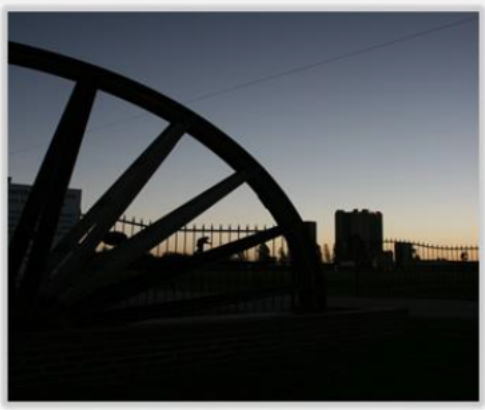
NHS
Bassetlaw
Clinical Commissioning Group

Annual Report and Annual Accounts 2022/23

1 April to 30 June 2022

Bassetlaw – A Community of Care and Support






NHS
Bassetlaw
Clinical Commissioning Group

ANNUAL REPORT

1 April to 30 June 2022

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Performance Overview

Chief Officer's Introduction

Welcome to our Annual Report which covers the period 1 April to 30 June 2022 when the Clinical Commissioning Group was dissolved in accordance with the Health and Care Act 2022 and its responsibilities transferred to NHS Nottingham and Nottinghamshire Integrated Care Board. This report highlights our work to drive better healthcare outcomes for the people of Bassetlaw and to support and empower local people to make informed decisions about their own health and wellbeing in partnership with health professionals during this most extraordinary year.

In 2021-22 we consulted the public on two major service initiatives. The first was to consider the priorities for the investment of £4 million in community mental health services. The public gave overwhelming support for this local investment, including:

- Children and adolescent services, including in schools and community-based teams.
- Supporting local people suffering with an eating disorder.
- Helping people in crisis access support more quickly and better suited to their needs.
- Specialist mental health services to support new and expectant parents.
- Improved support for people with severe mental illness.

More difficult was resolving the inadequate ward facilities for the County wide inpatient mental health beds currently based in Bassetlaw. Whilst there was consensus that the facility's failings needed addressing, there was understandable concern in the Bassetlaw community that the new inpatient facility wouldn't be based in Bassetlaw. However, the new wards, to be provided in Mansfield, will ensure excellent modern facilities are available and will be more accessible to the majority of patients across the County. We will continue to support the implementation of this transition into new premises in 2022/23.

The second consultation concerned £17.6 million capital investment into urgent care at Bassetlaw Hospital, including improving the current paediatric assessment and care facilities on the site. This demonstrates a major commitment to Bassetlaw Hospital and a proposed resolution to the long-standing staffing challenges in paediatrics. Following the completion of this consultation we continue to expect building work to commence on site later in 2022.

Both these significant investments have been secured at the same time as we have faced the ongoing impact of the Covid-19 pandemic. The whole Bassetlaw community has responded extremely effectively to this challenge - for example by carrying out one of the most rapid and effective vaccine booster roll outs through our

Primary Care Networks with the support of many volunteers. At the same time GP Practices continue to increase patient appointment capacity with the majority of appointments being offered within 24 hours of the practice being contacted by the patient.

A key focus in Quarter One of 2022/23 continues to be our response to the Health and Care Act 2022 and the ensuing transition into the Nottingham and Nottinghamshire Integrated Care Board (ICB) and membership of the Nottingham and Nottinghamshire Integrated Care System (ICS) from 1st July. Bassetlaw continues to work closely with colleagues both across Nottinghamshire and South Yorkshire ICB to ensure the smooth transition of staff and responsibilities into these new national arrangements which herald a new and exciting chapter in the development of services to meet local patient needs. With its focus on new duties including to address health inequalities, the ICB will continue to work with partners at a Place level across the Nottingham and Nottinghamshire ICB footprint. These Places are Bassetlaw, Mid-Notts, Nottingham and South Notts. The continuation of our Bassetlaw Place Based Partnership which brings together partners from across the health, care and voluntary and community sectors will ensure continued focus on the population of Bassetlaw under these new arrangements.

Mr Idris Griffiths
Chief Officer
NHS Bassetlaw CCG

Purpose and Activities of the Organisation
Member Practices' Introduction

Written on behalf of the Member Practices by Dr Eric Kelly, Chair of NHS Bassetlaw CCG.

This is the tenth report by NHS Bassetlaw Clinical Commissioning Group (CCG) which outlines the key activities and impact that have been achieved in Quarter 1 of 2022/23. It necessarily heavily references the full year Annual Report 2021/22 since much of this activity is a continuation of work which commenced in 2021/22.

As in 2021/22, meeting population needs within Bassetlaw continued to be as challenging as it was in 2020/21. The ongoing impact of the Covid-19 pandemic whilst seeking to recover service delivery to pre-pandemic levels has continued to test the resilience of local health and care organisations and our staff. The CCG's response has continued to be one of collaboration, working in conjunction with our key partners and stakeholders within Bassetlaw, building on our existing strong relationships and working together to improve outcomes wherever possible. The opportunity of building closer relationships with partners across Nottingham and Nottinghamshire has also been extremely helpful.

Bassetlaw's three established Primary Care Networks (PCNs) encompassing the Larwood Health Partnership, Newgate Medical Group and the Retford and surrounding Village surgeries have continued to work together and thrive. This includes the development of conversations about how our PCNs collaborate further in the interests of patients across Bassetlaw as well as ensuring future sustainability for local primary care services. PCNs remain active partners within the Bassetlaw Place Based Partnership. By working in this collaborative way, we will enable our community to prepare better for Winter with the ongoing delivery of both Covid and flu vaccinations as well as further work with our local authorities, health organisations and the voluntary and community sector across Bassetlaw to address the significant challenges as a result of the cost of living crisis.

I would like to thank the staff in the CCG, member practices and partner organisations for their continued engagement, hard work, dedication and support to ensure that improvements in health and wellbeing for local people have remained our focus throughout this three month transition period towards the closure of the CCG. It continues to be a privilege working with you all.

1. Introduction

Welcome to NHS Bassetlaw CCG's 2022/23 Annual Report which informs you about the work of the CCG.

From the outset, the CCG has demonstrated a clear commitment to an open and transparent approach to conducting our business and therefore throughout this document where appropriate we will refer to documents that are already in the public domain*, many having been received at one of our public Governing Body meetings.

**Referrals are generally to web-based resources however if you are reading this in paper copy and require any of the documents to which we refer please contact the CCG who will be happy to provide these for you.*

2. About Bassetlaw

Bassetlaw is located in North Nottinghamshire and borders the East Midlands and South Yorkshire regions. It covers 246 square miles and is predominantly a rural area with 2 major towns which serve as the hub to the surrounding villages.

Approximately 60% of the population live in the two main towns in the district, which are Retford and Worksop. The remainder of the population live in surrounding villages that make up the district. The rural communities range from small market towns and former mining communities to small villages.

The population has a high proportion of adults and a smaller portion of younger adults and young children. Locally there is an ageing population which will face increased needs for healthcare and more complex areas associated with long-term conditions. The health of people in Bassetlaw is mixed compared to England's average.

3. About Us

NHS Bassetlaw CCG is a membership organisation. Our membership comprises of 9 GP practices across the locality.

The CCG is known for its collaborative philosophy and focus on patients and service quality. We are determined to maintain our approach even in this most demanding financial climate that our local system faces.

We were fully authorised (without conditions) to commence from April 2013 as the statutory organisation with responsibility for commissioning (buying) many of the healthcare services for our local population registered with a Bassetlaw GP practice. We are the only CCG in Bassetlaw, and operate from Retford Hospital, North Road in Retford, Nottinghamshire.

The CCG Governing Body includes GPs from across the district, Executive Leads, Lay Members, and an Independent Secondary Care Doctor which puts the needs of patients, carers and service users at the core of its business.

NHS Bassetlaw CCG works with other clinicians, healthcare professionals and local authority partners, to create a vision for the future that delivers the NHS Five Year Forward View and our constitutional requirements. To do this we work jointly across the Bassetlaw system to ensure that our Place Plan represents the ambitions of all of our partners, both commissioners and providers over the coming years. We have a high-profile role in the Bassetlaw Place Based Partnership (formally Bassetlaw Integrated Care Partnership (ICP)) which is increasingly supporting health and care organisations to come together and support integrated working across health and care organisations as well as wider public sector, commercial and voluntary sector partners.

The Bassetlaw Place Plan can be accessed via the following link:
http://www.bassetlawccg.nhs.uk/pages/12022-bassetlaw-place-plan-2019-2021

Our values are unchanged, and we continue to:

- Collaborate and develop productive relationships
- Focus on patients
- Treat each other with dignity and respect
- Listen to others, share information, be transparent
- Embrace innovation and develop new behaviours

We commission healthcare services in line with the functions delegated to us by NHS England. Our main partners are noted later in this section. We predominantly commission care from providers in South Yorkshire (mainly acute services) and Nottinghamshire (mainly non-acute services). Service providers are within the NHS, local authority, private and voluntary sectors.

4. Finance Overview

Due to the disestablishment of CCGs on 30 June 2022 and establishment of ICBs on 1 July 2022, NHS England changed the way that funding allocations were made in 2022/23. Initial allocations of a proportion of the funding available for the financial year were made to CCGs based on planned expenditure for the period to 30 June 2022 with the balance due to be allocated to ICBs. Allocation adjustments were then made to generate a balanced position for each CCG by moving funding to or from the ICB allocation for the remainder of the financial year.

The CCG's financial position is reported at each Governing Body meeting with narrative identifying key risks through the year. The accompanying set of accounts details our finances for the period 1 April to 30 June 2022.

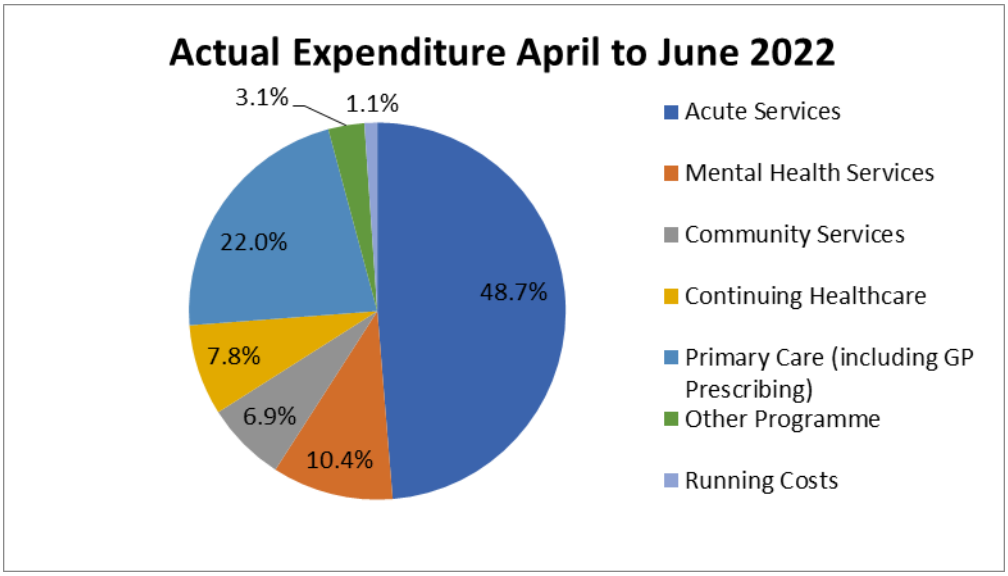
CCGs receive two allocations from NHS England, one to utilise to commission healthcare for our registered population (the "programme" allocation) and one to utilise on the costs of commissioning that healthcare (the "running costs" allocation). In the period April to June 2022, the former totalled £54.57m and the latter £0.60m giving total resources of £55.17m.

Since 2017/18, NHS Bassetlaw CCG has taken responsibility, delegated from NHS England/Improvement, for commissioning GP services. Funding of £5.31m allocated to the CCG for these purposes in April to June 2022 is included within the 'programme' allocation above.

Whilst allocations are granted on an annual basis, the utilisation of the cumulative surplus is guided by NHS England. In April to June 2022, NHS England did not permit the CCG to utilise any of its historic surplus. This therefore remained at £5.82m and is not included in the allocation figures above.

Overall, therefore, our expenditure (net of income) during April to June 2022 was £55.17m which was spent in the following way:

Category	Expenditure £m	Expenditure %
Acute Services	26.88	48.7%
Mental Health Services	5.72	10.4%
Community Services	3.83	6.9%
Continuing Healthcare	4.31	7.8%
Primary Care (including GP Prescribing)	12.15	22.0%
Other Programme	1.68	3.1%
Running Costs	0.60	1.1%
Total Expenditure	**55.17**	**100.0%**



The different financial regimes in operation during 2021/22 and 2022/23 along with the part year reporting of the financial position make comparisons with expenditure from previous financial years difficult.

Better Payments Practice Code: The Better Payments Practice Code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The NHS aims to pay at least 95% of invoices within 30 days of receipt or within agreed contract terms. Details of compliance with the code are given in the notes to the financial statements.

Expenditure Over £25k: Each month the CCG publishes details of all our expenditure which is over £25k. All providers who receive payments over this level will be listed in this document.

Looking ahead, as the CCG's responsibilities transfer into the NHS Nottingham and Nottinghamshire ICB, the financial challenges faced will remain largely in line with those experienced previously by the CCG. These include: the ongoing impact of, and recovery from, the COVID-19 pandemic; inflationary increases; an increasing and

ageing population; improved drugs and technologies; and increasing patient expectations

We remain firmly committed to achieving recurrent financial balance and to building our partnership working to deliver sustainable local health services within the available resources as part of the ICB and the wider Nottingham and Nottinghamshire Integrated Care System.

5. Partner Organisations and Strategic Partnerships

5.1) Partner Organisations

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT)
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (referred to as DBTHFT hereafter) is a major provider of a wide range of health services covering three hospitals (Bassetlaw Hospital in Worksop, Doncaster Royal Infirmary, and Montagu Hospital, Mexborough), as well as community locations including Retford Hospital.

Nottinghamshire Healthcare NHS Foundation Trust (NHFT)
Community health services in Bassetlaw are provided by Local Partnerships which forms part of the community services division of Nottinghamshire Healthcare NHS Foundation Trust (referred to as NHFT hereafter). Community health services include district nurses, health visitors, rehabilitation and other services for people with long term conditions. The Local Mental Health Services Division of NHFT provides integrated mental healthcare services, including mental health for adults and older people, learning disability services and services for younger people.

East Midlands Ambulance Service (EMAS)
East Midlands Ambulance Service NHS Trust (EMAS) provides emergency 999, urgent care services within Derbyshire, Leicestershire, Rutland, Lincolnshire (including North and Northeast Lincolnshire), Northamptonshire and Nottinghamshire.

Bassetlaw District Council
Bassetlaw District Council provides services to meet the needs of the area's residents and businesses and works in partnership with other organisations such as the police, health businesses and community representatives to plan, support, encourage or manage other services

Bassetlaw Community and Voluntary Service (BCVS)
Bassetlaw Community and Voluntary Service (BCVS) is a third sector organisation which works to challenge deprivation, health inequalities and social exclusion through empowering local people to engage effectively in voluntary and community activity.

Nottinghamshire County Council
Nottinghamshire County Council is the major commissioner of social care in the County. From April 2013 they also took on responsibility for Public Health and they are equal partners with the CCG on the Health and Wellbeing Board.

Health Watch Nottinghamshire
Health Watch Nottinghamshire was launched in 2013 and is an independent consumer champion created to gather and represent the views of the public. Health Watch plays a role at both national and local level and ensures that the views of the public and people who use services are taken into account.

NHS England / NHS Improvement and Primary Care Providers (GPs, Dentists, Optometrists, Pharmacists)
From April 2013, NHS England took on many of the functions of the former Primary Care Trusts (PCTs) with regard to the commissioning of primary care health services (GPs, Dentists, Optometrists, Pharmacies), as well as some nationally based functions previously undertaken by the Department of Health. Since 2017/18, NHS Bassetlaw CCG has been delegated responsibility for Primary Medical Care in Bassetlaw from NHS England.

5.2) Strategic Partnerships

Bassetlaw Place Based Partnership (PBP)
The Bassetlaw Place Based Partnership is supported by a Memorandum of Understanding, ratified by the following partners:

- Bassetlaw District Council
- Bassetlaw Community and Voluntary Service (BCVS)
- Bassetlaw CCG
- Nottinghamshire Healthcare NHS Foundation Trust (NHFT)
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT)
- Nottinghamshire County Council
- Health Watch
- 3 Primary Care Networks within the Bassetlaw CCG area (Newgate, Larwood and Bawtry, Retford and Villages PCNs)

Through its membership, the PBP has direct links to the Nottinghamshire Health and Wellbeing Board, the Nottingham and Nottinghamshire ICS and the South Yorkshire ICS. Further information on the work of both bodies can be found on their websites Nottinghamshire Health and Wellbeing Board and Nottingham and Nottinghamshire ICS.

Public and Third Sector Partnership Board

The Public and Third Sector Partnership Board (PTSPB) brings together the District Council, CCG, Police, Fire, BCVS, and local colleges. The purpose of the board is to address common areas of interest that affect all parties and to share intelligence to support the needs of Bassetlaw residents.

South Yorkshire and Bassetlaw Integrated Care System (SYB ICS)

The South Yorkshire and Bassetlaw Integrated Care System formally launched as an Integrated Care System (SYB ICS) in October 2018. Prior to that, partners had been working together for three years, first as a Sustainability and Transformation Partnership, then as a first wave Accountable Care System, and now as one of the leading ICSs in the country. From 1st July 2022 the SYB ICS will become the South Yorkshire ICS and South Yorkshire ICB with the move of Bassetlaw into the East Midlands Region of NHS England and realignment into the Nottingham and Nottinghamshire ICB.

The goal of the SYB ICS has remained the same since 2018: 'For everyone in South Yorkshire and Bassetlaw to have the best possible start in life, with support to be healthy and live well, for longer.' Its purpose has been to act as one NHS, working as a system, and working with other partners, such as Local Authorities and the voluntary sector, in neighbourhoods, places and across the system when there is common purpose, and where it makes a positive difference to people's lives. The aim is to break down organisational barriers so that support, care and services can be wrapped around people as individuals.

More information about the SYB ICS can be found on the SYB ICS website: https://www.healthandcaretogethersyb.co.uk/. The SYB ICS does not replace any legal or statutory responsibilities of any of the partner organisations.

Performance Analysis

1. Assurance Framework

The CCG's Assurance Framework requires Clinical Commissioning Groups to report on their delivery of the duties laid down in the National Health Service Act 2006 (as amended). The report for how we have delivered on the duties in the act can be found in the Annual Governance Statement which follows this annual report.

The Risk Registers and Governing Body Assurance Framework are the CCG's tools for managing risks to the organisation and our objectives. More detail on the Risk Registers and Governing Body Assurance Framework can also be found in the Annual Governance Statement.

2. How We Measure Performance

A regular Quality and Performance Report and associated Performance Briefing paper is provided to Bassetlaw CCG Governing Body which outlines overall performance of the CCG against statutory and other key indicators or metrics. This is supplemented by routine internal reporting routes and through established performance discussions with provider organisations. It is during these meetings that any necessary actions are agreed by the Governing Body or Executive team and then undertaken by officers of the CCG. However, the full process has been impacted by the Covid-19 pandemic with some reporting and meetings stood down during the most challenging months. Providers have adjusted services to be able to provide patient care via alternative means where possible to do so, in conjunction with our primary care colleagues.

The bi-monthly Governing Body performance reports can be found here: http://www.bassetlawccg.nhs.uk/about-us/governing-body.

3. Covid-19

In March 2020 the UK declared a national emergency in relation to the Covid-19 pandemic, (referred to as Covid-19 or pandemic hereafter). The CCG's response to Covid-19 has been to work in conjunction with our key partners and stakeholders across Bassetlaw.

In response to changes around national alert levels, CCG staff continue to work in a hybrid model, working from home where required, with technology and remote ways of working having been established to ensure they can work effectively and safely during these times.

This report outlines how Covid-19 has continued to impact on delivery but also builds on the successes that have been achieved.

4. EU Exit

Since the UK's departure from the European Union, the CCG has complied with all relevant national requirements and has ensured compliance with both daily and weekly returns. The Governing Body reviewed the potential risks and concluded that this was not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government. Following the EU Exit, the CCG have not identified any significant risks or impacts on service delivery, but this remains under review.

5. CCG Transition to Integrated Care Boards

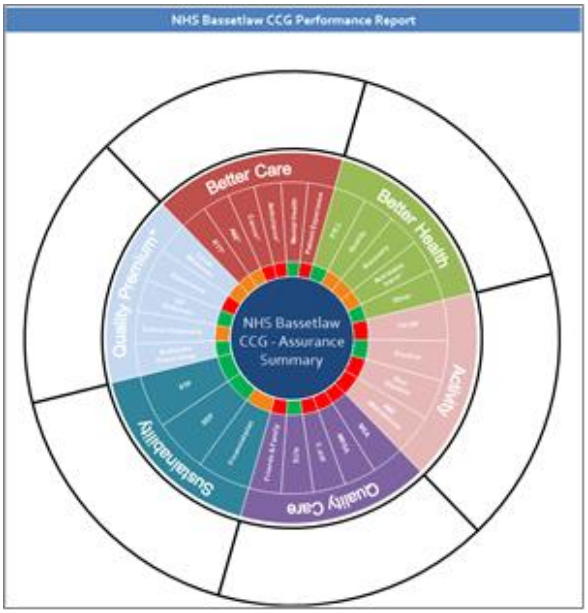
The Health and Care Bill gained royal assent in April 2022 this means that CCGs were dissolved and Integrated Care Boards (ICBs) established from 1 July 2022. This revised target date of 1 July 2022 (originally 1 April 2022) was agreed for the new statutory arrangements for Integrated Care Systems (ICSs) to take effect and for ICBs to be legally established. Until the 30 June 2022, the CCG remained the statutory organisation.

During 2021/22, the CCG established an internal transition group to deliver the due diligence requirements as part of the CCG close down, this work was undertaken jointly with the Nottingham and Nottinghamshire CCG. Whilst transition arrangements were underway, the CCG continued to provide a strong Bassetlaw place-based commissioning presence.

6. Development and Performance In-year

6.1) NHS Bassetlaw CCG - Assurance Summary

A summary of performance is presented at each of our Governing Body meetings; however, this has been slimmed down due to Covid-19. The full report is still produced with issues flagged on an exception basis.



The summary wheel is then complemented by a briefing covering the following key indicators: A&E, 18 Weeks Referral to Treatment, 6 Weeks Diagnostics, Cancer, Ambulance, Cancelled Operations, Healthcare Infections,

Improving Access to Psychological Therapies, Dementia Diagnosis, Child and Adolescent Mental Health Service Waiting Times, Stroke, and Health Checks for people with Learning Disabilities and Serious Mental Illness.

6.2) 2022/23 Summary of Performance

Many of the key performance indicators on the NHS Oversight and Assessment Framework have been impacted by Covid-19 as providers found alternative methods to safely see and treat patients at the same time as caring for patients admitted with Covid-19 symptoms and ensuring staff are kept safe.

For a number of indicators, the burden placed on staff to collect the data was either stopped or postponed ensuring a focus on delivery of patient care. However, where possible, shadow monitoring continued in the background to understand the size of the impact and minimise risks to patient care. Although routine reporting was re-established during Quarter 1 (Q1), data collection continued to remain a challenge in some aspects.

A&E

A&E 4 Hour Wait performance has been stronger at the Bassetlaw Hospital site, despite seeing a 15.6% increase in the number of attendances compared to Q1 2019/20 (pre-covid) & 8.7% increase in the number of attendances compared to Q1 2021/22. Performance was at 78.7% for the April to June 2022 period at Bassetlaw Hospital, 70.4% for DBTHFT (using un-validated local data), against the national standard of 95% of patients seen within 4 hours.

18 Week Referral to Treatment

Performance for NHS Bassetlaw CCG as at June 2022 was below the 92% constitutional standard at 61.5%, as the pandemic significantly impacted on the provider trust's ability to see and treat patients in a timely manner. This performance was consistent with the national picture. For large periods of time all routine elective treatment was cancelled due to Covid-19 and whilst trusts adapted working procedures to keep staff and patients safe. The focus now is elective recovery with clear national expectations on provider organisations to return to same or above pre-pandemic levels of activity.

DBTHFT have developed and are in the process of implementing improvement plans to work through the backlog of patients that has built up on the waiting list, which includes categorising and risk stratifying every patient waiting for an elective procedure depending on the clinical need, ensuring patients with the longest waits have a clear management plan in place. This includes reviewing the Health Inequalities markers of ethnicity and deprivation.

Throughout Q1, the South Yorkshire and Bassetlaw ICS has continued to explore options for mutual aid where extra capacity at the other acute trusts in the area can

be utilised. This also included ongoing consideration of how best to use Independent Sector capacity.

As part of the 2022/23 planning guidance, key milestones have been set to reduce long waiters and the overall waiting list. At the end of June 2022, the total number of Bassetlaw patients waiting on an 18-week pathway was 13,198 and the number of patients waiting 52weeks or more was 405, down from 504 at the end of March 2021.

Over the course of 2021/22, diagnostic testing has also been greatly impacted. In June 2022, Bassetlaw had 45% of patients waiting 6 weeks or more for one of the key diagnostic tests.

Key actions being undertaken by DBTHFT include:

- Audiology is implementing a plan delivering increased clinic capacity and less non-attendance.
- New guidelines for referral for emergency CT imaging are being applied.
- An additional 1000 NOUS scans are being performed between June and September by an insourcing provider.
- Additional CT activity is being undertaken by an insourcing provider in July and August which will deliver around 1600 scans.
- Additional CT activity will be undertaken in August and September at Montagu Hospital using a mobile scanner as part of the CDC development.

Cancer Targets

There are nine Cancer standards covering the different stages of the cancer pathway: urgent referral, treatment, and total time from referral to treatment. DBTHFT became a pilot site for the new 28-day faster diagnosis standard; therefore 2 of these targets are no longer reported on (Two Week Wait Referral and Breast Symptomatic Two Week Wait Referral), although issues related to any breaches are reviewed at the DBTH Cancer Programme Board.

Despite the pandemic, the 31-day targets for first and subsequent treatments have been consistently delivered with pockets of underperformance in year, mainly relating to surgical procedures and the impact Covid-19 has had, some of which was patient choice due to concerns around the pandemic.

The 62 Day GP referral to treatment standard has probably seen the biggest impact from the pandemic as delays to the start of cancer pathways were experienced due to Trusts having to adapt clinics, working to a reduced capacity, and patients choosing to delay some appointments due to risks.

Cancer treatments were, and continued to be prioritised, but it was inevitable that some patients did experience waiting longer than the standards. Current

performance as of June 2022 is 65.4% of patients were seen within the 62-day target which is below the 85% target.

Ambulance Targets

East Midlands Ambulance Service (EMAS), as a whole ambulance trust, is anticipated to achieve none of the six National Standards. Within Nottinghamshire, EMAS performance has been better than elsewhere in their operational areas, and it is expected that EMAS will achieve one of the expected standards at County level. Increases in number of minutes lost due to pre-clinical handover delays and post-handover delays has contributed towards the performance levels adding that work continues to support with demand management and providing alternatives to conveyance. The pandemic will have contributed to some of this. EMAS, as a whole ambulance trust, has seen about 7.2% more calls into the Trust in Q1 2022/23 compared to Q1 2021/22, with Bassetlaw seeing a 2.6% increase.

Improving Access to Psychological Therapies (IAPT)

Our performance against the IAPT standards has continued to be strong all year, with all four of the main targets (Access, Moving to Recovery Rates and the two Waiting Times Targets) being consistently met all year. Referrals into the service has been consistently higher than pre-covid levels. Our IAPT provider, Insight Healthcare, also monitors other supporting metrics to ensure that key constitutional measures are met. Ongoing monitoring arrangements are robust, with regular discussions with the CCG to address issues as they arise and quickly implementing plans to overcome these. During Q1, work has commenced to consider future commissioning arrangements of IAPT services to ensure longer term sustainability across the wider Nottinghamshire footprint. Bassetlaw will play an active role in the development of any future solutions.

6.3) Covid-19 Vaccination Programme

As Covid-19 emerged in 2020, the Bassetlaw Provider Collaborative (BPC) Forum and the Health Inequalities Forum (HIF) were established to support addressing this specific challenge. In order to ensure we addressed health inequalities routine data monitoring was developed and to support immediate responses internal CCG escalation processes, aligned with our wider emergency response arrangements across Nottinghamshire, was put in place which brings together health and care organisations. The CCG also engaged actively in the South Yorkshire and Bassetlaw ICS to establish regular Covid-19 oversight and delivery mechanisms and governance arrangements.

Throughout the pandemic response the CCG has undertaken a range of initiatives to improve vaccination uptake and reduce health inequalities. Our Primary Care Networks (PCNs) have been at the vanguard of our local response. Primary care teams, supported by our local volunteers, established local vaccination services which remained responsive to the needs of local people in order to maximise uptake.

