NHS
West Norfolk
Clinical Commissioning Group

NHS West Norfolk CCG Annual Report 2019/20

Contents

PERFORMANCE REPORT

Performance Overview

The purpose of this overview is to provide sufficient information to understand the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year. There is further detail in the Performance Analysis, Accountability Report and Accounts sections.

Chief Officer and Chair's statement

This was an incredibly significant year for so many reasons. It will be remembered for many years to come as a time of national crisis, when the Covid-19 (Coronavirus) pandemic swept around the world. Sadly the first death in Norfolk was reported at the Queen Elizabeth Hospital, King's Lynn.

Our system and our staff responded magnificently. CCG staff were redeployed to support frontline clinical services and our normal commissioning work was paused as we went into incident mode. It was truly awful to see so many excess deaths due to Covid-19 and so many people suffer with symptoms of varying degrees.

We would like to express our admiration and deepest thanks to all NHS and care staff, in GP practices, hospitals, mental health and community teams, in our own CCG and in local pharmacies and care homes. Despite the most testing difficulties for us as professionals and members of the public, they showed outstanding dedication. Their hard work and sometimes bravery, by donning masks and gowns to care for those who were sick, will stand testament for many years to come. The nation was proud of the NHS and our care sector this year more than most others.

We believe that our CCG has much to be proud of as well, as this report sets out, including more resources for mental health, working to expand and improve our hospital buildings, rolling out a new and improved way of delivering community services and working closely with our member GP practices to deliver more appointments and online consultations.

This was also a landmark year; our CCG is merging with the four other NHS Clinical Commissioning Groups in Norfolk and Waveney to create one single strategic commissioner. The rationale for the merger remains as strong today as it was a year ago, when discussions were well underway within the five Governing Bodies. As one united CCG with one team pulling in the same direction we have the strength to address some of the biggest challenges in our local 'system' - for example supporting our Trusts to improve quality of patient care and service performance.

However we are mindful and proud of the seven years' track record of our CCG. Since 2013 we have nurtured strong relationships with our member practices and partners that we value and we have commissioned services specifically for our area in direct response to patient need. This strong locality focus will be safeguarded in our new single CCG structure. We have a dedicated Locality Director with teams of people whose focus will remain on their local area. We also have strategic commissioning and quality teams whose task will be to co-ordinate work across the wider system.

The launch of a new CCG for Norfolk and Waveney in April 2020, then, is an opportunity for us to build on the successes of the past seven years and maintain our strong connections in West Norfolk.

Dr Paul Williams
Chair

Melanie Craig
Chief Officer

Purpose and activities of the organisation

NHS West Norfolk Clinical Commissioning Group (CCG) was responsible for planning safe, high quality health services and agreeing contracts with hospitals, community services, the mental health trust, GP practices and other organisations to provide care within budget.

The CCG was given an annual allocation by NHS England, which it used to pay for local health services. The total amount allocated to the CCG in 2019/20 to pay for health services was £296.7 million.

The number of patients registered with a general practice in the West Norfolk CCG area was about 176,763 people.

The CCG was rated as "Requires Improvement" by NHS England in the last available rating (2018/19) at the time of submitting this Annual Report.

Structure of the CCG

The CCG was made up of 21 Member Practices; each was entitled to be represented at the Council of Members (CoM), which holds the CCG to account for its business, strategy and policies and was responsible for the CCG's Constitution.

The Council of Members delegated oversight of the CCG to the Governing Body, which was comprised of elected local doctors from member practices plus lay members and senior CCG management staff.

Operationally, the CCG was led by the Accountable Officer (AO) and a team of directors who with other senior colleagues met weekly as an Executive Management Team.

The CCG's Local Delivery Group (LDG) brought together representatives from the CCG, GP practices and Primary Care Networks, voluntary sector, District Councils, mental health, community and acute providers, to lead a co-ordinated approach to commissioning and provide locally-based services.

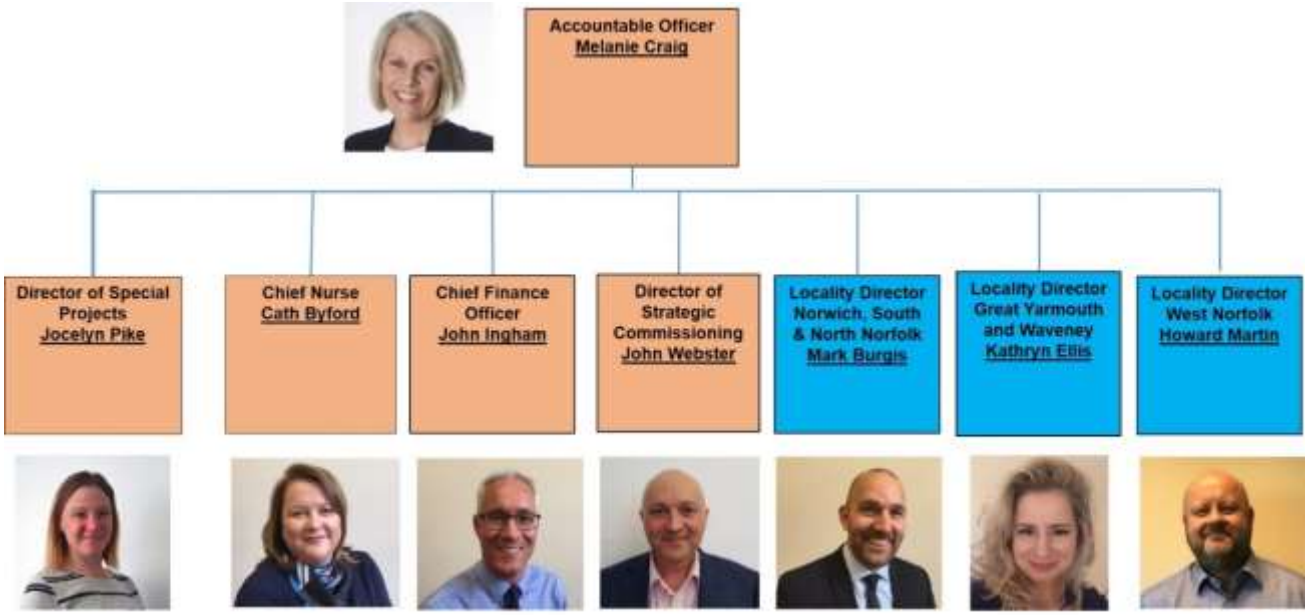
The CCG was fully authorised to merge with the other four CCGs in Norfolk and Waveney on 10 March 2020. This took place on 1 April 2020.

The Norfolk and Waveney CCGs have been working together since their inception in 2013 in commissioning services for the population of Norfolk and Waveney. In June 2018 the CCGs created a shared Joint Strategic Commissioning Committee (JSCC), a formal committee of each of the five CCGs with delegated functions including strategic decision making and decisions across the system on clinical policies. This was chaired by Dr Anoop Dhesi, the Chair of North Norfolk CCG.

During 2019, the five CCGs in Norfolk and Waveney created a single team of staff:

Phase 1 - Melanie Craig was appointed joint Accountable Officer (AO) and John Ingham was appointed joint Chief Finance Officer (CFO) from 29 April 2019.

Phase 2 - the process to create a single Executive Management Team (EMT) and their direct reports commenced on 29 April 2019. Following an internal consultation, interview and external recruitment process for some posts, the EMT structure was confirmed:



Phase 3 - a staff consultation commenced on 9 September 2019 to create a new staff structure, to work across all five CCGs, which concluded on 12 November 2019. Internal recruitment where possible followed by external recruitment, for a small number of posts, where necessary was undertaken during December 2019 - February 2020.

In August 2019 the Governing Bodies decided to ask partners and the public whether the five Norfolk and Waveney CCGs should merge as at 1 April 2020. The proposal was set out in an engagement document which was shared widely via the CCG websites, by direct mail out and publicised in the media and on social media. The engagement process ran from 6 August 2019 to 6 September 2019.

Feedback was received by letter, and through an online survey (also made available in hard copy). The online survey was completed by 245 people from across Norfolk and Waveney. Feedback was also received from 18 stakeholders, including Norfolk County Council, Suffolk County Council, NHS Trusts, District Councils, MPs and Healthwatch. Significant support was voiced for the proposal and meetings were held with member practices in each of the five CCG areas to discuss the proposals and respond to issues raised.

Details of the engagement exercise can be found at www.norfolkandwaveneyccg.nhs.uk

Each individual practice was asked to vote in a process overseen by the Local Medical Committee. Each individual CCG had to return a vote in accordance with its constitution in order for it to pass. The result of the vote in each CCG is as follows:

CCG	Number of practices in CCG	Total number practices that cast a vote	Total voting **Yes**	Total voting **No**	Total **Abstaining**
NHS Great Yarmouth and Waveney CCG	19	13	13	0	0
NHS North Norfolk CCG	19	14	13	1	0
NHS Norwich CCG	22	21	15	5	1
NHS South Norfolk CCG	24	18	18	0	0
NHS West Norfolk CCG	21	13	13	0	0
Total across Norfolk and Waveney	105	79	72	6	1

75% of member practices in the five CCGs voted, with 91% of those doing so supporting the merger.

The rationale was set out as follows:

For people: Working for the benefit of the whole system will place the patient at the centre of all decision making and previous blockages including workforce and organisational bias will be minimised:

- We have worked hard to eliminate any “postcode lotteries” across Norfolk & Waveney and a single CCG will ensure that consistency remains in the future;
- Reducing unwarranted variation in pathways;
- Reducing duplication, cost and management / staff time in running five Governing Bodies and five sets of committees will allow us to free up more resources to put into front line care;
- Setting an example to our system;
- Buying ourselves 12 months of evolution and ‘bedding in’ before we formally evolve into an Integrated Care System;
- Be able to have more management capacity to focus on our localities and LDGs over the course of 2020/21 which will help patients by integrating care at a local level.

For better quality and performance: There are significant quality and performance issues which are better addressed by one unified strategic commissioning approach, for example:

- Three major providers in special measures;
- Some key standards not being met, i.e. A&E, ambulance, 18 weeks, cancer, psychological therapies, out of area placements;
- Workforce - vacancies across all major service lines and providers, and a high use of agency and temporary staff;
- Rising demand in some areas.

For a stronger financial position: Key financial benefits of merging the 5 CCGs include:

- In treating the CCGs as a single entity, this removes the need to repay historic debts from individual organisations;
- Enabling the CCGs to meet the requirement to reduce running costs by having a single management team and reducing duplication, cost and time in running five Governing Bodies and five sets of committees. We spent £1.4m on practice representatives and lay members on Governing Bodies - meaning more NHS funds can be channelled into patient care;
- Greater ability to roll out successful Quality, Innovation, Productivity and Prevention (“QIPP”) and pathway improvements developed in one CCG to all five.

Public and staff feedback highlighted the importance of maintaining locality identities while enjoying the benefits of joint working and sharing best practice.

The Norfolk and Waveney Health and Care Partnership

The CCG was an active partner in the Norfolk and Waveney Health and Care Partnership, one of 44 Sustainability and Transformation Partnerships (STP) in England.

Our staff now spend much more time with colleagues from other NHS organisations, local councils and the voluntary sector, as we work together to tackle those big issues none of us can solve on our own. We have made great progress towards creating a health and care system based on collaboration, rather than competition. We now refer to ourselves as the Norfolk and Waveney Health and Care Partnership, rather than the STP, as we feel this is clearer for the public and better encapsulates our work.

In 2019/20 our partnership developed a five year plan for health and care, which sets-out our local priorities, as well as how we will deliver the commitments in the national NHS Long Term Plan. Our plan was developed following significant engagement, including two surveys and a series of workshops run by Healthwatch, a crowdsourcing website, meetings with local groups and engagement with our workforce.

Our goals

We have set out our goals in our five year plan. The draft is available at https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/stp-five-year-plan. Over and above everything else we want to achieve as a partnership, we have set ourselves three goals:

1. **To make sure that people can live as healthy a life as possible -** This means preventing avoidable illness and tackling the root causes of poor health. We know the health and wellbeing of people living in some parts of Norfolk and Waveney is significantly poorer – how healthy you are should not depend on where you live. This is something we must change.
2. **To make sure that you only have to tell your story once -** Too often people have to explain to different health and care professionals what has happened in their lives, why they need help, the health conditions they have and which medication they are on. Services have to work better together.
3. **To make Norfolk and Waveney the best place to work in health and care -** Having the best staff, and supporting them to work well together, will improve the working lives of our staff, and mean people get high quality, personalised and compassionate care.

The five big changes we are making

1. We will help people to make healthier choices to prevent them from getting ill and we will treat and manage illnesses early on.
2. Our GPs, nurses, social workers, mental health workers and other professionals will work together in teams, in the community, to provide people with more coordinated care.
3. Our hospitals will work more closely together so people get treated quicker in an emergency and don't have to wait as long for surgery and other planned care.
4. We will work together to recruit more staff and we'll invest more in the wellbeing and development of our workforce.
5. New technology will modernise our health and care services, making it quicker and easier for people to get the care they need.

Transformational work

Although our partnership is not a formal entity, its impact is transformational. One of the greatest benefits, unseen by the public but felt across the NHS, social care and public health, is a collaboration and joint ownership of issues as never before. This is leading to transformational projects which we are delivering together in partnership, many of which are described elsewhere in this report.

The system-wide work of our Norfolk & Waveney partnership in 2019/20 included:

- **Setting-up 17 Primary Care Networks, or PCNs -** These are teams made-up of different health and care professionals to provide people with more coordinated care. They will include GPs, social workers, pharmacists, district nurses, mental health workers, physiotherapists and colleagues from the voluntary sector. £25m investment was awarded by NHS England and Improvement (NHSE/I) to expand or develop GP practices in Norfolk and Waveney, details of which were being finalised before the re-prioritisation of CCG work due to COVID-19 (see below).
- **Closer working between our three hospitals -** For example there is investment of £70 million to develop diagnostic and assessment centres at each of our hospitals as a result of a joint funding bid – once built these will speed-up the diagnosis and assessment of cancer and other diseases;
- **Improving cancer care -** For example by introducing a new test to help detect and diagnose bowel cancer earlier, so we can treat people more quickly and improve their health outcomes;
- **Enhancing support for people with diabetes -** For example by rolling-out the use of new technology to help people with Type 2 diabetes to manage their condition;
- **Implementing our adult mental health strategy -** For example we are developing a Wellbeing Hub in Norwich, which at night-time will be a safe place for people in significant distress, while during the day it will be a walk-in facility and community café;

- **Working together to improve support for children and young people's mental health and wellbeing -** For example we are setting-up mental health support teams in schools to provide therapy and support to children at our primary, secondary and special schools;
- **Supporting our workforce -** For example by creating new roles and recruiting new staff – we now have over 280 nursing associates in training and by 2024/25 we aim to have 1,000 working in Norfolk and Waveney.

Our partnership aspires to become an Integrated Care System (ICS), in line with the NHS Long Term Plan, by April 2021. An ICS would build on and strengthen our partnership working, requiring collective responsibility for managing resources and risk, improving the health of our population and ensuring high quality services.

You can read more about the work of our partnership and our five year plan here: www.norfolkandwaveneypartnership.org.uk

The **Joint Strategic Commissioning Committee (JSCC)** was the forum through which the CCGs co-ordinated and agreed system-wide approaches to commissioning issues. JSCC was chaired by Dr Anoop Dhesi of Stalham Staithe surgery and Chair of North Norfolk CCG.

The CCG participated actively in the **Norfolk Health and Wellbeing Board**. Please see page 38.

Key issues and risks

The CCG was pro-active in identifying and managing issues that might adversely affect its plans or business.

Key risks to performance were formally logged on the Governing Body Assurance Framework (GBAF) document, reviewed by the CCG's committees and reported to Governing Body at each meeting. For each risk identified there were mitigating actions identified, and provided to the Governing Body with assurance that they were being managed.

During the year the CCGs developed a joint strategic risk register. Key issues and risks included:

- Non-delivery of Emergency Department constitutional standards;
- Risk of poor service and lack of compliance with CQC standards at NSFT;
- Risk of poor service and lack of compliance with CQC standards at QEH;
- Lack of overall available workforce in the local Health and Care System to support system transformation and deliver appropriate levels of care;
- Non-delivery of RTT and Cancer constitutional standards leading to a potential risk of poorer health outcomes for patients.

Further information can be found in the Governance Statement.

Coronavirus

Coronavirus emerged as a significant, new risk to the CCG's operations and to population health. In December 2019, the new strain of infection emerged in Wuhan China and spread globally. It reached the UK in February.

The CCG has a role to lead Emergency Prevention, Preparedness and Response and therefore instituted a, Incident Control Centre at Lakeside 400 in Norwich on Wednesday 26 February to co-ordinate our system response. A drive-through testing centre at Norfolk Community Health and Care's premises in Bowthorpe Road, Norwich and community testing teams were established jointly by NCH&C and East Coast Community Healthcare. Testing PODS were placed close to the Emergency Department at the three acute hospitals, Norfolk and Norwich University Hospital (NNUH), James Paget University Hospital (JPUH) and the Queen Elizabeth Hospital, King's Lynn (QEHKL).

During March, CCG staff were instructed to work from home, and the key functions of the CCG were paused whilst all resources were directed to supporting frontline clinical services.

The CCG's operations were directed by daily Executive Management Team meetings, led in the following areas:

Cell	Executive Lead
Prescription Ordering Direct service	Kathryn Ellis
Pharmacy	Kathryn Ellis
ICC Coordinator and SCG representative	Jocelyn Pike
Digital	John Ingham
Finance	John Ingham
Discharge Planning / Community / Capacity Planning	Cath Byford
Strategic Primary Care	Mark Burgis
Risk Stratification	Howard Martin
Workforce	Anna Morgan
Recovery	John Webster

Most staff were redeployed, for example to work in the ICC, to work in a Primary Care Incident Response unit, to provide additional capacity in the Prescription Ordering Direct team, supporting practices to install IT, rolling out rapidly GP Connect and Footfall and assisting acute trusts with discharge of patients.

One of the key difficulties for GP practices, pharmacies and care homes was around shortages of Personal Protective Equipment (PPE). The CCG established a PPE workstream in April and made concerted efforts to source stock.

Key successes of the CCG included:

- Primary Care Incident Response Unit to ensure daily flow of information to GP practices, and questions answered in a timely fashion.
- About 35,000 high-risk patients were written to in mid-April 2020, on behalf of practices, encouraging them to report their daily health into a web portal powered by ECLIPSE, the risk stratification platform developed by Prescribing Services Ltd in West Norfolk. A team of more than 80 CCG staff was mobilised to phone those people who did not report daily.
- Primary Care Networks organised dedicated centres where people with Covid-19 symptoms who need an appointment with a GP or practice nurse could go, if invited for a face-to-face appointment; plus other designated centres where 'high risk' patients could attend for appointments or GP practices 'zoned' into 'yellow' or 'green' areas, mirroring the arrangements in acute hospitals to separate patient cohorts.
- 100% of practices agreed data sharing to enable GP Connect (NHS111 access to primary care records and ability to book appointments)
- Accelerated roll-out of new Footfall websites enabling online consultations, laptops and webcams to enable digital triage in practices.
- Testing centres to enable staff who were self-isolating to return to work more quickly.
- Identified around 150 additional community beds to assist with discharge from acute hospitals

NHS Trusts in Norfolk and Waveney responded in line with national guidance, creating additional acute care capacity, zoning hospitals to separate patient cohorts, introducing a 24/7 mental health helpline, redeploying staff to support frontline services and deploying former staff who returned to work.

Performance summary

This is a summary of the Performance Analysis. Further details about performance and a more detailed look at the work of the CCG can be found from page 12.

Health services

Demand for all NHS services rises year on year and recruitment/retention of clinicians remains a significant issue, as it is across the country. Introducing new roles such as clinical pharmacists and online consultation websites at GP surgeries is assisting, however we pay tribute to the dedication of our clinical colleagues who have worked incredibly hard throughout the year to look after patients in their care.

Key milestones and achievements of the CCG and its partners include:

Primary care - supporting practices to form Primary Care Networks, introduced online consultations, and continue to deliver additional evening and weekend appointments for patients.

Community care - the CCG's Network Escalation Avoidance Team was established in the first quarter of 2019. It comprises staff from different community-based health and care organisations working together who take calls from frontline doctors, nurses, social care staff or other professionals when a patient aged 18+ is facing a health or care crisis and might otherwise need to go to hospital. The teams quickly put together a co-ordinated package of care and look at how the person can be supported in the future to avoid a similar crisis.

The NEAT is building capacity, and during the year received about 3-4 referrals per day, preventing 1-2 admissions per day. The NEAT currently operates 'in-hours' Monday to Friday; we hope to develop 'out of hours' operations in 2020.

The West Norfolk Local Delivery Group has supported the development of a 'Help Hub' which enables partners from across statutory, community and voluntary sector organisations to jointly discuss and plan support for people with higher needs. The CCG has contributed additional funding to this scheme which is proving to support people to continue to live independently and provide effective support, where required. The CCG has also worked with the Borough Council of King's Lynn and West Norfolk to ensure that housing support is available within the Queen Elizabeth Hospital. This helps ensure that there is timely access to support for people who are homeless, require housing adaptations to return home, or other housing related support.

Acute care - In August the Government awarded the three hospitals in Norfolk and Waveney £70 million to develop diagnostic and assessment centres at each of our hospitals as a result of a joint funding bid. Once built these will speed-up the diagnosis and assessment of cancer and other diseases. A new model to assist patients self-presenting at the Emergency Department at QEHKL is being piloted at peak periods of demand. If their condition does not require an Emergency Department specialist, they can be 'streamed' into a primary care treatment room if this is more appropriate. This is staffed by out of hours primary care clinicians.

Mental Health - the CCG has continued to work with partners to deliver the Norfolk and Waveney adult and child/young people mental health strategies, working with services users to do so. National ambition and local strategic objectives have been translated into a new Adult Mental Health Transformation Programme, presented to the Mental Health Programme Board, established in November 2019. The CCGs in Norfolk and Waveney were successful in bidding for national funding to increase capacity in Crisis Resolution and Home Treatment (CRHT) teams, enabling an increase of 11 Whole Time Equivalent (WTE) staff across Norfolk and Waveney, in addition to the 7.5 WTE additional staff funded by CCGs at the beginning of 20 19/20. These resources are key to meeting 'Core Fidelity Standards', which include enabling self-referrals and capacity to provide face to face support in responding to crises. The CCGs were also successful in winning funding to ensure that all of Norfolk's Acute Hospitals, including the Queen Elizabeth University Hospital, are able to provide Mental Health Liaison services to 'Core 24' standards, including access to mental health assessment within 1 hour in A&E.

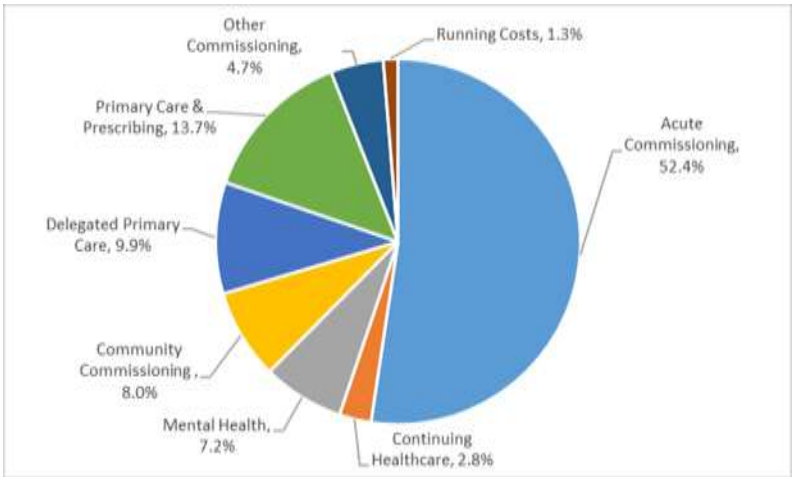
Two Mental Health Support Teams providing enhanced targeted support to children and young people in schools and colleges, were launched in January 2020, based in Kings Lynn and North Norfolk.

Performance of NHS services were significantly impacted by the effects of COVID-19 in February, March and early April, and should be expected to do so for a long time to come. Data is contained in a table in the main Performance Analysis of this report.

Financial performance

In 2019/20 the total amount of money allocated to the CCG was £296.7m (2018/19: £274.7m). Of this, £292.9m (2018/19: £271.0m) was for commissioning health care. The amount given to the CCG for its running costs was £3.8m (2018/19: £3.7m). The CCG also received £1.7m of Income from other sources.

This is how the CCG spent its total budget during 2019/20. 98.7% related to "programme" costs – the proportion of its budget devoted to commissioning healthcare for the patients of West Norfolk. Only 1.3% related to the costs of running the organisation.



Acute Commissioning	£154.5m
Continuing Healthcare	£8.3m
Mental Health	£21.3m
Community Commissioning	£23.5m
Delegated Primary Care	£29.1m
Primary Care & Prescribing	£40.5m
Other Commissioning	£13.8m
Running Costs	£3.8m

The changes in annual financial allocation have been outstripped by increases in costs and demand. As a result, the CCG has continued to make efficiency savings. In 2019/20 the CCG's savings target was £13.2m (2018/19: £11.6m), with the actual savings delivered being 101% (2018/19: 90%) of this target. Key areas of savings included more efficient prescribing of medicines, a review of Continuing Healthcare packages, reconfiguration and efficiency within a number of acute commissioning areas, addressing variations in primary care referral patterns, reductions in unnecessary hospital admissions as a result of locally driven initiatives and reductions in the CCG running costs.

At the end of the year, the CCG delivered an in-year surplus of £1.9m, against the target of £1.6m, as a result of these transformational and cost containment measures, alongside investment in a number of additional services – in particular relating to mental health and primary care.

Performance of the CCG

The CCG moved from "Inadequate" to "Requires Improvement" as of July 2019. The rating for 2019/20 will not be received until July 2020. In summary NHS England and Improvement acknowledged the progress the CCG had made over the last year, particularly in relation to governance, leadership requirements and financial management. Challenges for the CCG included managing relationships and performance of providers in special measures and lack of suitable workforce in the system. Areas for improvement included maintaining constitutional standards and maintaining progress through a period of change. There is more in the Governance Statement.

360° survey of the CCG

The CCG 360° Stakeholder Survey was conducted on a yearly basis by Ipsos Mori on behalf of NHS England. The survey assessed how stakeholders perceive the CCGs and the results contributed to NHS England's statutory annual assessment of CCGs. CCGs were able to invite a range of stakeholders to take part including Member Practices, other CCGs, Health and Wellbeing Boards, Healthwatch, voluntary sector organisations and acute and community providers.

In 2019 a processing error occurred when West Norfolk CCG's 360° survey was being compiled by Ipsos MORI. Unfortunately this error meant a number of stakeholders who should have been asked to take part were not invited. This led to concerns over the validity and accuracy of the survey results which could not be resolved. This resulted in the CCG's report for that year being invalid and as such it was not published online.

While this was very disappointing given the hard work involved, the report still offered the CCG some useful learning in terms of improving engagement with its stakeholders. An action plan was developed and shared at a Governing Body meeting in public in August 2019.

Given the significant changes in the commissioning landscape and development of integrated care systems, and following the success of an alternative approach to meet NHS England's legal duty to consult with Health and Wellbeing Boards, in July 2019 NHS England announced that it would not be re-commissioning the survey in 2019/20.

Performance analysis

Risks and uncertainties around achievement of the CCG's performance are managed by the CCG. There are numerous factors which create risk and uncertainty, such as workforce and demand. Risks and uncertainties to the delivery of the CCG's performance are reported in the Governing Body Assurance Framework. The GBAF was a live document and was presented to the Governing Body regularly.

Further information about the CCG's risks can be found in the Governance Statement.

The CCG's planning for the year was guided by the NHS Long Term Plan https://www.longtermplan.nhs.uk/ and the NHS Outcomes Framework, a set of indicators developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England.

CCGs were given annual assessments by NHS England and Improvement against the indicators in the CCG Improvement and Assessment Framework (CCG IAF).

The assessment for 2018/19 was received by the CCG in July 2019, and was the last received by the CCG prior to completion of this Annual Report. The CCG was rated as 'requires improvement'.

Key areas of strength included:

- Successful management of finances and QIPP delivery.
- Continued support for QEHKL.
- Setting up and expanding use of Crisis Café.
- The use of the Independent Sector and Demand Management to support reduction of the Referral to Treatment (RTT) waiting lists.
- Whole system approach and working together to reduce Delayed Transfers of Care (DTOC).

Key Areas for improvement included

- Achievement of constitutional standards, especially in the areas of Cancer, A&E, RTT and Dementia.
- Improvement in the processes dealing with patients with Mental Health in A&E.
- Maintaining CCG progress through a period of change.
- The interface and balance between Trust/CCG/STP.
- Improving provider performance and quality.

Performance of services

Performance of NHS services were significantly impacted by the effects of COVID-19 in February, March and early April, and should be expected to do so for a long time to come. Information about the performance of health services is contained in the tables and narratives below.

