of a wide reaching engagement programme we launched our Insight and Involvement Portal and made developments to our online Community Panel.

The portal:

- Offers local people the opportunity to explore a wide range of projects and work where we are seeking their input and involvement
- Improves access with a variety of tools including surveys, quick polls, Q&As, maps, document sharing and ideas boards
- is a space to share experiences, hear from others, build networks and share feedback
- allows sign up to our Community Panel to take part in regular surveys and hear about other opportunities to support us in creating healthier communities.

Our Community panel is now embedded within the new portal. Recruited in 2019 and still growing, our online Community Panel of over 1,500 people support us to better understand our local communities. Panel members may also be invited to take part in project work, focus groups and face to face opportunities. This year we have also been successful in securing additional funding from NHS England to further develop the panel.

Over the course of 2022 we are particularly keen to:

- Support the Integrated Care Partnership and other stakeholders in the system and increase the use of the community panel to engage with people and communities on services that impact on their health and wellbeing
- Test how the community panel can best reach the most excluded and/or vulnerable groups, for example ethnic minority groups, people who are rough sleeping, homeless or insecurely housed, people with a diagnosis of dementia and/or their carers, Gypsies and travellers
- Use the community panel as part of the wider engagement and consultation process in relation to major service change and reconfiguration of services
- Support other insight and intelligence gathering across the system such as population health management data or redesigning outpatients.

More information about the panel, including examples of previous surveys, can be found on the portal: https://insight.frimleyhealthandcare.org.uk/communitypanel

Engagement response to the covid pandemic

Vaccination

The covid vaccination programme has been the largest and most intensive vaccination programme ever undertaken by the NHS. It has required considerable communication and engagement resource throughout.

In addition to supporting national vaccination messaging across Frimley, we have taken part in specific activities. This has included facilitating national and regional media visits to vaccine services, supporting and promoting the 'vaccine bus' which has been available across the Frimley patch to tackle variation in uptake, continuously updating details of local vaccine clinics on our website to be a single source of information to be accessed by local people and shared by our partners, and assisting community vaccine initiatives i.e. with local mosques to respond to local need.

#OneSlough a collaboration of health, social care and the voluntary sector have reached out into the local community, supported by over 500 Community Wellbeing Champions who are volunteers that know the local landscape. Supporting with a range of innovative ways from door knocking and communicating messages in local languages to reduce fears of the vaccination and help with myth busting. A set of resident focused webinars and face to face sessions were hosted using local clinicians. A variety of methods were used for awareness using digital billboards, pharmacy medication bags, Ad Vans and a Tuk Tuk encouraging people to come forward to get vaccinated.

Working with our partners

Healthwatch are the independent national champion for people who use health and social care services. They are there to find out what matters to people and help make sure their views shape the support they need. There is a local Healthwatch in every area of England working to find out what people like about services, and what could be improved, and they share these views with those with the power to make change happen. Healthwatch also help people find the information they need about services in their area.

Nationally and locally, they have the power to make sure that those in charge of health and social care services hear people's voices. As well as seeking the public's views themselves, they also encourage health and social care services to involve people in decisions that affect them.

Frimley CCG work closely with our local Healthwatch organisations to better understand what they are hearing and how we can make changes as a result. We also hold regular network meetings with all of our local Healthwatch to share feedback and learn from each other. We will also regularly commission Healthwatch to undertake independent work on our behalf, particularly when we want to ensure independence and capture anonymous or impartial feedback.

In recent months Healthwatch were commissioned to carry out a review of all of the GP Practice websites across Frimley. They also reviewed a number of answer phone messages. This resulted in a series of recommendations that were able to influence the design and delivery of new and improved websites with clearer information about where and how services can be accessed. Healthwatch also carried out independent activity including a survey focussed on access to GP-led services. Over 800 people across Frimley took part and the resulting report contained a number of recommendations for change. The CCG provided a detailed response outlining work either underway or already completed that will improve access for local people. To read these reports and to find out more please visit: https://insight.frimleyhealthandcare.org.uk/localhealthwatch

Voluntary & Community Sector

Frimley CCG also works closely with the Voluntary sector in a range of different ways. The vast majority of small charities and voluntary groups are supported by their local Council for Voluntary Services (CVS). We meet regularly with CVS colleagues to understand shared priorities, share ideas and develop new ways of working. We also commission a wide range of voluntary sector organisations to provide services for the local population. As we move through 2022, we will also be working closely with voluntary sector colleagues to develop a Voluntary Sector Alliance to strengthen these relationships and improve our ability to work in partnership as the ICS develops.

Case Study: Living Well in Farnham – An award-winning partnership approach

Partners across Farnham, convened by a Primary Care Network and including local health, social care, voluntary sector, Councils, community centres and police, all joined forces to better understand the needs of local people in Farnham. By working together, the group hopes to build stronger relationships and tackle issues that one service alone cannot solve. By listening to the local population, the partners are able to work together to act on the feedback and identify ways to improve the health and wellbeing of the local population, by shaping services to meet demand. A listening exercise took place, rolling out a local survey focussed on different elements of access and the wider determinants of health, including healthcare, transport, housing, digital access and social isolation and loneliness. The survey received over 2000 responses.

In terms of positive outcomes:

- an analysis of the survey results and report was produced
- a page has been set up on our Insight and Involvement Portal to keep this conversation going with local residents and keep them up to date with the work
- initial findings showed that people did not know the full breath of services available to them – people didn't know where to turn for advice and support, so in the short term we produced a one-stop signposting guide on the platform grouped by key themes people felt they needed more support with
- over 500 people indicated they are interested in this work and interested in joining future focus groups to shape priorities for the local people of Farnham
- This project won the Civica National Engagement Champion Award 2022, recognising successful partnership working

By working together this committed group of partners can work to identify the key needs of local people in their community and how best to shape services for the people of Farnham and address health inequalities and the wider determinants of health.

Urgent and Emergency Care system pressures

Across the country, health and care services continue to experience sustained pressure due to increased patient demand. One such area which remains under pressure are our urgent and emergency care services.

Know Where To Go campaign

Since the winter of 2021/2022 NHS Frimley has reinvigorated its urgent and emergency campaign to educate the population on understanding where to go when they need help. This campaign, called 'Know Where To Go When Feeling Unwell' continued to be developed and refined through patient engagement and insight.

We have developed a range of graphics, short videos, animations, voice notes and translated materials and used these on our websites, social media channels (including community WhatsApp groups) and have issued press releases, all aimed at raising awareness among our population of which service to use when, in order to get the appropriate treatment.

A recent example of the Know Where To Go campaign was during a period of sustained pressure surrounding Wexham Park Hospital. Data showed that there was an increase in Slough patients attending A&E for conditions that could have been treated elsewhere. In addition, Frimley Health NHS Foundation Trust launched a new electronic records system which was creating delays in the department.

To promote the Know Where To Go campaign we developed a series of voice notes and translated posters targeting specific community groups in Slough. Targeted social media was also developed in partnership with Slough Borough Council and Chapel Medical Group. These posts reached over 130,000 people:

- Slough Borough Council – engagement reach 53,523, post engagement 20,649, 167 likes, 149 shares, 114 comments
- Chapel Medical Group – engagement reach 34,040, post engagement 4,816, 2 likes, 8 shares, 3 comments
- Frimley Health and Care ICS – engagement reach 44,047, post engagement 17,757, 88 likes,73 shares, 86 comments

An ad van was utilised during the long weekend to reach the community who were not online and adverts were placed on Spotify and Asia Star radio.

For the weekend of this campaign there were lower numbers than expected at the A&E at Wexham Park Hospital. For the following week after the campaign, walk-in numbers for A&E remained slightly lower than previous weeks.

Using engagement and insight to refine our campaign

Developing meaningful ways to engage the local community and staff is a key element of the delivery of the Urgent and Emergency Care (UEC) system pressures plan. To further embed and extend the current engagement work, we are reviewing audiences' responses to the recently produced materials, and messaging to better understand what resonates and what has reached key target groups. By gaining further insights about whether our current approach is working, and how the messaging has been received, we can then adjust or refine our materials and/or channels to better meet the needs of our target groups.

Working with NHS South Central and West Commissioning Support Unit (CSU) we carried out a series of focus groups in May for four specific target audiences to understand more about their use UEC services and the reasons for their choices. The four audiences were identified as higher than average users of UEC services and as groups who were less likely to respond to alternative methods of engagement. The focus groups were hosted online and split into the following audiences: Young men aged 18-30, parents with at least one child between the ages of 0-5 years old, people with long term conditions and people with English as a second language.

Twenty-nine participants took part across the sessions, identifying the following key themes:

- GP services and phoning NHS 111 were most people's first port of call.
- Most were satisfied with their GP, particularly if they could book appointments and access a triage service online.
- NHS 111 generated most complaints (difficulty getting through, too many questions, waiting for call backs)
- Apps and online services were widely used for speed and convenience, particularly for booking appointments and ordering repeat prescriptions.
- There were low levels of awareness of NHS 111 online service, except by young men who were more regular users.
- National NHS websites were trusted and most used and social media, although widely used, was not seen as a place to get trusted health information.

A number of notable differences were also observed, particularly in the way parents sought medical support for their children as opposed to themselves and the apprehension in seeking evening or weekend support for those with long term conditions where specialist clinical advice or support was needed.

The findings from this work and continued partnership working with Frimley Health NHS Foundation Trust led to the development of an escalation plan to support communications around system pressures. This includes coordinated social media and website messaging across a range of partners and stakeholders, coordinated press releases and coordination with GP practices to share messaging directly with patients.

Public meetings

Social distancing and other infection control measures have prevented us from holding meetings in public, yet we have continued to hold them online whenever possible.

During Q1 2022-2023 we have held our Governing Body meetings in public virtually, as well as our Primary Care Commissioning Committee meetings in public virtually. These were promoted using our website and our social media accounts and we have seen higher numbers of external attendees than when the meetings were held face-to-face in the past.

CCG website and social media

Our website provides information about the work of the CCG, showcasing projects, highlighting the impact of local community involvement, and signposting engagement opportunities. We use the website to inform the public of our plans toengage, raise awareness of any consultation activity and also to provide opportunities to become involved. The website is updated regularly so we can report on the outcomes of all consultations and what we have done as a result of our activity.

During the Q1 2022-2023 we undertook a website development project to launch the new NHS Frimley ICB website and start the development of the Frimley Health and Care ICS website into the main public facing resource for the system.

The current websites are:

www.frimley.icb.nhs.uk/
www.frimleyhealthandcare.org.uk/

The CCG website https://www.frimleyccg.nhs.uk/ has now been archived and is available from the national archive website.

Our social media accounts have grown as a result of a renewed focus and a more strategic approach to the way in which we use them. From simply using Twitter and Facebook before, we now have a presence on Instagram and LinkedIn as well.

We have also switched to a different account management tool which better suits our needs and enables us to improve how we use our social media accounts to reflect and promote the work of the CCG and partners.

Our messages, including content, imagery and the quantity and timing of posts, are more carefully planned and targeted and we have seen a greater level or response as a result.

We have also used paid campaigns as and when we need to reach a greater audience or to target specific sectors of our population.

During Q1 we have transitioned and streamlined our accounts to be appropriate for the launch of NHS Frimley ICB.

Engagement summary

Engagement with our population and our partners is an essential factor in making up who we are as an organisation. By collaborating with those we serve and our health and care colleagues, we combine our talents, knowledge and experience to improve the health of everyone in our communities.

Put simply, we want every person across Frimley to live their lives to their fullest potential. To create this degree of change requires a radically different relationship between organisations and local people. It will not, and cannot, be achieved by simply continuing to do what we have

always done. It will require us to create new ways of working, to work flexibly, to invest in models of delivery, and to be brave enough to actively target resources to where we can make the biggest difference for local people.

Working together enables us to think differently. We have an opportunity to be brave, bold and transformational, to make the biggest collective impact for our local people by Creating Healthier Communities. We want to focus on harnessing individuals' and communities' strengths, together with services, to co-design and co-produce solutions to health and wellbeing, ultimately reducing health inequalities for all.

What we're aiming for: Meaningful, consistent and timely involvement with local people and communities. Ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery.

Why we believe in this: Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

9. REDUCING HEALTH INEQUALITY

Equality, diversity and inclusion underpins all our work and is at the heart of who we are and what we do. Our commitment is driven by the principles enshrined in the NHS Constitution and goes beyond the legal requirements of legislation such as the Human Rights Act 1998, the Equality Act 2010 and the Health and Social Care Act 2012 (section 14T).

These include:

- Give 'due regard' to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- 'Have regard' to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

The CCG plays key roles in addressing equality and health inequalities for our local population: as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

The CCG has two separate key duties, one on equality and one on health inequalities. Both require informed consideration by decision makers, but it is important to appreciate that they are two distinct duties.

The specific duties of the Equality Act 2010 require public bodies such as the CCG to have due regard to the aims of the Public Sector Equality Duty (PSED) in exercising their functions, such as when making decisions and when setting policies. In addition, they require public bodies to set specific measurable equality objectives every four years.

As a statutory public body, we must ensure we meet these legal obligations and, by publishing annual equality information, demonstrate how the organisation has used the PSED as part of the process of decision making in relation to service delivery, provision of information and communication and engagement.

The overall aim of the PSED is to make sure that the CCG take equality into account as part of their decision making process. It is not possible to consider equality issues retrospectively and comply with the PSED.

This section shows the following:

- Our commitment to EDI through setting **Strategic Equality Objectives**.
- How we **organise ourselves to deliver** the equality objectives.
- **Impact of COVID-19** and our approach in addressing inequalities and vaccine hesitancy.

Our Equality and Diversity Objectives

Our equality objectives are closely aligned to the CCG's vision, values and corporate objectives, as well as its statutory and regulatory obligations, and align to the ambitious five ICS equality objectives which have been recently developed. More information can be found on our website https://www.frimleyccg.nhs.uk/about-us/equality-diversity-and-inclusion

Our ambition

As an NHS organisation we aim to:

- Ensure staff fully understand equality, diversity and inclusion issues;
- Feel empowered to challenge prejudice and make reasonable adjustments in their own work areas;
- Include equality and diversity training for all staff;
- Ask managers to promote the cultural and behavioural changes to ensure equality, diversity and inclusion is demonstrated in all aspects of the CCG'swork;
- Provide an environment for our staff which is free from unlawful discrimination; and
- Work with staff and use anonymous questionnaires to ascertain staff opinions.

Our objectives

- To create an environment where staff feel valued, respected and included;
- To improve staff awareness, understanding and implementation of EDI including their legal obligations;
- To provide equality of opportunity in our employment practices;
- To provide learning and development opportunities for staff; and
- To continually improve what we do based on equality.

How we organise ourselves to deliver the equality objectives

The CCG established an EDI working group (the Group) to address an identified gap on a renewed focus and harmonised approach on equalities work. The Group meets on a monthly basis and has broad membership from across the CCG including programme leads by place, staff network(s) and staff side. In addition, the meetings are co-chaired by the Executive Director of Nursing and/or the EDI System Lead, who have overall responsibility and accountability for equalities and health inequalities.

The role of the Group, which reports to the Quality, Performance and Finance Group and the Frimley CCG Governing Body, is to keep under review the CCG's progress in meeting its equality responsibilities; to provide assurance that these are being

managed effectively and in accordance with statutory, regulatory and relevant guidance; and to make recommendations to the Governing Body for remediation if required.

Impact of the COVID-19 pandemic

The impact and challenges of COVID-19 has been felt by everyone and has been unprecedented. It is important that the CCG understand the difficulties people, families and communities are facing whether they be related to health (including mental health), housing, finances or bereavement. Staff from Black, Asian and Minority Ethnic (BAME) backgrounds are crucial to the NHS and care sectors, making up over one-fifth of the workforce.

The health and care services have responded with the support of both staff and communities. However, there needs to be recognition that the emerging data and themes associated with the pandemic magnified existing health inequalities, and it has had a disproportionate adverse impact on some groups of staff and communities who have been hit particularly hard. For example:

- The Kings Fund highlighted the disproportionate impact of COVID-19 both in terms of prevalence, mortality and also in the context of NHS staff who have died from the pandemic, at the time 64% who had died were from an ethnic minority background.
- While people from BAME backgrounds are more likely to be affected by COVID-19, there are not always the same proportion in terms of impact. People of Black ethnicity are four times as likely to die from COVID-19 compared to people of White ethnicity.

The CCG took a proactive approach in improving access to vaccines and addressing vaccine hesitancy, as well as providing pulse oximeters, for all groups of people and to share lessons.

Focus on improving access and outcomes for people with Learning Disabilities

Utilising a wealth of population health data, the CCG has been able to understand health inequalities for people with a learning disability, and this in turn has helped us focus our efforts to improve the uptake and quality of health checks; support for weight, diet and exercise; prescribing; epilepsy and collaborative working.

Working directly with the Surrey Heath Primary Care Network and partners, the CCG has seen early achievements including (1) a bespoke database for practices to enable them to more easily access vital patient information; (2) which has enabled them to develop a process to more accurately review antipsychotic medications; (3) the ability to share regular cancer screening data to ensure equality of access.

As part of the COVID-19 vaccination programme, we have ensured that people with learning disability, living in their own homes, are able to access the vaccination service

closer to home with suitable adjustments, and home visits are ongoing. Working in collaboration with the Surrey County Council the CCG has helped support the needle desensitisation service and ensured it has been offered to those who need it – with many able to have vaccinations in less stressful locations such as GP surgeries and in some cases in the person's homes.

Building stronger relationships with our community

In the last year we have built up excellent relations with our Nepali Community to ensure uptake of the COVID-19 vaccination. Working with Surrey Minority Ethnic Forum and local Nepali networks information and updates have been shared via Nepali community champions and Ghurkha Radio. Additional work with our large Gypsy Roma Traveller community in Ash Vale has ensured access to vaccination via the outreach service, Lakeside Vaccination Centre and mobile units. Excellent relations have been built up via the PCNs Care Co-ordinator and Practice Manager, with the community now accessing health services at practice more than previously.

Mental Health postcards

We heard feedback from our Community Representatives that communities were struggling following the pandemic, and whilst there were mental health and wellbeing services available, these were not widely known about, and accessing existing directories of services could be difficult due to illiteracy, oracy issues and digital poverty. We worked with our Community Representatives to develop a postcard setting out the key adult mental health services with an icon, simple description and phone number to allow ease of access, and did a mail drop to every postal code in our area. The postcard was also distributed to key partners working with communities such as the Free Food Stall, Hope Hub and GP practices as we recognised a conversation in addition to the postcard could be more valuable.

Health Inequalities Board

Following on from the successful BAME programme in Slough, working to try and reduce disproportionate impact on our communities of COVID-19, we are continuing to build on the insights and learning by establishing a local Health Inequalities Board with partners and representatives across the sector. The group is identifying health inequalities with greater insights and analysis of our population health and using this to deliver improvements in physical and mental health outcomes, promoting wellbeing

and reducing or mitigate these inequalities. This group also supports the delivery of the ICS ambitions around Living Well.

Community Champions #OneSlough and the support of NHS charities

During the pandemic the #OneSlough Community Champions network was established to enable residents and communities across Slough to keep up to date with latest, trusted information about COVID-19. It provided trusted and reliable advice and guidance direct from the Public Health team to communities across Slough. It was supported with interactive online sessions initially once a week but adapted to review frequency depending on changes to guidance, COVID-19 climate and feedback from communities.

Through a bid for support from NHS charities funding they have been able to recruit to a Community Champions Coordinator role to develop and sustain this network beyond COVID-19 and use to engage and share on promoting wider health and wellbeing into communities.

There are now over 2000 people who have registered as community champions and they have continued to regularly tune in to attend presentations and Q&A sessions with guest speakers, alongside COVID-19 updates. Recent examples are the work of #OneSlough volunteers, hypertension and blood pressure monitoring, as well as changes happening in primary care services.

Reducing health inequality in summary

As demand for health and care becomes more complex, it is essential that our services are people based. We have worked across diverse stakeholder groups and through our clinical leaders to establish a culture of continual learning. We know that our clinicians feel engaged in the conversations and approach we are taking to address health inequalities and inequities. As we evolve as a CCG into an ICB we will continue to work with a broader partnership of organisations to tackle inequalities effectively together.