As a result of this, Bassetlaw has one of the highest uptake rates within the region and has recently reached a landmark of over 250,000 vaccinations.

The Covid-19 vaccination campaign within Bassetlaw has been delivered in the following ways to date:

- Three local vaccination centres serve the populations of the three PCNs within Bassetlaw, although each will vaccinate patients from any GP practice.
- Pop-up and walk in clinics in town centres and rural areas.
- Evening and weekend walk in clinics.
- Commissioning a mobile health bus as a vaccination site.
- Working with local businesses and companies to vaccinate staff on site.
- Collaborative working with local services to increase confidence in vaccination. and alleviate fears or misconceptions of vaccine effects.
- Implementing quiet clinics to increase uptake for Serious Mental Illness and Learning Disabilities patients.
- Utilising community transport services to address access barriers.

Patient Cohort
Dose
70 and Over
CEV
65 to 69
Moderate-Risk
50 to 64
40 to 49
30 to 39
18 to 29
Severely Immunosuppressed
Covid At Risk 12-15
16 to 17
12 to 15
5 to 11 At Risk
5 to 11

Number of Eligible Patients* who have received the Spring Booster (by June 27th 2022)			
CCG/PCN	Eligible Population	Vaccinated	% Vaccinated
NHS BASSETLAW CCG	13,062	10,404	79.65%

Pharmacy sites began to go live in the spring of 2021 and by March 2022 Bassetlaw had five pharmacy sites giving access across the area. Most of these provide small

or medium capacity, but with good local access facilitated through the national booking service.

Front line health and social care staff have primarily accessed services at Bassetlaw Hospital and (for more Nottingham and Nottinghamshire based staff) Kings Mill. The PCN sites have supported these campaigns and maintained an evergreen offer.

Patients have also received invitations from the national booking system and mass vaccination sites as well as the PCNs and although this has caused some duplication of approach, it has led to significant numbers of patients attending in Sheffield, Lincoln and Mansfield, freeing local capacity.

PCN roving teams have vaccinated housebound and care home residents/staff from the outset of the campaign, delivering first, second and booster vaccines.
Bassetlaw's Primary Care Networks are delivering the spring 2022 Booster Vaccine campaign and have signed up for the autumn campaign.

The school's campaign (11+) has been supported by NHFT school age vaccination team with back up provided by the PCNs. The PCNs are currently supporting 5-11 year olds to be vaccinated

Uptake amongst cohorts has generally been good for Bassetlaw and results are favourable compared to peer areas, but there have been some groups for whom additional engagement has been necessary.

7. Sustainability Development

In 2018 the CCG developed a 3-year sustainability strategy which detailed our approach to sustainability. Several actions were agreed to support the sustainability agenda. Our sustainability strategy has continued to be embedded and from January 2021 had transitioned to a Green Plan.

Adapting to the Covid-19 pandemic, the CCG have followed government guidance with the majority of employees working from home since March 2020, only travelling to work if it is absolutely necessary; this has had a positive effect on our Green Plan, by reducing the need to travel. This has significantly reduced our particulate emissions to atmosphere which supports improving air quality. As a result of working from home, the CCG's energy consumption has also reduced, which further reduces the CCG's carbon footprint.

A number of the planned and proposed actions to support the embedding of our Green Plan across the CCG have had to be put on hold until staff return to working from the premises.

The CCG continues to recognise the importance of encouraging sustainability and leading by example and for this reason the CCG's Accountable Officer continues to be the Executive Lead for sustainability. The detailed action plan continues to be presented to the Executive Committee at least twice a year.

All staff have been provided with appropriate technology to work from home including the use of virtual communication platforms for meetings.

The CCG recognises the importance of the Sustainable Development Assessment Tool (SDAT) to provide support to acute hospitals in their assessment and understanding of progress on sustainable development. However, it provides minimal opportunity from a CCG perspective. Consequently, the SDAT has not been undertaken for the CCG. The CCG accommodation is owned by NHS Property Services Ltd and is a multi-tenanted site. The CCG continues to work with NHS Property Services Ltd to reduce our energy consumption over time.

There are a number of assessment tools in use by the CCG to consider the impact of any service designs and plans; these include Quality Impact Assessments, Equality Impact Assessments and Data Protection Impact Assessments. The CCG continues to use the NHS Standard Contract with all of its service providers.

Energy (Direct Consumption) - The accommodation used by Bassetlaw CCG is owned by NHS Property Services Ltd and has multiple users. We are working with NHS Property Services Ltd to reduce our energy consumption over time. Below are the CCG's consumption details for 2022/23. Please note that these figures relate to the full financial year and are based on average consumption for the site.

Year	Consumption		
	Electricity (kWh)	Gas (kWh)	Water (m3)
2022/23	33,085	144,383	619

Waste Production and Management of Resources - The CCG, in conjunction with NHS Property Services Ltd and other tenants, have developed a recycling scheme within the Retford Hospital site. All bins at the side of desks have been removed and active recycling has been encouraged by the siting of recycling and non-recycling bins. It has been noted, although not fully quantified that the confidential shredding waste has reduced dramatically since the inception of the recycling bins.

8. Improving Quality

The CCG, a clinically led organisation, takes its responsibility and accountability towards quality and safety of care very seriously which includes the sustainability of services. Our quality agenda involves supporting health related education and improvement as well as assurance.

At each meeting of the Governing Body our performance against key indicators and wider quality issues and the work of its Quality and Patient Safety Committee (QAPS) are considered.

During Quarter 1 of 2022/23 the CCG continued to respond to the biggest national health emergency ever experience. This has had a major impact across all services and traditional ways of monitoring have been restricted. The CCG's Nursing and Quality team have been both responding and also ensuring, where possible, that quality of services is maintained.

QAPS have three subgroups which include Safeguarding, Maternity, Children and Young People and Incident Management to enable more detailed discussions to take place and to provide assurance around these areas to QAPS and ultimately Governing Body. The Incident Management Forum is where all serious incidents are reviewed and then signed off. This is a statutory duty of the CCG. The Mental Health Assurance Group, which was a fourth subgroup of QAPS, was stood down mid-year.

We continue to work in partnership with our providers to reduce avoidable harm and improve quality. DBTHFT have continued their mortality review work throughout the pandemic. They have seen their crude morality rate and their Hospital Standardised Morality Rate (HSMR) rise in line with the major waves of pandemic and also reflecting a reduction in the proportion of routine versus urgent work.

8.1) Learning Disabilities

NHS Bassetlaw CCG encourages and supports quality work across the system and Bassetlaw 'Place'. The forum for Learning Disabilities has continued to be part of the wider Care Home Forum.

In addition, General Practice has been supported to increase the percentage of individuals with learning disability to undergo an annual health check. Annual health checks have been a challenge as these are traditionally completed face to face, obviously the message during Covid-19 was to avoid face to face contact as much as possible. The local GP practices have remained committed to providing annual health checks and have used innovative opportunities to deliver the health checks.

The CCG continues to participate in the Transforming Care agenda. There is a continual focus on supporting individuals in residential settings to move into community placements with more bespoke individual support to enhance their quality of life. The CCG has a robust tracker to ensure Care and Treatment Reviews are done in a timely manner and to ensure actions from providers in relation to Care and Treatment reviews are progressed. The use of virtual meetings has proved to be a positive experience. The CCG has also recommenced the Bi-Monthly Safe and Well visits to individuals in hospital settings.

As part of the NHS response to the Safeguarding Adults Review concerning the deaths of Joanna, Jon and Ben at Cawston Park Hospital, NHS England / Improvement has requested that placing commissioners complete a Safe and Wellbeing Review for all persons in hospital who were identified in the assuring transformation data collection as at 31 October 2021. The CCG have identified four such patients and all have received face to face visits and discussion with the wider Multi-Disciplinary Teams. The completed templates were submitted to the Nottingham and Nottinghamshire CCG oversight panel on the 28 March 2022. The reviews have been largely positive, and any concerns identified have been addressed directly with the providers.

8.2) Special Educational Needs and/or Disabilities (SEND)

The CCG has prioritised the needs of children and young people with SEND and the Chief Nurse is the Deputy Chair of the Nottinghamshire SEND Accountability Board. The Designated Clinical Officer and Designated Medical Officer Team have worked in partnership with education, health and care to ensure support and provision remain in place and that our statutory duties are being met.

There are challenges in the local area around many Education, Health and Care Plan reviews not being completed within timescales, however, the addition of these to the digital hub should improve the process and transparency of the system.

NHS England / Improvement requested system maturity information and plans for moving into Nottingham and Nottinghamshire ICS which demonstrate that although the systems and structures are not yet in place, there are arrangements which can be implemented in Bassetlaw and as an ICS when the organisational structure is clarified.

8.3) Infection Prevention Control Team

During 2021/22 and into 2022/23 the Infection Prevention and Control (IPC) team have continued to focus on the pandemic and outbreak management across variety of settings which included care homes, homecare providers, children's residential settings etc.

Throughout the year the IPC team have continued to build on strong relationships with care home and social care providers and develop new relationships in relation to IPC with extra care providers, children's residential settings, supporting living and special schools.

The IPC team have tried to maintain their audit schedule of the care homes including younger adult settings and between managing large amounts of outbreaks at times have achieved full environmental audits in 32 out of 43 care homes which include, nursing, residential and younger adult homes. Some of these settings have also had re-audits during this time also due to poorer compliance and on re-audit in the majority of cases improvements had been made.

Healthcare associated infections continued to be monitored with national targets being set part way into the year. The team also managed Norovirus, Scabies and a Flu outbreak however there was not the instance of usual influenza that can be seen during the winter period.

8.4) Children

The pandemic has had a different impact on children compared to the adult population. However, despite the considerable focus on the adults during the pandemic, the CCG has continued to work in partnership to support delivery existing services and to develop new ways of working for children and young people's services.

The CCG has been working with the Children's Transformation Programme Directors in the South Yorkshire ICS and Nottingham and Nottinghamshire ICS to support integration and inclusion of Bassetlaw children in the appropriate care pathways.

There has been a specific focus on mental health resilience, and we have continued to support the Take 5 project, developing a Take 5 Application to increase accessibility and the developments of Take 5 bubble and general Take 5 across Bassetlaw Primary Schools. The Take 5 App was launched during March 2022.

The CCG continues to develop its work to support transition of children and young people into Adult Services with local parents and have shared a local animation with partners.

8.5) Personal Health Budgets (PHBs)

The CCG continues to offer PHBs to individuals with a variety of needs. This has been continued throughout the pandemic with some individuals accessing therapy virtually. The CCG continues to be above target and has over 224 PHBs in place. The Case Manager has supported individuals throughout the pandemic to ensure that people continue to receive the care they require. A comprehensive training package for Personal Assistant's has been drafted during this year.

8.6) Safeguarding Adults and Children

Safeguarding Adults and Children is a key area of work for the CCG not just in reviewing when a case has been referred but in building a system where early identification of practice or training needs is a focus for all. The CCG is active in the Safeguarding Boards and its subgroups across Nottinghamshire.

The CCG has participated in the changes to the Nottinghamshire Safeguarding Children's Board and Child Death Review Panel and is an active member of the Local Safeguarding Partnership.

The Adult Board, via its Serious Adult Review (SAR) process, has identified some key areas of learning relating to the transition from children to adult services. The CCG has had a particular focus on this has implemented a transition meeting with parents to ensure children achieve a safe and effective transition to adult services Bassetlaw. Ongoing safeguarding support continues to be provided to GP practices and other providers.

8.7) Maternity Services

There has been a focus on the quality and safety of both Paediatric and Obstetric services which includes supporting Better Births and the Local Maternity and Neo-Natal Services (LMNS) Board to deliver key quality objectives. This has included a Local Maternity Services Plan for DBTHFT. This work continues into 2022/23 to support learning from the Ockenden enquiry and the ongoing assurance required. The Maternity Voices Partnership (MVP) has now merged with NHS Doncaster CCG to support a trust wide approach to this.

8.8) Homecare and Care Home Quality

The CCG continued to work collaboratively with Nottinghamshire County Council and Nottinghamshire CCG to provide support to the care sector across Bassetlaw. Our CCG team continues to have strong relationships with the local care homes, which was enhanced during 2021/22 because of the pandemic. This closer working relationship has had considerable positive impact on the care home sector.

The CCG have continued to support quality within the care sector and have completed a revised audit process for the care sector which has been risk assessed and approved by the Quality and Patient Safety Committee. The approach has included more regular shorter visits over each quarter to enable improvements to be made where issues are identified.

In Quarter 1 of 2022/23 the CCG continued monthly meetings with providers via Microsoft Teams as well as more face to face contacts. The aim of this is to continue to share information and enable providers to rase concerns and seek support and

clarity around the ever-changing picture of Covid-19 and to share other good practice.

The CCG has supported the homes to utilise the national capacity tracker and access NHS mail to ensure more secure transfer of resident data.

8.9) Continuing Health Care

The Continuing Health Care team have continued to meet all the national targets, including over 98% (target is 80%) of new Decision Support Tools (DSTs) reaching panel for a decision within 28 days of submission of the checklist. No DSTs have been completed in an acute hospital setting.

In summary the work of the Quality and Patient Safety Committee of the CCG is wide ranging supporting the approach that ‘quality is everyone’s business’. The Committee remains committed to supporting development, education and practice across both the CCG staff and the wider health and social care system in Bassetlaw.

9. Primary Care Commissioning

The response of primary care in Bassetlaw to the pandemic has demonstrated once again the commitment and dedication of our local teams to meeting the health care needs of patients. Primary care colleagues have responded admirably to the demands placed on them and continued to demonstrate their ability to respond and adapt to the way in which care is provided.

Early challenges during the pandemic included ensuring appropriate infection prevention and control measures were in place, delivering health care in different ways and supporting staff to remain safe and resilient. Throughout these challenges, primary care, led by Primary Care Network leadership teams, has maintained its focus on also ensuring routine primary care services remain uninterrupted as much as possible. More latterly, this commitment to local patients has been demonstrated in delivery of exceptional level of vaccinations of patients both for flu as well as Covid-19.

The ability of Bassetlaw primary care teams to respond so effectively to the challenges is perhaps related to their high performing status. Bassetlaw GP practices continue to attract higher than average ratings across a range of patient reported measures as demonstrated in the July 2021 national patient survey results. Notably results displayed an increased satisfaction with those practices that were early adopters of a demand led system, including ‘on the day’ phone triage. Evidence from our practices is that many patients find it a positive step to accessing primary care services. Whilst overall performance remains positive there remain areas for ongoing improvement and development such as improved timeliness of

telephone access. Pressure on local systems has been significant, particularly during the pandemic, when many primary care services were provided through virtual mechanisms.

Although much work has been undertaken by practices to improve telephone access demand continues to also grow. Alternative access routes to seeking support have therefore been developed such as online access to appointment booking, prescription ordering and self-help advice as well as online consultations and video conferencing. Funding has also been used to support improved telephony systems and triage systems.

The Community Pharmacist Consultation Service has only recently (during March 2022) become established in Bassetlaw.

9.1) Access

Access to primary care has become an issue of keen debate both during the pandemic and since restrictions began to ease. Bassetlaw's GP practices have remained open during the pandemic, though there have been some physical restrictions to accessing them and more patients have been supported by telephone, at least initially. Bassetlaw continues to provide more appointments per head of population than the national average as well as considerably more 'on the day' appointments. The proportion of telephone consults rose considerably during pandemic but has fallen back since the Autumn of 2021.

9.2) Ongoing Development of Primary Care Networks (PCNs)

The continued development of the PCN model across Bassetlaw underpins Bassetlaw's response to the delivery of our strategic ambitions. Many of the individual initiatives described below are premised upon continued maturity of the PCN model.

In 2016/17 Larwood, Bawtry and Westwood practices collaborated to jointly develop a new model of care for their registered patients. The Primary Care Home (now evolved into a Primary Care Network) was initially a national pilot supported by NHS England, National Association of Primary Care (NAPC) and the NHS Confederation. In 2017/18 two other Primary Care Homes were also established within Bassetlaw encompassing 100% of the district's population. These were the Newgate Primary Care Network and the Retford and Villages Primary Care Network.

Each PCN has a Memorandum of Understanding and a Network Schedule in place which provides clarity on the working arrangements for each PCN, its membership and governance arrangements.

Each has a regular monthly meeting with member practices and wider system partners. In addition, each PCN has a Clinical Director and management support in place, though the models for this vary.

All PCN's have undertaken programmes of Organisational Development support to better enable them to mature their organisational form as well as supporting clinicians and the wider practice staff to develop as individuals in areas such as personal resilience, performance improvement and leadership capabilities.

PCNs have, as a result of the Primary Care Network DES, also rapidly progressed with key initiatives such as alignment with local Care Homes. All Care Homes in Bassetlaw now enjoy direct clinical care from a nominated clinical lead linked to a PCN and receives dedicated support from a Multi-Disciplinary Team including structured medication reviews for all residents. This direct relationship has helped foster more effective working relationships between clinical and care home teams to help support our most vulnerable patients to maintain. PCNs are gaining a steady stream of new workforce to help deliver services, including first contact physiotherapists and mental health practitioners. The PCNs are currently recruiting Admiral Nurses., and for the first time intend to share this workforce group between them, creating a collaborative approach.

In Bassetlaw the PCNs have delivered the bulk of the Covid Vaccination campaign and it is expected they will continue to do so as 2022 progresses.

9.3) Developing our Partnerships

Key members of each PCNs (either formally or routine/frequent attenders) are primary care practitioners and practice staff, BCVS, NHFT, Nottinghamshire County Council Adult Social Care, Mental Health services, Bassetlaw District Council, voluntary sector organisations, DBTHFT and NHS Bassetlaw CCG. Retford and Villages PCN and Newgate PCN also have patient representation.

The key features of this more integrated model of working are:

- Provision of care to a defined population of circa 30-50,000.
- An increasingly integrated workforce across partner organisations working collaboratively to deliver the health and care needs of their defined population.
- A focus on strong partnerships spanning primary, secondary, social care and the third sector to design and deliver new ways of improving health and wellbeing outcomes, addressing the specific priorities of their patients.
- A focus on personalisation of care with improvements in population health outcome through prevention and supporting self-care and self-management, empowering patients to look after themselves and exploiting community assets.
- A key aim of each PCN is to remove the barriers to integrated out of hospital care and develop services which reduce avoidable admissions and secondary care referrals.
- Provide seamless care to the patient from an integrated primary care team (right person - right time).
- To ensure higher quality service with fewer hospital admissions.
- Intelligent sharing of workload, and better use of skill mix within and across teams, proactive team approach to staff retention and recruitment.
- A focus on innovation and the development of new services and new ways of working including co-location and, for example, the ability of GP practices to provide services for each other's patients, where appropriate.

There is an expectation that wider partnership relationships with other public sector bodies such as police, fire and education will also continue to mature over time as PCNs take an increasing role in supporting population health management and reducing health inequalities.

The closer collaboration between partners as a result of the pandemic has accelerated these working relationships. This was most clearly demonstrated in the continued success of the weekly Bassetlaw Provider Collaborative representing partners from across PCNs, acute, social care, voluntary sector, local authority, mental health, ambulance and 111 services. This group has firmly cemented the shared ambition of all local partners to work jointly and with mutual understanding of the challenges of meeting current demands on front line services.

9.4) Tackling Health Inequalities

Despite the focus on the response to the immediate impact of Covid-19, our partnership has grown in strength in relation to addressing inherent challenges of health inequalities. We have now established the Mental Health Collaborative which brings together a host of

local voluntary, community, charitable organisations along with public sector partners to engage in co-designing our local mental health transformation programme.

Our Vulnerable Groups Collaborative has also brought partners together to discuss and prioritise work to address health inequalities across specific patient cohorts. Whilst pace on this work has been hindered in response to the pandemic, partners are keen to reengage on this agenda as capacity allows.

PCN teams will combine skills and professional talents to continue to focus on targeted cohorts such as older, frail and vulnerable patients in order to maximise opportunities to achieving the aim of improving the health and wellbeing of local communities, providing a better experience of care for patients and delivering financially sustainable services. We will continue to support this agenda through the development of local PCN population health profiles and routine data. These data sets will provide wider population health management analysis to each PCN and enable PCNs to make better use of resource across local health and care services.

Key developments initiated in 2021/22 that are continuing in Quarter 1 of 2022/23 have included the establishment of local pathways for the management of Long Covid, supporting patients to access appropriate services to aid their recovery. Bassetlaw has also implemented pathways of care to support home management of patients to ensure those with Covid-19 or with symptoms of Covid-19 can be treated safely within their own homes with clinical oversight. Through the work of NHFT, we have also implemented pathways of care to support patients needing urgent/same day care support, meaning more patients can access the care they need when they need it.

The CCG have worked collaboratively with our local GPs and have implemented a number of care pathways including oxygen and blood pressure monitoring at home aiming to prevent hospital admissions, Long Covid Clinics supporting patient recovery and rehabilitation, Emergency Department in-reach including additional mental health support within A&E, discharge to assess, working with Bassetlaw Community Voluntary Service in relation to social prescribing within the Emergency Department/discharge support for patients, Digital Inclusion, Mental Health Directory of Services), increased Mental Health Service provision including Crisis Sanctuaries, Bereavement services, Community Ophthalmology.

A major challenge for PCNs remains in addressing unwarranted variation between practices in terms of referrals and ‘first to follow up’ outpatient appointment ratios. The PCNs are expected to be a significant vehicle in addressing this during 2021/22 particularly those PCNs which are multi practice. All are aware that post Covid the challenges in this respect will be substantial.

9.5) Support for GPs

A range of methods by which GPs can access advice and guidance from secondary care are in place currently. These cover a minimum of 28 different specialties and include: Consultant Connect (particularly useful for more pressing matters timewise), eRS Advice and Guidance and telephoning on call doctors. The most recent developments in relation to Consultant Connect are the Surgical and Medical same day emergency care provision and Frailty advice line which will all be live for GPs in the coming weeks. These will enable GPs to discuss patients and where appropriate directly refer patients to same day emergency care provision avoiding the emergency department.

The provision of specialist advice and guidance to primary care is a key aspect of the National Outpatient Transformation Programme and more recently the NHS Phase 3 Adopt and Adapt Programme and this is being advanced through a South Yorkshire and Bassetlaw Rapid Access Task and Finish Group.

DBTHFT will continue to be funded on a block contract basis for 2022/23 and expected to factor the provision of advice and guidance within job plans to enable the hospital to have the capacity to respond to requests in a timelier manner, thereby improving the efficiency and effectiveness of the service.

The CCG is also exploring significant expansion of community ophthalmology services to support optometrists in the area as well as reduce the number of referrals seen in secondary care that can be managed in the community.

NHS Bassetlaw CCG have worked with a range of providers to source additional GP and clinical support for 111 and the Emergency Department. NHFT, funded by winter monies, provided additional GP resource in hours at Bassetlaw Hospital alongside the GP Out of Hours Service. Patients can be streamed from the Emergency Department or referred via 111 via telephone (not online yet) Monday to Friday, 2pm to at least 6pm if not 8pm.

9.6) Developing the Primary Care Workforce

The PCNs currently deliver extended access services for the population of Bassetlaw via three hubs and are utilising the reimbursable funding available through extended access and the new PCN contract to fund additional staffing, as a first step towards a part shared workforce and delivery model (as mentioned earlier and including the new Admiral Nurses). Ultimately for a PCN with a typical population of 50,000 the level of reimbursable staffing should rise to an ultimate ambition of around 16 whole time equivalent by 2023/24. The staff employed will vary depending on the needs of the population but have so far included pharmacists, care co-ordinators, Social Prescribers and soon First Contact Physiotherapists / practitioners. Mental Health Practitioners, Paramedics and Admiral Nurses.

Work will continue in 2022/23 to fully and sensitively, map the specific workforce requirements for Bassetlaw as the CCG transitions into the East Midlands region and the Nottingham and Nottinghamshire ICS.

The CCG continues to fund clinical pharmacists within General Practice at circa £1.60 per head of population. This combined with the increasing supply of reimbursable staff and a further two pharmacists previously transferred from the NHS England scheme means we now have a substantial workforce operating in Bassetlaw. Clinical Care Home Pharmacists are already established within Bassetlaw and structured medication reviews are a standard offer for residents.

The PCNs are actively progressing changes in workforce balance which has included introducing more Social Prescribing link workers, care coordinators and health and wellbeing practitioners. This emerging non-clinical workforce reflects the shift in focus towards providing more holistic support for patients and addressing the wider determinants of health.

Our Protected Learning Time for General Practice, known as BEST (Bassetlaw Education and Service Training) have continued during Quarter 1 of 2022/23. While it has, by necessity taken a virtual format (with a view to a first face to face meeting in April 2022) this has led to some improvements in terms of national speakers who can be attracted to facilitate events. We look forward to trialling new approaches including wider geographical events and have been working ever more closely with the Primary Care Development Centre in Nottingham.

In summary, as part of initial baseline assessments, the CCG recognises the vital importance of our local workforce to ensuring long term, as well as immediate, primary care resilience. This incorporates both clinical and non-clinical staff.

The CCG has therefore overseen several initiatives to support workforce development including:

- Agreeing a place-based Workforce Strategy.
- Expansion of the workforce including full use of the reimbursable (ARRS) scheme.
- Development of sector-based work academy approach into acute and community NHS services.
- Utilisation of the ECHO approach to community education and training.
- Implementation of Heath Education England reporting tool with full participation of all practices providing a unique opportunity to assess the current workforce position.
- Funding for a GP Fellowship scheme encouraging the development of GPs with particular specialist knowledge and skills. It is anticipated this will support

the development of community-based services and provide interesting career development for GPs with the aim of retaining them in practice.

- Supporting ICS initiatives such as the GP Ready Nursing Scheme.
- Investing in workforce training and development via the Nottinghamshire Primary Care Development Centre to co-create and deliver training programmes for clinical and non-clinical primary care staff. This has included bespoke local education and access to centrally organised developments. We will continue to engage this support going forward.
- Continued delivery of Protected Learning Time to the wider practice team including practice nurses.
- Ongoing investment in pharmacy support to General Practice to increase the clinical capacity to provide direct patient care and medication reviews.
- Provided Care Navigation training to front line primary and community care professionals to navigate patients to the most appropriate services that best meets the patient's needs such online resources for self-care, Community Pharmacies, self-referral to psychological therapies (IAPT), voluntary sector or other health and social care services.
- Investment in social prescribing services with support to Bassetlaw Emergency Department and discharge teams to enable earlier intervention for those with non-clinical needs.
- Social Prescribing link workers have also been embedded in each PCN as part of the new contract.

Our collective investment in innovation initiatives has demonstrated that by being creative and adaptive we can meet ongoing workforce challenges e.g., employment of more paramedics and Mental Health Practitioners alongside clinical pharmacists, First Contact Practitioners and Physician Associates. We are also supporting the development of training and development space at Newgate PCN to support future learning and educational facilities which will both attract and help retain staff through skills development.

Continuing our ongoing commitment to put the patient voice at the heart of our decision making, we work collaboratively to engage more widely with our patients, carers and representative groups in the development of existing and new initiatives. We recognise the considerable value that existing community-based organisations provide, and we are keen to ensure we utilise their expertise and intimate knowledge of our local communities in order to achieve transformational change. The Bassetlaw PBP Communications and Engagement Workstream will continue to play an important role in this.

10. Engaging People and Communities

NHS commissioning organisations have a legal duty to make arrangements to involve the public in the commissioning of services for NHS patients. How we communicate and engage with each other is very important and impacts on everything we aim to achieve.

10.1) Governance and Assurance

The CCG is accountable to our Governing Body, its member practices, local patients and the Bassetlaw community. We are overseen by NHS England and our Constitution sets out the rights and responsibilities of patients, the public and staff along with the plans we have committed to achieve.

Our Director of Strategy has overall responsibility for communication and engagement, and we have a named lay member lead for patient and public involvement.

The CCG has a clear Communications and Engagement strategy which sets out how we will communicate and engage with all stakeholders in a way which is inclusive, relevant, and open and which encourages dialogue by listening to patient and public views, concerns and providing feedback. Our approach will ensure that we:

- engage effectively with our local communities and build this knowledge into commissioning decisions.
- are better placed to offer services which are responsive and accountable.
- build effective relationships and trust with patients and members of the public.
- are in a position to invest in services which reflect the needs and aspirations of the local community.
- deliver excellent services to patients and service users.

Public engagement and patient experience is formally reported through to our public Governing Body meeting. The CCG holds its Governing Body meetings in public and meeting papers are available to download on our website. Whilst meetings were held virtually throughout 2021/22, during Quarter 1 of 2022/23 the final Governing Body meeting was held face to face. All agendas and papers have been made available on the website and members of the public were encouraged to submit questions.

Recordings of these meetings have been made available on the website afterwards.