	Performance Indicator	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Community Referral to treatment	Wheelchairs - Adults : RTT 18 weeks	92%	93.8%	96.0%	94.2%	92.7%	90.6%	89.1%	86.0%	83.6%	82.2%	84.4%	85.9%	86.9%
	Wheelchairs - Children : RTT 18 weeks	92%	87.1%	89.1%	81.8%	85.7%	82.8%	88.1%	87.4%	92.9%	84.3%	84.8%	85.0%	86.7%
	Paediatric Consultants : RTT 18 weeks	92%	98.3%	99.0%	97.5%	100.0%	98.3%	98.6%	97.3%	96.1%	97.8%	98.7%	98.4%	98.9%
Referral to treatment	QEH - 18 weeks RTT incomplete pathways	92%	80.4%	82.5%	81.8%	81.1%	80.7%	79.6%	79.1%	78.1%	76.4%	76.7%	76.2%	79.3%
	QEH - RTT incomplete pathways greater than 52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0
Diagnostics	QEH - 6 weeks diagnostic test	99%	99.1%	95.5%	96.4%	94.8%	90.9%	96.4%	98.6%	99.5%	96.1%	89.7%	91.0%	84.3%
A&E	QEH - 4 hours in A&E from arrival to transfer, admission or discharge	95%	84.7%	83.8%	84.7%	81.1%	79.0%	79.9%	77.4%	76.2%	71.2%	76.8%	73.5%	83.6%
Ambulance Handovers	QEH - Ambulance handover delays of over 30 minutes	0	319	335	293	279	348	264	303	332	295	286	235	214
	QEH - Ambulance handover delays of over 1 hour	0	0	4	8	12	9	9	15	15	14	17	6	8
Clin Quality	QEH - Pressure ulcers - Grade 3	0	0	0	0	0	0	0	0	0	0	0	0	0
Out of Hours Primary Care	PCC consultation (urgent) seen 2 hours or less	**95%**	93.2%	88.9%	93.5%	93.2%	92.2%	91.6%	91.4%	89.5%	85.3%	90.0%	90.0%	93.0%
		Num	1803	1623	1584	1730	1862	1636	1599	1627	1865	1625	1465	1186
		Den	1935	1826	1695	1856	2019	1786	1750	1818	2187	1806	1627	1275
	PCC consultation (less urgent) seen 6 hours or less	**95%**	96.1%	95.3%	98.9%	98.4%	97.7%	98.2%	98.1%	97.7%	94.5%	97.5%	97.3%	95.0%
		Num	3129	2974	2684	2780	2812	2454	2401	2667	3370	2610	2635	1733
		Den	3255	3121	2715	2826	2877	2498	2447	2729	3568	2678	2707	1825
	Home visits consultation (urgent) seen 2 hours or less	**98%**	85.8%	84.8%	82.1%	80.3%	86.7%	84.6%	85.0%	80.9%	84.6%	83.2%	78.4%	80.2%
		Num	242	212	239	298	299	280	256	293	248	233	211	190
		Den	282	250	291	371	345	331	301	362	293	280	269	237
	Home visits consultations (less urgent) seen 6 hours or less	**98%**	87.4%	88.5%	85.9%	90.7%	90.8%	87.6%	92.3%	86.2%	90.3%	88.7%	86.6%	87.2%
		Num	791	849	799	653	728	679	625	613	738	680	638	431
		Den	905	959	930	720	802	775	677	711	817	767	737	494
111	% of abandoned calls	5%	0.8%	1.0%	0.4%	0.8%	0.5%	0.4%	0.4%	0.8%	1.3%	0.3%	1.6%	33.8%
	% of calls answered in 60 secs	95%	93.3%	92.6%	96.2%	94.0%	96.2%	96.5%	96.1%	93.8%	89.0%	93.7%	82.7%	32.7%

	Performance Indicator	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Mental Health	Estimated diagnosis rate for people with dementia	66.7%	59.2%	59.3%	59.7%	59.3%	59.4%	59.6%	59.1%	59.0%	59.0%	59.0%	58.0%	57.2%
	IAPT Access / Entering Treatment*	Traj.	342	563	771	1010	1201	1374	1656	1955	2169	2438	2710	
	IAPT Recovery Rate*	50%	58.2%	63.5%	60.5%	63.2%	56.7%	62.7%	56.4%	53.2%	50.0%	69.7%	50.6%	
	CPA service users receiving follow-up contact within seven days of discharge*	95%	97.1%	97.1%	94.6%	97.6%	98.2%	100.0%	98.0%	100.0%	100.0%	100.0%	100.0%	
	IAPT Waiting Times - 6 Weeks (entered treatment)*	75%	100.0%	99.1%	98.1%	98.3%	97.4%	93.6%	94.3%	97.0%	89.3%	87.3%	94.5%	
	IAPT Waiting Times - 18 Weeks (entered treatment)*	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	EIP - Psychosis treated within two weeks of referral*	56%	70.0%	50.0%	58.3%	55.6%	50.0%	52.6%	93.8%	90.9%	92.3%	72.7%	66.7%	
Cancer Waiting Times	% patients seen within 2 weeks of urgent GP referral	93%	82.7%	92.0%	95.4%	96.2%	95.9%	96.9%	96.1%	95.6%	95.4%	95.9%	95.8%	94.1%
	% patients seen within 2 weeks of urgent GP referral (breast symptoms)	93%	18.2%	67.4%	82.0%	88.6%	97.4%	100.0%	96.0%	96.4%	96.2%	90.2%	90.2%	96.2%
	% patients treated within 31 days of decision to treat	96%	94.9%	95.3%	97.3%	96.5%	97.3%	100.0%	99.1%	99.1%	100.0%	94.1%	98.1%	96.9%
	% patients subsequent treatment within 31 days of decision to treat (surgery)	94%	83.3%	100.0%	100.0%	92.3%	90.9%	88.2%	91.7%	95.0%	91.7%	76.5%	94.1%	100.0%
	% patients subsequent treatment within 31 days of decision to treat (drug)	98%	100.0%	100.0%	100.0%	100.0%	100.0%	97.8%	96.3%	100.0%	100.0%	97.8%	100.0%	100.0%
	% patients subsequent treatment within 31 days of decision to treat (radiotherapy)	94%	100.0%	96.7%	94.1%	100.0%	95.9%	90.5%	90.5%	97.5%	100.0%	100.0%	87.5%	88.5%
	% patients treated within 62 days of urgent GP referral	85%	75.0%	68.3%	77.2%	64.0%	63.3%	69.7%	71.0%	65.1%	69.4%	59.7%	66.7%	75.4%
Ambulance	Category 1 purple 7 minutes mean response time	7	9.1	9.2	9.0	9.2	8.4	9.3	9.3	9.3	9.5	9.4	9.2	9.4
	Category 1 purple 15 minutes 90th centile response time	15	17.1	17.3	17.5	17.4	16.6	17.2	18.2	17.6	18.5	17.2	18.1	17.2
	Category 2 yellow 18 minutes mean response time	18	23.2	23.4	25.0	28.5	27.2	28.1	30.1	33.4	31.1	25.1	25.5	27.0
	Category 2 yellow 40 minutes 90th centile response time	40	47.1	47.5	49.1	60.3	59.2	58.5	63.5	69.5	65.5	52.2	53.1	56.2
	Category 3 amber 120 minutes 90th centile response time	120	128.3	149.2	151.5	198.2	154.4	158.6	227.4	253.3	238.1	134.0	143.2	132.3
	Category 4 green 180 minutes 90th centile reponse time	180	140.2	114.6	241.4	220.2	184.2	138.5	206.6	264.1	247.1	163.4	295.1	199.3
Referral to treatment	18 weeks RTT incomplete pathways	92%	83.5%	85.2%	84.2%	83.4%	82.8%	80.3%	80.1%	79.8%	77.8%	77.7%	77.3%	78.0%
	RTT incomplete pathways greater than 52 weeks	0	0	1	0	0	0	0	0	1	2	2	1	2
Diagnostics	6 weeks diagnostic test	99%	98.8%	95.5%	96.5%	95.9%	93.2%	97.3%	98.7%	99.4%	96.7%	92.4%	92.6%	86.1%

** Please note this data was not available at time of reporting*

Primary care

West Norfolk CCG has 21 practices which provide primary medical services for our population. The CCG regularly engages with and supports member practices to deliver the priorities identified in the General Practice Forward View (GPFV) and NHS Long Term Plan, enabling them to develop resilient and sustainable services for the future.

The recent CCG restructure has seen some changes to the locality Primary Care Team, including an additional role. The focus of the team will now be to support GPs and wider practice teams with the further development of the Primary Care Networks (PCNs) alongside day-to-day delivery of primary care.

Highlights of Primary Care development over the last year:

Primary Care Networks

The four PCNs in West Norfolk have now formed with each network headed by a Clinical Director who is a GP from one of the member practices. Support has been provided to encourage PCNs to develop their own, internally driven Population Health Management projects. These patient centred projects enable identification of people who could be prevented from deteriorating or even contracting illness by providing enhanced care.

The projects are:

- King's Lynn PCN – Asthma
- West Norfolk Coastal PCN – Dementia
- West Norfolk Fens and Brecks PCN – COPD
- Swaffham and Downham PCN – Diabetes

The PCNs are making good progress in implementing the High Impact Actions as outlined in the GPFV and have contributed to a Development Plan to take this work forward. This plan includes support for Clinical Directors, wider workforce development and quarterly PCN workshops.

The King's Lynn PCN is managing a project to provide interpreting and health education support for Lithuanian and Russian patients. The demographic mix of patients within this PCN is not typical of West Norfolk as it has a high proportion of Eastern European non-English speakers.

Partnership working is being developed in Coastal PCN with an initiative to support patients suffering from social isolation. Community and voluntary sector organisations are working together to identify how they can help patients to engage with groups and activities in their local area.

The CCG has commissioned Consultant Connect which provides GPs with quick access to specialist advice and guidance, leading to improved patient care and a reduction in unnecessary referrals to secondary care.

Workforce

The CCG strove to increase the number of GPs and nurses in primary care. Through PCNs, it is supporting practices to work more closely with a wide range of other professionals (including community, mental health, social care, pharmacy, hospital and voluntary services) in their local area. We work in partnership with West Norfolk Health, our local GP Provider Organisation, to support the recruitment of additional roles being reimbursed by NHS England – three clinical pharmacists are already in post and Social Prescribers are being recruited to all PCNs. The CCG also provides a wide range of training opportunities within Protected Learning Time sessions, working with practices to ensure an appropriate offer for all members of staff.

Local Delivery Group

The West Norfolk Local Delivery Group (LDG) has been developed over the past year and has representation across the full range of stakeholders, including health, social care and the voluntary sector. An LDG led plan has been agreed which provides a framework for collaboration in West

Norfolk, with a focus on partnership and integrated working.

Primary care commissioning

The CCG had delegated commissioning responsibilities for general practice services. Decisions regarding local primary care matters were made by the West Norfolk Primary Care Commissioning Committee which met in public bi-monthly.

Planned care

The Queen Elizabeth Hospital, King's Lynn has worked to address issues raised by the Care Quality Commission which led to it being placed in Special Measures. The July 2019 report from the CQC recognised progress had been made in a number of areas, notably the Emergency Department and Maternity and strengthened leadership and medical staffing arrangements. http://www.qehkl.nhs.uk/MessageFromTheChairCQC.asp

The Trust's National Staff Survey results released in February 2020 demonstrate improvements as reported by staff https://qehklmediahub.com/2020/02/18/staff-engagement-and-morale-on-the-up-at-qeh-after-changes-at-the-top/

During the year, work commenced to renovate the hospital's Same Day Emergency Care unit and discharge lounge in six weeks, using additional winter money.

As the data table, at the beginning of this section demonstrates, hospital services remained under pressure through the year, with the number of people on 18 week referral to treatment lists rising.

In response, this year has seen the start of significant transformational changes in the way in which Norfolk and Waveney manages patients who potentially might need hospital appointments or scheduled surgery. This follows a capacity review carried out for the Norfolk and Waveney Health and Care Partnership in 2018.

Making use of the fact that referrals recently became completely paperless, all three hospitals and their local GPs are now piloting schemes where patient information is discussed with hospital consultants who are sometimes then able to help GPs to manage the patients without the need or wait for hospital appointment. Examples include dermatology at the Norfolk and Norwich, gastroenterology and haematology at the James Paget University Hospital, In other cases using this system, patients are now being booked by consultants into the most relevant tests (such as endoscopies) directly, rather than attending clinic and going for their investigation later.

Our three hospitals in Norfolk and Waveney have continued to work as closely together as possible. As a result the Ear, Nose and Throat service is now a joint service between NNUH and JPUH, Urology is now a joint service between NNUH, JPUH and QEHKL, and at the time of writing and NNUH and JPUH were working on creating a joint staff team for Haematology and Oncology by May 2020. Patients still choose which hospital they wish to be treated at, but having a single pool of clinicians enables them to provide local services with greater peer support, broader expertise and closer collaboration.

There have also been significant changes to the way in which community services support patients with the potential need for hospital appointments or surgery. There have been significant changes to the way in which patients with muscular, bone, joint or tendon problems have been treated, with physiotherapists in extended roles based in primary care being boosted or introduced across the area. Waiting times across many specialties still remain a significant challenge however, so further schemes have been developed for implementation in 2020 which help patients be seen faster.

Stroke services

Norfolk and Waveney CCGs have come together with the Stroke Association, the three hospitals, two community service providers East Coast Community Healthcare and Norfolk Community Health and Care, East of England Ambulance Service, and other partners to form a Norfolk and Waveney Stroke Network which now meets monthly. Local organisations have therefore collaborated, exchanged ideas and implemented projects in a range of areas such as improving care processes,

digital records, use of specialist nurses and physician associates, changing care for patients with mini-strokes, and improving the timeliness of clot-busting drugs for patients.

This year, the Norfolk and Norwich University Hospital has moved forward with plans to establish a thrombectomy centre. This means that the option of removing clots directly from blood vessels, via a catheter, might be available locally to Norfolk and Waveney patients in the future. Potentially over a hundred patients a year would have the sort of stroke where this treatment will significantly boost their chances of surviving and reducing disability.

Cancer

Our priorities for cancer care in Norfolk and Waveney are in line with national NHS cancer objectives. We aim to prevent as many people as possible from developing cancer, but for those that do, to deliver the improvements outlined in the NHS Long Term Plan around increasing cancer survival and increasing the number of cancers diagnosed at an earlier stage. We also aim to improve supportive care for people with cancer and to ensure it is more personalised.

Aspects of our work have included:

- Continued work with local hospitals to improve the diagnostic pathways for lung, prostate, colorectal and upper GI cancer pathways, (in particular the introduction of nurse led triage for people being assessed for lung cancer at the James Paget University Hospital and the Queen Elizabeth Hospital, King's Lynn);
- Nurse led personalised follow up for people affected by breast cancer;
- Engagement work with local communities including the Gypsy, Roma Traveller Community;
- Development of cancer data packs and visits for GP practices (in partnership with Macmillan and Cancer Research UK) to help them to improve earlier diagnosis and cancer screening uptake;
- Delivery of training for nurses working in Primary Care to provide improved supportive care for cancer patients at the end of their treatment in partnership with the local regional cancer network.

During this year, the STP has also secured national funding to help transform cancer services including £1,673,210 revenue funds in 2019/20. The funding has been used to employ additional staff, additional education and training for clinicians and nurses.

Cardiovascular disease

The prevention and early treatment of cardiovascular diseases is one of the key aims of the NHS Long term plan. In Norfolk and Waveney we established a CVD Programme Board to oversee a suite of projects that are aimed at improving cardiovascular outcomes for our population. The board meets monthly and is supported by clinicians from acute hospitals, and primary care. This has representation from our Norfolk and Waveney system partners.

Our work is in line with the national priorities we must deliver:

- Prevention;
- Detect 85% of expected number of people with Atrial Fibrillation (AF);
- Treat 90% of patients with AF who are already known to have high risk of stroke;
- Detect 80% of expected number of people with high blood pressure;
- Treat 80% of the total number of people already diagnosed with high blood pressure;
- Deliver NHS long term ambitions for cholesterol, in term of risk assessment and treatment.

In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.

We are working with selected community pharmacies to diagnose more people who have high blood pressure and follow this up with appropriate treatment from local GPs. This initiative is a great example of partnership working and has been developed by the NHS in Norfolk and Waveney,

community pharmacies and Public Health."

We have improved the management of patients with a higher risk of CVD not currently on a register – an incentive schemes for general practices for identifying high risk patients and following up on patients not optimised has been implemented. The selection criterion is based on the undiagnosed risk factors for CVD – BMI, age, alcohol consumption. This initiative is intended to diagnose additional people with high blood pressure and improve treatment post diagnosis.

We have increased the identification and management of patients with AF, securing 169 handheld mobile ECG devices for detecting AF as part of the national Academic Health Science Network (AHSN) roll-out. These have been distributed to GP practices, community services and hospitals across Norfolk and Waveney. This programme will contribute to the national AHSN evaluation.

West Norfolk Atrial Fibrillation Service, a partnership with the Queen Elizabeth Hospital King's Lynn, has been recognised with a national award. The service provides active screening and diagnosis of AF with mobile electrocardiogram (ECG) devices, discussing treatment options and offering anticoagulation and counselling to support patients and their families. In the first six months, 49 patients were newly diagnosed with AF, of whom 44 were started on anticoagulation therapy. Outpatient clinics held at the Queen Elizabeth Hospital allowed patients to discuss their risk of AF-related stroke and choices related to anticoagulation with skilled professionals.

Heart failure pathways in West Norfolk were redesigned, with closer working between the Queen Elizabeth Hospital King's Lynn and the community heart failure service. This project was allocated additional funding to increase the provision of community heart failure care. Patients will benefit from earlier engagement with the specialist clinical team and enhanced coordination of care between the acute hospital and community service.

The CVD programme was highly commended at the NHS Clinical Commissioners Healthcare Transformation Awards for Improving Outcomes and Reducing Variation.

Diabetes

Improving care for people with diabetes has been a major focus this year across our five CCG areas and the STP. The STP has a Norfolk and Waveney Diabetes Strategy (2018- 2023) which was devised with input from people living with diabetes, voluntary sector organisations and a wide range of health service organisations and professionals. Over 2019/2020 significant progress has been made across a number of pathways and the National Diabetes Audit data reports improved diabetes metrics.

Key achievements include:

- NHS Diabetes Prevention Programme (NDPP) - Work to promote NHS National Diabetes Prevention Programme (NDPP) and drive referrals has been ongoing, with a focus on engaging primary care practices. A revised primary care incentive scheme for the NDPP was agreed by the Diabetes Programme Board and will be rolled out in 2020. A directory of local services has been put together to support people with pre-diabetes access relevant support;
- From April 2019, Freestyle Libre® technology was commissioned across Norfolk and Waveney in line with NHSE guidance. For people who meet the clinical criteria, the technology will allow automatic monitoring of glucose levels without the need for painful finger prick testing;
- MapMyDiabetes was commissioned in August 2019 to provide access to digital structured education for all adults diagnosed with Type 2 diabetes with an aim for 5000 licences to be activated within year 1;
- We have worked to support implementation of IAPT (Improving Access to Psychological Therapies) for people with diabetes. We have also engaged with Clinical Psychiatry and the NSFT Physical Health Nursing team to better support people with severe mental illness at risk of or living with diabetes;

- We have developed relationships with the LD clinical teams, improving record sharing and ensured access to the NHS DPP and structured education programmes, where clinically appropriate;
- We have established pilot buddy/ ambassador schemes with Norfolk Football Association and the Rugby Football Union to support people who have not participated in physical activity to engage with sport;
- West Norfolk CCG won the Effective Implementation of Blood Pressure Control Award at the National Diabetes Complete Awards and was highly commended for achievement of all three NICE recommended treatment targets;
- A Primary Care Network pilot has been established to improve the clinical pathway for people with diabetes by improved use of data and improved workforce utilisation.
- A range of workforce education initiatives have been provided to ensure staff feel confident managing people at risk of or with a diagnosis of diabetes. Health Education England funded places on the University of Essex Advanced Management of Diabetes Programme; The Norfolk Diabetes Trust (NDT) has funded fifty places on the Warwick University Post Graduate Certificate in Diabetes which will support our Primary Care Networks to ensure they have local diabetes expertise; Health Education England funded 250 Cambridge Diabetes Education Programme (CDEP) digital licences to allow our workforce to access high quality training which can be completed around existing workloads; The NDT funded NCHC to deliver diabetic foot screening training for primary care staff;
- Two STP-wide primary care engagement and education events were held to ensure our local clinicians are involved in the wider diabetes transformation agenda; The Norfolk & Waveney Diabetic Footcare Partnership meets regularly to discuss, organise and deliver footcare projects across the STP.

Respiratory

The aim of the STP for Norfolk and Waveney Respiratory Working Group is to implement and refine robust pathways for Asthma and COPD across Norfolk and Waveney, with supporting policies and operating procedures. There are two intended outcomes:

- Reduction in non-elective admissions where Asthma or COPD is the primary diagnosis;
- More people with Asthma and COPD feel supported to manage their condition.

The Respiratory Working Group continues to meet every other month, acting as the programme's steering group. It is comprised of respiratory clinicians from across the acute trusts, community health care provider and primary care, public health, pharmacy, Active Norfolk and others. The following has been achieved in 2019/20:

The CCG has invested additional funding to enhance Pulmonary Rehabilitation services to help people with lung conditions and has also enhanced capacity within the Norfolk Community Health and Care Respiratory Team

Discharge Bundles - The British Thoracic Society discharge bundles will now be used at all 3 acute hospitals in Norfolk and Waveney. This bundle will support colleagues at our acute hospitals to improve discharge from hospital for our patients and reduce re-admissions.

The Eastern Academic Health Science Network (EAHSN) are supporting acute hospitals to monitor the use and impact of the discharge bundles. The aim of this project is to reduce health inequalities and integrate services at the point of discharge.

MYCOPD - MyCOPD app is a self-management tool which supports patients to monitor their illness, remain independent and prevent illness. Norfolk and Waveney was successful in a bid to distribute licenses to patients. The app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney. A pilot has recently commenced in West Norfolk to test the viability of this app being made available via a GP Practice.

Training – The STP in Norfolk and Waveney successfully secured funding for 100 clinicians to access ARTP (Association for Respiratory Technology & Physiology) spirometry training programme which is being delivered by the National Institute for Clinical Science.

A comprehensive review and update was undertaken of the COPD guidelines for primary care resulting in a suite of information being made available to support GP's and other clinicians including diagnosis, management and reducing risk of exacerbation's, pharmacological management, Rescue packs, inhaler types and devices.

Urgent and emergency care

System Operations and Resilience Groups (SOARs) are now well established in Norfolk and Waveney, locality focussed to help to manage system pressures, including ambulance handover delays and waiting times for admission or in the Emergency Departments of hospitals.

Attendances at the Queen Elizabeth Hospital, King's Lynn Emergency Department remained high Performance will be improved by increased capital investment in the Emergency Department (ED) and emergency floor to improve the environment and increase capacity. Phase 2 of this scheme started on 13 January 2020. Other work includes capital investment in Acute Medicine to improve the environment and increase capacity, enabling direct access for GP referred patients and rapid transfer from ED to Acute Medicine. The new Same Day Emergency Care Unit (SDEC) opened on 13 January 2020. The extended Discharge Lounge opened in January.

Ambulance response times remained challenged throughout the year, which has been mirrored across much of Norfolk and Waveney and neighbouring systems.

Our NHS 111 service has been under considerable pressure throughout the year however the number of abandoned calls was within target of 5%. NHS 111 online is live across the STP and patients are continuing to use the live service. National advertising campaigns have assisted with increases in 111 online patient communications.

The out of hours primary care service did not achieve targets for 2-hour or 6 hour home visits. It is recognised that there was limited capacity for clinical review of serious cases as they arose, this resulted in high numbers of urgent requests that may not always have been necessary. Clinicians staffing out of hours bases are also responsible for carrying out home visits and have had to prioritise accordingly. The target to see 95% of patients at an out of hours base within six hours was met for the majority of the year. Where this was not met, winter pressures was a major factor.

Community pharmacy consultation service (CPCS) has launched across Norfolk and Waveney, with the vast majority of Pharmacies signed up to offer this national directed service, which connects patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy.

Winter resilience - in 2019/20 we built on the 'winter director' model from the previous year, with a systematic approach to planning and allocating resources both across the system and in localities. For example this winter we introduced:

- Teams of staff to manage cases of flu in care homes;
- An additional six ambulance rapid response vehicles staffed with paramedics who can treat people at the scene and save them a trip to hospital;
- More than 2000 additional weekend and evening GP/nurse appointments per week;
- Social care Trusted Assessor Facilitators working with residential homes to help people return from hospital;
- Enhanced and enlarged Ambulatory Emergency Care Unit and also discharge lounge within Queen Elizabeth;
- A nurse-led clinic to support homeless people and a night shelter, reducing their reliance on hospitals;
- Additional 30 beds to increase capacity at the hospital;

Day to day pressures were managed with daily calls between October and March involving senior staff from hospitals, community providers, social care, ambulance and the CCG, acting together to manage resources cross system. For example, during moments of severe pressure, a hospital would volunteer to accept incoming patients from other parts of Norfolk and Waveney to ensure patients were seen quicker.

Falls intervention - the ambulance service operates dedicated vehicles, staffed by paramedics, which respond to suspected falls. The crews work to help the patient recover in the short term if an admission can be avoided.

Supporting people who attend emergency departments frequently - A project commenced towards the end of the year to identify people who are high intensity users of the QEHKL emergency department and refer them to community-based support teams who are able to identify the underlying causes of the individual's health crises and put in longer term support.

GP streaming - A new model to assist patients self-presenting at the Emergency Department at QEHKL is being piloted at peak periods of demand. If their condition does not require an Emergency Department specialist, they can be 'streamed' into a primary care treatment room if this is more appropriate. This is staffed by out of hours primary care clinicians.

Mental health and learning disabilities

Strategic transformation

The CCG has continued to work with partners to deliver the Norfolk and Waveney adult and child/young people mental health strategies, working with services users to do so. National ambition and local strategic objectives have been translated into a new Adult Mental Health Transformation Programme, presented to the Mental Health Programme Board, established in November 2019.

A key element of this has been developing the alignment of community mental health teams to Primary Care Networks so that GPs and mental health specialists work even more closely to support patients. The 'Phase One' roll-out has been carried out five 'test' area PCNs, (Lowestoft, Breckland Alliance, Central Norwich Neighbourhood, Fens & Brecks and NN4).

NSFT has also restructured its teams into care groups which cover West Norfolk and South, North Norfolk and Norwich and Great Yarmouth and Waveney, bringing an additional locality focus to delivery of community services.

Out of area placements

The reduction of the number of individuals placed in mental health beds outside Norfolk and Waveney has been a system wide focus. From a high of 1742 out of area bed days in April 209, this reduced to 336 in December but rose again to 883 in March 2020. This reduction was aided by the commissioning of 16 more beds on the Hellesdon Hospital site at Yare Ward. There has also been development of a new approach to Specialist Mental Health Placements and the design of a new service to focus on providing enhanced support to individuals in Specialist Mental Health Placements and new approaches to community support. The enhanced focus has resulted in significant reductions in the number of people in Specialist placements

Community and crisis response

The CCGs in Norfolk and Waveney were successful in bidding for national funding to increase capacity in Crisis Resolution and Home Treatment (CRHT) teams, enabling an increase of 11 Whole Time Equivalent (WTE) staff across Norfolk and Waveney, in addition to the 7.5 WTE additional staff funded by CCGs at the beginning of 2019/20. These resources are key to meeting 'Core Fidelity Standards', which include enabling self-referrals and capacity to provide face to face support in responding to crises.

The CCG and NHS England worked together to commission an enhanced mental health liaison service at the Queen Elizabeth Hospital so that people with mental health needs can be assessed quickly and receive the support they need. This has brought together colleagues from the QEH and Norfolk and Suffolk Foundation Trust into one team.

The CCG and NSFT jointly commissioned Norfolk & Waveney Mind to provide additional support to people with mental health needs. The service – known as the Hub @ A piece of Mind provides an alternative to A&E for adults, with support in premises in King's Lynn and in people's homes. This

has been a partnership initiative involving service users and colleagues from across local services.

Eating disorders

Children and Young People's Eating Disorders services received additional funding in 2019/20 in order to support the nationally recommended staffing levels required in Norfolk and Waveney. Providers and commissioners are working collaboratively to meet and maintain the rapid access to assessment and treatment for children and young people with a suspected eating disorder.

Adult Eating Disorder services have experienced significant demand during 2019/20 plus staffing and recruitment challenges. This is not only the picture for Norfolk & Waveney area but also regionally and nationally. During 2019/20 the CCGs, working together, have significantly increased our support for Voluntary Community Services-focussed Eating Disorder service and introduced a new specialist treatment pathway with the support of our specialist service provider. In 2020/21 we will be working with our regional partners to introduce new models of care for Adults with an Eating Disorder

Prevention and dementia

Suicide prevention support workers have been commissioned through MIND in conjunction with Public health to help support individuals to avoid crisis.

During 2019/20 the CCG implemented targeted health checks for people with serious mental health conditions, resulting in increasing numbers of health checks being completed.

It is important that patients with dementia receive a clinical diagnosis in good time. The CCG GP Lead for Mental Health reviewed patient records in three practices, focussing on those with the largest gap between dementia diagnoses and prevalence. A GP engagement event was also held in November, led by the national dementia team, to support practices in identification and management of dementia. A West Norfolk dementia network was refreshed and dementia data was circulated in GP information packs to enable comparison.