10. HEALTH AND WELLBEING STRATEGY

In Q1 of 2022-2023, the CCG continued to play an active role on the Health and Wellbeing Boards for Slough, Bracknell Forest, Royal Borough of Windsor and Maidenhead, Hampshire, and Surrey County Councils – as shown in the diagram below:

Statutory Health and Wellbeing Boards bring together partners from local government, the NHS, other public services, and the voluntary and community sector. The Boards aim to ensure that organisations plan and work together to improve the health and wellbeing of local residents.

In the second year of the COVID-19 pandemic the CCG has continued to strengthen joint working arrangements, demonstrating what can be achieved through taking a combined approach to supporting people to stay well at home, improving access to

mental health and wellbeing services and improving health outcomes for the community.

Closer working can be seen in the CCG's Place Committees which continue to align their meetings with local councils. The aim in many areas is to meet together to conduct shared business. These new collaborative working arrangements have in turn helped to create stronger connections with the Health and Wellbeing Boards to ensure we collectively build the most appropriate services for local people and benefit from a combined understanding, connection and expertise of all partners involved.

This section covers the work undertaken across all our places and includes 'case studies' and 'real stories' to help bring our work to life and for the public to see the impact the CCG has by working with our partners across health, social care, communities and the voluntary sector.

This section describes the following topic areas:

- **Community Deal**
- **Supporting the mental health and emotional wellbeing - adults**
- **Supporting the mental health and emotional wellbeing of Children and Young People**
- **Restoration - Supporting people to stay well at home**
- **Working with communities to support the COVID-19 vaccination programme**

Community Deal - *programme of work to support the community to be as healthy, independent and resilient as possible whilst delivering cost effective and sustainable services.*

In Q1 2022-2023, the CCG continued work on developing our approach to implementing the ICS "Community Deal" ambition through partnership working at Place. Considering how we build a different relationship with communities, residents and staff to design and deliver solutions together and working together to realise wider public health opportunities presented by COVID-19 as part of "Community Deal" conversations.

Our joint ambition is to support the community to be as healthy, independent and resilient as possible whilst delivering cost effective and sustainable services. This means that our focus for expanding the range and scale of joint working will be in understanding the priority needs of our community. This shared understanding will guide how the next steps are delivered and embody the principles of joint working that we have agreed to.

NHS Charities Community Partnership Grant

Through the NHS Charities Community Partnership Grants which aims to support early intervention, reducing inequality with a focus on preventative health and social care within our diverse population a range of place-based initiatives fosters the concept of community/voluntary sector support to build a stronger co-production approach which will assist the most vulnerable in our local communities to improve their outcomes and their ability to maintain or return to health, as well as breaking down the barriers in communities and developing local leadership and champions to support making the most difference to individual people's health and wellbeing.

Frimley Health and Care ICS was allocated £356,426 from NHS Charities to support several projects across the system working with communities.

Several initiatives are being implemented across the five places in the ICS, where work is being undertaken to explore and pilot new ways of working that include the following:

- Community Champions to support the BAME population
- Support Safe Discharges using Wellbeing Circles
- Reaching Out Project to the hard-to-reach communities
- Creating an Older Peoples New Opportunities Consortium
- Supporting communities through the Innovation fund
- Keep Well & Stay Connected improving digital connectivity

The initiatives support the ICS systemwide Community Deal ambition and its focus on population health, working closely with our communities to improve people's lives.

Reaching Out Project

The Reaching Out Community Project aims to contribute to reducing health inequalities by focusing on the communication of health messages to support our BAME communities. Engaging with voluntary organisations, community and faith leaders and community members to help to develop culturally appropriate and targeted communication and engagement on a range of health, wellbeing, advice and guidance through English and multilingual platforms.

A local Community Insight study has been completed through a programme of engagement and consultation with underserved communities. Several key Public Health priorities have been identified to direct further engagement with and support unserved communities including the new and emerging communities.

A Community Engagement and Communications Plan has been developed to identify and engage with underserved communities, build local networks and new relationships across communities. This has facilitated the development of ongoing organisational insights, and knowledge to help co-design community exercises.

A network of community leaders and volunteers has been established including representatives from across the different communities within Bracknell Forest. The network has been involved in consultation exercises and co-designing health and wellbeing interventions and activities.

Supporting the mental health and emotional wellbeing - adults

New Mental Health practitioners have been employed through the funding Additional Roles Reimbursement Scheme (ARRS) and have begun working in each Primary Care Network. They are experienced and registered mental health practitioners who will provide triage, assessment and mental health advice in a timely way, working as part of the GP surgery Multi-Disciplinary Team. The roles will provide an opportunity to support primary care and alleviate suffering and distress in a timely way for patients. The roles will enhance patient journeys and create better joint working across primary care and adult secondary care mental health systems and will make it easier for patients to obtain the help they need.

Real Stories *I requested an appointment with the GP due to persistent low mood over a long period of time and I was given an appointment with Thandi. I was made to feel comfortable quickly to discuss my mental health in a safe and supportive environment. During my first appointment, we discussed why I might be feeling low using the stress bucket method and explored problem-solving.*

This method has proved effective in me getting a better understanding of why I felt the way I did, and how I can make little steps to improve my mood. I have taken the problem-solving steps forward and have seen a positive impact on my mood within two weeks, and I now feel I am on the right track to continue to improve long term.

I appreciated being given steps I could take before medication, and the open discussion around how I felt about taking medication, being given the opportunity to get referred to talking therapies. I felt Thandi showed great empathy and care towards my situation and I am very grateful for her support, it has been invaluable in me improving my personal situation."

New integrated models of care to support adults at risk of admission to secondary mental health services:

The new Mental Health Integrated Care Service model has now expanded to cover the whole of the CCG. The team includes Mental Health Practitioners, a pharmacist, Community Connectors employed by Catalyst, an Assistant Psychologist and is currently developing a model to include those with lived experiences to focus on drug and alcohol and Gypsy Roma Traveller communities as identified by local clinicians. The service supports adults experiencing a wide and potentially complex range of mental health difficulties and who have historically fallen between available services.

"I really can't thank you enough for what you have done, even on our last session I was told that you are only a phone call away if I felt I needed more sessions just call. This made me feel reassured as talking to people was a big step for me and helped me no end..."

Suicide prevention

We have worked closely with Surrey County Council's Public Health lead for suicide prevention to increase our knowledge and understanding of the suspected suicides in Surrey Heath and are developing a dashboard to ensure we are well-informed of these and any possible patterns that we can identify and target. Currently working in partnership with the hospital psychiatric liaison team to improve the timeliness of post-discharge information reaching practices in order to mitigate risks of those attending Accident and Emergency Departments – unfortunately this learning resulted from a suicide earlier this year, but we are using the learning to make changes for our population.

Other Mental Health service improvements

- Planned roll out of the Mental Health Integrated Community Service across all Primary Care Networks in Slough
- Safe Haven is a Crisis Alternative community care service for adults living in East Berkshire. This service is operating from Slough and began in May 2022.
- Mapping exercise being done to explore/improve Voluntary community sector services that can support Slough residents with acute mental healthneeds.
- Berkshire East Wellbeing Service- The wellbeing service is available for anyone 18+ registered to a GP in East Berkshire with low level needs driven by a social or environmental determinant that is affecting their mental wellbeing. Recent evaluation of this service has shown good uptake figures from Slough.

Supporting the mental health and emotional wellbeing of Children and Young People

Focus remains on improving the access and available support for children and young people and their mental health. This has built on work in the previous year and will continue into the next. More still needs to be done but significant steps have been made to ensure when a request for support is made that there is something available quickly and appropriate to the need.

Surrey Mindworks

The Children and Young People's Emotional Wellbeing and Mental Health Service, recently renamed as Surrey Mindworks, went live in 2021. The service supports Children and Young People across Surrey, including Surrey Heath and Farnham. It has a focus on the importance of early intervention and is working closely with schools to provide a more robust offer, particularly in areas that don't have a Mental Health Support Team. The service continues to see an increased demand for

support, and the strengthened approach to partnership working in the alliance of providers is working hard to meet this demand.

Mental Health Support Teams in Schools

The Surrey Heath Mental Health Support Team has recently expanded into additional schools, following completion of the Education Mental Health Practitioners' (EMPH) qualification. Activity in Surrey Heath shows a high level of need, but also a good level of engagement with the schools, pupils and parents.

Schools Link programme

Surrey Heath was successful in being accepted to the national Link Programme, funded by NHS England and delivered by the Anna Freud Centre. Bringing together education and mental health professionals to improve joint working and communication with the aim to ensure children and young people get the help and support they need, when they need it. Over two workshops, schools and mental health professionals in Surrey Heath came together virtually to discuss children and young people's mental health, share experiences and most importantly, make links with each other. The workshops consisted of education professionals, representatives from children and young people's mental health services (then known as CAMHS/MHST), educational psychology, primary care, voluntary sector and the Police. Following the workshop, we created a central online platform for schools to use as a way of communicating with each other and a central portal to access information and documents.

Children and Young People

Following the increase of children and young people attending and being admitted to our acute hospital during 2021 -2022, a weekly discharge team was established to support hospital staff who were struggling with the complexity of some patient groups. The meetings acted as a great support mechanism for the hospital and provided an opportunity for staff from social care, CAMHS, hospital and commissioners to have a holistic discussion around individuals and work together to find the most appropriate route for them out of hospital in a more time-focussed way. It also highlighted some key themes and gaps in provision (disordered eating, neurodevelopmental support, self harm, parental support) that are now being feedback into service development and future redesign with our local providers. Additionally it has strengthened and improved relationships between providers and with CCG staff, demonstrating our commitment to working in partnership to support partners and our young people.

> **Real stories** - An 18-year-old boy has been working with Social Prescribers after recently being 'kicked out' of his family home due to drug use. He struggles with anxiety and cannot leave his property alone. Due to his drug use, counselling through talking therapies would not be beneficial to him. He had limited access to the internet and his anxiety about leaving his home, made accessing community resources difficult.

However, a sick note from his GP enabled him to access support from the job centre without having to leave his property. A collaborative approach was taken with New Hope, CMHT and Social Prescribers. Social Prescribers worked closely with him to develop a trusting relationship and personalise his care.
Now, he is much more confident and slowly making steps to overcome social anxiety when leaving the property and is currently abstaining from drug use. Support is ongoing to help his progress continue and hopefully be sustained to help him live his life to its full potential.

Restoration - Supporting older people to stay well at home

In 2021-2022 every Integrated Care System were asked to draw up plans with partners to ensure all hospitals maximised their capacity to do as many non-urgent operations as possible. In response to this the CCG working in partnership with its social care partners offered additional support to enable older people to stay well at home.
Examples are given here:

Bracknell Forest - Across Bracknell Forest there are several charities offering care, support and information to older people focussed on wellbeing, prevention of deterioration and retaining independence at home. They also are supporting carers with information to ensure a positive experience.

Two national Age UK reports undertaken since COVID-19 spoke of the considerable impact the pandemic has had to the physical and social wellbeing of older people. In understanding this, alongside local insights and consultation with Frimley ICS, Public Health and the Local Authority, saw the forming of an alliance incorporating 7 charities that seeks to challenge the negative impact of the virus. Enabled by 12-months of funding, the consortium has been able to form an offer in which older people can be digitally enabled, assisted to build confidence to go back out into the community by skilled volunteers, offered telephone support and signposting to informal carers, and can access their local day centre for bespoke social activity. To date, approximately 350 residents have been supported through the consortium's offer. We are anticipating this to double by the end of the year. Considerable insight is being developed and shared by partners which will be used to build upon the legacy of the initial funding.

Slough place has actively worked with Wexham Park Hospital to assist in the discharge home of its residents. Working with our GP's we have been able to identify residents with mild or moderate frailty who have not seen their GP for over six months and offered them to work with the integrated care team on an anticipatory care plan. This is aimed at working with residents to prevent deterioration in their health and wellbeing. Slough has successfully trailed a pilot aimed at admission avoidance, for residents who were at risk of admission to hospital, by providing an Occupational Therapist to visit them at home to provide targeted care support and equipment to

help them stay at home.

Real stories A 90-year-old Bracknell Forest resident fell and fractured her hip. In hospital she contracted COVID-19 that prolonged her hospital stay. She lived on her own, was fiercely independent but frightened of falling again preventing her leaving the house. Her daughter was helpful but what was important to her, was walking to the shops herself and meeting people face-to-face. A social prescriber trained in using the community map worked with her at home to identify local groups that would help her improve her strength and balance whilst at the same time provided the company she wanted. She enrolled in a local sitting Tai Chi class and Age UK befriending service.

Working with local councils to encourage physical inactivity

Surrey Heath Borough Council are leading the Whole Systems Approach to Obesity programme, which was launched with a face-to-face Obesity Summit for stakeholders to share health data and local population survey results. This has helped to inform stakeholders approach to identifying local issues and solutions to meet the needs of our diverse communities. (similar whole system approach now across Frimley CCG)

Diabetes Walks for Health, led by Surrey Heath Borough Council and supported by the CCG and partners including Camberley Health Centre and our community diabetes nurse specialist. This initiative runs every Monday morning at a local Surrey Heath Park and aims to help Type 2 diabetics improve their condition through meeting with peers and discussing healthy living with health professionals.

We CAN do it – Rushmoor physical activity campaign - because it has been a long, tough year for many people, both physically and mentally, it can be difficult to encourage people to get out and about again and taking part in physical activity.

Rushmoor Borough Council, which covers the Aldershot and Farnborough areas, has launched a campaign aimed at promoting existing facilities, clubs and societies to reinvigorate the local community.

Living with long term conditions

Diabetes

GP practices in Surrey Heath continue to be part of the new ground-breaking pilot which provides a low-calorie diet programme for people who are overweight and living with type 2 diabetes. The pilot supports people to improve their diabetes control, reduce diabetes-related medication and even achieve remission (no longer have diabetes).

All GP Practices in Surrey Heath have made a referral to the programme and outcomes for patients will be formally evaluated, however patient feedback is encouraging, and we are delighted to share a case study of a Surrey Heath resident – see links below:

- https://xylahealthandwellbeing.com/case-study/low-calorie-diet/timothys-low-calorie-diet-journey/
- https://player.vimeo.com/video/561388522

We have employed two Frimley ICS diabetes engagement officers. Working across Frimley ICS, they have focussed on supporting practices to increase referrals, uptake and retention to the Healthier You: National Diabetes Prevention Programme. For any patients who are pre-diabetic, this programme is designed to empower them to take charge of their health and wellbeing and prevent them developing Type 2 diabetes. The engagement officers are currently working with all practices in Surrey Heath and in the first practice they contacted and successfully referred over 70 patients to the National Diabetes Prevention Programme.

Hypertension

Hypertension remains a high priority for the CCG and is now an ICS wide programme currently running to address need, which includes:

- Supporting practices to enable them to text patients with hypertension who have not had a blood pressure check over the past 18 months.
- Work with Community Pharmacists to roll-out Hypertension Service that is part of national community pharmacy contract.
- Public Health commissioned health check team to enable mobilisation of BP checks and promote Know Your Numbers campaign
- Vaccine centres - all patients to have opportunistic BP measurement offered. Community Groups and engagement various BP measurement avenues in the communities.
- Communication Campaign socialising our plan to all community groups e.g. clinician talking to our community champions meetings to promoting Know your Numbers amongst all community groups and social channels.

Working with communities to support the COVID-19 vaccination programme

Uptake of the COVID-19 vaccine in **Slough** has been lower than other Frimley CCG areas and the national average and we have been working closely with partners in Slough to address this. Work that has taken place to reduce hesitancy and improve uptake includes:

- Vaccination Bus – working in partnership with Solutions for Health the mobile bus in Slough was able to provide an outreach vaccination service targeted to areas of the borough with communities and harder to reach groups where take up was lower and to those who would not otherwise visit the vaccination

centres. This proactive outreach approach was successful in providing easier access to vaccinations and boosters across Slough.

- Vaccination up take was also supported through targeted Enhanced Call and recall by GP practices, based on the successes achieved by one practice with the highest uptake in Slough. The focus being on those people aged 12-49 who have not had their first vaccination.
- Webinar for school aged children and their parents.
- Combining home vaccinations with health checks to maximise primary care workforce when carrying out the 15 minute observation period.

Slough: working with community champions

Slough suffers from a lower uptake of immunisations across a range of vaccines including Influenza, Measles, Mumps and Rubella (MMR) and Human Papillomavirus (HPV). Research suggests that vaccine myths remain prevalent in Slough. For some parts of the community, cultural reasons present a challenge to vaccination uptake.

The OneSlough partnership, led by Slough Borough Council, the Slough CVS (Council for Voluntary Services) and the Slough Place has established a network of 'Community Champions'. Their role is to support the COVID-19 response in communities that have been disproportionately hit by the virus to become 'vaccine champions' to ensure as many residents as possible are vaccinated, whilst at the same time helping dispel any vaccine myths and disinformation.

Since then, the partnership has provided training and information sessions to the champions on how to talk about the vaccine and mitigate the impact of disinformation, produced tailored social media resources and created a bespoke local FAQ guide on the vaccine (which is given to everyone receiving a rapid COVID-19 test in the borough).

The partnership has also trained some champions as volunteers at vaccination centres themselves to support logistics and community engagement on the ground. Virtual information supported by champions and delivered by public health and CCG experts, for example with the University of the Third Age cover vaccine hesitancy. Sessions like this are being offered to all local community groups.

Oximetry at Home

Pulse oximetry is the monitoring of a person's blood oxygen levels, which is normally done by a simple device that clips onto a fingertip. It has long been recognised as an easy and effective way of detecting potentially serious health conditions and during the pandemic it has become a vital tool in protecting people infected with COVID-19.

Each CCG was required to put in place arrangements to support those with COVID-19 to monitor their blood oxygen levels themselves at home.

Patients, or those caring for them, report the oxygen levels to their GP practice, where staff respond accordingly, escalating the response in line with any deterioration in a patient's condition.

Patients over 65, or under 65 and in an at-risk group, within the NHS Frimley CCG area have access to COVID-19 Oximetry @ Home, with access through referral by GPs, the Out of Hospital service and the COVID-19 hot site.

Oximetry at home has been very well received by patients who appreciate being able to have active support within their own homes and are reassured that any deterioration in their conditions will be detected and acted upon.

Summary

The new Integrated Care Board will have much stronger links to the local councils with the Integrated Care Partnership acting as a joint committee of health and social care; and three members of the ICB Board will be selected, one from each sector:

- Surrey and Hampshire County Council;
- Slough, Bracknell Forest and Royal Borough of Windsor and Maidenhead unitary councils; and
- Borough and district councils.

Each of our five places will continue to work in partnership with our local authority partners – aligning health and care priorities to create stronger connections to ensure we collectively build the most appropriate services for local people.

11. SOCIAL MATTERS, HUMAN RIGHTS, ANTI-CORRUPTION AND ANTI-BRIBERY

The CCG is committed to making progress on all social and environmental matters, human rights and their associated regulations & guidance. The CCG is responsible for planning, commissioning and designing many of the health services needed by the population in its own area. It makes decisions about health services based on the feedback received from patients and carers, which ensures the services we commission and re-design are the ones local residents inform us that they need and are able to access.

The CCG is also committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and maintaining it at that level. By doing this, valuable resources can then be used where they should be, delivering better patient care.

This section covers the following:

- **Social Matters, Human Rights**
  - Asylum Seekers and Refugee Support
  - Homelessness
- **Anti-corruption and bribery**
  - Counter Fraud Specialists
  - Fraudsters and COVID-19
  - Cyber Fraud

Social Matters, Human Rights

Respecting diversity, promoting equality and ensuring human rights helps to make sure that everyone using health and social care services receives good quality care. We also have legal duties to consider equality and human rights in our work.

Asylum Seekers and Refugee Support

Slough has been host to one of a number of hotels in the Thames Valley who have provided accommodation for new asylum seekers arriving in the UK whilst applications are processed and onward dispersal accommodation is organised. With East Berkshire Primary Care Out of Hours service we have been registering patients on arrival and providing testing, health checks and vaccinations. Slough also has many asylum seekers and refugees living in the Borough. Aware that these groups have additional barriers and challenges to access local health and support services we have been working together with voluntary sector partners to help with navigating services.

Slough Refugee Support

Homelessness

We continue to reach out to our homeless population throughout the pandemic, initially providing GP clinics in temporary hotel accommodation and through weekly drop-in clinics in many of our practices. Our GPs were quick to provide COVID-19 vaccination to our homeless as a group that could be particularly vulnerable.

