Swindon Borough Council

Health and Wellbeing Board

Wednesday, 23 July 2014

Committee Room 6, Civic Offices (Anticipated meeting room)

At 2.00 p.m.

Contact Officers:
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AGENDA

1. **Apologies for Absence**

2. **Declarations of Interest**
   Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.

3. **Public Question Time**
   Please refer to the explanatory notes below.

4. **Minutes** (Pages 1 - 6)
   To receive the minutes of the meeting held on 7 May 2014.

5. **Local Safeguarding Children's and Adults Boards Business Plans** (Pages 7 - 34)

6. **NHS Swindon Clinical Commissioning Group Annual Report 2013/14** (Pages 35 - 82)

7. **Healthwatch Swindon performance update** (Pages 83 - 116)

Date of Despatch: 15 July 2014

Public Question Time - *Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be*

relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available on the Council's Website (http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0) or from the Committee Officer named above.

Access Arrangements - *The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you would wish to attend the meeting but have any special requirement to enable you to do so please contact the Committee Officer, whose name appears at the top of this agenda, as soon as possible prior to the date of the meeting.*

If you would like to receive any of the pages contained in this agenda in a larger print size please contact the Committee Officer whose name appears on the first page of this agenda.

HEALTH AND WELLBEING BOARD

WEDNESDAY, 7 MAY 2014

PRESENT: Councillors Brian Mattock, Ray Ballman and David Renard (Chair), Gavin Jones (Chief Executive, Swindon Borough Council), John Gilbert (Director of Adult Social Care and Children's Services, Swindon Borough Council), Cherry Jones (Acting Director of Public Health, Swindon Borough Council), Ben Curtis (Healthwatch Swindon), Dr Peter Crouch (NHS Swindon Clinical Commissioning Group Clinical Chair and Vice-Chair), Ian Biggs (NHS England), Angus Macpherson (Police and Crime Commissioner), David Wray (Third Sector representative), Paul Bearman (NHS Swindon Clinical Commissioning Group Executive Director of Commissioning), Amanda Castellino (Swindon Borough Council) and Sarah Weld (Swindon Borough Council).

Also in attendance were: Councillors Wayne Crabbe, Bob Wright and Julie Wright.

Apologies for absence were received from: Tony Ranzetta (NHS Swindon Clinical Commissioning Group Accountable Officer), and Jennifer Howells (NHS England).

53. Declarations of Interest

The Chair reminded members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

54. Public Question Time

No public questions were received during the meeting.

55. Minutes

Resolved – That the minutes of the meeting held on 12 March 2014 be accepted as a correct record.

56. Population Projections

The Board considered this late report, presented by Amanda Castellino, Policy and Research Officer, which provided an overview of the population projections work undertaken by the Strategy and Research Team, including methodology and results. The Board received a presentation from Ms Castellino in support of the report, and were asked to note that their approval was required to release the projections for use by the Council and its partners for the purpose of forward planning.

The Board welcomed the report and presentation and discussed the following issues:

- It was agreed that members would be sent information on Swindon's figures compared to the UK average, the South West and a statistical neighbour where this information is available. These figures are based on policy projections, but trend projections can be compared.

- Migration by age information is helpful for service planning purposes. A more detailed briefing session on the data and findings is being held on 29 May 2014 which members are welcome to attend.
- It was queried what level of accuracy is expected on these figures. It was noted that the figures are based on Office for National Statistic (ONS) estimates of births, deaths and migrations, and they have done detailed work on the levels of certainty around their estimates.
- It was noted that an analysis of the most recent census information is not part of the projections work. The increase in Black and Minority Ethnic groups is picked up in other work such as the Joint Strategic Needs Assessment (JSNA) process.
- Uncertainty was raised over the predicted population growth as it has risen steadily over the last four decades. The death rate is also declining, and people move to Swindon as the house prices are cheaper and they can easily commute to other places like Bristol and London. It was noted that these projections are anticipated to be higher than ONS trend-based projections due to be published at the end of May because they have factored in housing growth and this increases migration. More analysis of this will be done when ONS projections for Swindon are published.
- It will be important to understand how each of the age groups will affect public sector spending in the future.

Resolved – (1) To adopt the projections as the best fit for Swindon until such time as they are updated, subject to final testing of the results against ONS sub-national trend-based projections due to be published at the end of May 2014.
(2) To promote the projections through publication on the JSNA section of the Council's website.
(3) To agree the production of more locally sensitive policy-based projections for Swindon, based on the ONS producing a set of trend-based projections at sub-national level every two years.

57. NHS England Area Team Commissioning Plan 2014/15 - 2015/16

The Board considered this report, presented by Ian Biggs, NHS England, on the draft delivery plan which sets out the strategic framework for the development of commissioned health services in the Bath, Gloucestershire, Swindon and Wiltshire area.

The Board noted that the plan sits alongside the Clinical Commissioning Group (CCG) Strategic Plan, and the Council's plans and services, and aims to tailor services to local need and improve outcomes for patients. Mr Biggs referred to the national challenges for the NHS, the five main categories of better outcomes that are expected within the health service, and their agreed priorities on general practice services. With regards to public health, there will be a focus on vaccination take-ups, the numbers of screenings and the expansion of programmes. There will also be on-going consultations on specialist services. Members are invited to submit comments on the draft plan up till the final submission date of 20 June 2014.

The Board welcomed the report and discussed the following issues:

- It was noted that the focus on Mental Health Crisis Concordat as agreed at the last meeting of the Board is not reflected within the draft plan.

- It was noted that the Police should be included as a partner in conversations on vulnerable people.
- It was noted that the sexual assault services as referred to on page 26 of the draft plan should be broadened to Sexual Assault Referral Centres.
- It was noted that the Police and Crime Commissioner should be listed under paragraph 6.15 of the draft plan, not the Wiltshire Police, and that the Commissioner should also be listed under paragraph 8.6 of the draft plan.
- It was queried how transformational the draft plan is, and how they will achieve financial balance whilst addressing health needs. It was noted that NHS England is linking in to the CCG on a local level which will ensure transformation. Both the CCG Strategy and the NHS England plan will work in synergy.
- It was noted that more emphasis needs placing in the draft plan on safeguarding issues.
- It was queried that the health inequalities present in Swindon should be reflected in any funding allocation process, and suggested that localities ought to be focussing on improving health and reducing inequalities. It was noted that there is deprivation allocation of funding and there is an effort to address this issue in Swindon.
- It was noted that there is no specific reference to radiotherapy within the draft plan which does need including.
- It was noted that there needs to be emphasis on both health and wellbeing within the draft plan.
- It was agreed that the revised draft of the plan would be brought to a future meeting of the Board.

Resolved – (1) To consider the draft plan and provide any comments on the content by 20 June 2014.
(2) To note any implications for the plan on the Health and Wellbeing Strategy of the Board.

58. NHS Swindon Clinical Commissioning Group Strategic Plan 2014-2019

The Board considered this report, presented by Paul Bearman, Executive Director of Commissioning at NHS Swindon Clinical Commissioning Group (CCG), on the Strategic Plan 2014-19 which describes the direction of travel for the CCG, and provides the basis for further detailed planning and should stimulate change in the system. The Strategy sets the vision, ambition and framework against which the two year detailed operational plan is set.

The Board noted that the final version of the Plan has to be produced by 20 June 2014 and the CCG is welcoming comments through consultation activities. The Plan is transformational, with the aims of getting people to look after their own health and wellbeing where possible, getting care closer to home, and people managing their own care with help and intervention from care services. The Plan also tries to address the ambitions set by NHS England in their Commissioning Plan.

Dr Peter Crouch, Clinical Chair of the CCG, highlighted some key points within the Plan including the summary from Swindon's 2013/14 Service Redesign Programme, the CCGs ambitions, their programme of change, priority interventions, and their two year operational plan for 2014-16.

The Board welcomed the report and discussed the following issues:

- It was queried how the plans were assisting mental health based issues for people who are living longer with multiple conditions. It was noted that there is an award winning psychology service in Swindon, and that doctors will be asked to take a holistic approach to patients.
- It was noted that the focus on Mental Health Crisis Concordat as agreed at the last meeting of the Board is not reflected within the draft plan.
- It was noted that the figure for mental health admissions per capita is low in Swindon.
- It was noted that further work is required on navigation and levels of support before issues gets to crisis point. Meeting unmet need in this way will help funding pressures.
- It was suggested that further detail needs to be put in the plan on promoting community based approaches, and the tools required by commissioners to better challenge providers.
- It was noted that the dynamics of the town centre will change with the building of new homes. Issues such as more affluent areas receiving better care than deprived areas, and understanding the need to reduce pressure on the low rental sector with high health problems have been taken on board when drafting the plan.
- It was noted that the CCG will adopt an asset based approach based on wants and needs.

Resolved – To note and comment upon the draft Strategic Plan by the deadline of 20 June 2014.

59. Better Care Fund

The Board considered this report, presented by Cherry Jones, Acting Director of Public Health, which gave an update on the Better Care Fund (BCF) Plan submission for 2014-16.

The Board noted that it had been reported in the press that the BCF project may be cancelled by government but this had not been substantiated. Ian Biggs from NHS England confirmed that the Cabinet Office have been assessing BCF plans and decided that they need more joined-up work. This was felt to be a reality check after having received the plans and appreciating that investments will take time to work through.

The Board also noted that the only main change to the submission since the last time they had viewed it was the confirmation of the local indicator for consideration. This has been set as increasing the number of those with a learning disability aged 18 – 30 living in residential care with an annual review to 100% from a baseline of 62.5% in March 2014.

The Board welcomed the report and discussed the following issues:

- It was agreed that more information on when we can expect final feedback and the next stages of the process will be obtained and circulated to members.
- It was noted that the BCF plan is a great example of joined up working in

Swindon.
- It was noted that Section 11 of the submission regarding implications for the acute sector had not yet been fully finalised.

Resolved – To endorse the final Better Care Fund Plan for submission to central government, subsequent to revisions having been negotiated with NHS England.

60. Falls and Bone Health Joint Strategic Needs Assessment

The Board received a presentation, presented by Sarah Weld, Public Health Speciality Registrar, on the Falls and Bone Health Joint Strategic Needs Assessment (JSNA). The Board noted that the JSNA was undertaken as a way of providing information to help understand the current picture regarding falls and bone health in Swindon, and to help make recommendations for future work to prevent falls in older people. The Board considered the report which gave further details on the numbers of people who fall, the services available to support them, prevention initiatives in Swindon, and gaps in service and areas for improvement.

The Board welcomed the presentation and the report and discussed the following issues:

- Awareness needs to be raised on background circumstances as to why someone may be falling over. For example, visitors could check tripping hazards in the property.
- It was agreed that the issue of delays in getting adaptations incorporated into people's homes would be investigated.
- Call buttons should be encouraged, and people can be directed towards Swindon Homeline for assistance with callouts to falls.
- Possibilities for preventative work by training people on how to deal with falls at a younger age, before it becomes an issue in their older age, will be investigated.

Resolved – (1) That the recommendations from the Falls and Bone Health JSNA Bulletin be noted.
(2) That the establishment of a Clinical Commissioning Group led task and finish group to develop an action plan for the implementation of the recommendations be supported.

61. Health Overview and Scrutiny Committee referral

The Board considered this report which contained references and recommendations arising from the meeting of the Health Overview and Scrutiny Committee held on 2 April 2014, with particular regard to providing information, choices and alternatives to prescription medicine.

Councillor Bob Wright addressed the Board as one of the members who had been involved in the Task Group set up to look at this issue. He noted that practitioners do not have the time to advise patients about the possible side effects of prescription medicines, and that patients should be informed to look after their own health. He suggested that there is a postcode of inequality in Swindon, with only some pharmacies consistently going through side effects with patients.

The Board welcomed this report and discussed the following issues:

- It was noted that if the National Institute for Health and Care Excellence (NICE) approved alternative therapies then the Swindon Clinical Commissioning Group (CCG) would offer them. Their Commissioning Support Unit produced a report that confirmed some complementary and alternative medicines (CAMS) are currently being used and these are consistent with NICE guidelines.
- It was noted that doctors and pharmacists do check interactions on the drugs prescribed to patients, and medication comes with a leaflet inside the box which further explains side effects.
- The commissioning of CAMS is done by the CCG, but the Board has no authority to instruct the CCG on what it should commission.
- The CCG commission in accordance with NICE guidelines.
- It was noted that a Joint Strategic Needs Assessment (JSNA) could be undertaken on CAMs to provide more of an evidence base for discussion. However, there are limited resources and it would require two seperate JSNAs – one for alternatives to prescription medicine and one for complementary medicine as these are two separate things.
- It was noted that Healthwatch Swindon could undertake a survey on this issue.
- It was agreed that a JSNA on CAMS would be considered as a potential subject on the JSNA workplan for the following municipal year, but that this should be weighed against other priorities.
- It was agreed that this issue will also need to be referred on to NHS England.

Resolved – (1) To note the report, comments and recommendation arising from the meeting of the Health Overview and Scrutiny Committee held on 2 April 2014.
(2) To promote the access to information on alternative and complementary medicine with the Swindon Clinical Commissioning Group.

Local Safeguarding Children's and Adults Board Business Plans

Health and Wellbeing Board **23 July 2014**

Author: Mike Howard, Chair, Local Safeguarding Children Board and Local Safeguarding Adult Board

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 This report presents the Business Plans for the Local Safeguarding Adults Board (LSAB) and Local Safeguarding Children's Board (LSCB) to the Health and Wellbeing Board for consideration as per the agreed protocol. The Business Plans have been endorsed by the LSAB and LSCB.

1.2 It is important for the Health and Wellbeing Board to be informed of the priorities within the Business Plans of both Safeguarding Boards, to develop opportunities for partnership working between all three Boards.

1.3 The LSAB Business Plan 2014/16 is attached at Appendix 1 and the LSCB Business Plan 2014/15 is attached at Appendix 2. They can also be found at: http://www.swindonlscb.org.uk/about/Pages/Home.aspx

2. Recommendations

The Board is recommended to:

2.1 Review the LSAB and LSCB Business Plans and consider areas where these plans link to and enhance the work of the Health and Wellbeing Board.

3. Detail

3.1 The LSAB Business Plan for 2014/16 was updated anticipating a new legal framework expected in 2015 within the Care Act

The purpose of this business plan is to outline the work programme that has been agreed by the Board and to demonstrate how all relevant stakeholders will participate in achieving the goals required to ensure the safety and well being of vulnerable adults living in Swindon.

The business plan will assist the LSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

3.2 In order to assure good oversight and continuity of working, the LSAB has identified actions in line with the five domains and associated outcome measures within the South West Self Assessment Quality & Performance Framework for Adult Safeguarding. The framework has been developed in partnership with the

Further information on the subject of this report can be obtained from Victoria Guillaume at vguillaume@swindon.gov.uk or 01793 463955

Strategic Health Authority and approved by the South West ADASS Safeguarding Adults Advisory Group which has health, social care, Care Quality Commission (CQC) and police representation.

3.3 The Quality & Performance Framework Domains and Outcome Measures are:

Prevention & Early Intervention
Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

Responsibility & Accountability
Outcome: There is a multi-agency approach for people who need safeguarding support.

Access & Involvement
Outcome; People are aware of what to do if they suspect or experience abuse.
Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process.

Responding to Abuse & Neglect
Outcome: People in need of safeguarding support feel safer and further harm is prevented.

Training & Professional Development
Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm.

3.4 The LSAB have agreed the appropriate actions within these domains which best address local needs and priorities.

The LSAB Business Plan 2014/16 will assist the LSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

3.5 The LSCB Business Plan 2014/15 was developed through a Business Planning Workshop in January 2014, and included members of the Swindon Children's Trust Board.

3.6 The LSCB Business Plan has four priority areas:

- **Effective responses to specific safeguarding concerns**
- **Effective early intervention and safeguarding**

- **Communication and engagement**
- **Performance management**

4. Alternative Options

4.1 None. It is important that the Health and Wellbeing Board is fully informed of the Business Plans for the Local Safeguarding Adults Board and Local Safeguarding Children Board, in order to facilitate better joint working.

5. Implications

5.1 Financial and Procurement Implications

There are no direct financial or procurement implications arising from this report.

5.2 Legal and Human Rights Implications

There are no direct legal or human rights implications arising from this report.

5.3 All other implications

None.

6. Consultees

6.1 The Chair of the Local Safeguarding Children and Local Safeguarding Adults Board prepared this report. Both the LSCB and LSAB have been consulted on the Business Plans.

7. Background Papers

7.1 None

8. Appendices

8.1 Appendix 1 – LSAB Business Plan 2014/16

8.2 Appendix 2 – LSCB Business Plan 2014/15

Further information on the subject of this report can be obtained from Victoria Guillaume at vguillaume@swindon.gov.uk or 01793 463955

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Swindon Safeguarding Adults Board

Business Plan

2014-16

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Aims & Objectives of the SAB: The main purpose of the Swindon Local Safeguarding Adults Board (LSAB) is to promote inter-agency cooperation at all levels of safeguarding adults work. In order to protect adults at risk from suffering harm and abuse it is essential that all partners and stakeholders work closely together to develop policies and processes that result in timely and robust inter-agency responses. The LSAB oversees this partnership approach by working strategically to consider, direct, assure quality and monitor actions and initiatives which enhance and improve practice across all partner agencies.

The methods by which the LSAB aim to achieve their objectives are set out within the agreed terms of reference which are:

- ⇨ To ensure Swindon has an overarching strategy for safeguarding adults which ensures effective inter-agency work including information sharing to protect vulnerable people
- ⇨ To ensure appropriate policies and procedures are in place for all statutory, voluntary and private sector agencies working with vulnerable adults, in order to protect those adults from abuse
- ⇨ Ensure the production, maintenance and overview of overall policies and procedures in adult protection
- ⇨ Monitor the implementation within Swindon of government legislation and guidance in matters of safeguarding, vulnerability and abuse
- ⇨ Facilitate the learning from national and local experience and research and ensure any lessons learned are applied to practice and policy development
- ⇨ Maintain a commitment to working with other Local Safeguarding Adults Boards outside of Swindon particularly with Wiltshire
- ⇨ Hold partner agencies to account in enacting their overarching responsibilities in safeguarding adults.
- ⇨ Establish a clear quality assurance framework relevant to safeguarding.
- ⇨ Commission Serious Case Reviews, agree their recommendations and monitor progress of subsequent action plans.
- ⇨ Ensure effective arrangements are in place for planning inter-agency training based on clear needs assessments and regular evaluation
- ⇨ Promote awareness in the wider community of how to contribute to the safeguarding of adults at risk (vulnerable adults)
- ⇨ Commission and publish an annual report that accounts for the way in which the policies, procedures and protocols are working for the benefit of vulnerable adults in Swindon
- ⇨ Commission and receive regular reports from the Operational Management Group. Where appropriate receive direct reports from individual working groups or sub groups and respond as appropriate.

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Business Planning: The purpose of this business plan is to illustrate the vision that has been agreed and to demonstrate how all relevant stakeholders will participate in achieving the goals required to make the vision a reality.

The business plan will assist the LSAB to support, monitor and review what partner agencies do individually and collectively to fulfil their safeguarding duties.

In order to assure good oversight and continuity of working, the LSAB have identified actions in line with the five domains and associated outcome measures within the South West Self Assessment Quality & Performance Framework for Adult Safeguarding. The framework has been developed in partnership with the Strategic Health Authority and approved by the South West ADASS Safeguarding Adults Advisory Group which has health, social care, CQC and police representation.

The Quality & Performance Framework Domains and Outcome Measure are:

1. **Prevention & Early Intervention**
   Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.

2. **Responsibility & Accountability**
   Outcome: There is a multi-agency approach for people who need safeguarding support

3. **Access & Involvement**
   Outcome; People are aware of what to do if they suspect or experience abuse
   Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process

4. **Responding to Abuse & Neglect**
   Outcome: People in need of safeguarding support feel safer and further harm is prevented

5. **Training & Professional Development**
   Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm

The LSAB have agreed the appropriate actions within these domains which best address local needs and priorities. The priority areas for the coming year/s are:

Prevention & Early Intervention

Review the suspensions of placements policy in view of changes to inspection processes carried out by the Care Quality Commission.

Ensure safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services.

During the process of monitoring contracts with relevant service provides, quality and performance regarding safeguarding adults is evaluated in line with whether their role would be to ensure abuse of adults at risk is prevented, reported or investigated.

Service user feedback and involvement with regards to safeguarding is part of a wider commissioning framework while developing the relationship with voluntary organisations.

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Lessons learnt following case reviews, adult protection cases, clinical audits and incident requiring investigation are reported and fed into policy and practice development.

A comprehensive review of the Policy and Procedures for safeguarding vulnerable adults is under taken to incorporate national and regional guidance that may include preventions and early intervention processes.

Improvements in data collection and reporting are required and there is a need to continue to consider IT systems that will manage this on a daily basis rather than relying on a paper based system.

Establish a process to include Adult Safeguarding Manager in routine monitoring visits to Hospitals in Swindon.

Responsibility & Accountability

Changes to the LSAB take place in line with any Government legislation that will put safeguarding boards on a statutory footing.

The LSAB continues to consider ways to provide resources for Safeguarding Adults to ensure that it meets it obligations.

The Policy and Procedures for safeguarding adults at risk are reviewed in line with national and regional guidance.