The CCG ended the year with a dementia diagnosis rate of 57.2% compared to an ambition of 66.7%.

We are working to further develop our IAPT offer jointly with physical health care services to support people's mental wellbeing in a number of long term conditions.

Two Mental Health Support Teams providing enhanced targeted support to children and young people in schools and colleges, were launched in January 2020, based in Kings Lynn and North Norfolk and the STP will be bidding for more national funding to put in place similar teams in other parts of Norfolk and Waveney. The UEA submitted a successful bid to deliver accredited training for eight new Emotional Mental Health Practitioners who will be recruited to the two Mental Health Support Teams. This enables specialist training to be delivered locally and build local training capacity.

Community services

The CCG's Network Escalation Avoidance Team was established in the first quarter of 2019. It comprises staff from different community-based health and care organisations working together who take calls from frontline doctors, nurses, social care staff or other professionals when a patient aged 18+ is facing a health or care crisis and might otherwise need to go to hospital. The teams quickly put together a co-ordinated package of care and look at how the person can be supported in the future to avoid a similar crisis.

The NEAT is building capacity, and during the year received about 3-4 referrals per day, preventing 1-2 admissions per day. The NEAT currently operates 'in-hours' Monday to Friday; we hope to develop 'out of hours' operations in 2020.

Ageing Well - Norfolk and Waveney has been selected as one of seven new "Ageing Well" accelerator sites in England to develop a 2-hour community response to help older people remain

safely at home when their heath deteriorates, and avoid hospital admissions. We shall use the NEAT model as the basis for this development work.

Help Hub - the West Local Delivery Group has supported the development of a 'Help Hub' which enables partners from across statutory, community and voluntary sector organisations to jointly discuss and plan support for people with higher needs. The CCG has contributed additional funding to this scheme which is proving to support people to continue to live independently and provide effective support, where required.

Housing support - the CCG has worked with the Borough Council of King's Lynn and West Norfolk to ensure that housing support is available within the Queen Elizabeth Hospital. This helps ensure that there is timely access to support for people who are homeless, require housing adaptations to return home, or other housing related support.

Non-emergency patient transport service - the CCGs in Norfolk (excluding Great Yarmouth) reprocured their Non-Emergency Patient Transport Service, re-awarding the contract to ERS Medical. The new service specification includes most mental health journeys, to ensure a consistent approach for patients and provider organisations.

Better Care Fund

Use of the Better Care Fund (BCF) and Improved Better Care Fund (iBCF) in Norfolk is supporting transformation and integration.

The BCF Plan looks at four key metrics: non-elective admissions; delayed transfers of care; residential admissions and reablement. We are making good progress towards meeting targets for preventing non-elective admissions and permanent admissions to residential care homes. Support to help people to remain at home 91 days after a reablement intervention is short of target, though more recently performance has been at or above target, showing good progress. Delayed transfers of care remain the most significant challenge in Norfolk. A series of ongoing actions to address this are in place including: implementation of discharge-to-assess pathways; the District Direct initiative with local councils to overcome barriers to discharge related to lack of or inadequate housing; and increased capacity in reablement services.

Key successes of the BCF this year include:

- The implementation of a Norfolk wide EBrokerage system care which provides an electronic capability to engage with providers, advertises care requirements to providers capable of delivering the Service Package and provides real-time bed capacity information. The impact has included a reduction in processing time and improved provider response rates;
- Sign-off in October 2019 from the STP A&E Delivery Board to accept and adopt Minimum Discharge Standards to care homes across the system. These include a commitment for hospitals to support homes by providing a dedicated number to be contacted in case of medication queries and other questions related to discharge seven days a week;
- A local project on 'Occupational Therapy - Joint Triage, Allocation and Recording with Community Health' rolling out after evaluation of the pilot identified significant benefits in working in this integrated way. The project was originally established for four months, to determine if a single triage and allocation process, with recording on a single system, was a more efficient and effective way for OTs to work;
- Continuing support for a range of Voluntary and Community Sector organisations to use their strengths and play invaluable roles in supporting to people tackle the pressures which exacerbate poor health. This includes new opportunities such as social prescribing across the whole of Norfolk and Waveney.

Children, young people and maternity (CYPM)

The Norfolk and Waveney Children, Young People and Maternity team worked across the five Clinical Commissioning Groups since 2017. Challenges were consistent with the previous year, such as working within a tight financial climate and redesigning services to reduce gaps in provision and improve quality of patient experience.

Successes during 2019/20 include:

- Children's Community Nursing Team - the CCG has bolstered the capacity of the team within QEHKL that supports children with complex needs, helping to ensure that more children are supported to live at home, where possible, and have access to the best level of care;
- Establishing stronger links with colleagues working across educational establishments and agencies; this included attended locality meetings and raising awareness of service developments with head teachers and Special Educational Needs Coordinators (SENCOs);
- Increased investment in paediatric services. This includes the recruitment of a specialist Paediatric Tracheostomy Nurse to support children in the community and building resilience across the wider workforce;
- Increase funding for in continence services;
- Establishment of mental health workers in schools within King's Lynn and North Norfolk. The two teams of four practitioners will work to support schools and children in education settings with mild to moderate mental health difficulties. This extra capacity will provide evidence based psychological interventions in schools and will create better links with wider services;
- Where possible joining continuing care and education health and care plan reviews being undertaken with families, ensuring greater understanding of partner agencies and most importantly families only telling their story once;
- LD health checks with a focus on the 14+ age group - work is currently in place to promote further understanding on the JustOneNorfolk website;
- Increasing the number of personal health budgets (PHBs) for families, allowing them greater control;
- The establishment of a task and finish group to implement a Suffolk wide communication teaching assistant team. This decision arose from sharing the learning of the Norfolk independent review into speech and language therapy and subsequent engagement with health providers in Worcestershire;
- Child sexual abuse (CSA) therapy for 0-11 years as a pilot across Norfolk.

Further opportunities for development in 2020/21

- Development of a sustainable palliative and end of life strategy for children and families including a rapid response service across Norfolk and Waveney;
- Working collaboratively with partners to meet the requirements of the SEND reforms, ensuring that health need is consistently captured reflecting the needs of the CYP.

Continuity of carer in maternity services has been rolled out throughout England since 2018. Local maternity systems and maternity providers are considering ways of implementing continuity of carer over the next three years. This raises significant workforce and financial challenges, which partners in our system have been addressing together, such as workforce planning sessions.

In addition there has been:

- Recruitment of specialist, dedicated Midwives to deliver improvement targets on smoking in pregnancy;
- Dedicated senior Midwives to fully implement and embed the "Saving Babies Lives Care Bundle v2";
- Standardised and improved joint Consultant Obstetrician / Psychiatrist clinics across the local maternity system (LMS) with standardised training for all clinicians;
- Employment of a Maternity Voice Partnership (MVP) link to work across the 3 MVP groups enabling service user feedback on all transformation activities;
- Aligned all transformation work to include provision for fathers / partners.

Prescribing and medicines optimisation

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. The CCG delivers medicines optimisation through managing the entry of new drugs into the health economy; ensuring formularies and local guidance are aligned to national guidance and engaging with both clinicians

and patients. The Therapeutic Advisory Group considered 250 NICE, regional and local guidelines on therapies and devices providing guidance to CCG's and clinicians on appropriate use and the setting where prescribing should take place.

Cost pressures on the primary care prescribing budgets as a result of price concessions and drug shortages remain challenging, amounting to approximately £1 million per CCG. The Medicines Optimisation (MO) Team produced additional supporting materials to enable practices to implement the NHS England recommendations on conditions that patients should be encouraged to self-manage.

Systems were put into place to enable patients with Type 1 diabetes who fulfilled the commissioned criteria to access Freestyle Libre (a device that enables monitoring of glucose levels while reducing the number of finger prick tests).

There has been a focus on 'deprescribing' in frail patients and drug holidays are being encouraged in patients receiving a class of drugs that are associated with cognitive impairment and falls.

Local acute trusts have successfully worked with the MO High Cost Drugs Team to ensure rapid early adoption of biologic biosimilars, being amongst the first in the country to achieve the significant resultant savings of c£5million in 2019-20 for the local health economy. Trusts have also collaboratively worked through the TAG to develop specialist cost-effective treatment pathways to implement NICE guidance, increasing patient access to specialist therapies

The Medicines Optimisation in Care Home Pharmacist's and Technicians continue to provide a programme of medication reviews for care/nursing home residents through engagement with GP practices and the wider multidisciplinary health and social care system in Norfolk & Waveney. This improves patient safety and residents' health outcomes and reduces waste through delivery of person-centred medication reviews and medicines management advice. Medication reviews undertaken have led to interventions in 80% of cases, a significant reduction in the number of medicines taken contributing to admission avoidance, improved patient care and savings to the health economy.

Norfolk and Waveney palliative and end of life care

The CCG has increased the level of support provided to the inpatient unit at Norfolk Hospice Tapping House, helping to ensure that more people are able to die in a hospice setting, and avoiding unnecessary admissions to hospital.

A key development is the adoption of the Norfolk and Waveney Palliative and End of Life Care Strategy. The strategy's work streams deliver a standardised, integrated clinical model for the delivery of care, which includes clinical notes, documents and tools. One of these is ReSPECT, a Recommended Summary Plan of Emergency Care and Treatment which will be implemented from March 2020 amongst Norfolk and Waveney's health and social care providers. ReSPECT is one of the tools of Advance Care Planning and we will be measuring the take up of ReSPECT and we have been working closely with organisations to support their readiness in implementation.

A key indicator is the Place of Death – Norfolk and Waveney, compared to the England average (in 2016), have a similar proportion of deaths in hospitals across all age groups, except for the 65-84 years age group. We are above the English average for deaths in care homes and significantly below for deaths in hospices, but this reflects the larger number of care homes where people live (and die).

Each CCG has been asked to apply to the national funding allocation, which is additional monies for palliative care for adults and children and young people. We have received proposals from all areas of Norfolk and Waveney which will be considered by a panel for schemes to maintain or improve a CQC rating, develop personalised care and support, specialist palliative MDT services, improve access to support and advice, support education and training and support families and carers.

Digital

The Long Term Plan made a commitment that every patient will have the right to be offered digital first primary care by 2023/24. The GP Contract and planning guidance set some digital targets for primary care. In 2019, the 5 Norfolk and Waveney CCGs worked jointly to procure an Online Consultations System – the GP contract sets out a requirement for all practices to offer online consultations by April 2020, and implementation of the system began in September 2019. The system we have deployed is called Footfall, and in many practices has led to a significant reduction in waiting times for advice/support. This new access method is proving popular with patients and brings benefits to practices in the management of workload, as many consultations can be completed without the need for a visit to the practice.

IT system interoperability across Norfolk and Waveney has moved forward in the last year, with the development of GP Connect. IC24, the NHS 111 provider, can now see the GP patient records for over half the practices in Norfolk and Waveney. Practices can see records and book appointments between EMIS and SystmOne, the two GP practice clinical systems in use. Shortly, this technology will also be used by Ambulance Paramedics and will enable remote booking of Improved Access slots.

Our CCGs have also been awarded £1.1m to digitise older patient records currently held in paper format. This work will be undertaken with 21 practices across the area and will digitise a quarter of a million notes. As well as making the notes available for patients to view online, and reducing the work involved in requests for records, this will create valuable space within GP practices that can be put to use in creating rooms for social prescribers or additional consulting rooms.

The Norfolk and Waveney CCG Digital Team have been successful in securing a Digital First Primary Care Accelerator award from NHS England. This is a revenue investment of £228,000 for this year (19/20), with a recurrent element in future years for up to 5 years. A programme to replace the outgoing NHS network, N3, with the new Health and Social Care network (HSCN) is coming to completion and all GP practices have had their PCs updated to Windows 10 in line with national requirements. The upgrade to Windows 10 for CCG staff will shortly commence.

CCG staff have successfully adopted WebEx this year as a means of video-conferencing between the various CCG bases across Norfolk & Waveney, and this has now been extended to all CCG staff and GP practices.

The CCGs have also worked with partners across the Norfolk and Waveney system to remove fax machines in line with national strategy, providing support for care homes and nursing homes to complete IG toolkit requirements and register for an NHS.net email address.

Research

In 19/20, 63 general practices teams across Norfolk and Waveney recruited over 2300 participants into 25 national research studies. These studies came in from universities across the UK and examined a diverse range of health areas including prevention of cardiovascular disease, medicines management in care homes, treatment of urinary tract infections, modelling disease risk and progression in primary care, and patient views on sharing of health data. The local impact of research on patient care, clinician experience and service delivery is assessed at the end of studies using a survey tool and this information is available on our website: http://nspccro.nihr.ac.uk.

Our GP practices have an established track record of running nationally important studies for their patients. As a result of high patient recruitment across Norfolk and Waveney, the Department of Health and Social Care awarded North Norfolk, West Norfolk, Norwich and Great Yarmouth and Waveney CCGs 20K each of Research Capability Funding in April 2019 to support high quality research development, with South Norfolk CCG receiving RCF on the back of research grant related income. CCGs joined forces, pooling these monies to support the following developments with UEA:

- A self-assessment tool for improving disclosures and help seeking
- Person centred care for patients and carers living with multimorbidity
- The role of community pharmacies in point of care testing
- Supporting smoking cessation

- Dementia, frailty and medicines optimisation

These active research delivery and development programmes are helping the NHS to fulfil its long term vision of basing treatments and care on well tested evidence.

Sustainable development

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

As an individual CCG we acknowledged this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. The work detailed in this section continues in the newly formed Norfolk and Waveney CCG. This includes:

- The introduction of a staff Green Group whose aim is to inform staff to make the right choices in recycling, reducing waste and re-using resources at work. Over time this group will provide support and information to help staff interested in making 'greener' choices outside of work too;
- Norfolk and Waveney CCG building on and sharing the good examples of staff making green choices in the individual CCGs so that all of our staff have access to the highest standard of green choices regardless of where they are based;
- Reducing paper wastage as employees are encouraged to dispose of all paper waste in recycling bins. All secure bin waste is recycled;
- Recycling printer and toner cartridges through our printer supplier;
- Recycle bins for plastic waste, used batteries and plastic bottle tops;
- CCG sites aiming to be free of single use plastics i.e. commissioning of catering suppliers who can supply services using recycled and reusable crockery and cutlery for events.
- All staff being encouraged to use reusable cups and water bottles including reusable takeaway cups for beverages

As a commissioning and contracting organisation, Norfolk and Waveney CCG will need effective contract mechanisms to deliver its ambitions for sustainable healthcare delivery. The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for Norfolk and Waveney CCG, evidence of this commitment will need to be provided in part through contracting mechanisms. We will:

- Ensure that sustainability is included in our approach to procurement and the development of business cases and new services
- Further embed sustainability through the use of a Sustainable Development Management Plan (SDMP). Norfolk and Waveney CCG is forming a Sustainable Development Work Group, which will input into our SDMP and will include as attendees, members of the CCG's Staff Green Group.
- Form links between the CCG's Sustainable Development Workgroup and the excellent work currently being undertaken by local provider organisations to facilitate a more joined up approach to making an impact across the local health system.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. The health and care system in England is responsible for an estimated 4-5% of the country's carbon footprint.

The causes of air pollution and climate change are often the same, so the 'For a greener NHS' campaign will help address both.

The use of digital technology is a major element within the NHS Service Model and was an organisation driver for the CCG during 2019-20, this continues to be a focus for N&W CCG and has had a significant impact on the way we work. Our focus is to continue to develop a digitally enabled workforce and to transform our ways of working. The increased use of digital technologies and social media including WebEx has greatly impacted the need for staff travel.

The COVID-19 incident has created a natural reduction in mileage until the CCG ceased to exist on 31 March 2020. This continues in the in 2020-21 for N&W CCG.

The CCG is based in a building shared with other organisations and using many of the same facilities. This means that the energy, water and waste used by the organisation cannot be specifically attributed to it. The CCG is therefore unable to accurately report against the Sustainable Development Assessment Tool.

Improve quality

During 2019/20 all five Norfolk and Waveney CCGs worked in collaboration to support and deliver quality improvement and patient safety initiatives across the local health and social care system. Alignment of the Nursing and Quality teams across CCG localities has increased resilience within the teams and has resulted in the development of a number of quality improvement programmes across our local acute, community, mental health and primary care partner organisations. This is reflective of the new approach being built with our commissioned service providers to enable continuous improvement through service redesign, integrated care pathways and collective leadership. This has enabled improved patient experience and patient outcomes in the following areas:

During the winter of 2018 and rolling into 2019, NHS West Norfolk Clinical Commissioning Group (WNCCG) implemented a process where the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust's (QEH) discharge team and internal support staff came together with neighbouring CCGs to discuss issues with patient flow and discharges from the acute hospital. WNCCG acted as the point of escalation, available for advice and direction to enable the QEH discharge team resolve challenges and barriers to patients leaving the hospital. Since these calls have been established, discharge delays within the hospital has reduced and patients are have been able to be discharged to their care destination in a timelier manner. WNCCG has also implemented a weekly multidisciplinary team meeting with Norfolk Community Health and Care NHS Trust (NCHC) to ensure there is flow in commissioned intermediate care beds within the community.

WNCCG in collaboration with Norfolk and Waveney CCGs has been working closely with Norfolk and Suffolk NHS Foundation Trust (NSFT) to support in reducing waiting lists, while undertaking harm reviews to enable the service to improve care provision and support for people on a waiting list. In addition, the Access Improvement Task Force has completed a number of audits, with actions taken to ensure that each team understands their data and can put in place arrangements to support people referred, to maintain their safety and what action to take should their condition deteriorate.

WNCCG has been an active member of the Norfolk and Waveney STP strategic pressure ulcer group, supporting the mapping of the pressure ulcer pathways across all providers to standardise practice across the patch. More recently, work has been progressed to achieve reporting alignment amongst the community providers in line with current national guidance.

WNCCG has commenced a pilot started at the beginning of 2020, to deliver an enhanced virtual ward service to local patients to ensure that those with more complex health and care needs can be supported to remain in their own home. A full evaluation will take place on completion of the pilot, however, initial anecdotal feedback has been exceptionally positive.

Friends and Family Test

Norfolk Community Health & Care (NCH&C) - The Trust achieved an overall positive FFT score of 98% at the end of December 2019.

Queen Elizabeth Hospital (King's Lynn) - The Trust achieved an overall positive FFT score of 95% at the end of December 2019.

Norfolk & Suffolk Foundation Trust (NSFT) - The Trust received an overall positive FFT score of 90% at the end of December 2019.

Infection control data

Clostridium difficile

CCG	2018-19 Trajectory	2018-19 Actual	2019-20 Trajectory	2019-20 Actual
West Norfolk	99	62	71	56
South Norfolk	64	44	45	50
Norwich	51	43	49	50
North Norfolk	57	42	43	45
Great Yarmouth and Waveney	69	49	57	53
N&W CCG total	340	240	265	254

For 2019-20 Clostridium difficile data, national classifications changed which means it is not possible to compare 2018-19 data with 2019-20 data. The data that can be compared is the Norfolk and Waveney total. There were 14 more cases in 2019-20 than in 2018-19.

MRSA

CCG	2018-19 Actual	2019-20 Actual
West Norfolk	2	3
South Norfolk	0	1
Norwich	2	0
North Norfolk	1	2
Great Yarmouth and Waveney	2	3
N&W CCG total	7	10

There is a zero tolerance of avoidable MRSA blood stream infections.

E.coli

CCG	2018-19 Actual	2019-20 Actual
West Norfolk	173	160
South Norfolk	134	141
Norwich	112	103
North Norfolk	132	117
Great Yarmouth and Waveney	204	193
N&W CCG total	755	714

E.coli bacteraemia cases have reduced by 36 cases in 2019-20 compared to last year 2018-19.

Engaging people and communities

The CCG has a duty to ensure it works closely with others to help plan and influence local NHS services and one of our key values that sits at the very core of our work, is that of working together for and with patients. We work with and through a wide variety of partner agencies in the voluntary and statutory sectors, including Healthwatch, with patient organisations, individual users of local services and members of the public to make sure we are commissioning services that meet local needs.

We hold meetings in public, encourage questions and feedback throughout the year, work alongside our GP practices and carry our specific involvement and engagement exercises on the overall

direction of local NHS healthcare and specific service proposals.

Merger of the five Norfolk and Waveney CCGs

Between August and September 2019 North Norfolk CCG led on the engagement around the proposed merger of the five CCGs in Norfolk and Waveney. The proposal document 'Moving Forward Together', described how the CCGs would form one strong health commissioning organisation across Norfolk and Waveney with a single governing body. It was felt this will help to address pressing issues and offer greater clarity to patients and professionals. It also supported the NHS Long Term Plan which states that there should "typically" be one strategic commissioner (CCG) in any emerging Integrated Care System (ICS).

The CCGs were interested to know:

1. What local people thought overall on the proposal to merge the five CCGs in Norfolk and Waveney?
2. How the CCGs can make sure they best include the views of local people towards the local NHS and ensure commissioning has a local focus?
3. How can the CCGs make sure local doctors and clinical staff remain involved in the work of a single CCG?

245 people from across Norfolk and Waveney took part in an online survey. The merger was also discussed at patient panels and forums across the area. Partner organisations, and key stakeholders such as MPs, were also contacted and invited to feedback.

Several key themes emerged from the feedback received:

- The merger was largely seen as a positive move to improve streamlining, efficiency and consistency;
- Concerns were raised about keeping a strong locality focus;
- There was support for centralisation for specialist services;
- Robust engagement with staff and local people was considered to be vital in the new organisation.

The Governing Bodies of the five CCGs discussed the feedback in public and each agreed to submit an application to NHS England and Improvement to merge by April 2020. The concerns and issues raised by the engagement were given consideration, and a full 'You Said, We Will' document was produced in response.

Engaging people and communities

We want to hear from local people and communities across West Norfolk in order to ensure that we can incorporate our stakeholder's views and input into the design and delivery of our services.

The CCG has demonstrated commitment to establishing and developing good working relationships with our stakeholders; including patients and local people as well as partner organisations and healthcare professionals across our area. We have undertaken routine engagement activity with, for instance:

- Patient Participation Groups (PPGs);
- West Norfolk Patient Partnership Forum;
- Community Action Norfolk (CAN);
- Patient Advice and Liaison Service (PALS);
- Maternity Voices Partnership (King's Lynn and Wisbech);
- Healthwatch Norfolk;
- Norfolk Health Overview and Scrutiny Committee (NHOSC);
- Patient representatives on statutory groups;
- Patient representatives on pathway development work.

The CCG's approach to public engagement and consultation is to use a variety of mechanisms, methods and approaches to engage with as wide a range of people as possible.

We use the following methods to gather feedback and input:

- Stakeholder events;
- Focus groups;
- Questionnaires/ surveys;
- Public meetings;
- Consultations;
- Patient stories/opinion gathering;
- Newsletters;
- Media;
- Social media forums – Twitter, Facebook.

The volume and impact of the engagement work the CCG has done in 2019/20 is reviewed below. This illustrates the CCG's commitment to involving patients, the public and wider stakeholders in their work, and how involving patients has brought about improvements for the wider local population.

Community Engagement Forum

Hearing the voice of the people of West Norfolk is vital when planning and commissioning health services that meet the needs of the local population. West Norfolk CCG's Community Engagement Forum meetings are one of the ways in which organisations who represent a diverse range of communities and interests can share their views with the people who help to plan local health services.

Our meetings are held quarterly and provide an ideal opportunity for patient groups, support groups and established organisations to come together to learn more about the work of the CCG and more importantly influence and assure the work of the CCG in relation to public involvement.

We invite speakers from within the CCG team and organisations, who provide health services to share information on the projects they are working on along with providing an opportunity for the members to share information from their own groups. The aim of the Forum is to bring these groups together and encourage active participation and two-way dialogue with the CCG about local health services

West Norfolk Patient Partnership

The Chairs and/or representatives of our PPGs meet together on a bi-monthly basis to form the West Norfolk Patient Partnership, where they discuss common issues. West Norfolk CCG's Deputy Chair and Lay Member for Patient and Public Involvement attends the meetings to provide a direct link between the PPGs and the CCG, so the CCG can understand the issues that are affecting the patients locally, and keep two-way communication channels open. This communication also gives our patients the opportunity to influence the commissioning process. PPGs take an active role in promoting the CCG's public events and feeding information back to their patient population.

Public and Patient Forum

A Public and Patient Forum was held on 11 March 2019 at the Town Hall in the centre of King's Lynn. The venue was chosen for its central location, accessibility, and proximity to both car parking and public transport. The event, which was held in the afternoon and again in the evening to give maximum opportunity for attendance, was part of the on-going dialogue between the CCG and its partners, stakeholders, patients and the public.

Local health care providers and voluntary groups were invited to have information stands at the event. Those attending included: Norfolk 0-19 Healthy Child Programme, West Norfolk Carers, Alzheimer's Society, Community Action Norfolk, Care and Repair, Careline/ LILY and the King's Lynn Heart Support Group.

The events focused on:

- The findings of a recent review of Patient Access and Experience;
- Population health management;

- The work of the Local Delivery Group; and Creating an Integrated Care System for Norfolk and Waveney.

An invitation was emailed to more than 350 stakeholder organisations, patient groups and individuals. To supplement this, and to maximise public awareness of the events, a press release was circulated, a quarter-page advertisement was placed in the local press, and messages were posted on social media. An e-poster was circulated to GP practices and Patient Participation Groups. Both of these events were well attended.

The event opened with a presentation given by Community Action Norfolk (CAN) which had been commissioned by the CCG to undertake a review of patient access and experience, focusing on patients from specific demographics such as Lesbian, Gay, Bisexual and Transgender (LGBT) or deaf/hard of hearing.

This was followed by presentations from the CCG's Accountable Officer and Director of Commissioning, Strategy and Delivery about the work of the LDG and population health management; participants then had an opportunity to discuss issues that they felt would make a difference to their health care. A summary report about these events was placed on the CCG's website, which is now archived:
http://tnaqa.mirrorweb.com/20200325122041/https://www.westnorfolkccg.nhs.uk/

West Norfolk CCG AGM

West Norfolk CCG held its sixth Annual General Meeting (AGM) on 1 August 2019 at the historic Town Hall in King's Lynn.

A number of local health and care providers and voluntary groups attended the meeting to promote their services at display stands.

John Webster, Director of Strategic Commissioning for the Norfolk and Waveney CCGs, the former Accountable Officer for the West Norfolk CCG, presented a report reviewing the year's activities.

The meeting also covered the presentation of the CCG's annual report and accounts for 2018/19, and there was a discussion panel with questions from the public.

GP Members Forum - protected learning time sessions

The GP Members Forum format of previous years has been replaced with 'Protected Learning Time (PLT) sessions. This time frees up GP Practices to close for the afternoon to take part in essential training updates. IC24 provides medical cover for GP practices to enable staff to attend these sessions. The first session of PLT was held on the 11 September 2019, seven separate training sessions were held across the West Norfolk patch situated in the practices themselves and over 170 staff members signed up using EventBrite to attend these sessions.

These sessions were put together using subjects practices that have indicated are important and useful to them, and feedback was also collated after the events to continue to improve the sessions going forward. Topics covered included: Transgender patient information, dealing with difficult patients, dealing with complaints, primary care workforce and heart failure update. The sessions were deliberately spread out across the patch, giving staff members an idea of what other practices are like and also giving them chance to liaise with other staff members in similar job roles to encourage cross-practice working. The feedback collated has from these sessions has been very positive.

Local Delivery Group

As part of the work to transform health and care services through the Norfolk and Waveney Health and Care Partnership (STP), West Norfolk CCG and other health, council and voluntary partners have established a Local Delivery Group.

This group meets on a monthly basis and its purpose is to implement and monitor local delivery of transformational service initiatives identified by the STP programme. Work is currently underway to

introduce population health modelling to help redesign how we deliver health and care services in West Norfolk.

Over the course of the year we have built on the work achieved through last year's NEAT pilot. Across Norfolk and Waveney we now have a Network of Escalation Avoidance Teams providing a consistent offer of support to people most at risk of a hospital admission. Locally our West Norfolk NEAT team has supported 549 people in crisis this year, working with our health, social care and voluntary and community sector partners to keep as many people as possible in their preferred place of care. Our NEAT service will continue to grow in 2020/21 as the Ageing Well accelerator programme works towards achieving two-hour crisis response and two-day reablement.

The membership of this group includes patient representatives, Healthwatch Norfolk and Community Action Norfolk (CAN) to ensure the patient's voice is heard throughout these meetings and when considering new schemes and initiatives.

360 stakeholder survey

Key stakeholders were invited to take part in the CCG's annual 360 survey during January and February 2019, however due to an error by Ipsos Mori which meant that recipients didn't receive the survey and an inability to conclude the process, it was agreed that the report is invalid and therefore has not been published.

Patient and Community Engagement Indicator (IAF)

The 'Patient and Community Engagement Indicator' in the CCG IAF is formally known as 'Indicator 57: Compliance with statutory guidance on patient and public participation in commissioning health and care – 166a'. The indicator evidences CCGs' implementation of the revised statutory guidance on patient and public participation in commissioning health and care and therefore their compliance with their statutory duty to involve the public (14Z2).