Anti-Fraud, Bribery and Corruption

The CCG has a zero-tolerance policy of any fraud, bribery or corruption and aims to eliminate all such activity as far as possible. The Local Area Counter-Fraud Team is active in the prevention and deterrence of fraud, bribery and corruption through its attendance at the Audit and Risk Committee, involvement in policy-setting, awareness training and sharing of information through their website and attendance at CCG meetings. Counter fraud work has been undertaken in each of the four strategic areas. These set out the requirements in relation to:

- Strategic Governance - The organisation's strategic governance arrangements. The aim is to ensure that counter fraud measures are embedded at all levels across the organisation.
- Inform and Involve - Raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of fraud and bribery affecting the NHS.
- Prevent and Deter - Discouraging individuals who may be tempted to commit fraud against the NHS and ensuring that opportunities for fraud to occur are minimised.
- Hold to Account - Detecting and investigating economic crime, obtaining sanctions and seeking redress.

Counter Fraud Specialists

Every NHS organisation is required to appoint the services of a Local Counter Fraud Specialist (LCFS). The LCFS is a professionally accredited criminal investigator, who will undertake a range of duties to minimise the impact of fraud on the organisation. The LCFS will investigate allegations of fraud and, where evidence of criminal offences exists, can refer the case to solicitors for consideration of further criminal action. The LCFS will also liaise with HR and other professional bodies if a suspected breach of conduct is identified.

<u>Fraudsters and COVID-19</u>

There has been a spike in scams around the COVID-19 Passes. The pressures of the pandemic continue to be felt across the NHS, with its staff and resources continuing to deliver services under increasing demands. Fraudsters are taking advantage of this strain and have created fake websites claiming to sell COVID-19 Passes. These sorts of scams target NHS patients, especially people who may be vulnerable. Staff were asked to remember:

- The NHS App is free
- The NHS COVID-19 Pass is free
- The NHS will never ask for any financial or payment details

The CCG's Fraud and Security Management Service website provides a useful resource of information for CCG employees. The website can be viewed at https://www.nhsfraudandsecurity.co.uk An information and guidance page was also set up in respect of COVID-19 fraud and security risk and can be found at https://nhsfraudandsecurity.co.uk/covid-19-2/

In Q1 2022-2023 there have been a number of key risks affecting the CCG but most significant was the increased risk of a cyber-attack.

The National Cyber Security Centre (NCSC) advised all UK organisations that '*the threat of a cyber attack has heightened following Russia's attack on Ukraine (which began in February 2022). While the NCSC was not aware of specific threats, they produced guidance to encourage organisations to follow actionable steps that reduce the risk of falling victim to an attack*.'

In response to this advice the CCG reminded staff to:

- Make sure passwords are strong and unique, and that any which are not are changed immediately. This applied to all desktops, laptops and other mobile devices.

- Be vigilant for phishing emails. Think before clicking on a link which could download malware or ransomware, sabotage systems or result in data theft.

Cyber Fraud

The NHS Counter Fraud Authority website has been updated to include fraud prevention guidance on financially motivated cybercrime which results in fraud. Cybercrime continues to rise in scale and complexity at an alarming pace, and affects businesses and individuals alike, costing the UK billions of pounds. The aim of the cyber criminals is to obtain personal and sensitive data for financial gain. Staff bulletins covered advice on 'How to Protect Yourself From Fraud':

- Don't use public Wi-Fi when working remotely. Work offline and connect to a secure network later.
- Do not open email attachments from unknown senders or click on suspicious links, as these could be infected with malware
- Update your devices as out of date software, applications and operating systems contain weaknesses
- Never leave equipment unattended and never allow anyone else to access your device for personal use such as internet browsing.

12. Emergency Preparedness Resilience and Response (EPRR) /Incident Coordination Centre (ICC) / Systems Resilience Annual Report: April 2022-June 2022

Introduction

The EPRR/ICC/System Resilience Team are made up of a unique set of highly trained individuals led by the Accountable Emergency Officer and Director of EPRR/Systems Resilience, who are able to step up to manage any type of incident at any time of the day or night.

The team now works using a cyclical process throughout the year to provide NHS Frimley ICB with a robust and effective EPRR/ICC and Systems Resilience workplan, to accomplish full compliance with the annual EPRR assurance process and to ensure that our legal duties are met.

Over the past two years, the Frimley EPRR/ICC/Systems Resilience Team has not only responded to the Covid 19 pandemic but to array of incidents affecting the Frimley system.

As an example up until June, these include managing the health response for:

- HM The Queen's Platinum Jubilee
- Royal Ascot
- The Critical Incidents declared at FHFT due to extreme pressures;
- The Winchester IT Major Incident which we provided access to our Stroke services to Hampshire
- Disruption from protestors

The Frimley Clinical Commissioning Group in April, until July 1st was classified as Category 2 Responder by the Civil Contingencies Act (CCA) 2004 which changed in July 2022.

In preparation for this and the Royal Assent of the Health & Care Bill, the EPRR/ICC/Systems Resilience Team started to update how we would maintain an effective response to a Major, Critical or Business Continuity Incident, mitigating their effects and ensuring that critical services are maintained. After July 1st, the CCG would become an Integrated Care Board and thus a "Category 1 Responder" and therefore having to discharge the full legal duties of an NHS Body under Category 1 Responder status.

The ICB's response, irrespective of the nature of incident, would remain one that is proportionate, coordinated with health and multi-agency partners and which is managed through an effective Command, Control, Coordination and Communications structure.

On Call

The EPRR/Systems Resilience Team also manage the NHS Frimley Director and Manager On Call Rota ensuring a 24 hour, seven days a week on-call system.

The on call teams are currently receiving National Command Training (Principles in Health Command) and bespoke training on the risks that affect Frimley, how we interface with our health and multi-agency partners and how we manage system surge and escalation. They also receive Cyber Security training, Business Continuity training, and Strategic/Tactical Coordination Group training.

On Call Directors and Managers are also invited to take part in any planned exercises run by health or the multi-agency partners when they are on call to expand and enhance their skills and knowledge and to work alongside those that they may have to respond with, in the event of an incident.

On Call Directors and Managers take part in quarterly on call updates where they share their experiences and identify any training needs. Any queries can also be answered by the EPRR/Systems Resilience Team.

The On Call Teams are supported by a series of documents, checklists, plans and procedures all saved on a newly developed MS Team On Call Page. Key documents are the newly designed On Call Handbook and On Call Directory.

On call updates for the relevant On Call Director and Manager with supporting emails are in place every Monday and Friday, enabling a full oversight off the whole system after the weekend and on a Friday.

Plans and Checklists

All EPRR Plans and Procedures for Frimley were updated in the first part of the year until we become an ICB; post July, the plans were reviewed to reflect the new duties. They are all saved onto our newly created Frimley Resilience Direct page which is the national information sharing portal and the Frimley MS Teams On Call page.

Completion and testing of these plans is part of the Annual EPRR assurance process.

These plans are supported by a series of “Checklists” to aid a quick response to an incident. These have been very well received and have been seen as “good practice” across the South East and have been shared accordingly.

EPRR Assurance

On an annual basis we are required to self-assess against the NHS England EPRR Core Standards, including Business Continuity Management and this assessment forms part of our formal EPRR Assurance processes. This process is also completed by our commissioned Providers, overseen by the EPRR/Systems Resilience Team.

Each year there is a defined set of core standards relating to a deep dive on one particular topic. This year it is Evacuation and Shelter.

Reports on the outcome of this process go to the 3 LHRPs, the Frimley Executives, The Governing Body and the UEC Board. A full report is submitted to NHS England.

Between April and June 2022 the Frimley CCG was fully compliant with all the EPRR Core Standards

The HCRG Group was fully compliant. FHFT were substantially compliant with one outstanding core standard.

Each year we are able to share and receive good practice.

EPRR/ICC/Systems Resilience Work Plan

To support the work that the EPRR/ICC/Systems Resilience team do a formal work plan has been created with each work stream have task owners and leads. They have a RAG status aligned to them to record progress throughout the year.

Each section of the work plan links to the EPRR core standards that NHS Frimley CCG have to maintain compliance with.

Business Continuity Management (BCM)

It is a legal requirement for NHS Frimley ICB to have robust BCM processes in place BCM makes up a number of EPRR assurance core standards. We have in place:

- An NHS Frimley Business Continuity Plan;
- Nominated Business Continuity Champions (BCCs) across the ICB;
- An NHS Frimley Business Impact Analyses for each work stream;
- An BMC/Cyber Security exercise booked for Autumn 2022;
- BCM training on ESR and one to one training with BCCs;

Internal and external BCM audits were undertaken for NHS Frimley in 2022. These were also completed in 2021.

Training and Exercising

A new training and exercising schedule has been created, bringing together courses offered by the CCG, its Local Resilience Forum (LRF) partners across Thames Valley, Surrey and Hampshire/Isle of Wight, and courses brought in from external trainers. This schedule allows the on-call cadre and the EPRR/ICC/Systems Resilience team to take ownership of their own learning and development. This schedule has also been updated to include the new courses due post-July.

A review of the current training offer was also undertaken, to ensure that all courses being delivered aligned to the Minimum Occupational Standards for Civil Contingencies, set by NHS England. This alignment has allowed for a gap analysis of any areas where additional training is required.

Training and Exercising delivery in the three months to end of June has been constrained due to operational needs. Ahead of the move to ICBs, training sessions have been created for July onwards, to include the new Principles in Health Command course for all On-Call staff. In order to be able to deliver this, the Director of EPRR/Systems Resilience and EPRR Manager both attended a Train the Trainer session, facilitated by NHSE SE Regional EPRR Team. A member of the EPRR/Systems Resilience Team is also enrolled on the Postgraduate Diploma in Health Emergency Preparedness.

Interface with the SE Regional EPRR Team and the 5 other ICS EPRR Leads

To ensure a consistent and united approach, Frimley introduced an ICS EPRR Leads forum across the South East.

Here we share good practice and have the ability to influence working together in a way that benefits us all, stopping duplication and aligning processes in a collaborative manner.

As an example, we have been able to share the concept of “checklists” to support plans/procedures and enable our EPRR/ICC/Systems Resilience Team and Managers on Call a simple but very effective way of managing certain incidents/events.

This forum now feeds into the SE Regional EPRR team to enable a collegiate way of working.

Interface with the 3 Local Health Resilience Partnerships (LHRPs) and 3 Local Resilience Forums

Frimley ICB continues to interface with 3 LHRP and LRFs. LHRPs are strategic emergency planning meetings bringing together all the NHS organisations from across the Thames Valley, Surrey, and Hampshire/Isle of Wight systems. The LHRPs produce an annual strategy and work plan for the year;

We also interface with 3 LRFs from across the Thames Valley, Surrey and Hampshire/Isle of Wight systems. These are made up of all our multi-agency partners;

In June, the Director of EPRR and Systems Resilience was a guest speaker at the Thames Valley LRF Conference talking about Casualty Tracking for the UK which she is leading on;

We participate in training and exercising events with the LRFs which are used to test response plans relating to our local, regional, and national risks and this enable us to work alongside, and forge good working relationships with our multi-agency partners;

Having the unique role of working with 3 LHRPs and 3 LRFs we are able to influence a more joined up approach by sharing good practice and stopping duplication;

Within each LHRP, NHS Frimley ICB administratively own a number of risks. These risks are then used as the area the EPRR/ICC/Systems Resilience Team will focus upon. Work will continue into 2022-23 to align these risks across the three LHRPs where possible.

Incident Coordination Centre (ICC)/Vaccination Programme

Our continual response to the COVID-19 pandemic and other incidents that have occurred and are still occurring, this has been in line with our statutory Emergency Preparedness Resilience and Response duties.
The Frimley ICS Incident Coordination Centre (ICC) was set up in March 2020 and has been functioning for over two years.

The ICC also manages the operational aspect of the Vaccination Programme in conjunction with the Frimley Vaccination Project Management Office.

The ICC has a legal requirement to maintain an electronic audit trail of all information in and out of the ICC which may be used in the Public Inquiry.

The ICC has been flexed up and down when required to reflect demand and can fully function 7 days a week. The ICC team also support, when required, the On Call teams at the weekend.

The Incident Coordination Centre is also responsible for receiving information from and reporting into the relevant Strategic Coordination Groups and Tactical Operations Groups of the Local Resilience Fora.

In preparation for our transition from a CGG to and Integrated Care Board the ICC team was tailored to become the Frimley Integrated Care System Operations Centre (SOC).

It remains a core expectation of all ICBs that they retain an information sharing portal interfacing with NHS England SE Regional Teams and the Frimley Systems partners.

As we moved away from the NHSE Level 4 incident and to a business as usual model, we needed to transition the current ICC into a Systems Operation Centre (SOC), this will enable us to mirror the functions/roles and responsibilities of the Regional Operations Centre (ROC), and to ensure that the Frimley SOC becomes part of the new normal way of working to support system resilience and response.

Systems Resilience

NHS Frimley ICB provides resilience oversight across all of the system providers and updates regional teams and system executives daily this is achieved through:

- Daily System Resilience calls. Resilience Calls are held on Mondays, Wednesdays, and Fridays as standard, with further escalation calls stood up as required to address increasing risks or specific areas of pressure. To further support the format of these calls and sharing of information from the system calls a new reporting format has been agreed to support chairs and present information in a fluid, logical format tracking agreed actions;

- Gold and Silver calls are able to be stood up during times of heightened pressure. These have been reviewed with new ToR and agendas agreed to ensure Gold and Silver calls are appropriately focused for maximum efficiency and to ensure that robust command and control processes are adhered to;

- The Frimley ICS Surge and Escalation Protocol has been reviewed in line with the NHSE/I National Escalation Framework and the SE Regional Operational Pressures Escalation Levels (OPEL) Framework. This was a detailed review and was carried out with full system partner input and consultation, agreeing system wide OPEL triggers and actions. Additional work is underway to capture Primary Care and Diagnostics OPEL status and actions;

- Planning and assurance continue for Bank Holiday periods, Winter, and key areas of identified or anticipated high system pressures. These plans take a whole system approach to identifying services available, risks and mitigations over any set time period

and have proven useful additions to standing plans and procedures by system tactical and strategic managers. Identifying that pressures normally peak the week after the Bank Holiday, planning has expanded to cover actions to release capacity on the week leading up to the Bank Holiday and actions to maximise flow to absorb forecast increases in patient activity, the week after a Bank Holiday.

As an EPRR/ICC/Systems Resilience Team, a risk register has been created to capture and monitor key risks that may impact on the teams' ability to react or function. A second Urgent and Emergency Care Board Risk Register has been created to capture risks identified and raised to the U&EC Board for oversight or management.

Key Initiatives

Over the past year the EPRR/ICC/Systems Resilience Team have created some key initiatives recognised and seen as good practice by our health and multi-agency partners across the South East. As example of these are:

A series of Checklists and Action Cards to support actions decision making;

MS Teams On Call Page to support Frimley Directors and Managers on Call access to key documents 24/7;

Quarterly On Call Updates to share experience, best practice, and receive formal updates on developments;

Coordinating and managing risk management across EPRR/ICC and the Systems Resilience Teams and the Urgent & Emergency Care Board;

Creation of specific ICC checklists to aid the out of hours management of key procedures that may need coordination, for example mutual aid for critical care, ambulance diverts and the management of a critical incident. These have proved to be invaluable for our on call teams;

The creation of Business Continuity Champions for each place and each main workstream in order to attain to our Business Continuity responsibilities as a CCG;

Having nominated link officers to the three LRFs/LHRPS across the Frimley system, including a dedicated officer for Working Days.

Fiona Edwards
Accountable Officer
28 June 2023

ACCOUNTABILITY REPORT

Corporate Governance Report

13. MEMBERS REPORT

This section of the report contains information about our membership, the way we work as a CCG and some of our legal responsibilities.

Our Membership

NHS Frimley CCG covers a population of approximately 800,000 people registered at 72 GP practices across five Places. These are: North East Hampshire and Farnham; Surrey Heath; Royal Borough of Windsor, Ascot and Maidenhead; Bracknell Forest; and Slough.

Member practices of the CCG in Q1 2022

North East Hampshire and Farnham Place (19 practices)

Practice Name	Address
Alexander House Surgery	2 Salisbury Road, Farnborough, Hampshire, GU14 7AW
Branksomewood Healthcare Centre	Branksomewood Road, Fleet, Hampshire, GU51 4JX
Crondall New Surgery	Redlands Lane, Crondall, Farnham, Surrey GU10 5RF
Downing Street Group Practice	4 Downing Street, Farnham, Surrey, GU9 7PA
Farnham Dene Medical Practice	Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
Farnham Park Health Group	Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS
Fleet Medical Centre	Church Road, Fleet, Hampshire, GU51 4PE
Giffard Drive Surgery	68 Giffard Drive, Farnborough, Hampshire, GU14 8QB
Holly Tree Practice	42 Boundstone Road, Wrecclesham, Farnham, Surrey, GU10 4TG
Jenner House Surgery	159 Cove Road, Farnborough, Hampshire, GU14 0HQ
Mayfield Medical Centre	Croyde Close, Farnborough, Hampshire, GU14 8UE
North Camp Surgery	2 Queens Road, Farnborough, Hampshire, GU14 6DH
Oakley Health Group	51 Frogmore Rd, Blackwater, Camberley, Surrey, GU17 0DB
Princes Gardens Surgery	2A High Street, Aldershot, Hampshire, GU11 1BJ
Richmond Surgery	Richmond Close, Fleet, Hampshire GU52 7US
The Cambridge Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, Hampshire, GU11 1AY
The Border Practice	Blackwater Way, Aldershot, Hampshire, GU12 4DN
Voyager Family Health	Farnborough Centre for Health, Apollo Rise, Southwood Business Park, Farnborough, Hampshire, GU14 0NP

Practice Name	Address
Wellington Practice	Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY

Bracknell Forest Place (10 practices)

Practice Name	Address
Binfield Surgery	Terrace Road North, Binfield, Berkshire, RG42 5JG
Crown Wood Medical Practice	4A Crown Road, Bracknell, Berkshire, RG12 0TH
Easthampstead Surgery	23 Rectory Lane, Bracknell, Berkshire, RG12 7BB
The Evergreen Practice	Skimped Hill Health Centre, Skimped Hill Lane, Bracknell, RG12 1LH
Forest Health Group	Ringmead, Birch Hill, Bracknell, RG12 7PG
The Gainsborough Practice	Warfield Green Medical Centre, 1 County Lane, Warfield, Bracknell, RG42 3JP
Great Hollands Practice	Great Hollands Square, Bracknell, Berkshire, RG12 8WY
Ringmead Medical Practice	Birch Hill Medical Centre, Leppington, Bracknell, RG12 7WW
The Sandhurst Group Practice	1 Cambridge Road, Owlsmoor, Sandhurst, Berkshire, GU47 0UB
The Waterfield Practice	Ralphs Ride, Harmanswater, Bracknell, RG12 9LH

Royal Borough of Windsor and Maidenhead (20 practices)

Practice Name	Address
Ascot Medical Centre	Brook House, Brook Avenue, SL5 7GB
Cookham Medical Centre	Lower Road, Cookham Rise, Maidenhead, Berkshire, SL6 9HX
Cordwallis Road Surgery	1 Cordwallis Road, Maidenhead, Berkshire, SL6 7DQ
Claremont and Holyport Practice	2 Cookham Road, Maidenhead, Berkshire, SL6 8AN
Clarence Medical Centre	Vansittart Road, Windsor, Berkshire, SL4 5AS
Datchet Health Centre	Green Lane, Datchet, Berkshire, SL3 9EX
Green Meadows Surgery	Brook House, Brook Avenue, Ascot, SL5 7GB
Kings Corner Surgery	Kings Road, Sunninghill, Ascot, Berkshire, SL5 0AE
Lee House Surgery	84 Osborne Road, Windsor, SL4 3EW
Linden Medical Centre	9a Linden Avenue, Maidenhead, Berkshire, SL6 6JJ
Magnolia House Surgery	15 Station Road, Sunningdale, Berkshire, SL5 0QJ
Redwood House Surgery	Cannon Lane, Maidenhead, Berkshire, SL6 3PH
Rosemead Surgery	8a Ray Park Avenue, Maidenhead, SL6 8DS
Ross Road Medical Centre	85 Ross Road, Maidenhead, Berkshire, SL6 2SR
Runnymede Medical Practice	Newton Court Medical Centre, Burfield Road, Old Windsor, Berkshire, SL4 2QF