Continue to develop ways to judge the effectiveness of safeguarding processes and implement the Regional Self -Assessment Quality and Performance Framework for Adult Safeguarding.

Access & Involvement

The service user forum has been established and the chair (a disability expert) is working on widening the involvement to a wider group of service users.

With colleague is Wiltshire Council, agree and publish the “what happens next” (following a safeguarding alert) leaflet once the policy and procedures has been reviewed.

The South West Service User involvement Protocol is implemented, with particularly regards to those who have or may be experiencing harm being able to appropriately participate in their safeguarding processes.

Responding to Abuse & Neglect

All health and social care teams respond to alerts appropriately and coordinate the investigations where abuse has been alleged in line with local procedures and to ensure this requirement is included in agreements with the new social enterprise.

The LSAB reviews and strengthens its sub groups ensuring there is involvement from relevant staff from relevant agencies.

The resources and the support required to ensure effective safeguarding arrangements are in place either within teams or to support the work of the LSAB and head of safeguarding is monitored.

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Within the monitoring, performance and review of service level agreements, continue to ensure appropriate response to safeguarding alerts within SEQOL and AWP

There is a need to ensure that the safeguarding process includes the alleged victim wherever appropriate. Swindon LSAB has participated in the National Programme “Making Safeguarding Personal”. The work highlighted by this project needs to continue.

Training & Professional Development

Establish a safeguarding support forum for trainers who deliver safeguarding to service provides and revise the terms of reference for the training sub group.

Develop the awareness of relevant legal issues among staff managing safeguarding alerts and for those acting as investigating officers. .

Continue the implementation of the National Capability Framework on Safeguarding and promote and monitor its use with all providers of services

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Section 1 – Actions, Timescales and Lead Responsibility

Outcome 1. Prevention & Early Intervention Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.			
Key Objectives	**Actions required to address / meet the objective**	**How, Who and When**	**Desired Outputs**
1.1 All contracts to include adult safeguarding	• Ensure safeguarding is a key consideration in the tendering and procurement process during the commissioning of all services. Operational Group: Each agency to provide statements contained within standard contracts	All Commissioners Adult services CCG Housing Police?	Safeguarding Adults will be embedded within all organisations planning, resource allocation and service delivery.
	▪ Monitor compliance to safeguarding elements at all levels to ensure existing guidance is implemented		
	• Operational Group to have regular reports of overall outcomes of monitoring visits	Date: from 1st April 2014 (SBC Commissioning) Gill May (GM)	To establish how we know when things are going right or going wrong and developing improvement plans
	▪ Establish programme of "walkabout" sessions at GWHG involving Adults Safeguarding manager and other relevant personnel		
1.2 Achieve sign up and commitment from all partner agencies and provider services to prevent and react to harm	▪ Identify what reports are necessary; specify a cycle of reporting, monitoring arrangements and a reactive strategy when risks are identified.	Operational Group	
	▪ Review the suspensions of placements policy in line with CQC changes	Elaine Turner (ET) and Doug Bale (DB) By end May 2014	To provider framework to base decision making process when placements should not be made in care

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1.3 Review Multi Agency Policy & Procedures	Police and Procedures are reviewed and revised in line with national policy and any changes in legislation (Expected April 2015) Consider impact of regional guidance thresholds when available on local policy & procedures	DB and Policy and Procedures Sub Group as required and once guidance is issued.	services Local policy reflects latest national policy

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Outcome 2. Responsibility & Accountability Outcome: There is a multi-agency approach for people who need safeguarding support			
Key Objectives	**Actions required to address / meet the objective**	**How, Who and When**	**Desired outputs**
2.1 Develop a Business Planning process	▪ Work plan for the LSAB to be updated and agreed for 12 months and presented to the LSAB	Operational Group in liaison with Mike Howard July 2014	There is more structure with agendas and forward planning of the board.
2.2 Statutory responsibilities are met	• Develop a safeguarding strategy in line with proposed government legislation` ▪ The LSAB reflect any changes in government policy ▪ Review membership of LSAB and consider greater representation from voluntary organisations and private sector, possibly via the provider forum.	DB Mike Howard (Ops group and LSAB) once guidance is issued	The LASB functions in accordance with legislation and good practice.
2.3 LSAB take a leadership role	▪ Develop and extend the use of the Q&P framework self-assessment across LSAB Partner Agencies using revised frame work issued by South West Association of Directors of Adult Services. ▪ Action as appropriate the recommendations included in the SBC Internal Audit of Safeguarding Adults.	DB & Mike Howard (once framework issued)	All partner organisation demonstrate accountability and include planned actions from the self-assessment in yearly reports to the board.

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Outcome 3. Access & Involvement Outcome: People are aware of what to do if they suspect or experience abuse Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process			
Key Objective	**Actions required to address / meet the objective**	**How, Who and When?**	**Desired Outputs**
3.1 An overarching information and publicity strategy	▪ Continue involvement within the Awareness and Engagement Sub Group in collaboration with the LSCB, ▪ Children and Adult safeguarding awareness to be delivered to key groups in Swindon ▪ Complete and publish the "Swindon Guide" (a pack for service users who are involved in their safeguarding process.	Who: Doug Bale/ Steph McQuade/ Chair Date:TBA	LSAB is informed on the level of public awareness Specific and hard to reach groups are targeted
3.2 Embed feedback mechanisms into the safeguarding adults process	• Take any opportunities to join public events where safeguarding work can be publicised or discussed.	DB LSAB	
3.3 Greater involvement of people who use services	▪ Increase membership of the Service User Forum ▪ Establish a method of collecting qualitative feedback that is independent from the teams investigating cases ▪ Regular auditing of practice records with reports to the LSAB on audits and service user feedback ▪ Making safeguarding personal is implemented in all areas managing safeguarding alerts	Chair of Service User forum & DB DB SEQOL AWP LSAB	The voice of Experts by Experience is heard and fed into the QA process and LSAB plans

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Outcome 4. Responding to Abuse & Neglect Outcome: People in need of safeguarding support feel safer and further harm is prevented			
Key Objective	**Actions required to address / meet the objective**	**How, Who and When**	**Desired Outputs**
4.1 All Partners understand their roles and responsibilities	▪ Expectations of Partner agencies to be clarified via ToR, sign up to LSAB, and agreement of Business Plan. ▪ Review sub-groups and ensure all partner agencies participate in these and the Operational Group. ▪ Each organisation is asked to give a verbal account to the LSAB of their role with regards to safeguarding adults yearly (at a board meeting and within the annual report)	Who: Operational Managers group, LSAB chair Date: From April 2014 Rolling programme at LSAB	All Partners are aware of the meaning and importance of adult safeguarding within their organisation and can be held to account regarding their involvement in safeguarding.
4.2 There is a clear understanding of roles and responsibilities for coordinators and investigators in the new organisations.	▪ Re-launched Audit and Training sub-groups using similar work streams to those of the LSCB – and overseen by the Operational Group. ▪ Training is available to all Partner agencies ▪ Review the availability and effectiveness of note takers ▪ Review IT systems ability to record relevant activity ▪ Teams are reminded to use IMCAs where appropriate		There is a robust operational response by all coordinators and investigators in the new organisations.
4.3 The LSAB is adequately resourced	▪ Monitor the resources and support required to ensure effective safeguarding arrangements are in place within teams and to support the work of the LSAB and head of safeguarding. Also consider an appropriate process for funding Case Reviews		The LSAB will be able to meet its statutory requirements once legislation is finalised.

DRAFT

Outcome 5. Training & Professional Development Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm			
Key Objective	**Actions required to address / meet the objective**	**How, Who and When?**	**Desired Outputs**
5.1 Quality assure and benchmark training activity 5.2 People working with adults at risk achieve the required competences for their level of work	▪ Review and revision of the Safeguarding Training Strategy. ▪ Training providers to use the national competence framework, common induction standards to quality assure and monitor the outcomes of training ▪ With the Care Skills Partnership training support forum to ensure all training is consistent with local policy Training Sub Group to agree an up-to-date terms of reference ▪ With the support of the Care Skills Partnership. Carry out an audit of training delivered by providers who do not access the Council's basic awareness training. ▪ Resource training adequately to meet the need for all working with adults at risk to achieve the competences for their level of work	Training sub group to ensure QA work is done with providers monitored on behalf of SAB Who: Training Sub Group & DB Date: From June 2014	All adults in Swindon are supported effectively in reducing and dealing with any instances of abuse.

DRAFT

Section 2 - Progress Tracker for Business Plan Actions

Outcome 1. Prevention & Early Intervention Outcome: a pro-active approach reduces risks and promotes safe services whilst ensuring independence, choice and control.				
Key Objective	**Actions**	**Progress**	**Comment**	**Status** [completed or RAG Score]
1.1				
1.2				
1.3				

DRAFT

Outcome 2. Responsibility & Accountability Outcome: There is a multi-agency approach for people who need safeguarding support				
Key Objective	**Actions**	**Progress**	**Comment**	**Status** [completed or RAG Score]
2.1				
2.2				
2.3				

DRAFT

Outcome 3. Access & Involvement Outcome: People are aware of what to do if they suspect or experience abuse Outcome: Local practice and the commissioning of services and support are informed by feedback and satisfaction levels of those who have had experience of the safeguarding process				
Key Objective	**Actions**	**Progress**	**Comment**	**Status** [completed or RAG Score]
3.1				
3.2				
3.3				

DRAFT

Outcome 4. Responding to Abuse & Neglect Outcome: People in need of safeguarding support feel safer and further harm is prevented				
Key Objective	**Actions**	**Progress**	**Comment**	**Status** [completed or RAG Score]
4.1				
4.2				
4.3				

DRAFT

Outcome 5. Training & Professional Development Outcome: Staff are aware of policies & procedures, their practice safeguards adults and promotes understanding of harm				
Key Objective	**Actions**	**Progress**	**Comment**	**Status** [completed or RAG Score]
5.1				
5.2				

DRAFT

LSCB Strategic Business Plan 2014-2015

PRIORITY AREA ONE: EFFECTIVE RESPONSES TO SPECIFIC SAFEGUARDING CONCERNS			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
Detailed strategies and comprehensive approaches to **Domestic Abuse, Parental Substance Misuse, Alcohol Abuse and Mental Health (The Toxic Trio)** that keeps children and young people safe and promote effective intervention with those who are at risk	1.1 The LSCB has an understanding of the governance arrangements of Domestic Abuse: A clear strategy is in place with up to date policies and procedures.	Community Safety Partnership/ Domestic Violence Steering Group/ Policies & Procedures Sub Group	March 2015
	1.2 The LSCB is assured that findings from the Domestic Abuse Joint Needs Assessment are embedded within all agencies working with children and adults. This is evidenced through case reviews and audit.	Quality Assurance Sub Group/ Performance Sub Group	September 2014
	1.3 The LSCB and LSAB work together to ensure that performance data is reported and used to monitor where the gaps are in service provision at all levels of need, manages them as a risk and challenges those agencies involved	Performance Sub Group (Operational Group)	September 2014
	1.4 There is a clear strategy to ensure training is planned and delivered to meet the needs of staff and volunteers working with families affected by the 'Toxic Trio' so they are suitable skilled to intervene effectively as evidenced through the training evaluation framework	Training & Safe Workforce Sub Group/ Domestic Violence Steering Group	September 2014
Consolidate strategies and approaches to **Child Sexual Exploitation** that keeps children and young people safe	1.5 There is a clear understanding of the relationship of CSE with other safeguarding risks – i.e. child trafficking (internal and international); children missing from care, home and school; children associated to gangs and children exhibiting sexually harmful behaviour.	Sexual Exploitation & Runaways Sub Group/ Training & Safe Workforce Sub Group	September 2014
	1.6 There is a clear understanding of CSE in Swindon that is informed by Police Profiles, the LSCB Sexual Exploitation Annual Audit and information gathered from the Swindon Multi Agency Risk Panel. Recommendations are implemented	Sexual Exploitation & Runaways Sub Group	September 2014

	via the Sexual Exploitation & Runaways Action Plan		
	1.7 Inter- and intra-agency policies and processes support effective identification, assessment and intervention of CSE on the broad themes of Prevent, Protect, Pursue at the level appropriate to the needs of the child / young person.	Sexual Exploitation & Runaways Sub Group/ Policies & Procedures Sub Group	April 2014

PRIORITY AREA TWO: EFFECTIVE EARLY INTERVENTION AND SAFEGUARDING			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB can demonstrate that children and young people in Swindon receive effective early intervention that meets a range of needs in different communities	2.1 There is clear agreement between the Children's Trust and the LSCB on the delivery of early intervention and safeguarding. The Children's Trust report to the LSCB at every Board meeting.	LSCB Board	March 2015
	2.2 LSCB activities promote consistent application of agreed thresholds and adherence to policies and procedures that are compliant with national policy and statutory guidance.	LSCB Board	March 2015
	2.3 The LSCB monitors the development of the (virtual) MASH, linked to Family Contact Point, and the implementation of the Daily Domestic Abuse Conference Calls through regular reports to be assured that referrals and responses for children with all types of need at level 2/ 3 /4 of are effective and consistent.	Performance Sub Group/ Quality Assurance Sub Group	June 2014
	2.4 The LSCB understands where the gaps are in service provision at all levels of need and manages them as a risk and challenges those agencies identified.	LSCB Board/ Chair	March 2015
	2.5 The LSCB responds to identified gaps in in early intervention for specific safeguarding concerns which are the focus of work by LSCB partners e.g. domestic abuse and neglect.	LSCB Board/ Chair/ Business Manager	March 2015

PRIORITY AREA THREE: COMMUNICATION AND ENGAGEMENT			
Outcome for 2013-2016	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB and partner agencies communicate effectively with children and young people; their families; the community (including different sections of the Community); and staff at all levels from partners agencies	3.1 On-going engagement with children and young people and parents involved with acute safeguarding services and general services. The LSCB reviews the effectiveness of methods of communication and explores new means of communicating with parents and children where appropriate and giving consideration to diversity of the local population.	School and Early Years Safeguarding Advisers/ E-Safety Sub Group/Disabled Children Sub Group	March 2015
	3.2 Systems allow for effective communication within the LSCB and between LSCB subgroups and the Children's Trust Board though sharing of information in meetings with Children's Trust Board Chair and coordination of agendas four times per year.	LSCB Business Manager	March 2015
	3.3 The LSCB is represented and creates clear links on all multi-agency partnerships where safeguarding is a focus of their work e.g. Children's Trust, Domestic Abuse Steering Group and Sexual Violence Strategy Group; Corporate Parenting Board, Health and Wellbeing Board; Adults' Safeguarding Board evidenced through minutes of those meetings and identification of areas of joint work.	Chair	March 2015
	3.4 The LSCB uses performance data to identify sections of the community that require information, advice and guidance on safeguarding children and adults giving consideration to diversity of the local population.	E-Safety Sub Group/ Quality Assurance Sub Group/ Disabled Children Sub Group	March 2015
	3.5 The LSCB communicates with the local workforce and community to raise awareness of safeguarding issues, through the LSCB website, Newsletters, Annual Conference, Annual Report, community partnerships and directly with public.	LSCB Board/Training & Safe Workforce Sub Group/Engagement & Awareness Sub Group	March 2015

	3.6 LSCB partners are clear about their responsibilities to disseminate information raised through the LSCB within their own organisations	All LSCB Members	
	3.7 The LSCB receives regular reports from Young Carers, Youth Forum, Children in Care Council, Youth MPs and Parents groups	LSCB Board/ Business Manager	March 2015
	3.8 Review all child deaths appropriately and in line with the Child Death Overview Panel (CDOP) procedures and follow relevant mechanism to disseminate lessons learnt	CDOP	March 2015
	3.9 Produce an annual report on the work of the CDOP, together with a summary document for the LSCB to publish	CDOP	March 2015

PRIORITY AREA FOUR: PERFORMANCE MANAGEMENT			
Outcome for 2014-2015	**MILESTONES**	**LEAD/SUBGROUP /AGENCY**	**Date for completion and evidence**
The LSCB has a performance management framework which promotes different ways of knowing and learning about the effectiveness of early intervention for and safeguarding of children and young people in Swindon	4.1 The LSCB Performance sub group receives reports from each agency at least annually reporting data on outcomes, impact on the child and family, quality of service, workforce (review pro forma for reporting to sub group in light of Wiltshire pro forma) – health check included so that the LSCB can be assured of the quality of services and outcomes achieved	Each member agency reporting to Performance Sub Group	5 meetings per year
	4.2 The LSCB Performance Sub Group enables a deep dive into a specific issue to identify improvement in services and outcomes for children including • Domestic violence, substance/alcohol misuse and mental health • Impact of welfare reforms	Performance Sub Group	March 2015
	4.3 Regular programmes of quality audit including interviews with practitioners and supports an understanding of the journey of the child with recommendations to improve practice – audit this year to look at children in care and safeguarding	QA Sub Group	March 2015
	4.4 The LSCB supports an audit and review process and methodology that supports learning and can evidence improvement in practice and makes a difference to children. Findings are reported to the QA sub group to promote learning – one significant case review per year. Young people to participate in SCIE/case review	QA Sub Group	March 2015
The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve	4.5 The LSCB performance management framework supports and promotes effective challenge by the LSCB so that early intervention and safeguarding improve. High level report to LSCB using agreed format with summary, strengths and areas for development. Reports to include data from audits to improve practice and outcomes for children. Reports to include learning from: 1. Quality Assurance Sub Group 2. Section 11 Audit 3. Licencing & Gambling 4. Sexual Exploitation & Runaways 5. Safeguarding Disabled Children	LSCB Board and Sub Groups	March 2015

	6. Feeling Safe Survey 7. Advocacy 8. Private Fostering 9. E Safety 10. Section 175 Audit 11. Training & Safe Workforce 12. Looked After Children: IRM Report 13. LADO Annual Report 14. Performance Sub Group 15. Awareness & Engagement Sub Group 16. Serious and Local Case Reviews 17. Policies & Procedures Sub Group 18. CDOP Annual Report 19. Domestic Abuse		
	4.6 Young inspectors to bring reports to LSCB meeting for learning and improvement in practice.	Performance Sub Group	March 2015

Agreed by LSCB: 11th March 2014

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NHS Swindon Clinical Commissioning Group Annual Report 2013/14

Health and Wellbeing Board **Date: 23 July 2014**

Author:	Paul Bearman, Executive Director of Commissioning – NHS Swindon Clinical Commissioning Group
Wards:	All
Locality Affected:	All
Parishes Affected:	All

1. Purpose and Reasons

1.1 The NHS Swindon Clinical Commissioning Group (CCG) is required to prepare an Annual Report and the Health and Well Being Board should receive it.

2. Recommendations

The Board is recommended to:

2.1 Note the NHS Swindon Clinical Commissioning Group Annual Report for 2013 – 2014.

3. Detail

3.1 The NHS Swindon CCG Annual Report for 2013/14 is attached at Appendix 1. It follows the National Guidance and template that were issued to the CCG.

3.2 The Annual Report includes:

- A Strategic Report
- A Member's Report (ie the GP Practices as members of the CCG)
- Governance Statement
- Statement of Accountable Officers Responsibilities
- Remuneration Report
- Key Financials

4. Alternative Options

4.1 N/A

Further information on the subject of this report can be obtained from Paul Bearman – Executive Director Commissioning. Telephone: 01793 683700. Email: executivedirectorcommissioning@swindonccg.nhs.uk

5. Implications

5.1 None

Financial and Procurement Implications

5.2 N/A

Legal and Human Rights Implications

5.3 N/A

All other Implications

5.4 N/A

6. Consultees

6.1 Internally within the CCG.

7. Background Papers

7.1 N/A

8. Appendices

8.1 Appendix 1 - NHS Swindon CCG Annual Report 2013-14

Further information on the subject of this report can be obtained from Paul Bearman – Executive Director Commissioning. Telephone: 01793 683700. Email: executivedirectorcommissioning@swindonccg.nhs.uk

NHS
Swindon
Clinical Commissioning Group

Annual Report 2013/14

OPTIMISING THE HEALTH OF THE PEOPLE OF SWINDON AND SHRIVENHAM

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Foreword

Welcome message from the Clinical Chair

Welcome to the first Annual Report for Swindon Clinical Commissioning Group.

Swindon Clinical Commissioning Group (CCG) was formed on 1 April 2013, with a mission to optimise the health of quarter of a million people registered with 27 GP practices (26 from 1 April 2014) in Swindon and Shrivenham. This task involved taking on the responsibility for commissioning £225m of local health services on behalf of its member practices.

This annual report outlines the strategy that the CCG is following and progress that the CCG is making towards achieving its mission, including the following aims:

- To increase the life expectancy of people living in Swindon and Shrivenham
- To reduce health inequalities within Swindon and Shrivenham
- To increase our self-reliance and support self-care
- To increase the support we offer to those with long term conditions
- To reduce emergency admissions and make the shift from unplanned to planned care
- To use new technology and new practice to improve the efficiency and productivity of local health services
- To improve the patient's experience of local health services

Our organisation is a member organisation, comprising of the GP practices in Swindon and Shrivenham.

We trust that you will find the following annual report helpful and informative. We will be presenting this report to our member practices and sharing its contents with partner organisations and at our Governing Body meetings which are held monthly throughout the year.