The criteria for the patient engagement indicator are closely linked with the 'key actions' in the statutory guidance and are grouped under five themed domains, as follows:

A. Governance;
B. Annual reporting;
C. Day-to-day practice;
D. Feedback and evaluation;
E. Equalities and health inequalities.

Evidence for the indicator is taken from information available on CCGs' websites, as these provide the 'front door' to the work of CCGs, and offer a snapshot of engagement that remains relatively fixed, to provide a consistent basis for assessment. Each CCG is required to fill in an evidence template, providing a description of change from the previous year and this is then used as the basis for the assessment.

The assessment for each domain is converted to a score as follows:

Outstanding = 3
Good = 2
Requires improvement = 1
Inadequate = 0

In 2019, West Norfolk improved on its final score from 7 to 9 points, giving an Amber rating overall. In February, 2020 the Norfolk and Waveney CCGs, which merged on 1 April 2020, made a single submission under the assessment now known as the NHS Oversight Framework Patient and Community Engagement Indicator.

Public consultation: Provision of primary care (GP) services to the patients of Fairstead

Vida Healthcare, an NHS partnership which provides primary care services for over 37,000 patients at six West Norfolk health centres undertook a public consultation over the summer of 2019 with patients and the public on the future of primary care (GP) services provided to the residents of the Fairstead estate in King's Lynn.

Vida Healthcare provides primary care (GP) services for patients on three sites in King's Lynn. Gayton Road Health Centre is the site of the main surgery and Fairstead and St Augustine's are branch surgery sites. One of these sites, the Fairstead branch surgery, is not fit for purpose, having been deemed non-compliant with the Care Quality Commission (CQC) building standards in 2012.

The consultation, which was run on behalf of Vida Healthcare by Healthwatch Norfolk and supported by NHS West Norfolk Clinical Commissioning Group (CCG), began on Thursday, 30 May 2019 and finished on Friday, 30 August 2019.

Vida Healthcare's preferred proposal, as outlined in the consultation document, was to expand the Gayton Road Health Centre and the St Augustine's branch surgery, close the Fairstead branch surgery, and offer all Fairstead patients access at one of the other two sites.

All residents, stakeholders and those with an interest in the Fairstead surgery were invited to participate in the consultation, with a number of events and meetings organised for local people and councillors to have their say on the proposals.

Over the 90-day consultation period, Healthwatch Norfolk organised a range of community stakeholder engagement opportunities. A range of techniques and opportunities were adopted with the aim of ensuring that participation in the consultation process was accessible for as much of the community as possible.

Three public meetings were held during June, July and August which were open for anyone to attend and were intended to help inform residents, patients and stakeholders of the proposals, as well as to give attendees an opportunity to pose questions to those involved in the decision-making process.

A consultation survey was coproduced by Vida, West Norfolk CCG and Healthwatch and was hosted on the Healthwatch website.

Due to the large proportion of elderly, digitally-excluded patients that could be affected by the proposals, paper copies of the consultation survey were also made available. A series of eight pop-up events were also organised in the area to help raise awareness of the consultation and encourage local people to take part. A total of 339 completed responses were received from the consultation surveys.

Two meetings were organised by the CCG with local councillors to discuss the consultation and issues around Fairstead branch surgery, the first in August 2019 and the second in October 2019. A third meeting took place in January 2020 to inform councillors of the proposed position and next steps.

Having listened to local peoples' views, Vida Healthcare asked the CCG to support them in reviewing alternative options for the Fairstead branch surgery. The CCG approved a recommendation not to approve the closure of the Fairstead branch surgery at a meeting of the West Norfolk Primary Care Commissioning Committee on 31 January 2020.

Committee members also approved the next steps to embark on a wider piece of work to look at other options and the establishment of a community group to take this work forward.

In the meantime Vida Healthcare has confirmed it will continue to provide care for the people of Fairstead and to continue to provide services from the Fairstead building. In tandem it will also continue to develop plans to expand at Gayton Road in order the support population growth in the area.

We will continue to work with the local community and wider partners to develop a range of further options for consideration and this work will take place between February and May 2020. This will be followed by a further briefing to this committee on our preferred approach.

Community Action Norfolk (CAN) West Norfolk CCG Equality Delivery System engagement

Community Action Norfolk (CAN) was commissioned to undertake research and engagement work on behalf of West Norfolk CCG in order to gather baseline information to support future activity aligned to Equality Delivery System (EDS) outcome two: “Improved Patient Access and Experience”.

CAN’s research comprised a series of focus groups targeting key cohorts, as well as a broader survey to attempt to quantify some of the themes from more detailed focus group discussions.

Seven focus groups covered themes:

- People with learning difficulties;
- Younger people;
- Those with long term conditions (deafness and osteoporosis);
- Carers;
- Those whose first language is not English;
- The unemployed;
- The homeless.

Focus groups were put together using links with local VCSE groups associated with these cohorts.

The report states that nearly all focus group participants described their overall experience of NHS services as a positive one and the majority of services were regarded as predominantly good or very good. Staff were praised for their “caring attitude” and taking time to explain “what was going on”.

The report highlights a number of areas for learning and noting in order to improve and change patients’ perceptions of NHS services. While the CCG does not have the power to solve all of the issues raised, action could be taken to help to address some of them and further work can be done with our partners and in particular GP practices, to highlight the issues raised.

An action plan, first presented to the Governing Body in May 2019, has been reviewed and actions noted. Highlights include a number of training/awareness events organised for West Norfolk GPs with sessions including:

- A learning disabilities (LD) training event “Accessing Mainstream Services for people with learning disabilities - what an outstanding LD health check looks like” provided by NCH&C;
- A transgender training event with Dr Aidan Kelly, a clinical psychologist from the Gender Identity Development Service (GIDS) at the Tavistock Centre in London.
- A session for GPs on supporting patients diagnosed with cancer and another for those experiencing domestic abuse;
- Training around best practice for handling complaints provided by the CCG’s Senior Complaints Service Manager.

The report has been shared with patients, stakeholders and the public via the CCG’s Patient and Public Forum stakeholder events in March 2019. There was an opportunity for questions and feedback about the report at these events.

The report was circulated to West Norfolk CCG staff in March 2019 and suggestions/comments around actions and feedback were sought. It was presented to the CCG’s Patient Safety and Clinical Quality (PSCQ) team meeting on March 20, 2019.

Mental Health Coproduction Advisory and Assurance Group

Following the publication of the Norfolk and Waveney’s Adult Mental Health Strategy in March 2019, which was developed following the involvement of over 2500 people locally, further engagement and involvement of people and stakeholders with a lived experience of mental health conditions was guided by the Mental Health Coproduction Advisory and Assurance Group.

The Group is formed of people who have an experience of mental health conditions and using local mental health services, carers, voluntary sector representatives, mental health clinicians and practitioners, social care leads and commissioners. It advises on how to most effectively engage with the people who need to be involved in the development of mental health projects running in Norfolk and Waveney.

In 2019-20, the group advised on the following projects:

Supporting the management of mental health issues in Primary Care:

- The group told us we needed to coproduce our qualitative outcomes of a new model for supporting people with mental health needs more effectively in Primary Care.
- We held a stakeholder event and dedicated workshops with the Coproduction Advisory and Assurance Group to prioritise and define qualitative outcomes that underpin the new model. This included important outcomes focused on the needs of carers of people with mental health conditions.

Improving services and support for people experiencing Crisis:

- People with experience of mental health crisis and carers are part of the Crisis workstream, focused on a range of projects aimed at improving support and care for people in crisis with a mental health need.

The group told us we needed to focus on the wider determinants of mental health crisis, and prioritised housing as a key point of development.

Supporting engagement towards the Norfolk and Waveney Health and Care Partnership five year plan

The NHS Clinical Commissioning Groups in Norfolk and Waveney are a part of the Norfolk and Waveney Health and Care Partnership, and we are working together to develop a five year plan for health and care in Norfolk and Waveney.

We've heard from and spoken to lots of local people, organisations and health and care professionals about what they would like to see in our plan. Over the summer of 2019, we used the Dialogue application to hold real-time discussions about the ideas that local people and patients had regarding improving health and care.

Throughout the plan, we have provided evidence of how what people have told us has shaped our thinking - this is summarised on pages 25-26 of the plan. Throughout each thematic section, we have also asked the question 'How will we engage going forward?', which contains analysis of how people have told us they wish to be involved and the wider delivering of the plan.

The plan also focuses on our approach to tackling health inequalities across Norfolk and Waveney, utilising Public Health England's 'Place-based approaches to reducing health inequalities' (2019). We outline our commitment to this approach – and the forums and networks we will work with – on pages 37-40 of our plan.

You can download the latest version of Norfolk and Waveney's five year plan via Norfolk and Waveney's Health and Wellbeing Board's website: https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/stp-five-year-plan

Cancer workstream – engaging with minority ethnic communities

The CCGs also worked with the Norfolk branch of the National Federation of Women's Institutes on the 'Don't Fear the Smear' campaign, aimed at discussing screening with women across rural communities in Norfolk and Waveney. This engagement targeted working with existing community networks across primarily rural areas, where there is less access to digital technology.

Work has been underway during 2019 to ensure that there are robust structures are in place to

monitor and promote engagement and consultation processes within the single CCG after 1 April 2020.

Improving dementia services

The CCG has been working with NHS England and colleagues across Norfolk and via the local West Norfolk Dementia Network to support improved dementia services.

This has included a pilot project to support patients attending seven GP Practices, delivered by the Alzheimer's Society, and promotion of dementia services and support via the Lily service provided by the Borough Council of King's Lynn & West Norfolk in conjunction with a consortium of local voluntary sector organisations.

The West Norfolk Dementia Network was set up by the CCG and includes representatives from NHS England, voluntary organisations, carer representatives, the Queen Elizabeth Hospital King's Lynn, Norfolk Community Health and Care NHS Trust and the Norfolk and Suffolk Foundation Trust.

This group has helped inform our work in meeting the dementia diagnosis target. A dementia public-awareness campaign began in spring 2019 to encourage people to seek an early diagnosis so they can access help and support at an early stage. Leaflets for GPs and patients have been produced and are available on the CCG's website.

Patients help to shape improved respiratory and heart services in West Norfolk

Patient feedback and experience has helped to shape improved respiratory and heart services in West Norfolk. West Norfolk Clinical Commissioning Group (CCG) has invested in an enhanced respiratory and heart failure service in an agreement with Norfolk Community Health and Care (NCH&C).

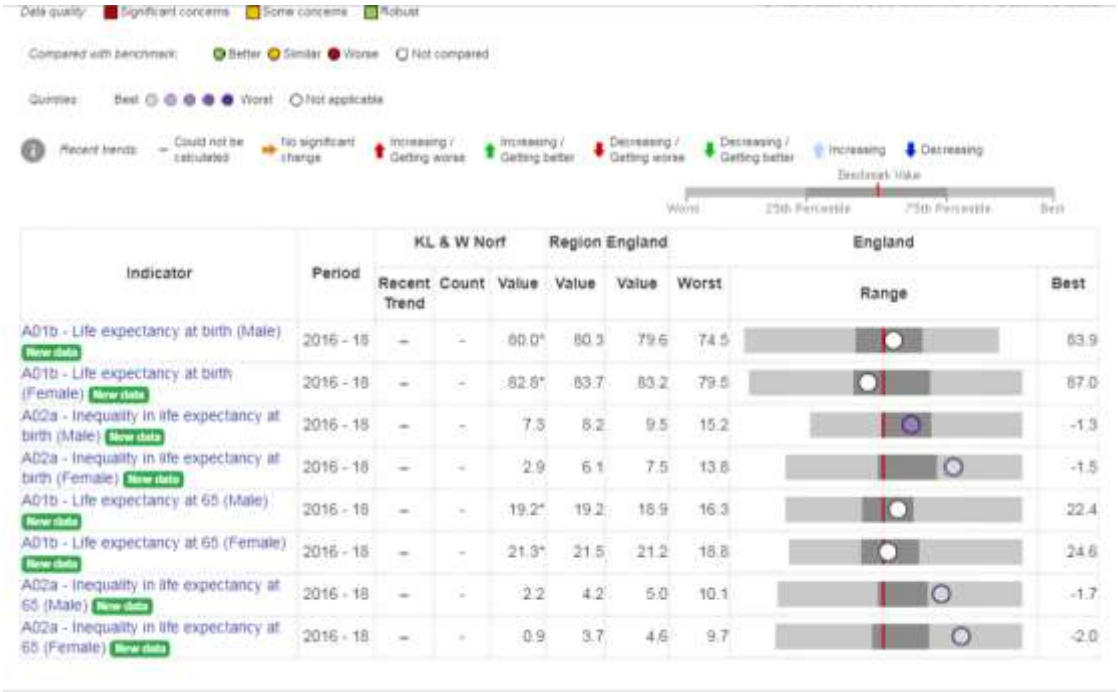
The service aims to reduce hospital admissions, invest in community services and deliver improved patient outcomes. This agreement has enabled the expansion of Chronic Obstructive Pulmonary Disease (COPD) and Oxygen Service, providing an improved, patient-centred and responsive specialist nursing service for people with COPD across West Norfolk. This will enable patients to better manage their condition, helping them to maintain a better quality of life.

Reducing health inequality

The health of our population

West Norfolk has a diverse patient population focused on market towns in a primarily rural area. The key issues that determine the health needs of people in West Norfolk are:

- A rapidly ageing population;
- Pockets of urban and rural coast deprivation;
- Higher than average incidence of disease; and
- Unwarranted variation in some service performance.



Indicator	Period	KL & W Norf		Region England	England			
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
A01b - Life expectancy at birth (Male)	2016 - 18	–	-	80.0*	80.3	79.6	74.5		83.9
A01b - Life expectancy at birth (Female)	2016 - 18	–	-	82.6*	83.7	83.2	79.5		87.0
A02a - Inequality in life expectancy at birth (Male)	2016 - 18	–	-	7.3	8.2	9.5	15.2		-1.3
A02a - Inequality in life expectancy at birth (Female)	2016 - 18	–	-	2.9	6.1	7.5	13.6		-1.5
A01b - Life expectancy at 65 (Male)	2016 - 18	–	-	19.2*	19.2	18.9	16.3		22.4
A01b - Life expectancy at 65 (Female)	2016 - 18	–	-	21.3*	21.5	21.2	18.8		24.6
A02a - Inequality in life expectancy at 65 (Male)	2016 - 18	–	-	2.2	4.2	5.0	10.1		-1.7
A02a - Inequality in life expectancy at 65 (Female)	2016 - 18	–	-	0.9	3.7	4.6	9.7		-2.0

There is further information at https://fingertips.phe.org.uk/profile/public-health-outcomes-framework from where the above data table has been extracted.

The CCG has robust systems in place to ensure its duties in respect of Equalities are fully carried out. This can be from the use and monitoring of Equality Impact Assessments and Quality Impact Assessments to the planning and delivery of projects when commissioning or monitoring the effectiveness of services. The CCG has implemented EDS2 to help meet the Public Sector Equality Duty and to improve their performance for people with characteristics protected by the Equality Act 2010.

The CCG drew on multiple sources of evidence, such as NHS England Right Care Equalities Data, Norfolk Insight data and local population data provided by district councils. Public Health Outcomes Framework data is also used to inform CCG work: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000049/pat/6/par/E12000006/ati/202/are/E10000020

We also worked with and through a wide variety of partner agencies in the voluntary and statutory sectors, including Healthwatch, with patient organisations, individual users of local services and members of the public to make sure we are commissioning services that meet local needs.

The five year plan for Norfolk and Waveney was developed in-year, and demonstrates how demographic data relating to inequalities and life expectancy is used to plan future services. It can be read at https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/stp-five-year-plan

How the CCG has worked to reduce health inequalities is reported throughout this Annual Report and in the section below. Examples include:

- Delivering aspects of the Health and Wellbeing Strategy;
- The CCG has used the RightCare approach to identify and target opportunities to improve health and reduce inequalities;
- Delivery of the National Diabetes Prevention Programme;
- Practices and pharmacies have carried NHS health checks commissioned by Public Health;
- The King's Lynn Primary Care Network is managing a project to provide interpreting and health education support for Lithuanian and Russian patients. The demographic mix of patients within this PCN is not typical of West Norfolk as it has a high proportion of Eastern European non-English speakers;
- Homeless Support: The Borough Council and CCG have jointly invested in a mental health practitioner to help homeless people, in conjunction with the Purfleet Trust. The CCG has also established a nursing clinic at the Purfleet Trust premises in King's Lynn to attend to physical health needs.

Health and wellbeing strategy

The CCG is an active participant in the work of the Board and contributes towards the delivery of the 2018-2022 Health and Wellbeing Strategy for Norfolk.

The Health and Wellbeing Strategy has four key priorities which the CCG has worked to support:

Health and Wellbeing Board priority	How the CCG is supporting the Health and Wellbeing Board priorities
A single sustainable system Health and Wellbeing Board partners taking joint strategic oversight of the health, wellbeing and care system – leading the change and creating the conditions for integration and a single sustainable system.	The CCG is a partner in the Norfolk and Waveney Health and Care Partnership (STP) which works in partnership with the Health and Wellbeing board to deliver its priorities. The five CCGs have created a single management team and merged on 1 April 2020.
Prioritising prevention A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.	The CCG supports Public Health prevention priorities such as smoking cessation; it has also helped to promote the Every Mind Matters campaign which encourages people to take simple steps to improve mental wellbeing and prevent low mood. GP Practices have been supported to identify and train diabetes clinical champions and undertake further clinical training. The CCG has also commissioned structured education for people with Type 2 diabetes to prevent further ill health. The MyCOPD app is available to patients who are currently engaged in a pulmonary rehabilitation programme in Norfolk and Waveney. NSFT and WNCCG have jointly commissioned a 'Mental Health Hub' (provided by West Norfolk Mind) to help support people with mental health issues before they reach crisis point. Our partnership's commitment is to reduce suicide rates in Norfolk and Waveney by 10% in 2020/21. We have received national funding to support this.
Tackling inequalities in communities	WNCCG has supported Norfolk County Council colleagues in rolling out 'Social Prescribing' across all practices. This is supporting patients to access the right community support services that are best able to support them with non-medical issues. Primary Care Networks and their practice members are making best use of local data to identify the most prevalent illnesses and offer targeted support, particularly around frailty, asthma and diabetes, to help patients prevent their conditions worsening if possible. The CCG's Cancer Team carried out an engagement programme with the Gypsy, Roma and Travelling communities, and the Learning Disabilities community in West Norfolk to understand how we can better meet their screening needs. In January 2020 we launched a Get Checked campaign across Norfolk and Waveney. This encourages everyone to have their blood pressure checked. Nearly 130,000 people in Norfolk and Waveney are expected to have high blood pressure that has not been diagnosed.

Integrating ways of working Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.	As part of the work to transform health and care services across Norfolk and Waveney, five Local Delivery Groups (LDGs) have been established, with one in West Norfolk. The LDG meets on a monthly basis in King's Lynn. Partners include: • NHS West Norfolk CCG; • Norfolk County Council; • Norfolk Community Healthcare NHS Trust; • Norfolk and Suffolk NHS Foundation Trust; • Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust; • Borough Council of King's Lynn and West Norfolk; • West Norfolk Healthcare Ltd; • Healthwatch; • Community Action Norfolk. WNCCG, working with its partners, has developed further its Network Escalation Avoidance Team (NEAT), a multi-disciplinary team that puts an integrated package of care in place for people who develop a health crisis. The CCG has led development of the Norfolk and Waveney Health and Care Partnership five year plan which sets out numerous ambitions to integrate services. The plan was presented to the Board at its January meeting.

The Norfolk Health and Wellbeing Board has been consulted over the contents of this section of the report. It was sent to the March 2020 meeting of the Board for information and comment.

Melanie Craig
Accountable Officer
23 June 2020

ACCOUNTABILITY REPORT

Corporate Governance Report

Members' report

How the CCG is run

The CCG was a clinically-led membership organisation whose members were the 21 constituent general practices.

The member practices of the CCG were accountable for exercising the statutory functions of the Group and meet as a Council of Members.

Members have voting rights and make the important decisions about local healthcare. The Council of Members was an opportunity for the doctors to discuss local healthcare issues from a clinical perspective, these meetings were not held in public.

The Council could grant authority to act on its behalf to any of its members; its Governing Body, employees, a committee or sub-committee of the Group. The extent of the authority of the respective bodies to act on behalf of the Council and individuals was expressed through the CCG's Scheme of Reservation and Delegation and, for committees, their Terms of Reference as contained in the CCG's Constitution, a copy of which is available on an archived version of the CCG's website: http://tnaqa.mirrorweb.com/20200325122041/https://www.westnorfolkccg.nhs.uk/

The Governing Body was established by the members to develop and monitor the CCG's strategic and operational plans, its financial and business reporting and for reviewing the effectiveness of the CCG's system of internal control.

In 2019/20 the Governing Body met six times in public and twice during the year for Board development sessions. The agenda, papers and minutes for public meetings were published on the CCG's website and therefore publicly accessible. The Governing Body was supported by the Audit Committee, the Clinical Executive, the Finance and Performance Committee, the Patient Safety and Clinical Quality Committee and the Remuneration Committee. The Executive Management Team met to address operational issues. The Audit Committee was supported in its work by the Conflicts of Interest Committee and the Information Governance Committee. The Primary Care Commissioning Committee continued to review primary care services for West Norfolk. All committees met regularly throughout the year.

All investment decisions over EU Procurement Threshold were made by the Governing Body or Norfolk and Waveney Joint Strategic Commissioning Committee as per the Scheme of Delegation. The Audit Committee critically reviewed the CCG's financial reporting and internal control principles and had overall responsibility for ensuring that an effective system of integrated governance, risk management and internal control was in place.

In accordance with statutory legislation, the members have delegated responsibility to the Governing Body and its committees for:

- Ensuring that the Group had appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Group's principles of good governance (its main function);
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the Group and the allowances payable under any pension scheme it established in accordance with the National Health Act (2006 Act);
- Approving any functions of the Group that were specified in regulations (2006 Act).

West Norfolk CCG's members

Member practices

Location	Address	Practice website
Boughton Surgery	Chapel Road, Boughton, King's Lynn, Norfolk, PE33 9AG	www.boughtonsurgery-norfolk.nhs.uk
Bridge Street Surgery	30-32 Bridge Street, Downham Market, Norfolk, PE38 9DH	www.bridgestreetsurgery.co.uk
The Burnhams Surgery	The Burnhams Surgery, Church Walk, Burnham Market, Norfolk, PE31 8DH	www.burnhammarketsurgery.co.uk
Campingland Surgery	Campingland, Swaffham, Norfolk, PE37 7RD	www.campinglandsurgery.co.uk
Feltwell Surgery	Old Brandon Road, Feltwell, Thetford, Norfolk, IP26 4AY	www.feltwellsurgery.co.uk
Great Massingham Surgery	The Surgery, Station Road, Great Massingham, King's Lynn, Norfolk, PR32 2JQ Bayfield Surgery, High Street, Docking, King's Lynn, Norfolk, PE31 8NH	www.massingham-dockingsurgeries.co.uk
Grimston Medical Centre	Congham Road, Grimston, King's Lynn, Norfolk , PE32 1DW	www.grimstonmedicalcentre.co.uk
Heacham Group Practice	45 Station Road, Heacham, King's Lynn, Norfolk, PE31 7EX	www.heachamgrouppractice.org
The Hollies Surgery (Vida Healthcare)	Paradise Road, Downham Market, Norfolk, PE38 9JE	www.vidahealthcare.nhs.uk
Howdale Surgery	Howdale Road, Downham Market, Norfolk, PE38 9AF	www.howdalesurgery.co.uk
Litcham Health Centre	Manor Drive, Litcham, King's Lynn, Norfolk, PE32 2NW	www.litchamhealthcentre.co.uk
Manor Farm Medical Centre	Mangate Street, Swaffham, Norfolk, PE37 7QN	www.swaffham-doctors.co.uk
Plowright Medical Centre	1 Jack Boddy Way, Swaffham, Norfolk, PE37 7HJ	www.plowrightmedicalcentre.co.uk
Southgates Medical and Surgical Centre	41 Goodwins Road, King's Lynn, Norfolk, PE30 5QX	www.southgates.org.uk
St Clement's Surgery (Village Health)	Churchgate Way, Terrington St Clement, King's Lynn, Norfolk, PE34 4LZ	www.stclementssurgery.com

St James' Surgery	County Court Road, King's Lynn, Norfolk, PE30 5SY	www.stjamesmp.co.uk
St John's Surgery	Main Road, Terrington St John, Wisbech, Cambs, PE14 7RR	www.terringtonstjohnssurgery.nhs.uk
Upwell Health Centre	Townley Close, Upwell, Wisbech, Cambs, PE14 9BT	www.upwellhealthcentre.nhs.uk
Vida Healthcare	Gayton Road Health and Surgical Centre, Gayton Road, King's Lynn, Norfolk, PE30 4DY Fairstead Surgery, Centre Point, Fairstead, King's Lynn, Norfolk, PE30 4SR Hunstanton Medical Practice, Valentine Road, Hunstanton, Norfolk, PE36 5DN Carole Brown Health Centre, St Nicholas Court, Church Lane, Dersingham, Norfolk, PE31 6GZ St Augustine's Surgery, Columbia Way, King's Lynn, Norfolk, PE30 2LB	www.vidahealthcare.nhs.uk
Watlington Medical Centre	Rowan Close, Watlington, King's Lynn, Norfolk, PE33 0TU	www.watlingtonmedicalcentre.co.uk
Wootton's Surgery (part of Southgates and The Woottons)	Priory Lane, North Wootton, King's Lynn, Norfolk, PE30 3PT	www.woottonssurgery.co.uk

The Governing Body

The Governing Body comprised seven GPs appointed from local practices, four lay members, a secondary care doctor, a registered nurse and the Accountable Officer and Chief Finance Officer as executive members of the CCG.

The membership ensured that all decisions were clinically led and focused around the needs of patients. The chair was nominated from the GP representatives and voted on by the Governing Body.

The gender balance of the Governing Body members over the course of the year was 53% men and 47% women.

The Norfolk and Waveney CCG staffing was merged into a single management team during 2019/20 and in April 2019 the Accountable Officer, John Webster and the Chief Finance Officer, Howard Martin moved to roles in the new structure where they were no longer board members. The Board was joined in April 2019 by Melanie Craig as Accountable Officer and John Ingham as Chief Finance Officer for Norfolk and Waveney CCGs. Dr Lata Motwani joined the Board in August 2019.

On 1st April 2020 West Norfolk CCG merged with the four other CCGs in Norfolk to form Norfolk and Waveney CCG. The members of West Norfolk CCG Governing Body for 2019/20 were:

Dr Paul Williams, Chair

Originally from South Wales Dr Williams has been a GP in West Norfolk for 32 years, based in Upwell. He trained in medicine at St. George's Hospital in London and completed his GP training in Cardiff. Dr Williams was a GP trainer and has been involved in medicines management and prescribing for many years, originally working in the Fenland area before moving to West Norfolk when the boundaries were changed a few years ago. During his time at medical school Dr Williams obtained a BSc in Basic Medical Sciences with pharmacology, from where his interest in therapeutics and drugs stems. He became Chair of West Norfolk CCG in October 2017.

Dr Williams has worked at Upwell Health Centre for a number of years, and took partial retirement in June 2018. He is also the managing director of Welle Limited which owns the pharmacy on the health centre site. Dr Williams' interests in practice have been child development, respiratory medicine and endoscopy having spent more than ten years as a GP endoscopist at the North Cambridgeshire Hospital in Wisbech. He became involved in commissioning when the idea of a local CCG was first mooted and was part of the transitional executive for West Norfolk which steered us through the formation of the CCG. Dr Williams is a passionate believer in the NHS and is determined our taxes should be spent as wisely as possible to ensure we have a value for money quality service that is free at the point of use for the population as a whole. He has been heavily involved in the moves to create an Integrated Care Service in Norfolk and Waveney and in the plans to merge the five Norfolk and Waveney CCGs into a new CCG from 1 April 2020. He also believes strongly that each of us has a responsibility to use the NHS wisely so that it can survive and continue to offer healthcare to our children and grandchildren.

Melanie Craig, Chief Officer for the five NHS Clinical Commissioning Groups in Norfolk and Waveney from 29 April 2019

Melanie Craig was appointed Chief Officer for the five NHS CCGs in Norfolk and Waveney from 29 April 2019 and also the executive lead for the Norfolk and Waveney STP.

Melanie joined NHS Great Yarmouth and Waveney CCG in February 2017, leading it from a rating of ‘inadequate’ to ‘good’ in one year.

Prior to this Melanie was Chief Officer of NHS Southend CCG, where she led the organisation through challenging times, providing financial stability whilst developing joint working arrangements with the local council and the neighbouring CCG.

Between 2006 and 2011 Melanie progressed through three senior roles with Suffolk Primary Care Trust to become Director of Primary Care. Then as Chief Operating Officer for NHS Ipswich and East Suffolk CCG (2011-2013) she successfully led them to full authorisation.