Practice Name	Address
Sheet Street Surgery	21 Sheet Street, Windsor, Berkshire, SL4 1BZ
South Meadow Surgery	3 Church Close, High Street, Eton, Berkshire, SL4 6AP
The Cedars Surgery	8 Cookham Road, Maidenhead, Berkshire, SL6 8AJ
The Symons Medical Centre	25 All Saints Avenue, Maidenhead, Berkshire, SL6 6EL
Woodlands Park Surgery	15 Woodlands Park Road, Maidenhead, Berkshire, SL6 3NW

Slough Place (16 practices)

Practice Name	Address
Bharani Medical Centre	16-18 Lansdowne Avenue, Slough, SL1 3SJ
Cippenham Surgery	261 Bath Road, Slough, Berkshire, SL1 5PP
Crosby House Surgery	91 Stoke Poges Lane, Slough, SL1 3NY
Dr Sharma's Surgery	The Surgery, 240 Wexham Road, Slough, SL2 5JP
Farnham Road Practice	301 Farnham Road, Slough, Berkshire, SL2 1HD
Herschel Medical Centre	45 Osborne Street, Slough, Berkshire, SL1 1TT
Kumar Medical Centre	59 Grasmere Avenue, Slough, Berkshire, SL2 5JE
Langley Health Centre	Common Road, Langley, Slough, Berkshire, SL3 8LE
Manor Park Medical Centre	2 Lerwick Drive, Slough, Berkshire, SL1 3XU
Ragstone Road Surgery	40 Ragstone Road, Chalvey, SL1 2PY
Shreeji Medical Centre	22 Whitby Road, Slough, Berkshire, SL1 3DQ
The Avenue Medical Centre	Wentworth Avenue, Britwell Estate, Slough, Berkshire, SL2 2DG
The Chapel Medical Centre	Upton Hospital, Albert Street, Slough, SL1 2BJ
The Orchard Surgery	Willow Parade, 276 High Street, Langley, Slough, SL3 8HD
Upton Medical Partnership	The Village Medical Centre, 45 Mercian Way, Cippenham, SL1 5ND
Wexham Road Surgery	242 Wexham Road, Slough, Berkshire, SL2 5JP

Surrey Heath Place (7 practices)

Practice Name	Address
Bartlett Group	Frimley Green Medical Centre, 1 Beech Road, Frimley Green, Surrey, GU16 6QQ
Camberley Health Centre	159 Frimley Road, Camberley, Surrey, GU15 2QA
Lightwater Surgery	39 All Saints Road, Lightwater, Surrey, GU18 5SQ
Park House Surgery	Park Street, Bagshot, Surrey, GU19 5AQ
Park Road Group Practice	143 Park Road, Camberley, GU15 2NN
Station Road Surgery	4 Station Road, Frimley, Surrey, GU16 7HG
Upper Gordon Road	37 Upper Gordon Road, Camberley, GU15 2HJ

Our Governing Body

The Governing Body is constituted in accordance with the Health and Social Care Act 2012 and is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, lay and executive directors with a variety of backgrounds, with a wide range of skills and experience. These include members overseeing elements of governance and patient and public engagement.

The Governing Body of NHS Frimley CCG is comprised of the following voting members: five elected GPs known as Place Based Clinical Leads; four Lay Members, one Secondary Care Clinician, four executive directors. In addition to the voting members, there is also non-voting membership comprised of the following roles: the Executive Director of Development and Improvement and four Executive Place Managing Directors. Whilst the Executive Place Managing Director role for Slough was vacant in Q1 of 2022-2023, the Place continued to be represented at each of the meetings by the Place Clinical Lead.

The five Places which make up NHS Frimley CCG are comprised of (i) Bracknell Forest (ii) North East Hampshire and Farnham (NEHF) (iii) Surrey Heath (iv) Slough (v) Royal Borough of Windsor and Maidenhead (RBWM). Each of the five Places has an Executive Managing Director, Lay Member and Clinical Lead who form part of the leadership team to manage the place-based delivery plans. Stakeholders and local authority colleagues work alongside each of the leadership teams, meeting regularly together at their local Place Committees. Details of the five Places can be found on the website https://www.frimleyccg.nhs.uk/about-us/our-places

The Frimley CCG Governing Body makes decisions on matters that are common to the five Places taking into account the needs of local people.

There were two meetings of the Frimley CCG Governing Body in Q1 2022, including a meeting in public held on 10 May 2022. Both meetings were quorate.

The voting membership for NHS Frimley CCG is set out below:

Membership in Q1 April to June 2022

Name and role	
Voting Members	
Governing Body GP members	
Dr Huw Thomas, Clinical Chair (1 April 2022 – 30 June 2022) and Place-based Clinical Lead (Royal Borough of Windsor and Maidenhead)	1 April 2022 – 30 June 2022
Dr John Fraser, Place-based Clinical Lead (Surrey Heath)	1 April 2022 – 30 June 2022
Dr Jim O'Donnell, Place-based Clinical Lead (Slough)	1 April 2022 – 30 June 2022
Dr Gareth Robinson, Place-based Clinical Lead (NEHF)	1 April 2022 – 30 June 2022
Dr Annabel Buxton, Place-based Clinical Lead (Bracknell Forest)	1 April 2022 – 30 June 2022
Secondary Care Consultant	
Dr Amanda Wellesley	1 April 2022 – 30 June 2022
Lay Members	
Dr Ed Palfrey, Independent Lay Member (Bracknell Forest)	1 April 2022 – 30 June 2022
Kathy Atkinson, Lay Member for North East Hampshire and Farnham and Patient and Public Engagement, Chair of the Remuneration Committee, and Freedom to Speak Up Guardian (Staff)	1 April 2022 – 30 June 2022
Arthur Ferry, Lay Member for Slough, RBWM, and Audit and Risk, Chair of the Audit and Risk Committee, and Conflicts of Interest Guardian	1 April 2022 – 30 June 2022

Name and role	
Andrew Lloyd, Interim Lay Member (Surrey Heath) and Chair of the Primary Care Commissioning Committee	1 April 2022 – 30 June 2022
Executive Medical Director	
Dr Lalitha Iyer	1 April 2022 – 30 June 2022
Executive Directors	
Fiona Edwards, Accountable Officer	1 April 2022 – 30 June 2022
Sarah Bellars, Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)	1 April 2022 – 30 June 2022
Rob Morgan, Executive Director of Finance	1 April 2022 – 30 June 2022
Non-voting members	
Emma Boswell, Executive Director of Development and Improvement	1 April 2022 – 30 June 2022
Fiona Slevin-Brown, Executive Place Managing Director (Bracknell Forest) and Frimley ICS COVID-19 Executive Director	1 April 2022 – 30 June 2022
Daryl Gasson, Executive Place Managing Director (NEHF)	1 April 2022 – 30 June 2022
Nicola Airey, Executive Place Managing Director (Surrey Heath)	1 April 2022 – 30 June 2022
Caroline Farrar, Executive Place Managing Director (RBWM)	1 April 2022 – 30 June 2022
Regular Attendees – between 1 April 2022 and 30 June 2022	
Caroline Corrigan, National Director of People Strategy, Nursing Directorate	1 April 2022 – 30 June 2022
Sam Burrows, Frimley ICS Programme Director	1 April 2022 – 30 June 2022

For details of **declared conflicts of interest** published on our website please click here on the Civica Declare link. https://nhsfrimleyccg.mydeclarations.co.uk/home

Table showing Governing Body Attendance:

Name and Designiation	10 May 2022	14 June 2022	Total attended:
Voting members:			
Fiona Edwards	✓	✓	2/2
Sarah Bellars	✓	✓	2/2
Rob Morgan	✓	✓	2/2
Dr Lalitha Iyer	✓	✓	2/2
Dr Gareth Robinson	✓	A	1/2
Dr Ed Palfrey	✓	✓	2/2
Dr Huw Thomas	✓	✓	2/2
Kathy Atkinson	✓	✓	2/2
Dr Jim O'Donnell	✓	✓	2/2
Arthur Ferry	✓	✓	2/2
Dr Amanda Wellesley	✓	A	1/2
Andrew Lloyd	✓	✓	2/2
Dr John Fraser	✓	✓	2/2
Dr Annabel Buxton	✓	A	1/2
Non-voting members:			
Emma Boswell	✓	✓	2/2
Fiona Slevin-Brown	✓	✓	2/2
Daryl Gasson	✓	✓	2/2
Caroline Farrar	✓	✓	2/2
Nicola Airey	✓	✓	2/2

✓Attended **A** Absent

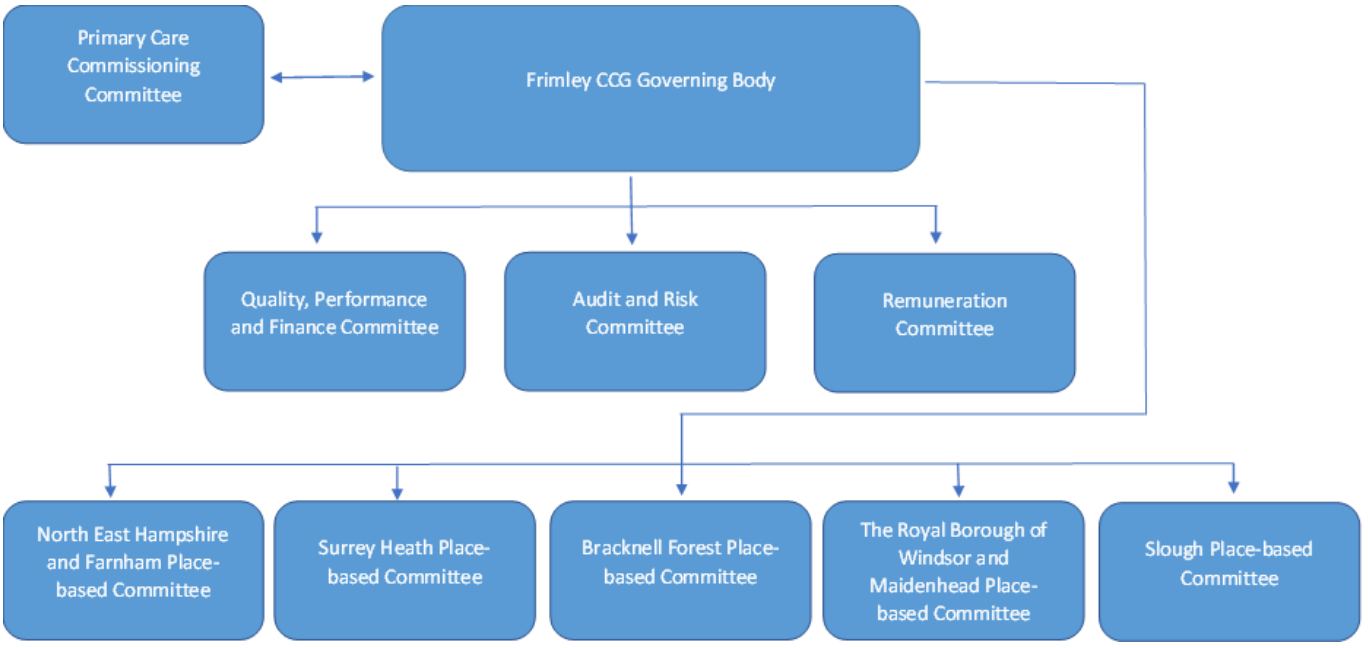
Transition to Integrated Care Board

The introduction of the Health and Care Bill that was due to come into effect on 1 April 2022 was delayed through parliament for three months until 1 July 2022.

The legislative changes will result in the formation of a single statutory unitary Integrated Care Board (ICB) – this Board will be comprised of providers, commissioners, and local authority members and also a partnership board (ICP). These two bodies will work side by side in the Frimley System to deliver health and care services to its local population. To support this integration the commissioning functions of the Frimley CCG will transition to the Frimley ICB from 1 July 2022.

The result of the delay in the enactment of the legislation has meant that the Lay Members and elected Place Based Clinical Leads whose terms of office were due to end on 31 March 2022 were offered an extension until 30 June 2022.

13.2. Frimley CCG Governing Body Structures



Committees of the Governing Body

Audit and Risk Committee April 2022 – June 2022

The role of the Frimley CCG Audit and Risk Committee is to provide assurance to the Frimley CCG Governing Body that NHS Frimley CCG is operating effectively and meeting its respective statutory and strategic objectives.

The Committee considers the reports and opinions from a variety of sources, including internal and external audit and Counter-Fraud Services. It acts as the senior assurance committee to the Governing Body. It has a crucial role to play in scrutinising the risks and controls affecting every aspect of the CCG, as well as maintaining its focus on finance and financial management.

Key pieces of work included reviewing and agreeing the 2021-22 Annual Report for NHS Frimley CCG. The Committee also received regular assurance on progress with the establishment of robust risk management arrangements for the CCG. The Audit and Risk Committee also received regular briefings on the change and transition work that was taking place at system level ahead of the transition of the Frimley CCG to the Frimley ICB on 1 July 2022.

At its meetings on 11 May and 16 June 2022, the Committee welcomed Ilona Blue, incoming Non-Executive Member of the Integrated Care Board and Chair Designate of the ICB Audit Committee, who observed the meetings as part of the CCG to ICB handover arrangements.

At its extra-ordinary meeting held on 14 June 2022, the Audit Committee reviewed and formally recommended the 2021/22 Frimley CCG Annual Report and Accounts to the Governing Body. Having received this assurance, the Governing Body then formally delegated final sign-off of the Annual Report and Accounts to the Clinical Chair and

Accountable Officer.

The meetings which took place on 14 June and 16 June 2022 were not considered quorate in line with the Committee Terms of Reference which stipulated that all three members of the Committee must be in attendance. To ensure effective governance was maintained, formal written approval of all items was sought from the absent member following the meeting both occasions.

During Q1 2022 the Frimley CCG Audit and Risk Committee met on 3 occasions. The voting members and their attendance are listed in the table below:

Table showing Audit and Risk Committee membership and attendance between April 2022 – June 2022

Name and designation	11 May 2022	14 June 2022	16 June 2022
Arthur Ferry, Lay Member for Slough, RBWM, and Audit and Risk, Chair of the Audit and Risk Committee, and Conflicts of Interest Guardian	✓	✓	✓
Andrew Lloyd, Interim Lay Member (Surrey Heath)	✓	✓	✓
Amanda Wellesley, Secondary Care Consultant, NHS Frimley CCG	✓	A	A

✓Attended **A** Absent

Committees of the Governing Body

Remuneration Committee April 2022 – June 2022

The Frimley CCG Remuneration Committee oversees and monitors matters relating to CCG staff and their development. A more detailed breakdown of the work of the Frimley CCG Remuneration Committee can be found within the Remuneration Report.

The Frimley CCG Remuneration Committee met on two occasions in Q1 2022–2023 on 20 April and 18 May. The Committee received regular briefs on national and system HR and OD technical change workstreams to support the transition of the CCG to the Frimley ICB, including staff TUPE transfer and remuneration.

The Committee also had oversight of the Phase 1 and 2 consultations and job descriptions of the incoming Frimley ICB Chief Officer roles, as well as the five ICB Executive Team Director roles.

To ensure a smooth transition and hand-over, Paul Farmer, the incoming ICB Non-Executive Member and ICB Remuneration Committee Chair Designate was invited

to attend the final meeting of the Frimley CCG Remuneration Committee held on 18 May 2022. It was also agreed that Paul Farmer would chair a one-off Shadow ICB Remuneration Committee meeting on held 3 May 2022. The Shadow ICB Remuneration Committee was briefed on the work that was being overseen by the Frimley CCG Remuneration Committee in support of the planning for the inaugural meeting of the Frimley ICB Remuneration Committee on 1 July 2022.

All meetings in Q1 2022-2023 were quorate with a minimum of three voting members present.

The Committee is comprised of both voting members and non-voting attendees. Membership and attendance is shown below:

Table showing Remuneration Committee Voting Member attendance between April 2022 – June 2022

Name	20 April 2022	18 May 2022
Voting Members		
Kathy Atkinson (Chair)	✓	✓
Dr Amanda Wellesley	✓	✓
Andrew Lloyd	✓	✓
Dr Ed Palfrey	✓	A

✓Attended A Absent

Table showing Remuneration Committee non-voting attendees between April 2022 – June 2022

Name	20 April 2022	18 May 2022
Non-voting attendees		
Fiona Edwards	✓	✓
Arthur Ferry	✓	✓
Caroline Corrigan	✓	✓

✓Attended A Absent

Committees of the Governing Body
Primary Care Commissioning Committee April 2022 – June 2022

On April 1 2016, CCGs assumed responsibility for commissioning local primary care services. The delegation of this role from NHS England to NHS Frimley CCG is an extremely important development in the planning of healthcare services provided to the local population. As the commissioner for local primary care the CCG works more closely with its member practices on planning the services provided to local people.

The Primary Care Commissioning Committee operates as a Meeting in Public, and members of the public are invited to submit questions in advance of each meeting. At its sole meeting in Q1 2022-2023, the Committee received presentations on the Annual Plan for Primary Care as well as an update on Supporting Effective Communication and Engagement in General Practice.

In accordance with its Terms of Reference, the Primary Care Commissioning Committee extended standing invitations to representatives from Health Watch, Local Medical Committees, and local Health and Wellbeing Boards.

All meetings of the Primary Care Commissioning Committee in Q1 2022-2023 were quorate.

Andrew Lloyd was the Chair of the Primary Care Commissioning Committee.

The Primary Care Commissioning Committee met once between April 2022 and June 2022.

Tables showing membership and attendance at the Primary Care Commissioning Committees held between April 2022 and June 2022

Name	3 May 2022	No of meetings attended
Members:		
Andrew Lloyd	✓	1/1
Arthur Ferry	✓	1/1
Caroline Farrar	✓	1/1
Sarah Bellars	A	0/1
Rob Morgan*	D	0/1
Veronica Lowthian, deputising for Rob Morgan*	✓	1/1
Gareth Robinson	✓	1/1
Huw Thomas	✓	1/1
Jim O'Donnell	✓	1/1
Annabel Buxton	A	0/1
John Fraser	✓	1/1
In Attendance:		
Health Watch	✓	1/1
Health and Wellbeing Board	✓	1/1
LMC	✓	1/1

* "Executives may appoint an appropriate deputy (who must be an employee of the CCG) to attend a meeting. For the purpose of a quorum, the deputy shall be counted as a member and shall have full voting rights on that occasion)."

✓Attended **A** Absent **D** Deputy present

Quality Performance and Finance Committee April 2022 – June 2022

The Quality, Performance and Finance Committee ensures reporting and assurance functions are fulfilled and allowing the Governing Body to retain its strategic focus.

The Committee met twice between April 2022 and June 2022 and included representation from each of the five places in addition to executive and non-executive directors.

The Committee received updates on system finance as well as quality and safeguarding. The Committee also received regular updates on the development of the ICB as well as key Governance assurance arrangements for the transition to the ICB.

Amanda Wellesley was the nominated Chair of the Quality, Performance and Finance Committee for Q1 2022-2023, however was unable to attend either of the meetings which took place during this period. In line with the Committee Terms of Reference, Arthur Ferry was nominated interim Chair the meetings which took place on 12 April and 21 June 2022.

All meetings of the Quality, Performance and Finance Committee were quorate in accordance with its Terms of Reference, with the following member representation:

- Chair - Secondary Care Specialist
- Executive representative (Finance or Quality)
- One representative from each of the five Places

Table showing membership and attendance at meetings held between April 2022 and June 2022

Name	12 April 2022	21 June 2022	No of meetings attended
Members:			
Chair	✓	✓	2/2
Executive Director of Finance	✓	✓	2/2
Executive Director of Quality and Nursing	✓	✓	2/2
Medical Director	✓	✓	2/2
Bracknell Forest Place-based representative	✓	✓	2/2
NEHF Place-based representative	✓	✓	2/2
RBWM Place-based representative	✓	✓	2/2
Slough Place-based representative	✓	✓	2/2
Surrey Heath Place-based representative	✓	✓	2/2

✓Attended **A** Absent

Additional notes

Personal data related incidents

In Q1 2022-2023, there were no reported Serious Untoward Incidents relating to data security breaches.