The details of the Governing Body meetings (dates, time and location) are available on the CCG website at the following link: http://www.bassetlawccg.nhs.uk/about-us/governing-body.

Involvement and participation are achieved by the CCG through a variety of methods:

CCG Website - The CCG website http://www.bassetlawccg.nhs.uk/ is our main method of communication and provides a positive online presence for the organisation. The website includes details of the Governing Body, meetings, news, information, policies and consultations.

Social Media - The CCG uses social media to engage with the wider stakeholder groups, including people who live and work outside Bassetlaw. We use Facebook and Twitter to promote campaigns and raise awareness of particular health and well-being initiatives. Whilst social media provides easy, instant access to key communications messages and campaigns, we appreciate that its reach is limited and not everyone uses social media.

Media - We work with the local media to promote our work and achievements of the CCG.

Local Campaigns - Throughout the year the CCG supports a number of local and national health and well-being campaigns, designed to help inform, educate, change behaviour and promote health and well-being key messages, for example 'Stay Well This Winter' and 'Choose Well'. We utilise all channels of communication to support these campaigns.

We are committed to ensuring that the needs of Bassetlaw residents are at the heart of everything we do. To reflect our population, we aim to have effective patient, carer and public involvement embedded in our work and in our planning processes.

We hold providers of services we commission to account, to make sure they are involving you in any changes to, and developments of, services.

We also identify opportunities for public representatives to be directly involved in our planning and decision making through participation in project meetings, partnership boards and procurement activities.

10.2) Involving the Public

In order to effectively commission (plan and buy) the right services on behalf of our local community, we need to find out the views and experience of the public, patients, their carers and other stakeholders, especially those people who are less likely to speak up for themselves.

There are a number of different ways that members of the public can get involved in shaping the work that we do. These include:

Bassetlaw Maternity Voices - It is a national requirement to have a Maternity Voices Partnership in each local area, to ensure that women and their families help shape and develop maternity services. The Bassetlaw Maternity Voices Partnership is a friendly group of parent representatives and practitioners, who are working together to shape the development and direction of maternity transformation in Bassetlaw.

Patient and Partnership Involvement Network - The Network meet on a quarterly basis and membership consists of wider Patient Participation Group Representatives, the Local Authority, Community and Voluntary sector organisations including Bassetlaw Community and Voluntary Service and Health Watch Nottinghamshire. Further representatives from specific groups are invited to attend the network on an ad hoc basis when specific work areas are being discussed. The benefits are to enable a wider reach and a more effective link with member practices in terms of engaging with patients on an ongoing basis and gain feedback/comments on other areas of work which may be being undertaken.

GP Patient Participation Groups (PPGs) – These are groups of patients interested in health and healthcare issues, who want to get involved with and support the running of their local GP Practice. Most PPGs also include members of practice staff and meet at regular intervals to decide ways and means of making a positive contribution to the services and facilities offered by the practice to its patients. The activities of PPGs vary because they develop to meet the local needs within their area. The CCG supports PPGs through the development of a PPG Chairs meeting, to share good practice and to develop links with these groups across Bassetlaw.

HealthWatch – HealthWatch is the independent consumer champion created to gather and represent the views of the public. Health Watch will play a role at both national and local level and will make sure that the views of the public and people who use health and social care services are taken into account. We include Health Watch on all our Communications and Engagement groups. Health Watch are also formal members of the Integrated Care Partnership Board and have an open invitation to attend our bi-monthly Primary Care Commissioning Committee.

Enquiries from MPs, Councillors and Patient Groups

It is important that the CCG builds the trust and support of key opinion formers who have a direct route to the public. All formal enquiries from MPs, Councillors and Patient Groups are responded to in a timely manner.

Further work to ensure that patient and public voices are part of ongoing transformation of services at a Place level is being undertaken by the Bassetlaw Place Partnership. During Quarter 1 of 2022/23 we have further consolidated our engagement approach to include the Bassetlaw Mental Health Alliance and the

Bassetlaw Children and Young People's Mental Health Alliance. We will be developing our Patient Voices Forum in 2022/23.

10.3) Patient Feedback

We actively seek and respond to formal and informal feedback. We use a variety of methods from meeting individuals in the community to public events. All formal complaints are responded to by our Accountable Officer. The CCG reviews annual patient surveys and works closely with Health Watch to ensure all communications are resolved. The CCG is increasingly working in partnership as part of the Place Based Partnership on joint initiatives for public communications and engagement.

10.4) Equality and Diversity

It is important to us to ensure information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss are met. All our information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

10.5) Learning, Best Practice and Future Plans

The CCG will continue to expand its patient communication and engagement work with both the PBP and the ICS.

10.6) SYB ICS Engagement Report

The CCG continues to be an active partner in the South Yorkshire and Bassetlaw Integrated Care System (ICS) whilst transitioning into being formally part of the Nottingham and Nottinghamshire ICS. The ICS is a group of partners involved in health and social care that have agreed to work in closer partnership to improve health and care. Both ICSs have made a commitment to involving patients and the public in health service developments.

During the Covid-19 Pandemic the SYB ICS has continued to host the Citizen's Panel for virtual meetings, recruited over 1000 people to a new engagement membership online database 'Let's Talk Health and Care' and conducted a number of bespoke engagement exercises.

The 'Get Involved' page of the SYB ICS website directs members of the public to opportunities to become involved in work being carried out by the partnership. Members of the public can keep abreast of ways in which they can contribute their thoughts, views and time via the ICS's social media channels as well as by signing up to the 'Let's Talk Health and Care' engagement membership database.
Detail about feedback received and how we put it to use is available on our 'Using your feedback' page.

Recruitment to the Let's Talk Health and Care Membership

In July 2020 recruitment was launched to a brand-new online health and care membership scheme across South Yorkshire and Bassetlaw. As a member, people are invited to be involved as little or as much as they like in helping to shape health and care services. The aim is to create a community of over 1000 people who all want to make their health and care services better. They are connected through regular newsletters and sharing of opportunities to get involved. Recruitment was delayed due to the pandemic, however face to face recruitment took place in Autumn 2021 following social distancing and other safety guidance. The first newsletter to the newly recruited 1000+ people was issued in February 2022.

Accelerator Programme Review

NHS partners across SYB continue to work together to ensure routine NHS care can get back to where it was before the pandemic as quickly and efficiently as possible, whilst continuing to provide high quality patient care. We commissioned an independent report to look at what patients and the public had already told us about their views on a number of solutions being pursued by partners of the South Yorkshire and Bassetlaw Integrated Care System to aid the current Accelerator Programme and speed up access to secondary care for patients. Read the report here

Community Diagnostic Hubs/ Centres

South Yorkshire and Bassetlaw Integrated Care System are in the process of establishing South Yorkshire's first community diagnostic Centres. A Hub will be established in Mexborough which is likely to be the most accessible diagnostic centre for Bassetlaw patients. The ICS commissioned independent engagement with local service users to understand their recent experiences of diagnostic services in the area and how they would like to see community diagnostic hubs delivered. The main body of this research took the form of an online survey and a survey and focus groups with seldom-heard groups undertaken by South Yorkshire's Community Foundation. Read the report here.

Explaining Data Flow in the Yorkshire and Humber Care Record

The Yorkshire and Humber Care Record (YHCR) is a partnership to provide health and care staff with better and faster access to vital information about the person in their care. All partners in the SYB ICS are part of the YHCR. It will also provide citizens with access to their information and encourage them to be more involved in looking after their health. This report describes research with the public to explore acceptability and to co-design explanations of how data flows in the Yorkshire and Humber Care Record (YHCR) and Population Health Management (PHM) platform. The research took place to ensure that the public accept that their data must flow from NHS systems in order for the PHM platform to operate, and that the public understand at what point their data is de-identified, how they can be re-identified, and how they can opt out. Read the report. DBTH continue to make good progress

in developing a role as a data contributor to the YHCR as well as receiver. Nottingham and Nottinghamshire ICB are also making progress to support shared care records as part of its ECO systems Programme.

Establishing the Respiratory Clinical Network

South Yorkshire and Bassetlaw ICS is establishing a Respiratory Clinical Network across the area of the partnership. This clinical network brings together clinicians and multi-disciplinary expertise to help design and promote optimal respiratory care pathways. As part of the process of setting up the clinical network, the ICS commissioned a report to review past engagement around issues relating to respiratory services to help provide the new network insight to help develop its areas of focus as it seeks to understand service users' priorities for respiratory care. The report can be read here.

Integrating NHS Pharmacy and Medicines Optimisation Programme Plan for South Yorkshire and Bassetlaw

The national Integrating NHS Pharmacy and Medicines Optimisation (IPMO) programme aims to develop a framework which will set out how to tackle the prescribing priorities for the local population across the SYB ICS footprint. The feedback and how this was used to adapt the plan can be found here.

Supporting Children, Young People and Families following a bereavement by suicide

SYB ICS commissioned CHILYPEP (Children and Young People's Empowerment Project) to identify what support Children, Young People and Families would like to see following a bereavement by suicide, and work with them to develop a toolkit for professionals to use with them focusing on how best to offer this support. A range of stakeholders have been consulted with, including organisations working with Children and Young People and their Families affected and bereaved by suicide, commissioners and others. The output of this work will be a number of proposed deliverable solutions to the issues identified, which will then be co-produced into a toolkit for use across the ICS. These are expected to be finalised in 2022.

The Bassetlaw Place Based Partnership is also developing further ways to engage across our partners, especially our voluntary and community sector, in developing local responses to Suicide prevention and supporting families and carers post suicide. A range of services have been commissioned for delivery in 2022/23 including on-line advice, counselling and signposting which we expect to have a significant impact.

Birth Trauma Service – Engagement with BAME and vulnerable women

SYB ICS secured funding for a maternal mental health service around birth trauma and loss. The ICS commissioned South Yorkshire Community Foundation to ensure the views of hard-to-reach groups such as: BAME and marginalised women could be

better understood and fed into the service provision review. The report of this work can be found here. Further work is now underway, following the recommendations in the original report, to better understand the experiences of the seldom heard communities throughout the whole maternity journey.

Children and Young People's Mental Health Strategic Plan

SYB ICS was tasked with producing a Children and Young People's Mental Health Strategic Plan in 2021/22. In order to do this, each place liaised with local residents and users of services to pull together a template shared centrally. From there, an overall strategy was created to highlight achievements so far, gaps in provision and where we could address these gaps at a system level. Chilypep was commissioned to run a number of sessions with young people from across SYB to create the final strategy by highlighting areas they were most interested in and creating a format that would appeal to young people. Final document is available to view on the SYB ICS website here.

Integrated Stroke Delivery Network Patient Panel

The Long Term Plan for the NHS recognises the importance of tackling the growing impact of stroke in England. The South Yorkshire and Bassetlaw ISDN is committed to ensuring that public and patient voices are at the centre of shaping our stroke services. The ISDN want to make sure that services are developed and improved by those with lived experience of stroke and so reached out to the public about becoming part of a panel of people with experience of living with stroke or caring for someone with stroke. The Network recruited 12 panel members from across the region. Our members represent a diverse mix of stroke survivors and carers, all with lived experience of stroke. Members come from each place across our region and are already making a real difference.

Digital

In 2021/22 the digital team undertook discovery work around what a good 'digital offer' would look like for the population in SYB. We supported them to ensure they heard from a number of SYB communities about their needs. The report can be found here.

School's Engagement

The schools' engagement team offer a large range of activities and sessions as part of their outreach work, which engage children and young people in their work. Their work has included the following: A series of insights sessions that are live streamed into schools where pupils learn about a range of jobs in Health and Social Care that are a good match for the course they are on and the subjects they are studying. These are hosted, interactive sessions using real job holders, pre-recorded footage and live presentations to showcase roles. The team also offers a range of employer led projects with schools covering topics such as the mental health workforce, health promotion and digital skills in health. They also attend careers events, provide 1-2-1

information, advice and guidance to students, up-skill teachers and careers leaders through cpd sessions, support mock interviews and offer internship placements to 'A' level students.

Involvement to help shape the Integrated Care Board People and Communities Strategy

In March 2022 the SYB ICS launched an engagement exercise to involve people in the development of the People and Communities Engagement Strategy for the emerging ICB. Opportunities to get involved include telling us how people would like to be engaged, engagement on the principles for engagement and a chance to review the draft Strategy. The draft strategy will be submitted to NHS England/ Improvement in May 2022.

South Yorkshire and Bassetlaw ICS Cancer Alliance engagement activity 2021/22

During Quarter 1 of 2022/23 the SYB ICS continued to strengthen involvement in the Patient Advisory Board – an advisory group made up of people affected by and living with and beyond cancer. The group helped us to shape the role and specification of new Pathway Navigators who are now in place supporting the development of Rapid Diagnostics across the region. As part of this work, the group also helped shape and define the ten nationally identified Quality Markers and how they are implemented to improve local cancer services.

Helping to shape and inform the future of oncology services in South Yorkshire and Bassetlaw

During the last two years of the pandemic, receiving cancer care has been different for many. People may have received care in a different hospital to normal, either closer to where they live or they may have had more appointments at specialist cancer centre, Weston Park in Sheffield. Most people will undoubtedly have had some appointments in a non-face to face way (eg on the phone or via online).

During Quarter 1 of 2022/23 the ICS has continued to look at what has been working well and what hasn't in order to plan future services. There continues to be a national Oncology Consultant shortage and we have an increased number of patients waiting for access to consultant care. We need to make sure the quality of care across South Yorkshire, Bassetlaw and Chesterfield remains high for everyone during these challenging times.

Further work shaped by patients and the public:

- **Improving skin cancer pathways** – surveys of skin cancer patients to support the development of the "optimum" skin patient pathway.

- **Quality of Life Survey –** the SYB ICS support the rollout of the national survey to people 18 months post treatment to understand what more support we can offer to people locally once they have completed their treatment journey.

- **Cancer Patient Experience Survey** – the SYB ICS support the rollout of the national CPES, pulling together local responses to highlight any opportunities for improvement

- **Breast Pain Service –** "Breast pain only is not a symptom of cancer" – the ICS has been gathering views of people across South Yorkshire and Bassetlaw to gauge understanding of the signs and symptoms of breast cancer, self-checks and when further investigation may be needed. The ICS is actively seeking involvement from members of the public to help design and develop a breast pain service for the region.

- **Recovering cancer services post Covid-19 –** SYB ICS have worked with colleagues at the South Yorkshire Community Foundation in four postcode areas across the region where recovery of two week wait (suspicious of cancer) referrals are the slowest since the Covid-19 pandemic. Feedback from patients is being used to co-design a campaign to encourage early presentation and early diagnosis.

- **Nudge the Odds, adopting behavioural science approaches to increasing early diagnosis –** Through the Inequalities and Early Diagnosis workstream, detailed Business Intelligence and data insights have been used to understand where we can make the biggest impact in increasing screening attendance amongst key target populations. This includes a pilot to increase cervical screening amongst Roma and South Asian communities, using detailed community insights to design behavioural science based "nudges" towards behaviour change.

11. Reducing Health Inequalities

Health inequalities are avoidable differences in the status of people's health and opportunities to support leading healthy lives. This can involve differences in:

- Health outcomes- life expectancy and prevalence of health conditions.
- Access- availability of treatments.
- Quality and experience of care- levels of patient satisfaction.
- Behavioural risks to health- smoking and substance misuse rates.
- Wider determinants of health- socio economic factors, income, housing and specific characteristics.

11.1) Local Population

Bassetlaw has a registered population of 119,140 based on 0.34% increase 2011-2014 as of January 2020, a further census was undertaken during 2021. The district's population is set to increase by 3.8% by 2037 equating to more than 4,350 additional residents compared with 2017.

The health of people in Bassetlaw is varied compared with the England average. 16.2% (3,205) of children live in low-income families. Life expectancy for both men and women are lower than the England average.

eHealthscope system enables us to access data in relation to use of service for vulnerable groups. More work is planned to be undertaken to establish routine reporting of activity with appropriate action plans to address inequalities.

11.2) Our Key Challenges

- Bassetlaw has pockets of high deprivation: 6 lower super output areas in the 10% most deprived in England. Two GP practices (Newgate and Westwood) have Indices of multiple deprivation (IMD) levels of 26 and 36.1 compared with the national average of 21.7 and Bassetlaw average of 22.6.
- Bassetlaw has a lower level of median earnings (2018) than the rest of Nottinghamshire and England.

- Life expectancy for men is 8.7yrs lower in deprived areas of Bassetlaw than the most affluent; for women it is 6.9yrs lower.
- Life expectancy (registered males) Westwood is 77yrs compared with 80.7yrs at North Leverton.
- Life expectancy (registered females) Westwood is 79.8 compared with 83.7 at Tuxford practice.
- Bassetlaw has a registered population of 119,140 (Jan 2020). We are expected to have a 3.8% increase equating to nearly 4,500 additional residents by 2037 compared with 2017, as a result of housing developments within the Harworth, Worksop and Ordsall areas of the district. The population growth within Bassetlaw will create additional demands on the health and social care systems.
- Population projections highlight that Bassetlaw will see the greatest increase in ageing population across Nottinghamshire and Nottingham city with 27% of the population aged 65 and over 14% population aged 75 2037, respectively.
- 16% of all older people experience regular loneliness which increases to approximately 50% in the over 80s. Estimated 30% of pensioners in Bassetlaw currently live alone. Bassetlaw has a high level of rurality. Older people living alone and without access to a car in the more rural areas of Bassetlaw, which also have poorer access to public transport, means these residents are particularly vulnerable.
- Bassetlaw has a significantly higher rates of suicide at 14.6% per 100,000 population in comparison to Nottinghamshire at 8.6% and East midlands at 9.9%.
- The Bassetlaw population has higher prevalence levels than the national average for people with Hypertension (15.05%), Obesity (13.7%), Depression (12.22%), Diabetes (8.27%) and CKD (Chronic Kidney Disease) (6.17%).
- Bassetlaw has a significantly higher prevalence of Type 2 Diabetes in comparison to Nottinghamshire and Nottingham city averages. 55% of local people with Type 2 Diabetes have at least one other long-term condition.
- Nearly 22% of our population report having a limiting long-term illness compared with Nottinghamshire (19.7%) or England (17.64%) (2011 Census data), with 9% of people registered with a GP reporting 3 or more long-term conditions.
- Bassetlaw has high rates of patients with cancer presenting as Emergency Admissions than the national average and higher rates of <75yr mortality for cancer considered preventable.
- Bassetlaw is estimated to have seen a similar increase in demand for GP services as nationally i.e. a 16% increase in contacts; 13% increase in face-to-face contacts; and a 63% increase in telephone contacts over since 2020. Due to Covid-19, appointments have been accommodated in a more flexible way such as virtually or by telephone and face-to-face where safe to do so.

- We have relatively higher levels of attainment at NVQ L4+ (16-64yrs) and at GCSE level than the rest of Nottinghamshire and England, but a higher proportion of our 16-64yr olds have no qualifications (13.8% compared with Nottinghamshire 8.2% and England 0.1%).
- Bassetlaw has a higher rates of childhood obesity at 23.7% in compassion to East Midlands at 20.8%.
- 16.2% of local children live in low-income families.

Our Commissioning Priorities are identified via national, regional and local sources. These can be accessed via the following link:

http://www.bassetlawccg.nhs.uk/about-us/commissioning-priorities

11.3) Prevention and Health Promotion

NHS Bassetlaw CCG continues to support a preventative approach to promoting health and wellbeing through tackling the widest determinants of health.

The CCG has been a key partner in the development of a Place based Health Inequalities Forum and weekly Bassetlaw Partner Collaborative with representation by NHS Bassetlaw CCG, PCNs, Community Voluntary Services, DBTHFT, Nottinghamshire Health Watch, Bassetlaw District Council and Nottinghamshire County Council. These partnership and forums provide population health leadership and expertise on reducing health inequalities within the Bassetlaw footprint focusing on:

- Identifying and agreeing Bassetlaw reset priorities and high impact areas, aligning these to the NHS England Core20Plus5 systems approach.

- Reviewing priorities based on local needs i.e., impact of Omicron and transition into the new Nottingham and Nottinghamshire ICS and South Yorkshire ICS arrangements.

- Monitoring impact and evaluation of health inequalities to inform future decision making across partner organisations.

- Developing a range of initiatives to support our collaborative aminations, delivering improved outcomes for patients in agreed areas of focus.

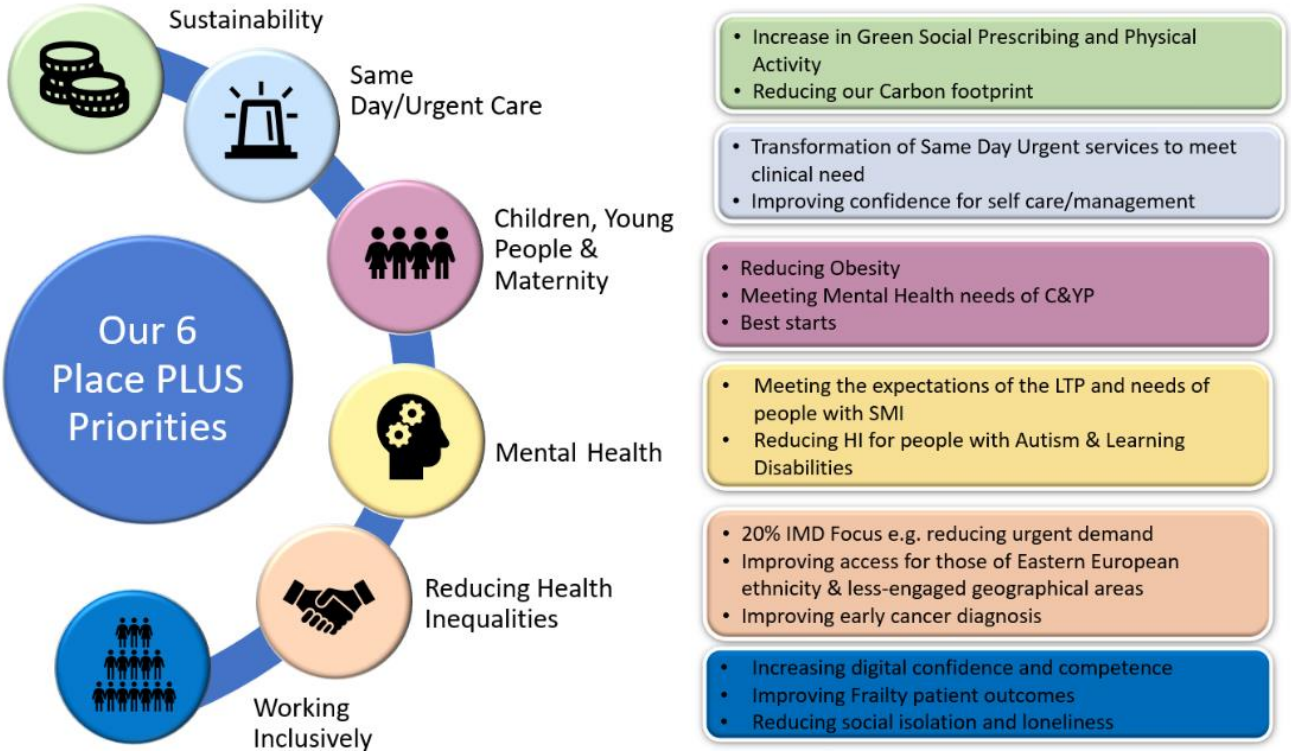
- Maximising opportunities for reducing health inequalities at Place based on existing and emerging evidence, promoting learning, and sharing across partners to support implementation of health inequalities initiatives that will promote healthy life expectancy.

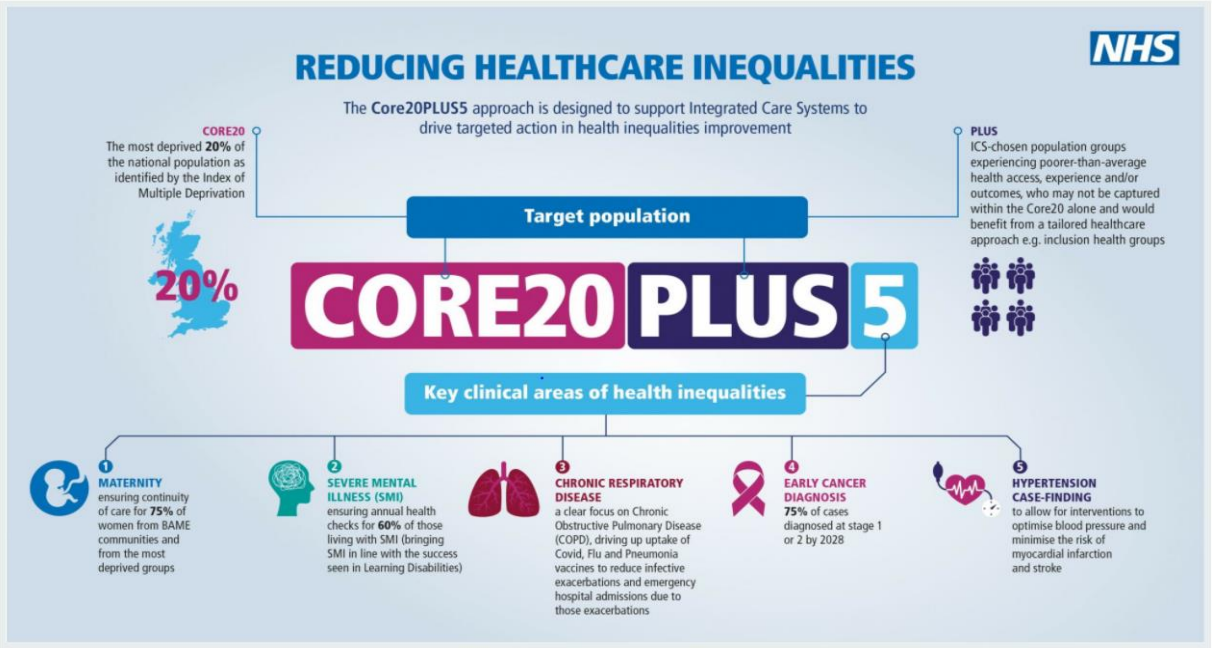
- Ensuring the views from patients and the public are considered when developing health inequalities initiatives, adopting an assets-based approach.

- Ensuring specific focus on key vulnerable groups identified as being at risk of inequity of access and outcomes such as BAME, those living in areas of highest deprivation, learning disability, serious mental illness, adults and children with complex lives. This includes oversight of impact of Covid-19 and vaccinations on health inequalities.

- Ensuring that Place maintains focus on the impact of the wider determinants of health recognising, for example, the wider implications of early starts, education, employment, and housing on people's life courses.

As part of this work, the CCG in collaboration with Place based partnerships and forums have developed six refreshed Bassetlaw Place Priorities which are aligned to the NHS England Core20Plus5 systems approach as illustrated below:





Targeted key initiatives focused on each priority area that encompass community empowerment and connectivity have been developed with partners, ensuring that local provision and development remains aligned with these areas, which are being reviewed and monitored through our collaborative forums. These priorities have an increased focus on early intervention and prevention, the management of risk factors, early identification of presenting need, self-care and promoting individual's responsibility for managing their own health and wellbeing. Some good examples of these initiatives include:

- Increased neighbourhood and community engagement and progress with prevention initiatives within our most deprived communities, focusing on wider determinates of health.

- Community Champions recruitment to support BAME population and vulnerable patient cohorts.

- Increased utilisation of the Mobile Health Bus for health promotion and advice.

- Increased collaborative comms and public engagement across health awareness campaigns supported by all partners.

- Partnership led initiatives that increase green social prescribing and physical activity.

- C the Signs implementation across local PCNs, working to support and promote preventative cancer screening.

- Partner initiatives to promote digital confidence and competence.

- Working Inclusively to reduce social isolation and loneliness.

- Increased initiatives focused on roving exercise support for rural communities and older people.

- Increased volunteering initiatives.

- Re-establishing a Place-based Children and Young People's Network, increasing initiatives focused on children and young people and engagement of children and young people.

- The development of Suicide Prevention Alliance, local pledges and initiatives.

The Bassetlaw 6 Place PLUS priorities feed into the wider Nottinghamshire Health and Wellbeing Board priorities and the development of a refreshed joint Health and Wellbeing Strategy from 2022; with partners working together on the four identified ambitions outlined below, with the aim of enabling everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life:

- Safer communities
- Healthy Sustainable Places
- Access to Prevention
- Best Starts

These identified key areas of focus embed a whole system, person centred approach with cross cutting themes centred on, equality and fairness, prevention and environmental sustainability. The CCG will continue to work collaboratively at Place to engage local communities in developing plans for Bassetlaw that shape services and meet the identified local priorities, ensuring continued alignment with the Nottinghamshire joint Health and Wellbeing Strategy.

A reporting dashboard has been developed as part of the Bassetlaw 6 Priorities, with identified key outcomes, initiatives and metrics that ensure all partners operating within Bassetlaw Place are able to identify and monitor progress, being responsive to local needs, as part of reducing health inequalities. The local initiatives cover key areas form a range of partners focusing on wider determinants of health, recognising these contribute 80% towards overall health outcomes.