John Ingham, Chief Finance Officer for the five NHS Clinical Commissioning Groups in Norfolk and Waveney from 29 April 2019

John's background is in NHS finance in Norfolk, starting in 1990 as a graduate finance trainee with Norwich Health Authority and in management accounts at the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH). At Norfolk PCT he was Deputy Director of Finance (Out of Hospital Services), and in 2012 he joined West Norfolk CCG as Chief Finance Officer (CFO) before moving to NHS Norwich CCG as CFO from April 2016. In April 2019 John was appointed to the role of CFO for the five Norfolk and Waveney CCGs and now for N&W CCG.

Mr John Webster, Accountable Officer to 28 April 2019

John has held a number of senior level appointments in the NHS (in commissioning and provider organisations) and the Department of Health. Most recently, John was a Deputy Accountable Officer at Luton CCG and prior to that was the Director of Commissioning at East and North Hertfordshire CCG. He has a degree in Economics and a Master's degree in Public Sector Economics. John is now the Director of Strategic Commissioning for the Norfolk and Waveney CCG.
John is married with two children and lives in Stamford, Lincolnshire.

Mr Howard Martin, Chief Finance Officer to 28 April 2019

Howard has been in the NHS since 2003 after joining the NHS National Finance Management Training Scheme. This included placements in Colchester Hospital, Internal Audit, Essex Strategic Health Authority, and three Primary Care Trusts. Previously he managed bars and restaurants in London for 10 years.
Howard worked in the NHS West Essex system from 2007, and became the CCG Deputy CFO in 2013; a role which included Finance, Contracting, Performance, and Business Intelligence.
He joined NHS West Norfolk CCG in 2018 for his first appointment as Chief Finance Officer and is now the Locality Director West for the Norfolk and Waveney CCG.
He has a degree in Economics, enjoys photography and Blackburn Rovers, and lives in North Norfolk with his wife. They have three daughters who are busily pursuing their own ambitions.

Dr Imran Ahmed, GP Member, Terrington St Clement

Dr Ahmed was born and raised in the not-too-distant metropolis of Peterborough and was trained at St George's Medical School, qualifying in 1997. He completed his GP training in Kent and moved to Terrington St Clement in 2006. His medical interests include diabetes, cardiology and renal medicine. Now senior partner at St Clement's Surgery, he also became a representative at the Local Medical Committee for Norfolk for five years.
Dr Ahmed is the Clinical Director for the Fens and Brecks Primary Care Network.

Dr Tina Ariffin, GP Member, Locum

Dr Ariffin graduated from the Royal Free Hospital in London where as part of her training, she had a posting in the QEH in Kings Lynn. She continued to spend some of her junior doctor training at the QEH and the Norfolk and Norwich Hospital before going on to complete her GP training in Nottingham. Dr Ariffin returned to Norfolk to work at the Terrington St John Surgery, has been a GP partner at the Southgates Medical Centre in King's Lynn and is now working as a locum in West Norfolk.

She has spent several years working as the lead in the Acute GP Service, which later developed into the Ambulatory Emergency Care at the QEH. Through this, she has gained extensive experience of issues affecting GPs and the wider healthcare community. She has particular experience with emergency care and acute medicine and has unique insight into issues affecting the interface between primary and secondary care.

Dr Uma Balasubramaniam, GP Member, Boughton Surgery

Dr Uma Balasubramaniam was born and grew up in Bangalore, India. Following graduation she trained in gynaecology for about four years in India. Uma continued her gynaecology training in the UK and completed her Member of the Royal College of Obstetricians and Gynaecologists (MRCOG) in 2006. She did her General Practice Vocational Training Scheme (GPVTS) in the Huntingdonshire GP scheme and completed her Membership of the Royal College of General Practitioners (MRCGP) in 2014. Uma undertook the Mary Seacole Programme and gained a postgraduate diploma in Healthcare Leadership from the Open University in 2015 and completed her Diploma of the Faculty of Sexual and Reproductive Healthcare (DFSRH) in 2015.

Uma was previously working as a sessional GP in Huntingdonshire and Peterborough area. She worked as clinical lead for gynaecology and is Medical Advisor for South Lincolnshire CCG. She now lives in King's Lynn and works at Boughton surgery.

Dr Mark Follows, GP Member, Locum

Dr Mark Follows is a graduate of the University of Nottingham and became a member of the Royal College of Physicians in 1999. He completed three years of gastroenterology specialist training before moving in to General Practice in 2003, and became a Member of the Royal College of General Practitioners (RCGP) in 2005. Post GP training, Mark worked as a GP with Special Interest at Airedale Hospital in West Yorkshire where he established a Primary Care dyspepsia service and was training lead for endoscopy. Mark was an Honorary Senior Lecturer at the University of Bradford having co-written, completed, and then taught on a Post Graduate Diploma for practitioners with a special interest in gastroenterology.

Prior to moving to Norfolk in 2014, Mark was a member of the Governing Body at NHS Hull CCG and the clinical lead for planned care. Mark also worked for the Royal College of Physicians as an assessor for the Joint Advisory Group for gastrointestinal endoscopy and is an author on two NICE guidelines (dyspepsia and Irritable Bowel Syndrome). Mark hopes to use his experience in service redesign using evidence-based medicine, GP education and clinical governance to improve healthcare for the people of West Norfolk.

Dr Clare Hambling, GP Member, Bridge Street Surgery

Dr Hambling graduated from the University of Dundee in 1990, with a Batchelor of Medical Sciences (BMSc) degree in Pharmacology and a Bachelor of Medicine and Bachelor of Surgery (MBChB) degree with commendation. After medical rotations in Tayside and Portsmouth, she opted for a career in General Practice, completing her GP training in Hampshire and Plymouth. She has worked as a GP in West Norfolk since 1999 and is currently based at Bridge Street Surgery in Downham Market.
Dr Hambling has an interest in long-term conditions and, in particular, in diabetes. Her other interests include population health management, addressing healthcare inequality and healthcare professional education. She is the current Chair of the Primary Care Diabetes Society, an all of British Isles organisation, supporting healthcare professionals to deliver high-quality, clinically effective care in order to improve the lives of people with diabetes and she is professional member and Clinical Champion for Diabetes UK.
Clare is married to a GP and they have three children. For relaxation, she enjoys exercising, alternating between running, cycling and swimming, and music. She is a member of the Ely Consort and, when time allows, plays violin with Ely Sinfonia.

Dr Lata Motwani, GP Member, Heacham Group Practice (from 1st August 2019)

Dr Lata Motwani was brought up and educated in Agra, India. After her graduation with MBBS degree (Bachelor of Medicine, Bachelor of Surgery) she trained in Paediatrics (post graduate diploma in Child Health, DCH) and Gynaecology (Masters in Gynaecology and Obstetrics). In the UK she opted to pursue a career in General Practice. She did her GP training in King's Lynn and Norwich and completed her MRCGP exam in 2010. She worked as a sessional doctor in Palliative medicine (QEH Hospital) for four years until October 2014 alongside general practice. She was GP Partner in Fairstead surgery from 2010-2017 (now VIDA health care) and now works at Heacham group practice.

Mr Alastair Wilson, Secondary Care Doctor

Alastair Wilson joined the CCG in 2016 after a career of innovative trauma surgery and emergency medicine in London. Each CCG is required to have a secondary care doctor on its Governing Body, who can bring their insights and experience of acute hospitals and further experience of direct patient care to CCG decision making. Mr Wilson is Medical Director of the East Anglian Air Ambulance Service, which is based in Norfolk, and teaches trauma medicine at the Royal London Hospital one day a week.
He founded the London Air Ambulance service. During the 7/7 bombings in 2005, he was responsible for the disaster response at the Royal London Hospital, after which he was awarded the OBE for services to medicine.
He was born in London in 1948 and went to the University in Aberdeen. He became one of London's leading emergency and trauma specialists.
Alastair is married to Joanna, has four children, and has lived in West Norfolk for 20 years.

Mrs Sue Hayter, Registered Nurse

Sue retired from full-time work in March 2010 as the Director of Patient Safety and Clinical Quality for NHS Suffolk. Since retiring, Sue has worked as an independent professional advisor for NHS organisations, and in particular the review of services identified through complaints, serious incidents or to give assurance on the quality of services and the patient experience.
Sue had interim posts as Lead Nurse for Suffolk County Council and Director of Quality and Safety for Great Yarmouth and Waveney CCG. In the last years she has been the Independent Chair of the Suffolk CCGs Continuing Care Panel, and has recently completed a programme of work to visit care homes with nursing to advise on good practice.

Mrs Michelle Barry, Lay Member

Michelle Barry is a fee-based tribunal judge hearing Social Welfare Benefits, Special Educational Needs and Court of Protection appeals. She has many years of experience of working alongside the most vulnerable. She was a Trust appointed governor of three local schools, where she was the governor appointed to Looked After Children, children with special educational needs and staff wellbeing governor. Michelle is also an accredited mediator.

Mr Tim Bishop, Deputy Chair/Lay Member – Patient and Public Involvement

Tim Bishop has nearly 40 years' experience working in health and social care, and has particular responsibility for ensuring patient and public voices are heard within the CCG. Tim has held senior roles in adult social care and within NHS organisations, and is currently the Independent Chair of the Northamptonshire Safeguarding Adults Board; a Non-Executive Director of Optalis, a Local Authority trading company that provides social care in Berkshire; a Trustee of the Camphill Village Trust; and an advisor to the Anglican Diocese of London on Safeguarding Adults. Tim has a home in West Norfolk where he is a church warden and an informal carer for an older family member.

Mr Karl Fenlon, Lay Member – Finance

Karl has spent his career in senior finance roles primarily in London but also in Brussels and Dublin. He has worked in both industry and financial services, including a spell as CFO of a private hospital and hospice. He has a degree in economics and is qualified as both an accountant and treasurer.
Karl relocated to Ely in 2017, and served as interim Chief Finance Officer for The Cambridge and Peterborough Combined Authority until December 2018.

Mr Ian Pinches, Lay Member – Audit

Ian is a Fellow of The Chartered Association of Certified Accountants with an Executive and Non-Executive Director-level background gained over two decades in social housing, the NHS and the emergency services. Ian currently serves in Non-Executive Board level and Audit Committee roles across the wider public sector – with Freebridge Community Housing, Saffron Housing Trust and the Office of the Cambridgeshire and Peterborough Police and Crime Commissioner – and brought recent and relevant NHS Acute Provider Non-Executive Director and Audit Chair experience to West Norfolk CCG. Ian and his wife Lesley have recently retired from running their own small business and enjoy walking their dogs and renovating their house – a 'retired' village pub in West Norfolk.

All Non–Executive Members and Elected Members of the Board finished their roles on 31st March 2020 when West Norfolk CCG merged with the other Norfolk and Waveney CCGs to form the Norfolk and Waveney CCG.

Committees of the Governing Body

West Norfolk CCG established appropriate committees of the Governing Body to enact the scheme of delegation.

The Committees of the Governing Body, as outlined in the Constitution were:

- Audit Committee;
- Clinical Executive (CLEX);
- Finance and Performance Committee;
- Patient Safety and Clinical Quality Committee;
- Remuneration Committee.

In addition, the Primary Care Commissioning Committee was established to make decisions on primary care services in West Norfolk under delegated authority from NHSE and the Norfolk and Waveney Joint Strategic Commissioning Committee was established by the Norfolk and Waveney CCGs with delegated decision making authority for the strategic commissioning and de-commissioning of health care for the populations of the Norfolk and Waveney CCGs.

Further details of the membership and activities of these committees can be found in the Accountable Officer's Governance Statement and further information on membership of the Remuneration Committee is included in the Remuneration Report on page 79.

The membership of the Audit Committee for the financial year was:

Member	Name
Lay Member Audit (Chair)	Mr Ian Pinches
Lay Member patient and public involvement (PPI)	Mr Tim Bishop
Lay Member Finance	Mr Karl Fenlon
GP Member	Dr Mark Follows

Register of Interests

The Register of Interests for the West Norfolk CCG Governing Body Members can be viewed via this link:
http://tnaqa.mirrorweb.com/20200325122041/https://www.westnorfolkccg.nhs.uk/

Governance

Personal data related incidents

The directors/members confirmed that there were no personal data related incidents that warranted formal reporting to the Information Commissioner's Office, as stated within the Governance Statement.

Health and safety

Regular reviews of the CCG's health and safety processes were carried out by the BCKLWN's Safety and Welfare Advisors and an annual report was made to the Audit Committee.

The Health & Safety Policy promotes incident reporting. Public stakeholders were advised how to manage risks and report incidents by the Health and Safety Policy, and health and safety information was posted around the building. All employees and Governing Body members were required to complete statutory health and safety training to support this.

The Local Security Management Specialist provided assessments, support and training to ensure the safety and welfare of staff including guidance on safe working practices and reviewing the work environment, both with the CCG and the Borough Council.

Principles for remedy

The CCG's Complaint Policy incorporated Principles for Remedy as published by the Parliamentary and Health Service Ombudsman (PHSO) i.e:

- Getting it right;
- Being customer focused;
- Being open and accountable;
- Acting fairly and proportionately;
- Putting things right;
- Seeking continuous improvement.

A Complaints Policy was in place and confirmed that West Norfolk CCG operated a system of accountability and delegation in providing remedies which was fair and proportionate to the complaint in accordance with the PHSO's Principles for Remedy.

Joint Strategic Commissioning Committee

The CCG, in partnership with the other Norfolk and Waveney CCGs, operated collaborative commissioning arrangements and established a Joint Strategic Commissioning Committee (JSCC), as a formal committee of each CCG. The JSCC had formal delegated decision making powers to approve strategies, procurements and business cases up to a limit of £0.5m per CCG, approval of Individual Funding Requests (IFRs) and Clinical Treatment Thresholds Policies and drugs and treatment decisions. The Committee's aimed is to co-ordinate and streamline the commissioning process across Norfolk and Waveney and therefore its remit covered strategic commissioning areas such as acute, urgent and emergency care, children's and young people's services, acute mental health services, transport and equipment. The JSCC met in public every two months.

The CCG remained accountable for its statutory duties and functions in respect of all services commissioned under an NHS Standard Contract and all corporate contracts.

Collaborative commissioning

Collaborative commissioning arrangements were established early in 2013 with Cambridgeshire and Peterborough CCG and the Lincolnshire CCGs, in relation to the commissioning of services from the QEH. These arrangements were monitored through monthly contract meetings.

Collaborative arrangements also existed with other Norfolk CCGs in relation to the commissioning of children's, maternity and mental health services in Norfolk. These arrangements were overseen by clinical networks which were supported by terms of reference. The CCG remained accountable for its statutory duties and functions.

The CCG was a member of the Norfolk Health and Wellbeing Board with Norfolk County Council. The CCG was represented on the Board and reports were brought back to the Governing Body and Council of Members. The CCG had a number of Section 75 agreements with Norfolk County Council including the provision of an integrated Health and Social Care Commissioning team for West Norfolk and an agreement for the Better Care Fund.

Hosted services

SNCCG hosted the Complaints Management Team on behalf of Norwich, North Norfolk, South Norfolk and West Norfolk CCGs. Quarterly reports were presented to the CCG's Patient Safety and Quality Committee to ensure that trends were monitored and utilised to inform service improvements.

GYWCCG provided support to the CCG through their specialist primary care team until transition to the new locality structure as part of the wider Norfolk and Waveney CCGs staffing structure. The CCG benefited from on-site support and guidance, shared project initiatives and the experience of that team working at a wider STP footprint.

The Adult Safeguarding Team and Children Safeguarding Team were hosted by NNCCG and GYWCCG respectively on behalf of all five Norfolk and Waveney CCGs. A Memorandum of Understanding (MOU) was in place to ensure effectiveness of and compliance with these arrangements with quarterly reports to the Patient Safety and Clinical Quality Committee. The safeguarding risks were escalated to the Assurance Framework as required. Senior representation from CCGs and provider organisations attended a quarterly Norfolk Safeguarding Children Health Advisory Group meeting. Attendance was regularly reviewed to ensure that engagement was sustainable. Safeguarding risks were escalated to the N&W CCGs Nursing and Quality Risk Register and GBAF as required.

SNCCG co-ordinated the commissioning of mental health services on behalf of the Norfolk CCGs.

The Research and Development Team was hosted by SNCCG and under the N&W CCGs' Director of Strategic Commissioning with reports reviewed at the CCG's CLEX as necessary.

NCCG hosted Norfolk Continuing Health Care Partnership (NCCP) under the N&W CCGs' Chief Nurse on behalf of four Norfolk CCGs and co-ordinated the commissioning of the largest community health contract. Following the restructure of the CCGs, NCCP was wound up as a separate business unit with effect from 21 December 2019.

The CCG was supported in discharging its statutory Emergency Preparedness Resilience and Response (EPRR) duties as a Category Two responder by the Health Principal Resilience Officer, under a formal Service Level Agreement (SLA) with NCC and managed by GYWCCG on behalf of all five Norfolk CCGs. Accountability was with the N&W CCGs' Chief Nurse, and assurance reports were provided to the Governing Body. The CCG participated in the Local Health Resilience Partnership (LHRP).

Commissioning support

Arden and GEM Commissioning Support Unit (AGEM CSU) had provided commissioning support services for the CCG since 1 April 2018 and they cotinine to provide this service for N&W CCG. The contract comprised support for the following services:

- Business Intelligence;
- Financial Management and Accounting;
- Freedom of Information;
- Human Resources (HR) Support and Organisational Development;
- Individual Funding Requests;
- Information Governance;
- IT;
- Knowledge Management;
- Procurement and Market Management;
- Provider Management.

Regular performance meetings held both at a service and whole contract level with the CSU.

The CCG received financial support services from two other organisations: Whittington Health (payroll provider) and NHS Shared Business Services (SBS – provider of financial systems supporting the national financial ledger system). The CCG relied on third party assurance in respect of these outsourced services and the Service Auditor Reports (SARs) are discussed in page 69.

Statement of disclosure to auditors

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

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

Modern Slavery Act

The CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2020 was published on our website. An archived version is available at: http://tnaqa.mirrorweb.com/20200325122041/https://www.westnorfolkccg.nhs.uk/

Melanie Craig
Accountable Officer
23 June 2020

Statement of Accountable Officer's responsibilities

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

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the CCG 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 CCG and enable them to ensure that the accounts comply with the requirements of the Accounts Direction);
- For safeguarding the CCG'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), NHES has directed each CCG 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 CCG 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 NHSE, 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; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS West Norfolk 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.

I also confirm that:

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

Melanie Craig
Accountable Officer
23 June 2020

Governance statement

Introduction and context

NHS West Norfolk Clinical Commissioning Group (the CCG) is a body corporate established by NHSE on 1 April 2013 under the National Health Service Act 2006 (as amended).

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

As at 1 April 2019, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, while 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 CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG 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 CCG as set out in this Governance Statement.

Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it. For further information on the membership and delegated responsibilities of the CCG's committees, please see Members' Report (page 40).

The Constitution

The members of the CCG were responsible for determining the governance arrangements for their organisation and set these out in the CCG's Constitution, having effect from 14 March 2013. All member practices approved and signed the Constitution which was available on the CCG's website. An archived version is available at http://tnaqa.mirrorweb.com/20200325122041/https://www.westnorfolkccg.nhs.uk/

The Constitution of the CCG clarified the duties and powers of the CCG in line with the NHS Act 2006 (as amended); the mission, values and aims of the CCG; the terms of membership of the CCG, what was reserved to the membership and what was delegated to the Governing Body and its committees. It included their terms of reference and outlined the collaborative commissioning arrangements. In line with the UK Corporate Governance Code, the CCG had clear leadership arrangements in place, with a clear division of responsibilities between the membership body, the Governing Body and the executive responsibility for the day-to-day running of the CCG's business. The CCG remained accountable for all of its functions, including those that it delegated.

The Constitution explained how stewardship of public resources and accountability were maintained in pursuance of the CCG's goals and in meeting its statutory duties, with emphasis on The Good Governance Standard for Public Services and the standards of behaviour known as the "Nolan Principles". Throughout the year, decisions were taken in an open and transparent way, with Governing Body meetings held in public to ensure patient and public interests remained central to the CCG's focus.

The most recent version was approved by NHSE on 26 October 2018.

The Council of Members

The Council of Members comprised GP representatives of each of the member practices and was accountable to the member practices of the CCG. It was established to agree the vision, values and overall strategic direction of the Group, to hold the Governing Body to account in delivering the statutory duties and objectives of the CCG and to make decisions on issues where authority was reserved to the membership. Members reserved the right to call-in a decision made by the Governing Body in line with the Constitution and decision logs were shared with members following each Governing Body meeting to facilitate this.

The Council met three times during the period, focusing on key issues and risks for the CCG including the quality of provider services; quality and financial performance monitoring and delivery of the QIPP plan. The Council also discussed the Norfolk and Waveney STP, joint commissioning, the merger and the development of the single staff team for Norfolk and Waveney CCGs. GP Governing Body members attended to account for CCG delivery against objectives. The Council reviewed and approved the draft Annual Report and Accounts.

Quoracy was 33% or seven of the 21 member practices present, however some practices did not attended any meetings. Attendance has fallen and two of the three meetings were not quorate, however the agenda was general items for discussion rather than those requiring approval.

Member	Attendance
Boughton Surgery	1 out of 3 meetings (33%)
Bridge Street Surgery	2 out of 3 meetings (67%)
The Burnhams Surgery	0 out of 3 meetings (0%)
Campingland Surgery	3 out of 3 meetings (100%)
Feltwell Surgery	0 out of 3 meetings (0%)
Great Massingham Surgery	3 out of 3 meetings (100%)
Grimston Medical Centre	0 out of 3 meetings (0%)
Heacham Group Practice	0 out of 3 meetings (0%)
The Hollies Surgery	0 out of 3 meetings 0%)
Howdale Surgery	1 out of 3 meetings (33%)
Litcham Health Centre	0 out of 3 meetings (0%)
Manor Farm Medical Centre	0 out of 3 meetings (0%)
Plowright Medical Centre	0 out of 3 meetings (0%)
Southgates Medical Centre	2 out of 3 meetings (67%)
St James' Medical Practice	1 out of 3 meetings (33%)
St Clement's Surgery	0 out of 3 meetings (0%)
St John's Surgery	1 out of 3 meetings (33%)
Upwell Health Centre	2 out of 3 meetings (67%)
Vida Healthcare	1 out of 3 meetings (33%)
Watlington Medical Centre	0 out of 3 meetings (0%)
Woottons' Surgery	0 out of 3 meetings (0%)

The Governing Body

The CCG's Governing Body was established by the members and had responsibility for developing and monitoring the strategy of the CCG, its financial and business reporting and for reviewing the effectiveness of the CCG's system of internal control. It had an appropriate balance of skills, experience, independence and knowledge of the CCG, in line with the UK Corporate Governance Code.

The Governing Body had collective accountability for maintaining a sound system of internal control, on behalf of the members, and was responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

During the year the Governing Body met in public six times, benefiting from good attendance, as shown below. Two additional sessions in the year were set aside for Governing Body development. The GP chair was responsible for the leadership of the Governing Body and ensuring the appropriate level of constructive challenge.

Member	Name	Attendance
GP Member (Chair)	Dr Paul Williams	5 out of 5 meetings (100%)
GP Member	Dr Imran Ahmed	4 out of 5 meetings (80%)
GP Member	Dr Tina Ariffin	3 out of/5 meetings (60%)
GP Member	Dr Uma Balasubramaniam	5 out of 5 meetings (100%)
GP Member	Dr Mark Follows	4 out of 5 meetings (80%)
GP Member	Dr Clare Hambling	4 out of 5 meetings (80%)
GP Member[1]	Dr Lata Motwani	4 out of 5 meetings (80)%
Lay Member	Mrs Michelle Barry	3 out of 5 meetings (60%)
Lay Member Patient and Public Involvement (PPI)	Mr Tim Bishop	5 out of 5 meetings (100%)
Lay Member Finance	M Karl Fenlon	4 out of 5 meetings (80%)
Lay Member Audit	Mr Ian Pinches	5v out of 5 meetings (100%)
Registered Nurse	Ms Sue Hayter	5 out of 5 meetings (100%)
Secondary Care Doctor	Mr Alastair Wilson	4 out of 5 meetings (80%)
Accountable Officer[2]	Ms Melanie Craig	2 out of 5 meetings (40%)
Chief Finance Officer[3]	Mr John Ingham	3 out of 5 meetings (60%)

Note the meeting planned for March 2020 was cancelled due to the COVID-19 virus

[1]Dr Lata Motwani joined the Governing Body on 1 August 2019

[2]Ms Melanie Craig became Accountable Officer on 29 April 2019

[3]Mr John Ingham became Chief Finance Officer on 29 April 2019

Mr John Webster – No meetings were held in the period where Mr Webster was Accountable Officer

Mr Howard Martin – No meetings were held in the period where Mr Martin was Chief Finance Officer

The Governing Body reviewed operational and financial performance against national priorities and against the CCG's Operational and Strategic Plan, quality and safety of patient care commissioned from providers and risks to delivery of the CCG objectives as captured in the GBAF. A key focus for the Governing Body this year was the system sustainability and transformation, joint commissioning across Norfolk the development of the single staff team and merger of Norfolk and Waveney CCGs. The Governing Body reviewed policies, considered the performance of clinical services and discussed corporate areas such as information governance and business continuity planning.

The Governing Body Development Sessions considered demand and capacity, stakeholder engagement, merger and the single staff team for Norfolk and Waveney CCGs. They also had training on safeguarding and cyber security.

A sub-group of Governing Body members met at the end of November 2018 to agree the approach for the self-assessment. It was agreed that the self-assessment would be structured around the following four themes

- leadership, capacity and capability
- Governance and processes
- Finances
- Further areas for development

The self-assessment concluded that the CCG is an improving organisation and that there had been positive progress around staff development, appraisal and development plans. That the CCG was an improving organisation that had worked hard to change its culture.

The committees of the Governing Body

The CCG established appropriate committees of the Governing Body to enact the scheme of delegation. These were the Audit Committee; the Clinical Executive; the Finance and Performance Committee; the Patient Safety and Clinical Quality Committee and the Remuneration Committee. The Executive Management Team met weekly to address operational issues. The Audit Committee was supported in its work by the Conflicts of Interest Committee and the Information Governance Committee. During 2019/20 the development of the single management team took place and WNCCG Executive Team members moved in to new roles. For many of the meetings listed below they continued to attend but no longer fitted the formal titles listed. However quoracy was maintained and key functions were covered via deputisation where appropriate.

Audit Committee

The Audit Committee met five times during 2019/20 to review the effectiveness of the system of integrated governance, internal control and risk management across the whole of the organisation's activities, both clinical and non-clinical.

The workplan was based on the NHS Audit Committee Handbook and was reviewed during the year. The Committee performed an oversight and scrutiny role in relation to governance, risk and assurance. As part of an annual work programme, the Committee received regular reports from external audit, internal audit and local counter fraud, as well as assurance on information governance, policy development, training compliance and Health and Safety. The committee assessed and evaluated its effectiveness and performance using the template within the handbook, agreeing actions from the findings.

Reports and minutes were received from the Conflicts of Interest Committee and the Information Governance Committee. The Conflict of Interest Committee's role was to scrutinise the governance and decision making where potential conflicts of interest exist. The Information Governance Committee's role was to provide direction to, and oversee the information governance processes of the CCG.

The Audit Committee called risk owners to account for the effectiveness of their controls and the reliability of assurance on controls, as described in the Assurance Framework. The Committee assured the Governing Body of compliance with laws, regulation and directions for financial governance and the Group's prime financial policies, reviewing reports on losses and tender waivers in accordance with the Constitution. Membership of the Audit Committee together with their attendance record is provided in the table below:

Member	Name	Attendance
Lay Member Audit (Chair)	Mr Ian Pinches	5 out of 5 meetings (100%)
Lay Member PPI	Mr Tim Bishop	5 out of 5 meetings (100%)

Lay Member Finance	Mr Karl Fenlon	5 out of 5 meetings (100%)
GP Member	Dr Mark Follows	5 out of 5 meetings (100%)

Note the meeting planned for March 2020 was cancelled due to the COVID-19 virus

- **Clinical Executive (CLEX)**

CLEX is the clinical advisory group of the CCG provided clinical advice and challenge on all aspects of the CCG's work programme including service specifications, service redesign and policy development. The Committee met four times in the period to review clinical transformation and pathway and service redesign and receive updates for the clinical leads.

Member	Name	Attendance*
GP Member (Chair)	Dr Tina Ariffin	4 out of 4 meetings (100%)
Accountable Officer[1]	Mr John Webster	1 out of 1 meetings (100%)
Chief Finance Officer[2]	Mr Howard Martin	1 out of meetings (100%)
Accountable Officer[3]	Ms Melanie Craig	0 out of 3 meetings (0%)
Chief Finance Officer[4]	Mr John Ingham	0 out of 3 meetings (0%)
Director of Commissioning Strategy and Delivery[5]	Mr Ross Collett	2 out of 3 meetings (67%)
Director of Nursing and Quality Assurance[6]	Ms Sarah Jane Ward	3 out of 4 meetings (75%)
GP Member	Dr Imran Ahmed	3 out of 4 meetings (75%)
GP Member	Dr Mark Follows	3 out of 4 meetings (75%)
GP Member	Dr Clare Hambling	1 out of 4 meetings (25%)
GP Member[7]	Dr Lata Motwani	1 out of 1 meetings (100%)
Practice Representative	Mr Melvin Peveritt	4 out of 4 meetings (100%)

[1]Mr John Webster left the role Accountable Officer on 28 April 2019
[2]Mr Howard Martin left the role of Chief Finance Officer on the 28 April 2019
3Ms Melanie Craig became Accountable Officer on 29 April 2019
[4]Mr John Ingham became Chief Finance Officer on 29 April 2019
[5]Mr Ross Collett left the role of Director of Commissioning on 10 July 2019
[6]Ms Sarah Jane Ward left the role of Director of Nursing and Quality on 26 November 2019
[7]Dr Lata Motwani joined the Governing Body on 1 August 2019

- **Finance and Performance Committee**

The Finance and Performance Committee provided scrutiny of the CCG's financial and performance functions and assurance to the Governing Body of the delivery of the CCG's performance targets, delivery of QIPP and delivery of the financial strategy.