Statement of Disclosure to Auditors

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

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

Modern Slavery Act

NHS Frimley CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2022 is published on our website and this statement remained in place during Quarter 1 in 22/23.

14. STATEMENT OF ACCOUNTABLE OFFICER'S RESPONSIBILITIES

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

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

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

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;

- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts;
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

NHS Commissioning Board (NHS England) has appointed Fiona Edwards as the Accountable Officer for NHS Frimley CCG.

The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper records and for safeguarding NHS Frimley CCG's assets, are set out in Managing Public Money published by the HM Treasury.

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

To the best of my knowledge and belief I have properly discharged the responsibilities set out under the National Health Services Act 2008 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

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

Fiona Edwards
Accountable Officer
28 June 2023

15. GOVERNANCE STATEMENT

Introduction and context

'NHS Frimley CCG is a corporate body established by NHS England on 1 April 2021 under the National Health Service Act 2006 (as amended).

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

As at 30 June 2022, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.'

During the first quarter of 2022-23 the CCG worked in a complex and emerging healthcare environment and it continued its work to develop a single commissioning function for the Frimley ICS.

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 (CCG) policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

The Governing Body is constituted in accordance with the Health and Social Care Act 2012 and is the principle decision-making body in the commissioning and contracting of high-quality healthcare for our local community. It comprises of clinical, lay and executive directors with a variety of backgrounds, with a wide range of skills and experience. These include members overseeing elements of governance and patient and public engagement.

The Frimley CCG and its systems partners have continued to experience extraordinary and unprecedented challenges as a result of the COVID-19 health pandemic.

During the course of 2021-22 and into the first quarter of 2022-2023 the CCG has worked collaboratively with system partners to focus on continuing to rollout of the vaccination programme, elective recovery and to address health inequalities that have resulted from the pandemic.

During the first quarter of 2022-2023 the National NHS incident level moved down from level 4 to level 3 and as a result the Incident Coordination Centres (ICCs) are now being stood down and converting into System Operations Centres (SOCs) or an equivalent. From 13 June 2022 the Incident Coordination Centre for the Frimley Integrated Care System became the Frimley System Operation Centre (SOC). The Frimley SOC will continue to manage the vaccination programme.

I confirm that the CCG has been able to maintain the functions of the Governing Body through these arrangements and has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

I can confirm that the CCG ensures a strong focus on effective governance is maintained through the observance of the governance framework which is set out in the CCG's constitution.

The constitution requires that the CCG will at all times observe the principles of good governance in the way it conducts its business. These principles include the Good Governance Standard for Public Services, the Nolan Principles, the seven key principles of the NHS Constitution and the Equality Act 2010.

Embedded within the constitution are the CCG's Standing Orders. These Standing Orders, combined with the Scheme of Delegation and Prime Financial Policies, form the procedural governance framework. They set out the structure and arrangements for conducting the business of the CCG, the appointment of member practice representatives, and the procedures to be followed at meetings of the CCG, the process to delegate powers and the declaration of interests and standards of conduct.

Information about the Governing Body and its sub-committees, membership and attendance records can be found in the Member's Report.

The membership, attendance records and highlights of the work undertaken by the Frimley CCG Governing Board and its sub-committees the (i) Audit and Risk Committee (ii) Remuneration Committee (iii) Primary Care Commissioning Committee and (iv) Quality Finance and Performance Committee for Quarter one 2022 are described separately in the Membership Report.

UK Corporate Governance Code

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

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

The CCG has restated how it would discharge its responsibilities and functions. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Executive Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk management arrangements and effectiveness

The Governing Body Assurance Framework (GBAF) and the system of internal control are significant parts of the risk and control framework and are designed to manage risk and to provide reasonable assurance of effectiveness. The Governing Body Assurance Framework and the system of internal control are based on an on-going process to identify and prioritise the management of risks which could impact upon the achievement of the CCG's strategic objectives and to evaluate the likelihood of those risks being realised showing the impact should they be realised.

I can confirm that the Governing Body of the Frimley CCG approved a single Risk Management Framework in April 2021 which aligns all the predecessor risks and sets out new risk management processes.

In line with its Risk Management Framework, between April and June 2022, I can confirm that the CCG continued to work to develop and align risk management processes across each of its five places.

It is important for every employee and clinical lead to understand the Governance Framework, the Risk Management processes and the benefits of on-going identification and management of risk issues. To support staff and improve how the staff record and report on risk the CCG has successfully rolled-out 4Risk which has supported new risk management reporting processes. During the course of 2021-22 bespoke risk management training was delivered by our internal audit partner.

The CCG agreed five strategic objectives to support the transition to becoming a single Integrated Care System (ICS) on 1 July 2022 - the short-term strategic objectives map to those of the NHS England and to partners in the Frimley system and supports the ongoing work to address the impact of the COVID-19 health pandemic. These five strategic objectives have enabled the CCG to develop and agree a single aligned Governing Body Assurance Framework which the Governing Body approved at its meeting in October 2021.

To further support the development of robust risk management arrangements as part of the transition to the ICB – in the first quarter of 2022-2023 the CCG has appointed an interim Risk Manager who will take up post at the beginning of July 2022.

The CCG reviews any impact that a project or programme of work will have on local people. This includes an assessment of risk that helps the CCG to identify mitigating actions. Engaging with local people and stakeholders is one of the actions taken to reduce potential risks. The CCG listens to patients and makes sure local people are engaged throughout the design process, helping to develop new ideas and improve existing services. These actions are described in the Engaging People and Communities section of this report.

The CCG has continued to receive assurance on risk from Local Counter Fraud Specialist and Security Management Specialists who have provided an evaluation on potential cyber risks during the pandemic. The Audit and Risk Committee receives these assurances on behalf of the Governing Body.

Capacity to Handle Risk

The risks faced by the CCG against its strategic objectives are identified through various means, including risks assessments, audits, incident reports, complaints, through self-assessment and by NHS England.

In Quarter one the Executive Team received assurances on the new corporate risks including corporate, place and system risks.

The Audit and Risk Committee have been briefed throughout the period on the development of risk management in the CCG.

The Quality, Performance and Finance Committee received key assurance reports at its meetings which include an Integrated Performance Report, Quality and Safeguarding Reports alongside the relevant risk reports.

Risk Assessment

The Governing Body has agreed five significant risks. The risks are aligned to the strategic priorities and also correlate to the five national priorities set out by NHS England and system ambitions for the Frimley ICS:

- **Strategic Objective 1**: Positively focus on levelling up models of care so that we can improve health outcomes, address inequalities, and deliver greater inclusion across the system

  Risk: With the ongoing impact of COVID-19 on the financial regime and allocation for the system; in addition to being able to finalise a workable financial framework for the ICS, means that the system will not be able to successfully deliver its operating plan and the CCG may not meet its statutory duties.

- **Strategic Objective 2**: Working with partners and local communities to support the recovery of health and care services, with a particular focus on addressing health inequalities and the impact of the pandemic

  Risk: If we do not take decisive and continuous action to improve health outcomes and deliver greater inclusion for our local communities then, if unchecked, could potentially lead to a widening of the health gap and worsening health outcomes for people living in the most disadvantaged areas.

- **Strategic Objective 3** -Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered

  Risk: If we do not show through action our commitment to supporting our staff and having a culture of inclusivity then we will not be able to attract and develop a diverse workforce that reflects the communities we service

- **Strategic Objective 4**: Effectively manage our resources together with our system partners to successfully deliver the system operating plan

  Risk: If we do not coordinate our approach with system partners and use insights and intelligence in how we recover health and social care then we will not effectively address the health impact of COVID-19 on our communities.

- **Strategic Objective 5**: Lead well and inspire each other as we transition successfully into a new organisation

  Risk: If the CCG is unable to maintain robust CCG governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage.

The CCG continues to keep NHS England aware of all strategic risks as part of the regular dialogue and reporting arrangements.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

For Quarter one 2022-2023 the external auditors provided me with their opinion through their independent auditors report.

Owing to the impending statutory organisational change on July 1st 2022, no internal audit plan was agreed for the first quarter of the financial year and there was insufficient time to undertake internal audit work in order adequately to inform a compliant HOIAO. However, the Internal Auditor has provided a letter describing their assurance in respect of the organisation's governance arrangements which is contained within this report.

The organisation's Internal Auditor provided a Head of Internal Audit opinion for the year ended 31st March 2022 which was finalised and subsequently issued in May 2022. An approved Internal Audit plan is in place for 22/23 and field work has commenced.

Annual audit of conflicts of interest management

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

In April 2021, the CCG agreed its updated Conflicts of Interest Policy for the newly merged organisation which aligned management of conflicts of interest processes to ensure that the CCG is compliant with statutory guidance. The online Civica Declare system procured at the beginning of 2021 was rolled out to all CCG staff and system partners who attend CCG meetings from April 2021 onwards. The system provides the public with access to the declarations of interest for Governing Body members and decision makers in line with NHS England guidance. Staff are regularly reminded about the need to complete and maintain their conflicts of interest and to complete their mandatory training.

I am pleased with the progress made and the 2021-22 internal audit of conflicts of interest has given the CCG low risk rating for conflicts of interest. Their report notes that the CCG's procedures for identifying and mitigating conflicts of interest were well documented in each of the terms of reference reviewed, including the Audit

Committee; Remuneration Committee; Quality, Performance and Finance Committee; and each of the Place Based Committees. Conflicts of interest were a standing agenda item in all meeting minutes reviewed and in the majority of cases, where a conflict was declared, the actions taken to mitigate the conflict were clearly documented. A mandated conflicts of interest audit of conflicts of interest was not undertaken during Quarter one 2022.

I can confirm there have been no conflict-of-interest breaches reported between 1 April 2022 and 30 June 2022.

Data Quality

High quality data underpins every step of the commissioning cycle. It is only through the analysis of high-quality data that the CCG can move towards safe, effective, and equitable care for all.

The CCG ensures data quality throughout the commissioning process and, although we rely on other NHS organisations and the CSU, we gain direct assurance from these organisations on a monthly basis and gain independent assurance from Internal Audit reports. No significant issues relating to data quality have been reported to the CCG.

Information Governance

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

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. In 2021-22 the CCG received a low-risk rating from the Internal Audit on the review of the Data Security and Protection Toolkit. The auditors noted several areas of good practice during the review:

- All relevant training for the SIRO and Caldicott Guardian have been completed, and 97% of all staff have completed their Data Security Awareness Training;
- Clear and concise guidance is available for how to perform Data Protection Impact Assessments;
- The DATIX incident reporting and management system is in place for reporting IT incidents;
- All 10 High severity alerts raised this year have been addressed within 24 hours of being raised;
- The Information Governance Policy, Password Policy, and Patch Management Policy were noted to be comprehensive, including clear guidance and version control.

This provides the assurance that the CCG has established an information governance management framework and developed robust information governance processes and procedures in line with the Data Security and Protection Toolkit. All staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

In 2021-22 and into Q1 2022-2023 no serious untoward incidents relating to data security breaches needed to be reported to the regulators.

Response to COVID-19

The CCG responded appropriately to the COVID-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002. In line with the requirements set out by Secretary of State and NHS Digital this allowed action to be taken to share confidential patient information amongst health organisations and other appropriate bodies for the purposes of protecting public health, providing healthcare services to the public and monitoring and managing the outbreak. Further information can be found on NHS Frimley CCG's website https://www.frimleyccg.nhs.uk/policies-and-documents/information-governance-policies/149-covid-privacy-notice/file

Business Critical Models

An appropriate framework and environment is in place to provide quality assurance of business-critical models, in line with the recommendations in the Macpherson report. The business-critical models of the CCG primarily rely on activity and finance data produced by the Commissioning Support Unit (CSU) which is assured through their own processes.

The work of the CSU and the validity of its data is subject to further independent internal audit scrutiny. As Accountable Officer, I receive assurance through the CSU service auditor reports that relevant controls are in place and have been operating throughout the year. NHS England undertakes a quarterly assurance review which covers the output from these business critical models. All business-critical models have been identified and information about quality assurance processes for those models has been provided to Audit and Risk Committee.

Third party assurances

The CCG business critical-models primarily rely on activity and finance data produced by the CSU which is assured through the CSU own processes. As Accountable Officer, I receive assurance through service auditor reports that relevant controls are in place for business-critical models and have been operating throughout the year.

The CCG receives assurance reports from the following organisations:

- From the CSU for some or all services provided (as agreed between the CCG and CSU annually);
- From NHS Shared Business Services for the provision of Financial and Accounting Services and Primary Care Payments services;
- From IBM on the operation of the Electronic Staff Record (ESR) Payroll infrastructure and service;

- From NHS Digital on the operation of GP payments services;
- From NHS Business Service Authority on the operation of prescription services and dental services.

These are Service Auditor Reports which typically set out the following:

- Respective responsibilities in the Service end to end process;
- A high level description of the governance and assurance arrangements in place at the Service Organisation including arrangements for effective risk management and assurance;
- A high level description of the Service control environment;
- An assertion by the Service Organisation management regarding the design of internal controls over the process; and,
- A low level description of the Service's control objectives and supporting key controls.

Service Auditor Reports are an internationally recognised method for Service Organisations to provide details of controls and their operation in a specified period to their clients and are prepared to internationally recognised standards (typically ISAE 3000 and 3402).

In drawing a conclusion on third party assurances, no significant impact on control issues were raised via the Service Auditor Reports that impacted on the CCG's control environment for the period 2021-22. Service Auditor bridging letters have been completed for Quarter One 2022-2023.

Control Issues

PwC provided a Head of Internal Audit opinion for the year ended 31st March 2022 which was finalised and subsequently issued in May 2022. In 2022-23 an Internal Audit Plan was approved and PwC commenced field work on that Plan.

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

I am confident the CCG actively promotes economy, efficiency & effectiveness in all aspects of the CCG's business. The Executive Team and the Quality, Performance and Finance Committee provide critical oversight on investments from both a clinical and financial perspective. All of the achievements of the CCG have been performed within resource limits set by NHS England.

Recruiting the right people to the right posts has been a fundamental approach the CCG has taken forward as part of managing its resources throughout 2021-22 and into the first Quarter of 2022-2023. It has maintained its strong leadership with clinical leadership central to the areas that the CCG is responsible for commissioning.

CCGs are statutory organisations responsible to their Governing Body for the delivery of both their statutory and constitutional duties and improvements in the health outcomes of their population. NHS England approaches assurance from the assumption that CCGs will deliver against these requirements.

The process uses information derived from a variety of sources including, where necessary, face-to-face visits. The nature of the oversight, including the expected frequency of assurance meetings, is agreed between NHS England and individual CCGs.

The assurance process introduces a more risk-based approach which differentiates high performing CCGs, those whose performance gives cause for concern, and those in between. It consists of the following components:

- well-led organisation;
- performance: delivery of commitments and improved outcomes;
- financial management;
- planning; and
- delegated functions.

For Quarter one 202-2023 NHS Frimley CCG has received a low risk rating on all domains assessed.

Delegation of functions

On 1 April 2021 the CCG assumed responsibility for commissioning local primary care services from its predecessor organisations. The delegation of this role from NHS England to the CCG is an extremely important development in the planning of healthcare services provided to the local population.

As the commissioner for local primary care the CCG works more closely with its member practices on planning the services provided to local people.

No control issues were raised by the auditors or NHS England during 2021-22 and previous legacy CCG's had all received low risk or substantial assurance on effectiveness of the arrangements put in place to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement.

Counter fraud arrangements

Following the merger of the three former CCGs (East Berkshire, North East Hampshire and Farnham and Surrey Heath) in April 2021 the Fraud and Security Management Service for the Frimley CCG was aligned to a single provider TIAA – an effective handover of responsibilities was undertaken between the outgoing Hampshire and Isle of Wight Team and TIAA to ensure continuity.

The Fraud and Security Management Service provide an active role in the prevention and deterrence of fraud, bribery and corruption through their attendance at the Audit and Risk Committee, involvement in policy-setting and sharing of information through

attendance at CCG meetings and alerts, bulletins and articles published through the dedicated Fraud and Security Management website.

The emergence of the COVID-19 global pandemic has created unprecedented challenges and across the NHS fraud referrals have increased compared to the same period in 2019-20. A bespoke COVID-19 Fraud and Security Risk Assessment was designed to include emerging risks specific to the pandemic and undertaken across the CCG which provided support for all key functions to mitigate fraud risk and identified areas of risk to target for fraud risks.

In Quarter One 202-2023 the CCG's Counter Fraud Specialist reported on five allegations to the Audit and Risk Committee. Four remain under investigation at year end (two from previous years). No other significant losses are reported.

On 1 April 2021 the NHS Counter Fraud Services transitioned its compliance with the NHS Standards to the Government Functional Standards. The Fraud and Security Management Team has worked closely with the CCG to support this transition process and evidence compliance - the Frimley CCG submitted an overall "Green" rating on 31 May 2022.

The CCG has established a positive training and awareness culture to ensure all staff receive regular training in person, virtually and through the dedicated online e-learning package. Awareness articles produced by the Local Counter Fraud Team have been disseminated to all staff and published online for all staff to access. A staff survey was also carried across the CCG by Counter Fraud.

The Local Counter Fraud Specialist attended the Audit and Risk Committee meetings and reported on progress against the Annual Plan and achievement of the new Government Functional Standards.

No significant control issues have been raised by the Counter Fraud Team.

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

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

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

I have been advised and given assurance on the effectiveness of internal controls throughout the year through the work carried out by the following:

- Governing Board;
- Incident Control Centre;
- Audit and Risk Committee;
- Quality Performance and Finance Committee; and
- Internal audit.

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

Conclusion: No significant internal control issues have been identified

Fiona Edwards

Accountable Officer 28 June 2023

Private and confidential

NHS Frimley CCG

5 October 2022

To whom it may concern

For the period April – June 2022 due to the change in Finance Director, Audit Committee Chair and other staff in the CCG due to the change in organisational form mid-year, we did not undertake any internal audit work relating to this specific period. There was insufficient time to fully develop a plan, deliver the fieldwork and reports, and issue a Head of Internal Audit Opinion for this period.

We did provide a Head of Internal Audit opinion for the year ended 31st March 2022 which we finalised and subsequently issued in May 2022. We have an approved Internal Audit plan in place for 22/23 and have commenced our fieldwork.

Yours sincerely

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16. REMUNERATION REPORT AND STAFF REPORT

REMUNERATION REPORT

Definition of senior manager

The definition of 'senior managers' as per NHS England Annual Reporting guidance is: *"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the clinical commissioning group."*

This means those who influence the decisions of the clinical commissioning group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory or lay members.

For the purpose of this remuneration report, 'senior managers' constitute both voting and non-voting members of the CCG Governing Body.

Remuneration Committee

It is a statutory requirement that a CCG's governing body has a Remuneration Committee to determine and approve remuneration packages for the Accountable Officer, Chief Finance Officer, Executive Directors and Board members. It will also approve policies relating to remuneration and the terms and conditions of employment for all CCG staff.

The role of the Committee is to make recommendations to the Governing Body about remuneration, fees, and allowances for employees of the CCG and people who provide services to the CCG. No committee member is present for discussions about their own remuneration or terms of service.

For further details about the Remuneration Committee, please see the Member Report.

Remuneration of Very Senior Managers

For any senior manager who is paid in excess of £150,000 on a full-time annualised basis, the remuneration is agreed and discussed with the CCG's Lay Members at the Remuneration Committee ahead of national approval. Some individuals, including the Accountable Officer of the CCG, have expanding and more complex portfolios covering multiple systems and geographies, and this has been strongly taken into consideration when agreeing the remuneration values. The Salary and Allowances table that follow contain further disclosures on the remuneration of the CCG's senior managers.

Statement of Policy

The Remuneration Committee has the responsibility to maintain awareness of statutory requirements, national guidance and directions in relation to remuneration and workforce matters and to ensure appropriate weight is given in its deliberations to the need to conserve public resources and deliver value for money.

Senior Managers Service Contracts

There have been no payments made for loss of office to any senior manager who was a member of the Governing Body between April 2022 and June 2022 (2021-22: Nil).