The initiatives focused on reducing health inequalities within Bassetlaw and the Place-based reporting dashboard are aligned with the Nottingham and Nottinghamshire Integrated Care System Health Inequalities Strategy (2020-24), with partners focused on the entire spectrum of interventions, from prevention and promotion to health protection, diagnosis, treatment and care; integrating and balancing actions between them.

The Bassetlaw priorities and associated initiatives also align with the domains of the wider Nottingham and Nottinghamshire Integrated Care System Outcomes Framework, focusing on three main areas:

- Health and wellbeing
- Independence, care and quality
- Effective resource utilisation

Further information about our priorities and collaborative approaches can be found here:

http://www.bassetlawccg.nhs.uk/about-us/commissioning-priorities

12. Health and Wellbeing Strategy

The Health and Wellbeing Board is a function of Nottinghamshire County Council and is the strategic partnership forum with the Local Authority, NHS England and Health Watch.

The Nottinghamshire Health and Wellbeing Board are situated within a two-tier local authority system. The current Health and Wellbeing Strategy can be accessed through the following link:
https://www.nottinghamshire.gov.uk/policy-library/38815/the-joint-health-and-wellbeing-strategy-for-2022-2026

The Health and Wellbeing Strategy is a plan to improve health and wellbeing in Nottinghamshire. It is written by the Nottinghamshire Health and Wellbeing Board and is based on the Joint Strategic Needs Assessment (JSNA). The JSNA identified current and future needs for adults and children.

The CCG has a statutory responsibility in reducing health inequalities and supporting Health and Well Being of the local community and is fully engaged in the work of the Nottinghamshire Health and Wellbeing Board and contributes towards its key priorities.

Initiatives and projects, as identified in the CCG's operational plan and the Bassetlaw Place Plan support the delivery of the Nottinghamshire Health and Wellbeing Boards Strategy.

CCG plans can be accessed via the following link:
http://www.bassetlawccg.nhs.uk/about-us/commissioning-priorities

The key ambitions as set out in the strategy are:

a) A Good Start in Life
b) Healthy and Sustainable Places
c) Healthier Decision Making
d) Working Together to Improve Health and Care Services

The membership of Health and Wellbeing Board consists of County Councillors, District Councillors, Nottinghamshire County Council, CCGs from across Nottinghamshire, Health Watch, NHS England and the Nottinghamshire Police and Crime Commissioner. Our Chief Officer is a member of the Health and Wellbeing Board and has been involved in the development of the revised strategy.

Minutes of the Nottinghamshire Health and Wellbeing Board are available on the Nottinghamshire County Council website:
https://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board.

Due to the pandemic, the Health and Wellbeing Board meetings have been held virtually and broadcast on YouTube during 2021/22.

Amanda Sullivan
Accountable Officer
28 June 2023

#Better in Bassetlaw

Accountability Report
Corporate Governance Report

1. Members Report

Member Practices

The 9 member practices of NHS Bassetlaw CCG are:

Bawtry and Blyth Medical Station Road Bawtry DN10 6RQ	Kingfisher Family Practice Retford Primary Care Centre North Road Retford DN22 7XF
Crown House Surgery Retford Primary Care Centre Retford Hospital North Road Retford DN22 7XF	Larwood Health Partnership Larwood Surgery 56 Larwood Worksop S81 0HH
Newgate Medical Group Newgate Street Worksop S80 1HP	North Leverton The Surgery Sturton Road North Leverton Retford DN22 0AB
Riverside Health Centre Riverside Walk Retford DN22 6AA	Tuxford Medical Centre Faraday Avenue Tuxford NG22 0HT
Westwood Pelham Street Worksop S80 2TR	

2. Governance Structure

Chair and Accountable Officer

The Chair of NHS Bassetlaw CCG was Dr Eric Kelly from 1 April 2022 until 30 June 2022. The Accountable Officer of NHS Bassetlaw CCG was Mr Idris Griffiths from 1 April 2022 until 30 June 2022.

As at 30 June 2022 the CCG Governing Body membership comprised of:

• Governing Body Chair	Dr Eric Kelly
• Accountable Officer (Chief Officer)	Mr Idris Griffiths
• Chief Finance Officer	Mr Stuart Poynor
• Interim Chief Nurse	Mrs Nicola Ryan
• Director of Strategy / Deputy Chief Officer	Dr Victoria McGregor-Riley
• Elected GP Member Representative	Dr Deepti Alla
• Elected GP Member Representative	Dr Lindsey Britten
• Appointed GP Member Representative	Dr Vaithilingam Nanthakumar
• Lay Member for Audit and Risk	Mrs Susan Sunderland
• Lay Member for Patient and Public Engagement	Mrs Sam Senior
• Secondary Care representative	Dr Muthakumarrappan

More information regarding our Governing Body members is available on our website http://www.bassetlawccg.nhs.uk/meet-the-team

Audit Committee

As at 30 June 2022, core members of the Audit Committee are as follows:

• Lay Member for Audit and Risk	Mrs Susan Sunderland
• Lay Member for Patient and Public Engagement	Mrs Sam Senior

Attendees of the Audit Committee are as follows:

• Acting Chief Finance Officer	Mr Stuart Poynor
• Deputy Chief Finance Officer	Miss Michele Godley
• Director, KPMG LLP	Mr Richard Walton
• Client Manager, 360 Assurance	Mrs Claire Page
• Local Counter Fraud Specialist, 360 Assurance	Miss Amanda Smith

Executive Leads are periodically invited to attend the committee throughout the year to provide oversight and further assurance with regard to the management of CCG organisational risks.

The Governing Body is not aware of any relevant audit information that has been withheld from the Clinical Commissioning Group's external auditors, and members of the Governing Body take all necessary steps to make themselves aware of relevant information and to ensure that this is passed to the external auditors where appropriate.

Additional Committees

The following committees have been established by the CCG.

- Remuneration Committee
- Quality and Patient Safety Committee
- Executive Committee
- Primary Care Commissioning Committee

Committees are only able to establish their own working groups, to assist them in discharging their respective responsibilities, if this responsibility has been delegated to them. Membership details for the above committees are referenced in the Annual Governance Statement.

3. Register of Interests

In line with the statutory guidance on managing conflicts of Interest, NHS Bassetlaw CCG maintains a declaration of interest register for all members of staff within the CCG, including Governing Body and GP Members. Historic interests are retained for a minimum of 6 years after the date on which the interest expired. The full register can be found on the CCG website:
http://www.bassetlawccg.nhs.uk/publication/11209-bccg-declarations-of-interest-register

The CCG's Gifts and Hospitality registers can be found on the CCG website http://www.bassetlawccg.nhs.uk/publication/11207-bccg-gifts-and-hospitality-register.

4. Personal Data Related Incidents

There have been no personal data related incidents at NHS Bassetlaw CCG which were required to be reported to the Information Commissioners Office during 2021/22.

5. Additional Statements

External Audit

External Audit services are contracted from KPMG LLP. As reflected in the financial statements, the cost to the CCG during the period 1 April to 30 June 2022 was £84,000. This was in respect of the statutory audit, services carried out in respect of the statutory audit (e.g. reports to NHS England) and assessment of the CCG's performance in relation to "value for money".

Complaints

The CCG manages the complaints process locally to resolve any issues which have been raised. However, if a complainant has reached the end of the complaints process and remains dissatisfied with the CCG's final decision, the next stage would be to signpost the complainant to the Parliamentary and Health Service Ombudsman.

The CCG has referred no complaints to the Parliamentary and Health Service Ombudsman during Quarter 1 of 2022/23.

Cost Allocation and Setting of Charges for Information

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

Principles for Remedy

The CCG will consider the guidance contained within the report of the Parliamentary and Health Service Ombudsman entitled *Principles for Remedy* in conjunction with our Complaints Management Policy, when it is appropriate to do so.

Employee Consultation

The CCG reviews its Human Resources policies in conjunction with the Human Resources Team on a cyclical basis. The CCG's Whistle Blowing arrangements are outlined in the relevant policy which is reviewed as part of the Audit Committee work plan. In addition, all CCG staff were invited to complete the annual staff survey and an action plan will be developed in consultation with staff to address any gaps or areas that requires improvement.

Health, Safety and Security

The CCG has a duty of care to comply with its legal obligations under the Health and Safety at Work etc. Act 1974 and associated pieces of relevant legislation including the Regulatory Reform (Fire Safety) Order 2005 to ensure the health, safety and welfare of its staff, so far as is reasonably practicable. During Quarter 1 of 2022/23 this was provided through a shared service model governed by a Memorandum of Understanding (MOU) through a hosting arrangement with the staff being employed by NHS Rotherham CCG.

Government advice during Covid-19 has been to work from home, where appropriate, based on infection rates. The Health and Safety Team have followed this advice and provided a "virtual" service to the CCG with regards to Health and Safety, Fire Safety and Security advice.

During Quarter 1 of 2022/23, the Health and Safety Manager visited the CCG premises to ensure compliance with all required H&S and fire safety legislation. Appropriate action plans were put in place and all actions have been completed.

The Competent Person for Security for the CCG is the Head of Specialist Advice, Health and Safety (South Yorkshire and Bassetlaw Clinical Commissioning Groups shared services). The competent person works with the CCG to ensure a safe and secure environment is in place for all members of staff and visitors to the CCG.

Fraud

An Accredited Counter Fraud Specialist is contracted from 360 Assurance (our Internal Auditors) to undertake counter fraud work proportionate to identified risks. Our Chief Finance Officer is the Senior Responsible Officer for fraud, bribery and corruption. Our Audit Committee receives a report against the Standards for Commissioners using the national Self Reporting Tool (SRT) on an annual basis, with exception reports throughout the year. The Counter Fraud Specialist recommends appropriate action regarding any NHS Counter Fraud Authority quality assurance recommendations, and action is assured by the Chief Finance Officer.
A proportionate proactive counter fraud work plan is developed at the beginning of each year to address identified risks. The Counter Fraud Specialist have a standing invitation to attend the Audit Committee throughout the year.

In addition, the CCG has a nominated Counter Fraud Champion. The responsibilities of the fraud champion are: promoting awareness of fraud, bribery and corruption within the organisation, understanding the threat posed by fraud, bribery and corruption and understanding best practice to counter fraud. The CCG has in place a policy relating to countering fraud, bribery and corruption.

Whistleblowing

The CCG has an agreed Whistleblowing policy which is published on the CCG website. No disclosures have been made during Quarter 1 of 2022/23.

7. Modern Slavery Act

The CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.

NHS
Bassetlaw
Clinical Commissioning Group

Accountability Report
Statement of Accountable Officer's Responsibilities
NHS Bassetlaw Clinical Commissioning Group (02Q)

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

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,

- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),

- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities),

- The relevant responsibilities of accounting officers under Managing Public Money,

- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended)),

- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed and disclose and explain any material departures in the accounts.
- Prepare the accounts on a going concern basis.
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Bassetlaw CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Amanda Sullivan
Accountable Officer
28 June 2023

Accountability Report
Governance Statement
April to June 2022

1. Introduction and Context

NHS Bassetlaw CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

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

2. Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

3. Governance Arrangements and Effectiveness

The main function of the governing body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it. The following sections provide an overview of how Governance arrangements and effectiveness have been managed during the year.

3.1 The Governance Framework of the CCG

The CCG Constitution states that in accordance with section 14L (2) (b) of the 2006 Act, 2014 the Group will at all times observe “such generally accepted principles of good governance” in the way it conducts its business. These include:

- The highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.
- The Good Governance Standard for Public Services.
- The standards of behaviour published by the Committee on Standards in Public Life (1995) known as the “Nolan Principles”.
- The seven key principles of the NHS Constitution.
- The Equality Act.

NHS Bassetlaw CCG is a clinically led organisation which is enabled and empowered by a supportive senior management team ensuring patients, carers and service users are at the core of its business.

The Governing Body has overall responsibility for governance throughout the organisation, with some responsibilities delegated to Governing Body Subcommittees for discharging. The scheme of reservation and delegation, located in the CCG’s Constitution, clearly identifies decision making responsibilities that are reserved for Governing Body and which decision-making responsibilities are delegated to other Committee’s.

We have a Constitution agreed by our member practices and NHS England, which sets out the arrangements we have made to meet our statutory responsibilities. Our Constitution is available on our website http://www.bassetlawccg.nhs.uk/

The Constitution describes the governing principles, rules and procedures that ensure probity and accountability in the day to day running of the CCG to ensure that decisions are taken in an open and transparent way and that the interests of patients and the public remain central to our aims. We last reviewed and updated our Constitution in January 2021, which includes:

- Our membership
- The area we cover
- The arrangements for the discharge of our functions and those of our Governing Body
- The procedures we follow in making decisions and securing transparency in decision making
- Arrangements for discharging our duties in relation to registers of interests and managing conflicts of interests

3.2 Leadership

The CCG is led by an effective Governing Body comprised of Clinical Leads, Executive Officers and Lay Members, each with a clear understanding of individual and collective responsibilities. There is a clear division of responsibilities and collaborative decision making.

The Chair is responsible for the leadership of Governing Body and ensuring its effectiveness on all aspects of its role and in particular a clear process for decision making. Our Lay Members are valued for their impartial focus and expertise. Their role is to oversee key elements of governance including audit, remuneration, primary care, engagement and conflicts of interest. We rely on their constructive challenge as well as them assisting in the development of strategy. A number of the CCG's committees are chaired by a Lay Member.

Development of the Governing Body primarily takes the form of sessions across a wide range of subjects as noted in the section "The Governing Body and Committee Structure". Each member of the Governing Body undertakes an annual appraisal to review performance and enable them to identify opportunities to update and refresh their skills and knowledge.

To enable the Governing Body to discharge its duties, information is received in advance of meetings. All papers presented at Governing Body meetings follow a recommended format including a standard front sheet, which quickly draws members' attention to the key issues, risks, assurances and recommendations.

Governing Body members are actively engaged in some form of dialogue with our stakeholders, be they constituent practices, partner organisations or our citizens, we seek to cultivate a mutual understanding of objectives.

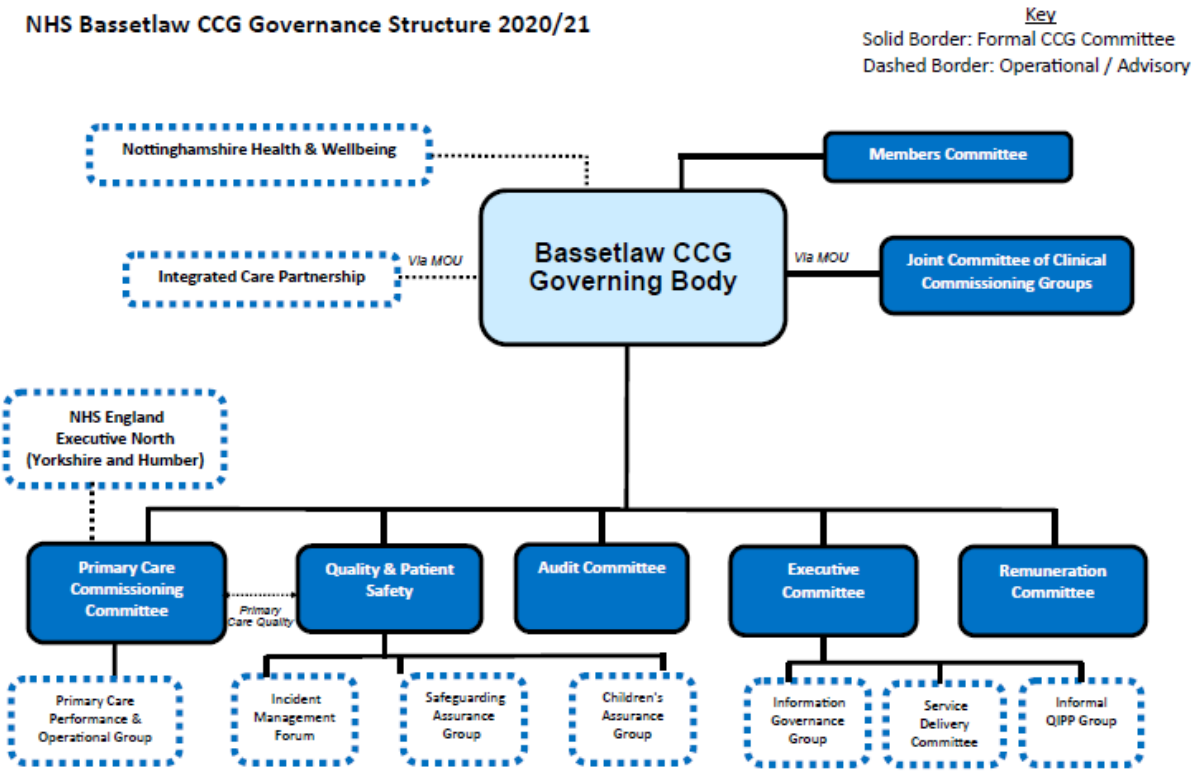
We undertake this by sharing information in a variety of ways including:

- Publishing an Annual Report
- Hold an Annual General Meeting
- GP Membership Meetings
- Public Governing Body Meetings
- Public facing website
- Newsletters to GP Practices
- Governing Body Briefing for Members

3.3 The Governing Body and Committee Structure

The Governing Body has responsibility to undertake the roles and responsibilities as delegated through the Constitution by member practices which constitute the CCG.

To support the Governing Body in fulfilling its functions, supporting Committees have been established. The supporting structure is reviewed and adapted in year subject to internal and system wide changes.



2022/23 has continued to be challenging in relation to Covid-19. Where possible, the CCG has maintained meetings for Governing Body and its subcommittees which have frequently been held virtually either via teleconference or Microsoft Teams. Meetings of the Governing Body have been recorded and made available on the CCG website.

The Governing Body has responsibility for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG principles of good governance. This is reflected in the CCG constitution and the Scheme of Reservation and Delegation. Governing Body is also responsible for approving any functions of the CCG that are specified in regulations.

The Governing Body structure includes:

- GP Chair (Elected by members from one of the GPs on Governing Body)
- 3 GP Member representatives elected by members

- 2 GP Member representatives appointed by NHS Bassetlaw CCG
- 1 GP Clinical Director appointed by NHS Bassetlaw CCG
- Deputy Chair (Lay Member Audit and Risk)
- Lay Member (Patient and Public Engagement)
- Independent Secondary Care Doctor
- Accountable Officer
- Chief Finance Officer
- Independent Registered Nurse
- Executive Lead Quality and Safety } Currently fulfilled by the Interim Chief Nurse
- Director for Strategy / Deputy Chief Officer

Non-voting attendees are:

- Public Health Director/Consultant

Two Governing Body meetings took place during April to June 2022 and attendance rates were as follows:

Members	Position	Attendance %
Dr Kelly	Clinical Chair	50%
Dr Nanthakumar	Appointed Governing Body GP	100%
Dr Britten	Elected Governing Body	50%
Dr Alla	Elected Governing Body GP	100%
Mrs Senior	Lay Member for Engagement	50%
Mrs Sunderland	Lay Member for Audit and Risk	100%
Mr Griffiths	Accountable Officer	100%
Mrs Ryan	Interim Chief Nurse	100%
Dr McGregor-Riley	Director of Strategy	100%
Dr Muthakumarrappan	Secondary Care Doctor	50%
Mr Poynor	Chief Finance Officer	100%
Louise Lester	Public Health Director/Consultant	0%

Whilst the Governing Body have maintained quoracy at each of its meetings, it has recognised that attendance has had to remain flexible due to competing requirements on capacity in responding to Covid-19 across the system.

One GP member representative role has been held as a vacancy since 1 April 2021 and the role of Clinical Director became vacant from 1 April 2022.

Most of the Governing Body sub-committees have a GP as part of their membership to provide clinical oversight into the group. Whilst this has been challenging from a time perspective for GPs it has ensured that the clinical focus is embedded into all commissioning areas.

As at 31 March 2022, the Lay Member for Audit and Risk is the chair of Audit Committee and the Quality and Patient Safety Committee, the Lay Member for Engagement is the chair of the Primary Care Commissioning Committee and Remuneration Committee. The differing backgrounds and levels of NHS experience provide differing perspectives and challenge within the Governing Body.

Detailed below is an overview of each sub-committee of the Governing Body. Attendance records are maintained for each committee to indicate quoracy. The transition to virtual meetings via Microsoft Teams, including Governing Body, has enabled the CCG to continue operating effectively in discharging its statutory duties.

3.3.1) Audit Committee

The Audit Committee is established as a sub-committee of Governing Body with approved Terms of Reference. The membership of the Committee consists of the two Lay Members from the CCG's Governing Body and is chaired by the Lay Member for Audit and Risk. The Audit Committee provides the Governing Body with an independent and objective view of the group's financial systems, financial information and compliance with laws, regulation and directions governing the CCG in so far as they relate to finance.

In addition, the Audit Committee reviews the establishment and maintenance of an effective system of integrated governance, risk management and assurance across the CCG's activities (both clinical and non-clinical).

A summary report and the meeting minutes are presented to the CCG Governing Body.

One Committee meeting has been held during the period April to June 2022 which was quorate. Attendance rates were as follows:

Members	**Position**	**Attendance %**
Mrs Sunderland	Lay Member for Audit and Risk	100%
Mrs Senior	Lay Member for Engagement	100%
Attendees	**Position**	**Attendance %**
KPMG	External Audit Representative	100%
360 Assurance	Internal Audit Representative	100%
360 Assurance	Counter Fraud Specialist	100%
Mr Poynor	Acting Chief Finance Officer	100%
Miss Godley	Deputy Chief Finance Officer	100%

Members of the CCG's Audit Committee and members of the NHS Nottingham and Nottinghamshire CCG Audit and Governance Committee have, in addition, held meetings in common during the period to June 2022. This is in anticipation of the dis-establishment of the CCG and transfer of responsibilities to NHS Nottingham and Nottinghamshire ICB from 1 July 2022.

The following report details the work undertaken by the Audit Committee, including via the meetings in common, in the period April to June 2022:

Adaptations
During the ongoing pandemic, the normal schedule of meetings has continued albeit being held virtually via Microsoft Teams. The Audit Committee agenda contains several standard elements which have continued.

Key Performance Highlights
The Committee reviewed the relevant disclosure statements for the year ended 31 March 2022, in particular the Annual Governance Statement, Head of Internal Audit Opinion (significant assurance), External Audit Governance report (unqualified audit and value for money opinions). The Committee concluded that the Annual Governance Statement was consistent with its view on the CCG's system of internal control.

The Committee has reviewed and encouraged the maintenance of a comprehensive Assurance Framework and associated risk registers during the year.

The Committee has required more detailed reporting on specific risk issues to gain assurance that these risks are being appropriately managed. The areas considered during the period include:

- Maintaining good governance arrangements during the CCG to ICB transition, ensuring appropriate and robust due diligence whilst maintaining a focus on delivery against the CCG's priorities.
- Managing the financial position and recognising the temporary financial regime has focused on how the CCG is managing its finances during the pandemic particularly given the limited opportunities for efficiencies.
- ICS Governance arrangements and remaining an active partner within South Yorkshire and Bassetlaw ICS during the period and seeking to ensure that governance arrangements are keeping pace with the wider developments.

Throughout the period the Committee has worked effectively with Internal Audit to obtain the assurances needed regarding the CCG's internal control processes. In particular, the Committee has:

- Reviewed and approved the Internal Audit operational plan and more detailed programme of work. Recognising that this is the last year of the CCG the work plan has focused on mandatory work only. The Committee is now also benefiting from the work being undertaken within the wider Nottingham and

Nottinghamshire footprint that is providing assurance around the transition process.
- Received and considered the individual reports produced by Internal Audit.
- Reviewed the Head of Internal Audit Opinion at both its interim and final stages and monitored the implementation of any action needed before the year end.

The Committee has reviewed and approved the Counter Fraud plan and received regular reports on the work concluded including the Counter Fraud Annual Report.

The Committee reviewed the reports prepared by the external auditors.

The Committee has continued its role in ensuring that appropriate arrangements exist around:

- Conflicts of interest
- Gifts and hospitality
- Legal claims and specific financial governance issues such as waivers and write offs
- Self-Assessment against the Violence Reduction and Prevention Standards

The Committee has continued to constructively challenge the assurance process throughout the period.

The Committee has worked closely with the CCG Executives to ensure that the assurance mechanisms within the CCG are fully effective and that a robust process is in place to ensure that actions identified from audit reviews are implemented and monitored by the committee.

The Committee reviewed the process and controls that the CCG has put in place to achieve its financial obligations throughout the period.

In preparation for the CCG to ICB transition, the CCG has been working with both systems to prepare for the transition. The Audit Committee has a key role in ensuring a smooth and safe transition with specific responsibilities around due diligence work. This has been the prime focus of the joint work and meetings in common with the NHS Nottingham and Nottinghamshire Audit and Governance Committee.

Audit Committee Year End Conclusions

The Audit Committee continues to make a valuable contribution to the effective operation of the CCG by seeking and receiving assurances regarding the effectiveness of the CCG's systems and processes and ensuring that recommendations for improvement are actioned in a timely manner.

3.3.2) Remuneration Committee

The Remuneration and Terms of Service (RATS) Committee is established as a sub-committee of Governing Body with approved Terms of Reference. The membership of the Committee consists of the two Lay Members from the CCG's Governing Body, two GPs who sit on the Governing Body and the Secondary Care Doctor. Meetings are called as necessary to address relevant matters with at least one meeting a year.

Chaired by the Lay Member for Engagement, the Remuneration Committee makes recommendations to Governing Body on remuneration, allowances and terms of service for the Chair, Members of the Governing Body and Very Senior Managers (VSM).

The Committee advises Governing Body whether there are appropriate performance monitoring and evaluation processes in place for Individual Executive Members and determines any financial awards as appropriate.

The Committee has found the conflicts of interests and committee quoracy challenging due to the small number of members. No member of the Committee takes part in any decision that may impact on their own remuneration or terms and conditions.

No Committee meetings have been held during the period April to June 2022 as there were no relevant matters arising to necessitate a meeting.

Remuneration Committee Year End Conclusions

The Remuneration and Terms of Service (RATS) Committee continues to make a valuable contribution to the effective operation of the CCG by ensuring that all aspects of employment with regard to Governing Body members are appropriately managed.

3.3.3) Quality and Patient Safety Committee

The Quality and Patient Safety Committee is established as a sub-committee of Governing Body with approved Terms of Reference. The Committee is chaired by the Lay Member for Audit and Risk. Membership of the Committee includes a GP and a Lay Member. The Committee is responsible for the monitoring and performance management of quality, developing and monitoring quality indicators, identifying and managing quality risk for all providers and safeguarding adults and children.

Three Committee meetings were held April, May & June 2022; all meetings held were quorate. Attendance rates were as follows:

Members	Position	Attendance %
Mrs Sunderland	Lay Member for Audit and Risk	100%
Mrs Senior	Lay Member for Engagement	100%
Mrs Ryan	Interim Chief Nurse	100%
Mr Beardsall	Head of Quality and Primary Care	75%
Ms Burke	Consultant Nurse Safeguarding/Designated Nurse Children and Looked After Children, Deputy Chief Nurse	33%
Dr Britten	Elected Governing Body GP	100%
Ms Spridgeon-Davison	Infection and Prevention Control Nurse	33%
Mrs Bussey	Head of Adult's Nursing	100%
Ms Hayes	Head of Children's Nursing	33%
Mr Kumar	Secondary Care Doctor	75%

Note: Public Health Consultant invited to meetings where Local Authority / Public Health services are discussed

The following report details the work undertaken by the Quality and Patient Safety Committee in 2021/22.

Adaptations

During the ongoing pandemic the normal schedule of meetings has continued albeit being held virtually via Microsoft Teams.

The agenda has continued to be tailored to ensure that sufficient focus is given to the impact of the pandemic on the quality and safety of care being provided this has included a focus on areas such as:

- Hospital discharge arrangements
- Infection prevention and control
- Vaccine roll out
- Progress regarding elective recovery
- Sustainable changes in service delivery including the use of virtual clinics

The effectiveness of the virtual meetings has been specifically addressed in our annual effectiveness assessment.

As part of the transition arrangements to the new ICB, the Committee has focused on ensuring continuity of quality and safeguarding processes in particular.