If having read the report, you feel that we have missed anything important, please feel free to contact our Patient and Public Engagement Programme Manager as we are keen to develop and grow our knowledge, experience and understanding.
We believe that by working together we can best achieve our mission:
To Optimise the Healthcare of the People of Swindon and Shrivenham.

Peter Crouch
Clinical Chair
Swindon Clinical Commissioning Group

Member practices' introduction

Swindon CCG has led on the development of new services designed to improve the quality of services for patients and improving the general health of the population of Swindon and Shrivenham.

The CCG is led by an elected Clinical Chair, Dr Peter Crouch, GP Partner at Taw Hill Medical Practice and supported by the elected Clinical Vice-Chair, Dr Peter Mack, Senior Partner at Moredon Health Centre. Dr Mack along with two other elected GP Governing Body members, Dr Eric Holiday and Dr Philip Mayes represent the CCG's three localities. Both the Chair and Vice-Chair attend weekly Executive Management Team meetings of the CCG. All the GP and Practice Manager Governing Body members attend the Clinical Leadership Group (CLG) meetings which are held fortnightly. The Governing Body also includes an elected non-principal /salaried GP representative who has provided clinical leadership to the research and innovation strategy that the CCG has been developing during 2013/14. Two practice managers are also elected members of the CCG Governing Body and attend the CLG meetings. During the year the CLG has provided a forum for active clinical debate, this has informed the decisions regarding priorities for the CCG and received and provided feedback for the CCG's member practices. The CLG has also been the forum for the professional development of the majority of the Governing Body as the two lay members of the Governing Body have also frequently attended these meetings.

Our Clinical Chair had a national role during 2013/14 to work on a national group reviewing the formula for the allocation of NHS funding for CCGs. For a number of years this has been a significant issue for NHS commissioners in Swindon as the basis of the formula did not adequately take account of the financial pressures associated with rapidly growing populations like Swindon or for populations which exhibited a significantly different demographic to many other parts of the country. There was also a relatively greater increase in the proportion of 0-5 year olds and those of working age in Swindon and

the costs associated with these groups had not been adequately factored into the national calculations. The formula had also applied greater weighting to deprivation factors. Following considerable analysis and modelling a new model of financial allocation was developed which has resulted in a 'fairer' allocation for Swindon in 2014/15. This can be partly attributed to our Clinical Chair's efforts.

The top priority for the CCG has been to improve the services for people needing emergency hospital care and reducing accident and emergency attendances at the Great Western Hospital (GWH). The CCG has been working closely with partner organisations to identify and implement schemes to reduce unnecessary attendances to the Emergency Department at GWH. These schemes have included the establishment of a GP and nurse-led Urgent Care Centre at GWH; the provision of a GP working closely with the ambulance Service and the establishment of a new role called Community Navigators with four practices.

During 2013/14 the CCG supported the implementation of a tool to help identify patients at heightened risk of future ill health. The CCG commissioned a local enhanced service for practices to upload data to provide them with the risk profile for their registered list of patients and to subsequently undertake work to develop care plans and to liaise with community staff about those patients who had a high risk of being admitted to hospital as an emergency.

Nationally, the NHS 111 service has been implemented during 2013/14 and Swindon CCG has, on behalf of the CCGs in the local area, led a project to develop a system to help monitor the performance of the NHS 111 service to ensure that it is of good quality. The system that has been developed has been well regarded and has provided a robust, real time process for monitoring the service and can identify times when the number of calls to NHS 111 are being abandoned due to long waiting times. The tool developed by the CCG also helps predict in advance how many staff should be on duty to respond to anticipated demand.

An objective for the CCG is to work with NHS England to improve the quality of primary care and in Swindon the approach to address this has been collecting, analysing and reviewing practice performance. During the year, member practices have received data on outpatient referral rates; emergency admissions and A&E attendances.

Member practices depend upon accurate and timely communication between acute hospital providers and primary care. During the year, practices have engaged in audits of hospital letters from outpatients, inpatient stays and A&E attendances to ensure that they were of a good quality. Information has been fed back to the relevant provider; where the audit has indicated insufficient information or suggested that the care could have been provided by primary care or that an attendance at the Emergency Department was inappropriate. The timeliness of discharge information provided to primary care is also a concern for member practices and this is being actively monitored by the CCG. The CCG is keen to continue to build on the work started with Great Western Hospital in 2013/14 to reduce the delays in providing discharge and out-patient information to primary care.

The CCG has commissioned a diabetic community service and supported practices by implementing a local enhanced service for practices to make effective use of the service. The CCG has commissioned a local ophthalmology service and supported GWH to implement changes in their ophthalmology service following an independent review of the Ophthalmology Department at GWH by the Royal College of Ophthalmologists. Other services commissioned by the CCG have been non-urgent patient transport services and the expansion of access to direct access diagnostics.

Service Redesign Programme

The CCG has held a series of service redesign workshops during the year and member practices, partner organisations and patients have been well represented at these events. The workshops have covered a wide range of issues and have resulted in changes to services.

Examples include:

Dementia

Two workshops have identified the need for carer support and earlier diagnosis together with a revised pathway for access to secondary care support and investment in the Community Navigator model. Three pathways are being reviewed (as provided by the national lead on dementia) for implementation in 2014/15. In the meantime additional investment continues for memory clinics until the new pathways have been implemented. The Community Navigator model has been implemented already and will be expanded to include support for those with dementia and their carers in 2014/15.

Community Navigators assist people to find their way to activities or services which they would enjoy or find useful.

Making the most of local activities and services is a good way to keep fit, active and independent, but not everyone knows what is available. People with health or other difficulties may need a bit of help but can really benefit from activities and services available to everyone.

Diabetes

Two workshops were held in conjunction with the launch of a diabetes network to oversee the delivery of our local programme of improvement in diabetic care.

The CCG has committed to the following key changes:

1. The development of better information for patients as part of the expert patient and peer support programme, training programmes for those with diabetes and for healthcare professionals, supported by social media and web based information.
2. The need for better information in practices about voluntary sector contribution supported by a new information and advice centre.
3. Developments in foot screening and foot care including improvements in primary care monitoring through support from community specialist services with a number of practices with plans in place to improve their Quality Outcome Framework (QOF) scores on diabetes.
4. Improving retinal screening where a backlog has built up during a change of providers and still needs to be addressed but where there has been significant improvement in the last quarter of data available.
5. Improving ophthalmology where issues over waiting list management have now been addressed following a review by the Royal College of Ophthalmologists.

Urgent care

Four workshops have resulted in the following plan:

1. Community Navigators to aid self-care.
2. GPs at the scene and on the ambulance to divert at first point of contact.
3. A new approach towards assessing and treating patients called a Fix me Hub which assesses emergency patients on arrival at the hospital.
4. Better patient flow across the system and within the hospital supported by a standardised decision making process using the same criteria and information being used by other sectors of the health and social care system.
5. A single point of discharge with better communication and coordination of care post discharge to prevent readmission.

Cancer

There is clear evidence of growth in need and demand but also poor performance against the 31 day cancer target and a significant proportion of those with cancer being identified for the first time, following an Emergency Department attendance. Under 75 cancer mortality rates are also high in Swindon.

Development of local radiotherapy services within Swindon is a priority for investment given the current travel time of over 45 minutes to our nearest centre in Oxford. The result of two workshops included support for radiotherapy investment, a business case has been developed by Oxford University Hospital for radiotherapy to be locally delivered in Swindon. This includes support for further centralisation of cancer services on the GWH campus wherever possible and support for the co-development of a programme of enhanced follow up care for those surviving cancer (The Survivorship Programme) in conjunction with the Marie Curie Foundation.

Paediatrics

Key themes to emerge were the development of a new service for children with high temperatures (the "Hot Tots" out of hospital care model), together with a seven day urgent care model for minor ailments as part of our programme to support primary care. This was supported by evidence from 800 interviews of those attending the Emergency Department detailing the reasons why parents attend with their children and the opportunity to divert by offering immediate appointments at primary care based urgent care centres. The second workshop concentrated on detailed pathway design for the above services. Further work is now being undertaken to progress the actions arising from the paediatric workshops.

Chronic Obstructive Pulmonary Disease (COPD)

A number of patients with COPD have been identified as being regularly admitted to hospital for observation and care. A revised pathway was implemented in January 2014. A successful out of hospital model has been implemented, including improved use of a virtual ward and a stop smoking programme is to be extended over the next two years as both are proven to deliver real health outcome and economic benefits.

End of Life

Key recommendations include:

- Moving towards life-long health planning to include preparing for the final stages of life to see everyone receiving their preference for where they wish to be cared for in the last stages of their life.
- Whole healthcare community access to a Summary Care Record.
- Changing our vision for end of life so that the choice of dying at home includes the choice of dying in one's own bed with one's partner etc. and not in a hospital environment created within the home.
- Exploring technology, practice and approach to care in the home so that we do not exclude those with narrow staircases or other reasons commonly given for not being able to offer someone their preference for end of life care planning.
- Extending both pain management to be more rapidly available in the home setting and the hospice at home concept.

Cardiology and Heart Failure

Three models emerged from our workshop, all of which will have benefits for patients not just in cardiology but also with other long term conditions.

1. Immediate telephone access to consultant advice (Consultant Link).
2. Expert GPs in cardiology at locality or CCG level.
3. Introduction of a new protocol for admission through implementation of a rapid access chest pain pathway.

Long Term Conditions

Emerging from all of our workshops was a common approach to supporting those with long term conditions. Our strategy is targeted at addressing the five main healthy support areas that improve the health of all of those with life-long conditions (healthy eating and exercise, smoking cessation, reducing alcohol abuse and stress). We will do so in a way that places patients in control of their conditions and health at various stages of life from starting well to working well to preparing for death well. The key is ensuring that everyone with a life-long condition can access advice and support from a variety of sources, ranging from the media to others with the same condition to their own family, friends, colleagues and neighbours.

Being navigated to the best advice, but also being helped to put together a life-long health plan that will enable each of us to cope with our conditions is considered a key priority. Swindon CCG will focus on developing our Community Navigator role within every primary care team.

CCG Developmental Feedback

The CCG has sought feedback from member practices during the year by seeking their views on its commissioning intentions and plans using an online survey and from an independent IPOS Mori survey. The results of the survey will be used to consider the effectiveness of the CCG and, during 2013/14 the CCG evaluated its progress using a tool developed by PricewaterhouseCoopers LLP. In 2014/15 the CCG is participating in an organisational development programme facilitated by an external organisation called NHS IQ.

During the past year, regular borough-wide commissioning forums have been held with member practices and there have also been regular locality meetings for member practices to discuss and express views and share concerns and issues. The Clinical Chair has also provided member practices with regular e-mail briefings.

Strategic report

NHS Swindon Clinical Commissioning Group came into operation on 1 April 2013. The CCG had conditions relating to planning, and was therefore not fully licenced until 19 July 2013. The CCG covers a population of 227.000 (see page 47) and comprises of 27 member practices (one practice closed on 31 March 2014). The boundaries of the CCG are co-terminus with Swindon Borough Council with the exception of the Elm Tree Surgery, Shrivenham.

The 2011 Census highlighted the following:

– Our overall population growth is faster than the English average.

– The growth in the over 75 and over 85 age groups has continued at a faster rate than another age group (4-5% per annum).

– The proportion of our population with a long term condition has remained static at 15%.

– The proportion of our population from minority groups has nearly doubled in 10 years.

– The gap in life expectancy between the most and least deprived has decreased.

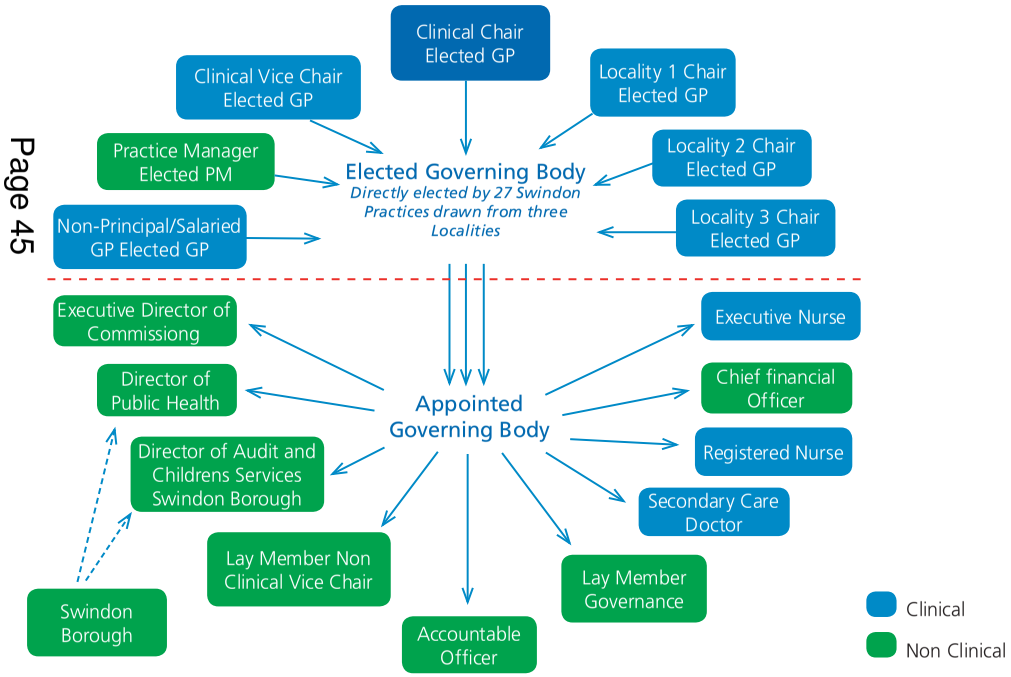
– Life expectancy overall is better than the English average BUT the potential years of life lost for our female population is amongst the worst in England.

During 2013/14 the CCG operated from the David John Murray Building in the centre of Swindon and The Northern Orbital Centre in North Swindon. On 24 March 2014, the CCG amalgamated services as it moved to a new location at The Pierre Simonet Building at The North Swindon Gateway.

The Pierre Simonet Building

Our Governing Body

(>50% clinical and >40% from local practices elected by local practices)

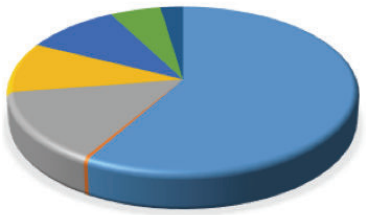


The CCG commissions a full range of health services and jointly commissions integrated health and social care services with Swindon Borough Council. Specialist commissioning, public health and primary care services are not commissioned by the CCG. The major acute healthcare provider for Swindon CCG is Great Western Hospital in Swindon.

Provider services commissioned by the CCG	£'m
Great Western Hospital	107.5
Joint commissioning arrangements with Swindon Borough Council*	38.9
Oxford University Hospitals	3.6
South West Ambulance Service	6.4
Gloucester Hospitals	1.0
Private Hospitals	3.2
Treatment Centres	3.2
Other contracts <£1.0m	29.3
	193.1

(*Services commissioned with SBC includes the SEQOL and AWP contracts - as well as local voluntary sector organisations)

The pie chart below shows the percentage spend by area.



- Acute - 58.2%
- Primary Care - 0.4%
- Prescribing - 14%
- Mental Health Services (including placements) - 9.8%
- Community - 9.9%
- Continuing Care (including continuing health care, funded nursing care and carers support) - 5.3%
- Running Costs - 2.4%

CCG performance benchmarking

The CCG reviews its position against National Outcome Measures and in the latest available information detailed in the charts below. The chart below shows the position of Swindon CCG against the outcome measures within the five domains as a blue dot and then compares us with the national position and the outcomes of the best (green zone) and worst (red zone) performing CCGs.

The arrows indicate where our position has improved or deteriorated.

We are showing an improvement in the following areas:

- Hip replacement
- Knee replacement
- Hernia repairs or operations

We are showing a decline in outcome in three areas:

- Under 75 mortality (deaths) from cancer
- Emergency admissions for children with respiratory tract infection
- Patient experience of GP out of hours services

The red diamond shows what is considered a reasonable target for improvement over the next five years based on other CCGs with similar populations to Swindon.

Indicator	Value	England	Region	England Min	Spine chart
Outcomes - domain 1					
Potential years of life lost amenable to healthcare - female	2.222	1,911	1,712	1,098	
Potential years of life lost amenable to healthcare - male	2.182	2,267	1,911	1,568	
Under 75 mortality from CVD	63.4	66.9	56.1	35.6	
Under 75 mortality from respiratory disease	32.6	28.3	23.0	12.7	
Emergency admissions for alcohol released liver disease	21.3	25.7	18.2	5.8	
Under 75 mortality from cancer	121.4	123.8	115.5	87.0	
Outcomes - domain 2					
% of patients with LTC who feel supported	74.8	72.8	75.5	59.7	
unplanned admissions chronic ACS conditions	905.0	826.5	630.5	211.1	
Unplanned hospitalisation for asthma, diabetes and epilepsy in under....	371.9	338.6	287.0	70.4	

Indicator	Value	England	Region	England Min	Spine chart
Outcomes - domain 3					
Emergency admissions for acute conditions that should not usually...	1,227.7	1,217.9	979.7	289.3	
Emergency readmissions within 30 days of discharge from hospital	11.8	11.8	11.3	8.1	
Hip replacement casemix adjusted health gain	0.43	0.41	0.43	0.28	
Knee replacement casemix adjusted health gain	0.29	0.30	0.30	0.20	
Groin hernia casemix adjusted health gain	0.11	0.09	0.09	-0.03	
Emergency admissions for children with lower respiratory tract infection	276.3	406.1	396.5	79.0	
Outcomes - domain 4					
Patient experience of GP out-of-hours services	63.6	70.8	72.9	51.5	
Outcomes - domain 5					
Incidence of healthcare-associated infection - C.Difficile	18.01	27.88	28.55	7.96	
Incidence of healthcare-associated infection - MRSA	1.35	1.77	1.70	0.00	

There are two areas where our providers need to improve and we have rectification plans in place to address the following areas of performance:

– Control of healthcare /hospital acquired infection

– Accident and emergency four hour performance

The CCG's strategy has the following ambitions which were outlined in our Five Year Strategy for 2014/19 and aligned to the Health and Wellbeing Strategy.

Our ambitions by 2019 are to have achieved the following outcomes:

- Reducing the potential years of life lost in Swindon to 1,865 (13% improvement) thus increasing female life expectancy to above the English average;
- Reducing the gap in life expectancy between the most and least advantaged of our male population to below eight years;
- Meeting the specific health needs of our growing population from minority groups and also reducing the health inequalities experienced by those who provide informal care for others;
- Shift an average of 1.5% of emergency admissions each year into planned or one stop shop (ambulatory care);
- Reducing our emergency hospitalisation or admission rates by 1.5% per annum;
- Providing greater support to those with long term conditions so that at least 80% of those for whom we care feel supported;
- Reducing the norm for medical length of stay by 10% by 2019;
- Reducing the percentage of patients by 60% who are ready to leave hospital but are delayed leaving;
- Increasing the number of patients who when surveyed say their experience of local healthcare was neutral to positive to 90%;
- Ensuring through the commissioning of specialist services that at least 95% of patients are offered the choice of a specialist centre for their care if they require a specialist service.

The CCG's business model

The business model used by the CCG to undertake its core functions is based on the commissioning cycle which was developed nationally as part of the 'World Class Commissioning' initiative. We worked closely with the Health and Wellbeing Board and the Swindon Borough Council Public Health Team on the development of the Joint Strategic Needs Assessment. During 2013/14 we have worked with Central Southern Commissioning Support Unit (CSCSU) to hold service redesign workshops and these are key to understanding what we are doing now and what is working. The workshops also inform the design of new services and the service specifications for what needs to be commissioned in the future.

Clinical decision making is taken at the Clinical Leadership Group with input from member practices and where appropriate for wider discussion at the CCG Governing Body. Managing performance is the final part of the cycle and this has been provided to the CCG during 2013/14 by the CSCSU.

Joint Commissioning

(JSNA: Joint Strategic Needs Assessment)

Arrangements with Swindon Borough Council and One Swindon

In Swindon, a number of services have been commissioned jointly by the CCG with Swindon Borough Council. During 2013/14 the CCG has worked on the further development of joint commissioning arrangements by engaging in national initiatives, such as Building Healthy Partnerships and the national Transformation Network. The CCG has also worked in partnership with One Swindon, a partnership of Swindon Borough Council, fire, police, probation, health services, voluntary sector and the business community. The CCG has also worked with neighbouring CCGs on the commissioning of some services, such as NHS 111, non-urgent patient transport, mental health services, and emergency ambulance transport.

Principal risks and uncertainties

The CCG has governance structures and processes in place to actively identify, manage and monitor risks. The Governing Body believes that the principal risks and uncertainties facing the CCG at the time of writing this report are as set out on the opposite page together with the actions taken to manage and mitigate them:

Area of Risk	Principal risk and uncertainty	Risk mitigation and management
People The CCG's performance and development depends on its staff.	In order to remain compliant with regulations and to deliver against the CCG's strategic objectives the CCG needs to ensure that our people have the appropriate skills and are supported to allow them to perform.	Much of our major change activity within the CCG is organised via projects using a strong project management approach. Robust recruitment procedures apply to ensure new appointments are suitable for the role. Each person has regular meetings with their managers and annual appraisals to ensure that learning and development needs are met.
Provider performance The performance of the providers from which the CCG commissions healthcare can affect the quality of care that patients receive, the CCG's financial strength and the ability of the CCG to achieve its strategic outcomes.	Demand for healthcare services exceed the levels expected within activity plans. This would lead to an increase in the CCG's costs.	In order to manage exposure to changes in demand the CCG has modelled a range of scenarios and identified management actions that could be taken to mitigate their impact if they should arise. We closely monitor the achievement of our annual plans through our governance structures so that any mitigating actions required can be taken in a timely way.
	Quality of patient care delivered by a provider impacts on the ability of the CCG to achieve its strategic objectives.	We manage this risk by setting targets against which to benchmark and monitor each provider's performance. We closely monitor these through our governance structures so that any mitigating actions required can be taken in a timely way.