Salaries and allowances

The table below shows the salaries and allowances paid to senior managers for Q1 April to June 2022 and 2021-22 Financial Year

Name	Title	Note	Full Salary & Fees (Bands of £5,000) £000	All taxable Benefits (To the nearest £100)	Full Performance Pay & Bonuses (Bands of £5,000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Nicola Airey	Executive Place Managing Director for Surrey Heath		25-30	0	0	10-12.5	35-40
Kathy Atkinson	Lay Member for North East Hampshire and Farnham and Patient and Public Engagement, Chair of the Remuneration Committee, and Freedom to Speak Up Guardian (Staff)		0-5	0	0	0	0-5
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)		25-30	0	0	27.5-30	55-60
Emma Boswell	Executive Director of Development and Improvement		20-25	100	0	7.5-10	30-35
Dr Annabel Buxton	Place Based Clinical Lead for Bracknell Forest	*ii*	5-10	0	0	20-22.5	30-35
Fiona Edwards	Chief Officer (Accountable Officer)	*iv*	45-50	0	0	0	45-50
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead		25-30	0	0	7.5-10	35-40
Arthur Ferry	Lay Member for Slough, Royal Borough of Windsor and Maidenhead and Audit and Risk, Chair of the Audit and Risk Committee, and Conflicts of Interest Guardian		0-5	0	0	0	0-5
Dr John Fraser	Place Based Clinical Lead for Surrey Heath	*vii*	10-15	0	0	0	10-15
Daryl Gasson	Executive Place Managing Director for North East Hampshire and Farnham		25-30	0	0	10-12.5	35-40
Lalitha Iyer	Executive Medical Director	*viii*	20-25	0	0	12.5-15	30-35
Andrew Lloyd	Interim Lay Member for Surrey Heath, Chair of the Primary Care Commissioning Committee	*x*	0-5	0	0	0	0-5
Rob Morgan	Executive Director of Finance	*xi*	35-40	300	0	5-7.5	40-45
Dr Jim O'Donnell	Place Based Clinical Lead for Slough	*xii*	15-20	0	0	0	15-20
Dr Ed Palfrey	Lay Member for Bracknell Forest, Independent Chair for Frimley CCG Governing Body	*xiii*	0-5	0	0	0	0-5
Dr Gareth Robinson	Place Based Clinical Lead for North East Hampshire and Farnham	*xiv*	10-15	0	0	0	10-15
Fiona Slevin-Brown	Executive Place Managing Director for Bracknell Forest	*xv*	30-35	0	0	0	30-35
Dr Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead		20-25	0	0	10-12.5	30-35
Amanda Wellesley	Secondary Care Specialist		5-10	0	0	0	5-10

NOTES Salaries and allowances

i. The salary and fees for Dr Lalitha Iyer include payments relating to her clinical role in addition to those for her Medical Director role.
ii. The salary and fees for Dr Jim O'Donnell include payments relating to his ICS role in addition to those for his Place Based Clinical Lead role for Slough.
iii. Non-voting members who attended the Governing Body meetings include the five place members, Nicola Airey, Emma Boswell, Caroline Farrar, Daryl Gasson and Fiona Slevin-Brown
iv. The Non-Executive Members for the ICB, Ilona Blue and Paul Farmer and the Designate Chair of the ICB, Priya Singh, were employed during this period in shadow roles to prepare for their ICB appointments. They did not vote, nor for the purposes of the members report, were they considered members during the three month period to 30 June 2023.

Salaries (2021-2022)

This table is subject to Audit			2021/22			
Name	Title	Note	Full Salary & Fees (Bands of £5,000) £000	Full Performance Pay & Bonuses (Bands of £5,000) £000	All Pension-related benefits (Bands of £2,500) £000	Total (Bands of £5,000) £000
Nicola Airey	Executive Place Managing Director for Surrey Heath		110-115	0	30-32.5	140-145
Kathy Atkinson	Lay Member for North East Hampshire and Farnham and Patient and Public Engagement, Chair of the Remuneration Committee, and Freedom to Speak Up Guardian (Staff)		15-20	0	0	15-20
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)		115-120	0	22.5-25	135-140
Emma Boswell	Executive Director of Development and Improvement		95-100	0	15-17.5	110-115
Dr Andy Brooks	Chief Officer (Accountable Officer)	*i*	5-10	0	0	5-10
Dr Annabel Buxton	Place Based Clinical Lead for Bracknell Forest	*ii*	15-20	0	0-2.5	15-20
Dr Steven Clarke	Place Based Clinical Lead for North East Hampshire and Farnham	*iii*	25-30	0	0	25-30
Fiona Edwards	Chief Officer (Accountable Officer)	*iv*	190-195	0	0	190-195
Tracey Faraday-Drake	Executive Place Managing Director for Slough		110-115	0	25-27.5	135-140
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead		110-115	0	57.5-60	165-170
Arthur Ferry	Lay Member for Slough, Royal Borough of Windsor and Maidenhead and Audit and Risk, Chair of the Audit and Risk Committee, and Conflicts of Interest Guardian		15-20	0	0	15-20
Tony Fitzgerald	Lay Member for Surrey Heath and Chair of the Primary Care Commissioning Committee	*v*	5-10	0	0	5-10
Dr John Fraser	Place Based Clinical Lead for Surrey Heath	*vi*	40-45	0	0	40-45
Daryl Gasson	Executive Place Managing Director for North East Hampshire and Farnham		110-115	0	0	110-115
Lalitha Iyer	Executive Medical Director	*vii*	105-110	0	20-22.5	125-130
Dr Martin Kittel	Place-based Clinical Lead for Bracknell Forest	*viii*	10-15	0	0	10-15
Andrew Lloyd	Interim Lay Member for Surrey Heath, Chair of the Primary Care Commissioning Committee	*ix*	5-10	0	0	5-10
Rob Morgan	Executive Director of Finance		130-135	0	27.5-30	160-165
Dr Jim O'Donnell	Place Based Clinical Lead for Slough	*x*	60-65	0	0	60-65
Dr Ed Palfrey	Lay Member for Bracknell Forest, Independent Chair for Frimley CCG Governing Body	*xi*	15-20	0	0	15-20
Dr Gareth Robinson	Place Based Clinical Lead for North East Hampshire and Farnham	*xii*	20-25	0	0	20-25
Fiona Slevin-Brown	Executive Place Managing Director for Bracknell Forest		115-120	0	22.5-25	140-145
Dr Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	*xiii*	65-70	0	25-27.5	95-100
Amanda Wellesley	Interim Secondary Care Specialist		15-20	0	0	15-20
Emma Whitehouse	Interim Place Based Clinical Lead for Surrey Heath	*xiv*	5-10	0	0	5-10

NOTES Salaries and allowances

There are no values included in the remuneration report for 2020-21 as recommended because NHS Frimley CCG was formed on 1 April 2021 following the merger of NHS East Berkshire, North East Hampshire & Farnham and Surrey Heath CCGs.

i. Dr Andy Brooks (Accountable Officer) was seconded to another role from 19 April 2021. Fiona Edwards was seconded to the Accountable Officer role from 19 April 2021.
ii. Dr Annabel Buxton was the Place Based Lead for Bracknell Forest from 6 September 2021.
iii. Dr Steven Clarke was the Place Based Lead for North East Hampshire and Farnham from 1 April 2021 to 29 October 2021.
iv. Fiona Edwards was seconded to the Accountable Officer role from 19 April 2021.
v. Tony Fitzgerald was the Lay Member and Chair of the Primary Care Commissioning Committee from 1 April 2021 to 8 October 2021.
vi. Dr John Fraser was on a sabbatical from 1 September 2021 to 31 October 2021. His role was undertaken by Dr Emma Whitehouse on an interim basis during this time. See note xiv.
vii. The salary and fees for Dr Lalitha Iyer include payments relating to her clinical role in addition to those for her Medical Director role.
viii. Dr Martin Kittel was the Place Based Lead for Bracknell Forest from 1 April 2021 to 31 July 2021.
ix. Andrew Lloyd was Interim Independent Member and Chair of the Primary Cre Committee from 8 October 2021 to 31 March 2022.
x. The salary and fees for Dr Jim O'Donnell include payments relating to his ICS role in addition to those for his Place Based Clinical Lead role for Slough.
xi. Dr Ed Palfrey was the Independent Chair for Frimley CCG from 1 April 2021 to 20 June 2021. He became the Independent Member of the Governing Body from 21 June 2021 to 31 March 2022.
xii. Dr Gareth Robinson was the Place Based Lead for North East Hampshire and Farnham 1 November 2021 to 31 March 2022.
xiii. Dr Huw Thomas was the Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead from 1 April 2021 to 31 March 2022 and elected as Clinical Chair from 1 July 2021 to 31 March 2022.
xiv. Dr Emma Whitehouse acted as Place Based Clinical Lead for Surrey Heath between 1 September 2021 and 31 October 2021.

Pension Benefits (1 April 2022 – 30 June 2022)

Name		(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
	Role	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employer's contribution to stakeholder pension
		£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fiona Edwards	Chief Officer (Accountable Officer)	0	0	40-45	120-125	51	0	54	0
Lalitha Iyer	Executive Medical Director	2.5-5	0-2.5	25-30	60-65	504	0	394	0
Sarah Bellars	Executive Director of Quality and Nursing, Caldicott Guardian, and Freedom to Speak Up Guardian (Primary Care)	5-7.5	10-12.5	45-50	85-90	685	0	707	0
Huw Thomas	Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	0-2.5	0-2.5	25-30	70-75	470	0	485	0
Emma Boswell	Executive Director of Development and Improvement	0-2.5	0-2.5	30-35	55-60	498	0	512	0
Nicola Airey	Executive Place Managing Director for Surrey Heath	2.5-5	2.5-5	40-45	70-75	693	0	714	0
Caroline Farrar	Executive Place Managing Director for Royal Borough of Windsor and Maidenhead	2.5-5	0	20-25	0	228	0	242	0
Daryl Gasson	Executive Place Managing Director for North East Hampshire and Farnham	0-2.5	0	50-55	100-105	944	0	965	0
Robert Morgan	Executive Director of Finance	0-2.5	0-	20-25	0	280	0	288	0
Fiona Slevin Brown	Executive Place Managing Director for Bracknell Forest	0-2.5	0	50-55	100-105	899	0	910	0
Annabel Buxton	Place Based Clinical Lead for Bracknell Forest	2.5-5	10-12.5	5-10	25-30	85	66	158	0

Where the member had no 2021-22 service or the real increase in their lump sum was negative, the nil band is zero.

Cash equivalent transfer value (CETV) figures are calculated using the guidance in discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 figures.

Pension Benefits (2021-2022)

Pension Benefits 2021-22								
Name and Title	Real increase in pension at pension age £000 (bands of £2,500)	Real increase in pension lump sum at pension age £000 (bands of £2,500)	Total accrued pension at pension age at 31st March 2022 £000 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31st March 2022 £000 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2021 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31st March 2022 £000	Employers contribution to stakeholder pension £000
Nicola Airey, Executive Place Based Managing Director for Surrey Heath	2-2.5	0-2.5	35-40	65-70	647	47	693	16
Sarah Bellars, Executive Director of Qaulity and Nursing, Caldicott Guardian and Freedom to Speak Up Guardian (Primary Care)	2-2.5	0	35-40	70-75	646	39	685	17
Emma Boswell, Executive Director of Development and Improvement	0-2.5	0	30-35	55-60	473	25	498	14
Dr Amanda Buxton, Place Based Clicial Lead forBracknell Forest)	0-2.5	0-2.5	0-5	5-10	81	3	85	2
Fiona Edwards, Accountable Officer	0	0	40-45	120-125	49	1	50	2
Tracey Faraday-Drake, Executive Place Based Managing Director for Slough	0-2.5	0	5-10	0	49	31	80	16
Caroline Farrar, Executive Place Based Managing Director for Royal Borough of Windsor, Ascot and Maidenhead	2.5-5	0	15-20	0	169	59	228	16
Daryl Gasson, Executive Place Based Managing Director for North East Hants and Farnham	0-2.5	0-2.5	45-50	100-105	919	25	944	16
Lalitha Iyer, Executive Medical Director	0-2.5	0-2.5	20-25	55-60	467	38	504	11
Rob Morgan, Executive Director of Finance	0-2.5	0	20-25	0	244	36	280	19
Fiona Slevin-Brown, Executive Place Based Managing Director for Bracknell Forest	0-2.5	0	45-50	100-105	845	54	899	17
Dr Huw Thomas, Clinical Chair and Place Based Clinical Lead for Royal Borough of Windsor and Maidenhead	0-2.5	0-2.5	25-30	65-70	434	37	470	10

There are no values included in the remuneration report for 2020/21 as recommended because Frimley CCG was formed on 1st April 2021 following the merger of East Berkshire, North East Hants and Farnham and Surrey Heath CCGs

Cash Equivalent Transfer Values

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

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

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

Real Increase in CETV

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

Fair Pay Disclosure

Percentage change in remuneration for the highest paid director

There has been no percentage change in remuneration for the highest paid director from the previous financial year.

Pay Ratio Information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director/member in Frimley CCG between April 2022 and June 2022 was £195,000 - £200,000 (mid-point £197,500), this is a 0% movement on 2021-22.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

1 April - 30 Jun 22	25th percentile	Median	75th percentile
Total remuneration (£)	39,027	47126	65664
Salary component of total remuneration (£)	39,027	47113	65664
Pay ratio information	5.06:1	4.19:1	3.00:1

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	39,431	50,219	79,504
Salary component of total remuneration (£)	39,431	50,219	79,504
Pay ratio information	5.01 : 1	3.93 : 1	2.48 : 1

Percentage Change	25th percentile	Median	75th percentile
Total remuneration (%)	-1.02%	-6.16%	-17.41%
Salary component of total remuneration (%)	-1.02%	-5.96%	-17.41%

No staff were in receipt of non-consolidated performance related pay during Q1 April to June 2022 (2021-22: Nil). The benefits in kind (related to travel expense mileage payments) were minimal as staff were working from home during the year due to the pandemic.

Between April 2022 and June 2022, no employees received remuneration greater than the highest-paid director/member (2021-22: Nil).

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

Remuneration of Frimley CCG's staff is shown in the table in the Staff Report section.

Staff Report (subject to audit)

Under the Equality Act 2010, it is essential that the CCG collects and reports on its current relevant workforce information. To do this, it is updated on a regular basis to

ensure that current policies, practices and support mechanisms remain relevant to the needs and requirements of the workforce.

The CCG employs permanent staff and also uses a limited amount of agency staff, classified as 'other'. It also buys in services from Commissioning Support Units and other CCGs. The following table sets out the staff costs for the permanent and agency staff from April 2022 to June 2022:

Note: This only reflects the headcount of staff on the CCG's Payroll as at 30 June 2022

Number of Senior Managers (1 April 2022 - 30 June 2022)

Band	Permanent	Other
Very senior Manager	21	19
Senior Manager	63	9
Total	**84**	**28**

Number of Senior Managers (2021-2022)

Band	Permanent	Other
Very senior Manager	37	0
Senior Manager	71	26
Total	108	26

Very Senior Managers includes Executive Directors, Non-Executive Directors and all clinical leads. Senior managers include all other managers from Band 8b

Staff numbers and costs (1 April 2022 - 30 June 2022)

Employee Benefits	Permanent employees	Other	Total
	£000	£000	£000
Salaries and wages	3,740	579	4,319
Social security costs	398	-	398
Employer Contributions to NHS Pension scheme	610	-	610
Other pension costs	-	-	-
Apprenticeship Levy	17	-	17
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	4,766	579	5,345

Staff numbers and costs (2021-2022)

Employee Benefits	Permanent employees	Other	Total
	£000	£000	£000
Salaries and wages	12,105	1.921	14,026
Social security costs	1,284	-	1,284
Employer Contributions to NHS Pension scheme	2,181	-	2,181
Other pension costs	-	-	-
Apprenticeship Levy	44	-	44
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	24	-	24
Gross employee benefits expenditure	**15,639**	**1,921**	**17,560**

Staff numbers (headcount) (1 April 2022 - 30 June 2022)

Description	Permanent	Other
Very senior Managers	21	19
Senior Managers	63	9
Manager	61	20
Clerical and Administrative	39	22
Nurse	11	0
Senior Manager - Pharmacy	1	0
Pharmacist - trained	9	1
Pharmacy Technician	4	0
Total	209	71

The above Includes executive directors, clinical leads, agency and temporary staff at 30 June 2022. It excludes non-executive directors and staff who have left the organisation before 30 June 2022.

Staff numbers (headcount) (2021-2022)

Description	Permanent	Other
Very senior Managers	37	0
Senior Managers	59	5
Manager	67	8
Clerical and Administrative	56	0
Nurse	28	32
Senior Manager - Pharmacy	6	0
Pharmacist - trained	8	0
Pharmacy Technician	5	0
Total	265	45

The above tables includes executive directors, clinical leads, agency and temporary staff at 30 June 2022 and 31 March 2022 respectively. It excludes non-executive directors and staff who have left the organisation before 30 June 2022 and 31 March 2022 respectively.

Staff Sickness Absence (1 April 2022 - 30 June 2022)

Staff sickness absence is provided by NHS Digital and is set out in the table below. The CCG continues to develop systems and policies for the reporting of staff sickness and absence.

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
218	6.0	711	26,504

Staff Sickness Absence (2021-2022)

Average FTE	Average Annual Sick Days per FTE	Total FTE Days Sick	Sum of FTE Days Available
200	**5.2**	1,257	54,739

Cost Allocation and Setting of Charges for Information

We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Principles for Remedy

The Parliamentary and Health Service Ombudsman's six Principles for Remedy (below for information) are embedded into the Complaints Policy and Procedure in use by the CCG to ensure that the approach taken to complaints handling is reasonable, fair and proportionate and meets the needs of individuals. As commissioners, the CCG is committed to ensuring high-quality, clinically effective services, treatments and interventions that meet the needs of patients and that through the highlighting of complaints and concerns the ICB can make improvements to these services.

The six Principles for Remedy are:

1. Getting it right
2. Being customer-focused
3. Being open and accountable
4. Acting fairly and proportionately
5. Putting things right
6. Seeking continuous improvement

The Lay Member for Patient and Public Engagement has the role of the Freedom to Speak Up Guardian to give independent support and advice to staff who want to raise concerns.

The Director of Quality and Nursing has the role of the Freedom to Speak up Guardian to give independent support and advice to anyone from primary care who want to raise concerns.

Employee Consultation

The CCG believes that by working in partnership with staff we can learn about peoples' experiences and views, to help prioritise the best ways to support and work together, ultimately acting as a good employer, with strong, supported teams who share organisational learning to shape the delivery of high-quality care for all.

As in previous years, the CCG continues to regularly communicate and engage with staff through weekly staff updates and monthly team briefs – a meeting where staff are informed of changes within the organisation and are invited to be engaged and involved. Staff are also involved and invited to stakeholder events, where CCG priorities are debated and shaped, and regular communications are sent to staff via emails and one-to-one meetings are held with line managers on a frequent basis. Objective settings and personal development plans are written for staff to follow as part of their performance management plans each year too.

Extensive and detailed preparations to transition to a new statutory organisation from 1 July 2022 included a People and Workforce workstream. Our priority to ensure the safe transfer of staff from the CCG to the ICB in line with the employment commitment. We consulted with all staff in scope to transfer into the Integrated Care Board in accordance with the national framework and TUPE legislation. The consultation ran from 7 April 2022 until 13 May 2022. A series of consultation meetings and briefing sessions took place, enabling strong staff engagement and opportunity for feedback and to raise queries. Staff in scope to transfer were formally notified in writing, including the date of transfer to the ICB and any measures. All staff in scope successfully transferred to the ICB on 1 July 2022.

During Q1 2022 the CCG Remuneration Committee received assurances on the arrangements for the transfer of staff from the CCG to the newly forming ICB on 1 July 2022 in line with legislative requirements and employer best practice. The CCG

Remuneration Committee was also briefed on the key themes arising from consultation – the results of the TUPE consultation would be transitioned to the forward work plan for the ICB Remuneration Committee for further follow up.

In Q1 2022 staff also had the opportunity to provide their feedback and share views on the set of proposed agile working commitments that had been developed in 2021-2022.

Staff Partnership Forum

We have a well-established and active Staff Partnership Forum through which we engage and consult with staff around organisational development plans and actions, health and wellbeing activities, organisational policies, as well as any formal consultations and policy changes. Membership includes staff of various levels, representing each directorate.

The SPF has been pivotal to improving communication and engagement with staff, listening to feedback and suggestions, taking ownership of issues affecting colleagues and making recommendations to make improvements. As we transition to an ICB the SPF will continue to play a central role in making the new organisation a great place to work where staff feel valued, motivated and a strong sense of belonging to the organisation and its objectives.