Key Performance Highlights

The Committee's focus in addressing its purpose during April to June 2022 has included:

- Assessing and mitigating the impact of Covid-19 on quality and patient safety.
- Assessing the effectiveness of vaccine roll out especially for harder to reach groups.
- An ongoing overview of quality improvements at NHFT.
- An ongoing overview of the quality of paediatric care including the use of the Bassetlaw site.
- An ongoing overview of the quality of maternity care including the management of estates issues at Doncaster Royal Infirmary.
- Care/nursing home engagement and monitoring of the quality of care and review and oversight of areas of concern.
- Infection and prevention control.
- Safeguarding via a separate subgroup.
- Looked After Children.
- Overview of learning disability services including patient experience and access to services including annual health checks.
- Review of quality dashboard for all providers with a deep drive review quarterly.
- Review of provider complaints and incidents including Serious Untoward Incidents.
- Regular review of Patient Opinion and HealthWatch comments in relation to commissioned services.
- Ensuring SEND statutory duties are met.
- Ongoing oversight of the quality of obstetric and neonatal services.
- Maternity and Children's commissioned services (via separate subgroup).
- Mental Health and LD commissioned services (subgroup stood down as satisfied that other assurance mechanisms are working appropriately and providing sufficient assurance to the main committee).
- Review of the LeDeR process and monitoring of learning.
- Reviewing and supporting the transitions agenda with a particular focus this year around autistic spectrum services for adults.

The Committee has consistently reviewed its own effectiveness via the effectiveness survey and through informal feedback from members. As part of this the Committee have continued to review the impact of meeting virtually. Overall, the feedback from the survey confirmed that the committee continues to operate effectively. The shift to virtual meetings has also worked well, with no detriment to the effectiveness of the committee.

Due to the pandemic, it has not been possible for committee members to undertake the normal programme of visits which have in the past provided valuable intelligence

on the quality of services. However, key staff have continued to proactively engage with providers, particularly in the care home sector to provide support during a period of unprecedented demand and pressure and to facilitate access to essential PPE as well as infection prevention training. Their dedication and hard work are to be commended.

Quality and Patient Safety Committee Year End Conclusions
Committee members continue to work positively and proactively together to continually review and improve patient care for the people of Bassetlaw.

3.3.4) Executive Committee

The Executive Committee is established as a sub-committee of Governing Body with approved Terms of Reference. The membership of the Committee consists of the Accountable Officer, Chief Finance Officer, Interim Chief Nurse, Director of Strategy and the Clinical Director. It is chaired by the Accountable Officer. The post of Clinical Director was vacant from 1 April 2022.

The Executive Committee is responsible for the operational running of the CCG, the delivery of the Strategic and Operational Plan, approving financial decisions, approving policies and procedures, handling escalated issues and overseeing Equality and Diversity, Information Governance, Human Resources (HR), Health and Safety, Sustainability, Performance and Efficiencies.

Two Committee meetings have been held in the period April to June 2022. Attendance rates were as follows:

Members	Position	Attendance %
Mr Griffiths	Chief Officer	100%
Mr Poynor	Acting Chief Finance Officer	50%
Dr McGregor-Riley	Director of Strategy	100%
Mrs Ryan	Interim Chief Nurse	50%
Dr Ariyasena	Clinical Director	0%

In year, the Committee has invited other CCG Officers to attend meetings and present specific papers.

The following report details the work undertaken by the Executive Committee in 2022/23:

Adaptations
Due to the Covid-19 pandemic, meetings of the Executive Committee have been held virtually via Microsoft Teams.

Key Performance Highlights

The Committee did not receive any policies for approval in the period 1 April to 30 June 2022. During 2021/22, the Committee approved extensions to policies where national guidance was awaited or where new service changes have yet to be confirmed. Several policies scheduled for review towards the end of 2021/22 or start of 2022/23 were also approved by Executive Committee to roll forward. This was due to the transition of the CCG to the Nottingham and Nottinghamshire Integrated Care Board and place-based partnerships.

The Committee has the responsibility for overseeing Human Resources across the organisation. The CCG's HR support was provided by the Arden and GEM CSU as part of a joint contract arrangement with Nottingham and Nottinghamshire CCG. Payroll services continued to be provided by Victoria Pay Services via a joint contract arrangement with NHS Sheffield CCG until 30 June 2022.

The organisational structure was reviewed in September 2021 and added to the CCG website and a small number of training requests have been considered and approved.

The Committee has overseen the delivery of strategic and commissioning plans via monthly updates on finance and performance. Where appropriate, specific items have been escalated to Governing Body.

The Committee received at each of its meetings an up-to-date position on Finance and Contracts.

To maintain operational requirements the Executive Committee continued to meet virtually. From a business continuity perspective, many meetings have continued to take place virtually. All meetings suspended in 2020/21 have now been reinstated. The Executive Committee continued to monitor, through a number of processes, the pandemic and the vaccination process.

During the pandemic several changes were made to funding and contracting mechanisms, many of which were still in place for 2022/23. The Executive Committee continued to receive updates on the financial plans and continued forecasting plans.

As well as regular financial and performance updates, the Committee has overseen the consideration of contract performance and provided strategic direction. Although due to the pandemic the contract negotiations were suspended, and block type contracts were put in place. The Committee reviewed and approved funding for one off and permanent investment. During April to June 2022, the Committee noted a number of decisions around funding, investments and business cases.

The Executive Committee received regular updates on the pandemic vaccination rates, as well as having oversight of the Flu vaccination programme and the overall vaccination delivery rate.

The Committee received updates in April and discussed the following areas in relation to service, quality and safety; The Covid 19 good practice inquiry, the Q4 Health and Safety report and a verbal update on Ockenden.

The Committee received updates and discussed the following areas in relation to service development and improvement; Community Pain Management update, Mental Health Update, Gluten Free EQIA and update, Blueteq part transition update, Clinical Psychology in ASD/ ADHD pathway, ICS stoma Service.

The Executive Committee and its members were heavily involved in the development of the Nottingham and Nottinghamshire Integrated Care Board following the confirmation of the Boundary change by Government, including the development of the Bassetlaw Place Partnership. Bassetlaw CCG continues to work with South Yorkshire and Bassetlaw as they transition to an Integrated Care Board as part of the CCG statutory duties.

The Chair of the Committee is an Executive member of the ICS and provides updates to members following attendance at the ICS Health Executive Group, Health and Care Management Team meetings and the transition meetings as part of the Nottingham and Nottinghamshire and South Yorkshire system.

The quarterly H&S service report was received in April 2022. The Committee had previously received and approved the Annual H&S Organisational Risk Assessment and the Annual Inspection Reports for Premises, Fire and Security in August 2021 and the First Aid Risk Assessment in February 2022.

The Committee received the minutes of the IG Group for scrutiny and have a standard agenda item to receive updates from the SIRO. Throughout 2021/22, the IG Group escalated a number of policies and procedures which were reviewed and ratified by the Committee. The SIRO is an executive member of the team and has responsibility for chairing the IG Group. This is the Accountable Officer.

The Committee has reviewed both the corporate and finance risk registers at each of its meetings and received the Governing Body Assurance Framework in April and May 2022.

The Executive Committee undertook its annual effectiveness review in November 2021. The results across all themes were positive and no additional development was identified. Members were comfortable with the overall approach in the remit and management of the Committee. The Committee reviewed its Terms of Reference in

September 2021 where it was approved to roll them forward to March 2022 as part of the transition process.

Executive Committee Year End Conclusions
The Executive Committee continues to successfully discharge its responsibilities in the management of the organisation's statutory duties as well as ensuring effective day to day management of the organisation's resources.

3.3.5) Primary Care Commissioning Committee

Chaired by the Lay Member for Engagement, the Primary Care Commissioning Committee (PCCC) is a Committee with the primary purpose of commissioning primary medical (i.e., GP) services for the people of Bassetlaw.

Voting membership includes representatives from the CCG Executive, CCG Lay Members and an Independent Doctor. Attending on a non-voting basis are CCG Governing Body GPs, NHS England as well as representation from Health Watch Nottinghamshire and the Health and Wellbeing Board.

Two Committee meetings have been held during the period of April to June 2022; all meetings held were quorate. Attendance rates were as follows:

Voting Members	Position	Attendance %
Mrs Senior	Lay Member for Engagement (Voting)	100%
Mrs Sunderland	Lay Member for Audit and Risk (Voting)	0%
Mr Griffiths	Chief Officer (Voting)	100%
Miss Godley	Deputy Chief Finance Officer (Voting)	100%
Mrs Ryan	Interim Chief Nurse (Voting)	0%
Dr McGregor-Riley	Director of Strategy (Voting)	50%
Mr Kumar	Secondary Care Doctor (Voting)	0%

Non- Voting Members	Position	Attendance %
Dr Kelly	CCG Clinical Chair	100%
Dr Ariyasena	Clinical Director	0%
Mr Beardsall	Head of Quality and Primary Care	100%
Mr Germain	NHS England (From Oct 2020)	100%
Mr Hague	LMC	100%
Ms Kapur	HealthWatch	0%

Note: Deputies may attend on behalf of attendees. Additional attendees may be invited by the Committee to present specific items.

The following report details the work undertaken by the Primary Care Commissioning Committee April to June 2022:

Adaptations

Due to the pandemic, meetings of the Primary Care Commissioning Committee have been held virtually via Microsoft Teams. Much of the year has been dominated by the NHS response to Covid-19, including resilience through the waves of infection, ensuring vulnerable patients continue to receive care and the substantial challenge of Vaccinating the population to allow a full recovery to continue. Access to Primary Care has continued to be a matter of public concern and the CCG has continued to monitor appointment data. Key points to note:

- Bassetlaw practices provide far more appointments per head than the national average, with a high proportion on the day.
- The move to phone / video consultations with patients only brought to surgery when clinically indicated continued into 2021/22, but from the summer of 2021 onwards the proportion of face-to-face consultations increased substantially.
- No GP practices closed, although restrictions to entry were in place by some as an infection control measure.
- Delivery of the Covid Vaccine from three PCN hubs with the close support of many partners began in December 2020 and has been highly successful in protecting Bassetlaw's population. As of Jan 2022 85.5% (aged 12+) patients had a first jab, 80.2% had a second jab and 86% of eligible patients had received a booster. We are particularly grateful for the help of partners such as Bassetlaw District Council and Bassetlaw Community and Voluntary Service (BCVS) during this time.
- Communications have remained constant, with new wider discussion platforms, including a Bassetlaw Provider Collaborative meeting every Wednesday (followed by a PCN Clinical Director + CCG meeting) which bring together a wide membership of primary, community, acute, local authority, ambulance and voluntary sector representatives.

- NHFT has similarly extended its partnership working and flexibility to support patient care in Bassetlaw. This service is part of a range of innovative practices implemented as a result of our Covid-19 response.

Key Performance Highlights

An Incentive Scheme was agreed, promoting high quality services, long term conditions management, prevention and effective use of NHS resources. This is a developed continuation of the existing incentive scheme (developed with practice communications and engagement). This year a particular focus was placed around population health management and conducting targeted reviews of patient cohorts. Due to the ongoing pandemic and to allow primary care to mobilise maximum resources for the Covid Vaccination campaign, the incentive scheme has been income protected to the end of the financial year, but with practices expected to make all efforts to continue to focus on the areas agreed.

Delegated responsibilities with regards to Quality and Outcome Framework (QOF) performance have been an increasing focus for the Committee and its subgroup. During 2021/22 the Primary Care Matrix has been further strengthened in order to give a balanced and comprehensive view to performance, quality and experience within General Practice in Bassetlaw. Particular scrutiny has been made with regards exception reporting, with improvement plans put in place where appropriate.

The Committee has progressed actions around the developments at Newgate Medical Group and supporting the accommodation of Retford and Villages PCN, including at Misterton and Gringley.

The Committee continued to meet until the formal closure of the CCG, holding its last meetings in May and June respectively. May was the last full agenda and included noting Bassetlaw's excellent performance with regards Learning Disability reviews and progress reviewing the needs of patients with Serious Mental illness, The Committee also approved the HARK approach with regards domestic abuse.
The May & June Committees were also handover and closedown times, ensuring all outstanding risks were either closed down or would be dealt with within the new ICB structure. Bassetlaw's involvement in developing the new ICB Primary Care Strategy was noted.

Additional funding has been secured to invest in Primary Care. Keys areas of investment and support has been provided during the year for:

- Digital/IT – GPRCC/ ehealthscope, APEX, Wifi, Optimise RX, Eclipse.
- Continued COVID response funding including IT to support extensive mobile working.
- Access Funding – Winter Access Funding for additional activity plus extended hours (contract extension).
- Funding of Ardens template software (through NHSE innovation funding).
- Learning and Development Programme (including PCDC support.
- NHSE Resilience Funding including GP Fellowship.
- Funding to support Resilience including short term locum support and the COVID Vaccine response.
- Improved / digital telephony.

Extended Hours went live in Bassetlaw on 1 October 2018. It was initially commissioned on a pilot basis, ran by the Primary Care Networks (PCNs) from a variety of different General Practice locations throughout the week. After a market engagement process, the three PCNs were contracted to continue delivering extended hours access from October 2019 to April 2021, at which point extended

hours access will form part of PCN Network Contract arrangements. PCNs have also been supported to increase in-hours capacity and access, to ensure that the total offer for patients is improved and that extended hours does not simply mean spreading existing capacity more thinly. Under the terms of the Network Contract it is a PCN's responsibility to ensure all patients can access the long-established Extended Hours DES. This is now in place across Bassetlaw. It should be noted that PCNs have been supported to deliver the covid vaccination programme locally through being able to re-purpose extended access capacity for its delivery.

The development of the ICS Health System Workforce Planning 2020-2024 realistic demand / realistic supply has been reported to the Primary Care Commissioning Committee, as has the increased capacity and initiatives undertaken by the SYB Workforce Hub.

All practices have signed up to membership of a PCN. The three PCNs in Bassetlaw are Larwood & Bawtry PCN, Newgate PCN, and Retford & Villages PCN. These Primary Care Networks meet regularly with their wider practice and partner membership including Community Services, Mental Health Services +IAPT, Social Services and the third sector. Each PCN has developed agreeing collaborative ways of working and exploring service developments, co-location and funding bids. Practices now have the ability to inter-refer patients, supported by the IT Hub purchased for extended hours provision, with an information sharing protocol also in place to support this.

The ongoing maturity of Bassetlaw's three PCNs continues to be a focus of the Primary Care Commissioning Committee. 2021/22 was a crucial year for this with the introduction with closer working relationships forged through the pandemic response and in particular the vaccine campaign (both inter-practice and with wider partners and services). All PCNs and their Clinical Directors have actively participated in further PCN organisational development, and it is anticipated this will gather further pace in terms of organisational structure and inter relationships. The Clinical Directors have a weekly collaborative call which is both operational and strategic in nature.

The CCG has continued to maintain relationships with its constituent practices during this time through its Members Committee, Primary Care Forum and through quarterly meetings with each of the practices.

The CCG continues the development of comparative performance data (prescribing, experience, referrals etc.) which assures the Committee of the performance of our practices compared with a wider cohort of peers across Doncaster and Bassetlaw. The Committee has approved a system for triggering potential issues with practices if necessary and escalating concerns as required. A performance working group was established in 2018/19 to support this work and has now subsumed the Primary

Care Operational Group. Mutual information sharing is also in place with the CQC to provide ongoing awareness and further assurance of the quality of primary care services in Bassetlaw. The CCG is now aligning its assurance and risk assessment processes with the rest of Nottinghamshire.

During the financial year 2021/22, 8 of the 9 Bassetlaw Practices were rated as Good, including 2 Outstanding. One Bassetlaw Practice remains as Requiring Improvement following these inspections and a subsequent re-inspection. We continue to work very closely with that practice to help support the improvements which will lead it to be rated as good / outstanding.

The Committee received the latest Bassetlaw Practices survey results from July 2021 which showed a positive picture of primary care in Bassetlaw, with some areas for potential improvement. Telephone access continues to be an issue at several practices and the CCG / NHS England has made funding available to support both the improvement of telephony systems, the training of staff and the capacity of staff to answer the phone.

Direct 111 booking into General Practice has continued, but with differential levels of uptake across practices according to assessed clinical need. Bassetlaw is trialling directing 111 primary care dispositions into the Bassetlaw Urgent Care Service to both provide a swift response for patients and to reduce pressures on primary care.

Inter-practice referrals for extended hours appointments have now been enabled, a model which can be utilised for other referrals across a range of potential clinical pathways supporting innovation in the management of conditions in conjunction with secondary care and other community-based partners.

Results showed the Working Win scheme to be effective in supporting patients with physical or mental health conditions to stay in work or find work. After a trial period (which was extended to support patients during Covid) the service has now been fully procured and mainstreamed.

The CCG has continued to support practice level investment in clinical pharmacists to support both quality improvements and efficiencies. This investment has been further complimented by NHS England PCN reimbursable staff funding and the transfer of the NHS England funded Care Home pharmacist support into the PCN DES.
Practices are now being encouraged to refer to the Community Pharmacy Consultation Scheme and it is envisaged this will gain traction during 2022/23.

The NHS Digital Weight Management Programme commenced in the summer of 2021 and GP clinical engagement has been very good.

The CCG has utilised funding to ensure the (Nottinghamshire) Primary Care Development Centre can facilitate the training and development of GP Practice staff in Bassetlaw during 2021/22. This has included bespoke local education and access to centrally organised development.

The Committee has acknowledged the retirement of GPs in Bassetlaw and on behalf of Bassetlaw's patients, thanked them for their service. In 2021/22 this included Dr Brownson of North Leverton. While other key staff have moved on from or between surgeries the overall position for Bassetlaw remains stable even within a highly competitive employment environment.

Primary Care Commissioning Committee Year End Conclusions
Bassetlaw CCG, through the Primary Care Commissioning Committee, continues to discharge its functions and delegated functions with regards to the commissioning of Primary Care.

3.4 Partnership Arrangements

3.4.1) Bassetlaw Place Based Partnership

The Bassetlaw Place Based Partnership (PBP) is supported by a Memorandum of Understanding, ratified and signed by the following partners:

- Bassetlaw District Council
- Bassetlaw Community and Voluntary Service (BCVS)
- Bassetlaw CCG
- Nottinghamshire Healthcare NHS Foundation Trust (NHFT)
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT)
- Nottinghamshire County Council
- Healthwatch Nottingham and Nottinghamshire
- Three Primary Care Networks within the Bassetlaw CCG area (Newgate, Larwood and Bawtry, Retford and Villages PCNs)

The PBP has links to both the Nottinghamshire Health and Wellbeing Board, and the Nottinghamshire and the South Yorkshire and Bassetlaw ICSs.

The context of Covid-19 continues to significantly shift the work of the PBP. Many of the partners built on the foundations established through the partnership infrastructure and directed their efforts towards the immediate actions required to support the community through the pandemic.

2021/22 focussed on a resetting for the PBP to shape how partnership most effectively supports a community-wide response to supporting the greatest possible

improvement in health and wellbeing of local people in the context of the legacy of the Covid-19 pandemic, and its impact of social and economic factors and physical and mental health. Work continues in 2022/23 on achievement of this commitment.

3.4.2) Joint Committee of Clinical Commissioning Groups

In 2015 the CCG became a member of the Joint Committee of CCGs (JCCCG). Initially the Committee had delegated authority to only make decisions on two service areas (Hyper Acute Stroke Services and some out of hours Children's Surgery and Anaesthesia services). In June 2019 CCGs agreed revised delegated authority for decision making for a new set of priorities, which can be found here: https://syics.co.uk/application/files/2616/0078/9887/2020-09-22_16-51_274.pdf These were accompanied by a revised Manual Agreement, Terms of Reference and Workplan for the JCCCG.

These documents were updated last year to reflect the future transition of CCGs to an Integrated Care Board (ICB) and to ensure the joint committee could support CCGs to work collectively together on some aspects of transition.

Due to no joint decisions needing to be made, largely due to the impact of the Covid-19 pandemic, none of the scheduled public meetings for 2022/23 proceeded as planned. The most recent meeting papers can be found here: https://sybics.co.uk/about/meetings-and-minutes

As a result of the revised timetable for implementation of statutory ICBs the Joint Committee has also considered changes to ensure it can continue to work jointly and with the emerging ICB Board and delegates from April 2022.

3.4.3) South Yorkshire and Bassetlaw Integrated Care System

The CCG is also a partner in the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS). ICSs are systems in which NHS commissioners and providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and health outcomes. They are expected to make faster progress than other health systems in transforming the way care is delivered, to the benefit of the population they serve.

The SYB ICS has evolved from the establishment of a Sustainability and Transformation Partnership in January 2016, an Accountable Care System in April 2017, to then becoming one of the first and most advanced ICS systems in England.

During 2021/22 and Quarter 1 of 2022/23 the ICS did not replace any legal, or statutory, responsibilities of any of the partner organisations and the ICS governance remained the same as 2020/21. Noting that some changes were made to enable organisations and leaders to come together to support the response and manage

issues relating to the pandemic. This includes pausing or adapting some of our meetings.

In February 2021, NHS England/ Improvement made five recommendations to Government on the question of how to legislate Integrated Care Systems on a statutory footing, having gathered the views of the NHS, local government and wider stakeholders. Following this, the Government published the White Paper 'Integration and Innovation: working together to improve health and social care for all' (February 2021):https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version. SYB ICS will become the South Yorkshire Integrated Care Authority from 1st July 2022.

Following the implementation of the proposed legislation during 2022 there will be an NHS Integrated Care Board (ICB) which will take on CCG's functions and broader strategic responsibility for setting health care strategies for the system. The ICB will work with an Integrated Care Partnership (ICP) formed jointly with Local Authority partners. Together the ICP and ICB will become the Integrated Care System (ICS).

In Quarter 1 of 2022/23 the governance of the ICS included the following:

The ICS System Health and Care Management Team
During the pandemic the health and care management team, which is a collaborative forum of SYB statutory bodies and regional bodies, have come together on a weekly basis to ensure they're able to respond well to the pandemic. This forum has also acted as the Local Resilience Forum's (LRF) Health Cell when the LRF has declare a critical incident.

In addition, the following have continued to meet:

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

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

Workstream Programme Boards

There are also a range of programme boards responsible for delivering the workstreams. These are led by a chief executive and senior responsible officer (an accountable officer from a clinical commissioning group) and supported by a director of finance and a project manager/workstream lead.

3.5 Covid-19 Incident Management and Control

The CCG's response to Covid-19 has been in conjunction with our key partners and stakeholders across Bassetlaw. The CCG has an agreed Emergency Preparedness, Resilience and Response Policy which is available on the CCG website.

To ensure there is a coordinated approach, an incident command structure had been implemented consisting of gold, silver and bronze command meetings. In addition, the CCG has linked with the Nottinghamshire Local Resilience Forum which feeds into the Health Economy Tactical Coordination Group and Strategic Coordination Group. The CCG has been represented on all key Nottinghamshire groups as well as linked into the equivalent structures for South Yorkshire.

4. Compliance with the Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Code of Corporate Governance which we consider to be relevant to the Clinical Commissioning Group and best practice.

5. Discharge of Statutory Duties

During establishment, the arrangements put in place by the CCG and explained within the *Corporate Governance Framework* were developed with extensive legal input, to ensure compliance with all relevant legislation.

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

As a result, we can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Executive. Executives have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

The CCGs Constitution outlines the principles of good governance. It also sets out the roles and responsibilities of the Governing Body and each of its committees in the pursuit of discharging our statutory responsibilities.

6. The Risk Management Arrangements and Effectiveness

The CCG's Risk Management Framework was last reviewed and updated January 2021. The document sets out the framework for the identification and management of risk within the CCG to ensure that risks are controlled as far as it is reasonably practicable and in accordance with current guidance, legislation and best practice.

There are many influences on risk management both internally and externally to the NHS, so it is essential that the CCG has a proactive approach to identifying, assessing, evaluating, recording and reviewing the risks. This enables us to reduce the likelihood of them causing harm to patients and staff or loss to the CCG and also to reduce the impact of such harm and losses should they occur.

Risks are identified as part of ongoing review of services or functions, when new services or functions are introduced or where there are changes. Risks may also be identified following incidents, complaints, claims, information received or as a result of internal or external audits and reviews or trend analysis from these sources. Risks may also be identified proactively through risk and quality assessments or inspection visits.

Risk Assessment involves consideration of the sources of risk, their consequences and the likelihood that those consequences may occur. Factors which affect consequences and likelihood may be identified.

Risk is analysed by combining estimates of consequences and likelihood in the context of existing control measures, and this system provides a basis to compare risks.

We will always endeavour to reduce risk, but it is understood that there will be circumstances when a balance of risk or minimal risk must be accepted. Risks can be split between those which are acceptable and those which are not acceptable. If a risk is deemed unacceptable, action is planned to reduce it to an acceptable level. The acceptance of a risk represents an informed decision to accept the consequences and likelihood of that risk.

Embedding of risk management within the organisation is vitally important and we achieve this through:

- Ensuring all staff have access to a copy of the Risk Management Framework via the internet.
- Maintaining local Risk Registers which will be subject to regular review and reflects the risk profile of the CCG.
- Communicating to staff any action to be taken in respect of risk issues.
- Developing policies, procedures and guidelines.

- Raising awareness of Risk Management and individual responsibilities. including providing resources, training and support where appropriate.
- Ensuring that staff have the knowledge, skills, support and access to expert advice necessary to implement policies, procedures and guidelines.
- Analysing data relating to incidents, complaints and claims and undertake structured reporting of the same.

7. Capacity to Handle Risk

The Governing Body of the CCG oversees the achievement of objectives and implementation of policies including those relating to risk management. The Governing Body is aware of and understands the risks to which the organisation is exposed and accepts responsibility for ensuring that effective risk management arrangements are in place throughout the organisation.

The Governing Body has also delegated responsibility for some aspects of risk management to two main committees:

- Audit Committee – Responsible for supporting the risk management accountability arrangements within the organisation and ensure that all significant risks are properly considered, managed and communicated to the Governing Body. The Committee reviews, updates and monitors the CCG's Risk Registers and Assurance Framework and submits them to the Governing Body for consideration on a bi-annual basis. It is responsible for agreeing and monitoring the Internal Audit work plan and seeking assurance to ensure the development of the Annual Governance Statement.

- Quality and Patient Safety Committee – Responsible for overseeing and reporting to the Governing Body and providing assurance to the Governing Body on clinical risk management.

The Risk Registers and Assurance Framework are reviewed at each Audit Committee and the relevant CCG Committees that the Risk Registers relate to. Moderate risks are managed at senior management level, and low risks are regarded as acceptable and managed locally through routine procedures.
The Assurance Framework and Risk Registers are reported as follows in each financial year:

- At least six times a year to Audit Committee
- At least quarterly to Executive Committee
- At least twice a year to Governing Body

Staff are trained (commensurate with their duties) to identify and report risk using the Risk Management Framework. In addition to their day-to-day workings, risks become

apparent to staff when dealing with adverse events or near misses, complaints, medical negligence or personal injury claims. All these eventualities are backed up by separate policies.

As new initiatives or service changes are introduced following agreement with partners and stakeholders, consideration of risk issues will have formed an integral part of the corporate planning process.

We learn as an organisation from good risk management practice by working with 360 Assurance, our Internal Auditors, taking learning from benchmarking exercises where appropriate, and attending relevant best practice workshops.

8. Risk Assessment

To support the work of the Governing Body and its sub-committees an Assurance Framework covering all the CCG risk areas has been developed.

The Assurance Framework currently in use was adopted in 2016/17. The principle, overarching objectives were streamlined to encompass all risks scored above eleven.

The Governing Body Assurance Framework aims to identify the main risks to the delivery of the CCG's strategic objectives. The Governing Body reviewed and updated the strategic objectives in 2021/22, with a new objective (objective 4) being developed:

> **Objective 1:** To commission services to improve population and clinical outcomes and patient experience for local people. Whilst ensuring minimum standards of safety are met with a continuing focus on quality improvement.
>
> **Objective 2:** To collaborate with partners to improve the integration of services so that patients receive quality services which are safe and cost effective.
>
> **Objective 3**: To ensure that the CCG meets all of its statutory duties and delivers on mandated standard and targets that are set by national bodies such as NHS England and other professional regulators.
>
> **Objective 4:** Managing the organisation through the close down of CCG's and transitioning to the new NHS ICS Body with a focus on protecting the interests of the Bassetlaw population

In addition to the overarching objectives, the Assurance Framework identifies the principal risks associated with these key objectives, identifies the key controls and

assurances that are in place and evidences the positive assurances that are available to the Governing Body to support the Annual Governance Statement.

In addition, the framework also has provision for the identification of gaps in control and gaps in assurance. Actions are developed to address gaps in controls and assurances and are subject to review by the Audit Committee.

The Audit Committee has responsibility for oversight of the CCG risk management arrangements and receives the Assurance Framework and Risk Registers at each of its meetings throughout the year. The Governing Body considers specific risk issues and receives minutes from each of its sub-committees. Quality and Patient Safety Committee minutes and IG Group minutes are also received at the Audit Committee to ensure integrated governance.

To improve the process of identifying and reporting risks, the CCG have developed front covers for meeting papers and standard agendas and minute templates which were introduced in 2017/18 and have continue to be embedded.

A standard 5x5 risk matrix has been adopted to assess risk, which incorporates both consequence and likelihood. The CCG risk tolerance (appetite under which risks can be tolerated) is a score of 11 or below where the assessment has been undertaken following the implementation of controls and assurances. Details of all risks can be found in the Governing Body meeting papers.

