NHS
Swindon
Clinical Commissioning Group

Annual Report 2013/14

OPTIMISING THE HEALTH OF THE PEOPLE OF SWINDON AND SHRIVENHAM

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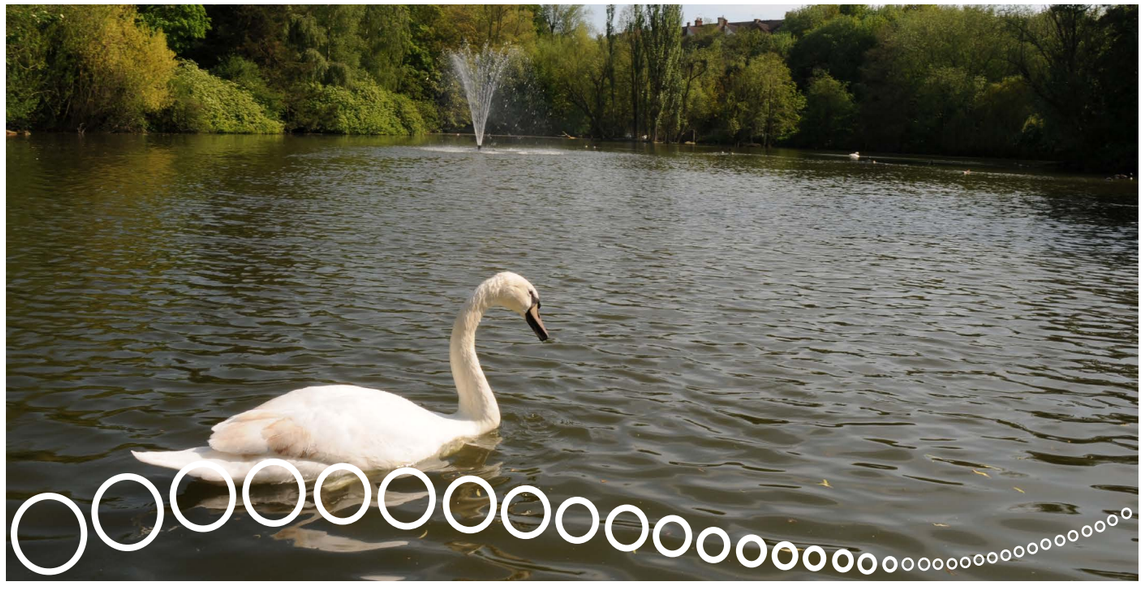


Foreword

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.

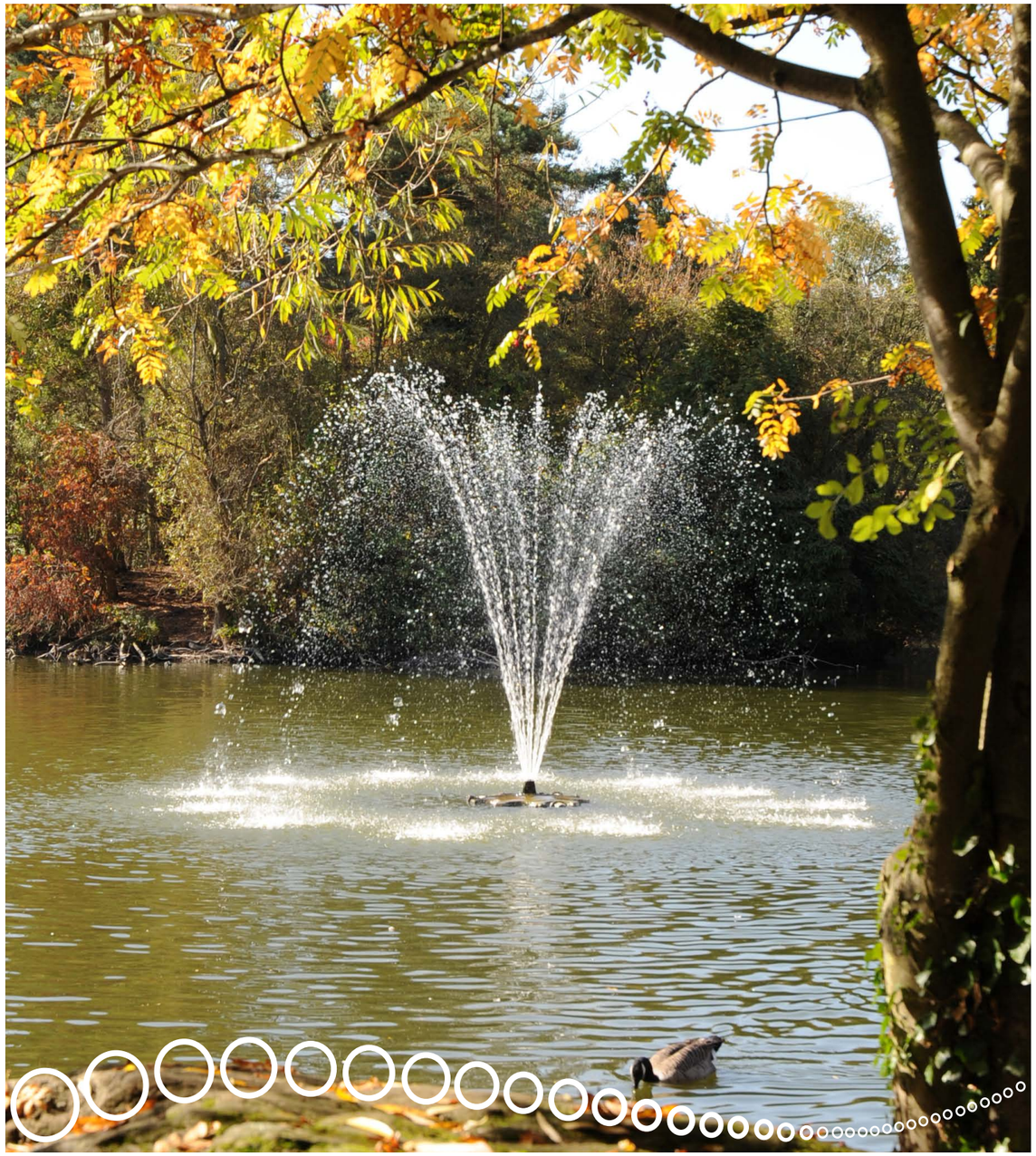
Being navigated to the best advice, but also being helped to put together a life-long health plan that will enable each of us to cope with our conditions is considered a key priority. Swindon CCG will focus on developing our Community Navigator role within every primary care team.