Counter party failure Local health services are delivered by a small number of organisations.	The lack of diversification in the local economy means that the CCG is dependent on a small number of organisations to provide patient care. Failure of one organisation could have a significant impact on the CCG's financial strength, quality of patient care and the CCG's ability to deliver its strategic objectives.	The CCG has formal contracts with its main providers and actively manages and monitors their performance through our governance structures.
The CCG is also reliant on the Central Southern Commissioning Support Unit for staffing support for a large number of its back office processes.		The CCG has developed a market strategy to develop and encourage diversification where it would be beneficial to patient outcomes and offers value for money to do so.
Legislation and regulation A change in legislation may have a detrimental effect on the CCG's strategy and financial strength.	The CCG is dependent on the Department of Health for its funding. Changes in funding would impact on the CCG's ability to be able to deliver it strategic objectives.	The CCG closely monitors legislative developments. Commitments under standard NHS contracts are for one year only.

An assesment of risks for 2013/14 is set out on page 64.

How we consult and engage with the public

The CCG demonstrates its accountability to its members, local people, stakeholders and NHS England in a number of ways, including:

- Publishing its constitution;
- Appointing independent lay members and other healthcare professionals to its Governing Body;
- Holding meetings of its Governing Body in public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting);
- Meaningful engagement, communication and consultation with the population of Swindon;
- Publishing an annual commissioning plan;
- Complying with local authority health overview and scrutiny requirements;
- Meeting annually in public to publish and present its annual report;
- Producing annual accounts in respect of each financial year which must be externally audited;
- Having a published and clear complaints process;
- Complying with the Freedom of Information Act 2000;
- Providing information to NHS England as required.

In addition to these statutory requirements, Swindon CCG will demonstrate its accountability by:

- Publishing a public-facing guide to the CCG setting out its priorities.
- Holding public engagement events.
- Having a dedicated on-line presence. www.swindonccg.nhs.uk
- Making documents and the Governing Body agenda and papers available to the public (except where the CCG considers that it would not be in the public interest in relation to all or part of a meeting).
- Ensuring that the view and comments from patients and the public are evidenced in all service reviews and developments.
- Ensuring that the CCG complies with its statutory obligation with regard to public consultations.

- Taking all reasonable steps to ensure that all members are informed of decisions and developments using a variety of communication methods including but not limited to:

a) membership communications

b) briefings

c) surveys

The CCG has a statutory responsibility for ensuring that the organisations from which it commissions services provide safe systems, safeguarding both children and vulnerable adults. The CCG has representation on both the adults and children's local safeguarding boards, promoting a partnership approach to the safeguarding agenda.

The Governing Body

Swindon CCG has a written constitution which outlines how the CCG will deliver its statutory duties. The CCG constitution has been widely consulted upon and can be accessed via our website: www.swindonccg.nhs.uk/nhs-constitution or telephone 01793 683700 for a printed copy.

A Governing Body has been established to ensure that the CCG has the appropriate arrangements in place to exercise its functions effectively, efficiently and economically.

The Governing Body of the CCG throughout the year has an on-going role in reviewing the CCG's governance arrangements to ensure that NHS Swindon CCG continues to reflect the principles of good governance.

Membership of the Governing Body is in line with statute and in addition is representative of the membership through the elected locality clinicians.

The composition of the Governing Body can be seen in the diagram on page 16. Further information on the roles of individual members of NHS Swindon CCG's Governing Body are covered in detail in our published constitution.

In summary, each member of our Governing Body should share responsibility as part of a team to ensure that the CCG performs its duties in accordance with the terms of the constitution. Each brings a unique perspective, informed by their expertise and experience.

The Governing Body has appointed the following committees:

- Audit Committee;
- Remuneration Committee;
- Integrated Governance and Quality Assurance Committee;
- CCG Executive Management team
- Strategic Change Forum;
- Clinical Commissioning Leadership Group;
- Swindon and Shrivenham Commissioning Forum.

Information about these committees is available via our website: www.swindonccg.nhs.uk/nhs-constitution telephone 01793 683700 for a printed copy

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

Sustainability

Swindon CCG is required to report its progress in delivering against sustainable development indicators.

The CCG aims to strike the right balance between the three key areas of financial, social and environmental sustainability when making decisions. In doing so this enables the CCG to: save money, save resources and to benefit staff and patients.

Key achievements for the year include:

a) The CCG has invested in technology to facilitate paperless meetings. As well as helping to reduce paper waste this has saved money on printing and disposal costs.

b) The CCG recycles both its general and confidential waste from its head office.

c) The CCG has moved to new offices with the aim of creating a best practice office environment for staff. These offices have facilities to encourage recycling and employ the latest technology to control energy consumption and waste water. The new offices have a lower carbon footprint than the previous building.

d) The CCG has invested in video conferencing facilities and technology to enable staff to work remotely from home and reduce the need to travel to off-site meetings.

e) The CCG has ensured that the provider organisations the CCG has contracts with, provide a sustainability statement as part of their contract.

We will continue to expand the implementation of sustainable projects and systems within the CCG and to continue to encourage our providers to adopt sustainable working practices where practical to do so and without compromising value for money.

The CCG will ensure it complies with its obligations under the Climate Change Act 2008, including Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

Equality and Diversity

Swindon CCG is committed to ensuring equality, diversity, inclusion and human rights are central to the way we commission and deliver healthcare services and how we support our staff. Our aim is to reduce inequalities in health and health care for people in Swindon and Shrivenham.

As commissioners we must ensure that we:

- Eliminate unlawful discrimination,
- Advance equality of opportunity, and,
- Foster good relations between different people when carrying out a public function.

We have taken key areas of work to promote equality and meet the needs of different groups, including minority ethnic people, disabled people, men and transgender people, people of different ages, lesbian, gay and bisexual people, those with different religions and beliefs and those who are disadvantaged.

The CCGs Equality and Diversity strategy 2013/16, outlines our overall approach to equality, diversity and human rights in our capacity as an employer and a health commissioner. The strategy includes how the CCG:

- Developes a governance structure for equality and diversity.
- Ensures all staff have the necessary skills to commission services in line with the Equality Act 2010 and Public Sector Equality Duty under this act.
- Completes equality analyses/ equality impact assessments (EA/EIA) to identify potential impacts on and outcomes for patients, equality analysis as an integral part of our intervention programme of work and redesign projects. Equality assessments are a systematic method of assessing core functions, policies and activities on people depending on their protected characteristic (e.g. age, disability, gender).
- Uses the results of EA/EIA as an integral part of our decision making and commissioning processes.
- Ensures that our communications and engagement activities are inclusive, that is to say that they are reaching effectively people from all protected groups, including carers and seldom heard or marginalised communities.
- Works with our statutory and voluntary sector partners on equality issues and tackle health inequalities.
- Ensures that our human resources policies are fair and transparent, and work in partnership with our staff and potential employees to improve working lives.
- Monitors complaints, comments and compliments by protected characteristic.
- Develops assurance mechanisms to satisfy ourselves that providers who are delivering services on our behalf including Central Southern CSU are complying with the Equality Act 2010 - this will include for example completion of access audits to ensure services are accessible.

Leadership and Governance

The CCG has developed its constitution, governance and accountability mechanisms to enable it to meet all its duties and responsibilities including the delivery of statutory functions such as equality, diversity and human rights.

What we have already done this year:

- Identified the Executive Nurse on behalf of the Clinical Chair, Accountable Officer and the Governing Body to act as the lead for equality and diversity as set out in our CCG's constitution to chair the Equality and Diversity Group.
- Included equality and diversity as a part of the CCG's programme of service redesign workshops. Members of the Governing Body attend these workshops and develop a better understanding of the implications of the Equality Act 2010 and associated Public Sector Equality Duty.
- Secured, through Central Southern CSU a specialist resource to advise the CCG on matters of equality, diversity and human rights.
- Adopted the equality delivery system as a framework for delivering continuous annual improvement in outcomes for patients and meeting our public sector duties.
- Supported and consulted on the development of draft equality objectives for the CCG.
- Confirmed the lay member for public patient involvement and a GP member (GP champion) to lead work with the Executive Nurse on matters of equality, diversity and human rights.
- Provided training to equality leads of the Governing Body on how to perform their role most effectively.
- Placed equality, diversity and human rights as a standing item on the CCG Governing Body agenda every six months.
- Reported on the CCG's performance against our equality objectives, goals and outcomes at least once a year.
- Published annual equality data and information to meet the requirements of the specific Public Sector Equality Duty.
- Ensured that exception reports on CCG, CSU, and other providers performance around equalities are on the Integrated Governance Committee (or relevant sub-committee) agenda at least twice a year.
- Put in place a robust equality analyses/equality impact assessments process which are completed as part of the decision making process from the beginning and enables the CCG to have a full understanding of the equality risks to patients of any decisions they make.

Quality and Patient Safety

The implementation of the Health and Social Care Act 2012 brought about the largest transition programme in the history of the NHS. From April 2013 strategic health authorities (SHA) and primary care trusts (PCT) were abolished, and their existing functions were separated out and handed over to the organisations that formed the new landscape. As part of the transition the CCG received a robust and comprehensive quality handover document for Swindon. It provided formal documentation of key quality issues in order to provide an overview for the CCG.

This mitigated any potential risk of losing sight and intelligence of critical quality and patient safety information and data.

A New Approach to Quality

Patients and their carers judge services by varying criteria including good clinical care and outcomes, effective and efficient access to services and choice in the location, and care they are given. They want to be treated as an individual and to be properly communicated with in a respectful and listening manner that is clear and simple. Patients want to be sure that their voice is heard and that they, and their carers, are at the centre of decisions made about them.

It is the CCGs belief that every person deserves a high quality and safe experience wherever they are cared for in the NHS. Our ambition

has been and will continue to be, to work with the providers of services to continually improve, in order that this will be the case.

During 2013/14 the CCG has reviewed itself against various inquiries namely the Francis, Berwick and Keogh reports and has developed internal actions plans. Whilst all three reports require action, it is the Francis report that has led to working closely with all commissioned providers during 2013/14, to gain assurance that they have commenced implementation of the recommendations set out. This will continue to be a major part of our CCG Quality team work plan for 2014/15.

Most importantly of all is to ensure all staff who see patients, whether in a patient's home, a hospital, GP surgery or care home, are given a clear understanding of how they act and behave. Training and development is crucial and leaders should role model a culture which reflects the behaviours they wish to see in staff. Kindness and consideration of others should be central to care. Transparency and honesty in all dealings with staff, users of the services, with our partners in commissioning and our regulators, should always be the case.

The CCG has taken responsibility for quality assurance by holding providers to account for delivery of contractual obligations and quality standards. In addition we have worked closely with providers to ensure service delivery continually improves and they have in place processes to drive this continual improvement, including the adoption and sharing of innovation.

GP and practice managers are involved in the monthly quality contract review meetings with acute and community providers.

The CCG reports against the NHS Outcomes Framework which is closely linked to the national and local quality agenda and consists of three main areas:

1. **Patient Safety including:**

- Safeguarding
- Infection prevention and control
- Serious incidents requiring investigation management
- Establishing and monitoring early warning systems
- Complaints

2. **Clinical Effectiveness including:**

- Positive patient outcomes
- Evidence-based practice
- Research-based practice
- Experience and competency based practice

3. **Patient Experience including:**

- Real time patient and carer experience, representing the diversity of the population
- National and local primary, community and secondary care patient and staff survey data

The CCG reports against each outcome monthly to both the Commission for Quality Group and Governing Body.

Commissioning for Quality and Innovation (CQUINs)

Commissioning for Quality and Innovation schemes (CQUINS) were developed in partnership with providers. The aim being to make a proportion of health care providers income conditional on demonstrating improvements in quality and innovation in specified areas of care.

National CQUINs were set for health care providers in 2013/14.

The agreement of local CQUINs in particular for acute and community were driven from key patient safety concerns, patient feedback and complaints and the need to align CQUINs with Quality, Innovation, Productivity and Prevention (QIPP). These centred on:

- Wound care
- Patient falls
- Improving care and coordination for patients at the end of their life
- Urgent care

Patient Experience

Quality monitoring of patient experience is carried out regularly and forms part of the quality report presented monthly to the Commissioning for Quality Committee. Provider patient experience is monitored through patient experience reports in each of the provider Clinical Quality Review Meetings (CQRMs). Any feedback is assessed for its level of concern and if the concern is an issue of patient safety, immediate action is taken with the provider.

Quality Risk Profiles

A reporting procedure has been developed to review and highlight potential risk areas from the monthly Care Quality Commission (CQC) quality risk profiles. This information is reviewed at all provider CQRM meetings and shared at the area team quality and patient safety meetings.

Care Quality Commission (CQC) Inspections within care homes

During December 2013 and January 2014, the CCG further strengthened its processes with Swindon Borough Council for the review, monitoring and sharing of the CQC inspection reports for Swindon care homes and domiciliary care agencies.

Meetings between the CQC, Swindon Borough Council and CCG occur on a bi-monthly basis. In addition, a full list of local care homes and domiciliary agencies that have been inspected by the CQC is provided on a weekly basis.

All inspection reports are available on the CQC website. Swindon Borough Council monitors those providers that have failed to meet all standards as part of the CQC inspection process, and therefore ensure issues are raised via the contract monitoring and quality review process. The CCG is in receipt of this information in order to triangulate data and patient safety data for the Swindon population.

Feedback of the outcomes of the quality review visits and compliance to CQC regulations within Swindon care homes was reported to the Commissioning for Quality Sub Committee in February 2014.

Infection and Prevention Control

The CCG breached both the national 'zero tolerance' target for Meticillin Resistant Staphyloccus aureus (MRSA) bloodstream infections and ***clostridium difficile*** infections set for 2013/14, but did however demonstrate a reduction in the number of reported clostridium ***difficile infections*** on the previous year.

Healthcare associated infection (HCAI) surveillance data (including mandatory surveillance of MRSA blood stream infections and ***clostridium difficile*** infections) was monitored jointly by commissioners and providers, with monthly validated data published by Public Health England via the national HCAI data capture system.

Surveillance

HCAI surveillance reports, including MRSA; ***clostridium difficile***, Meticillin Sensitive Staphyloccus aureus (MSSA) and E Coli bloodstream infections are reported to the CCG Lead for Quality and Patient Safety on a weekly basis. Risk factors for infection were gathered locally in order to better understand trends and outcomes.

A total of four MRSA bloodstream infections were reported within the CCG population against a zero tolerance target. Three cases were reported as acquired within the secondary care setting, with the fourth being acquired within the community setting.

Validated data for March 2014 demonstrated a total of 49 ***clostridium difficile*** infections reported within the Swindon CCG population against an annual target of 34. The data from Public Health England's data capture system includes the total number of ***clostridium difficile*** infections reported within the Swindon population from all users of secondary and primary health care settings.

Learning from Investigations

During 2013/14, post infection reviews for MRSA blood stream infections were completed for each reported case as per national guidance. Actions and lessons learned were discussed at the CCG's Commissioning for Quality Sub Committee and the Swindon Infection Prevention and Control Committee.

One MRSA bloodstream infection was reported within the Swindon community for 2013/14 (reported April 2013), which demonstrated a significant improvement on the five community cases reported during 2012/13. A number of factors may have contributed to this reduction, including enhanced specialist education for GPs and practice nurses in order to support care of patients with known MRSA carriage within their own home, together with a focus on reducing blood culture contamination rates in secondary care.

Healthcare Acquired Infection Rectification Plan

Joint working with the Swindon Public Health team has established a Swindon wide Infection Prevention and Control (IP&C) Committee in order to have strategic oversight of infection prevention and control activity within the Swindon population. Membership includes representation from the CCG; Public Health England – including the Consultant for Communicable Disease Control; GWH IPandC team; SEQOL IPandC team; Consultant Microbiologist; Swindon Borough Council Contracts Team for Care Homes and Domiciliary Care, Environmental Health Team and Swindon Healthwatch.

Specialist IPandC input from both providers and commissioners has helped shape local IP&C Services in Swindon, which has resulted in the implementation and monitoring of key interventions.

Swindon Public Health team has commissioned the SEQOL IP&C team to provide a reactive outbreak management service for Swindon care homes.

The TARGET project is currently in development to ensure more detailed understanding of antibiotic prescribing activity within primary care, which is considered a significant contributor to the incidence of *clostridium difficile* infections.

A robust action plan, incorporating all identified work streams implemented jointly by providers and commissioners, aimed at reducing the incidence of healthcare associated infections across the whole health and social care economy in Swindon is in place. Progress against plan, together with horizon scanning and pooling of specialist resources, will continue throughout 2014/15 and beyond.

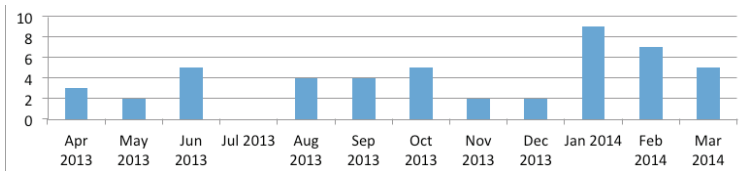
Complaints

The CCG is committed to providing a culture of continuous improvement and innovation with respect to patient safety, clinical effectiveness and patient experience. This includes ensuring that challenges facing patients, raised as concerns or complaints, are captured and that, where appropriate, changes in commissioning strategies are recommended to improve patient experience.

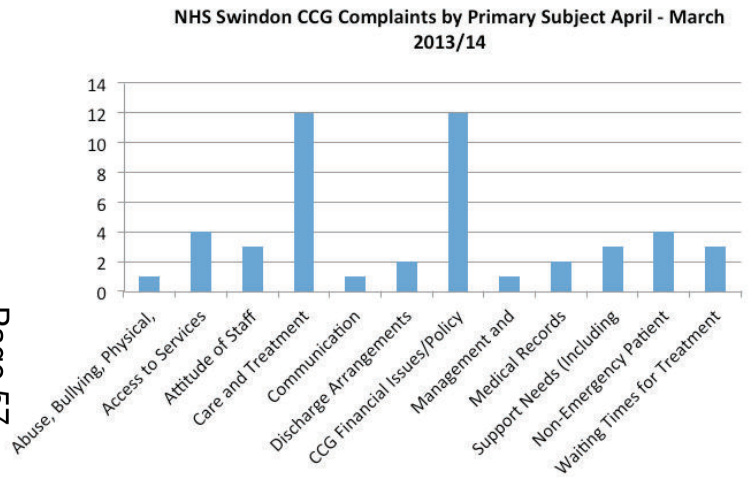
The CCG has a statutory duty to respond to complaints from users of its services, and about the services it commissions and to record and report under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009: The full annual report which will meet the CCGs statutory function will be brought to Governing Body following analysis of the Quarter 4 data in May 2014.

The CCG recognises complaints to be a rich source of information about how services can improve and as a tool for risk management. Central Southern Commissioning Support Unit manages the service on behalf of the CCG but it remains the responsibility of the CCG to ensure that the response letter is appropriate and that any action required is appropriately implemented. Monthly and quarterly reports are received which are reported both at the Serious Incident, Complaints and Safeguarding Committee and the Quality Committee.

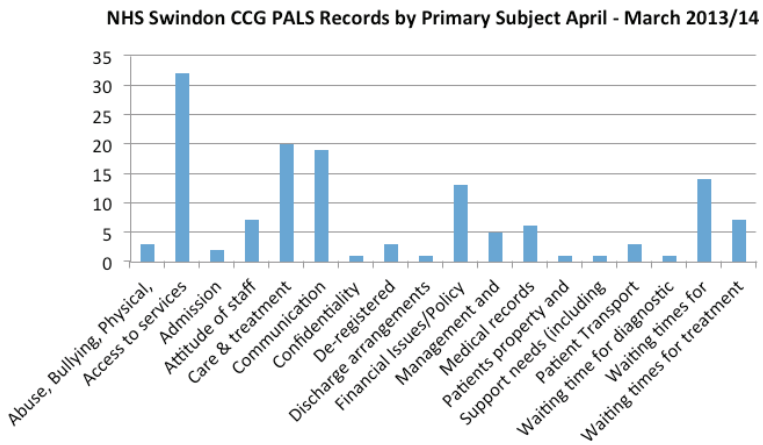
*Complaints received by month 2013/14



*This chart shows the variables between the months with a significant increase in the numbers of complaints received in quarter four, this coincided with the start of the new Patient Transport contract with Arriva Transport Solutions on 1 December 2013.



This chart highlights the top themes for the CCG. There were 12 complaints regarding care and treatment (25%) and CCG financial / policy issues (25%); followed by non-emergency patient transport (8.3%) and access to services (8.3%).