In 2019/20 there was a particular focus on monitoring provider performance, delivery of QIPP Plans and achieving financial balance.

Member	Name	Attendance
Lay Member Finance (Chair)	Mr Karl Fenlon	8 out of 9 meetings (89%)
Lay Member Audit	Mr Ian Pinches	7 out of 9 meetings (78%)
Lay Member	Ms Michelle Barry	6 out of 9 meetings (69%)
Governing Body GP	Dr Imran Ahmed	3 out of 9 meetings (33%)
Practice Representative	Mr Melvin Peveritt	7 out of 9 meetings (78%)
Accountable Officer[1]	Mr John Webster	1 out of 1 meetings (100%)
Chief Finance Officer[2]	Mr Howard Martin	1 out of 1 meetings (100%)
Accountable Officer[3]	Ms Melanie Craig	0 out of 8 meetings (0%)
Chief Finance Officer[4]	Mr John Ingham	1 out of 8 meetings (13%)

Note the meeting planned for March 2020 was cancelled due to the COVID-19 virus
[1]Ms Melanie Craig became Accountable Officer on 29 April 2019

[2]Mr John Ingham became Chief Finance Officer on 29 April 2019
[3]Mr John Webster left the role Accountable Officer on 28 April 2019
[4]Mr Howard Martin left the role of Chief Finance Officer on the 28 April 2019

- **Patient Safety and Clinical Quality Committee**

The Patient Safety and Clinical Quality Committee met monthly to scrutinise the quality and safety of the commissioned and contracted services. It oversaw all aspects of clinical quality promoting a culture of continuous improvement with respect to patient safety, clinical effectiveness, clinical risk management, patient experience and safeguarding for vulnerable adults and children, in line with the NHS Quality Outcomes Framework, the NHS Constitution and the CCG's Patient Safety and Clinical Quality Strategy. Clinical risks were escalated to the Governing Body Assurance Framework (GBAF) or the Corporate Risk Register (CRR) in accordance with the Risk Policy. Feedback from patients and carers was actively sought and used to improve services. The team provided comprehensive reports on the quality of provider services and plans for improvements where required. The Committee refreshed its terms of reference in-year and provided a regular Chair's report to the Governing Body.

Member	Name	Attendance
Registered Nurse on Governing Body (Chair)	Ms Sue Hayter	6 out of 7 meetings (86%)
GP Clinical/Quality Lead[1]	Dr Imran Ahmed	0 out of 2 meetings (0%)
GP Clinical/Quality Lead[2]	Dr Tina Ariffin	3 out of 5 meetings (60%)
Lay Member PPI	Mr Tim Bishop	5 out of 7 meetings (71%)
Chair of Practice Nurse Forum	Ms Jane Coston	5 out of 7 meetings (71%)
Director of Nursing and Quality[3] Assurance (or Deputy where absent)	Ms Sarah Jane Ward/ Mr Andy Hudson/Ms Karen Watts	7 out of 7 meetings (100%)

Note the meeting planned for March 2020 was cancelled due to the COVID-19 virus
[1]Dr Imran Ahemd no longer attended this meeting from 1 June 2019
[2]Dr Tina Ariffin attended this meeting from 1 June 2019
[3] Ms Sarah Jane Ward left this role on 26 November 2019. The Terms of Reference allow for a Deputy to be a voting member of the Committee where the Director of Nursing is absent.

- **Remuneration Committee**

The Remuneration Committee considered pay, remuneration and conditions of service for employees of the CCG, the Very Senior Managers (VSMs), GP members of the Governing Body and people who provided services to the CCG. The Committee makes recommendations to the Governing Body about the pay and remuneration for employees of the CCG and others who provide services to the CCG.

The Committee met as required, but was required to meet no less than once per year. The meetings took place in common with other Norfolk and Waveney CCGs for much of 2019/20 with quoracy still required by each CCG on decision making.

Management staff attend meetings as required to advise the Remuneration Committee, including Human Resources support provided by AGEM CSU under the terms of the Service Level Agreement for CSU services.

Member	Name	Attendance*
Lay Member PPI	Mr Tim Bishop	2 out of 6 meetings (33%)
Lay Member	Mrs Michelle Barry	1 out of 6 meetings (17%)
Lay Member Audit	Mr Ian Pinches	5 out of 6 meetings (83%)

Lay Member Finance	Mr Karl Fenlon	4 out of 6 meetings (66%)
Registered Nurse	Ms Sue Hayter	5 out of 6 meetings (83%)

- **Primary Care Commissioning Committee**

The Primary Care Commissioning Committee was established in accordance with statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in West Norfolk under delegated authority from NHSE. It met four times during 2019/20 and meetings were held in public.

Its main purpose was to oversee the commissioning of primary medical services in West Norfolk. The membership of the Committee comprised non GP representatives of West Norfolk CCG Governing Body and the CCG's Executive Team. Other attendees were drawn from Healthwatch, the Health and Wellbeing Board and patient groups.

The Committee considered a wide range of matters relating to primary medical services, including the development of services in West Norfolk (the GP Forward View), quality matters relating to GP surgeries and spending on services compared with budget.

Member	Name	Attendance*
Lay Member (Chair)	Mrs Michelle Barry	4 out of 5 meetings (80%)
Lay Member PPI	Mr Tim Bishop	3 out of 5 meetings (60%)
Registered Nurse	Ms Sue Hayter	3 out of 5 meetings (60%)
Lay Member Audit	Mr Ian Pinches	3 out of 5 meetings (60%)
Accountable Officer[1]	Melanie Craig	0 out of 5 meetings (0%)
Director of Commissioning, Strategy and Delivery[2]	Mr Ross Collett	1 out of 1 meetings (100%)
Chief Finance Officer[3]	John Ingham	0 out of 4 meetings (0%)
Director of Nursing and Quality Assurance[4]	Ms Sarah Jane Ward	0 out of 2 meetings (0%)

Note the meeting planned for March 2020 was cancelled due to the COVID-19 virus
[1]Mr John Webster left the role Accountable Officer on 28 April 2019
[2]Mr Howard Martin left the role of Chief Finance Officer on the 28 April 2019
3Ms Melanie Craig became Accountable Officer on 29 April 2019
[4]Mr John Ingham became Chief Finance Officer on 29 April 2019
[5]Mr Ross Collett left the role of Director of Commissioning on 10 July 2019
[6]Ms Sarah Jane Ward left the role of Director of Nursing and Quality on 26 November 2019
Mr John Webster – No meetings were held in the period where Mr Webster was Accountable Officer
Mr Howard Martin – No meetings were held in the period where Mr Martin was Chief Finance Officer

Note: with the establishment of a new single management team across the Norfolk & Waveney CCGs it was not possible for all Executive Directors to attend all meetings in each CCG. However, quoracy was maintained and key functions were covered via deputisation where appropriate.

- **Executive Management Team Meeting**

With the development of the single management team the functions of the Executive Team moved to the N&W CCGs' Executive Management Team comprising Accountable Officer, Chief Finance Officer and the six Executive Directors. It was the operational forum for exercising the Accountable Officer and Chief Finance Officer's authority under the CCG's Scheme of Reservation and Delegation. It was not however, a formal sub-committee of the

Governing Body. Meeting weekly, the Team monitored the operational discharge of statutory duties, approved corporate contracts and policies, oversaw HR and organisational development and establishment control and monitored budgets. The team reported relevant items to the Governing Body via the Accountable Officer's report.

UK Corporate Governance Code

NHS bodies are not required to comply with the UK Code of Corporate Governance. However, corporate governance arrangements have been reported within this document by drawing upon best practice available. This includes those aspects of the UK Corporate Governance Code that the CCG considers to be relevant to the CCG and best practice in the areas of leadership, effectiveness, accountability, remuneration and relations with stakeholders.

Discharge of statutory functions

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, I can confirm that the CCG was clear about the legislative requirements associated with each of the statutory functions for which it was responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power was clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

Risk management arrangements and effectiveness

The risk management strategy and process

The CCG took a proactive, systematic approach to risk management as outlined in the Risk Management Strategy and Policy Framework. The Framework promoted a positive risk management culture, supporting staff to identify and record risk, to quantify risk in terms of likelihood and consequence and to mitigate risk in a structured way. Clinical, operational and financial risks were identified by individuals; by committees; by the Governing Body and by Members and recorded by the Assistant Director – Corporate Services on to the Corporate Risk Registers (CRR) or Governing Body Assurance Framework (GBAF) according to the agreed process of risk appetite and escalation. During the year a comprehensive review of risk management took place across the five CCGs and a GBAF for N&W CCGs was developed and approved by all Governing Bodies. Local corporate or operational risk registers were maintained whilst new ones were being developed under each directorate across the new CCG. All work was carried out under the scrutiny of the N&W CCGs' Executive Management Team with ownership assigned to members of that team.

The risk framework encompassed the 'three lines of defence' approach comprising ownership by front-line staff; accountability by Executive and scrutiny by the Governing Body and its Audit Committee.

The Governing Body, on behalf of the member practices, was responsible for determining and monitoring the CCG's system of risk management and internal control including the nature and extent of the significant risks it was willing to take in achieving its strategic objectives - its "risk appetite". Accepted risk was either small enough to have an immaterial effect on the achievement of objectives or a significant risk that was well mitigated. A 5x5 risk scoring matrix of likelihood and consequence was employed.

The GBAF focused on key strategic risks that could impact on delivery of strategic objectives. It was used by the Governing Body as its main tool for discharging the responsibility for internal control. It was a live document with movement of risks to reflect the organisation's control environment. The CRR focused on the significant operational risks. Both registers reflected internal audit recommendations and national best practice.

The CCG has robust systems in place to ensure its duties in respect of equalities are fully carried out. This can be from the use and monitoring of Equality Impact Assessments and Quality Impact Assessments to the planning and delivery of projects when commissioning or monitoring the effectiveness of services. The CCG has implemented EDS2 to help meet the Public Sector Equality Duty and to improve their performance for people with characteristics protected by the Equality Act 2010.

Year-end analysis took place early in 2019/20 and the Audit Committee was satisfied with the management of the risks.

Risk prevention, deterrent and management

A range of risk control mechanisms was employed by the CCG, including the examples below:

Directive controls

- Training of staff and Governing Body members in line with the Training Needs Assessment (TNA);
- Business continuity plans were in place;
- There was a formal risk share agreement in place with other Norfolk CCGs for high cost patients; and
- The Standards of Business Conduct Policy required that all individuals declared any relevant and material interests and any gifts or hospitality offered and received in connection with their role in the CCG.

Detective controls

- Incident reporting and investigations ensured there was active learning from adverse events;
- Declarations of Interest were regularly updated, raised at committee meetings, in public at the Governing Body meetings and published on the CCG website;
- Internal auditors were engaged to carry out risk-based reviews and a review of internal controls to mitigate risks and testing to confirm they were operating as intended; and
- Assurance was sought on third party contracts.

Preventative controls

- There were set limits to decision making such as the Scheme of Reservation and Delegation, and the Operational Scheme of Delegation, described in the Constitution; and
- Secure access and passwords were employed and staff regularly reminded of the importance of information governance controls.

Capacity to handle risk

The CCG ensured active leadership of risk management throughout the organisation. The Council of Members focused on key risk areas at meetings throughout the year and the Governing Body reviewed the key risks to the organisation at all Governing Body meetings. Governing Body development workshops focused on the areas of most significant risk and

chairs of committees ensured risk mitigation underpinned all CCG business. Governing Body considered the GBAF within the meeting agenda allowing the current risks to be reflected throughout discussions during the meeting. The Terms of Reference of committees clearly articulated the individual committees' responsibility to review and monitor the risks associated with its area of work. Risk owners personally reviewed all of their risks at least every month.

The CCG's Risk Management Strategy and Policy Framework supported a positive staff attitude to risk management, encouraging staff to identify, assess and report risks. Staff were clear about their personal accountability and responsibilities through induction and appraisal.

Embedding risk management

The CCG continued to develop and embed its risk management process in both the Governing Body and its committees. The Audit Committee continued to review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the CCG's activities that supported the achievement of the CCG's objectives.

As described in the CCG Risk Management Strategy and Policy Framework, all new initiatives, major projects and activities were assessed for risk and incorporated into risk management structures. Each QIPP scheme had a project initiation document that outlined the key risks, monitored by the Programme Management Office team.

The CCG promoted a robust incident monitoring reporting system (including Serious Incidents, Never Events and Quality Issue Reporting) and learning from both local and national adverse incidents informed risk ratings. A Freedom to Speak Up and Whistleblowing Policy was in place to encourage staff to speak out about concerns. A Lay Member of the Governing Body was allocated the role of Freedom to Speak Up Guardian and this was regularly promoted amongst staff, Governing Body Members and Council Members. Provider complaints, patient feedback and early warning indicators were reviewed by the Patient Safety and Clinical Quality Committee and informed risk ratings.

The Governing Body Assurance Framework was publicly available on the website forming part of the Governing Body papers. Members of the public were able to see Governing Body papers including the GBAF ahead of the meetings and encouraged to ask questions at the meeting or raise queries via the website in advance. The CCG also had a representative who regularly attended local Patient Participation Group meetings where queries were raised and the public consulted.

The risks associated with collaborative commissioning were managed in line with the CCG's Risk Management Strategy and Policy Framework. Any significant risks were included on the risk registers.

The CCG published its Equality and Diversity Strategy. Data Protection Impact Assessments (DPIAs), Quality Impact Assessments (QIAs) and Equality Impact Assessments (EIAs) were embedded as part of project and policy development.

The Health and Safety Policy promoted incident reporting. Public stakeholders were advised how to manage risks and report incidents via the Health and Safety Policy, and health and safety information was posted around the building. All employees and Governing Body members were required to complete statutory health and safety training to support this. Regular reviews of health and safety processes were carried out by the Borough Council Safety and Welfare Advisors and an annual report was made to the Audit Committee.

Risk assessment

The CCG undertook a continuous review of its systems of internal control and governance to ensure they remained fit for purpose, ensuring they supported compliance with the CCG's licence and to inform Constitution changes. The Council of Members and Governing Body were key drivers for this work. The CCG continued to improve its management of risk and the effectiveness of key controls. Key risks identified as part of this process included:

- Risk of poor service and lack of compliance with CQC standards at provider organisations - impact on quality and safety of patient care and failure to deliver targets;
- Risk of failure to provide a safe ambulance service - impact of clinical quality and patient safety;
- Non-delivery of constitutional standards leading to a potential risk of poorer health outcomes for patients
- A new risk of failure to manage business as usual due to capacity and workload as part merging all five Norfolk & Waveney CCGs into a single organisation with effect from 1 April 2020 and;
- Lack of overall available workforce in the local health and care system to support system transformation and deliver appropriate levels of care.
- The emergence of Covid-19 outbreak during the final quarter of the CCG's existence created new and unprecedented challenges. The NHS declared a major incident in March 2020 and the CCG was required to establish an Emergency Incident Control Centre (ICC) as part of our obligations under the Civil Contingencies Act. The ICC is a key function to support the command, control and communication arrangements which resulted in staff being redeployed as necessary to support key services.

Areas of risk were reviewed by the executive management team and discussed and escalated as appropriate on to the Governing Body Assurance Framework. This ensured that changes to risk registers were debated and agreed at the executive management team before being put on to the register. In this way risks were continually monitored and assessed so that outcomes could be evaluated to ensure continued progress.

To provide further assurance the Audit Committee reviewed the Governing Body Assurance Framework. The GBAF was the key tool to enable the CCG to review assurances on its risk mitigation.

The Governing Body development sessions considered the strategic risks facing the CCG regarding demand and capacity, merger and the single staff team for Norfolk and Waveney CCGs.

NHSE conducted regular reviews of the financial and operational performance with the CCG's Executive Team to support the CCG with achieving its statutory duties.

In its Annual Assurance Letter for 2018/9, NHSE gave the CCG a rating of 'Requires Improvement'. The rating for 2019/20 will not be received until July 2020. In summary they acknowledged the progress the CCG had made over the last year, particularly in relation to governance, leadership requirements and financial management. Challenges for the CCG included managing relationships, performance of providers in special measures and lack of suitable workforce in the system. Areas for improvement included maintaining constitutional standards and maintaining progress through a period of change.

There were two internal audit reports issued in 2019/20 with limited assurance opinions and these are detailed in page 73.

The CCG had full compliance with NHSE on the self-assessment of core Emergency Preparedness, Resilience and Responsiveness standards.

Other sources of assurance

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.

The Accountable Officer had overall responsibility for the CCG's systems of internal control.

The system of internal control was in place in the CCG for the year ended 31 March 2020. The CCG employed a range of control mechanisms: preventative, directive and detective and examples are provided below:

- The Constitution outlined the governance processes and control environment in place, including the Scheme of Reservation and Delegation ensuring decisions were taken at the appropriate level of the organisation and by AGEM CSU on behalf of the CCG, and the prime financial policies which enable sound administration and lessen the risk of irregularities to deliver effective, efficient and economical services. The Executive Management Team oversaw budget delegation;
- The CCG employed auditors and counter fraud services to review the internal control processes;
- Policies were reviewed to improve directive controls;
- All staff and Governing Body members received training, guidance and on-going development to support them in their roles. The Executive Management Team and the Audit Committee rigorously monitored training compliance;
- The establishment control process continued to be overseen by the Executive Management Team;
- The Programme Management Office (PMO) function continued to oversee the operation of formal project management processes in relation to QIPP schemes;
- The committee structure continued to ensure better oversight and provide assurance to the Governing Body and members;
- The risk management processes ensured comprehensive oversight of strategic and operational risks; and
- Incident response and business continuity plans were in place, to support EPRR, and tested though exercises and incidents. Daily 'silver calls', and monthly contract meetings monitored provider EPRR compliance. An on-call system was maintained by senior staff.

Annual audit of conflicts of interest management

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

The Managing Conflicts of Interest Audit took place during March 2020 and a reasonable assurance opinion was given. Based on the review, the CCG's arrangements for handling conflicts were assessed as being:

- Partially compliant regarding overall governance;
- Fully compliant in respect of processes for declaring interests and gifts and hospitality;
- Partially compliant relating to registers of interests, gifts and hospitality and procurement decisions;
- Fully compliant regarding decision-making processes and contract monitoring; and in respect of reporting concerns and identifying and managing breaches/non-compliance.

Compliance with conflict of interest training record stood at 95.32%.

As part of conflicts of interest management the CCG maintains a Register of Interests. The registers are updated throughout the year, however as part of the move to a single CCG and due to the impact of Covid-19 with staff being redeployed, it was not possible to update the register and confirm the number of outstanding submissions prior to the CCG ceasing to exist on 31 March 2020.

There were no urgent fundamental control issues on which immediate action was required.

Data quality

The Governing Body and Council of Members were satisfied with the quality of the data provided to them for decision making and assurance. Continuous review of performance reports ensured both meetings received appropriate assurance. The quality of information received continued to evolve with the implementation of regular STP Executive, Finance and Chair's Oversight reports, and Chair's reports from the Delegated Primary Care Commissioning Committee and LDG. This was an area of continuous improvement, particularly with the emergence or the Primary Care Networks and an Integrated Care System.

Information governance

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

In 2019-20 the five Norfolk and Waveney CCGs continued to work to the national data security standards which forms the assessment framework of the Data Security and Protection Toolkit (DSP Toolkit). The DSP Toolkit is a self-assessment tool which enables organisations to demonstrate that they have met their statutory obligations in relation to data protection and data security.

Each CCG published its second DSP Toolkit in March 2020, demonstrating that all 43 assertions had been met for each organisation, within the following categories:

Personal Confidential Data	We ensured that personal confidential data was handled, stored and transmitted securely, whether in electronic or paper form. Personal confidential data was only shared for lawful and appropriate purposes.

Staff Responsibilities	We ensured that all staff understood their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.
Training	All staff completed appropriate annual data security training and passed a mandatory test using the national Data Security and Awareness mandatory training module. Additional training was provided for specialist roles, such as the Senior Information Risk Owner, Caldicott Guardian, Data Protection Officer and Information Asset Owners.
Managing Data Access	Audits were conducted and improvements made to ensure that personal confidential data was only accessible to staff who need it for their current role and access was removed when no longer required, via the CCG's Leavers process. All access to personal confidential data on IT systems was attributed to individuals, evidenced by the annual folder permissions audit. In addition, 2019-20 provided the opportunity to ensure that access controls applied to individual's new roles within the revised organisational structure.
Process Reviews	As part of the actions to merge the five CCGs into a single organisation, all processes and policies were reviewed, revised and updated, incorporating improvements and lessons learned from incidents and near miss breaches and any issues which could lead staff to compromise data security.
Responding to Incidents	The CCGs obtained assurance from its ICT and IT Security Provider that cyber-attacks against services had been identified and resisted and CareCERT security advice responded to. Further assurance was obtained via quarterly Cyber Security Reports which were represented to the membership via the Audit Committee. The CCGs were assured that action was taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection. Lessons learned were incorporated into a log and informed training, guidance and bulletins for staff.
Continuity Planning	A continuity plan was in place to respond to threats to data security, including significant data breaches or near misses, and was tested once a year as a minimum in conjunction with the CCGs' IT provider and resilience lead, with a report to senior management on the effectiveness of internal controls.
Unsupported Systems	An audit was conducted to identify unsupported operating systems. The ICT Department provided assurance that all systems had been updated with the latest operating system and anti-virus software, where practicable.
IT Protection	The CCGs obtained assurance from its ICT and IT Security Provider that a strategy was in place for protecting IT systems from cyber threats which was based on a proven cyber security framework such as Cyber Essentials.
Accountable Suppliers	The CCG held its ICT and IT Security supplier accountable for protection the personal confidential data it processes via contracts that met the National Data Guardian's Data Security Standards. Performance of the contract was monitored on a monthly basis and contractual levers applied whenever key performance indicators were not met.

We placed high importance on ensuring robust information governance systems and processes were in place to help protect patient and corporate information. We continued to have an established information governance management framework and developed information governance processes and procedures in line with the information governance toolkit. We ensured all staff undertook annual information governance training and implemented a staff information governance handbook to ensure staff were aware of their information governance roles and responsibilities.

There were processes in place for incident reporting and investigation of serious incidents. We developed an information risk identification, assessment and management procedure through the use of Data Protection Impact Assessments (DPIAs) and Information Asset Management to establish a fully embedded information risk culture throughout the organisation against identified risks. In addition, the CCG adopted an Information Risk Register, which captured operational information risks which was reviewed by the Senior Information Risk Owner on a regular basis via the IG Working Group. The Information Risk Register and associated policy mirrored the CCG's Risk Management Assurance Framework, which facilitated a process for escalation and de-escalation of risks where necessary.

Key risks to note included:

- Potential risk to the suspension of data flows as a result of the UK's exit from the EEA / EU
- Proactive and consistent implementation of IG controls whilst the CCGs were progressing through their transition to a single organisation

The CCGs continued to work closely with Data Controllers from primary, secondary and community care provider organisations to ensure that privacy by design was embedded within all commissioning activity and the delivery of health and social care services. This included the use of collaborative DPIAs, an overarching Information Sharing Protocol and associated information sharing agreements.

The CCG reported that there were no Serious Untoward Incidents in relation to data security breaches during 2019-20. To demonstrate best practice, and ensure that staff learned from the management of incidents, the CCG continued to record low level or near miss breaches within an IG Breach Log, which was subsequently reported to the IG Working Group and each Audit Committee. The mitigation of incidents was used to inform staff awareness bulletins, policy revisions and training.

The CCGs did not hold Accredited Safe Haven status, and therefore relied upon the following services provided by AGEM CSU under a service level agreement which commenced on 1st April 2018, to legally and securely process personal confidential data in order to meet its statutory obligations:

- Controlled Environment for Finance
- Accredited Risk Stratification Provider; and
- Data Services for Commissioner Regional Office

The Data Security and Protection Toolkit was submitted in March 2020 with all mandatory sections completed and substantial assurance given by the Internal Auditors.

Business critical models

The CCG reviewed the Macpherson report and concluded that it does not operate business critical models. The CCG's approach to quality assurance was to ensure there was transparency, periodic review and staff competency to ensure processes and information that fed into decision-making were of suitable quality. Processes and systems to ensure

good version control, testing and scrutiny of systems, as well as internal and external audits, as appropriate, were in place. Where possible, the CCG used standard NHS approaches to ensure that every process could be audited.

Third party assurances

The CCG received Service Auditor Reports (SAR) ISAE3402 in respect of the following third party services:

Provider and Services Delivered	Comment
NHS Shared Business Services: Finance and Accounting SAR for the period 1 April 2019 to 31 March 2020	***Basis for Qualified Opinion*** As stated in management's statement, for the period 16 March 2020 to 31 March 2020, access to the Service Organisation's India sites was restricted as a result of Covid-19 and the Indian Government's lock-down requirements and we were prevented access, which meant we were unable to obtain evidence in respect of certain controls for the months of February 2020 and/or March 2020. It was not possible to obtain such evidence by alternative means, to complete our sample testing of the operation of specified controls for the months of February 2020 and/or March 2020. ***Qualified Opinion*** In PWC's opinion, in all material respects, except for the possible effect of the matters described in the 'Basis for qualified opinion' paragraph above, based on the criteria described in the Service Organisation's statement, • the description in Sections III and IV fairly presents the Service Organisation's Finance and Accounting controls as designed and implemented throughout the period 1 April 2019 to 31 March 2020; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2019 to 31 March 2020 and customers applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2019 to 31 March 2020.
NHS Shared Business Services: Prescription Payments SAR for the period 1 April 2019 to 31 March 2020	***Opinion*** In PWC's opinion, in all material respects, based on the criteria described in the Service Organisation's statement in section I: • the description in sections III and IV fairly presents the Service Organisation's prescription payments services as designed and implemented throughout the period 1 April 2019 to 31 March 2020; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2019 to 31 March 2020 and customers applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2019 to 31 March 2020.

NHS Digital: GP Payments to providers of General Practice services in England	***Basis for qualified opinion*** As stated in Management's Statement, instances have been identified where Control 10 (under Control Objective 4) was not operated as designed. As stated in the control description within Section IV of the Report, we identified that: • Under Control Objective 4, for Control 10, for two out of our sample of nine, there was no evidence that approval had been sought and / or received from the Technical Architecture Team prior to implementation of a system change. As a result, Control 10 did not operate as designed. As a consequence, we have not been able to obtain sufficient appropriate evidence that controls were operating effectively to achieve the following control objective for the period 1 April 2019 to 31 March 2020: • Control Objective 4: Controls are in place to provide reasonable assurance that system change cannot be undertaken unless valid, authorised and tested. ***Qualified Opinion*** In PWC's opinion, in all material respects, except for the matter described in the 'Basis for qualified opinion' paragraph above, based on the criteria described in the Service Organisation's statement on pages 5 – 7: • the description in Sections III and IV fairly presents the Service Organisation's General Practitioners Payments as designed and implemented throughout the period 1 April 2019 to 31 March 2020; • the controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period 1 April 2019 to 31 March 2020 and customers applied the complementary controls referred to in the scope paragraph of this assurance report; and • the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2019 to 31 March 2020.
AGEM CSU Financial Ledger • Accounts Payable • Accounts Receivable • Financial Reporting • Treasury & Cash Management • Payroll Final Service Auditor Report Type II 01.04.19 – 31.03.20	In Delotte's opinion, in all material respects, based on the criteria including specified control objectives described in the directors' statement on pages 7 and 8: (i) the description in Sections 3 and 4 fairly presents the service organisation activities that were designed and implemented throughout the period from 1 April 2019 to 31 March 2020; (ii) the controls related to the control objectives stated in the description on pages 13 to 22 and pages 28 to 70 were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period from 1 April 2019 to 31 March 2020; and (iii) the controls that we tested were operating with sufficient effectiveness to provide reasonable assurance that the related control objectives stated in the description were achieved throughout the period from 1 April 2019 to 31 March 2020.
Capita Services Ltd Primary care support services to NHS England and delegated CCGs.	*Basis for Qualified Opinion* Capita provide a range of payment and pensions administration services under the PCSE contract. Mazars have reviewed the control objectives within the services provided by Capita and have concluded that: With respect to control objective 4, Capita state in their Description that they have controls in place to verify that requests for retirement submitted using AW8 forms

	are approved by the NHS Service Management Team (SMT) or CCG for the respective region and applications must be approved with certain defined identification. However, during the period 1 April 2019 to 31 March 2020, as noted on page 35 of the Description, the above-mentioned approvals and accompanying IDs could not be evidenced. Furthermore, Capita state in their Description that they have controls in place to verify that retirement applications are recorded completely and accurately in the Pensions Online and National Health and Infrastructure Services (NHAIS) systems based on the AW8 forms. However, during the months of April to September 2019 and the month of March 2020, Capita recognise this control was not operating. These issues have resulted in the non-achievement of the control objective '*Controls provide reasonable assurance that GPs and Other Medical Practitioners (OMPs) pensions are calculated and deducted/paid completely and accurately based on a signed request form'.* *Qualified Opinion* In Mazars opinion, in all material respects, except for the matters discussed above: (a) The Description fairly presents the control systems as designed and implemented throughout the period from 1 April 2019 to 31 March 2020; (b) The controls related to the control objectives stated in the Description were suitably designed throughout the period from 1 April 2019 to 31 March 2020; and (c) The controls tested, which were those necessary to provide reasonable assurance that the control objectives stated in the Description were achieved, operated effectively throughout the period from 1 April 2019 to 31 March 2020.
Whittington Hospital NHS Trust Payroll and pension services to the CCG.	From a report dated 29 April 2019 the findings were that overall the Trust's controls are appropriately designed and are operating effectively for the period under review, however, one or more areas have been identified where control design and operating effectiveness could be improved. There were 2 Low priority weakness in the design and operating effectiveness of controls in place to ensure business objectives are achieved. Based on the work performed, the Trust's system of internal control for Payroll Processing achieved significant assurance with improvement required.
NHS Electronic Staff Record Programme Provides NHS organisations with integrated payroll and HR service system	***Our opinion*** In PWC's opinion, in all material respects, based on the criteria described in the Service Organisation and included Subservice Organisation's management statement: (a) The description in sections 5 and 6 fairly presents the Service Organisation's and subservice organisation's provision of IT activities and systems for the ESR Service as designed and implemented throughout the period from 1 April 2019 to 31 March 2020. (b) The controls related to the control objectives stated in the description in sections 5 and 6 were suitably designed to provide reasonable assurance that the specified control objectives would be achieved if the described controls operated effectively throughout the period from 1 April 2019 to 31 March 2020 and customers applied the complementary user entity controls referred to in the Scope paragraph of this assurance report; and *(c)* The controls tested, which together with the complementary user entity controls referred to in the scope paragraph of this assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2019 to 31 March 2020.