Staff policies

We have a well established set of staff policies which are developed in line with Agenda for Change Terms and Conditions, best practice and legislation. All policies are developed in partnership through the Staff Partnership Forum. All policies are developed to ensure we are able to recruit and retain a diverse workforce whilst ensuring equal treatment of staff and meeting the organisation's duty of care around staff health and safety at work.

All new policies have an Equality Impact Assessment to ensure they are not detrimental to staff on the basis of any protected characteristics as defined in the Equality Act 2010. We regularly monitor the diversity of our workforce.

When applying any of the CCG's HR policies, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010): age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

We will continue to develop new staff policies and review existing policies as we transition into the ICB, in partnership and consultation with staff and Trade Union representatives.

Staff training

All staff are required to undertake statutory and mandatory training on a variety of topics to keep standards high, ensure compliance with regulations, and to keep colleagues safe at work.

The training staff are required to do will be specific to their role. Some training is required to be completed annually and others every three years. Training includes but is not limited to:

- Display Screen Equipment
- Fire Safety
- Information Governance
- Equality and Diversity
- Health Safety and Wellbeing
- Safeguarding Adults
- Safeguarding Children
- Fraud awareness
- Moving and Handling

Equality

The role of equality and diversity is central to the CCG's values, processes and behaviours. As a public body the CCG has a duty to eliminate discrimination and promote equality of opportunity - this duty applies to staff, service users, patients, carers and members of the general public that the CCG comes into contact with.

The CCG is committed to developing, supporting and sustaining a diverse and inclusive workforce that is representative of the community it serves. Equally, we are committed to commissioning (buying) a health service that respects and responds to the diversity of the local population.

In 2021- 2022 the CCG appointed a dedicated Equality, Diversity and Inclusion (EDI) Lead and established an EDI Working Group to ensure that it meets its statutory duties to comply with key legislation including: the NHS Constitution, the Equality Act 2010, the Human Rights Act 1998 and the Health and Care Social Care Act 2010. The CCG uses the NHS Equality Delivery System 2 (EDS2) to help us to meet the requirements of the Public Sector Equality Duty which is set out in the Equality Act 2010. There are three strands to the Public Sector Equality Duty. These are to:

- eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not

The CCG self-assesses itself against dedicated Equality Objectives and publishes this information on the website it also undertakes annual analysis of the indicators in the NHS Workforce Race Equality Standard. The CCG has an Equality, Diversity and Inclusion Policy Statement which provides guidance to staff.

The EDI Lead has supported the staff induction programme for new starters and has promoted awareness of equalities work and activities by attending a range of staff meetings. This close collaborative working helps to ensure that equality, diversity and inclusion is considered and integrated in all aspects of the ICB's work, and at an early stage. The CCG also has a BAME Network which provides a forum for staff to work together to embed equalities work.

The CCG has marked a number of equality events for staff, partners and the wider community. The South East Asian Heritage Month was celebrated in July – August 2021 and brought different and diverse members of the community and staff together. Other events included, Black History Month, Disability History Month, Holocaust Memorial Day, LGBT+ History Month and Race Equality Week. A series of EDI events are being planned for the year ahead which will support the development of a more inclusive culture in the Frimley ICS.

Freedom to speak up

In accordance with the duty of candour the CCG is committed to conducting its business with openness, honesty and integrity and staff are encouraged to raise concerns about any suspected wrongdoing either via the Counter Fraud Team or with one of the two Freedom to Speak Up Guardians.

The role of the Freedom to Speak Up Guardian is to act as an independent and impartial source of advice at any stage of raising a concern, with access to anyone in the organisation, including the Accountable Officer. Sarah Bellars, Executive Director of Nursing and Quality is the designated Freedom to Speak Up Guardian for Primary Care and Kathy Atkinson, Lay Member for Patient and Public Engagement and Lay Member for North East Hampshire and Farnham Place is the Freedom to Speak Up Guardian for staff. The CCG has a Freedom to Speak Up Policy (formerly the Whistleblowing Policy) which is published on the website https://www.frimleyICB.nhs.uk/policies-and-documents/corporate-policies

Staff are able to access information on the intranet about how to independently contact a member of the Counter Fraud Team – staff also have access to a range of Counter Fraud resources which promote how to raise concerns about any suspected wrongdoing.

Disabled Employees

The CCG is committed to ensuring its recruitment and assessment processes are inclusive and accessible and that the organisation is visible and attractive to disabled applicants. The Recruitment Policy makes provision to ensure all applications are shortlisted anonymously according to the same criteria. Applicants who declare a

disability are guaranteed an interview if they meet the essential criteria for the post and reasonable adjustments will be made throughout the recruitment process.

The CCG is also committed to embedding and maintaining the highest quality workplace support for disabled staff. This includes accessing support and advice from Occupational Health and Access to Work to ensure the workplace is accessible and all necessary reasonable adjustments are made to enable the best possible workplace experience.

Trade Union

Public sector organisations are required to report on trade union facility time, which is the paid time off for union representatives to carry out trade union activities. In April to June 2022 the CCG only had one member of staff who acted as a Trade Union official. The ICB has agreed flexible time to carry out trade union duties.

Expenditure on Consultancy

As detailed in note 5 of the financial statements, the CCG's total expenditure on consultancy service for April 2022 – June 2022 is £50,000 (2021-22: 1,489,000)

Off Payroll Engagements

It is a Treasury requirement for public sector bodies to report arrangements whereby individuals are paid through their own companies and so are responsible for their own tax and National Insurance arrangements. In addition, payments to GP practices for the services of employees and GPs are deemed to be "off-payroll" engagements.

Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 30 June 2022, for more than £245 per day:

No. of existing engagements as of 30 June 2022		52
Of which the number that have existed:		
For less than one year at the time of reporting	6	
For between one and two years at the time of reporting		46
For between two and three years at the time of reporting		0
For between three and four years at the time of reporting		0
For four or more years at the time of reporting		0

Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1st April 2022 and 30th June 2022, for more than £245 per day

No. of temporary off-payroll workers between 1 April 2022 and 30 June 2022	52
Of which:	
No, not subject to off-payroll legislation	0
No. subject to off-payroll legislation and determined as in-scope of IR35	52
No. subject to off-payroll legislation and determined as out of scope of IR35	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following the consistency review	0

Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1st April 2022 and 30 June 2022.

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members", and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on-payroll and off-payroll engagements.	18

Exit packages, including special (non-contractual) payments (1 April 2022 – 30 June 2022)

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	**£**	**Number**	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£151,001 - £200,000	-	-	-	-	-	--	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Exit packages, including special (non-contractual) payments (2021-2022)

Exit package cost band (inc. any special payment element)	Compulsory redundancies		Other departures agreed		Total		Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	**£**	**Number**	**£**	**Number**	**£**	**Number**	**£**
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	1	24,443	-	-	1	24,443	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£151,001 - £200,000	-	-	-	-	-	--	-	-
> £200,000	-	-	-	-	-	-	-	-
Total	1	24,443	**-**	**-**	1	24,443	**-**	**-**

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

Parliamentary Accountability and Audit Report

Frimley CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements.

Fiona Edwards
Accountable Officer

28 June 2023

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS FRIMLEY INTEGRATED CARE BOARD IN RESPECT OF NHS FRIMLEY CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Frimley Clinical Commissioning Group ("the CCG") for the three month period ended 30 June 2022 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 30 June 2022 and of its income and expenditure for the three month period then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 22 June 2022 as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Emphasis of matter – going concern

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that on 1 July 2022, NHS Frimley CCG was dissolved and its services transferred to NHS Frimley Integrated Care Board. Under the continuation of service principle the financial statements of the CCG have been prepared on a going concern basis because its services will continue to be provided by the successor public sector entity. Our opinion is not modified in respect of this matter.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis as the CCG has been dissolved and its services transferred to another public sector entity, the ICB, and the Accountable Officer has not been informed by the relevant national body of the intention to cease the services previously provided by the CCG. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the CCG and transferred to the ICB

over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the services provided by the CCG will continue to be provided by the successor body.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee of the successor ICB and internal audit as to the CCG's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes of the CCG and the ICB .
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included those posted to unusual accounts combinations and other unusual journal characteristics.
- Evaluating the business purpose of significant unusual transactions.

- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias.

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board of the CCG and ICB and other management (as required by auditing standards), and from inspection of the CCG's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

- we have not identified material misstatements in the other information; and

- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 94, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the CCG or dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

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

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy,

efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 94, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Frimley CCG for the three month period ended 30 June 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square

29 June 2023

Statement of Comprehensive Net Expenditure for the period ended 30 June 2022

	Note	3 Months to 30 June 2022 £'000	2021-22 £'000
Income from sale of goods and services	2	(1,732)	(6,655)
Other operating income	2	22	19
Total operating income		**(1,710)**	**(6,636)**
Staff costs	3	5,344	17,560
Purchase of goods and services	4	323,665	1,290,546
Depreciation and impairment charges	4	232	53
Provision expense	4	1,028	(308)
Other Operating Expenditure	4	60	273
Total operating expenditure		**330,329**	**1,308,124**
Net Operating Expenditure		**328,619**	**1,301,488**
Finance expense	6	10	-
Net expenditure for the Period		**328,630**	**1,301,488**
Net (Gain)/Loss on Transfer by Absorption	7	-	102,636
Comprehensive Expenditure for the Period		**328,630**	**1,404,124**

The notes on pages 143 to 172 form part of this statement

Statement of Financial Position as at 30 June 2022

	Note	30 June 2022 £'000	2021-22 £'000
Non-current assets:			
Property, plant and equipment	8	44	53
Right-of-use assets	9	3,992	-
Total non-current assets		4,036	53
Current assets:			
Trade and other receivables	10	3,375	2,965
Cash and cash equivalents	11	0	163
Total current assets		**3,375**	3,128
Total assets		**7,411**	3,182
Current liabilities			
Trade and other payables	12	(106,690)	(126,846)
Lease liabilities	9.3	(893)	-
Borrowings	13	(3,500)	-
Provisions	14	(4,568)	(4,026)
Total current liabilities		**(115,651)**	(130,872)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(108,240)**	(127,690)
Non-current liabilities			
Lease liabilities	9.3	(3,106)	-
Provisions	14	(1,033)	(790)
Total non-current liabilities		(4,139)	(790)
Assets less Liabilities		**(112,379)**	(128,480)
Financed by Taxpayers' Equity			
General fund		(112,379)	(128,480)
Total taxpayers' equity:		**(112,379)**	(128,480)

The notes on pages 143 to 172 form part of this statement

The financial statements on pages 139 to 142 were approved by the ICB Board on 20th June 2023 and signed on its behalf by:

Fiona Edwards
Chief Accountable Officer

Date: 28/06/23

Statement of Changes In Taxpayers Equity for the period ended 30 June 2022

	General fund £'000
Changes in taxpayers' equity for 3 Months to 30 June 2022	
Balance at 01 April 2022	(128,480)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(128,480)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 3 Months to 30 June 2022	
Net operating expenditure for the financial period	(328,630)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial period	**(328,630)**
Net funding	344,731
Balance at 30 June 2022	**(112,379)**

	General fund £'000
Changes in taxpayers' equity for 2021-22	
Balance at 01 April 2021	0
Transfer of assets and liabilities from closed NHS bodies	(102,637)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(102,637)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22	
Net operating costs for the financial year	(1,301,489)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(1,301,489)**
Net funding	1,275,646
Balance at 31 March 2022	**(128,480)**

The notes on pages 143 to 172 form part of this statement

Statement of Cash Flows for the period ended 30 June 2022

	Note	3 Months to 30 June 2022 £'000	2021-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial period		(328,630)	(1,301,490)
Depreciation and amortisation	8,9.1	232	53
(Increase)/decrease in trade & other receivables	10	(410)	6,326
Increase/(decrease) in trade & other payables	12	(20,156)	22,354
Provisions utilised	14	(242)	(472)
Increase/(decrease) in provisions	14	1,028	(308)
Net Cash Inflow (Outflow) from Operating Activities		**(348,178)**	(1,273,537)
Net Cash Outflow before Financing		**(348,178)**	(1,273,537)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		344,731	1,275,646
Repayment of lease liabilities		(225)	0
Net Cash Inflow from Financing Activities		**344,506**	1,275,646
Net Decrease in Cash & Cash Equivalents	11	**(3,672)**	2,109
Cash & Cash Equivalents at the Beginning of the Financial Period		163	(1,946)
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Period		**(3,510)**	163

The notes on pages 143 to 172 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group 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 a going concern basis.

The Health and Care Act received royal assent on 28 April 2022. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolition of CCGs. ICBs have taken on the commissioning functions of CCGs. As a result the functions, assets and liabilities of the CCG have therefore transferred to NHS Frimley Integrated Care Board.

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 has ceased 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. If services will continue to be provided the financial statements are prepared on the going concern basis. As the CCG's functions have continued to be delivered by the ICB the CCG has therefore been assessed to remain going concern as at 30 June 2022.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention.

1.3 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. 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 and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries

1.4 Pooled Budgets

The clinical commissioning group has entered into pooled budget arrangement with Local Authorities including Hampshire County Council, Bracknell Forest Council, Slough Borough Council, Royal Borough of Windsor & Maidenhead and Surrey County Council in accordance with section 75 of the NHS Act 2006. Under these arrangements, funds are pooled for joint health and social care provision under the Better Care Fund, and with additional arrangements for the purchase of Child and Adolescent Mental Health Services, Community Equipment and integrated health and social care initiatives (community nursing and mental health services, adult social care services and commissioning staff). Note 19 provides details of the income and expenditure.

The pools are hosted by the Local Authorities. The clinical commissioning group 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.

1.5 Operating Segments

The CCG has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

1.6 Revenue

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

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

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

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

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

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

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

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

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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 clinical commissioning group commits itself to the retirement, regardless of the method of payment.

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

1.8 Other Expenses

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

1.9 Grants Payable (where relevant)

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

Notes to the financial statements

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the ICB;
- 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.

1.10.2 Measurement

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

1.10.3 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.

1.11 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. The ICB assesses whether a contract is or contains a lease, at inception of the contract.

Notes to the financial statements

1.11.1 **The Clinical Commissioning Group as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease. The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments. The HM Treasury incremental borrowing rate of 0.90% is applied for leases commencing, transitioning or being remeasured in the 2023 calendar year under IFRS 16.
Lease payments included in the measurement of the lease liability comprise- Fixed payments;- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement; - The amount expected to be payable under residual value guarantees;- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.
Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.
The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use. Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of

1.12 Cash & Cash Equivalents

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

1.13 Provisions

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

Notes to the financial statements

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 3.27% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 3.2% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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.

1.14 Clinical Negligence Costs

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

1.15 Non-clinical Risk Pooling

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

1.16 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
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 clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.17 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.
All CCGs Financial assets are classified as loans and receivables.

Notes to the financial statements

1.17.1 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.18 Financial Liabilities

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

1.19 Value Added Tax

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

1.20 Losses & Special Payments (where reported in financial statements)

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

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

Notes to the financial statements

1.21 Critical accounting judgements and key sources of estimation uncertainty

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

1.21.1 Critical accounting judgements in applying accounting policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

The CCG has adopted, for hosted services, where a lead CCG acts as a payment body on behalf of other CCG's a Net Accounting

Agreements. This applies to the service element only and charges for administering the hosted services have been shown gross.

The Net Accounting Agreements cover the following areas :-

Continuing Healthcare managed via NHS Surrey Heartlands CCG and NHS Hampshire, Southampton and Isle of Wight CCG.

Mental Health placements managed via NHS Surrey Heartlands CCG and NHS Hampshire, Southampton and Isle of Wight CCG.

Children's placements and CAMHS managed via NHS Surrey Heartlands CCG and NHS Hampshire,Southampton and Isle of Wight CCG.

Wheelchair Services managed via NHS Surrey Heartlands CCG.

The CCG hosts the London Focus Group, a collaboration of 7 CCGs which commissions activity at 15 London Trusts and the collaboration has agreed to net account the arrangement.

There is a small number of other low value net accounting arrangements.

1.21.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Prescribing accruals:

There is a time lag between when the clinical commissioning group's patients receive drugs and certain other medical consumables prescribed by our GPs and when the Group pays the NHS Prescription Services for their issue. At the balance sheet date the Clinical Commissioning Group has estimated the value of this lag in relation to drugs and goods issued but not paid for to be £15,359k (21-22 £15,706k).

Notes to the financial statements

1.21.2 Continuing Care Accrual

The Clinical Commissioning Group holds its approved care packages, Personal Health budgets (PHB), funded nursing care and additional associated charges to care in a Continuing Healthcare database which provides a forecast of annual costs. An accrual is made between the current year invoices received in year and the forecast of the annual costs

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations. 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.

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. 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.

During Q1 April to June 2022 the CCG paid for it's NHS secondary healthcare activity on a block basis and therefore no accruals as at 30 June 2022. As of the 1 April 2022, the CCG will pay any contract with values below £500k as a Low Value Activity payment and as at the balance sheet date the Clinical Commissioning Group has accrued £1,494k for Low Value Activity payments in line with NHSE guidance.

Continuing Care Provision

An amount of £5,601k (2021-22: £4,816k) has been included in the NHS Continuing Healthcare (CHC) provisions relating to the following items:

• Continuing Health Care (CHC) Waiting List clients awaiting assessment at 30 June 2022 Nil (2021-22: Nil).

• Appeals against earlier CCG decisions of non-eligibility for CHC funding £4,052k (2021-22: £3,599k).

• Previously Unassessed Periods of Care (PUPoC) claims awaiting assessment £1,500k (2021-22: £1,167k).

(these relate to claims in respect of clients who have died and other clients requesting an assessment for a past period of time)

• Provision for Redundancy Costs for carers employed by Personal Health Budget holders £50k (2021-22: £50k).

The final outcome has yet to be determined therefore the resultant financial effects remain uncertain at the year end. The total cost of all outstanding CHC Waiting List clients' claims would be calculated using the average local current nursing home and homecare package weekly costs for NHS CHC Adult Fully Funded clients.

The CHC Appeals provision has been calculated on an individual basis for each client appealing against the CCG's decision of non-eligibility. The provision is based on the time period from the start-date of the claim up to 30 June 2022 (or date client died) using the current average local nursing home and homecare package weekly costs. The majority of the provisions have been made at 42% (2021-22: 42%) for Local appeals and 17% (2021-22: 20%) for the Independent Review Panels (IRPs), 40% (2021-22: 38%) for PUPoC and those appeals that are successful are provided at 100%.

The Redundancy Costs in respect of PHB clients has been estimated on a notional basis. As per national guidance, the CCG is financially responsible for bearing the redundancy costs of carers of Third Party and Direct Payment PHB clients and hence it is probable that the CCG will have to incur some expenditure of this type during Q1 2022/23. However, at present the timings and amounts are unclear and therefore a provision has been set up to act as a reserve.

1.22 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.23 Adoption of new standards

On 1 April 2022, the clinical commissioning group adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.

Under IFRS 16 the group will recognise a right-of-use asset representing the group's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the group will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use

Impact assessment

The clinical commissioning group has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April

The group has utilised three further practical expedients under the transition approach adopted:
a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net

As of 1 April 2022, the group recognised £4,418k or right-of-use assets and lease liabilities of £4,418k. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £222k impact to tax payers' equity.

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the group's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total £000
Operating lease commitments at 31 March 2022	66
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	-
Operating lease commitments discounted used weighted average IBR	66
Add: Finance lease liabilities at 31 March 2022	- 4,148
Add: Peppercorn leases revalued to existing value in use	-
Add: Residual value guarantees	
Add: Rentals associated with extension options reasonably certain to be exercised	-
Less: Short term leases (including those with <12 months at application date)	-
Less: Low value leases	-
Less: Variable payments not included in the valuation of the lease liabilities	-
Lease liability at 1 April 2022	- 4,214

1.23 New and revised IFRS Standards in issue but not yet effective

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

The application of the Standards (IFRS 17 and IFRIC 23 (Uncertainty over Income Tax Treatment)) as revised would not have a material impact on the accounts for 2022-23, were they applied in that year.