There were 309 contacts to PALS for the period in 2013/14. This chart shows the main themes for contacts to the PALS service. (Requests for information are excluded).

Serious Untoward Incidents

Healthcare organisations strive to be as safe as possible for patients, staff and the public. Unfortunately, incidents do occur that impact on safety. It is important that these are reviewed to reduce the chance of something similar happening again. Sharing the learning from incidents so that healthcare organisations can put systems in place to prevent the same problems occurring.

The CCG recognises that there are certain more serious incidents that need robust investigation to find out why they happened. These are defined nationally as Serious Untoward Incidents (SUIs). These include unexpected or avoidable death, or serious harm to patients, staff or the public.

As part of its role in safeguarding and improving the health of its population, Swindon CCG requires the organisations it commissions to report details of all SUIs. This requirement is included in all contracts. Swindon CCG monitors these providers to ensure the SUIs are investigated appropriately and that learning from the investigation is shared across the health economy.

Learning from SUIs

A final report is required for each SUI covering the investigation findings, recommendations and action plan. During 2013/14, the CCG set up a SUI panel to review all incidents, this ensures a robust approach with an increased focus triangulation and learning.

The CCG reviews all SUIs through each provider Clinical Quality Review Meetings (CQRM) to ensure that recommendations and actions are implemented and completed. All providers are required to demonstrate progress against the action plans and the SUIs are not closed until the CCG is assured and satisfied.

Where there is learning that may be useful outside the reporting organisation, this is disseminated via the Quality Surveillance Groups and Clinical Quality team meetings with NHS England.

Identified trends and themes from all serious incidents reported by provider organisations during 2013/14 has illustrated a need to maintain a continued focus on the prevention of avoidable harms, specifically the need to protect patients from incidents relating to avoidable falls and pressure ulcers. Swindon CCG will therefore continue to support organisations to further develop and embed their patient safety initiatives, whilst ensuring a positive reporting culture is maintained in order for learning to be shared.

Safeguarding

The safety and welfare of children and vulnerable adults is of paramount importance to Swindon CCG. We work diligently to ensure that all of the services we commission ensure high quality, safe and effective care.

The following measures ensure that safeguarding and promoting the welfare of children and vulnerable adults is given priority and is discharged effectively across the whole local health community through commissioning arrangements:

- Executive level CCG membership of both the Safeguarding Children and Adult Boards which ensures that safeguarding is at the forefront of service planning.
- Senior CCG membership on the Health and Wellbeing Board.
- Close collaboration with the local authority to assess and ensure the provision of coordinated, integrated services to meet the needs of the local population, including specialist services for vulnerable groups.
- Ensuring that safeguarding children and adult strategies and associated policies are in place.
- Ensuring that providers of services are held to account through regular reviews of safeguarding arrangements through quality scrutiny processes.
- Designated nurses and doctors in post to offer professional expertise and advice regarding safeguarding matters.

Promoting Health and Wellbeing

As part of the reforms described in the Health and Social Care Act 2012 every local authority had to establish a Health and Wellbeing Board for its area. The Swindon Health and Wellbeing Board brought together key organisations and representatives of the public to work together to improve the health and wellbeing of the people of Swindon. The CCG is a member of this Board together with Swindon Borough Council, Healthwatch Swindon and

NHS England. The CCG also work with One Swindon – a collaborative bringing together both public, third sector and private sector to work on the common aims of improving Swindon.

The Health and Wellbeing Board agreed priorities for collective action across health and social care. The six priorities detailed in the Joint Health and Wellbeing Strategy are:

1. Give every child the best start in life.
2. Enable all children, young people and adults to maximise their capabilities and have better control over their lives to enable our population to live independently and well.
3. Create fair employment and work for all.
4. Ensure a healthy standard of living for all improving physical and mental health and wellbeing preventing early death and increasing years of healthy life.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention and reduce inequalities.

The Joint Health and Wellbeing Strategy is a planned direct response arising from the assessed needs and issues relating to the population of Swindon and Shrivenham.

Swindon CCG has been fully involved in the development and implementation of the assessment and the strategy with our Commissioning Plan directly linking to the strategy. In this way, we work closely with public health and as part of the Health and Wellbeing Board to plan and promote the health and wellbeing of our population.

Paul Bearman, deputising for Tony Ranzetta, Accountable Officer
5 June 2014

Members' Report

The CCG is led by a Governing Body which has a large representation of elected local general practice clinicians (GPs) and practice managers. All practices are in Swindon apart from Elm Tree Surgery in Shrivenham.

Practice Name	Population
Abbey Meads Medical Practice	21,485
Ashington House Surgery	10,195
Carfax NHS Medical Centre	10,452
Cornerstone Practice	1,589
Eldene Health Centre	2,374
Eldene Surgery	7,224
Elm Tree Surgery, Shrivenham	6,753
Great Western Surgery	5,518
Hawthorn Medical Centre	11,914
Hermitage Surgery	4,141
Kingswood Surgery	9,438
Lawn Medical Centre	6,259
Merchiston Surgery	13,820
Moredon Medical Centre	11,344
North Swindon Practice	11,607
Old Town Surgery	8,512
Park Lane Practice	6,557
Phoenix Surgery	5,169
Priory Road Medical Centre	8,359
Ridge Green Medical Centre	10,235
Ridgeway View Family Practice	11,194
Sparcells Surgery	3,149
Taw Hill Medical Practice	11,339
Victoria Cross Surgery	6,260
Westrop Surgery	9,893
Whalebridge Practice	9,784
Total	**226,614**

Title	Name	Committee Chair
Clinical Chair	Dr Peter Crouch	Chair of Clinical Leadership Group
Clinical Vice-chair	Dr Peter Mack	Chair of Commissioning for Quality
Accountable officer	Tony Ranzetta	Chair of Executive Management Team
Chief finance officer	Caroline Gregory	
Executive director of commissioning and deputy accountable officer	Paul Bearman	
Executive nurse	Gill May	
Locality GP representative	Dr Peter Mack	
Locality GP representative	Dr Eric Holliday	
Locality GP representative	Dr Phillip Mayes	
Salaried GP representative	Dr Liz Alden	
Secondary care doctor	Dr Tim Jobson	
Registered nurse	Christine Perry	Chair of Integrated Governance Committee
Practice manager	Angela Brunning	
Practice manager	Sarah Francome	
Director of public health (acting)	Cherry Jones	
Director of social care	John Gilbert	
Lay member (public and patient involvement) and Non-Clinical vice Chair of Governing Body	Michael Barnes	Chair of PPI Forum
Lay member (governance)	Ian James	Chair of the Audit committee

Profiles of members of the Governing Body

Clinical Chair - Dr Peter Crouch

Peter has been a Swindon GP for 20 years. He is the Managing Partner of Taw Hill Medical Centre, a modern practice servicing 11,000 patients in North West Swindon. Peter was elected to the role of Clinical Chair for the shadow CCG in December 2010 (and re-elected in July 2012). Peter led and helped co-ordinate the Swindon practices' response to the NHS Reform Agenda.

Clinical Vice-Chair – Dr Peter Mack

Peter has been a GP in Swindon for over 20 years and is the senior partner of Moredon Medical Centre, a modern, 11,000 patient practice in North-West Swindon. Peter has been a member of the CCG and predecessor organisations, including Swindon PCT and Swindon PPG, and was the prescribing lead for the PCT. Peter is passionate about developing effective pathways and systems, which are fundamental to achieving good governance.

Swindon CCG's Governing Body

Accountable Officer – Tony Ranzetta

Tony has been a Senior Executive or Senior Civil Servant in healthcare for over 20 years. He brings over seven years' experience as the Accountable Officer for commissioning organisations. Tony's particular interests are working with all stakeholders in Swindon to address the inequalities in healthcare in Swindon; and supporting the innovative practice in Swindon led by and inspired by our clinicians.

Chief Finance Officer – Caroline Gregory

Caroline has over twenty years of experience of working in the NHS and spent over 80% of that period at senior management and board level. She has covered financial roles across both providers and commissioners in mental health, community services, learning disability, primary care groups and primary care trusts, working predominately within the Thames Valley area.

Executive Director of Commissioning – Paul Bearman

Paul is responsible for the commissioning of acute and secondary care services and works closely with a small commissioning team which includes posts that are jointly funded by Swindon Borough Council. Paul previously managed the practice based commissioning consortium in Somerset working closely with GPs to commission and implement schemes to improve patient care.

Executive Nurse – Gill May

Gill has worked for over 25 years in the NHS, working in the acute sector within medicine and cardiology before moving into the community where during her time she trained at Southampton University to become a trained practice teacher for district nurses. Gill moved into management roles covering health and social care teams including children's services and in 2004 she moved into commissioning taking on the role as the Board Lead Nurse for the primary care trust. In April 2013 Gill became Executive Nurse for the CCG working in an area she is passionate about, quality of care, patient safety and patient experience.

Locality GP representative – Dr Philip Mayes

Philip has been a local GP for over 20 years. He continues to work in practice as a GP partner and a sessional hospital practitioner in haematology/oncology and still enjoys his role as a GP trainer.

Locality GP representative – Dr Eric Holliday

Eric is a partner at Eldene Surgery. He sees the importance of managing expectations in health care staff and patients to work efficiently with limited resources. Eric is keen to work closely with patients who have chronic conditions, to encourage them to take more control over their management.

Salaried GP representative – Dr Liz Alden

Dr Liz Alden has been a GP for four years after completing her training locally, and now works across a number of GP practices as a locum. She has a strong interest in medical education and through another of her posts is actively involved in GP training in the Swindon area. Her CCG responsibilities include working to promote research and education.

Secondary care doctor – Dr Tim Jobson

Tim has been a Consultant Physician and Gastroenterologist at Taunton and Somerset Foundation Trust for nine years. He has played a leading role in a number of challenging change programmes including the local introduction of Choose and Book, implementation of various aspects of the National Programme for IT, and real-time discharge summaries.

Registered nurse – Christine Perry

Christine spent 20 years as an infection control nurse in Bristol before moving to Weston Area Health NHS Trust in 2012 where she has been Director of Nursing. A former Chair of the Infection Control Nurses Association, she was part of the national team that drove the initial reductions in health care associated infection. Her particular interests are patient safety and quality of care.

Practice manager – Angela Brunning

Angela has six years' experience as a practice manager in a large GP practice in Swindon. Her background is in Human Resources, and she has worked for various public sector organisations including a local council and the probation service. Angela has also worked with a voluntary organisation that provides support for people with eating disorders,

and appreciates the valuable role the voluntary sector plays in supporting patients and their families.

Practice manager – Sarah Francome

Sarah has eight years' experience as the practice manager of a busy, town centre GP practice. Her previous career within Post Office Counters Ltd spanned 20 years, and included a wide variety of senior management roles, latterly as Head of Internal Communications. Sarah is enthusiastic and committed about representing the views of her colleagues and ensuring that two-way communication takes place between the CCG and its' practice members.

Director of public health (acting) – Cherry Jones

Cherry Jones has a background in nursing, business management and health improvement management. She joined the Public Health team at NHS Swindon in 2004 and was appointed as the Acting Director of Public Health at Swindon Borough Council in 2013. Cherry has been the lead for the development of the Swindon Health and Wellbeing Board, the JSNA process and the Swindon Joint Health and Wellbeing Strategy and works collaboratively with a range of partners focusing on reducing health inequalities and preventing early death.

Director of Children's and Adults Social Care – John Gilbert

John commenced his role of Group Director, Children's Services at the beginning of April 2008 and assumed responsibility for the Director of Adult Services in July 2011. John has worked in local government for 26 years previously at Telford and Wrekin Council where he had the responsibility for the full range of children and young people's services within this portfolio. John was also the lead officer in the formulation of the naturally acclaimed School and Community Clusters, which has created a geographical framework for delivery multi-agency, 'joined up' services within communities, in order to drive forward the change for children agenda.

Non Clinical vice chair and Lay member, public and patient involvement – Michael Barnes

Michael is a retired solicitor who served as a Swindon Borough Councillor for twelve years and was Mayor of Swindon in 2007/08. Michael was the Vice-Chair of NHS Swindon and NHS Gloucestershire PCT cluster, having served on the Board of Swindon PCT since 2002.

Lay member, governance – Ian James

Ian is a Chartered Accountant and has spent many years at senior management and director level, and has a broad range of business experience in the financial services sector with Allied Dunbar, Eagle Star and Zurich Financial Services. In 2006 Ian became a non-executive Director of Swindon Primary Care Trust and was the Vice Chairman of its Audit Committee. He is also a trustee of Swindon Citizen's Advice Bureau.

Audit Committee

The Audit Committee meets on a monthly basis and is chaired by the Lay member for Governance.

The Committee is attended by fellow lay members, the Chief Finance Officer, Head of Corporate Governance, Security and Counter Fraud Specialists and representatives from both internal and external audit.

Members of the Audit Committee during 2013/14 were:

Ian James,
Chair of the Audit Committee
Lay member (governance)

Michael Barnes
Lay member (public and patient involvement)

£72,000 was paid during 2013/14 to Grant Thornton as the CCG's external auditors to audit the annual accounts.

Register of GB members' interests and personal relationships with outside bodies

It is the policy of the CCG that all staff and Governing Body members should at all times work in the best interests of the CCG, its membership and patients. In performing their duties, Governing Body members should not be influenced by desire for personal gain. Accordingly, the CCG has adopted rules to guide disclosure

of potential conflicts of interest and the CCG's response there to that shall apply to those who work for the CCG. Attendance, apologies for absence, and declarations of interests and/or conflicts of interests are formally recorded in the minutes of the meetings.

A list of members' interests and personal relationships with outside bodies is provided on the website: www.swindonccg.nhs.uk

Likely future developments

Future developments by the CCG include developing a number of interventions that will support the delivery of the ambitions of the CCG. These include:

- Self-Management: developing personalised coping strategies
- Urgent Care: triage to appropriate care settings; managing timely and well planned discharge. Implementation of the SUCCESS centre model
- Planned Care: ensuring planned care is provided in the right place at the right time
- Cancer: promotion of screening/awareness; concentration of services at Great Western Hospital and the provision of radiotherapy in Swindon
- Better Care Fund: admission avoidance; discharge acceleration; reablement
- Life-Long Planning: End of life choices for patients; hospice at home; pain management; and enhanced primary care services
- Long Term Conditions: better access to advice and services and integrated care for those with multiple conditions
- Assistive Technology and Early Diagnosis: technology support for living at home; easier access to screening

- Control of Infection: reducing hospital acquired infections; reducing infection in the community
- Medicines Optimisation: promoting changes in medical practice where there is a both qualitative and financial benefit
- Mental Health: reducing hospitalisation rates; personalising support for those with learning disabilities
- One Swindon: A joint CCG/Swindon Borough Council programme with both health and social benefit.

The CCG plans to commence a pilot in 14/15 to enable the development of our urgent care programme and to develop our end of life and long term care strategy.

This pilot comprises three key developments:

- the establishment of GP urgent care centres offering same day appointments for those requiring a one off consultation for a minor ailment or minor treatment and with no underlying long term condition,
- the implementation of a dedicated GP home visiting service as an enhancement of our existing and successful GP at the scene scheme which sees GPs working with the ambulance service to avoid residents needing to be conveyed to hospital
- the expansion of the 'Hot Tots' service which was introduced in January 2014 at Carfax Health Centre.

This pilot will need to be evaluated but it has the potential to make a significant difference in how patients are able to access primary care and to ensure that patients have sufficient time with their GP to ensure that they are more informed in managing their condition.

Activities in the field of research and development

The use of research and innovation in health and social care is central to improving quality and outcomes. We also know that fostering a dynamic and innovative research and development culture within the CCG will bring immediate and long-term benefits to the local population and contribute to economic renewal and regeneration.

The CCG want to strengthen collaboration between the CCG, providers, social care, higher education institutions and industry to make Swindon an even better place to efficiently and effectively undertake health research. This further developed the research and innovation strategy that was presented to the CCG Governing Body in March 2014.

Successful implementation of this strategy will enable us to do just that, and to realise an objective crucial to our sustainability and growth; to improve our ability to utilise and maximise the skills and expertise of people – those who work directly for us, those who partner with us, and most importantly, those who use our services.

Information Governance

The CCG places high importance on ensuring there are robust information governance (IG) systems and processes in place to help protect patient and corporate information. We have established an Information Governance Steering Group within the CCG to develop IG policies, processes and procedures in line with the IG Toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff IG handbook to ensure staff are aware of their IG responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation.

During 2013/14 Swindon CCG had no incidents involving data loss or confidentiality breaches.

Cost allocation and setting of charges for information

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

Principles for Remedy

Principles for Remedy guide how public bodies provide remedies for injustice or hardship resulting from their maladministration or poor service. It sets out for complainants and bodies within the Parliamentary and Health Service Ombudsman's jurisdiction how it thinks public bodies should put things right when they have gone wrong and our approach to recommending remedies.

Good practice with regard to remedies means:

1. Getting it right

- Quickly acknowledging and putting right cases of maladministration or poor service that have led to injustice or hardship.
- Considering all relevant factors when deciding the appropriate remedy, ensuring fairness for the complainant and, where appropriate, for others who have suffered injustice or hardship as a result of the same maladministration or poor service.
- Apologising for and explaining the maladministration or poor service.
- Understanding and managing people's expectations and needs.
- Dealing with people professionally and sensitively.
- Providing remedies that take account of people's individual circumstances.

2. Being customer focused

- Being open and clear about how public bodies decide remedies.
- Operating a proper system of accountability and delegation in providing remedies.
- Keeping a clear record of what remedies public bodies have decided on and why.

3. Being open and accountable

- Offering remedies that are fair and proportionate to the complainant's injustice or hardship.
- Providing remedies to others who have suffered injustice or hardship as a result of the same maladministration or poor service, where appropriate.
- Treating people without bias, unlawful discrimination or prejudice.

4. Acting fairly and proportionately

- If possible, returning the complainant and, where appropriate, others who have suffered similar injustice or hardship, to the position they would have been in if the maladministration or poor service had not occurred.
- If that is not possible, compensating the complainant and such others appropriately.
- Considering fully and seriously all forms of remedy (such as an apology, an explanation, remedial action, or financial compensation).
- Providing the appropriate remedy in each case.

5. Putting things right

- Using the lessons learned from complaints to ensure that maladministration or poor service is not repeated.
- Recording and using information on the outcome of complaints to improve services.

6. Seeking continuous improvement

These principles are not a checklist to be applied mechanically. Public bodies should use their judgment in applying the principles to produce reasonable, fair and proportionate remedies in the circumstances. The Ombudsman will adopt a similar approach in recommending remedies.

Employee consultation

Swindon CCG are employers of 42 staff. The workforce is made up of employees from a wide variety of professional groups.

In building effective and meaningful partnership working with staff and staff side representatives, the CCG has developed partnership arrangements that are sufficiently flexible to accommodate and reflect the workforce in terms of professional group and size.

The CCG recognises all of the trade unions outlined in the national Agenda for Change terms and conditions handbook who have members employed within the organisation.

Local arrangements are determined on an ad hoc basis where formal staff consultation is required, to ensure appropriate and effective consultation arrangements are in place. This approach has worked well in the first year as a CCG although arrangements may be reviewed in light of our business plan to consider where arrangements may be strengthened going forward.

The CCG has delegated negotiations over HR policy development to Central Southern Commissioning Support Unit (CSCSU) Staff Partnership Forum (SPF). The CSCSU SPF considers collated feedback from the CCG as part of this process and ensures staff and trade unions are equally engaged in the development process. Policies are formally ratified and adopted by the CCG's executive team prior to publication.

Communication within the CCG is carefully managed and staff are encouraged to engage with the various methods of communications covering a wide range of issues and activities. The CCG holds regular staff briefings where staff are invited to share their views and ask questions. This is complemented by an electronic version of the document which is cascaded for those who are unable to attend the briefings in person. A regularly updated intranet provides key information for staff and the annual staff engagement survey results will be reported to the CCG Governing Body and used to involve staff in creating key objectives and actions to drive improvement in staff experience.

Managers hold regular one-to-one meetings with staff and a robust appraisal system ensures all staff work towards clearly defined personal objectives which are supported with learning, training and development opportunities.

Disabled employees

The CCG has developed an integrated approach to delivering workforce equality so it does not have a separate policy for disabled employees or for any other protected characteristics but it has incorporated equalities issues in policies covering all aspects of employee management ranging from recruitment to performance to discipline. Our aim is to operate in ways which do not discriminate our potential or current employees with any of the 33 protected characteristics specified in the Equality Act 2010 and to support our employees to maximise their performance including making any reasonable adjustments that may be required on a case by case basis.

We publish our employee profile by each of the nine protected characteristics, this helps us to identify and address areas of under-representation in a systematic manner as and when opportunities arise.

Staff sickness, absence and ill health retirements

Sickness absence rates across the CCG remain very low at 0.86%.

Sickness absence is managed in a supportive and effective manner by CCG managers, with professional advice and support from Human Resources, Occupational Health and Staff Support services. The CCG's approach to managing sickness absence is governed by a clear HR policy and this is further reinforced by the provision of HR support and training sessions for all line managers on the effective management of sickness absence.

Managers ensure that the culture of sickness reporting is embedded within their teams and sickness absence is actively monitored and formally reported to the CCG on a quarterly basis as part of the workforce reporting mechanism.