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Extreme	5	10	15	20	25

All the risks on the Assurance Framework reflect where there is a risk score greater than 11. The table below shows the number of risks across the CCG's risk registers Governing Body as at 30 June 2022.

Risk Score	Number of Risks	Rating
1-5	4	Low
6-11	7	Medium
12-15	7	High
16-20	0	Very High
25	0	Extreme

9. Other Sources of Assurance

9.1) Internal Control Framework

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

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness. Our control framework is articulated through our Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies.

The Assurance Framework is a key document of the CCG for the control of identified risks as previously outlined. The CCG continue to use front covers for meeting papers which were designed to further capture analysis around key issues risks.

9.2) Annual Audit of Conflicts of Interest Management

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

An independent audit was undertaken during 2021/22. Following the review, the report was issued with significant assurance with three recommendations for implementation:

Type	Risk	Action	Outcome
Low Risk	If declarations and registers of interest are not fully and accurately completed, then there is a risk that the CCG will not be aware of the full extent of potential conflicts resulting in a potentially adverse impact on decision making.	The CCG will review all the discrepancies and ensure they are corrected. Going forward, the CCG will continue to review all completed declaration of interest forms received and ensure they are complete and accurate.	Implemented and Complete
Low Risk	If the CCG does not formally request and record declarations of interest for bidders involved in single tender actions, then there is a risk that the CCG will not be compliant with the guidance issued by NHS England.	The CCG to ensure that the CCG's tender waiver request form includes details of declared interests for the bidder.	Implemented and Complete

Low Risk	Risk: If declared interests are not appropriately recorded in the minutes then there is a risk that the CCG will not be compliant with its own Policy, or the guidance issued by NHS England	The CCG will refresh and reissue guidance to Committee chairs and minute takers regarding ensuring full details of the management of any declared conflicts of interest are recorded in the minutes.	Implemented and Complete

9.3) Data Quality

Quality data is essential for commissioning effective, relevant and timely care, efficient administrative processes, management and strategic planning, establishing acceptable service agreements/contracts for healthcare provision, identification of local priorities and health needs assessment, ensuring that the organisation's expenditure is accurately calculated, providing reliable intelligence regarding local providers and delivery of local and national priorities.

Data therefore needs to be accurate, credible, reliable and secure. The CCG regards data as being high quality if it is: valid (checked for correctness and meaningfulness), complete, consistent, accurate, relevant, available when needed, stored securely and confidentially and timely (up to date). These are the criteria against which we assess the quality of data we receive and have concluded that the data we receive is of sufficient quality to meet its purpose.

9.4) Information Governance

The NHS Information Governance Policy and Management Framework set out the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection Toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing / have developed information governance processes and procedures in line with the information governance toolkit. We have an identified Senior Information Risk Owner (SIRO) and Caldicott Guardian within the Executive Team to support our arrangements for managing risk relating to information/data security.

We have ensured all staff undertake annual data security and protection training and have an agreed Information Governance Policy and Management Framework. There are processes in place for incident reporting and investigation of serious data security incidents.

The national deadline to submit the 2021/22 Data Security and Protection Toolkit was 30 June 2022. The CCG submitted their completed assessment by the required deadline showings as 'Standards Met'. A sample of the toolkit was reviewed by 360 Assurance, our Internal Auditors, who provided 'Significant Assurance' for the scope reviewed.

The CCG manages and controls its risks relating to information through the Information Governance Group which in turn reports to the Executive Committee. The group is made up of staff representatives whereby incidents relating to information, data security and cyber security are regularly considered, with the principal risks being included on the CCG's Assurance Framework.

Information Asset Owners (IAOs) are identified for all information assets and where appropriate, additional assets have been added to the asset register in line with the requirements of GDPR.

During Quarter 1 of 2022/23, the Information Governance Group met once with the main focus on:

- IT service updates ahead of the CCG's transition into Nottingham & Nottinghamshire ICB.
- The Data Protection Security Toolkit agreement and approval ahead of submission.
- One Data Protection Impact Assessment progressed and approved.
- Review of assurance reports.
- Update on data sharing information agreements.

There have been no data security breaches which required reporting to the Information Commissioner during Quarter 1 of 2022/23.

9.5) Emergency Preparedness, Resilience and Response (EPRR) Assurance

The CCG's 2021/22 self-assessment for EPRR was presented and approved by the CCG's Governing Body with the recommendation for the CCG's 2021/22 EPRR Core Standards showing as fully compliant. The submission was made by the required deadline. The Deep Dive element for the assurance process focussed on internal piped oxygen systems which was not applicable to the CCG. The CBRN standards were also not applicable to the CCG.

9.6) Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, an appropriate framework and environment is in place to provide quality assurance of business-critical models. The CCG has in place an agreed Business Continuity Policy and associated Business Continuity Plans.

9.7) EU Exit

Since the UK's departure from the European Union, the CCG has complied with all relevant national requirements and has ensured compliance with both daily and weekly returns. The Governing Body reviewed the potential risks and concluded that this was not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government. Following the EU Exit, the CCG have not identified any significant risks or impacts on service delivery, but this remains under review.

9.8) Third Party Assurances

We receive third party assurances from:

- Primary Care / Co-commissioning payments to GP practices are managed by Capita with independent Service Auditor Reports (SARs) being received in year. Additional assurance is obtained via our external auditors in respect of these payments due to the SARs covering only part of the financial year.

- NHS Shared Business Services manage the national financial ledger system and assurances are received by our Chief Finance Officer. Independent Service Auditor Reports (SARs) are also received throughout the year in regard to the systems and processes in place.

- The Electronic Staff Record (ESR) is a national system, locally managed by NHS Arden and GEM CSU who provide us with HR Support Services. Independent Service Auditor Reports (SARs) are received throughout the year in regard to the systems and processes in place.

- The Prescription Payments Process is provided by the NHS Business Services Authority (NHSBSA). Independent Service Auditor Reports (SARs) are received throughout the year in regard to the systems and processes in place.

- Northeast Commissioning Services (NECS) relating to Data Management and Integration. Assurance is received through the contract which is held with NECS and through the oversight of the flow of data by an Information Sharing Contract which we hold with NHS Digital and an Information Sharing Agreement.

- Partnership arrangements are in place between local CCGs in South Yorkshire and Bassetlaw to provide hosted services. All arrangements were overseen by NHS England at establishment and are supported by Memorandums of Understanding. Each hosted service has established

arrangements through the Memorandum of Understanding for review and assurance of the service. They are also periodically audited by Internal Audit.

- There are collaborative commissioning arrangements for 111 services across CCGs in the Yorkshire and Humber region. Assurance is provided via a Memorandum of Understanding and local representation at the Joint Strategic Commissioning Board.

- East Midlands Ambulance Service (EMAS) provide 999 services. Contract arrangements are in place and assurances around the contract and performance are received through monthly contract meetings coordinated by the lead commissioner at county level, which includes senior representation from EMAS.

- Assurances around Patient Transport Services are received through monthly contract review meetings, coordinated by Arden and GEM CSU under lead contract arrangements with Nottingham and Nottinghamshire CCG. The monthly meeting monitors both the contract and performance of the service. The CCG and provider have attended the Health and Public Services Committee when requested.

- A Nottinghamshire wide contract is in place with Nottinghamshire County Council around the Integrated Community Equipment Loan Service. Assurances are received through the Management Board and bi-monthly Operational Group.

10. Pension Obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

11. Equality, Diversity and Human Rights Obligations

Control measures are in place to ensure that the CCG complies with the required public sector equality duty set out in the Equality Act 2010. This is supported by the Equality Delivery System (EDS) managed through the CCG's Equality and Diversity Group.

12. Control Issues

There are no significant governance and control issues worthy of note during the period April to June 2022.

13. Review of economy, efficiency and effectiveness of the use of resources

The Governing Body has overarching responsibility for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Groups principles of good governance (its main function). Our Constitution delegates responsibility to ensure appropriate arrangements are in place for us to fulfil this duty to the Audit Committee and requires that this Committee undertakes functions as set out in its Terms of Reference as agreed by the Governing Body. The Audit Committee receives regular reports on financial governance and reviews the annual accounts. The Governing Body receives a Finance Report from the Chief Finance Officer at each meeting and responds appropriately to issues raised.

Following the publication of the 2020/21 CCG Annual Assessment results, NHS Bassetlaw CCG celebrated another year of an 'outstanding' rating from NHS England and NHS Improvement. The CCG has continued to receive notification from NHSE of its 'outstanding' contribution in 2021/22 and 2022/23.

The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the Group and for supervising financial control and accounting systems.

The role of Chief Finance Officer includes:

- Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged.
- Making appropriate arrangements to support, monitor and report on the CCG's finance.
- Overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources.
- Being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties.
- Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England.
- Preparing the Group's overarching scheme of reservation and delegation, which sets out those decisions of the Group reserved to the membership and those delegated.
- Preparing the Group's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the CCG.

For the 2022/23 accounts process, we have followed where possible the processes that effectively delivered an approved set of accounts for the CCG in previous years.

During the 2021/22 year the CCG received 'significant assurance' following reviews of the CCG's General Ledger, Financial Reporting and Pay Expenditure processes.

The following Committees and Officers have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in Quarter 1 of 2022/23 and have managed risks assigned to them.

- **Governing Body:** Responsible for providing clear commitment and direction for Risk Management within the CCG. The Governing Body delegates responsibility for risk management accountability arrangements within the organisation to the Audit Committee and clinical risk management to the Quality and Patient Safety Committee.

- **Audit Committee:** Responsible for providing an independent overview of the arrangements for risk management within the CCG, with specific responsibilities for financial risk management. It undertakes its own annual self-assessment of its effectiveness and reviews Internal and External Audits and the Assurance Framework.

- **Quality and Patient Safety Committee:** The Committee with overarching responsibility for clinical risk management. It provides assurance to the Governing Body that appropriate Clinical Governance and clinical risk management arrangements are in place across the organisations.

- **Chief Officer:** As Senior Responsible Officer for NHS Bassetlaw CCG, the Chief Officer is responsible for achieving the organisational objectives in the context of sound and appropriate business processes and reporting risks to the Governing Body. The Chief Officer is also the CCG's designated Senior Information Risk Officer (SIRO).

- **Chief Finance Officer**: As Senior Responsible Officer for NHS finances across the CCG, the Chief Finance Officer is responsible for ensuring that the organisation complies with the Standing Financial Instructions to achieve financial balance and reports financial risks to the Chief Officer.

- **Executive Leads:** Each Executive is responsible for ensuring that risks have been properly identified and assessed across all their work areas, paying particular attention to cross-cutting risks. They are responsible for agreeing the risk register entries for their work areas and for ensuring that each team lead is actively addressing the risks in their area and escalating risks up to

Executive level for their attention as appropriate. Each Executive has the expectation of owning some of the main risks in their portfolio and personally addressing them, thus setting the tone for risk management in their areas of responsibility. Executives also play a crucial role in ensuring that risk-related issues are adequately dealt with when policies are being prepared or revised in their work areas.

- **Staff:** Whilst we are a relatively a small NHS organisation, this means that we have more opportunity than most to ensure that the staff understand the role and objectives of the CCG. We still see low turnover, which, coupled with an increasing focus on CPD, efficiency and partnership working, serves to mitigate our exposure to risk.

14. Delegation of Functions

Historically the CCG was party to the Working Together collaborative partnership of eight CCGs and NHS England focussing on developing and enacting shared commissioning principles for Hyper Acute Stroke Unit Services and Children's Surgery and Anaesthesia. Assurance is provided via a Manual Agreement and Terms of Reference and receipt of minutes and recommendations by the Governing Body. The Working Together collaborative partnership was a formal Joint Committee of CCGs meeting in public with delegated decision-making functions as described in the terms of reference.

15. Counter Fraud Arrangements

Effective from 1 April 2021, the NHS Counter Fraud Authority (NHSCFA) implemented the Government Functional Standard 013: Counter Fraud ('the Functional Standard') within the NHS. During 2021/22, the NHSCFA developed their requirements in relation to the Functional Standard.

All NHS funded services are required to comply with the Functional Standard. Progress against the requirements of the Functional Standard is overseen by the CCG's Chief Finance Officer and Audit Committee.

The CCG is required to self-assess against the requirements of the Functional Standard annually by completing and submitting the CCG's Counter Fraud Functional Standard Return (CFFSR). This requires prior sign off by the CCG's Chief Finance Officer and the Audit Committee chair.

A proportionate proactive counter fraud work plan is developed at the beginning of each year to address identified risks.

16. Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April to 30 June 2022 for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

"I am providing an opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently. Throughout the period we continued to provide transition support to the CCG, through attendance at the ICS Transition and Risk Committee, the Due Diligence Task and Finish Group and the Finance Transition Project Board."

During the period 1 April to 30 June 2022, Internal Audit did not issue any assurance reports.

17. Review of Effectiveness

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. 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.

Our Assurance Framework provides me with the evidence that the effectiveness of controls that manage risks to the CCG achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of this review by the Governing Body, the Audit Committee and the Quality and Patient Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review is also informed by the following:

- External Audit progress reports to the Audit Committee, the Annual Management Letter and overview of value for money within NHS Bassetlaw CCG.

- Internal Audit reviews of systems of internal control and progress reports to the Audit Committee.

- Assurance reports on risk and governance received from the Audit Committee.
- Performance management systems.

- Internal Committee structure with delegated responsibility for risk identification, evaluation, control, review and assurance.

- Review of the Governing Body Assurance Framework and Risk Registers.

- Each level of management, including the Governing Body, reviews the risks and controls for which they are responsible.

- An embedded and fully operational scheme of reservation and delegation is in place which clearly defines the roles and responsibilities of the Governing Body and its Sub Committees.

Conclusion

My review confirms that NHS Bassetlaw CCG has a generally sound system of internal control that supports the achievement of its policies, aims and objectives. I confirm that there are no significant internal control issues identified.

Amanda Sullivan
Accountable Officer
28 June 2023

Remuneration and Staff Report

1. Remuneration Report

The following remuneration report is based around the requirements of the Government Financial Reporting Manual and the following definition of Senior Managers: "*Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members.*"

For the purposes of this report, members of the Governing Body and Executive Committee have been included.

Elements of the remuneration report which are auditable are denoted with an asterisk (*).

1.1) Remuneration Committee

The membership of the Remuneration Committee has been documented on page 65. There were no meetings held during the period April to June 2022.

The committee was assisted in its work by officers of either the CCG or Arden and GEM CSU who provided the CCG with Human Resources (HR) advice during this period.

A number of the Executive Senior Managers of the CCG are paid through the Agenda for Change Terms and Conditions of Service and as such no local decisions (other than grading) are made in respect of their remuneration.

1.2) Policy on the Remuneration of Senior Managers

The Remuneration Committee reviews and makes recommendations to the Governing Body on the remuneration for the GP Chair, Governing Body GPs, Lay Members, Clinical Director, Chief Officer and Chief Finance Officer. Officer remuneration was based on the pay range guidance from the NHS Commissioning Board (NHS England), Lay Member remuneration around payments made to non-executive directors of the former Primary Care Trust and GP remuneration broadly around Local Medical Committee (LMC) locum rates of pay. No pay awards were considered during the period April to June 2022.

Senior manager and Governing Body Member contracts vary dependent on the route of the appointment. The GP Chair is normally elected by the GP membership for a period of 3 years. Those GPs elected by the GP membership or appointed by the CCG are normally elected/appointed for a period of 3 years. The Lay Members were appointed for a period of 3 years with a notice period of 12 weeks and the option for a further 2 renewal periods. The Chief Officer, Chief Finance Officer and other Executives on the Governing Body are on permanent contracts with notice periods of 3 months.

For those members of the Governing Body on fixed-length contracts at 30 June 2022, the following information is relevant:

Name	Position	Contract End Date	Potential Termination Payment
Dr Eric Kelly	Governing Body Chair	30 June 2022	No
Dr Deepti Alla	Governing Body GP	30 June 2022	No
Dr Lindsey Britten	Governing Body GP	30 June 2022	No
Dr Nanthakumar Vaithilingam	Governing Body GP	30 June 2022	No
Mrs Susan Sunderland	Lay Member	30 June 2022	No
Mrs Samantha Senior	Lay Member	30 June 2022	No
Mr Kumar Muthukumarappan	Secondary Care Doctor	30 June 2022	No

Due to the Government's decision to dissolve Clinical Commissioning Groups with effect from July 2022, the contracts of all of the above GPs and Lay Members were extended to 30 June 2022 outside of the arrangements detailed.

1.3) Remuneration of Very Senior Managers

In determining the remuneration of the senior managers of the CCG, the remuneration committee has taken account of national guidance and benchmarked against salaries in other CCGs in order to satisfy itself that the remuneration is reasonable.

There is one senior manager on the Governing Body whose salary exceeds £150,000 per annum when adjusted to reflect a full time annualised equivalent post. This post is filled by a GP on a part time basis who is providing expert leadership and clinical advice to the CCG with a remuneration level which reflects this specialist input.

1.4) Senior Manager Remuneration (including salary & pension entitlements)

Salaries and Allowances*

		1 April to 30 June 2022						
Name	Title	Salary (bands of £5,000)	Expense Payments (Taxable) to Nearest £100	Performance Pay & Bonuses (bands of £5,000)	Long Term Performance Pay & Bonuses (bands of £5,000)	All Pension Related Benefits (bands of £2,500)	Total (bands of £5,000)	Full Year Equivalent Salary (bands of £5,000)
		£000	£00	£000	£000	£000	£000	£000
Dr Eric Kelly (Riverside Health)[1]	GP Chair	10 - 15	0	0	0	0	10 - 15	45 - 50
Sue Sunderland[1]	Governing Body Lay Member - Audit & Risk	0 - 5	0	0	0	0	0 - 5	15 - 20
Sam Senior[1]	Governing Body Lay Member - Engagement	0 - 5	0	0	0	0	0 - 5	15 - 20
Idris Griffiths	Chief Officer	25 - 30	0	0	0	0	25 - 30	110 - 115
Stuart Poynor[3]	Chief Finance Officer	5 - 10	0	0	0	0	5 - 10	25 - 30
Nicola Ryan	Chief Nurse - Executive Lead: Quality & Safety	20 - 25	0	0	0	20.0 - 22.5	40 - 45	85 - 90
Victoria McGregor-Riley	Director of Strategy/Deputy Chief Officer	20 - 25	0	0	0	7.5 - 10.0	30 - 35	90 - 95
Dr Deepti Alla (Newgate Medical Group)[1]	Governing Body Member	0 - 5	0	0	0	0	0 - 5	15 - 20
Dr Lindsey Britten (Riverside Health)[1,2]	Governing Body Member	0 - 5	0	0	0	0	0 - 5	15 - 20
Dr Nan hakumar Vaithilingam (Larwood & Village Surgeries)[1]	Governing Body Member	0 - 5	0	0	0	0	0 - 5	15 - 20
Mr Muthukumarrapan	Independent Secondary Care Doctor	0 - 5	0	0	0	0	0 - 5	10 - 15

Notes:
The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.
This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

[1] This individual is engaged by the CCG via a contract for service and is therefore not deemed to have employee status. HMRC typically deem services provided directly to fulfil he role of Governing Body Member as being those of an "office holder". Payments are made to this individual by the CCG through payroll net of the appropriate tax and national insurance contributions which are paid to HMRC.

[2] The salary reported for his individual's work includes an element for employer's pension contributions. The CCG makes payment directly to the individual, net of all pension contribu ions which the CCG accounts for with payment made to NHS England.

[3] The Chief Finance Officer, Mrs Paskell, has been on secondment to the South Yorkshire & Bassetlaw Integrated Care System during the period 1 April to 30 June 2022. An agreement was reached for Nottingham & Not inghamshire CCG's Chief Finance Officer, Mr Poynor, to also fulfill this role for Bassetlaw CCG. The values shown above for Mr. Poynor represent Bassetlaw CCG's share of his salary and allowances with Nottingham & Nottinghamshire reporting the remaining share. His total salary is in the range £140,000 to £145,000.

		2021 - 22					
Name	Title	Salary (bands of £5,000) £000	Expense Payments (Taxable) to Nearest £100 £000	Performance Pay & Bonuses (bands of £5,000) £000	Long Term Performance Pay & Bonuses (bands of £5,000) £000	All Pension Related Benefits (bands of £2,500) £000	Total (bands of £5,000) £000
Dr Eric Kelly (Riverside Health)[1]	GP Chair	45 - 50	0	0	0	0	45 - 50
Sue Sunderland[1]	Governing Body Lay Member - Audit & Risk	15 - 20	0	0	0	0	15 - 20
Sam Senior[1]	Governing Body Lay Member - Engagement	15 - 20	0	0	0	0	15 - 20
Idris Griffiths	Chief Officer	110 - 115	0	0	0	172.5 - 175.0	285 - 290
Hayley Tingle[3]	Chief Finance Officer (to 15/02/22)	15 - 20	0	0	0	0	15 - 20
Stuart Poynor[4]	Chief Finance Officer (from 15/02/22)	0 - 5	0	0	0	0	0 - 5
Nicola Ryan	Chief Nurse - Execu ive Lead: Quality & Safety	85 - 90	0	0	0	50.0 - 52.5	135 - 140
Victoria McGregor-Riley	Director of Strategy/Deputy Chief Officer	90 - 95	0	0	0	32.5 - 35.0	125 - 130
Dr Heshan Ariyasena (Crown House Surgery)[1,2]	Clinical Director	35 - 40	0	0	0	0	35 - 40
Dr Deepti Alla (Newgate Medical Group)[1]	Governing Body Member	15 - 20	0	0	0	0	15 - 20
Dr Lindsey Britten (Riverside Health)[1,2]	Governing Body Member	15 - 20	0	0	0	0	15 - 20
Dr Nanthakumar Vaithilingam (Larwood & Village Surgeries)[1]	Governing Body Member	15 - 20	0	0	0	0	15 - 20
Mr Muthukumarrapan	Independent Secondary Care Doctor	10 - 15	0	0	0	0	10 - 15

Notes:
The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

[1] This individual is engaged by the CCG via a contract for service and is therefore not deemed to have employee status. HMRC typically deem services provided directly to fulfil the role of Governing Body Member as being those of an "office holder". Payments are made to this individual by the CCG through payroll net of the appropriate tax and national insurance contributions which are paid to HMRC.

[2] The salary reported for his individual's work includes an element for employer's pension contributions. The CCG makes payment directly to the individual, net of all pension contributions which the CCG accounts for with payment made to NHS England.

[3] The Chief Finance Officer, Mrs Paskell, has been on secondment to the South Yorkshire & Bassetlaw Integrated Care System during 2021/22. An agreement was reached for Doncaster CCG's Chief Finance Officer, Mrs Tingle, to also fulfill this role for Bassetlaw CCG up to 15/02/22. The values shown above for Mrs. Tingle represent Bassetlaw CCG's share of her salary and allowances with Doncaster CCG reporting the remaining share. Her total salary is in the range £110,000 to £115,000.

[4]It was agreed that Nottingham & Nottinghamshire CCG's Chief Finance Officer, Mr Poynor, would also fulfil this role for Bassetlaw CCG from 15/02/22. The values shown above for Mr. Poynor represent Bassetlaw CCG's share of his salary and allowances with Nottingham & Nottinghamshire repor ing the remaining share. His total salary is in the range £140,000 to £145,000.

Pension Benefits*

		1 April to 30 June 2022						
Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 30 June 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2022	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 30 June 2022
		£000	£000	£000	£000	£000	£000	£000
Idris Griffiths[1]	Chief Officer	0	0	40 - 45	110 - 115	1,105	0	0
Stuart Poynor	Chief Finance Officer	0	0	0	0	0	0	0
Nicola Ryan	Chief Nurse - Executive Lead: Quality & Safety	0.0 - 2.5	0 0 - 2.5	40 - 45	125 - 130	855	22	982
Victoria McGregor Riley	Director of Strategy/Deputy Chief Officer	0.0 - 2.5	0	25 - 30	40 - 45	432	5	476

Notes:
Lay members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for these members.

Where GPs have been engaged under contracts for services no pension disclosures are required. Employer pension contributions made by the Clinical Commissioning Group are reflected, where appropriate, in the salaries and allowances table for the individuals concerned.

There were no employer's contributions to stakeholder pensions.

[1] This individual has taken their pension since 30 June 2022 and as a result, no cash equivalent transfer value is available.

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

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

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

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

		2021-22						
		Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022
Name	**Title**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Idris Griffiths[1]	Chief Officer	7.5 - 10.0	20.0 - 22.5	45 - 50	130 - 135	904	193	1,105
Hayley Tingle	Chief Finance Officer (to 15/02/22)	0	0	35 - 40	70 - 75	716	0	711
Stuart Poynor	Chief Finance Officer (from 15/02/22)	0	0	0	0	0	0	0
Nicola Ryan	Chief Nurse - Executive Lead: Quality & Safety	2.5 - 5.0	7.5 - 10.0	35 - 40	110 - 115	773	68	855
Victoria McGregor Riley	Director of Strategy/Deputy Chief Officer	0.0 - 2.5	2.5 - 5.0	25 - 30	35 - 40	390	27	432

Notes:
Lay members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for these members.

Where GPs have been engaged under contracts for services no pension disclosures are required. Employer pension contributions made by the Clinical Commissioning Group are reflected, where appropriate, in the salaries and allowances table for the individuals concerned.

There were no employer's contributions to stakeholder pensions.

[1] This individual re-joined the NHS Pension Scheme in January 2022

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

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

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

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

1.5) Compensation on Early Retirement or for Loss of Office*

No payments for compensation on early retirement or for loss of office were made by the CCG in the period April to June 2022.

1.6) Payments to Past Directors*

No payments to past directors were made by the CCG in the period April to June 2022.

1.7) Change in Remuneration of Highest Paid Director*

Reporting bodies are required to disclose the percentage change in salary and allowances from the previous financial year in respect of the highest paid director and also in respect of employees of the organisation, taken as a whole. Such disclosures are also required in respect of performance pay and bonuses but as the CCG has not made any such payments, this is not applicable in the period April to June 2022.

	Salary and allowances	**Performance pay and bonuses**
The percentage change from the previous financial year in respect of the highest paid director	0.0%	Not applicable
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	-1.8%	Not applicable

The calculation of the percentage change for the highest paid director is required to be based on the mid-point of the band for salary and allowances. As there was no change in the band between 2021-22 and April to June 2022 (or from 2020-21), there was no percentage change in the mid-point.

It is important to note that the highest paid director did not receive a pay award in the period April to June 2022.

The change in salary and allowances of the employees of the CCG as a whole was a decrease of 1.8% (increase of 2.3% in 2021-22). This represents the net impact incremental movements of staff in post due to experience and starters and leavers in the period. There was no pay award agreed during the period April to June 2022.

1.8) Pay Ratio Information*

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/member in Bassetlaw CCG in the reporting period 1 April 2022 and 30 June 2022 was £160,000 to £165,000 (£160,000 to £165,000 in 2021-22). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Period	25th Percentile Total Remuneration/Salary Ratio	Median Total Remuneration/Salary Ratio	75th Percentile Total Remuneration/Salary Ratio
1 April to 30 June 2022	6.33:1 (6.33 being the mid-point of highest paid director/25th percentile of employee remuneration)	4.06:1 (3.55 being the mid-point of highest paid director/50th percentile of employee remuneration)	3.05:1 (3.05 being the mid-point of highest paid director/75th percentile of employee remuneration)
2021-22	6.33:1	3.55:1	3.05:1

The 25th percentile, median and 75th percentile of remuneration are calculated using the full-time equivalent staff of the Clinical Commissioning Group at 30/06/22 on an annualised remuneration basis. The figures used for determining the highest paid director/Member are the annualised full time salaries of staff and as Dr. Kelly works part time for the CCG, this banding is different to that shown for his salary in the salaries and allowances table (see section 1.4).

Remuneration of the CCG's staff is shown in the table below:

	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,655 (£25,655 in 2021-22)	£40,057 (£45,839 in 2021-22)	£53,219 (£53,219 in 2021-22)
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£25,655 (£25,655 in 2021-22)	£40,057 (£45,839 in 2021-22)	£53,219 (£53,219 in 2021-22)

The median remuneration of the CCG's staff has fallen by 12.6%. There have been minimal changes to staffing in the reporting period with one leaver whose salary was at the 2021-22 median value and two new starters with salaries below the 2021-22 median value. The 25th and 75th percentiles of employee remuneration have remained the same. No pay award was agreed during the reporting period 1 April to 30 June 2022.

During the reporting period 1 April to 30 June 2022, one employee received remuneration, when annualised and adjusted to full time, in excess of the highest-paid director/member (one in 2021-22). Remuneration ranged from £19,749 to

£168,911, calculated using annualised remuneration and adjusted to full time (£19,749 to £168,911 in 2021-22).