2 Other Operating Revenue

	3 Months to 30 June 2022 Total £'000	2021-22 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**53**	122
Non-patient care services to other bodies	**1,555**	5,791
Prescription fees and charges	**25**	202
Other Contract income	**99**	540
Total Income from sale of goods and services	**1,732**	**6,655**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**-**	10
Other non contract revenue	**(22)**	(29)
Total Other operating income	**(22)**	**(19)**
Total Operating Income	**1,710**	**6,636**

3. Employee benefits and staff numbers

3.1.1 Employee benefits

	Total		3 Months to 30 June 2022
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**3,740**	**579**	**4,319**
Social security costs	**398**	**-**	**398**
Employer Contributions to NHS Pension scheme	**610**	**-**	**610**
Apprenticeship Levy	**17**	**-**	**17**
Gross employee benefits expenditure	4,765	579	5,344

3.1.2 Employee benefits

	Total		2021-22
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**12,105**	**1,921**	**14,026**
Social security costs	**1,284**	**-**	**1,284**
Employer Contributions to NHS Pension scheme	**2,181**	**-**	**2,181**
Apprenticeship Levy	**44**	**-**	**44**
Termination benefits	**25**	**-**	**25**
Gross employee benefits expenditure	15,639	1,921	17,560

3.2 Average number of people employed

	3 Months to 30 June 2022			2021-22		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**228.79**	**22.45**	**251.24**	**202.66**	**17.10**	**219.76**

There were no ill health retirements for Q1 April to June 2022 and no ill health retirements in 2021-22.

3.3 Exit packages agreed in the financial year

There are no exit packages in Q1 April to June 2022 (2021-22:1)

	2021-22 Compulsory redundancies	
	Number	£
£10,001 to £25,000	1	24,443
Total	**1**	**24,443**

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the Agenda for Change and the provisions set out in Section 16 of the NHS Terms and Conditions of Service Handbook.

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

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

3.4 Pension costs

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

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

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

3.4.2 Full actuarial (funding) valuation

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

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

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

For Q1 2022-23, total employers' contributions of £610,19, (2021-22: £2,209,995) were payable to the NHS Pensions Scheme at the rate of 20.6% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2016 and was published on the Government website. These costs are included in the NHS pension line of note 3.1.

4. Operating expenses

	3 Months to 30 June 2022 Total £'000	2021-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,951	8,649
Services from foundation trusts	209,005	826,045
Services from other NHS trusts	3,812	9,424
Purchase of healthcare from non-NHS bodies	51,991	212,721
Prescribing costs	24,980	99,219
Pharmaceutical services	2	8
General Ophthalmic services	3	(1)
GPMS/APMS and PCTMS	28,521	120,772
Supplies and services – clinical	67	472
Supplies and services – general	380	(348)
Consultancy services	50	1,489
Establishment	1,241	3,640
Transport	2	4
Premises	862	7,233
Audit fees	168	187
Other non statutory audit expenditure		
· Other services	4	(7)
Other professional fees	488	1,053
Legal fees	29	119
Education, training and conferences	109	(133)
Total Purchase of goods and services	**323,665**	**1,290,546**
Depreciation and impairment charges		
Depreciation	232	53
Total Depreciation and impairment charges	**232**	**53**
Provision expense		
Provisions	1,028	(308)
Total Provision expense	**1,028**	**(308)**
Other Operating Expenditure		
Chair and Non Executive Members	11	204
Grants to Other bodies	-	(89)
Clinical negligence	-	(1)
Other expenditure	49	159
Total Other Operating Expenditure	**60**	**273**
Total operating expenditure	**324,985**	**1,290,564**

5.1 Better Payment Practice Code

Measure of compliance	3 Months to 30 June 2022 Number	3 Months to 30 June 2022 £'000	2021-22 Number	2021-22 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	7,305	87,884	26,924	245,402
Total Non-NHS Trade Invoices paid within target	7,053	82,312	25,671	235,646
Percentage of Non-NHS Trade invoices paid within target	**96.55%**	**93.66%**	**95.35%**	**96.02%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	298	228,770	963	909,365
Total NHS Trade Invoices Paid within target	277	224,970	918	906,121
Percentage of NHS Trade Invoices paid within target	**92.95%**	**98.34%**	**95.33%**	**99.64%**

The Better payment practice code requires the CCG to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6. Finance costs

	3 Months to 30 June 2022 £'000	2021-22 £'000
Interest		
Interest on loans and overdrafts	-	-
Interest on lease liabilities	10	-
Interest on obligations under PFI contracts:		
· Main finance cost	-	-
· Contingent finance cost	-	-
Interest on obligations under LIFT contracts:		
· Main finance cost	-	-
· Contingent finance cost	-	-
Interest on late payment of commercial debt	-	-
Other interest expense	-	-
Total interest	**10**	**-**
Other finance costs	-	-
Provisions: unwinding of discount	-	-
Total finance costs	**10**	**-**

7. Net gain/(loss) on transfer by absorption

	3 Months to 30 June 2022 £'000	2021-22 £'000
Transfer of property plant and equipment	-	107
Transfer of cash and cash equivalents	-	46
Transfer of receivables	-	9,291
Transfer of payables	-	(106,484)
Transfer of provisions	-	(5,596)
Net loss on transfers by absorption	**-**	**(102,636)**

8. Property, plant and equipment

3 Months to 30 June 2022	Information technology £'000	Total £'000
Cost or valuation at 01 April 2022	762	762
Cost/Valuation at 30 June 2022	**762**	**762**
Depreciation 01 April 2022	709	709
Charged during the period	10	10
Depreciation at 30 June 2022	**719**	**719**
Net Book Value at 30 June 2022	**43**	**43**
Purchased	43	43
Total at 30 June 2022	**43**	**43**
Asset financing:		
Owned	43	43
Total at 30 June 2022	**43**	**43**

8. Property, plant and equipment cont'd

8.2 Cost or valuation of fully depreciated assets

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

	30 June 2022 £'000	2021-22 £'000
Information technology	641	641
Total	**641**	**641**

8.3 Economic lives

	Minimum Life (years)	**Maximum Life (Years)**
Information technology	3	3

9 Leases cont'd

9.2 Lease liabilities

3 Months to 30 June 2022	**3 Months to 30 June 2022 £'000**	2021-22 £'000
Lease liabilities at 01 April 2022	-	-
IFRS 16 Transition Adjustment	4,214	-
Interest expense relating to lease liabilities	10	-
Repayment	(225)	-
Lease liabilities at 30 June 2022	**3,999**	-

9.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	3 Months to 30 June 2022 £'000	2021-22 £'000
Within one year	(901)	-
Between one and five years	(3,197)	-
After five years	-	-
Balance at 30 June 2022	**(4,098)**	**-**
Effect of discounting	99	-
Included in:		
Current lease liabilities	(893)	-
Non-current lease liabilities	(3,106)	-
Balance at 30 June 2022	**(3,999)**	**-**

9 Leases cont'd

9.4 Amounts recognised in Statement of Comprehensive Net Expenditure

3 Months to 30 June 2022	**3 Months to 30 June 2022 £'000**	2021-22 £'000
Depreciation expense on right-of-use assets	222	-
Interest expense on lease liabilities	10	-

9.5 Amounts recognised in Statement of Cash Flows

	3 Months to 30 June 2022 £'000	2021-22 £'000
Total cash outflow on leases under IFRS 16	(225)	-

10.1 Trade and other receivables

	Current 30 June 2022 £'000	Current 2021-22 £'000
NHS receivables: Revenue	399	342
NHS prepayments	0	0
NHS accrued income	734	957
NHS Contract Receivable not yet invoiced/non-invoice	6	101
NHS Non Contract trade receivable (i.e pass through funding)	281	5
Non-NHS and Other WGA receivables: Revenue	189	299
Non-NHS and Other WGA prepayments	1,097	900
Non-NHS and Other WGA accrued income	400	335
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	15	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	5
Expected credit loss allowance-receivables	(3)	(3)
VAT	252	24
Other receivables and accruals	5	(0)
Total Trade & other receivables	**3,375**	**2,965**
Total current and non current	**3,375**	**2,965**
Included above:		
Prepaid pensions contributions	-	-

10.2 Receivables past their due date but not impaired

	30 June 2022 DHSC Group Bodies £'000	**30 June 2022 Non DHSC Group Bodies £'000**	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000
By up to three months	73	(5)	72	21
By three to six months	68	(1)	-	-
By more than six months	5	153	-	190
Total	**146**	**147**	**72**	**211**

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	**Total**
	£'000	**£'000**
Balance at 01 April 2020	(3)	**(3)**

11 Cash and cash equivalents

	30 June 2022 £'000	2021-22 £'000
Balance at 01 April 2022	163	(1,946)
Net change in year	(3,663)	2,109
Balance at 30 June 2022	**(3,500)**	**163**
Made up of:		
Cash and cash equivalents as in statement of financial position	**0**	**163**
Bank overdraft: Government Banking Service	(3,500)	-
Total bank overdrafts	**(3,500)**	**-**
Balance at 30 June 2022	**(3,500)**	**163**

A BACS payment run was processed on 30 June 2022 as part of preparations for the ICB transition on 1 July 2022. This was posted to the Q1 April to June 2022 ledger, however, the cash did not clear the bank account until July 2022. This resulted in a 'technical' bank overdraft at the 30 June 2022.

12 Trade and other payables	**Current 30 June 2022 £'000**	**Non-current nths to 30 June £'000**	Current 2021-22 £'000	Non-current 2021-22 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	3,232	-	7,425	-
NHS payables: Capital	-	-	-	-
NHS accruals	11,835	-	5,087	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	19,414	-	33,132	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	28,022	-	47,195	-
Non-NHS and Other WGA deferred income	402	-	446	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	242	-	208	-
VAT	-	-	-	-
Tax	207	-	174	-
Payments received on account	-	-	-	-
Other payables and accruals	43,336	-	33,179	-
Total Trade & Other Payables	**106,690**	**-**	**126,846**	**-**
Total current and non-current	**106,690**		**126,846**	

Other payables include £276K (2021-22: 265k) outstanding pension contributions at 30 June 2022

13 Borrowings	**Current 30 June 2022 £'000**	Current 2021-22 £'000
Bank overdrafts:		
· Government banking service	3,500	-
Total Borrowings	**3,500**	**-**
Total current and non-current	**3,500**	**-**

A BACS payment run was processed on 30 June 2022 as part of preparations for the ICB transition on 1 July 2022. This was posted to the Q1 April to June 2022 ledger, however, the cash did not clear the bank account until July 2022. This resulted in a 'technical' bank overdraft at the 30 June 2022.

14 Provisions

	Current	Non-current	Current	Non-current
	30 June 2022	**30 June 2022**	2021-22	2021-22
	£'000	**£'000**	£'000	£'000
Continuing care	4,568	1,033	4,026	790
Total	**4,568**	**1,033**	**4,026**	**790**
Total current and non-current	**5,601**		**4,816**	

Continuing Care provision relates to amounts set aside at 30 June 2022 for appeals against previous CCG decisions of non-eligibility for Continuing Care funding.

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the Clinical Commissioning Group. However, the legal liability and the responsibility for processing and assessing the claims remains with the CCG. The total value of legacy NHS Continuing Healthcare contingent liability legally accounted for by NHS England on behalf of this CCG at 30 June 2022 is £5k (31 March 2022: £5k)

	Continuing Care	Total
	£'000	**£'000**
Balance at 01 April 2022	**4,816**	**4,816**
Arising during the year	1,508	**1,508**
Utilised during the year	(242)	**(242)**
Reversed unused	(479)	**(479)**
Balance at 30 June 2022	**5,603**	**5,603**
Expected timing of cash flows:		
Within one year	4,568	**4,568**
Between one and five years	1,033	**1,033**
Balance at 30 June 2022	**5,601**	**5,601**

15 Contingencies

	30 June 2022 £'000	2021-22 £'000
Contingent liabilities		
Continuing Healthcare	142	144
Net value of contingent liabilities	**142**	**144**

16 Commitments

16.1 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	30 June 2022 £'000	2021-22 £'000
In not more than one year	49,515	41,980
Total	**49,515**	**41,980**

17 Financial instruments

17.1 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 NHS Frimley 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 clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

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

17.1.1 Currency risk

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

17.1.2 Credit risk

Because the majority of the NHS Frimley CCG and revenue comes parliamentary funding, NHS Frimley 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 10.2.

17.1.3 Liquidity risk

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

17.1.4 Financial Instruments

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

17 Financial instruments cont'd

17.2 Financial assets

	Financial Assets measured at amortised cost 30 June 2022 £'000	Total 30 June 2022 £'000
Trade and other receivables with NHSE bodies	494	494
Trade and other receivables with other DHSC group bodies	1,071	1,071
Trade and other receivables with external bodies	463	463
Total at 30 June 2022	**2,028**	**2,028**

17.3 Financial liabilities

	Financial Liabilities measured at amortised cost 30 June 2022 £'000	Total 30 June 2022 £'000
Loans with external bodies	3,500	**3,500**
Trade and other payables with NHSE bodies	4,031	**4,031**
Trade and other payables with other DHSC group bodies	20,784	**20,784**
Trade and other payables with external bodies	85,023	**85,023**
Total at 30 June 2022	**113,338**	**113,338**

18 Operating segments

The CCG has one operating segment, commissioning of healthcare services, as reported in the Statement of Comprehensive Net Expenditure and the Statement of Financial Position.

19 Joint arrangements - interests in joint operations

The CCG has a pooled budget arrangement with Local Authorities (LA) including Royal Borough of Windsor and Maidenhead (RBWM), Slough Borough Council (SBC), Bracknell Forest Borough Council (BFBC), Hampshire County Council (HCC) and Surrey County Council (SCC) for the Better Care Fund (BCF). The Pool is hosted by the Councils. Under the arrangement funds are pooled under Section 75 of the NHS Act 2006 for joint commissioning arrangements.

19.1 Interests in joint operations

			Amounts recognised in Entities books ONLY	
			3 Months to 30 June 2022	2021-22
Name of arrangement	Parties to the arrangement	Description of principal activities	Expenditure	Expenditure
			£'000	£'000
BCF Pooled budget arrangement with the Royal Borough of Windsor and Maidenhead	NHS Frimley CCG and the Royal Borough of Windsor and Maidenhead	Commissioning of Health and Social care	2,365	12,130
BCF Pooled budget arrangement with Bracknell Forest Borough Council	NHS Frimley CCG and Bracknell Forest Borough Council	Commissioning of Health and Social care	2,677	9,525
BCF Pooled budget arrangement with Slough Borough Council	NHS Frimley CCG and Slough Borough Council	Commissioning of Health and Social care	1,957	10,785
BCF Pooled budget arrangement with Surrey County Council	Surrey County Council and NHS Frimley CCG	Commissioning of Health and Social care	2,244	11,364
Child and Adolescent Mental Health Services	Surrey County Council and NHS Frimley CCG	Targeted (Tier 2) CAMHS services (including school based services, HOPE service, children in care services and youth support services) Behaviour pathway for children with neurodevelopmental disorders.	421	204
Integrated Community Equipment Store	Surrey County Council and NHS Frimley CCG	Purchase of community equipment across Surrey	116	172
BCF Pooled budget arrangement with Hampshire County Council	Hampshire County Council and NHS Frimley CCG	Commissioning of Health and Social care	3,335	14,669

20 Related party transactions

Details of related party transactions with individuals are as follows:

	3 Months to 30 June 2022				2021-22			
	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Royal Borough of Windsor and Maidenhead - (Dr Huw Thomas-Clinical Chair and Place based Clinical Lead for Royal Borough of Windsor and Maidenhead)	1,600	13	1,532	24	8,352	41	-	11
Claremont & Holyport Practice - (Dr Huw Thomas-Clinical Chair and Place based Clinical Lead for Royal Borough of Windsor and Maidenhead (GP Partner))	628	-	4	-	2	-	-	-
East Berkshire Out of Hours - (Dr Huw Thomas-Clinical Chair and Place based Clinical Lead for Royal Borough of Windsor and Maidenhead (GP))	6,354	-	1,086	-	14,379	-	-	-
Rosemead Surgery - (Dr Huw Thomas-Clinical Chair and Place based Clinical Lead for Royal Borough of Windsor and Maidenhead (Patient))	235	-		-	885	-	-	-
Solutions for Health - (Dr Lalitha Iyer-Executive Medical Director)	30	-		-	120	15	-	-
Farnham Road Practice - (Dr Jim O'Donnell-Place Based Clinical Lead for Slough (GP Partner))	741	-	5	-	3,145	-	-	-
Hampshire, Southampton and Isle of Wight CCG - (Ed Palfrey-Lay Member for Bracknell Forest Place and Independent Chair)	8	6	1,295	28	26,519	2,595	1,224	78
Thames Valley Vasectomy Services (TVVS) - (Dr Martin Kittel-Place Based Clinical Lead for Bracknell Forest)	-	-	-	-	63	-	-	-
Forest End Medical Centre - (Dr Martin Kittel-Place Based Clinical Lead for Bracknell Forest (GP & Partner))	-	-	-	-	2,371	-	-	-
Park Road Group Practice - (Andy Brooks-Clinical Chief Officer (GP Partner))	-	-	-	-	2,480	-	-	-
Surrey Heath Community Providers Ltd- (Andy Brooks-Clinical Chief Officer (Practice (GP Partner) is a member of this GP Federation)	-	-	-	-	1,566	-	-	-
Gordon Road surgery - (John Fraser-Place based Clinical Lead for Surrey Heath (Part owner))	700	-	-	-	2,415	-	-	-
Surrey Heath Primary Care Network - (John Fraser-Place based Clinical Lead for Surrey Heath)	1,150	-	25	-	2,788	-	-	-
Oakley Health Group - (Gareth Robinson-Place based Clinical Lead for North East Hampshire and Farnham(GP Partner and Managing Partner))	1,111	-	1	-	457	-	-	-
North Hampshire Urgent Care - (Gareth Robinson-Place based Clinical Lead for North East Hampshire and Farnham (Clinical Guardian Auditor))	1,055	-	-	2	-	-	-	-
Salus Medical Services - (Gareth Robinson-Place based Clinical Lead for North East Hampshire and Farnham (Director))	1,614	-	111	-	6,275	-	-	-
Surrey and Borders Partnerships NHS Foundation Trust - (Fiona Edwards-Accountable Officer)	-	-	-	-	38,209	-	-	-

GP practices within the area have joined other professionals in the Clinical Commissioning Group in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the CCG for taking a lead role on clinical services.

All such arrangements are in the ordinary course of business and follow the CCGs strict governance and accountability arrangements. Material transactions are disclosed

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are: In addition, the clinical commissioning group 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 Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Slough Borough Council and Surrey County Council in respect of joint commissioning arrangements.

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

Ashford & St Peter's Hospitals NHS Foundation Trust
Berkshire Healthcare NHS Foundation Trust
Frimley Health NHS Foundation Trust
NHS Business Services Authority NHS Resolution
NHS England
NHS South, Central And West Commissioning Support Unit
Oxford University Hospital NHS Trust
Royal Berkshire NHS Foundation Trust
Royal Surrey County NHS Foundation Trust
South Central Ambulance Service NHS Foundation Trust
NHS Surrey and Borders Partnership NHS Trust

In addition, the clinical commissioning group 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 Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Slough Borough Council, Hampshire County Council and Surrey County Council in respect of joint commissioning arrangements.

21 Events after the end of the reporting period

On 28 April 2022 the Health and Care Act received royal assent. This confirmed the establishment of Integrated Care Boards in England. As a result of this the CCG was wound up on 30 June 2022 and NHS Frimley Integrated Care Board was formed on 1 July 2022. As explained in note 1.1 the CCG's accounts are still prepared on a going concern basis due to the continued provision of the CCG's commissioning functions by the ICB.

22 Financial performance targets

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

	3 Months to 30 June 2022	**3 Months to 30 June 2022**	**3 Months to 30 June 2022**		2021-22	2021-22	2021-22	
	Target	**Performance**	**Surplus/ (Deficit)**	**Target Met**	Target	Performance	Surplus/ (Deficit)	Target Met
Expenditure not to exceed income	330,339	330,339	0	Y	1,313,665	1,308,125	5,540	Y
Capital resource use does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue resource use does not exceed the amount specified in Directions	328,630	328,630	0	Y	1,307,029	1,301,489	5,540	Y
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	Y	-	-	-	Y
Revenue administration resource use does not exceed the amount specified in Directions	3,709	3,709	0	Y	14,887	14,849	38	Y