April 2013 to March 2014	
Swindon CCG	
Total calendar days lost	141.00
Total WTE days lost (Whole time equivalents)	130.12
Average WTE working days lost	4.44

CCG Diversity breakdown – gender

	Male Headcount	Female Headcount
Governing Body members	10	7
All CCG employees	17	25

Emergency preparedness and resilience

Swindon CCG is a 'category two responder'. This means that during a major incident such as floods, outbreaks of disease or terrorist attacks, the CCG must respond to reasonable requests to assist and cooperate during an emergency.

Swindon CCG has plans in place to make sure health services will continue to function in a crisis, and to let you know what to do if you are affected.

The CCG works closely with Swindon Borough Council and other health and emergency services, and have emergency planning exercises to test our resilience, and response to major incidents.

We certify that the CCG has incident response plans in place, which are fully compliant with the NHS England Emergency Preparedness Framework 2013. The CCG regularly reviews and makes improvements to its major incident plan and has a programme for regularly testing this plan, the results of which are reported to the Governing Body.

CCG Governance Statement

The CCG was licenced from 1 April 2013 under provisions enacted in the Health and Social Care Act 2012, which amended the NHS Act 2006. The CCG operated in shadow form prior to 1 April 2013, to allow for the completion of the licencing process and the establishment of function, systems and processes prior to the CCG taking on its full powers - the CCG had conditions relating to planning, and was therefore not fully licenced until 19 July 2013.

Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of governance and internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I am also 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.

Compliance with the UK Corporate Governance Code

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

System of Internal Control

Swindon's system of internal control has been in place for the year ended 31 March 2014 and up to the date of approval of the Annual Report and Accounts.

Internal Audit have reviewed the systems, controls, risk management and governance arrangements during 2013/14 and have concluded that there is some risk that management's objectives may not be fully achieved. They have based this assessment on the following:

- A single high risk finding in Corporate Governance, which related to the approval of draft governance policies. Progress has been made regarding the approval of governance policies and the CCG is developing a wider Standards of Business policy to include conflicts of interest, and gifts and hospitality for both staff and members.
- A single high risk report in relation to the CSU interface. The report included three high risk findings in relation to developing a sustainable relationship between the CSU and the CCG, the service specifications of the service, and the KPIs relating to service specifications. This has now been rectified through negotiations with CSCSU.
- A single high risk during our Information Governance review which related to the submission of evidence to achieve level 1 of the business continuity plan requirement of the "Information Governance Toolkit". This has now been achieved.

Governance framework of the CCG

Together with the Clinical Chair of the Governing Body, as Accountable Officer, I ensure that proper constitutional, governance and development arrangements are in place to assure the members of the organisation's ongoing capability and capacity to meet its duties and responsibilities. This includes arrangements for the on-going developments of its members and staff.

The CCG's constitution sets out the principles of good governance which it adheres to and delegates authority to members or employees participating in those joint arrangements to make decisions on its behalf through the following committees:

- **Governing Body** to ensure that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically in accordance with the group's principles of good governance.

- **Audit Committee** which is accountable to the group's governing body and provides the governing body with an independent and objective view of the group's financial systems, financial information and regulations and directions in so far as they relate to finance.
- **Remuneration Committee** which is accountable to the group's governing body and makes recommendations to the governing body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the group.
- **Integrated Governance and Quality Assurance Committee (IGQAC)** which has established the following sub-committees and posts to help discharge its duties and powers: Equality and Diversity Group, Commissioning for Quality Group (C4Q), PPI Forum and Joint Adults and Childrens Safeguarding Board.
- **CCG Executive Management Team (EMT)** to oversee the establishment and delivery of strategies and plans.
- **Strategic Change Forum** to provide overall ownership of and strategic direction to the delivery of care for the Swindon and Shrivenham public including improvements in their health and wellbeing.
- **Clinical Commissioning Leadership Group (CLG)** to develop vision and strategy for ratification by Governing Body; the annual commissioning plan to reflect CCG commissioning priorities; Internal engagement with members and opportunities for practices to take on leadership roles in service redesign.
- **Swindon and Shrivenham Commissioning Forum** to provide member practice engagement with the Clinical Commissioning Group.

The Governing Body of the CCG meets in public and makes available its papers, agenda and minutes on its website. The Governing Body adheres to the "Nolan Principles" setting out the ways in which holders of public office behave in the discharge of their duties and as a guiding principle for decision making.

The CCG also presents a regular report to the Health Overview and Scrutiny Committee of Swindon Borough Council where elected members and the public can question and challenge the CCG.

Risk assessment

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure and to apply sound governance arrangements. The Governing Body recognises the pervasive nature of risk and considers effective risk management to be an integral part of good management practice. Risk management is the responsibility of everyone in the organisation. Thus, the review and maintenance of an effective risk management system involves all staff and, as appropriate, key stakeholders and is applied to all systems and processes, corporate and financial. Leadership of risk management is provided by the Governing Body which is committed to ensuring that an effective risk management system is operating throughout the CCG.

As reported to the March 2014 Governing Body meeting, of the top ten principal risks for the CCG, four were rated as red and six as amber.

Those assessed as red included:

1. Anticipated capacity will not be sufficient to meet predicted excessive activity over and above that which has been planned
2. Delayed follow up appointment for patients could lead to potential clinical risk of not receiving care at the appropriate time
3. Waiting time for assessment at AWP (Avon and Wiltshire Partnership Trust) memory assessment clinic is around five months and there is currently no primary care provision for dementia in Swindon
4. Continued escalation in the numbers of *clostridium difficile* infections during winter months

The CCG's approach to managing risk is outlined in its Risk Management Strategy which explains how risks are identified, evaluated, scored and monitored within the organisation. The CCG has developed a risk matrix which is used for all risks, both clinical and non-clinical within the organisation.

The Board Assurance Framework identifies key risks associated with the achievement of the CCG's strategic priorities. This has been cross referenced with the Risk Register.

The principal risks for the CCG are reviewed each month by the Executive Management Group, Audit Committee, Integrated Governance and Quality Assurance Committee and finally by the Governing Body. Each risk includes:

- Description and cause of risk
- Current controls and assurances
- Proposed actions
- Latest and next review date
- Risk owner and responsible director

The overall responsibility for managing organisational risk lies with the Accountable Officer who is supported to do this by the risk and control framework described above. Each member of staff also has responsibility to ensure all significant risks and potential liabilities are addressed through effective systems of internal control; they are supported in this by undertaking statutory and mandatory training.

Summary of Lapses in Data security

I can confirm that the CCG has not had any lapses in data security for the period April 2013 – March 2014.

Review of the effectiveness of risk management and internal control

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. This review is informed by the work of the internal auditors, the 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 management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governing Body, the Audit Committee and IGQAC.

To that end I can report that there are no significant issues for the financial year 2013/14.

Each individual who is a member of Swindon CCGs Governing Body at the time this report is approved confirms:

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

There have been no significant changes in governance arrangements since 31 March 2014.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Paul Bearman, deputising for Tony Ranzetta, Accountable Officer
5 June 2014

Remuneration report

The Remuneration Committee determines and approves the remuneration package for executive senior managers. The pay and terms and conditions of other managers and staff members' are covered by Agenda for Change. The Remuneration Committee is responsible for approving the Remuneration Policy of the CCG, which determines payment to GPs (as Governing Body members and clinical leads) and practice managers (as Governing Body members).

Membership of the Remuneration Committee during 2013/14 comprised the following members:

- Clinical chair
- Lay member for governance
- Lay member for public and patient engagement
- Accountable officer

Note: the above members would not attend the committee if discussions were taking place about their own remuneration.

Member	Name
Clinical chair	Dr Peter Crouch
Lay member for governance	Ian James
Lay member for public and patient engagement	Michael Barnes
Accountable Officer	Tony Ranzetta

The level of remuneration due is based upon a fair reward system centred on each individual's contribution to the organisation's success taking into account the need to recruit, retain and motivate skilled and experienced professionals. This is not withstanding the need to be mindful of paying more than is necessary in order to ensure value for money in the use of public resources and the CCG's running cost allowance.

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process against bodies that are independent of the senior managers whose pay is being set. Pay relating to GPs and practice managers working for the CCG is set out in the CCG's Remuneration Policy. No individual is involved in deciding his or her own remuneration. The framework and processed followed for determining pay is in accordance with:

- Clinical Commissioning Groups: Remuneration Guidance for Accountable Officers and Chief Finance Officer.
- CCG Remuneration Policy: taking account of Executive Senior Managers who are on permanent NHS contracts.

The length of contract, terms and conditions are set out in the Agenda for Change, NHS Terms and Conditions of Service Handbook. GPs and practice managers are appointed for a set period as detailed in the CCG's Constitution which is approved by member practices. Their length of tenure:

1. Clinical chair: 4 years (no maximum term);
2. Clinical vice-chair: 4 years (no maximum term);
3. Lay members: 4 years (no maximum term);
4. Secondary care doctor: 4 years (no maximum term);
5. Locality chairs: 2 years initially and then 4 years (no maximum term);
6. Non-principal/salaried GP: 2 years initially and then 4 years (no maximum term);
7. Practice manager: 4 years (no maximum term).

During 2013/14 there was no early termination of contracts.

Salaries and allowances of senior managers 2013/14

Name	Title	CCG Salary (Bands of £5,000) - £000s	Employers pension contribution (band of £2,500)	Total (band of £5,000)
Directors emoluments and compensation				
Tony Ranzetta	Accountable Officer	115 - 120	15 - 17.5	135-140
Caroline Gregory	Chief Financial Officer	100 -105	12.5 - 15.0	115-120
Paul Bearman	Executive Director Commissioning	95 - 100	12.5 - 15.0	105-110
Salaries and allowances of senior officers				
Dr Peter Crouch	Clinical Chair	65 - 70	0 - 2.5	65-70
Dr Peter Mack	Clinical Vice Chair / Locality GP Chair	25 - 30	2.5 - 5.0	30-35
Gill May	Executive Nurse	80 - 85	10 -12.5	90-95
Dr Liz Alden	Salaried GP Representative	15 - 20	2 - 2.5	15-20
Michael Barnes	Non Clinical Vice Chair and Lay member - PPI	10 - 15	-	10-15
Angela Brunning	Practice manager	5 - 10	-	5-10
Sarah Francome	Practice manager	5 - 10	-	5-10
Dr Eric Holliday	Locality GP Chair	10 - 15	-	10-15
Ian James	Lay member - Governance	10 - 15	-	10-15
-15Dr Philip Mayes	Locality GP Chair	10 - 15	-	10-15
Dr Tim Jobson	Secondary Care Doctor	5 - 10	-	5-10
Christine Perry	Registered Nurse	10 - 15	-	10-15

Directors, senior officers and other staff members of the CCG are entitled to a base salary, but the CCG does not operate any bonus schemes or other arrangements that would constitute a benefit in kind. Staff members are also entitled to join the NHS Pension Scheme (see note 3).

No exit packages were paid during the year. Amounts paid to a GP's practice are disclosed within the Related Parties note for GPs who served on the Governing Body during the year (See Note 9).

Multiple pay

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

The banded remuneration of the highest paid director in the CCG in the financial year 2013/14 was £120,000. This was 4.3 times the median remuneration of the workforce, which was £27,901.

In 2013/14, no employees received remuneration in excess of the highest-paid director. Remuneration ranged from £17,000 to £105,000 (on a full time equivalent basis.)

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

Pension benefits - Greenbury Disclosure 2013/14

Name	Title	Real increase in pension at age 60 (Bands of £2,500) £000	Real increase in pension lump sum at aged 60 (Bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2014 (Bands of £5,000) £000	Lump sum at aged 60 related to accrued pension at 31 March 2014 (Bands of £5,000) £000	Cash Equivalent Transfer Value at 30 March 2014 £000	Cash Equivalent Transfer Value at 30 March 2013 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Tony Ranzetta	Accountable Officer	0 - 2.4	0 - 2.5	25 - 30	80 - 85	531	510	20 - 25	-
Caroline Gregory	Chief Financial Officer	(0 -2.5)	(5-10)	20 - 25	70 - 75	405	412	(5)-(10)	-
Gill May	Executive Nurse	2.5 -5.0	7.5-10.0	30 - 35	100 - 105	615	546	65 - 70	-
Paul Bearman	Executive Director Commissioning	0 -2.5	-	0 -5	0 -5	58	33	20 - 25	-

Self-employed GPs who are part of the Governing Body have pension entitlements, however the proportion of those entitlements that relates to being on the CCG's Governing Body is not significant compared to their role as GPs.

The CCG has been unable to obtain the required information from the NHS Pensions Agency to be able to separately disclose the pension benefits earned by GPs from their work for the CCG. Employer contributions for 2013/14 of £13,000 have been made by the CCG in respect of GPs serving on the Governing Body. As Lay members do not receive pensionable remuneration there are no entries in respect of pensions for lay members.

Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued from 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 on another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include pension service in the scheme at their own cost. CETVs are calculated within the guidelines an framework prescribed by the Institute and Faculty of Actuaries.

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 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.

Paul Bearman, deputising for Tony Ranzetta, Accountable Officer, 5 June, 2014

Key financials

Statement of Comprehensive Net Expenditure for the year ended 31 March 2014

NHS Swindon CCG has achieved a surplus of £71,000 for the year.

Administration Costs and Programme Expenditure	Note	2013-14 £'m
Gross employee benefits	3	1.8
Other costs	4	232.2
Other operating revenue	2	(3.6)
Net operating costs before interest		230.4
Net operating costs for the financial year		230.4
Net (gain)/loss on transfers by absorption		
Net operating costs for the financial year including absorption transfers		230.4
Of which:		
Administration Costs		
Gross employee benefits	3	1.6
Other costs	4	4.1
Other operating revenue	2	(0.2)
Net administration costs before interest		5.5
Programme Expenditure		
Gross employee benefits	3	0.2
Other costs	4	228.1
Other operating revenue	2	(3.4)
Net programme expenditure before interest		224.9
Total comprehensive net expenditure for the year		**230.4**

Statement of Financial Position as at 31 March 2014

Non-current assets:	Note	31-Mar-14 £'m
Property, plant and equipment	5	0.3
Total non-current assets		0.3
Current assets:		
Trade and other receivables	6	0.9
Cash and cash equivalents		0.2
Total current assets		1.1
Total assets		1.4
Current liabilities		
Trade and other payables	7	(13.8)
Provisions	8	(0.1)
Total current liabilities		(13.9)
Total Assets less Current Liabilities		(12.5)
Total Assets Employed		(12.5)
Financed by Taxpayers' Equity		
General fund		(12.5)
Total taxpayers' equity:		**(12.5)**

Statement of Changes In Taxpayers Equity for the year ended 31 March 2014

Changes in taxpayers' equity for 2013-14	General fund £'m
Transfer of assets and liabilities from closed NHS Bodies as a result of the 1 April 2013 transition	0.1
Adjusted CCG balance at 1 April 2013	0.1
Changes in CCG taxpayers' equity for 2013/14	
Net operating costs for the financial year	(230.4)
Net Recognised CCG Expenditure for the Financial Year	(230.3)
Net funding	217.7
Balance at (31 March 2014)	**(12.5)**

Statement of Cash Flows for the year ended 31 March 2014

Cash Flows from Operating Activities	2013/14 £'m
Net operating costs for the financial year	(230.4)
Increase in trade and other receivables	(0.9)
Increase in trade and other payables	12.8
Increase in provisions	0.1
Net Cash Outflow from Operating Activities	(218.4)
Cash Flows from Investing Activities	
Payments for property, plant and equipment	(0.2)
Net Cash Outflow from Investing Activities	(0.2)
Net Cash Outflow before Financing	(218.6)
Cash Flows from Financing Activities	
Net funding received	218.7
Net Cash Inflow (Outflow) from Financing Activities	218.7
Net Increase in Cash and Cash Equivalents	0.1
Cash and Cash Equivalents (including bank overdrafts) at the end of the Financial Year	**0.1**

Financial performance targets

1) Better Payment Practice Code

The Better Payment Practice Code requires the CCG to aim to pay 95% of valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Measure of compliance	2013/14 Number	2013/14 £'m
Non-NHS Payables		
Total Non-NHS Trade invoices paid in the Year	4,136	28.3
Total Non-NHS Trade Invoices paid within target	4,016	28.0
Percentage of Non-NHS Trade invoices paid within target	97%	99%
NHS Payables		
Total NHS Trade Invoices Paid in the Year	1,689	102.6
Total NHS Trade Invoices Paid within target	1,619	101.1
Percentage of NHS Trade Invoices paid within target	97%	**99%**

2) Financial performance targets

Clinical commissioning groups have a number of financial duties under the NHS Act 2006 (as amended). The clinical commissioning groups performance against those duties was as follows:

	Target Performance £'m	2013/14 Actual Performance £'m
Expenditure not to exceed income	-	0.1
Capital resource use does not exceed the amount specified in Directions	0.3	0.3
Revenue administration resource use does not exceed the amount specified in Directions	5.5	5.5

1. Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Manual for Accounts issued by the Department of Health. Consequently, the following financial statements have been prepared in accordance with the Manual for Accounts 2013/14 issued by the Department of Health. The accounting policies contained in the Manual for Accounts follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the 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.

In accordance with the Directions issued by NHS England, comparative information is not provided in these Financial Statements.

2. Other Operating Revenue

	2013/14 Total £'m	2013/14 Admin £'m	2013/14 Programme £'m
Non-patient care services to other bodies	3.4	-	3.4
Other revenue	0.2	0.2	-
Total other operating revenue	3.6	0.2	3.4

Admin revenue is revenue received that is not directly attributable to the provision of healthcare or healthcare services. Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

3. Employee benefits and staff numbers

	2013/14 £'m	Permanent employees £'m	Temporary staff £'m
Salaries and wages	1.5	1.2	0.3
Social security costs	0.2	0.2	-
Employer contributions to NHS Pension schemes	0.1	0.1	-
	1.8	1.5	0.3
Administration	1.6	1.4	0.3
Programme	0.2	0.1	-
	1.8	**1.5**	**0.3**

Staff numbers

Average number of people permanently employed	42 (head count)
Staff sickness, absence and ill health retirement	
Total days lost (whole time eqiviulent)	130
Total staff years	31
Average working days lost	4

Pension schemes

Past and present employees are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at: www.nhsbsa.nhs.uk/Pensions.

The Scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. The Scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group of participating in the Scheme is taken as equal to the contributions payable to the Scheme for the accounting period.

4. Operating expenses

	2013/14 Total £'m	2013/14 Admin £'m	2013/14 Programme £'m
Gross employee benefits	1.8	1.6	0.2
Payments to related parties	0.5	0.5	-
Services from other CCGs and NHS England	2.5	2.5	-
Purchase of healthcare services	193.0	-	193.0
Prescribing costs	32.4	-	32.4
Other costs	3.0	0.8	2.2
Consultancy and subcontractor costs	0.8	0.3	0.5
Total operating expenses	234.0	5.7	228.3
Analysed as:			
Other costs	232.2	4.1	228.1
Gross employee benefits	1.8	1.6	0.2
	234.0	**5.7**	**228.3**

Administration costs are those costs which are not directly attributable to the provision of healthcare or healthcare services.

5. Property, plant and equipment

	Information technology £'m
Cost or valuation at 1 April 2013	0.1
Additions purchased	0.2
At 31 March 2014	0.3
Net Book Value at 31 March 2014	0.3
Purchased	0.3
Total at 31 March 2014	0.3
Asset financing:	
Owned	0.3
Total at 31 March 2014	**0.3**
Economic lives	
Information technology (3 years)	

6. Trade and other receivables

	2013/14 £'m
Trade receivables	0.9

The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to clinical commissioning groups to commission services, no credit scoring of them is considered necessary. Included in the above are £247,000 of receivables that were past due but not impaired.

7. Trade and other payables

	2013/14 £'m
Trade payables	13.7
Other payables	0.1
	13.8

The great majority of trade is with NHS England.

8. Provisions

	Other £'m	Total £'m
Arising during the year	0.1	0.1
Balance at 31 March 2014	0.1	0.1
Expected timing of cash flows:		
Within one year	0.1	0.1
Balance at 31 March 2014	**0.1**	**0.1**

All provisions are current.

9. Related party transactions

	Payments to Related Party £'m	Receipts from Related Party £'m	Amounts owed to Related Party £'m	Amounts due from Related Party £'m
Taw Hill Medical Practice (Dr Peter Crouch)	0.2	-	-	-
Moredon Surgery (Dr Peter Mack)	0.1	-	-	-
Eldene Surgery (Dr Eric Holiday)	0.1	-	-	-
Kingswood Surgery (Dr Philip Mayes)	0.1	-	-	-
Hawthorn Surgery (Angela Brunning)	0.1	-	-	-

The CCG makes payments to GP practices to compensate for the costs of providing additional services (Local Enhanced Services) which help to support the delivery of its strategic objectives. All member practices can choose to opt in or out of the schemes. In addition the CCG has reimbursed practices for the cost of backfilling GPs where they have been released to carry out their CCG responsibilities.

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.

For example:

- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority

In addition, the clinical commissioning group has had a number of material transactions with local government bodies. Most of these transactions have been with Swindon Borough Council.