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

2. Staff Report

2.1) Number of Senior Managers

At 30 June 2022, the CCG had 11 senior managers as defined above. These are analysed by band below:

Band	Number
Very Senior Manager	2
Agenda for Change Band 9	1
Agenda for Change Band 8D	1
Locally Determined Remuneration	7
Total	11

2.2) Staff Numbers and Costs*

Employee Benefits

2022-23	Total	Permanent Employees	Other
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	485	472	13
Social security costs	57	56	1
Employer contributions to the NHS Pension Scheme	90	89	1
Gross employee benefits expenditure	**632**	**617**	**15**
Total recoveries in respect of employee benefits	0	0	0
Net employee benefits excluding capitalised costs	**632**	**617**	**15**

2021-22	Total	Permanent Employees	Other
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	1,869	1,823	46
Social security costs	204	201	3
Employer contributions to the NHS Pension Scheme	344	340	4
Gross employee benefits expenditure	**2,417**	**2,364**	**53**
Total recoveries in respect of employee benefits	0	0	0
Net employee benefits excluding capitalised costs	**2,417**	**2,364**	**53**

Average Number of People Employed

	Total	Permanently Employed	Other
	Number	Number	Number
2022-23	41	40	1
2021-22	39	38	1

2.3) Staff Composition

The table below contains information on the number of persons of each sex who were members of the Governing Body as of 30 June 2022 and similar details for other members of staff. There were no other senior managers on a very Senior Manager grade who were not members of the Governing Body.

Category	Female	Male	Total
Governing Body	6	5	11
Other Staff	33	8	41
Totals	39	13	52

2.4) Sickness Absence Data

The sickness absence data reported below is provided to the CCG by the Department of Health and Social Care for calendar years ended 31st December. Data for the CCG has only been made available for the period to April 2022

Period	January to April 2022	January to December 2021
Sum of Full Time Equivalent days sick	126	94
Sum of Full Time Equivalent days available	4,937	14,920
Average annual sick days per Full Time Equivalent	5.8	1.4

It should be noted that the CCG employs relatively few staff, therefore the data may not be statistically relevant for comparison with other organisations.

NHS Digital publishes NHS sickness absence rates which can be found at https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates.

2.5) Staff Turnover

NHS Digital publishes NHS workforce statistics which include turnover rates and which can be found at https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics

2.6) Staff Engagement

The CCG participated in the 2021 NHS annual staff survey and chose to invite all staff to participate. The response rate was 74%. The staff survey is broken down across a number of themes. The Staff Engagement theme achieved a score of 7.4 out of 10 (10 being the most positive), which is consistent with last year's results. There was an increase in the proportion of staff who felt able to make suggestions and improvements in their areas of work and also an increase in those who felt trusted to do their job.

Further information on staff engagement can be found on page 33.

2.7) Staff Policies

Consultation and engagement with employees is a fundamental principle of good employment practice and the CCG strives to achieve an inclusive culture. Regular Staff Briefs are held throughout the year which are open for all staff to attend and teams meet regularly separately to this. The staff briefs and team meetings focus on the strategic direction and delivery of the organisation, its performance and on the health and wellbeing of our workforce. Suggestions and ideas are welcome from all staff on how we can improve our performance as an organisation.

NHS Bassetlaw CCG is committed to supporting employees in the workplace. We have an Equal Opportunities Policy, Sickness Absence Policy, Health and Wellbeing Policy and Flexible Working Policy. These policies, amongst other employment policies set out our approach to supporting staff at work. All our employment policies are available on the CCG website: https://www.bassetlawccg.nhs.uk/about-us/policies. Our recruitment and selection procedures ensure that all prospective candidates can participate fully in the application process and we offer adjustments where required.

The impact of policies on all employees including staff with a disability are assessed via the Equality Impact Assessment process.

2.8) Trade Union Facility Time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 places requirements on public authorities to publish information in relation to facility time taken by trade union officials.

The CCG did not meet the minimum employee number condition requiring publication in the period April to June 2022.

2.9) Expenditure on Consultancy

The CCG has incurred the following costs relating to external consultancy during the reporting period 1 April to 30 June 2022:

£	Details
288	Medicines management support
11,880	ICS transition support
(4,032)	VAT adjustments relating to 2021-22
8,136	

A total of £124,372 was spent on external consultancy in 2021-22.

2.10) Off-payroll Engagements

HM Treasury requires public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements).

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

	Number
No. of existing engagements as of 30 June 2022	0
The number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at time of reporting	0
for between two and three years at time of reporting	0
for between three and four years at time of reporting	0
for four or more years at time of reporting	0

Off-payroll engagements engaged at any point during the financial year
For all off-payroll engagements between 1 April 2022 and 30 June 2022, for more than £245 per day:

	Number
Number of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Subject to off-payroll legislation and determined as in-scope of IR35 (see note)	0
Number subject to off-payroll legislation and determined as out of scope of IR35 (see note)	0
Number of engagements where the status was disputed under provisions in the off-payroll legislation	0
Number of engagements that saw a change to IR35 status following review	0

Note: A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

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

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed ‘board members, and/or, senior officials with significant financial responsibility’, during the financial year. This figure must include both on payroll and off-payroll engagements.	2

The Chief Officer (as Accountable Officer) and the Chief Finance Officer are deemed to have significant financial responsibility for the purposes of this disclosure. Both were paid through the payroll of their employing organisation throughout the period 1 April to 30 June 2022.

2.11) Exit Packages, Including Special (Non-Contractual) Payments*

Exit Packages

The Clinical Commissioning Group agreed no exit packages in the period 1 April to 30 June 2022 (or 2021-22).

The Clinical Commissioning Group agreed no departures where special payments have been made in the reporting period April to June 2022 (or 2021-22).

The Clinical Commissioning Group had no exit payments payable to individuals named in the Remuneration Report in the period 1 April to 30 June 2022 (or 2021-22).

NHS
Bassetlaw
Clinical Commissioning Group

Parliamentary Accountability and Audit Report

NHS Bassetlaw CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments and fees and charges are included as notes in the Financial Statements of this report at notes 29, 36 and 2 respectively. Disclosures on gifts are included in this Accountability Report at page 52. An audit certificate and report is also included in this Annual Report at page 139.

Amanda Sullivan
Accountable Officer
28 June 2023

NHS Bassetlaw CCG - Annual Accounts for Period Ended 30 June 2022

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The Primary Statements:

Statement of Comprehensive Net Expenditure for the period ended 30 June 2022

	Note	April-June 2022 £'000	2021-22 £'000
Income from sale of goods and services	2	(40)	(212)
Other operating income	2	0	(0)
Total operating income		**(40)**	**(212)**
Staff costs	4	632	2,417
Purchase of goods and services	5	54,519	207,020
Depreciation and impairment charges	5	22	0
Provision expense	5	0	273
Other Operating Expenditure	5	37	158
Total operating expenditure		**55,210**	**209,868**
Net Operating Expenditure		**55,170**	**209,656**
Finance income		0	0
Finance expense		1	(0)
Net expenditure for the Period		**55,171**	**209,656**
Net (Gain)/Loss on Transfer by Absorption		0	0
Total Net Expenditure for the Financial Period		**55,171**	**209,656**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		0	0
Net (gain)/loss on revaluation of right-of-use assets		0	0
Net (gain)/loss on revaluation of Intangibles		0	0
Net (gain)/loss on revaluation of Financial Assets		0	0
Net (gain)/loss on assets held for sale		0	0
Actuarial (gain)/loss in pension schemes		0	0
Impairments and reversals taken to Revaluation Reserve		0	0
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		0	0
Net gain/loss on revaluation of available for sale financial assets		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Total other comprehensive net expenditure		**0**	**0**
Comprehensive Expenditure for the Period		**55,171**	**209,656**

The notes on pages 114 to 138 form part of this statement

Statement of Financial Position as at 30 June 2022

	Note	April-June 2022 £'000	2021-22 £'000
Non-current assets:			
Property, plant and equipment	12	0	0
Right-of-use assets	13	427	0
Intang ble assets	14	0	0
Investment property	15	0	0
Trade and other receivables	17	0	0
Other financial assets	18	0	0
Total non-current assets		427	0
Current assets:			
Inventories	16	0	0
Trade and other receivables	17	291	310
Other financial assets	18	0	0
Other current assets	19	0	0
Cash and cash equivalents	20	8	95
Total current assets		**299**	405
Non-current assets held for sale	21	0	0
Total current assets		**299**	405
Total assets		**726**	405
Current liabilities			
Trade and other payables	23	(10,525)	(10,778)
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Lease liabilities	13	(88)	0
Borrowings	26	0	0
Provisions	28	(366)	(366)
Total current liabilities		**(10,979)**	(11,144)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(10,253)**	(10,739)
Non-current liabilities			
Trade and other payables	23	0	0
Other financial liabilities	24	0	0
Other liabilities	25	0	0
Lease liabilities	13	(339)	0
Borrowings	26	0	0
Provisions	28	0	0
Total non-current liabilities		**(339)**	0
Assets less Liabilities		**(10,592)**	(10,739)
Financed by Taxpayers' Equity			
General fund		(10,592)	(10,739)
Revaluation reserve		0	0
Other reserves		0	0
Charitable Reserves		0	0
Total taxpayers' equity:		**(10,592)**	(10,739)

The notes on pages 114 to 138 form part of this statement

The financial statements on pages 110 to 113 were approved by the Audit and Risk Committee of NHS Nottingham and Nottinghamshire ICB, with delegated authority from the Board, on 13 June 2023 and signed on its behalf by:

Amanda Sullivan, Chief Executive Date: 28 June 2023

Statement of Changes In Taxpayers Equity for the period ended 30 June 2022

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for period ended 30 June 2022				
Balance at 1 April 2022	(10,739)	0	0	**(10,739)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 1 April 2022	**(10,739)**	**0**	**0**	**(10,739)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for April-June 2022				
Total transition adjustment for initial application of IFRS 16	0			**0**
Net operating expenditure for the period	(55,171)			**(55,171)**
Net gain/(loss) on revaluation of property, plant and equipment		0		**0**
Net gain/(loss) on revaluation of right-of-use assets		0		**0**
Net gain/(loss) on revaluation of intangible assets		0		**0**
Net gain/(loss) on revaluation of financial assets		0		**0**
Total revaluations against revaluation reserve		**0**		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Period	**(55,171)**	**0**	**0**	**(55,171)**
Net funding	55,318	0	0	**55,318**
Balance at 30 June 2022	**(10,592)**	**0**	**0**	**(10,592)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22				
Balance at 1 April 2021	(10,228)	0	0	**(10,228)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 1 April 2021	**(10,228)**	**0**	**0**	**(10,228)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22				
Net operating costs for the financial year	(209,656)			(209,656)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of right-of-use assets		0		
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(209,656)**	**0**	**0**	**(209,656)**
Net funding	209,145	0	0	209,145
Balance at 31 March 2022	**(10,739)**	**0**	**0**	**(10,739)**

The notes on pages 114 to 138 form part of this statement

Statement of Cash Flows for the period ended 30 June 2022

	Note	April-June 2022 £'000	2021-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the period		(55,171)	(209,656)
Depreciation and amortisation	5	22	0
Impairments and reversals	5	0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		1	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	(0)
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	17	19	661
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	23	(253)	(289)
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	28	0	(96)
Increase/(decrease) in provisions	28	0	273
Net Cash Inflow (Outflow) from Operating Activities		**(55,382)**	(209,107)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(55,382)**	(209,107)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		55,318	209,145
Other loans received		0	0
Other loans repaid		0	0
Repayment of lease liabilities		(23)	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		**55,295**	209,145
Net Increase (Decrease) in Cash & Cash Equivalents	20	**(87)**	38
Cash & Cash Equivalents at the Beginning of the Period		**95**	57
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Period		**8**	95

The notes on pages 114 to 138 form part of this statement

Notes to the financial statements

1 **Accounting Policies**

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by he Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Repor ing Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by he Financial Repor ing Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of he clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.
The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished clinical commissioning groups (CCGs). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022.
Public sector bodies are assumed to be going concerns where he continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
When the clinical commissioning group ceased to exist on 1 July 2022, the services continued to be provided (using the same assets) by the ICB (another public sector entity). Accordingly, the financial statements for the clinical commissioning group for the 3 months ended 30 June 2022 have been prepared on a Going Concern basis.

1.2 **Accounting Convention**

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 **Movement of Assets within the Department of Health and Social Care Group**

As Public Sector Bodies are deemed to operate under common control, business reconfigurations wi hin the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires he application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs. Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 **Pooled Budgets**

The clinical commissioning group has entered into a pooled budget arrangement with Nottinghamshire County Council, Nottingham City Council and NHS Nottingham & Nottinghamshire CCG in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for an Integrated Community Equipment Loans Service and a note to the accounts provides details of the income and expenditure.
The Clinical Commissioning Group has entered into a pooled fund arrangement with Nottinghamshire County Council and NHS Not ingham & Nottinghamshire CCG in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled into a Better Care Fund and a note to the accounts provides details of the income and expenditure.
Both pools are hosted by Nottinghamshire County Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

1.5 **Operating Segments**

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.6 **Revenue**

In the application of IFRS 15 a number of practical expedients offered in he Standard have been employed. These are as follows:
• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less.
• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated he exercise of the practical expedient offered in C7(a) of the Standard hat requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial applica ion.
The main sources of revenue received by the clinical commissioning group are detailed in note 2 to the accounts.
The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when he clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 **Retirement Benefit Costs**

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

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

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

1.8 **Other Expenses**

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 **Grants Payable**

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which he grant is paid. All other grants are accounted for on an accruals basis.

1.10 **Property, Plant & Equipment**

1.10.1 **Recognition**

Property, plant and equipment is capitalised if:

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

Where a large asset, for example a building, includes a number of components with significan ly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.11 **Depreciation, Amortisation & Impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects he consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to he clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, wi h the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the clinical commissioning group checks whether there is any indication hat any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually. A revaluation decrease hat does not result from a loss of economic value or service potential is recognised as an impairment charged to he revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at he amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.12 **Leases**

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of ime in exchange for consideration.

The clinical commissioning group assesses whe her a contract is or contains a lease, at inception of he contract.

1.12.1 **The Clinical Commissioning Group as Lessee**

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in he lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments. The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate he lease.

Variable rents that do not depend on an index or rate are not included in the measurement of the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restora ion costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of he right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use. Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the defini ion of a lease in all aspects apart from containing considera ion.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.13 **Cash & Cash Equivalents**

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

1.14 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.47% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.70% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 0 95% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 0.66% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.
When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain hat reimbursements will be received and the amount of the receivable can be measured reliably.
A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in hose affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.15 **Clinical Negligence Costs**

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

1.16 **Non-clinical Risk Pooling**

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

1.17 **Contingent liabilities and contingent assets**

A con ingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably.
A con ingent liability is disclosed unless he possibility of a payment is remote.
A con ingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, con ingent liabilities and contingent assets are disclosed at their present value.

1.18 **Financial Assets**

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are classified into the following categories:
· Financial assets at amortised cost;
· Financial assets at fair value through other comprehensive income and ;
· Financial assets at fair value through profit and loss.
The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of ini ial recognition.

1.18.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objec ive is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is he rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.18.2 **Financial assets at fair value through other comprehensive income**
Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collec ing contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.18.3 **Financial assets at fair value through profit and loss**
Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.18.4 **Impairment**
For all financial assets measured at amor ised cost or at fair value hrough other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.
The clinical commissioning group adopts the simplified approach to impairment in accordance wi h IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).
HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.
For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at he reporting date are measured as he difference between the asset's gross carrying amount and he present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

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

1.19.1 **Financial Guarantee Contract Liabilities**
Financial guarantee contract liabilities are subsequently measured at the higher of:
· The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
· The amount of the obligation under the contract, as determined in accordance wi h IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.19.2 **Financial Liabilities at Fair Value Through Profit and Loss**
Embedded derivatives that have different risks and characteristics to their host contracts, and contracts wi h embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value hrough profit and loss. They are held at fair value, with any resultant gain or loss recognised in the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.19.3 **Other Financial Liabilities**
After initial recognition, all o her financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

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

1.21 **Foreign Currencies**
The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on he dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

1.22 **Third Party Assets**
Assets belonging to third par ies (such as money held on behalf of patients) are not recognised in the accounts since the clinical commissioning group has no beneficial interest in them.

1.23 **Losses & Special Payments**
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for he health service or passed legislation. By their nature hey are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums hen being included as normal revenue expenditure).

1.24 **Critical accounting judgements and key sources of estimation uncertainty**
In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.24.1 **Critical accounting judgements in applying accounting policies**
Where judgements have been made, apart from those involving estima ions, by management in the process of applying the clinical commissioning group's accoun ing policies and have a significant effect on the amounts recognised in the financial statements, details are provided in he relevant notes to the accounts.

1.24.2 **Sources of estimation uncertainty**

The following are assumptions about he future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities wi hin the next financial year.

● Accruals: The clinical commissioning group has included certain accruals within the financial statements which are estimates. These are:

(a) Healthcare contracts: based on the provisional costed activity data provided by he healthcare providers in conjunction with historic experience and using any additional intelligence available. The data is subject to final verification and validation;

(b) Prescribing: calculated by applying the forecast expenditure profile provided by he NHS Business Services Authority to the expenditure incurred during the first 4 months of the calendar year, taking into account prior year expenditure. The extent to which any in-year changes to the costs of generic drugs have been reflected in the expenditure profile will be assessed and adjustments made as appropriate. The impact of increased costs due to concessions under the 'no cheaper stock obtainable' policy will be assessed and adjustments made as appropriate. The costs of influenza and pneumococcal vaccinations are recharged to NHS England and the level of recharge for May and June will be calculated using the profile of such costs incurred in prior years;

(c) Individual packages of care (including continuing healthcare): The primary source of information to estimate the forecast spend will be the lists of patients held for each type of package. An assessment will be made in respect of the likely number of cases and associated costs (based on known costs for the provider or an average cost for the type of care) where care is being provided but funding has not yet been agreed due to delays between assessment and panel/notification to the clinical commissioning group or agreement of the level of costs.

1.25 **Gifts**

Gifts are items hat are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 **Adoption of new standards**

On 1 April 2022, the clinical commissioning group adopted IFRS 16 'Leases'. The new standard introduced a single, on statement of financial position lease accounting model for lessees and removed the distinc ion between operating and finance leases.

Under IFRS 16 the group has recognised a right-of-use asset representing the group's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the group has no longer charged provisions for operating leases that it assessed to be onerous to the statement of comprehensive net expenditure. Instead, the group has included the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The clinical commissioning group has applied the modified retrospective approach and has recognised the cumulative effect of adopting the standard at the date of initial application as an adjustment to the taxpayers' equity with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The group has utilised three further practical expedients under the transition approach adopted:

a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adop ion of IFRS 16 has been the need to recognise right-of-use assets and lease liabili ies for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

For first time IFRS16 adaptation guidance, please see: https://www.gov.uk/government/publications/dhsc-ifrs-16-implementation-guidance/group-accounting-manual-ifrs-16-supplement.

As of 1 April 2022, the group recognised £449k of right-of-use assets and lease liabilities of £449k. The weighted average incremental borrowing rate applied at 1 April 2022 was 0.95% and on adoption of IFRS 16 there was no impact to tax payers' equity.

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles he group's operating lease obligations at 31 March 2022, disclosed in the group's 21-22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total £000
Operating lease commitments at 31 March 2022	-466
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	10
Operating lease commitments discounted using weighted average IBR	**-456**
Less: Low value leases	0
Lease liability at 1 April 2022	**-912**

1.27 **New and revised IFRS Standards in issue but not yet effective**

● IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted.

2 Other Operating Revenue

	Admin	April-June 2022 Programme	Total	2021-22 Total
	£'000	**£'000**	**£'000**	£'000
Income from sale of goods and services (contracts)				
Education, training and research	0	0	**0**	0
Non-patient care services to other bodies	0	2	**2**	9
Patient transport services	0	0	**0**	0
Prescription fees and charges	0	0	**0**	0
Dental fees and charges	0	0	**0**	0
Income generation	0	0	**0**	0
Other Contract income	0	38	**38**	203
Recoveries in respect of employee benefits	0	0	**0**	0
Total Income from sale of goods and services	**0**	**40**	**40**	**212**
Other operating income				
Rental revenue from finance leases	0	0	**0**	0
Rental revenue from operating leases	0	0	**0**	0
Charitable and other contributions to revenue expenditure: NHS	0	0	**0**	0
Charitable and other contributions to revenue expenditure: non-NHS	0	0	**0**	0
Receipt of donations (capital/cash)	0	0	**0**	0
Receipt of Government grants for capital acquisitions	0	0	**0**	0
Continuing Health Care risk pool contributions	0	0	**0**	0
Non cash apprenticeship training grants revenue	0	0	**0**	0
Other non contract revenue	0	0	**0**	0
Total Other operating income	**0**	**0**	**0**	**0**
Total Operating Income	**0**	**40**	**40**	**212**

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the Clinical Commissioning Group and credited to the General Fund.

3. Revenue

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

	Non-patient care services to other bodies £'000	Other Contract income £'000
Source of Revenue		
NHS	2	22
Non NHS	0	16
Total	**2**	**38**

	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue		
Point in time	2	22
Over time	0	16
Total	**2**	**38**

3.2 Transaction price to remaining contract performance obligations

The Clinical Commissioning Group has no contract revenue expected to be recognised in the future periods related to contract performance obligations not yet completed at the reporting date.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	April-June 2022		
	Admin £'000	Programme £'000	Total £'000
Employee Benefits			
Salaries and wages	281	204	**485**
Social security costs	33	24	**57**
Employer Contributions to NHS Pension scheme	63	27	**90**
Other pension costs	0	0	**0**
Apprenticeship Levy	0	0	**0**
Other post-employment benefits	0	0	**0**
Other employment benefits	0	0	**0**
Termination benefits	0	0	**0**
Gross employee benefits expenditure	377	255	**632**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	**0**
Total - Net admin employee benefits including capitalised costs	377	255	**632**
Less: Employee costs capitalised	0	0	**0**
Net employee benefits excluding capitalised costs	377	255	**632**

4.1.1 Employee benefits

	2021-22		
	Admin £'000	Programme £'000	Total £'000
Employee Benefits			
Salaries and wages	1,065	804	**1,869**
Social security costs	116	88	**204**
Employer Contributions to NHS Pension scheme	231	113	**344**
Other pension costs	0	0	**0**
Apprenticeship Levy	0	0	**0**
Other post-employment benefits	0	0	**0**
Other employment benefits	0	0	**0**
Termination benefits	0	0	**0**
Gross employee benefits expenditure	1,412	1,005	**2,417**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	**0**
Total - Net admin employee benefits including capitalised costs	1,412	1,005	**2,417**
Less: Employee costs capitalised	0	0	**0**
Net employee benefits excluding capitalised costs	1,412	1,005	**2,417**

The employer contributions to NHS pension scheme values in the tables above include a value of £27,000 (£104,000 in 2020-21) in relation to the increase in the employer contribution rate from 14.3% to 20.6%. The total cost incurred is shown within the Administration costs in line with the way that the Clinical Commissioning Group has received the associated funding, however a proportion of these costs will relate to staff charged to Programme expenditure.

4.1.2 Recoveries in respect of employee benefits

There were no recoveries in respect of employee benefits in the period ended 30th June 2022 (or 2021-22).

4.2 Average number of people employed

	April-June 2022 Number	2021-22 Number
Permanently employed	40	38
Other	1	1
Total	**41**	**39**

None of the above people were engaged on capital projects.

4.3 Exit packages agreed in the period

The Clinical Commissioning Group agreed no exit packages in the period ended 30th June 2022 (or 2021-22).

The Clinical Commissioning Group agreed no departures where special payments have been made in the period ended 30th June 2022 (or 2021-22).

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Clinical Commissioning Group had no exit payments payable to individuals named in the Remuneration Report.

4.4 Pension costs

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

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

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

5. Operating expenses

	April-June 2022 Admin £'000	April-June 2022 Programme £'000	April-June 2022 Total £'000	2021-22 Total £'000
Purchase of goods and services				
Services from other CCGs and NHS England	29	14	43	359
Services from foundation trusts	0	32,176	32,176	118,710
Services from other NHS trusts	0	1,918	1,918	6,444
Provider Sustainability Fund	0	0	0	0
Services from Other WGA bodies	0	0	0	0
Purchase of healthcare from non-NHS bodies	0	7,942	7,942	32,580
Purchase of social care	0	0	0	0
General Dental services and personal dental services	0	0	0	0
Prescribing costs	0	5,592	5,592	21,439
Pharmaceutical services	0	0	0	0
General Ophthalmic services	0	2	2	8
GPMS/APMS and PCTMS	0	5,999	5,999	24,214
Supplies and services – clinical	0	6	6	28
Supplies and services – general	(5)	6	1	71
Consultancy services	0	8	8	124
Establishment	30	120	150	421
Transport	0	455	455	1,805
Premises	24	102	126	705
Audit fees	84	0	84	57
Other non statutory audit expenditure				
· Internal audit services	0	0	0	0
· Other services	0	0	0	2
Other professional fees	7	(2)	5	15
Legal fees	1	9	10	31
Education, training and conferences	0	2	2	7
Funding to group bodies	0	0	0	0
CHC Risk Pool contr butions	0	0	0	0
Non cash apprenticeship training grants	0	0	0	0
Total Purchase of goods and services	**170**	**54,349**	**54,519**	**207,020**
Depreciation and impairment charges				
Depreciation	22	0	22	0
Amortisation	0	0	0	0
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of right-of-use assets	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets	0	0	0	0
· Assets carried at amortised cost	0	0	0	0
· Assets carried at cost	0	0	0	0
· Available for sale financial assets	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0
Impairments and reversals of investment properties	0	0	0	0
Total Depreciation and impairment charges	**22**	**0**	**22**	**0**
Provision expense				
Change in discount rate	0	0	0	0
Provisions	0	0	0	273
Total Provision expense	**0**	**0**	**0**	**273**
Other Operating Expenditure				
Chair and Non Executive Members	30	7	37	149
Grants to Other bodies	0	0	0	0
Clinical negligence	1	0	1	4
Research and development (excluding staff costs)	0	0	0	0
Expected credit loss on receivables	(1)	(0)	(1)	0
Expected credit loss on other financial assets (stage 1 and 2 only)	0	0	0	0
Inventories written down	0	0	0	0
Inventories consumed	0	0	0	0
Other expenditure	0	0	0	5
Total Other Operating Expenditure	**30**	**7**	**37**	**158**
Total operating expenditure	**222**	**54,356**	**54,578**	**207,451**

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

The External Audit of the accounts of the Clinical Commissioning Group was undertaken by KPMG LLP. The audit fee amounted to £70,000 + VAT (£57,475 + VAT in 2021-22).

Establishment costs in 2021-22 are net of the reversal of accrued expenditure from prior years which was not incurred following an agreement with HM Revenue & Customs regarding VAT charges on IT services received during the period 2016-17 to 2019-20.

Expenditure of £53,052 (£1,325,902 in 2021-22) incurred in response to the Covid-19 Pandemic is included above, for which the Clinical Commissioning Group has received a funding allocations from NHS England.

6.1 Better Payment Practice Code

Measure of compliance	April-June 2022		2021-22	
	Number	**£'000**	Number	£'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Period	1,772	16,170	7,062	60,051
Total Non-NHS Trade Invoices paid within target	1,771	16,168	6,958	59,773
Percentage of Non-NHS Trade invoices paid within target	**99.94%**	**99.99%**	**98.53%**	**99.54%**
NHS Payables				
Total NHS Trade Invoices Paid in the Period	94	33,103	414	126,418
Total NHS Trade Invoices Paid within target	94	33,103	408	126,418
Percentage of NHS Trade Invoices paid within target	**100.00%**	**100.00%**	**98.55%**	**100.00%**

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

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

The Clinical Commissioning Group made no payments under the Late Payment of Commercial Debts (Interest) Act 1998 in the period ended 30th June 2022 (or 2021-22).

7 Income Generation Activities

The Clinical Commissioning Group does not undertake any income generation activities.

8 Investment revenue

The Clinical Commissioning Group received no investment revenue in the period ended 30th June 2022 (or 2021-22).

9 Other gains and losses

The Clinical Commissioning Group made no other gains or losses in the period ended 30th June 2022 (or 2021-22).

10 Finance costs

10.1 Finance costs

	April-June 2022 £'000	2021-22 £'000
Interest		
Interest on loans and overdrafts	0	0
Interest on lease liabilities	1	0
Interest on obligations under PFI contracts:		
· Main finance cost	0	0
· Contingent finance cost	0	0
Interest on obligations under LIFT contracts:		
· Main finance cost	0	0
· Contingent finance cost	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest	**1**	**0**
Other finance costs	0	0
Provisions: unwinding of discount	0	(0)
Total finance costs	**1**	**(0)**

10.2 Finance income

The Clinical Commissioning Group did not receive any finance income in the period ended 30th June 2022 (or 2021-22).