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.

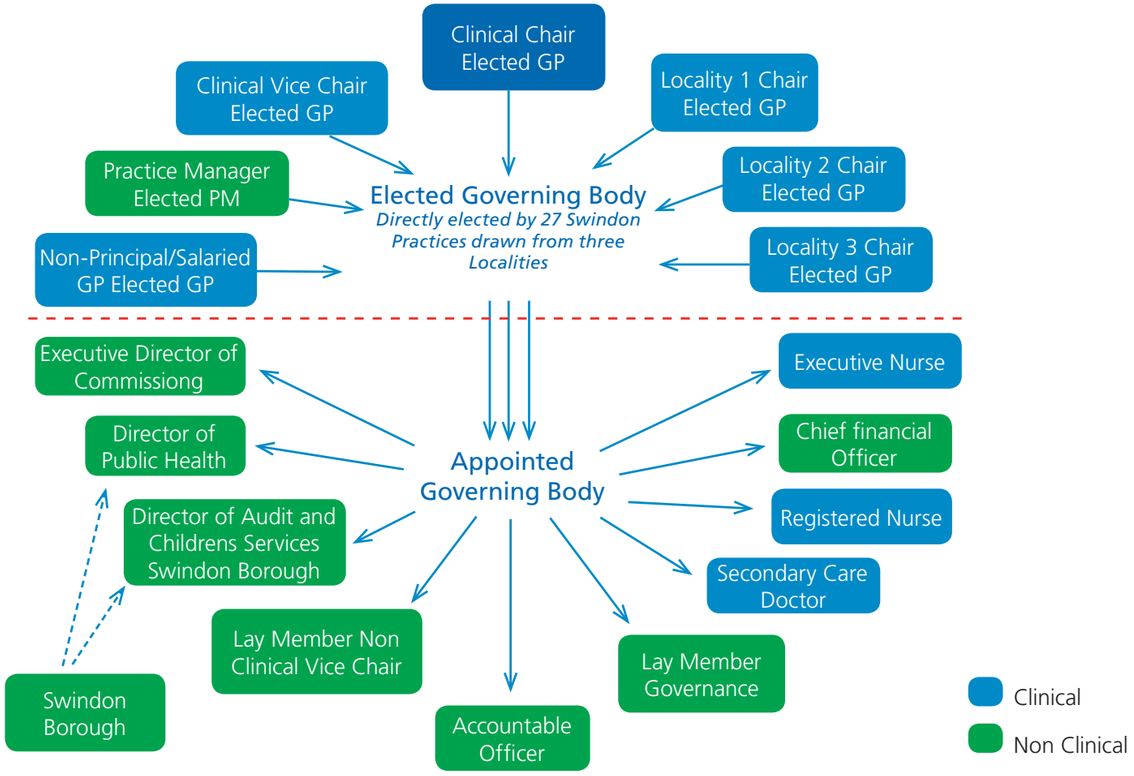
– Life expectancy overall is better than the English average BUT the potential years of life lost for our female population is amongst the worst in England.