Further advice

Stop Smoking
For information and advice:
Call: 0800 389 2229,
Text: 07881 281 797, or
Email: besmokefree@seqol.org

Age UK Wiltshire
Visit www.ageuk.org.uk/wiltshire,
or Call: 01380 727 767

Healthy Start vouchers
Some parents on benefits may be able to get free vouchers every week. You can swap these for milk, fruit, vegetables, special milk for babies and vitamins.
To find out if you qualify:
Call: 0845 607 6823, or
Visit: www.healthystart.nhs.uk

NHS Choices
The online 'front door' to the NHS with information on conditions, treatments, local services and healthy living. Find out what's on the website and how you can get the most out of it at www.nhs.uk

I need to know which GP surgeries or pharmacies are open, which is the closest to where I live and their phone number
Visit NHS Choices at www.nhs.uk

Where is the Walk-in-Centre?
The Carfax Walk-in-Centre is based at Swindon Health Centre, Carfax Street, SN1 1ED. Open 7am - 8pm, Mon to Fri,
8am - 8pm Sat/Sun/Bank Hols. Call 01793 541655.

Find out more about Swindon CCG by visiting our website:
www.swindonccg.nhs.uk

For general enquiries please contact:

Swindon Clinical Commissioning Group
The Pierre Simonet Building
North Swindon Gateway
North Latham Road
Swindon
Wiltshire
SN25 4DL

This annual report can also be found on our website at **www.swindonccg.nhs.uk**

If you would like the information from this annual report in a different language or format, including large print or audio tape, please contact **01793 444655**

Designed by NHS Central Southern Commissioning Support Unit

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Healthwatch Swindon performance update

Health and Wellbeing Board **Date: 23 July 2014**

Author: Lynn McDermott

Wards: All

Locality Affected: All

Parishes Affected: All

1. Purpose and Reasons

1.1 The report comments and summarises the progress of Healthwatch Swindon since its inception in April 2013. It informs the Committee of objectives and targets over the next six months. Appendix 1 is the first Annual Report for Healthwatch Swindon.

1.2 The Council has a statutory duty under the Health and Social Care Act to commission a Healthwatch.

2. Recommendations

The Board is recommended to:

2.1 Note the update and comment as appropriate on objectives and targets for 2014, and request a further update to the October meeting of this Board.

3. Detail

3.1 The Health and Social Care Act replaced Local Involvement Networks (LINks) with a local Healthwatch. The statutory duty on Local Authorities to support HealthWatch was part of the Act and remains. While LINK and Healthwatch both encouraged local involvement in planning and delivering health and social care services there are important differences:

Local Healthwatch must be an independent incorporated body, in this case a social enterprise;

Local Healthwatch includes the NHS Complaints function and a signposting/information function;

There is a national body (Healthwatch England) to provide guidance and promote best practice.

3.2 The budget for Healthwatch Swindon was set at £151,000 p.a. based on the LINk budget of £80,000 p.a. and a further £70,000 to cover the signposting and NHS advocacy complaints functions.

3.3 The Health and Social Care Act requires HealthWatch to be a 'Social Enterprise' meaning a not for profit company. The Local Authority cannot provide HealthWatch directly. The service was tendered in November 2012 and a

Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 LMcDermott@Swindon.gov.uk.

contract was awarded to Parkwood Healthcare in February 2013, to commence on April 1st 2013. The procurement process was carries out in line with the Council's approved practice where a range of criertia including service quality are measured. The tender from Parkwood Healthcare included the commitment, in line with the legislation, to establish a new, not for profit company to manage the contract once it was well established. The new company would take over responsibility for strategic operation of the Swindon contract, once Directors acceptable to SCB and Parkwood Healthcare were appointed. Parkwood Healthcare would continue to employ the staff to deliver the contract.

3.4 In the first three to six months of the new contract mixed progress was achieved by Healthwatch Swindon. The biggest success was the award of a contract from NHS England to provide a tool kit for Patient Participation Groups in GP surgeries across the country. The work has now been completed and the Swindon model will be rolled out across the country by the NHS over the rest of this year.

3.5 Public awareness of Swindon's local Healthwatch has increased as evidenced by the increase in contacts. For example, at the end of the first year they have had 4,760 unique visitors to the web site, 1429 followers on twitter and 156 personal contacts on health related issues. The majority of these have come in the last six months. They have also engaged (defined as where a record of an issue has been made) with the following 156 in person, 30 via e-mail 56 on the telephone 93 at various meetings. A further 258 responded to a health survey carried out between January and March 2014.

3.6 Parkwood Healthcare advertised for Directors of the new Healthwatch Swindon in March 2013 and following interviews three board members with a good mix of skills and experience were appointed. However, the Chair resigned in November 2013 and SBC commissioners did not feel transfer of responsibility to the Board was feasible. In September 2013 60% of Local Healthwatch organisations had not appointed a Chair (source Healthwatch England minutes October 2013). Director posts have been re-advertised and it is anticipated a third Director will join the board and allow the transfer of responsibility to the Board by the end of summer 2014.

3.7 It has taken some time for Healthwatch Swindon to become fully staffed. Two staff transferred to Parkwood Healthcare from Swindon Link under TUPE regulations. No staff were eligible to TUPE to the advocacy post and as an interim measure SWAN Advocacy (an independent charity) took over the management of existing and new advocacy cases from 1.4.13. The Advocacy Service returned to Healthwatch Swindon direct management in February 2014 following the appointment of a full time member of staff.

3.8 A manager of Healthwatch was appointed in August 2013, but this person did not successfully complete a probation period and the role was filled in March 2014 by

an internal promotion. Healthwatch Swindon is now fully staffed, including an Engagement Officer who is working with voluntary sector partners.

3.9 Commissioning Officers have raised concerns and continue to press in four areas:

- Slowness in the identification of suitable Directors and transfer of the strategic role to the Board;
- The development of data recording in particular working with the performance data from other commissioned voluntary sector contractors to build a picture of service delivery and gaps;
- The recruitment and development of volunteer capacity;
- The lack of an effective engagement strategy.

3.10 It took five months for Parkwood Healthcare to identify suitable office space for Healthwatch Swindon and in the interim were based in Council offices. In recognition of the savings there was a reallocation of £22,000 from within their budget resulting in investment in the advocacy service to create additional capacity over three years and a repayment to SBC of over £10,000. The management fee for the year was £6,863.

3.11 Officers will continue to press for improvement in delivery against the following expectations:

- Handover to Healthwatch Swindon by the end of summer 2014;
- An analysis of contractor data to feed into the JSNA by October 2014;
- A coherent approach to engagement which draws in existing experience and identifies gaps for particular focus. One area to prioritise will be engagement of young people in health related matters and we will expect a successful project underway and completed by the end of the year.

4. Alternative Options

4.1 An alternative option is to terminate the existing contract and re-tender. This is not recommended at this time as the disruption entailed would slow the progress being made under the current contract. However, if the present contract holder does not continue their improvement the position can be reviewed.

5. Implications

5.1 Healthwatch Swindon has an important role to play in improving the use of performance data from other care providers as part of the JSNA process. It will be part of the group of third sector organisations at the Swindon Advice and

Support Centre in Sanford House. An important element of their engagement role will be to analyse and identify where there may be gaps in the take up or provision of services. In this way it adds value to services.

Financial and Procurement Implications

5.2 The Council is obliged under the Health and Social Care Act to provide a Healthwatch. It is unlikely any reductions could be made in the budget while maintaining an acceptable service.

Legal and Human Rights Implications

5.3 There are none specific to this report

All other Implications

5.4 There are none specific to this report

6. Consultees

6.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

7. Background Papers

7.1 None.

8. Appendices

8.1 Appendix 1 - Healthwatch Swindon Annual Report.

Further information on the subject of this report can be obtained from Lynn McDermott 01793 463066 LMcDermott@Swindon.gov.uk.

healthwatch Swindon

Healthwatch Swindon
Annual Report 2013/14

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Final Draft

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Final Draft

"I hope you agree that the contents of this report are generally positive in nature however there is still much to be done. A task that the board, staff and volunteers are looking forward to undertaking" – Ben Curtis

Foreword

Healthwatch Swindon came into being during a time of considerable change to the way health and social care services are planned, purchased and delivered.

***"If we are going to crack these really big challenges, the only way to do it is to think about the issue from the patient's point of view and not the needs of the institution, the hospital or the system".* Jeremy Hunt (Secretary of state for health).**

To some extent the need for local Healthwatch has arisen out of seminal national reports that contain key phrases such as "no culture of listening to patients", "complaints made but nothing done about it", "limited understanding of how important and simple it can be to genuinely listen to the views of the public and engage them in how to improve services", "the patient voice should be heard and heeded at all times", "ensure patients using services are routinely involved and 'own' their care planning and activities".

Whilst these reflect a national view, all communities to a greater or lesser degree, including Swindon, have to take on board these comments. We are under no illusion the challenges we face in overcoming the culture of not being 'listened to' or 'nothing is being done about it' Healthwatch Swindon will continue to develop how it listens to the users of health and social care services in a way that will encourage people to come forward with issues and problems.

As services continually change the impact on the user changes and this has to be fed back into the learning loop. This also means that Healthwatch Swindon will have to continuously create opportunities for people to seek service improvements.

We will continue working in partnership with the commissioners and providers as their 'critical friend' and encourage them to use a variety of ways to engage with patients, carers and service users – particularly for those who suffer most disadvantage.

Although Healthwatch Swindon had a tough time establishing itself initially, I believe we have come a long way in developing a solid relationship with our stakeholders .The positive feedback we have had about Healthwatch Swindon leads us to believe that we are heading in the right direction.

For this I have to thank the Board, the staff and the volunteers of Healthwatch Swindon for their effort and dedication they have displayed on this journey to making Healthwatch Swindon an organisation that can be approached with a 'can do' reputation for resolving issues and challenging commissioners in the way services are delivered.

Final Draft

Pete Rowe, Manager of Healthwatch Swindon

The first year of Healthwatch has been challenging as we look to establish ourselves, define our roles and develop strong working partnerships in order to deliver the full potential of what Healthwatch Swindon can do to serve the community of Swindon in an effective way.

We have been involved in some really good work, particularly the ***NHS England project***, which showcases the impact of local people becoming involved in influencing the design and delivery of health & social care services in Swindon.

Working alongside NHS England in the development of a framework to be rolled out across the country is a huge opportunity for Healthwatch Swindon. ***It also recognises the previous success achieved by involving local people through established Patient Participation Groups.***

There is always concern about the standard of health and social care services and that's why Healthwatch Swindon has such an important role, particularly offering an ***independent and confidential Advocacy service.*** The NHS complaint procedure is a very complex process and we have supported over 60 people to complain regarding the following areas:

- ***Treatment***
- ***Diagnosis***
- ***Communication***
- ***Delays in appointments***
- ***Attitude of staff***
- ***Safety***

Being involved in the ***Care Quality Commission (CQC) inspection at the Great Western Hospital*** also highlighted the role of Healthwatch Swindon as the champion of local voices and the potential it can have to monitor and influence local health and social care services.

The other success has been the small pool of committed volunteers of Healthwatch Swindon who have dedicated over 200 hours of their time to support us.

Whether it has been ***providing administration support, attending meetings on our behalf, undertaking patient led audits or helping us engage with the people of Swindon***, we recognise and appreciate your valuable time and input.

Steps are already underway to grow our board of directors and group of volunteers. The development of the Volunteer Action Programme will also explore opportunities to utilise their skills further.

These are just some of the positive impacts we have achieved in our first year and, by listening to feedback and experiences – good or bad, we can continue to use this information to challenge people and hold those in charge accountable.

The next 12 months....

It is fair to say that although we have taken steps in the right direction this is a journey and Healthwatch Swindon is committed to working and supporting the local people to ensure they have their say on health and social care in Swindon.

I took the role as Manager in March 2014 and already acknowledge that there is still much to be done to develop the full potential of Healthwatch Swindon.

"Our success is going to be based on how well the community know WHAT Healthwatch Swindon is, WHAT we do and HOW we can give them a voice and support them to influence or make a change"

Final Draft

Introduction

Healthwatch Swindon gives local people a powerful voice locally and nationally through Healthwatch England. We work to help local people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Swindon is all about local voices being able to influence the delivery and design of local services. Not just for people who use them now, but anyone who might need to in future.

As well as taking on the work of the Local Involvement Networks (LINk) our work includes:

- **Gathering and representing the views and experiences** of people who use Health and Social Care services in Swindon, carers and the general public.
- **Offering a free, confidential and independent advocacy service**, which includes supporting people to make a complaint about NHS services.
- **Creating and developing an effective partnership approach** to work with commissioning organisations, community groups, service user groups and service providers to raise awareness, identify opportunities to champion the voice of the people and publicise the latest News and Events regarding health and social care in Swindon.
- **Signposting** people to appropriate Health & Social Care Service(s) to help them make an informed choice.
- **Reporting information and making recommendations to** commissioning groups, committees, quality monitoring bodies and organisations using the evidence we gather.

OUR VALUES

Healthwatch Swindon's success will be built on public trust and confidence. This will be sustained by being independent, transparent, accessible and inclusive.

OUR MISSION

Healthwatch Swindon will strive to promote and continually improve the following for the people of Swindon.

- ✓ **The right to essential services**
- ✓ **The right of access**
- ✓ **The right to a safe, dignified and quality service**
- ✓ **The right to information and education**
- ✓ **The right to choose**
- ✓ **The right to be listened to**
- ✓ **The right to be involved**
- ✓ **The right to live in a healthy environment that promotes well being**

OUR VISION

1. **THROUGH CHAMPIONING THE VOICE OF THE PEOPLE, MAKE A REAL DIFFRENCE TO THEIR OWN HEALTH AND WELL BEING.**
2. **TO HAVE LOCAL HEALTH AND SOCIAL CARE SERVICES REVIEWED, DESIGNED AND DELIVERED IN PARTNERSHIP WITH THE PEOPLE OFSWINDON.**
3. **THROUGH NETWORKING AND BUILDING SUCCESSFUL RELATIONSHIPS, DEVELOP A CLEAR UNDERSTANDING OF THE HEALTH AND SOCIAL CARE ISSUES AFFECTING PEOPLE LIVING AND WORKING IN SWINDON.**

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Our Work

Gathering and representing your views and experiences.

Your voice counts. We received over 300 service views, comments, compliments and complaints from March 2013 to April 2014. Here are some of the changes we have seen.

Following a patient experience programme, the environment and service of a local NHS Walk-in Centre was enhanced as it highlighted areas to improve including the standard of the waiting room, out of date posters and the reception processes.

A local GP surgery was still using a 0845 number, which was brought to the attention of Healthwatch Swindon. From April 1st 2014 this was removed and replaced with a local number, much to the pleasure of practice staff and patients.

After receiving contacts from frustrated patients at Healthwatch Swindon to book non emergency patient transport, Arriva Transport Solutions have now changed their leaflet to clearly identify the correct number to call.

Following confusion on how to raise an NHS complaint, we have worked with various PALS teams, including Great Western Hospitals NHS Foundation Trust (GWH) to ensure they all have Healthwatch Swindon leaflets to signpost patients.

After visiting the MS Therapy Centre, two people told us that it was difficult for them to park their car and get into Great Western Hospital for an outpatient appointment because of their physical impairment. We presented this as a problem – not a complaint - to the GWH customer service team who responded positively with options for helping.

Due to personal experiences raised through Healthwatch Swindon, service users have also been invited and involved in:

- Patient and public involvement forums
- Nutrition and hydration steering group at Great Western Hospital
- Regional research projects
- Service redesigns

It should also be considered that due to the diverse nature of enquiries received there will be changes that have taken place as a result of the feedback that we may not be necessarily involved in or aware off.

It is important that as we continue to gather experiences and views, that we take the opportunity to view the bigger picture as opposed to just resolving the case in hand.

As we came to the end of the first year, the process to capture, action and conclude became more effective and Healthwatch Swindon looks forward to increasing and reporting positive changes that have taken place as the result of a local voice or voices.

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Offering a free, confidential and independent advocacy service.

Healthwatch Swindon provides people with an advocacy service to help people make complaints, including NHS complaints.

The advocacy service has helped support over 60 people to make a complaint during our first year. From August 2013 we have worked closely with Swan Advocacy to deal with NHS complaints based on the complexity of the complaint.

The complexity of complaints has ranged from treatment at the GP surgery to an identified service failure that resulted in the Parliamentary Health Service Ombudsman (PHSO) investigating the complaint and finding in favour of the client including financial compensation.

In all cases we will try and get a resolution locally. We have also been involved in referring clients when an Independent Mental Health advocacy needs to be instructed.

So how have we helped?

A client had been struggling for over a year with a condition that had forced them to stop work. Being concerned that the treatment was not effective they were further distraught to learn that it could take over 6 months to be seen for further consultation. ***With our help and intervention we were able to get an appointment within a month.***

Following a breakdown in communication and relationship between our client and their surgery, ***we continue to support them through the complaint process locally with positive effect that has also seen an improvement in their health.***

"Healthwatch Swindon came to my rescue. I received a phone call from the department making the appointment within hours of you speaking with the PALS office."

– Mr B, December 2013

When the actions of a consultant had caused our client to believe detrimental effect had been caused through medication, ***by coming to us we identified the severity of the case and worked with Swan Advocacy, which has seen the case submitted to the PHSO.***

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Creating and developing an effective partnership approach.

During the year Healthwatch Swindon has looked to create and develop relationships with the community as a whole, whether it is service providers, commissioning bodies, service user groups or third sector/ voluntary organisations.

Examples of the work include:

Swindon Clinical Commissioning Group (CCG)

Healthwatch Swindon was involved in the development of the CCG Patient and Public Involvement strategy. As well as attending meetings regularly we help to promote attendance. We also discuss and give feedback to items raised in the meetings.

We have also supported and publicised the Commissioning Intentions Seminars that have taken place during 2014, again raising concerns on behalf of the people of Swindon.

It is important to identify any overlaps in the work that Swindon Clinical Commissioning Group and Healthwatch Swindon do to ensure that there is both public involvement and the opportunity to influence delivery and design of services.

Great Western Hospitals NHS Foundation Trust (GWH)

As the biggest provider of secondary health care services within Swindon, it is key that we develop a working relationship as an **Independent** and **Critical Friend.**

We work closely with the Patient Advice Liaison Service and have established various points of contact including with the GWH Governors.

Healthwatch Swindon have also been involved and supported:

- Nutrition and hydration steering group.
- Cancer user forum
- Adult and children safeguarding forum.
- Learning disability partnership board.

In addition to this, with nearly 25% (69) of all contacts received by Healthwatch Swindon relating to GWH, it is clear that we need to continue to develop an effective communication channel.

We are already working on a programme of events for 2014/15, where Healthwatch Swindon can represent an independent perspective.

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Swindon Health Observatory

As part of our role to work with key providers, organisations and voluntary groups, Healthwatch Swindon will develop the Swindon Health Observatory. The objective is to build a clear understanding of the issues affecting people living and working in Swindon to support and inform policy and decision makers.

Through networking and building successful partner relationships, the Swindon Health Observatory will:

- ensure better liaison between commissioners and providers of data to bring more data into consideration when planning and monitoring services
- encourage joint working on intelligence and research therefore adding value to existing data
- deliver effective and accurate centralisation of the best available evidence made available on bespoke web pages.
- identify the opportunity for specifically commissioned work, where a need or gaps are identified.

A series of meeting have been held during the first part of 2014 with key stakeholders and providers to establish opportunities and objectives and it continues to be a high priority to establish Version 1 by the end of Summer 2014.

Health & Social Care Forum

Swindon is fortunate to have some established forums such as the Swindon Older People's Forum, which represent groups and service users effectively.

Our idea behind the Health and Social Care Forum is to allow Healthwatch Swindon to interact and engage effectively with as many Third Sector Organisations and Self Help Groups as possible.

In particular, we want to ensure that the smaller self help groups have a platform to voice their feedback and have their say on health and social care services in Swindon.

The first forum in March 2014 was supported well and we look to build on this with further forums booked throughout the rest of 2014.

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Case Study: Working in partnership with NHS England.

Effective Patient Participation.

Encouraging patients, carers and the public to be involved in the decision making processes for health and social care services has been a priority of the NHS since the early seventies.

Healthwatch Swindon has been instrumental in this area by supporting Patient Participation Groups (PPGs) throughout Swindon. PPGs are organisations that work in partnership with their local GP surgery by reviewing the comments and feedback that they receive from patients, carers and the public to identify and work towards suitable solutions that will improve service quality.

We have been hosting a PPG Forum which met six times during the year. It was attended by up to 25 representatives from different surgeries and PPGs. As a result of these meetings, the PPG community in Swindon is both vibrant and effective in improving the quality of the services provided by GP Surgeries.

Our work with the PPGs and our successes with the PPG Forum drew the attention of NHS England, and at the end of 2013 we embarked on a project together to develop a framework that could be used across the country to help guide PPGs and ensure that they have a positive impact on the surgery that they work alongside.

The NHS is committed to ensuring that PPGs continue to grow and play an increasingly important role in how surgeries address patient and carer feedback. In particular, the NHS is keen to ensure that seldom heard groups that are often hindered in providing feedback to the surgery through traditional means due to issues such as language barriers or disability have the opportunity to play their part in voicing their concerns.

The project was funded by NHS England and consisted of three key phases: An extensive research period that gathered and analysed the different forms of guidance that are currently available to PPGs; a development period that built up the framework by taking on feedback from patients, PPG members and practice managers; and, finally, a trial test period across three GP Surgeries who supported the study.