11. Net gain/(loss) on transfer by absorption

The Clinical Commissioning Group made no gains or losses on transfer by absorption in the period ended 30th June 2022 (or 2021-22).

12 Property, plant and equipment

The Clinical Commissioning Group had no property, plant or equipment as at 30th June 2022 (or as at 31st March 2022).

13 Leases

13.1 Right-of-use assets

April-June 2022	Buildings excluding dwellings £'000	Total £'000	Of which: leased from DHSC group bodies £'000
Cost or valuation at 1 April 2022	0	0	0
IFRS 16 Transition Adjustment	449	449	449
Additions	0	0	0
Reclassifications	0	0	0
Upward revaluation gains	0	0	0
Lease remeasurement	0	0	0
Modifications	0	0	0
Disposals on expiry of lease term	0	0	0
Derecognition for early terminations	0	0	0
Transfer (to)/from other public sector body	0	0	0
Cost/Valuation at 30 June 2022	**449**	**449**	**449**
Depreciation at 1 April 2022	0	0	0
Charged during the period	22	22	22
Reclassifications	0	0	0
Upward revaluation gains	0	0	0
Impairments charged	0	0	0
Reversal of impairments	0	0	0
Disposals on expiry of lease term	0	0	0
Derecognition for early terminations	0	0	0
Transfer (to)/from other public sector body	0	0	0
Depreciation at 30 June 2022	**22**	**22**	**22**
Net Book Value at 30 June 2022	**427**	**427**	**427**

NBV by counterparty	
Leased from DHSC	0
Leased from the NHS England Group	0
Leased from NHS Providers	0
Leased from Executive Agencies	0
Leased from Non-Departmental Public Bodies	0
Leased from other group bodies	427
Net Book Value at 30 June 2022	**427**

The Clinical Commissioning Group has an arrangement in place for the use of premises with NHS Property Services Limited which falls within the definition of operating leases assessed to fall under IFRS 16. The right-of-use asset values relate to this arrangement for the use of part of Retford Hospital for the Clinical Commissioning Group's headquarters.
The Clinical Commissioning Group had no revaluation reserve for right-of-use assets as at 30th June 2022 (or as at 31st March 2022).

13 Leases cont'd

13.2 Lease liabilities

	April-June 2022 £'000
Lease liabilities at 1 April 2022	0
IFRS 16 Transition Adjustment	(449)
Addition of Assets under Construction & Payments on Account	0
Additions purchased	0
Reclassifications	0
Interest expense relating to lease liabilities	(1)
Repayment of lease liabilities (including interest)	23
Lease remeasurement	0
Modifications	0
Disposals on expiry of lease term	0
Derecognition for early terminations	0
Transfer (to)/from other public sector body	0
Other	0
Lease liabilities at 30 June 2022	**(427)**

13.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	April-June 2022 £'000	Of which: leased from DHSC group bodies £'000
Within one year	(92)	(92)
Between one and five years	(344)	(344)
After five years	0	0
Balance at 30 June 2022	**(436)**	**(436)**
Balance by counterparty		
Leased from DHSC		0
Leased from the NHS England Group		0
Leased from NHS Providers		0
Leased from Executive Agencies		0
Leased from Non-Departmental Public Bodies		0
Leased from other group bodies		(436)
Net Book Value at 30 June 2022		**(436)**

13 Leases cont'd

13.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	April-June 2022 £'000	2021-22 £'000
Depreciation expense on right-of-use assets	22	0
Interest expense on lease liabilities	1	0
Expense relating to short-term leases	0	0
Expense relating to leases of low value assets	0	0
Expense relating to variable lease payments not included in the measurement of the lease liability	0	0
Income from sub-leasing right-of-use assets	0	0
Gain/(loss) from sale and leaseback transactions	0	0
Gain/(loss) resulting from COVID-19 related rent concessions	0	0

13.5 Amounts recognised in Statement of Cash Flows

	April-June 2022 £'000	2021-22 £'000
Total cash outflow on leases under IFRS 16	23	0
Total cash outflow for lease payments not included within the measurement of lease liabilities	0	0
Total cash inflows from sale and leaseback transactions	0	0

13.6 Revaluation

The Clinical Commissioning Group did not revalue the right-of-use assets in the period ended 30th June 2022 (or 2021-22).

14 Intangible non-current assets

The Clinical Commissioning Group had no intangible non-current assets as at 30th June 2022 (or as at 31st March 2022).

15 Investment property

The Clinical Commissioning Group had no investment property as at 30th June 2022 (or as at 31st March 2022).

16 Inventories

The Clinical Commissioning Group had no inventories as at 30th June 2022 (or as at 31st March 2022).

17.1 Trade and other receivables

	Current April-June 2022 £'000	**Non-current April-June 2022 £'000**	Current 2021-22 £'000	Non-current 2021-22 £'000
NHS receivables: Revenue	44	0	87	0
NHS receivables: Capital	0	0	0	0
NHS prepayments	0	0	0	0
NHS accrued income	29	0	49	0
NHS Contract Receivable not yet invoiced/non-invoice	0	0	0	0
NHS Non Contract trade receivable (i.e pass through funding)	0	0	0	0
NHS Contract Assets	0	0	0	0
Non-NHS and Other WGA receivables: Revenue	19	0	36	0
Non-NHS and Other WGA receivables: Capital	0	0	0	0
Non-NHS and Other WGA prepayments	97	0	56	0
Non-NHS and Other WGA accrued income	2	0	0	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	0	0	0	0
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	0	0	0	0
Non-NHS Contract Assets	0	0	0	0
Expected credit loss allowance-receivables	(0)	0	(1)	0
VAT	99	0	83	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables and accruals	1	0	0	0
Total Trade & other receivables	**291**	**0**	**310**	**0**
Total current and non current	**291**		**310**	
Included above:				
Prepaid pensions contr butions	0		0	

Given the nature of the organisations with whom the Clinical Commissioning Group has receivable balances which are neither past due nor impaired, the Clinical Commissioning Group has no reason to question their credit quality.

17.2 Receivables past their due date but not impaired

	April-June 2022 DHSC Group Bodies £'000	**April-June 2022 Non DHSC Group Bodies £'000**	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000
By up to three months	18	4	0	7
By three to six months	0	0	0	0
By more than six months	0	0	0	0
Total	**18**	**4**	**0**	**7**

£18,479 of the amount above has subsequently been recovered post the statement of financial position date.

The Clinical Commissioning Group did not hold any material collateral against receivables outstanding at 30th June 2022 (or at 31st March 2022).

17.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000	**Other financial assets £'000**	**Total £'000**
Balance at 1 April 2022	(1)	0	**(1)**
Lifetime expected credit loss on credit impaired financial assets	0	0	**0**
Lifetime expected credit losses on trade and other receivables-Stage 2	1	0	**1**
Lifetime expected credit losses on trade and other receivables-Stage 3	0	0	**0**
Credit losses recognised on purchase originated credit impaired financial assets	0	0	**0**
Amounts written off	0	0	**0**
Financial assets that have been derecognised	0	0	**0**
Changes due to modifications that did not result in derecognition	0	0	**0**
Transfer by Absorption from other entity	0	0	**0**
Other changes	0	0	**0**
Total	**0**	**0**	**0**

18 Other financial assets

The Clinical Commissioning Group had no other financial assets as at 30th June 2022 (or as at 31st March 2022).

19 Other current assets

The Clinical Commissioning Group had no other current assets as at 30th June 2022 (or as at 31st March 2022).

20 Cash and cash equivalents

	April-June 2022	2021-22
	£'000	£'000
Balance at 1 April 2022	95	57
Net change in period	(87)	38
Balance at 30 June 2022	**8**	**95**
Made up of:		
Cash with the Government Banking Service	8	95
Cash with Commercial banks	0	0
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	**8**	**95**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 30 June 2022	**8**	**95**
Patients' money held by the clinical commissioning group, not included above	0	0

21 Non-current assets held for sale

The Clinical Commissioning Group had no non-current assets held for sale as at 30th June 2022 (or as at 31st March 2022).

22 Analysis of impairments and reversals

The Clinical Commissioning Group had no impairments or reversals of impairments recognised in expenditure in the period ended 30th June 2022 (or 2021-22).

23 Trade and other payables	**Current April-June 2022 £'000**	**Non-current April-June 2022 £'000**	Current 2021-22 £'000	Non-current 2021-22 £'000
Interest payable	0	0	0	0
NHS payables: Revenue	53	0	194	0
NHS payables: Capital	0	0	0	0
NHS accruals	1,447	0	110	0
NHS deferred income	0	0	0	0
NHS Contract Liabilities	0	0	0	0
Non-NHS and Other WGA payables: Revenue	270	0	953	0
Non-NHS and Other WGA payables: Capital	0	0	0	0
Non-NHS and Other WGA accruals	8,401	0	9,017	0
Non-NHS and Other WGA deferred income	0	0	0	0
Non-NHS Contract Liabilities	0	0	0	0
Social security costs	33	0	31	0
VAT	0	0	0	0
Tax	22	0	24	0
Payments received on account	0	0	0	0
Other payables and accruals	299	0	449	0
Total Trade & Other Payables	**10,525**	**0**	**10,778**	**0**
Total current and non-current	**10,525**		**10,778**	

Other payables include £213,000 outstanding pension contributions at 30th June 2022 (£304,000 at 31st March 2022).

24 Other financial liabilities

The Clinical Commissioning Group had no other financial liabilities as at 30th June 2022 (or as at 31st March 2022).

25 Other liabilities

The Clinical Commissioning Group had no other liabilities as at 30th June 2022 (or as at 31st March 2022).

26 Borrowings

The Clinical Commissioning Group had no borrowings as at 30th June 2022 (or as at 31st March 2022).

27 Finance lease receivables

The Clinical Commissioning Group had no finance lease receivables as at 30th June 2022 (or as at 31st March 2022).

28 Provisions

	Current April-June 2022 £'000	**Non-current April-June 2022 £'000**	Current 2021-22 £'000	Non-current 2021-22 £'000
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
Restructuring	160	0	160	0
Redundancy	0	0	0	0
Agenda for change	0	0	0	0
Equal pay	0	0	0	0
Legal claims	0	0	0	0
Continuing care	206	0	206	0
Other	0	0	0	0
Total	**366**	**0**	**366**	**0**
Total current and non-current	**366**		**366**	

	Pensions Relating to Former Directors £'000	**Pensions Relating to Other Staff £'000**	**Restructuring £'000**	**Redundancy £'000**	**Agenda for Change £'000**	**Equal Pay £'000**	**Legal Claims £'000**	**Continuing Care £'000**	**Other £'000**	**Total £'000**
Balance at 1 April 2022	**0**	**0**	**160**	**0**	**0**	**0**	**0**	**206**	**0**	**366**
Arising during the period	0	0	0	0	0	0	0	0	0	**0**
Utilised during the period	0	0	0	0	0	0	0	0	0	**0**
Reversed unused	0	0	0	0	0	0	0	0	0	**0**
Unwinding of discount	0	0	0	0	0	0	0	0	0	**0**
Change in discount rate	0	0	0	0	0	0	0	0	0	**0**
Transfer (to) from other public sector body	0	0	0	0	0	0	0	0	0	**0**
Transfer (to) from other public sector body under absorption	0	0	0	0	0	0	0	0	0	**0**
Balance at 30 June 2022	**0**	**0**	**160**	**0**	**0**	**0**	**0**	**206**	**0**	**366**
Expected timing of cash flows:										
Within one year	0	0	160	0	0	0	0	206	0	**366**
Between one and five years	0	0	0	0	0	0	0	0	0	**0**
After five years	0	0	0	0	0	0	0	0	0	**0**
Balance at 30 June 2022	**0**	**0**	**160**	**0**	**0**	**0**	**0**	**206**	**0**	**366**

The need for a restructuring provision was recognised in 2021-22 in relation to termination costs likely to be incurred as a result of the expected dissolution of the Clinical Commissioning Group. The level of likely financial liability arising was reliably calculated and payment remains probable.

A number of claims were previously transferred to the Clinical Commissioning Group from the team reviewing claims made for previously unassessed periods of care where eligibility criteria has been challenged and financial redress has been requested. In addition, a number of challenges to eligibility criteria have been received directly by the Clinical Commissioning Group. A small number of these are still to be resolved. These claims vary in length of time and financial value. A methodology has been established for estimating the level of likely financial liability arising from the claims submitted by applying estimated weekly costs and probabilities of success of claims based on similar claims previously assessed. There were no changes to the status of these claims during the quarter ended 30th June 2022. This provides the basis of the continuing care provision included in these accounts of £206,000.

Legacy Provisions held by NHS England

Under the accounts direction issued by NHS England on 11 April 2017, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the Clinical Commissioning Group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this Clinical Commissioning Group at 30th June 2022 is nil (nil at 31st March 2022). Following guidance issued by NHS England, and the uncertainty around the outcome and timing of the remaining reviews, the remaining liability has been reported as a contingency (see note 29).

29 Contingencies

Assessments are routinely carried out of a number of the Clinical Commissioning Group's registered patients under the National Framework to decide whether they are eligible for NHS continuing healthcare or NHS funded nursing care. The patient/client and their family have a right to appeal if they are not satisfied with the eligibility decision. In such cases, reviews are undertaken and it is possible that decisions will be changed with financial redress being made. There is a possibility, therefore, that appeals against decisions made on or before 30th June 2022 may be received in the future but the number and outcome of these cannot be reasonably estimated.

Under the accounts direction issued by NHS England on 11 April 2017, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before the establishment of the Clinical Commissioning Group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare contingencies reported by NHS England on behalf of this Clinical Commissioning Group at 30th June 2022 is £74,000 (£74,000 at 31st March 2022).

30 Commitments

30.1 Capital commitments

The Clinical Commissioning Group had no capital commitments as at 30th June 2022 (none at 31st March 2022).

30.2 Other financial commitments

The NHS clinical commissioning group has entered into non-cancellable contracts (which are not leases, private finance initiative contracts or other service concession arrangements) which expire as follows:

	April-June 2022	2021-22
	£'000	£'000
In not more than one year	2,232	2,545
In more than one year but not more than five years	0	0
In more than five years	0	0
Total	**2,232**	**2,545**

31 Financial instruments

31.1 Financial risk management

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

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

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

31.1.1 Currency risk

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

31.1.2 Interest rate risk

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

31.1.3 Credit risk

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

31 Financial instruments cont'd

31.1.4 Liquidity risk

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

31.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

31.2 Financial assets

	Financial Assets measured at amortised cost April-June 2022 £'000	Equity Instruments designated at FVOCI April-June 2022 £'000	Total April-June 2022 £'000
Equity investment in group bodies	0	0	0
Equity investment in external bodies	0	0	0
Loans receivable with group bodies	0	0	0
Loans receivable with external bodies	0	0	0
Trade and other receivables with NHSE bodies	9	0	9
Trade and other receivables with other DHSC group bodies	66	0	66
Trade and other receivables with external bodies	20	0	20
Other financial assets	0	0	0
Cash and cash equivalents	8	0	8
Total at 30 June 2022	**103**	**0**	**103**

31.3 Financial liabilities

	Financial Liabilities measured at amortised cost April-June 2022 £'000	Other April-June 2022 £'000	Total April-June 2022 £'000
Loans with group bodies	0	0	**0**
Loans with external bodies	0	0	**0**
Trade and other payables with NHSE bodies	153	0	**153**
Trade and other payables with other DHSC group bodies	1,565	0	**1,565**
Trade and other payables with external bodies	9,179	0	**9,179**
Other financial liabilities	0	0	**0**
Private Finance Initiative and finance lease obligations	0	0	**0**
Total at 30 June 2022	**10,897**	**0**	**10,897**

32 Operating segments

The Clinical Commissioning Group considers that it has only one segment: commissioning of healthcare services.

33 Joint arrangements - interests in joint operations

33.1 Interests in joint operations

The Clinical Commissioning Group has no interests in joint operations.

33.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

Integrated Community Equipment Loans Service

The Clinical Commissioning Group entered into a pooled budget with Nottinghamshire County Council, Nottingham City

Under the arrangement, funds are pooled under Section 75 of the NHS Act 2006 for an Integrated Community Equipment

The memorandum account for the ICELS pooled budget is:

Income	**April-June 2022 £'000**	2021-22 £'000
Balance brought forward	(1,868)	(1,638)
Nottinghamshire County Council ASCH&PP	(348)	(1,393)
Nottinghamshire County Council CFCS	(175)	(410)
Nottingham City Council ASCH	(194)	(786)
Bassetlaw CCG	(180)	(782)
Nottingham City CCG	(434)	(1,895)
Nottingham & Nottinghamshire County CCG	(913)	(3,877)
Other income	0	(6)
	(4,112)	(10,787)
Expenditure		
Partnership Management & Administration costs	233	933
Contract Delivery & Collection Costs	333	1,451
ICELS Equipment	1,540	6,436
Minor Adaptations	24	93
Direct Payments	8	6
	2,138	8,919
Balance Carry forward underspend	1,974	1,868
	1,974	1,868
Notes to the accounts		
Carry Forward - Breakdown by Partner		
Nottingham City Council ASCH	601	583
Nottingham City Council CYPS	14	0
Notts County Council - ASCH	1,276	1,216
Notts County Council - CYPS	14	14
Notts County Council - PDSS/EY	27	13
ICELS Staffing reserves	22	22
Bassetlaw CCG	20	20
Nottingham City CCG	0	0
Nottingham & Nottinghamshire County CCG	0	0
	1,974	1,868

33.2 Interests in entities not accounted for under IFRS 10 or IFRS 11 cont'd

Better Care Fund

The Better Care Fund was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care.

In April to June 2022, the Clinical Commissioning Group put £2.391m (£9.053m in 2021-22) towards the Better Care Fund pooled fund in Nottinghamshire of £25.912m (£99.267m in 2021-22).

Assessment of the operation of the Better Care Fund pooled fund identified that it does not constitute a joint arrangement and therefore the requirements of IFRS11 are not met.

As Nottinghamshire County Council's accounts will not be finalised until after the Clinical Commissioning Group's accounts have been published, all values may require adjustment in future financial periods.

April-June 2022	**NHS Bassetlaw**	**NHS Nottingham & Nottingham-shire**	**Nottingham-shire County Council**	**Total**
	£'000	**£'000**	**£'000**	**£'000**
Balance brought forward	0	0	3,574	**3,574**
Adjustment to brought forward				**0**
Net balance	0	0	3,574	**3,574**
Contributions to the fund	2,391	13,819	9,702	**25,912**
Payments received from the fund	1,474	8,460	15,978	**25,912**
Scheme Expenditure				
CCG schemes	1,474	8,460		**9,934**
Protecting Social services			5,265	**5,265**
Disabled Facilities Grants			1,972	**1,972**
Care Act Implementation			636	**636**
Joint Carers			375	**375**
IBCF			7,730	**7,730**
Net transfers to reserves			0	**0**
Total Scheme Expenditure	1,474	8,460	15,978	**25,912**
Net balance April-June 2022	0	0	0	**0**
Balance carried forward	0	0	3,574	**3,574**

2021-22	**NHS Bassetlaw**	**NHS Nottingham & Nottingham-shire**	**Nottingham-shire County Council**	**Total**
	£'000	**£'000**	**£'000**	**£'000**
Balance brought forward	0	0	3,495	**3,495**
Adjustment to brought forward				**0**
Net balance	0	0	3,495	**3,495**
Contributions to the fund	9,053	52,316	37,898	**99,267**
Payments received from the fund	5,581	31,964	61,722	**99,267**
Scheme Expenditure				
CCG schemes	5,581	31,964		**37,545**
Protecting Social services			19,932	**19,932**
Disabled Facilities Grants			7,887	**7,887**
Care Act Implementation			2,409	**2,409**
Other LA Schemes			1,483	**1,483**
IBCF			30,011	**30,011**
Net transfers to reserves			(79)	**(79)**
Total Scheme Expenditure	5,581	31,964	61,643	**99,188**
Net balance 2021-22	0	0	79	**79**

34 Related party transactions

Details of related party transactions with individuals are as follows:

Mr Kumar Muthukumarappan (Independent Secondary Care Doctor) is employed by Chesterfield Royal Hospital NHS Foundation Trust as a Consultant Gynaecologist and undertakes private healthcare work at the Claremont Hospital which is part of Aspen Healthcare. The Clinical Commissioning Group commissions healthcare services from both of these organisations but Mr Muthukumarappan does not have a controlling interest in either.

Dr Eric Kelly (Chair) is a named GP at NHS Doncaster CCG and provides Out of Hours Services within Bassetlaw through Nottinghamshire Healthcare NHS FT. NHS Doncaster CCG provides back office support through a shared services arrangement to the Clinical Commissioning Group. The Clinical Commissioning Group commissions healthcare services from Nottinghamshire Healthcare, however Dr Kelly has no involvement in the contracting process.

Dr Eric Kelly (Chair) and Dr Lindsey Britten (Governing Body Member) are Hospice Medical Practitioners to Bassetlaw Hospice of the Good Shepherd. The Clinical Commissioning Group commissioned Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust to provide medical services to the Hospice who subcontracted the provision. Drs Kelly and Britten have no involvement in the contracting process.

Dr Victoria McGregor-Riley (Director of Strategy) is Partner Governor on the Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust Board and is married to a Consultant Surgeon at Sheffield Teaching Hospitals NHS Foundation Trust. The Clinical Commissioning Group commissions healthcare services from Doncaster & Bassetlaw Teaching Hospitals and Sheffield Teaching Hospitals NHS Foundation Trusts, however Dr McGregor-Riley is not solely responsible for the contracting processes.

Dr Vaithilingham Nanthakumar (Governing Body Member) provides Intermediate Care Services through Nottinghamshire Healthcare Hospitals NHS FT. The Clinical Commissioning Group commissions healthcare services from this organisation, however Dr Nanthakumar has no involvement in the contracting process.

Mrs Sue Sunderland (Lay member) is a Non-Executive Director of NHS Nottingham & Nottinghamshire CCG. The Clinical Commissioning Group had financial transactions in the period April to June 2022 with NHS Nottingham & Nottinghamshire CCG relating to joint working arrangements in advance of the dissolution of the two CCGs and creation of NHS Nottingham & Nottinghamshire ICB, however Mrs Sunderland had no involvement in the decision making processes.

The members of the Clinical Commissioning Group are the GP practices within the Bassetlaw area. Details of related party transactions with these GP practices, which relate to payments for the provision of GP services and the reimbursement of the cost of premises, are as follows:

	April to June 2022				2021-22			
	Payments to Related Party £000	**Receipts from Related Party £000**	**Amounts owed to Related Party £000**	**Amounts due from Related Party £000**	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
Bawtry & Blyth Medical	151	0	20	0	611	0	36	0
Kingfisher Family Practice	696	0	44	0	2,724	0	92	0
Crown House Surgery	593	0	32	0	2,285	0	65	0
Larwood Health Partnership	1,512	0	297	0	5,904	0	415	0
Newgate Medical Group	1,342	0	320	0	5,248	0	354	0
North Leverton Surgery	162	0	43	0	703	0	59	0
Riverside Health Centre	790	0	57	0	3,284	0	128	0
Tuxford Medical Centre	511	0	316	0	2,173	0	451	0
Westwood Surgery	122	0	5	0	477	0	14	0

The values in the table above for Larwood Health Partnership, Newgate Medical Group and Tuxford Medical Centre include payments received on behalf of the three Primary Care Networks within Bassetlaw which are hosted by the these practices.

The above Practices are represented on the Governing Body by 4 individual GPs (2 of which are appointed and 2 elected). Payments are made to the GPs which are disclosed in the Remuneration Report.

The Department of Health is regarded as a related party. During the period the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities include:

	April to June 2022				2021-22			
	Payments to Related Party £000	**Receipts from Related Party £000**	**Amounts owed to Related Party £000**	**Amounts due from Related Party £000**	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
Chesterfield Royal Hospital NHS Foundation Trust	98	0	98	0	4	0	3	0
Community Health Partnerships	90	0	91	0	415	0	64	0
Cumbria, Northumberland, Tyne and/& Wear NHS Foundation Trust	290	0	0	0	1,384	0	0	0
Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust	21,208	22	524	63	78,540	86	47	59
East Midlands Ambulance Service NHS Trust	1,391	0	95	0	5,111	0	0	0
NHS Property Services	40	0	158	0	199	0	107	0
NHS Sheffield CCG	92	0	106	0	439	6	130	6
Nottingham University Hospitals NHS Trust	143	0	1	0	559	0	0	0
Nottinghamshire Healthcare NHS Foundation Trust	7,606	0	49	0	28,931	0	3	0
Rotherham Doncaster & South Humber NHS Foundation Trust	227	0	2	0	869	0	0	0
Sheffield Children's NHS Foundation Trust	175	0	2	0	635	0	0	0
Sheffield Teaching Hospitals NHS Foundation Trust	1,894	0	39	0	6,849	0	0	0
Sherwood Forest Hospitals NHS Foundation Trust	242	0	2	0	946	0	0	0
The Rotherham NHS Foundation Trust	165	0	13	0	562	0	4	0
United Lincolnshire Hospitals NHS Trust	151	0	1	0	566	0	0	0
Yorkshire Ambulance Service NHS Trust	83	0	83	0	208	0	0	0

Where amounts shown as due from related parties exceed the reported receipts from related parties in the period, this is due to outstanding payments for recharges of expenditure accounted for net within the accounts of both parties or payments due in relation to expenditure accounted for in the previous accounting period.

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Nottinghamshire County Council and relate to the provision of care for continuing care patients, contribution to a pooled budget for the provision of community equipment and social care support.

	April to June 2022				2021-22			
	Payments to Related Party £000	**Receipts from Related Party £000**	**Amounts owed to Related Party £000**	**Amounts due from Related Party £000**	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
Nottinghamshire County Council	1,063	16	62	16	5,057	46	779	24

35 Events after the end of the reporting period

The Health and Care Act 2022 approved the formation of Integrated Care Boards and for them to take over the functions of the Clinical Commissioning Groups. As a result, NHS Bassetlaw Clinical Commissioning Group was dissolved on 30th June 2022 and NHS Nottingham & Nottinghamshire Integrated Care Board was formed the following day. In line with the provisions of the Group Accounting Manual the assets and liabilities of the Clinical Commissioning Group have transferred to the newly formed Integrated Care Board at book value.

36 Losses and special payments

36.1 Losses

The Clinical Commissioning Group had no losses in the period ended 30th June 2022 (or in 2021-22).

36.2 Special payments

	Total Number of Cases April-June 2022 Number	**Total Value of Cases April-June 2022 £'000**	Total Number of Cases 2021-22 Number	Total Value of Cases 2021-22 £'000
Compensation payments	0	0	0	0
Compensation payments Treasury Approved	0	0	0	0
Extra Contractual Payments	0	0	0	0
Extra Contractual Payments Treasury Approved	0	0	0	0
Ex Gratia Payments	0	0	1	5
Ex Gratia Payments Treasury Approved	0	0	0	0
Extra Statutory Extra Regulatory Payments	0	0	0	0
Extra Statutory Extra Regulatory Payments Treasury Approved	0	0	0	0
Special Severance Payments Treasury Approved	0	0	0	0
Special Severance Payments	0	0	0	0
Total	**0**	**0**	**1**	**5**

37 Third party assets

The Clinical Commissioning Group held no third party assets as at 30th June 2022 (or as at 31st March 2022).

38 Financial performance targets

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

	April-June 2022 Target	**April-June 2022 Performance**	**Duty Achieved**	2021-22 Target	2021-22 Performance	Duty Achieved
Expenditure not to exceed income	55,212	55,211	Y	211,867	209,867	Y
Capital resource use does not exceed the amount specified in Directions	0	0	Y	0	0	Y
Revenue resource use does not exceed the amount specified in Directions	55,172	55,171	Y	211,656	209,656	Y
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Y	0	0	Y
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Y	0	0	Y
Revenue administration resource use does not exceed the amount specified in Directions	600	600	Y	2,318	2,164	Y

39 Analysis of charitable reserves

The Clinical Commissioning Group had no charitable reserves at 30th June 2022 (or at 31st March 2022).

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD IN RESPECT OF NHS BASSETLAW CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Emphasis of matter – going concern

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

Going concern

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

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

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and

- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

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

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

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

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

We performed procedures including identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included unexpected cash journals and material post close journals.

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

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

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit. The potential effect of these laws and regulations on the financial statements varies considerably.

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

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

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

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

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

Other information in the Annual Report

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

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

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

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

Remuneration and Staff Reports

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

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 55, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the CCG or dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

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

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

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 55, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Members of the Board of NHS Nottingham and Nottinghamshire Integrated Care Board in respect of NHS Bassetlaw CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Members of the Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Bassetlaw CCG for the three month period ended 30 June 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Richard Walton
for and on behalf of KPMG LLP
Chartered Accountants
EastWest
Tollhouse Hill
Nottingham
NG1 5FS

30 June 2023