Pension obligations

As an employer with staff entitled to membership of the NHS Pension Scheme (the Scheme), control measures were in place to ensure all employer obligations contained within the Scheme regulations were complied with. This included ensuring that deductions from

salary, employer's contributions and payments into the Scheme were in accordance with the Scheme rules, and that member Pension Scheme records were accurately updated in accordance with the timescales detailed in the Regulations.

Equality diversity and human rights obligations

As a public authority, the CCG had a legal obligation under the Equality Act 2010 to promote equality of opportunity, foster good relations and eliminate discrimination in relation to the protected groups of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

The CCG committed to reducing outcomes which resulted from a socio-economic disadvantage and the principles of equality and diversity were woven throughout all of the CCG's functions both as a commissioning organisation and as an employer.

Control measures were in place to ensure that the CCG complied with the required public sector equality duty set out in the Equality Act 2010. The CCG had an Equality and Diversity Policy.

The CCG continued to work on the requirements of the Equality Delivery System Framework tool (EDS2). For the improved patient access and experience element the CCG commissioned Community Action Norfolk to carry out a series of focus groups during 2018/19. Reports and progress against an action plan were presented to the Governing Body during 2019/20.

For a representative and supported workforce the CCG reviewed the Workforce Race Equality Standard report and agreed actions to improve the indicator response. The Governing Body received a report on this during 2019/20.

All services commissioned by the CCG used the NHS standard contract template, which included equality and diversity. EIAs were built into project documentation, ensuring it as a key feature in all commissioning activities. With support from AGEM CSU, the CCG ensured that all recruitment, training and on-going staff support was carried out in line with the principles of equal opportunities, as reflected in the human resources (HR) policies.

Along with the other Norfolk CCGs, the CCG was a major stakeholder in the INTRAN (Interpretation and Translation for Norfolk) partnership, which continued to address the needs of people who cannot speak English, whose first language is not English or who are deaf or hard of hearing. The CCG continued to work with partner organisations in West Norfolk, on community relations, equality and reducing incidents of hate crime.

Control issues

Risk of poor service and lack of compliance with CQC standards at provider organisations - impact on quality and safety of patient care and failure to deliver targets

Monthly clinical review meetings were in place which included NHSE/I and Commissioners. There was close monitoring of relevant data. Quality staff attended internal Trust meetings and supported with Quality Improvement initiatives. Further inspections by the CQC were expected.

Risk of failure to provide a safe ambulance service - impact of clinical quality and patient safety

Norwich CCG represented N&WCCGs at Ambulance Consortium meetings. Ambulance performance was reviewed at SORT meeting and ratified at A&E Delivery Board. The

Improvement programme incorporated in System Transformation Plan. The East of England Ambulance Trust recruited more trainee paramedics to improve workforce and to support gaps in staffing.

Non-delivery of constitutional standards leading to a potential risk of poorer health outcomes for patients - Referral to Treatment, Emergency Department, Cancer, Out of Area Placements, A&E and Child and Adolescent Mental Health Services waiting times

Daily monitoring of operational performance took place where appropriate, with escalation to senior officers where performance was below expected levels. Performance was reviewed at monthly contractual and quality meetings. External operational and contract performance meetings took place with a range of stakeholders whose services supported the delivery of the constitutional targets within the system. Transformation work continued, to improve outcomes. An STP Planned Care Board was established with management of targets as a core objective.

Risk of failure to manage business as usual due to capacity and workload as part merging all 5 Norfolk & Waveney CCGs into a single organisation with effect from 1 April 2020

The merger was completed successfully, having received the support of the Member practices and Governing Bodies. Regular reports were received at Governing Bodies and relevant Committees to keep members appraised on the merger process. Staff were recruited to their substantive posts within the new structure for the Norfolk and Waveney CCG with most posts filled and final external recruitment taking place in March 2020.

Lack of overall available workforce in the local health and care system to support system transformation and deliver appropriate levels of care

Organisations within the Norfolk and Waveney system monitored key workforce gaps and took action as required. There was a system wide workforce work stream as part of STP which joined up with Health Education workforce planning. The Norfolk and Waveney Workforce Strategy was published.

There were two internal audits during 2019/20 with only limited assurance, however this is recognised as being an indication of a mature audit programme rather than a sign of inherent weaknesses i.e. the internal audit resource was directed at particular areas of management concern. Further information on the two limited assurance reports is given below:

Referral to treatment (RTT) – limited assurance
Structural changes to facilitate a more strategic approach to RTT performance has helped to identify common and separate issues across the Norfolk and Waveney CCGs, which are preventing the national target being met. However:

- The 2019/20 RTT support plan needed to be detailed to incorporate non QIPP projects as well as all Planned Care QIPP related schemes, to ensure that there was a co-ordinated approach that could be measured and monitored at STP level as well as locally.
- Existing QIPP schemes for planned care were not performing well and were not constructed to a consistently high standard.
- Lines of accountability and management for RTT needed to be clarified between the Associate Director of Planned Care & Cancer and Locality Directors.

- Risks associated with the cessation of the West Norfolk Planned Care Board needed to be assessed and addressed as necessary, to ensure that a collaborative approach was maintained across the whole system.

Delivery of strategies – limited assurance

- For the Strategies and associated structures reviewed, it was difficult to assess how each of the strategies were progressing in terms of delivery. An overarching implementation plan for each strategy would assist with this and provide focus for the various programme boards who oversee the strategies.
- None of the Strategies were costed, and the finance sections of Project Initiation Documents, where they existed, were not consistently completed. It was therefore difficult to know if the strategies were affordable.
- Programme and project documentation needed to be standardised to ensure that there was clarity on how the strategies would make a difference in terms of performance and outcomes, and so that these could be measured and reported to the programme boards and the new Governing Body, or its Sub-Committees
- Management acknowledged the need to introduce more robust processes and in the case of Diabetes programme, have set out how this will be done within the new organisation structure

The service audit reports for NHS Shared Business Services with respect to finance and accounting and for NHS Digital have a 'qualified opinion'. More detail is provided in the above section titled Third Party Assurances.

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

The CCG delegated responsibility for financial duties to the Governing Body for ensuring the CCG complied with its obligations, and to the Chief Finance Officer the lead responsibility for overseeing the discharge of these duties. The Prime Financial Policies described the mechanisms by which the CCG discharged this duty and were outlined in the Constitution. The internal audit plan was designed to deliver assurance against these constitutional duties and gave useful insight into any gaps in controls, as outlined in the work of Internal Audit.

Monitoring of performance and financial management was via the CCG's reporting mechanisms. The Chief Finance Officer presented regular finance reports to the Governing Body. The Audit Committee provided independent scrutiny of the CCG's processes of internal control and the Finance and Performance Committee provided more in-depth scrutiny. External Audit reviewed the CCG's arrangements for securing economy, efficiency and effectiveness in their value for money conclusion.

Financial planning was reviewed and agreed by Governing Body and the Finance and Performance Committee provided scrutiny and challenge on the delivery of the financial control total, identification of risks and mitigations, delivery of QIPP schemes and operational performance delivery on key national targets.

During 2019/20 the Norfolk and Waveney CCGs identified that whilst a balanced position was forecast collectively, individual CCGs were expected to incur variances from plan. In order to report a balanced position at a CCG level, an allocation transfer exercise was conducted. Prior to completion of the transfer, authorisation was obtained from NHS England and each CCG Governing Body.

Financial planning was developed with the whole organisation involved in identifying clinical and financial pressures throughout the year. Presentation of the financial plans were supported via the CCG's Executive Management Team and presented for approval by the Governing Body prior to submission to NHSE, in accordance with the national timetable.

Management of efficiency deliverables (QIPPs) was undertaken through the Programme Board both at a locality CCG level, but also at a system-wide level through the Joint Strategic Commissioning Board. The Board provided challenge against proposed new schemes, manages risks and mitigations and reviews validated savings. Final savings were then included in papers produced and challenged by the Finance and Performance Committee, and in papers to the Governing Body.

The Executive Management Team and Cost Centre Managers received monthly financial statements which covered both areas of the CCG's expenditure: programme costs (those of a clinical or transformational nature) and running costs (those costs required to run the CCG, or central management costs). In addition to this, the CCG's overall financial position, including QIPP delivery, was shared with the organisation on a monthly basis. Delegated approval was also established within the CCG's Scheme of Delegation, so that cost centre managers were able to manage provider costs directly by approving invoices.

The central management costs for the CCG were £3.83m, this represented 1.30% of the total CCG expenditure an increase from £3.69m (1.32% of total expenditure) in the previous year due to the initial transition costs associated with the move to a single Norfolk and Waveney CCG.

The CCG prepared its accounts on a going concern basis as described in Note 1.1 to the accounts.

The CCG Improvement and Assessment Framework rating for 2018/19 was requires improvement.

Delegation of functions

The CCG received SARs in respect of support services delegated to third parties are addressed in page 69. An operational Scheme of Delegation was in place with AGEM CSU and NCCP with associated financial limits, assurance received on business continuity and management of conflicts of interest and information governance.

Controls were in place, in particular robust management of conflicts of interest, for the Primary Care Commissioning Committee.

The CCG remained accountable for its delegated functions.

Counter fraud arrangements

The CCG was required under the terms of the Standard NHS Contract and in accordance with the NHS Counter Fraud Authority (NHSCFA) Standards for Commissioners: Fraud, Bribery and Corruption, to ensure that appropriate counter fraud measures were in place.

There was a robust programme of counter fraud and anti-bribery activity, supported by the accredited Local Counter Fraud Specialist (LCFS) whose annual proportionate proactive work plan to address identified risks, was monitored by the Chief Finance Officer and the Audit Committee. The Chief Finance Officer was the first point of contact for any issues to be raised by the Counter Fraud Specialist. Online Fraud, Corruption and Bribery Act awareness training, which had been made mandatory for all CCG staff, was rolled out for the third year during 2019/20.

Counter fraud material was disseminated to staff regularly through the intranet, posters and leaflets, as well as fraud awareness publicity being provided to staff at training sessions. The LCFS inputted to the review of various policies, including the Counter Fraud and Corruption Policy, Standards of Business Conduct and Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy during 2019/20 to ensure that they were up-to-date and accurate.

Policies were reviewed in line with current legislation, from a best practice and counter fraud perspective. Details of all policies, procedures and key documents reviewed were reported to the Audit Committee.

The LCFS attended CCG Audit Committee meetings regularly to provide progress reports and updates, as well as providing an Annual Report against each of the NHSCFA Standards for Commissioners. The NHSCFA Self-Review Tool was completed by the LCFS and was submitted with an overall score of Green. Appropriate action would be taken regarding any NHSCFA quality assurance recommendations.

The LCFS issued NHSCFA Intelligence Bulletins and various TIAA Fraud Alerts during 2019/20 relating to subjects such as common subject lines in phishing emails, HR departments targeted to steal salaries and vulnerability of email to tampering, which are ongoing fraud issues nationally within the NHS and the wider public sector.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

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

The basis for forming my opinion is as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes; and
2. An assessment of the range of individual opinions arising from risk-based audit assignments, contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;

Additional areas of work that may support the opinion will be determined locally but are not required for Department of Health purposes e.g. any reliance that is being placed upon Third Party Assurances.

During the year, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Managing Serious Incidents	Reasonable Assurance
Safeguarding Adults	Reasonable Assurance
Support to Providers in Special Measures	Reasonable Assurance
Referral to Treatment	Limited Assurance
Primary Care Delegated Commissioning	Reasonable Assurance
Delivery of Strategies	Limited Assurance
Key Financial Systems	Reasonable Assurance
Financial Management	Substantial Assurance
QIPP and Financial Recovery Plan	Reasonable Assurance
Partnerships - Governance	Reasonable Assurance
Data Security and Protection Toolkit	Substantial Assurance
Managing Conflicts of Interest	Reasonable Assurance
Continuing Healthcare	Reasonable Assurance

In addition operational reviews were carried out on procurement of non-emergency patient transport services, transition to a single management team and contract register review.

Review of the effectiveness of governance, risk management and internal control

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

drawn on performance information available to me. My review was also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provided me with evidence that the effectiveness of controls that managed risks to the CCG achieving its principle objectives had been reviewed.

Our GBAF provided me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principle objectives had been reviewed.

I had been advised on the implications of the result of this review by the Governing Body; Audit Committee; Finance and Performance Committee; Patient Safety and Clinical Quality Committee and Internal Audit, and plans to address weaknesses and ensure continuous improvement of systems were in place.

The Governing Body reviewed the CCG's internal control framework and ensured risks were clearly linked to the strategic objectives of the CCG. The Audit Committee scrutinised the underpinning processes behind the GBAF and CRR and sought assurances on the effectiveness of controls from senior managers. The Finance and Performance Committee reviewed management of Sustainability and Transformation Plans, member practice engagement, discharge of financial duties and risks to delivery of constitutional targets. The Patient Safety and Clinical Quality Committee reviewed the effectiveness of risk mitigation at each meeting. The CCG worked closely with regulatory bodies in relation to the issues with providers and the impact on the sustainability of the West Norfolk healthcare system. The Council of Members took an active leadership role in overseeing the strategic direction of this work.

Internal Audit provided an independent, objective opinion on systems of internal control as described in page 77.

Reliance was placed where possible on third party assurance (Service Auditor Reports) as described in page 69.

Regular reviews of financial and operational performance were held with NHSE.

The work of the Norfolk Health Overview and Scrutiny Committee (HOSC) as part of the Norfolk county structures provided an independent view of CCG performance.

A key focus for the CCG in reviewing its effectiveness was through patient and public engagement events, work with patient engagement groups and feedback through a variety of mechanisms including complaints, compliments, FFT and QIRs, which provided insight into its provider services. Our AGM held in August 2019 focused on the progress against the improvement plan, development of a single staff management team for Norfolk and Waveney CCGs and implementing the long term plan.

External Audit provides an independent opinion on the Annual Accounts, which incorporates the Value for Money opinion; Internal Audit conducts audits into and gives its opinion on various aspects of business as directed by the work plan set by the Audit Committee as part of its delegated functions.

In 2019/20, the CCG has achieved an in-year surplus of £1.8m which takes the cumulative deficit to £4.0m. This contributed to achievement of the combined Norfolk and Waveney CCG's Financial Recovery Trajectory set and monitored by NHSEI. To achieve this West Norfolk CCG has delivered £13.3m of QIPP savings.

The CCG continues to use the QIPP process to identify opportunities to achieve economy, efficiency and effectiveness via the project management office. This has been a key aspect of successful delivery of the CCG's QIPP to ensure timely delivery of projects together with

the increased capacity within this team to ensure ongoing achievement of CCG targets on a systematic planned basis.

As a result of the COVID-19 outbreak the 2020/21 annual planning process has been put on hold, however, following the merger of the five Norfolk and Waveney CCG's a plan had been approved by the organisation pending final submission to NHSEI. This combined 2020/21 plan contained additional allocation growth money of 4.2%. This together with cost pressures, policy changes and demand pressures mean NHS Norfolk and Waveney CCG has to deliver QIPP savings of £57.8m (3.4% of allocation) to enable achievement of the Financial Recovery Trajectory of £7.1m surplus in 2020/21.

This represents a lower figure than the combined five CCG's QIPP delivered in 2019/20 and remains a significant challenge, however, the combined CCG has plans in place to deliver transformational change, in line with the STP that are anticipated to enable the financial plan to be achieved.

As with all financial plans and due to the impact of the COVID-19 outbreak, the combined CCG's 2020/21 plan has inherent risks such as not fully delivering the savings plan, unforeseen overspends and further, as yet unknown, cost pressures - all of which have the potential for leading the organisation into in-year deficit and therefore breaching the statutory break-even duty and Value for Money duty. The combined CCG will review the impact on the plan once the emergency response phase of the COVID-19 crisis management is over.

The merger of the five Norfolk and Waveney CCG's has enabled efficiency savings to be made, with the new single team structure now in place, reducing duplication and ensuring that expertise and knowledge is shared. Budgets are set and approved at very senior levels in the organisation to maintain a firm grip on the CCG's financial management.

Conclusion

My review confirms that no significant internal control issues have been identified and there is a sound system of internal control in place at the CCG for the year ended 31 March 2020 with the exception of the internal control issues that I have outlined above, to which appropriate action has been taken. This is supported by the Head of Internal Audit Opinion of 'Reasonable Assurance'.

Melanie Craig
Accountable Officer
23 June 2020

Remuneration and Staff Report

Remuneration report

Introduction

This report gives details of NHS West Norfolk CCG's Remuneration Committee and its policies in relation to the remuneration of its senior managers which the Governing Body defined as Executive Directors and members of the Governing Body.

During 2019, the five CCGs in Norfolk and Waveney created a single team of staff as follows:

- Phase 1 - Melanie Craig was appointed joint Accountable Officer (AO) and John Ingham was appointed joint Chief Finance Officer (CFO) from 29 April 2019.
- Phase 2 - the process to create a single Executive Management Team (EMT) and their direct reports commenced on 29 April 2019. Following an internal consultation, interview and external recruitment process for some posts, the EMT structure was appointed to.
- Phase 3 - a staff consultation commenced on 9 September 2019 to create a new staff structure, to work across all five CCGs, which concluded on 12 November 2019. Appointments into this structure were confirmed during December 2019 - February 2020.

Staff remained in the employment of their original host CCG throughout 2019/20, prior to the formal merger of the five CCGs as at 1 April 2020, and there were no recharges between the CCGs in respect of the new structures. Each of the five CCGs has therefore included in their 2019/20 Remuneration Reports the details of remuneration relating only to the senior managers in their employment.

Details of remuneration payable to the senior managers of NHS West Norfolk CCG in respect of their services during the year ended 31 March 2020 are given in the tables within this report.

This Remuneration and Staff Report is not subject to audit with the exception of those sections specifically marked as such.

This report includes information relating to Norfolk Continuing Care Partnership (NCCP), which operated as a business unit to provide continuing healthcare assessment. NCCP services hosted by Norwich CCG providing services to three Norfolk CCG's. The four participating CCG's were Norwich, North Norfolk, South Norfolk and West Norfolk CCG's. NCCP ceased to exist as a separate business unit as at 31 January 2020 as a result of the CCGs' management restructure; however the work of NCCP effectively continued to 31 March 2020 so references in this report to NCCP relate to the full year.

Remuneration Committee

The Remuneration Committee was a committee of the Governing Body and held responsibility, under its Terms of Reference, for making recommendations to the Governing Body for the remuneration, terms of service and benefit arrangements for all staff (including the Accountable Officer and Executive Directors). The Committee had responsibility for agreeing compensation payable to clinicians that support the work of the CCG.

The remuneration committee was chaired by the Governing Body Lay Member for Patient and Public Involvement - Tim Bishop. The Committee's other members were Sue Hayter (Governing Body Registered Nurse, and Patient Safety and Clinical Quality Committee Chair), Michelle Barry (Lay Member), Ian Pinches (Lay Member Audit and Audit Chair) and Karl Fenlon (Lay Member Finance).

Policy on the remuneration of Executive Directors

The salaries for the Chief Officer (CO) and the Chief Finance Officer (CFO) of the CCG are determined by the Governing Body and covered by the guidance issued by the NHS Commissioning Board which are informed by and consistent with the principles set out in the Hutton Fair Pay Review. Further, additional consideration of the pay and employment conditions of other employees was taken into account when determining senior managers' remuneration. No bonus payments were made to any Director during 2019-20.

Direction for determining notice periods for the Accountable Officer and the Directors were laid out in the NHS Bodies Employment Contracts (Notice Periods) Directions 2008. The contractual notice period for the termination of the Chief Officer and all other directors of the CCG was six months on either side.

Executive Directors and GP members of the Governing Body were, subject to eligibility, able to participate in the NHS Pension Scheme which provides salary-related pension benefits on a defined benefit basis.

The CCG did not apply any performance conditions or assessment methods associated with senior staff/Governing Body member reward.

All Executive Directors had rolling service contracts, the table below discloses contract start dates for the CCG:

Executive Directors in post 2019-20	Role	Executive Directors in post 2019-20	Position end date
John Webster	Accountable Officer West Norfolk CCG to 28/04/2019. Director of Strategic Commissioning, N&W CCGs from 01/07/2019	12/06/2017	Continued in post
Howard Martin	Chief Finance Officer to 28/04/2019, Locality Director – West, N&W CCGs from 01/07/2019	14/05/2018	Continued in post
Ross Collett	Director of Commissioning, Strategy and Delivery	21/07/2017	31/07/2019
Sarah-Jane Ward	Director of Nursing & Quality Assurance	13/09/2017	08/10/2019

Non-Executive Directors: Remuneration Policy

In accordance with "Clinical commissioning group governing body members: Role outlines, attributes and skills", the CCG was responsible for determining the appointments and remuneration of its Governing Body member roles.

Non-Executive Directors were appointed for a fixed term and their remuneration consisted of a fee that reflected the commitment and time required to fulfil their obligations effectively. They were also eligible to be reimbursed for out-of-pocket expenses incurred on the CCG's business. Non-Executive Directors were not eligible to participate in the NHS Pension Scheme.

All Governing Body GPs are paid at the same sessional rate however the contracted number of sessions varies according to the portfolio of responsibilities allocated to them. The sessional rates paid to other elected Governing Body members are based on the rates they are paid in their professional roles.

Governing Body members during 2019-20 were as follows

Governing Body members	Role	Start date	End date
Dr Paul Williams	GP Member and Governing Body Chair	01/04/2013	31/03/2020
Dr Imran Ahmed	GP Member	01/04/2013	31/03/2020
Dr Tina Ariffin	GP Member	01/04/2017	31/03/2020
Dr Uma Balasubramaniam	GP Member	24/05/2018	31/03/2020
Ms Michelle Barry	Lay Member	01/04/2017	31/03/2020
Mr Tim Bishop	Lay Member (Patient and Public Involvement) Governing Body Deputy Chair	29/09/2016	31/03/2020
Mr Karl Fenlon	Lay Member	27/07/2018	31/03/2020
Dr Mark Follows	GP Member	01/06/2018	31/05/2020
Dr Clare Hambling	GP Member	01/01/2016	31/03/2020
Mrs Sue Hayter	Registered Nurse	01/04/2013	31/03/2020
Dr Lata Motwani	GP Member	01/08/2019	31/03/2020
Mr Ian Pinches	Lay Member (Audit)	01/10/2018	31/03/2020
Mr Alastair Wilson	Secondary Care Doctor	02/09/2016	31/03/2020

Remuneration of Very Senior Managers

Details of remuneration payable to the senior managers of NHS West Norfolk CCG in respect of their services during the year ended 31 March 2020 are given in the table on the following page.

Norfolk and Waveney Single Management Team

The five CCGs established a new joint Executive Management Team during 2019/20 prior to the merger of N&W CCGs on 1 April 2020. As a result of this the following senior manager post within the CCG was shared across the five (with no recharge of remuneration).

- John Webster, Director of Strategic Commissioning from 01/07/2019

The following senior manager posts within other CCGs were shared across the 5 CCGs (no recharge of remuneration):

Senior manager	Start date	End date	Employing CCG
David John Ingham - Chief Finance Officer	29/04/2019	continues	Norwich
Jocelyn Pike - Director of Special Projects	01/08/2019	continues	South Norfolk
Cath Byford - Chief Nurse	01/07/2019	continues	GYW
Melanie Craig - Chief Officer	29/04/2019	continues	GYW

Salaries and Allowances 1 April 2019 to 31 March 2020 (subject to audit)

Name and Title	2019/20					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Dr Paul Williams - GP Member and Governing Body Chair	40-45	0	0	0	0	40-45
Dr Imran Ahmed - GP Member	40-45	0	0	0	0	40-45
Dr Tina Ariffin - GP Member	25-30	0	0	0	0	25-30
Lata Motwani – GP[1] Member[1]	15-20	0	0	0	0	15-20
Dr Clare Hambling - GP Member	45-50	0	0	0	0	45-50
Dr Uma Balasubramanium - GP Member	10-15	0	0	0	0	10-15
Dr Mark Follows - GP Member	25-30	0	0	0	0	25-30
Karl Fenlon - Lay Member Finance	15-20	0	0	0	0	15-20
Mrs Michelle Barry - Lay Member	5-10	0	0	0	0	5-10
Mr Tim Bishop - Lay Member - Patient and Public Involvement	5-10	0	0	0	0	5-10
Mr Alistair Wilson - Secondary Care Doctor	15-20	0	0	0	0	15-20
Mrs Sue Hayter - Registered Nurse	5-10	0	0	0	0	5-10
Mr Ian Pinches - Lay Member	5-10	0	0	0	0	5-10
Mr John Webster[2]	100-105	0	0	0	42.5-45	145-150
Mr Ross Collett[3]	30-35	0	0	0	47.5-50	75-80
Mt Howard Martin[4]	55-60	0	0	0	35-37.5	90-95
Ms Sarah Jane Ward[5]	50-55	0	0	0	55-57.5	105-110

[1] Lata Motwani - GP Member joined 01/08/2019
[2] John Webster - Accountable Officer until 28/04/2019 and Director of Strategic Commissioning from 01/07/2019
[3] Ross Collett - Director of Commissioning Strategy and Delivery from 27/07/2017 - 31/07/2019
[4] Howard Martin - Chief Finance Officer from 14/05/2018 - 28/04/2019, Locality Director West Norfolk from 08/10/2019
[5] Sarah-Jane Ward - Director of Nursing & Quality Assurance from 13/09/2017 - 08/10/2019

Total in column (a) includes remuneration for multiple roles within the CCG for Dr Paul Williams, Dr Clare Hambling, Dr Tina Ariffin, Dr Lata Motwani, Dr Mark Follows and Dr Uma

Balasubramanium have varying remuneration due to different session commitment as a result of performing additional duties within the CCG.

The pension related benefits in the above table are based on the assumed growth of the individual's pension benefits, not an amount paid in-year, less the personal contribution to that individual's benefit. The individual pensions vary significantly in value due to the length of service within the NHS and as a result the benefits accrued within the financial year also vary significantly in value and are not solely dependent on the annual salary of the individual. This does not include benefits relating to the GP Solo pension arrangements, for which employer pension contributions are included in the salary column.

Figures for staff leaving or appointed part way through the year are for that part year only. All substantive senior managers were paid via the CCG payroll for the financial year 2019/20. Seconded staff were paid by their employing organisation and recharged to the CCG. There were no financial inducements made to encourage members to join the Governing Body.