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)

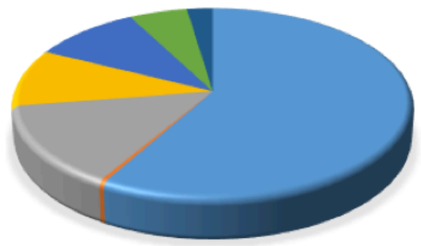


The CCG commissions a full range of health services and jointly commissions integrated health and social care services with Swindon Borough Council. Specialist commissioning, public health and primary care services are not commissioned by the CCG. The major acute healthcare provider for Swindon CCG is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

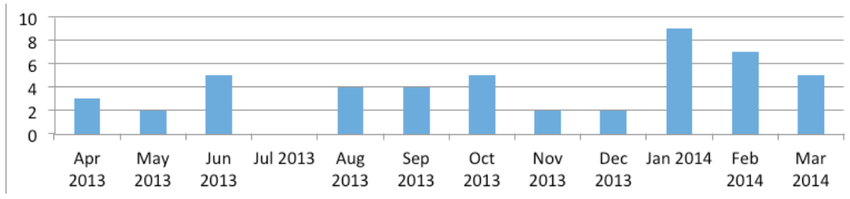
Complaints

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.

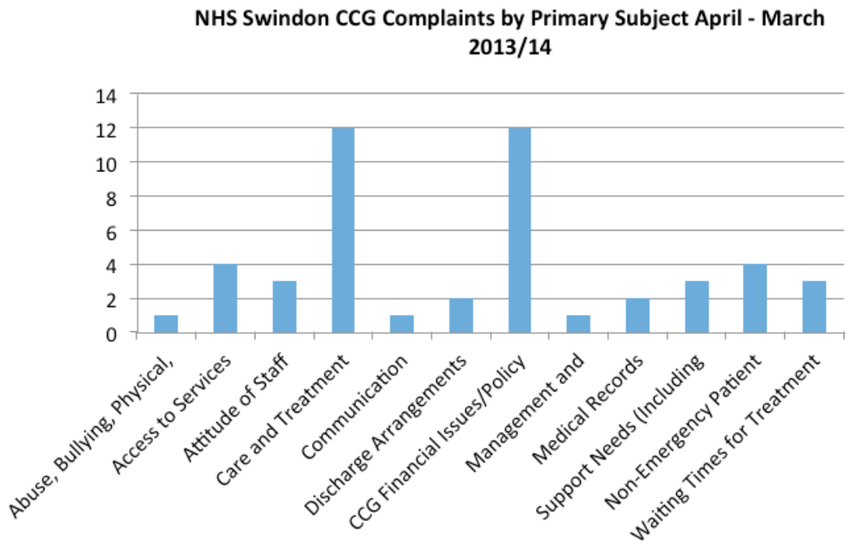
The CCG has a statutory duty to respond to complaints from users of its services, and about the services it commissions and to record and report under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009: The full annual report which will meet the CCGs 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.

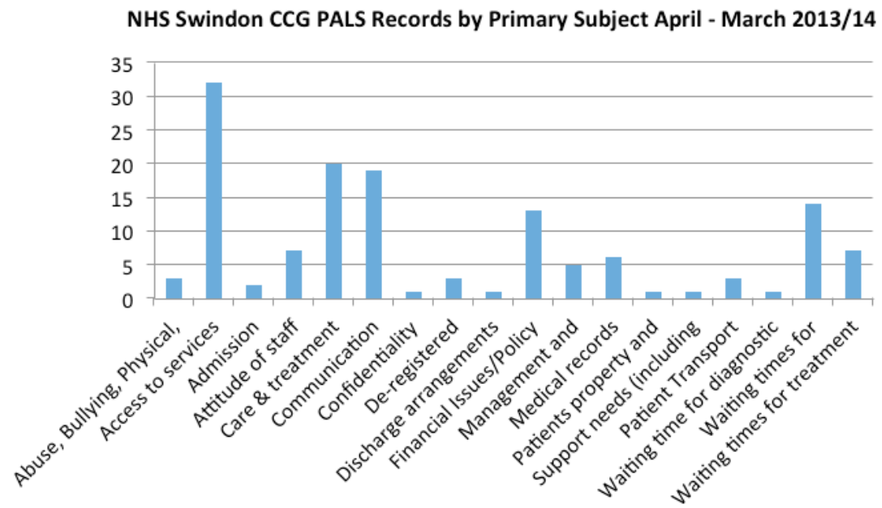
*Complaints received by month 2013/14



*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:

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North Swindon Gateway
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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
June 2014