Working alongside NHS England in the development of a framework that will be rolled out across the country is a huge opportunity for Healthwatch Swindon and a real chance for us to have a significant impact on how the voice of the people is heard by healthcare service providers.

As at the end of April 2014, the project was entering its final testing phase with 3 pilot surgeries after which the framework will be reviewed and revised before being published by NHS England.

Final Draft

Providing advice and information about access to services.

As part of our service Healthwatch Swindon provide people with information and advice to help them access the right services and make informed decisions about their care.

We have signposted 99 people to services. The most frequently asked about was:

- Arriva Non Emergency Transport Service (NEPTS)
- NHS Health Check

Arriva NEPTS

This service started on the 1st December 2013. From December 2013 to March 2014 we had 23 contacts, 11 of which were regarding booking or amending transport arrangements due to an unclear leaflet regarding contact numbers. At the start of March 2014 we helped review and address this, which has seen a reduction in contacts. We also took the opportunity to highlight how to claim help for travel costs for those not eligible for NEPTS.

NHS Health Checks

Prior to January 2014 we received a number of contacts regarding the availability of NHS Health Checks locally. We therefore decided to team up with SEQOL to offer the service on a weekly basis at our Brunel Plaza shop front. As a result over 50 people have booked a Health Check through Healthwatch Swindon.

In addition to the Health Check we also have a community based Health Ambassador on hand to offer 1-2-1 support and advice on how to improve your health your way.

We have a large selection of information leaflets and posters in our shop unit, plus our website, facebook and twitter accounts are upated daily.

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Enabling local people to monitor the standard of local care services

Each year, Great Western Hospital (GWH), Avon, Wiltshire and Mental Health Partnership Trust (AWP), South West Ambulance Service Foundation Trust (SWAFT) and SEQOL, all produce Quality Acounts, which Healthwatch Swindon are invited to comment on.

Quality Accounts tell the public what areas of quality the organisation has worked on over the last year and what they plan to work on in the coming year. We use this as an opportunity to review any views and comments we have received from the people of Swindon to feed into organisations' Quality Accounts.

Healthwatch Swindon also monitors services through our data reports, which highlight when we hear about an issue more than once in a short space of time.

An example of this has been the confusion and concerns raised regarding the Opthalmology Dept at GWH not taking any new referrals since January 2014.

Over a short period we spoke to 3 people who were upset with its "apparent" closure. We were able to work with GWH and the Swindon Clinical Commissiong Group who were able to clarify the situation and the steps taken to address the issue, including information on satellite clinics at a primary care practice.

Healthwatch Swindon were also invited by the Carfax Health Enterprise (CHE)to conduct patient experience research at the Swindon Health Centre where CHE provides primary care services for registered patients and, as a Walk-in Centre, for unregistered patients. The report highlighted areas such as waiting times, the reception process, poor signage and the environment in general.

The full report and actions taken can be viewed on our website at : http://www.healthwatchswindon.org.uk/sites/default/files/carfax_health_enterprise_report_juneaugust_2013.pdf

People in Swindon are keen to see that the environment in which people receive care is of a good standard and seen as an important part of monitoring standards. Healthwatch Swindon has further supported volunteers to conduct Patient Led Assessment of the Care Environment (PLACE) assessements.

During the work on PLACE the volunteers see the environment from the public's eyes and identify the possible need for environmental changes. This helps the service provider to spot changes early and aims to improve the environment for all patients.

Volunteers have received training to conduct PLACE assessments with Avon and Wiltshire Mental Health Partnership Trust.

Contact has also been made with the Great Western Hospital for Healthwatch Swindon to be involved in the PLACE Assessments for 2015.

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The involvement of people in Commissioning and scrutiny of local care services.

Healthwatch Swindon has made strong links with the organisations which commission health and social care services in Swindon.

We have escalated the experiences and concerns regarding the Non Emergency Patient Transport contracted to Arriva Transport Solutions since December 2013. As well as making the Health Overview and Scrutiny Committee (HOSC) aware of the feedback raised by patients, from April 2014, through collaboration with neighbouring Healthwatch, we will work directly with Arriva to encourage patient engagement and involvement.

As well as reporting to HOSC, we are a member of the sub-regional Quality Surveillance Group (QSG) chaired by NHS England.

Including the the Arriva Non Emergency Transport Services, other topics raised include the backlog in continuing health care asssessments, opthalmology services in Swindon and GP related enquirires.

Our attendance at meetings with commissioners and quality monitoring bodies gives us the opportunity to raise the issues and comments the people of Swindon give to us.

Healthwatch Swindon uses the views and comments of the public to report to the Health Overview and Scrutiny Committee.

Comments from local people regarding the ophthalmology services in Swindon were reported at a time that HOSC were reviewing the latest update regarding Ophthalmology Department at Great Western Hospitals NHS Foundation Trust.

We highlighted the concerns raised by the people of Swindon regarding the lack of general communication. For example it had not been made clear what arrangements were in place for people to be provided with transport to reach outpatient appointments out of Swindon.

We also reported the unclear process of establishing GP surgeries that were registering new patients following comments received regarding the closure of a local surgery. Raising the issue with NHS England, we were able to promote awareness for patients affected through the NHS Choices website.

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Making reports and recommendations

Healthwatch Swindon has reported issues and comments to the providers and commissioners of health and social care services. We have done this through direct contact, service user forums and through our statutory involvement with local committees and steering groups.

Our challenge is to address how we can establish a more structured and seamless procedure to ensure that we escalate all relevant comments, both positive and negative, to the relevant commissioner or service provider.

Part of our role is to also identify work and projects that highlight barriers that affect the quality and accessibility of local health and social care services.

Through developing and strengthening relationships we will look to identify opportunities to ensure that not only are the voices of local people heard, but that their views are represented and have maximum impact.

As we start the second year we have already highlighted key areas we would like to explore further:

- Through regular attendance at service redesign opportunities, working with both service users and service user groups to discuss their experiences and how it impacts and influences their life.
- Working with relevant organisations to identify and address perceptions and concerns of health and social care services from a young person's perspective.
- Working closer with the Health and Wellbeing Board and HOSC to support and advise as required.

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Working with the Care Quality Commission and escalations of good practice

When we identify significant concerns or a member of the public requests it we can share information with the Care Quality Commission (CQC). The CQC monitor services' performance against national standards. They regulate:

- treatment, care and support provided by hospitals, GPs, dentists, ambulances and mental health services.
- treatment, care and support services for adults in care homes and in people's own homes (both personal and nursing care).
- services for people whose rights are restricted under the Mental Health Act.

They have the power to enforce change and in some cases closure of services, which do not meet the standards of good quality and safe practices.

During 2013/14 we did not pass any concerns to the CQC but we have assisted with relevant information to aid their visits to service providers.

CQC Inspection at GHW

In October 2013, Healthwatch Swindon accompanied the CQC as they carried out their inspection at Great Western Hospital.

As well as offering a layperson's perspectives, we also took the opportunity to speak to patients and their family with regards to:

- Care and Welfare
- Assessing and Monitoring
- Respecting and Involving People
- Staffing

Escalations

In total we received 288 service views regarding all health and social care services during April 2013 to March 2014. 78% of these views were negative about the service or care experienced so it is imperative that we identify effective processes to escalate feedback to providers and for reporting to commissioning bodies.

However we also receive positive comments and a survey conducted from January to April 2014 regarding meeting health needs in Swindon produced some very positive insights:

- As well as GPs, 39% of respondents go elsewhere, such as the internet to meet their health needs.
- 75% of respondents stated that it was either easy or ok to make their last appointment at a time convenient for them with the GP.
- 65% of respondents felt they were listened to well, with 63% stating they felt that they received the care and attention they expected.

Full results of the 258 respondents surveyed are available on our website at **www.healthwatchswindon.org.uk**

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Sharing views with Healthwatch England

Heathwatch England is the national centre of our network. We feed in local issues and they send us national issues which we may want to further investigate to raise awareness locally.

We have fed into national issues:

- Streamlining the system for complaints regarding the NHS and social care.
- Data.com where the Department of Health asked the public to agree to having information about them shared or to opt out. Initial feedback nationally led to the data.com project being delayed by six months.
- Special inquiry following concerns that people are being discharged from hospital, nursing or care homes unsafely without adequate assessment of their on-going needs or arrangement of sufficient support in their own home, temporary accommodation or community.

We also investigated an issue that was raised locally regarding the varying charges made by GPs for letters to be produced as evidence for benefit and other claims. Our summary was submitted to the Healthwatch Hub.

All 152 Healthwatch in England which make up the Healthwatch network are working together to identify national trends. The future development of this process through compatable data collection will mean that Healthwatch England will have easier access to determine national issues.

Part of Healthwatch England's mission is leading the Healthwatch network to ensure our local insight has national impact and their national insight has local impact.

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Working with the people of Swindon

Engagement Methods & Activities

A vital key to our success is the number of people we interact with. To ensure this we have to make Healthwatch Swindon as accessible as possible. We use many methods to engage with people as follows.

Method	Quantity
Website (unique visitors)	**4,760**
Facebook (friends)	**71**
Twitter (followers)	**1,429**
Meeting Health Needs survey	**258**
Meeting/Engagement events	**93**
Telephone	**56**
Email	**30**
In person	**156**

We know some groups and communities find it hard to get their voice heard. Although initial work has been developed we will continue to focus on:

- Seldom heard groups including People from black minority ethnic groups; refugees and asylum seekers
- Children and young people
- Older people
- People who rely on care at home to maintain their independence.
- People with learning disabilities

As part of our commitment to develop partnerships with other third sector/ voluntary organisations, we will also be identifying opportunities to work closely to those that specifically represent these groups.

In order to increase networking with groups we also promote Healthwatch Swindon by attending, publicising and supporting local groups and events such as:

- Swindon Borough Council Locality Drop-in
- Swindon Older People's Forum
- Diabetes UK
- Epilepsy Support Group
- Parent Carer Advisory Group
- Harbour Project Health Day
- Swindon Equality Coalition
- Retired Railway Workers
- Phoenix Rotary Group
- MS Therapy Centre
- Cancer Service User Group
- World Health Awareness Day

As we look to identify further opportunities to engage, Healthwatch Swindon will look to utilise volunteers to develop an outreach team, which will offer engagement centres at locations for those who cannot access the town centre.

From April 2014 the shop at the Brunel Plaza will also extend the opening hours from 10:00am to 16:00pm to 09:00 am to 17:00 pm.

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Information Technology

Website and social media are used by Healthwatch Swindon as a major platform to interact and publicise the latest news and events regarding health and social care in Swindon.

Although we acknowledge that there are still people who do not have access to the internet, we recognise that this form of information technology is widely used as a source of information and for contacting services. With an active Facebook page and Twitter account, as with our website, we have seen usage increase.

With regards to our website, during our first year, we received over 7,000 visits to our website accessing a total of 26,756 page views.

A focus on digital activity from January to March 2014 saw website traffic nearly double from April to December 2013.

Feedback

Key to any form of engagement is feedback. Informing people what we are doing or what we plan to do as a result of engagement is essential to keeping people involved.

We will do this through:

- Monthly e-bulletins
- Quarterly newsletters
- Website and social media updates

Engagment with the public is a priority but we also need to be in the right places to ensure that the views of the public are taken to the organisations, boards and groups to inform decision makers.

Throughout the year, as well as reporting to the Health and Well Being Board and Health Overview and Scrutiny Committee, we have also fed into the regional Quality Surveillance Group and worked in collaboration with bordering Healthwatch.

In 2014/2015 we will investigate opportunites to promote Healthwatch Swindon including media opportunities, working with service providers such as the Great Western Hospital and raising our profile through networking. A survey of those who have contacted Healthwatch Swindon from January to March 2014 showed that the majority (73%) of people have heard of our services through word of mouth or passing by our shop.

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Who we talk to?

As detailed below, we have registered over 3000 individuals and organisations interested in Healthwatch Swindon and our work.

- Individuals (3167)
- Organisations (151)

The majority of individuals were carried over from the LINk partnership.

Once registered with Healthwatch Swindon we send out our monthly e-bulletin via email and from July 2014 will be sending quarterly newsletters through the post. Upon request, a large print and an audio version of the newsletter can be made available.

We are keen to make sure that the e-bulletin is clear and not too long. We always tell people what changes have happened or are happening as well as letting everyone know about the latest health and social care news and events in Swindon.

Breakdown of Individuals

Level	Number
Directors	3
Volunteers	12
Participants	3152

Ethnicity	Number
British	1650
African	93
Asian	66
Caribbean	26
Indian	463
Unknown/not recorded	869

Age	Number
24 and under	46
25 to 49	861
50 to 64	994
65 to 79	433
80+	2
Unknown/not recorded	831

Gender	Number
Female	1819
Male	1298
Preferred not to say	0
Unknown/not recorded	50

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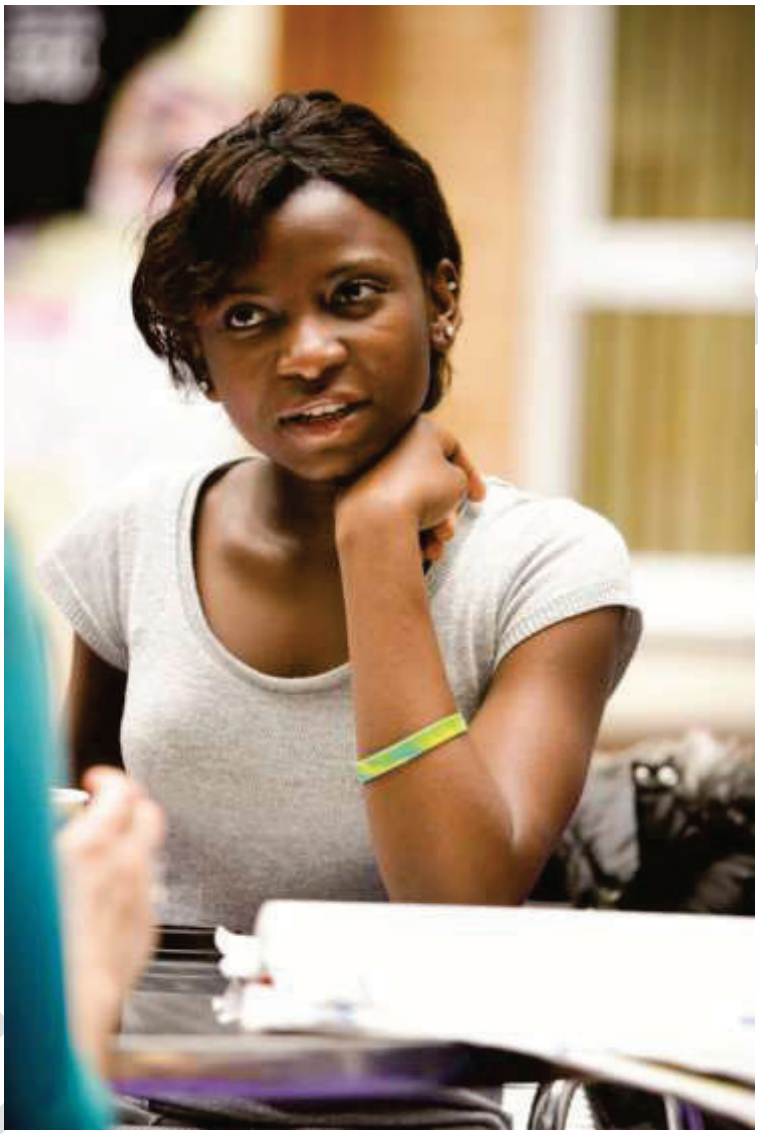

Our Volunteers

The Board & Governance

The board is made up of volunteers who were selected due to their skills and experience.

- Chair (vacant)
- Director (Ben Curtis)
- Director (Iain Watts)
- Director (Tony Hewitt)

The Board make key decisions in our organisation and set the direction of the work we do.

Through 2014 Healthwatch Swindon will continue to actively recruit a Chair and further board members as a priority.

Decision Making

Key decisons and work plans are based on the evidence that Healthwatch Swindon collects from local people.

In addition to this, Healthwatch Swindon work closely in an independent capacity with service providers, commissioners and service user groups to highlight and support areas of points raised and the local and national strategic relevance.

Escaltion of issues and trends

The escalation of issues is determined by the operational staff and then feed into the Healthwatch Swindon Board.

The Board play an important part in gathering and feeding into the strategic relevance as they attend the:

- Health and Wellbeing Board
- Health Overview and Scrutiny Committee.
- Joint Strategic Needs Assement Steering Group.

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Enter and View

Healthwatch Swindon has the statutory power to Enter and View any health or social care service (excluding children's services) to access the people who receive care. We can ask people what their views are on the provision they are receiving.

The board have not had enough evidence to support the use of our statuory power to Enter and View a health or social care setting and therefore Healthwatch Swindon has not undertaken any Enter and View activities during 2013/2014.

Enter and View is a valuable tool for collecting evidence, especially capturing the voice of service users, carers and families. It is not an inspection but an opportunity to offer a layperson's perspective which can bring out improvements to the experience of health and social care consumers.

For this reason Healthwatch Swindon will be looking at opportunities with service providers to access their service and service users, using the Enter and View process.

Final

Our Volunteers

Healthwatch Swindon has an active volunteers list, which have been involved in many aspects of supporting Healthwatch Swindon.

Our volunteers have helped out our staff in the day to day running of Healthwatch Swindon, attend meetings to represent or report back to Healthwatch Swindon and assist with ad-hoc projects.

Examples of activities include:

- Administration support at our shop unit.
- Attending various AGMs such as the Equality Coalition.
- Attending committee meetings such as the Health Overview and Scrutiny Committee.
- Arranging opportunities for Healthwatch Swindon to attend their workplace.
- Attend training to participate in Patient Led Assessment of the Care Environment (PLACE)

Example of ad-hoc projects include:

- Reviewing the the design and readability of patient information leaflets.
- Conducting research in the delay of referral letters being written by GPs.

In the last year our volunteers have dedicated over 200 hours to Healthwatch Swindon.

In addition to our volunteers we also have local people who may also participate in areas of our work or in health and social care activities within their community.

"We were very pleased to have the involvement of Healthwatch Swindon volunteers, for our annual PLACE assessments at Victoria centre and Sandalwood Court.

We found their input extremely helpful and supportive. We hope we will be able to build on observations and ideas from the assessments in order to build on the work we are doing and continue to improve our service users environment."

- Avon and Wiltshire Mental Health Partnership Trust (April 2014)

Utilising our volunteers further

We continue to be very pleased with the number of those who have enquired about volunteering and the potential that they bring.

As we enter our second year Healthwatch Swindon have conducted volunteer workshops, which has not only increased our team of volunteers but also highlighted new opportunities that we can explore such as:

- outreach engagement
- research development
- "Enter and View"
- advocacy support

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The Health and Wellbeing Board

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

Healthwatch Swindon is a full member of the Swindon Health and Wellbeing Board. Both directors have attended and Ben Curtis also sits on the Joint Strategic Needs Assessment steering group.

Healthwatch has a number of roles, which includes asking questions of the other members of the board with the relevant comments and issues that are reported to Healthwatch Swindon.

We also use this opportunity to identify any support or work that we may be able to undertake to address isssus raised at the meetings.

As we work towards having a more positive involvement and influence with the Health and Wellbeing Board, we will be sharing our reports and workplans on a regular basis, ensuring that we provide representative and evidence based views of local patients, carers and the general public.

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Healthwatch Swindon Year 1 Report – Summary Breakdown

April 2013 – March 2014

	Year 1 Budget	vs.	Year 1 Spend	Variance
Sales	£ 151,000		**£ 152,248**	-£ 1,248
Expenses:				
Management Staff Salary Cost	£ 36,000		**£ 39,493**	-£ 3,493
Community Outreach Staff Salary Cost	£ 27,000		**£ 23,125**	£ 3,875
Adminsistration Staff Salary	£ 12,000		**£ 22,379**	-£ 10,379
Marketing & Hosting Expenses	£ 12,000		**£ 1,084**	£ 10,916
Staff/Volunteer Expenses	£ 12,000		**£ 5,080**	£ 6,920
Training & Development	£ 5,000		**£ 1,200**	£ 3,800
Pre-employment Checks	£ 300		**£ 88**	£ 212
Facilities Management incl. Rent & Rates	£ 21,000		**£ 15,153**	£ 5,847
Telephony/IT	£ 6,000		**£ 6,716**	-£ 716
Stationery/Printing/Postage	£ 7,500		**£ 2,428**	£ 5,072
Insurance	£ 1,800		**£ 1,800**	£ -
Depreciation	£ 2,037		**£ 2,037**	£ -
Recruitment	£ 1,500		**£ 1,654**	-£ 154
Management Fee	£ 6,863		**£ 6,863**	£ -
	£ 151,000		**£ 129,100**	£ 21,900
Repayment			**£ 10,267**	-£ 10,267
Remaining Provision (* see below)			**£ 11,633**	-£ 11,633
	£ 151,000		**£ 151,000**	£ -

*** Provision for costs (including Advocacy and future projects.)**

About this report

This report will be made available to people on the Healthwatch Swindon website. Hard copies will be made available and posted out on request.

Should you require the report in a different format please contact

info@healthwatchswindon.org.uk

The Healthwatch Brand

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