Salaries and Allowances 1 April 2018 to 31 March 2019 (for comparison)

Name and Title	2018/19					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Dr Paul Williams - GP Member and Governing Body Chair	40-45	0	0	0	0	40-45
Dr Imran Ahmed - GP Member	40-45	0	0	0	0	40-45
Dr Tina Ariffin - GP Member	30-35	0	0	0	0	30-35
Dr Pallavi Devulapalli - GP Member	30-35	0	0	0	0	30-35
Dr Clare Hambling - GP Member	30-35	0	0	0	0	30-35
Dr Uma Balasubramaniam - GP Member[1]	25-30	0	0	0	0	25-30
Dr Mark Follows - GP Member[2]	25-30	0	0	0	0	25-30
Mr Karl Fenlon - Lay Member Finance[3]	5-10	0	0	0	0	5-10
Mrs Michelle Barry - Lay Member	5-10	0	0	0	0	5-10
Mr Tim Bishop - Lay Member - Patient and Public Involvement, and Deputy Chair	5-10	0	0	0	0	5-10
Reverend Hilary De Lyon - Lay Member - Audit, and Deputy Chair[4]	0-5	0	0	0	0	0-5
Mr Alistair Wilson - Secondary Care Doctor	15-20	0	0	0	0	15-20
Mrs Sue Hayter - Registered Nurse	5-10	0	0	0	0	5-10
Mr Ian Pinches - Lay Member Audit[5]	0-5	0	0	0	0	0-5
Mr John Webster - Accountable Officer	120-125	0	0	0	25-27.5	145-150
Mr Ross Collett - Director of Commissioning, Strategy and Delivery	85-90	0	0	0	55-57.5	140-145

Name and Title	2018/19					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Mr Howard Martin - Chief Finance Officer[6]	90-95	0	0	0	20-22.5	110-115
Ms Sarah Jane Ward - Director of Nursing and Quality Assurance	90-95	0	0	0	155-157.5	245-250
Other senior managers						
Mark Wheeler, Interim Chief Finance Officer[7]	10-15	0	0	0	0	10-15

Note: Taxable expenses and benefits in kind are expressed to the nearest £100.
[1] Dr Uma Balasubramaniam joined on 24/05/2018 so reflects part year values
[2] Dr Mark Follows joined on 01/06/2018 so reflects part year values
[3] Mr Karl Fenlon joined on 27/07//2018 so reflects part year values
[4] Reverend Hilary De Lyon left the role on 30/05/2018 so reflects part year values
[5] Mr Ian Pinches joined on 01/10/2018 so reflects part year values
[6] Mr Howard Martin joined on 14/05/2018 so reflects part year values
[7] Mr Mark Wheeler left the role on 27/04/2018 so reflects part year values

Pension benefits as at 31 March 2020 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2019	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2020	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
John Webster - Accountable Officer[1]	0-2.5	0-2.5	25-30	65-70	532	46	591	18
Howard Martin - Chief Finance Officer[2]	0-2.5	0-2.5	10-15	15-20	161	32	193	14
Ross Collett - Director of Commissioning, Strategy and Delivery[3]	0-2.5	0-2.5	25-30	60-65	519	46	566	12

Sarah Jane Ward - Director of Nursing & Quality Assurance[4]	0-2.5	5-7.5	40-45	120-125	787	63	851	13

[1] John Webster - Accountable Officer until 28/04/2019 and Director of Strategic Commissioning from 01/07/2019
[2] Ross Collett - Director of Commissioning Strategy and Delivery from 27/07/2017 - 31/07/2019
[3] Howard Martin - Chief Finance Officer from 14/05/2018 - 28/04/2019, Deputy Chief Finance Officer from 01/07/2019 - 08/10/2019 Locality Director West Norfolk from 08/10/2019
[4] Sarah-Jane Ward - Director of Nursing & Quality Assurance from 13/09/2017 - 08/10/2019

The above tables reflect the total pension for each individual including benefits accrued through prior employment with other NHS organisations.

In accordance with the Disclosure of Senior Managers' Remuneration (Greenbury) 2015 guidance, no CETV will be shown for pensioners, senior managers over 60 (1995 Section) 0r over 65 (2008 Section).

The declaration of pension contributions in this report is made in accordance with the guidelines issued under the Greenbury Report.

The details contained in the above tables relate to those members of the Governing Body and Senior Management Team for whom pension details were available. Those not included were:

- Lay members whose remuneration is not pensionable
- GP's on the Governing Body who were not members of the normal NHS Pension Scheme but did contribute to the NHS GP Solo Pension Scheme. The GP Solo Pension Scheme benefits are not included in the above table as we are unable to identify which part of that scheme relates to their work as Governing Body Members.

Cash equivalent transfer values

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

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

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

During the year, the Government announced that public sector pension schemes will be required to provide the same indexation in payment on part of a public service scheme pensions known as the Guaranteed Minimum Pension (GMP) as applied to the remainder of

the pension i.e. the non GMP. Previously the GMP did not receive full indexation. This means that with effect from August 2019 the method used by NHS Pensions to calculate CETV values was updated. So the method in force at 31 March 2020 is different to the method used to calculate the value at 31 March 2019. The real increase in CETV will therefore be impacted (and will in effect include any increase in CETV due to the change in GMP methodology).

NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in the NHS 2015 Scheme. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Real increase in CETV

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

Compensation on early retirement of for loss of office (subject to audit)

No compensation was paid on early retirement of for loss of office.

Payments to past members (not subject to audit)

There were no payments to past members.

Pay multiples (subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/Member in their organisation's workforce. Remuneration has been base on annualised, full time equivalent remuneration.

The banded remuneration of the highest paid director/member in NHS West Norfolk CCG in the financial year 2019/20 £120,000-£125,000 (2018/19 was £120,000-£125,000). This was 3.1 times (2018/19: 3.32) the median remuneration of the workforce which was £37,570 (2018/19: £36,111).

In 2019/20 none of the employees received remuneration in excess of the highest-paid member of the Governing Body (2018-19 none) Remuneration ranged from £21,089 to £120,000 (2018-19, £17,460 to £120,000).

These figures are calculated from the CCG's employee payroll and do not reflect payments made for interim staff who were paid through third party organisations. There were no members of the Governing Body who were paid through a third party organisation during 2019/20.

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

Staff report

The CCG has a highly skilled, motivated and experienced workforce of commissioning managers and support staff, during the year our average workforce was 108.14 WTE (whole time equivalent). In addition to employed staff, we engage with general practitioners and nurses from across the Norwich area to provide clinical expertise and input into our decision making and actively supporting the organisation.

Staff numbers and composition (subject to audit)

As an employer the CCG adopted the National Agenda for Change pay framework and the following shows the breakdown of pay bands and gender as at year end:

	Total			CCG			NCCP		
Band	Headcount Male	Headcount Female	AVG WTE	Headcount Male	Headcount Female	AVG WTE	Headcount Male	Headcount Female	AVG WTE
2	0	0	0.29	0	0	0.29	0	0	0
3	2	11	2.96	0	0	0.00	2	11	2.96
4	1	11	5.85	0	3	3.00	1	8	2.85
5	2	16	10.49	1	6	8.06	1	10	2.43
6	6	31	11.56	1	3	4.27	5	28	7.29
7	4	20	14.38	2	7	8.97	2	13	5.41
8a	5	13	12.28	3	8	10.57	2	5	1.71
8b	3	5	6.94	2	5	6.70	1	0	0.24
8c	2	3	4.20	2	1	3.52	0	2	0.68
8d	0	2	1.96	0	2	1.96	0	0	0
9	1	1	2.14	1	1	2.00	0	0	0.14
VSM	2	0	2.31	2	0	2.31	0	0	0
Total	**28**	**113**	**75.36**	**14**	**36**	**51.64**	**14**	**77**	**23.72**
Other	9	11	4.79	8	8	3.62	1	3	1
TOTAL	**37**	**124**	**80.15**	**22**	**44**	**55.27**	**15**	**80**	**24.89**

The average Whole Time Equivalent (WTE) has been calculated as an average for all staff employed between 01 April 2019 and 31 March 2020.

The staff headcount has been calculated as all staff employed by the CCG as at 31 March 2020.

The “Other” comprise of staff that are paid ‘personal salary’ amounts in accordance with the CCG’s Remuneration Framework as opposed to being on “Agenda for Change”

Employee benefits

	2019-20 Total £'000	2018-19 Total £'000
Salaries and wages	3,623	3,905
Social security costs	365	285
Employer Contributions to NHS Pension scheme	529	354
Other pension costs	0	0
Apprenticeship Levy	3	0
Termination benefits	259	0
Gross employee benefits expenditure	**4,780**	**4,544**

The employer contribution increased in April 2019 by 6.3%, this underpins the significant increase for 2019-20.

Sickness absence data

Department of Health & Social Care (DHSC) has taken the decision to not commission the data production exercise for NHS bodies this year. The link to the NHS Digital publication series is as follows

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff policies

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

The CCG gave full and fair consideration to applications for employment made by disabled persons having regard to their particular aptitude and abilities. The CCG adhered to the 'Two Tick' scheme. The Two Ticks scheme is a recognition given by the government through Jobcentre Plus to employers based in Great Britain who have agreed to take action to meet five commitments regarding the employment, retention, training and career development of disabled employees.

The CCG provided a comprehensive occupational health service including an employee assistance scheme. This service was available to all employees as required. Appropriate support was made available as recommended by the occupational health physician.

Trade union

There were no employees who were relevant union officials during 2019/20 and therefore no percentage of time was spent on facility time, no percentage of the pay bill spent on facility time and no paid trade union activities.

Employee consultation

WNCCG held a number of consultations in relation to the merging of the staff teams into a single team for Norfolk and Waveney CCG. The Chief Officer held staff briefing sessions and staff groups met regularly with the Chief Officer to discuss key issues within the CCG.

Governing Body meetings were held in public and papers published on the website for staff and public access. The "members" section of the website held a substantial amount of information for staff and members and effectively operated as the CCG's intranet.

Staff were consulted in the development of policies and these were available on the CCG website within the Members section.

Equality and diversity

With support from A&G CSU, the CCG ensured that all recruitment, training and on-going staff support was carried out in line with the principles of equal opportunities, as reflected in the CCG's Human Resources policies. The CCG adhered to the 'NHS Agenda for Change', Job Evaluation Scheme to ensure equal pay for work of equal value. The Workforce Race Equality Scheme was completed annually and presented to the Governing Body in public.

This details analysis on the recruitment and fair treatment of the recruitment and retention of black and minority ethnic employees.

The CCG had a Training Needs Analysis in place for each role within the organisation; this documented the roles which may require individuals to complete further training to ensure they are able to complete their role to the best of their ability for themselves, the organisation as a whole and the local population. The CCG supported development within the workplace and had a Learning and Development Policy in place for employees.

A Flexible Working Policy was also in place ensuring flexible working options were made available to staff, consistent with the needs of the service and the lifestyles of staff. The CCG completed the Equality Delivery System 2 (EDS2), a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for people with characteristics protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty.

Pension liabilities

Employees of the CCG are covered by the provisions of the NHS Pension Scheme.

For information as to how pension liabilities were treated, please refer to accounting policy 1.6.2. In respect of senior managers in the CCG, pension entitlements are disclosed within this Remuneration Report.

Health and safety

The CCG had a comprehensive Health and Safety at Work Policy and contracted with the Borough Council of King's Lynn & West Norfolk to assist with health and safety obligations.

Expenditure on consultancy

Where the CCG does not have the requisite skills or capacity within the organisation to deliver specific aspects of its obligations or to develop further the services that it would wish to provide it relies on external organisations and individuals to provide those skills or capacity. During 2019/20 the CCG spent a total of £67,000 on consultancy services as outlined below (2018-19 £216,000).

Consultancy service	Cost
Organisational and change management Consultancy	£67,000

Off-payroll engagements

As at 31 March 2020 the CCG had no off-payroll engagements for more than £245 per day and that lasted longer than six months.

The CCG also had no new off-payroll engagements, or those that reached six months in duration, between 1 April 2019 and March 2020

Details of off-payroll engagements of Governing Body Members and Senior Managers with significant financial responsibilities were as follows

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 should include both on payroll and off-payroll engagements.	2

Exit packages (Subject to audit)

As part of the move to a single Norfolk and Waveney CCG a new single structure was established and recruited to in a three stage process. The new structure resulted in a number of compulsory redundancies which are shown in the exit table below relating to West Norfolk CCG.

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
£100,001 - £150,000	1	111,450	0	0	1	111,450	0	0
TOTALS	1	111,450	0	0	1	111,450	0	0

These cost of the restructuring compulsory redundancies were incurred in the first instance by the employing organisation which totalled £1,184,692 across the five CCGs within the Norfolk and Waveney system (North Norfolk, Norwich, South Norfolk, West Norfolk and Great Yarmouth and Waveney CCG). These costs were shared equally across the five Norfolk and Waveney CCGs totalling £236,938 each.

Additional costs relating to staff anticipated leaving as part of the same process after March 2020, or relating to other departures have been provided for in the employing CCG; for West Norfolk CCG this value amounts to £111,450

Analysis of Other Departures

There were none in 2019-20

Melanie Craig
Accountable Officer
23 June 2020

Parliamentary accountability and audit report

NHS West Norfolk CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at page 94. An audit certificate and report is also included in this Annual Report at page 123.

ANNUAL ACCOUNTS

Financial Statement and Notes

CONTENTS

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(1,649)	(2,164)
Other operating income	2	(30)	(30)
Total operating income		**(1,679)**	**(2,194)**
Staff costs	3	4,780	4,547
Purchase of goods and services	4	291,418	277,746
Provision expense	4	0	89
Other operating expenditure	4	346	351
Total operating expenditure		**296,545**	**282,733**
Net operating Expenditure		**294,866**	**280,539**
Total net expenditure for the year		**294,866**	**280,539**
Comprehensive expenditure for the year		**294,866**	**280,539**

The notes on pages 99 to 122 form part of this statement.

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000		2018-19 £'000
Current assets:				
Trade and other receivables	6	2,413		3,096
Cash and cash equivalents	7	77		53
Total current assets		**2,490**		3,149
Total assets		**2,490**	**-**	**3,149**
Current liabilities				
Trade and other payables	8	(20,091)		(27,657)
Provisions	9	0		(89)
Total current liabilities		**(20,091)**		(27,746)
Total assets less current liabilities		**(17,601)**	**-**	**(24,597)**
Financed by taxpayers' equity				
General fund		(17,601)		(24,597)
Total taxpayers' equity:		**(17,601)**		(24,597)

The notes on pages 99 to 122 form part of this statement.

The financial statements on pages 95 to 98 were approved by the Governing Body on 23 June 2020 and signed on its behalf by:

Melanie Craig
Accountable Officer (from 29 April 2019)
NHS West Norfolk Clinical Commissioning Group
23 June 2020

Statement of Changes In Taxpayers Equity for the year ended 31 March 2020

	2019-20 General fund £'000	2018-19 General fund £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	(24,597)	(10,908)
Changes in NHS CCG taxpayers' equity for 2019-20		
Net operating expenditure for the financial year	(294,866)	(280,539)
Net recognised NHS CCG expenditure for the financial year	**(294,866)**	**(280,539)**
Net funding	301,861	266,850
Balance at 31 March 2020	**(17,601)**	**(24,597)**

The notes on pages 99 to 122 form part of this statement.

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash flows from operating activities			
Net operating expenditure for the financial year		(294,866)	(280,539)
Decrease in trade & other receivables	6	683	5,239
(Decrease)/Increase in trade & other payables	8	(7,566)	8,311
Provisions utilised	9	(89)	0
Increase in provisions	9	0	89
Net cash (outflow) from operating activities		**(301,837)**	(266,900)
Cash flows from financing activities			
Net funding received		301,861	266,850
Net cash inflow from financing activities		**301,861**	266,850
Net increase/(decrease) in cash & cash equivalents	7	**24**	(50)
Cash & cash equivalents at the beginning of the financial year		**53**	103
Cash & cash equivalents (including bank overdrafts) at the end of the financial year		**77**	53

The notes on pages 99 to 122 form part of this statement.

Notes to the Financial Statements

1. Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups (CCGs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to CCGs, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the CCG for the purpose of giving a true and fair view has been selected. The particular policies adopted by the CCG are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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

The CCG merged with four others on 1st April 2020 to form NHS Norfolk & Waveney CCG. The new CCG is planning to make a surplus in 2020/21 and the draft annual plan does not indicate any issues regarding cash for the foreseeable future.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for certain financial assets and financial liabilities.

1.3 Joint Arrangements

Arrangements over which the CCG has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the CCG is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.4 Pooled Budgets

The CCG has entered into a pooled budget arrangement with Norfolk County Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled to jointly commission or deliver health and social care, known as the Better Care Fund.

The pool is hosted by Norfolk County Council. The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

The CCG has exercised judgement on the accounting for pooled budgets, further details included in note 1.11.1.

1.5 Revenue

The main source of funding for the CCG 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.

Payment terms are standard reflecting cross government principles.

1.6 Employee Benefits

1.6.1 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.

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the CCG of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

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

1.7 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.

1.8 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the CCG's cash management.

1.9 Financial Assets

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

All Financial assets are recorded at amortised cost.

1.9.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective 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.

1.10 Financial Liabilities

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

Financial liabilities are initially recognised at fair value.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. 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.

1.11 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

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

1.11.1 Critical Accounting Judgements in Applying Accounting Policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Better Care Fund

The CCG has entered into a partnership agreement and a pooled budget with Norfolk County Council in respect of the Better Care Fund (BCF). This is a national policy initiative and the funds involved are material in the CCG accounts. Having reviewed the terms of the partnership agreement, the Department of Health and Social Care Group Accounting Manual (DHSC GAM) and the appropriate financial reporting standards, the CCG has determined that there are three elements to the Better Care Fund and they are accounted for as follows:

(1) the major part is controlled by Norfolk County Council which commissions services from various non-NHS providers. Whilst the services are determined in partnership, the risks and rewards of the contracts remain wholly with the council. The CCG accounts for this on a lead commissioner basis as healthcare expenditure with the local authority.

(2) The second part is controlled by the CCG which commissions various services from NHS and non-NHS providers. The risks and rewards of these contracts are the responsibility of the CCG, which considers itself to be acting as a lead commissioner for those services on behalf of the partnership. The CCG accounts for these costs as healthcare purchased from NHS and non-NHS providers.

(3) The final part of the BCF is an integrated community equipment store. Norfolk County Council acts as the host body for this service which is provided by a third party. Each partner is however wholly responsible for their own share of the expenditure.

Otherwise there were no critical judgements, apart from those involving estimations that management has made in the process of applying the CCG's accounting policies that have the most significant effect on the amounts recognised in the financial statements.

1.12.2 Sources of estimation uncertainty

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

Partially completed spells:
Expenditure relating to patient care spells that are part-completed at the year-end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay. The CCG agrees to use the figures calculated by the local providers. Operating expenses have been adjusted by the difference between the closing partially completed spells accruals, as notified by the provider Trusts, and the equivalent opening value from the prior year. For 2019-20 a closing balance figure was £928,195 (2018-19 £946,413). Due to the stable population of the CCG and bed capacity of the providers there is believed to be little variability year on year to this figure.

Prescribing liabilities:

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately 6 weeks in arrears. The CCG uses information provided by the NHS Business Authority as part of the estimate for full year expenditure. For 2019-20 an accrual of £5,606,313 (2018-19: £5,677,052) was included for February and March anticipated expenditure, this figure is not believed to represent a significant level of uncertainty.

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2021-22, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2021 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

We do not know how IFRS 16 will impact on the CCG once it is applied, as the impact is yet to be assessed. The application of IFRS 17 and IFRIC 23 as revised would not have a material impact on the accounts for 2019-20, were they applied in that year.

2. Other operating revenue

		2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)			
Non-patient care services to other bodies	i.	**1,060**	1,615
Other Contract income		**589**	549
Total income from sale of goods and services		**1,649**	**2,164**
Other operating income			
Charitable and other contributions to revenue expenditure: non-NHS		**30**	30
Total other operating income		**30**	**30**
Total operating Income		**1,679**	**2,194**

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

i. 2018-19 Other income included non-recurrent NHSE invoiced funds for ETTF Eclipse Prescribing services.

3. Employee Benefits and Staff Numbers

3.1 Employee benefits

	2019-20 Total £'000	2018-19 Total £'000
Employee Benefits		
Salaries and wages	**3,623**	**3,905**
Social security costs	**365**	**285**
Employer Contributions to NHS Pension scheme	**529**	**354**
Apprenticeship Levy	**3**	**3**
Termination benefits	**259**	**0**
Gross employee benefits expenditure	4,780	4,547
Net employee benefits excluding capitalised costs	4,780	4,547

Further analysis of employee benefits is shown in the remuneration and staff report on pages 82 to 94.

3.2. Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**83**	**26**	**108**	**78**	**20**	**98**

In 2019-20 the average number of people employed above includes 23.76wte being a share of the staff employed in the Continuing Care Service.

Further information in respect of staff numbers is included from page 91 of the annual report

3.3 Exit packages agreed in the financial year

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
£100,001 to £150,000	1	111,450	-	-	1	111,450
Total	**1**	**111,450**	**-**	**-**	**1**	**111,450**

The previously separate five Norfolk and Waveney CCGs merged on 1st April 2020 becoming NHS Norfolk and Waveney CCG. This included Great Yarmouth and Waveney CCG, North Norfolk CCG, Norwich CCG, South Norfolk CCG and West Norfolk CCG. As part of that merger exercise the organisation undertook a staff restructure programme which resulted in a small number of compulsory redundancies across all CCGs. The costs for staff leaving the organisation have been shared equally across all five CCGs although a few changes were not concluded by 31st March 2020, as such costs for those roles were included in the employing CCG only.

3.4. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

The employer contribution rate for NHS Pensions increased from 13.4% to 20.6% from 1st April 2019. For 2019-20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

3.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019 updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

3.4.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2019-20, employers' contributions of £529,000 were payable to the NHS Pensions Scheme (2018-19: £354,000) at the rate of 20.6% (2018-19: 13.48%) of pensionable pay.

4. Operating Expenses

		2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services			
Services from other CCGs and NHS England		2,726	2,532
Services from foundation trusts	i.	156,496	145,137
Services from other NHS trusts		29,687	28,047
Purchase of healthcare from non-NHS bodies		31,856	33,330
Purchase of social care		1,261	1,627
Prescribing costs		33,899	33,138
General Ophthalmic services		3	2
GPMS/APMS and PCTMS		32,815	31,332
Supplies and services – clinical		293	4
Supplies and services – general		1,408	1,487
Consultancy services		68	221
Establishment		489	387
Premises		302	323
Audit fees	ii.	52	42
Other non-statutory audit expenditure			
· Internal audit services		0	1
Other professional fees		44	79
Legal fees		7	40
Education, training and conferences		12	14
Total purchase of goods and services		**291,418**	**277,746**
Provision expense			
Provisions		**0**	89
Total provision expense		**0**	**89**
Other operating expenditure			
Chair and non-executive members		346	351
Total other operating expenditure		**346**	**351**
Total operating expenditure		**291,764**	**278,186**

i. 2019-20 includes contractual increases for Tariff and Activity of which Queen Elizabeth Hospital NHS Foundation Trust was £9.6m (Including STP monies) and Norfolk and Suffolk Foundation NHS Trust £1.4m.

ii. Auditor fees payable to the external auditor, inclusive of VAT:
- Statutory audit services: net value £35,000
- Non-audit fees relating to Mental Health Investment Standard: net value £8,500.

5. Better Payment Practice Code

Measure of compliance	**2019-20 Number**	**2019-20 £'000**	2018-19 **Number**	2018-19 **£'000**
Non-NHS payables				
Total Non-NHS trade invoices paid in the year	7,241	77,490	7,407	81,207
Total Non-NHS trade Invoices paid within target	7,124	73,562	6,568	78,245
Percentage of Non-NHS trade invoices paid within target	**98.38%**	**94.93%**	**88.67%**	**96.35%**
NHS Payables				
Total NHS Trade invoices paid in the year	3,030	199,477	2,585	166,600
Total NHS trade invoices paid within target	2,930	199,336	2,576	166,592
Percentage of NHS trade invoices paid within target	**96.70%**	**99.93%**	**99.65%**	**100.00%**
Total Payables				
Total NHS trade invoices paid in the year	10,271	276,967	9,992	247,807
Total NHS trade invoices paid within target	10,054	272,898	9,144	244,837
Percentage of NHS trade invoices paid within target	**97.89%**	**98.53%**	**91.51%**	**98.80%**

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

6. Trade and other receivables		Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: revenue	i.	511	1,194
NHS prepayments		845	825
NHS accrued income		201	240
Non-NHS and other WGA receivables: revenue		557	587
Non-NHS and other WGA prepayments		0	21
Non-NHS and other WGA accrued income		253	193
VAT		46	36
Total trade & other receivables		**2,413**	**3,096**

i. 2018-19 NHS receivables: Revenue included non-recurrent NHSE invoiced funds for Estates, Technology and Transformation Fund Eclipse Prescribing services.

7. Cash and cash equivalents

	2019-20	2018-19
	£'000	£'000
Balance at 01 April 2019	53	103
Net change in year	24	(50)
Balance at 31 March 2020	**77**	**53**
Made up of:		
Cash with the Government Banking Service	77	53
Balance at 31 March 2020	**77**	**53**

8. Trade and other payables		Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: revenue	i.	1,464	8,087
NHS accruals	ii.	2,096	4,256
Non-NHS and other WGA payables: revenue		2,431	3,200
Non-NHS and other WGA accruals	iii.	13,246	11,365
Non-NHS and other WGA deferred income		0	48
Social security costs		43	38
Tax		37	34
Other payables and accruals	iv.	774	627
Total trade & other payables		**20,091**	**27,657**

i. 2018-19 Included late raised invoices from The Queen Elizabeth Hospital.

ii. Delays in 2018-19 invoices with associated higher accruals.

iii. 2019-20 includes provision for redundancies, associated commitments from late allocations, short breaks and prescribing increases.

iv. Other payables include £329,000 outstanding pension contributions at 31 March 2020 (£239,000 at March 2019).

9. Provisions

	Current 2019-20 £'000	Current 2018-19 £'000
Redundancy	0	89
Total current and non-current	**0**	**89**

	Redundancy £'000	**Total £'000**
Balance at 01 April 2019	**89**	**89**
Utilised during the year	(89)	**(89)**
Balance at 31 March 2020	**0**	**0**

Redundancy

The process to establish a single team across all five CCGs was completed in 2019-20. The 2018-19 provision for £89,000 was released in 2019-20 as the estimated carried forward liabilities from 2018-19 crystallised in the accounts.

Contingent Liabilities

There are no Contingent Liabilities in 2019-20.

10. Financial instruments

10.1 Financial risk management

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

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

Sir Simon Stevens' letter to the NHS dated 17 March 2020 ("Important and Urgent – Next Steps on NHS Response to COVID-19") included the following wording in respect of additional funding to support the coronavirus emergency response: "The Chancellor of the Exchequer committed in Parliament last week that "Whatever extra resources our NHS needs to cope with coronavirus – it will get." So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category." In order to ensure the CCG's providers have the necessary resources, NHS England implemented a cost capture and reimbursement process to ensure the impact has a nil net effect on CCGs financial performance. Therefore, the risk associated with COVID19 on the CCG's 2019-20 financial performance is considered low.

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

10.1.1 Credit risk

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

10.1.2 Liquidity risk

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

10.1.3 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.

10.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Financial Assets measured at amortised cost 2018-19 £'000
Trade and other receivables with NHSE bodies	357	993
Trade and other receivables with other DHSC group bodies	657	700
Trade and other receivables with external bodies	508	521
Cash and cash equivalents	77	53
Total at 31 March 2020	**1,598**	**2,267**

10.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Financial Liabilities measured at amortised cost 2018-19 £'000
Trade and other payables with NHSE bodies	178	950
Trade and other payables with other DHSC group bodies	8,751	16,913
Trade and other payables with external bodies	11,082	9,046
Other financial liabilities	-	627
Total at 31 March 2020	**20,012**	**27,536**

11. Operating segments

The CCG consider they have only one segment: commissioning of healthcare services.

12. Joint Arrangements - Interests in Joint Operations

Arrangements over which the CCG has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

A joint operation exists where the parties that have joint control have rights to the assets and obligations for the liabilities relating to the arrangement. Where the CCG is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

12.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in entity's books ONLY 2019-20		Amounts recognised in entity's books ONLY 2018-19	
			Income	Expenditure	Income	Expenditure
			£'000	£'000	£'000	£'000
Norfolk Continuing Care Partnership	Norwich CCG, North Norfolk CCG, South Norfolk CCG, West Norfolk CCG	All continuing care services for our Norfolk CCGs, hosted by Norwich CCG, net accounting adopted	0	1,116	0	1,188
Better Care Fund	Great Yarmouth & Waveney CCG, North Norfolk CCG, Norwich CCG, South Norfolk CCG, West Norfolk CCG and Norfolk County Council	Joint Commissioning of Care services, hosted by Norfolk County Council, net accounting adopted	0	13,406	0	13,019

13. Related Party Transactions

Details of related party transactions with individuals are as follows:

	2019-20	2019-20	2019-20	2018-19	2018-19	2018-19
	Payments to Related Party	**Amounts owed to Related Party**	**Amounts due from Related Party**	Payments to Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	**£'000**	**£'000**	£'000	£'000	£'000
Governing Body members who are partners in GP Practices. Costs relate to practice as a whole for the provision of primary medical, practice engagement and other services:						
Boughton Surgery	**603**	**0**	**0**	578	2	0
Bridge Street Surgery	**1,385**	**0**	**0**	1,357	0	0
The Burnhams	**956**	**0**	**0**	895	3	0
Campingland Surgery	**1,461**	**0**	**0**	1,339	0	0
Feltwell Surgery	**1,054**	**0**	**0**	1,024	0	0
Great Massingham Surgery	**1,357**	**0**	**0**	1,336	4	0
Grimston Medical Centre	**1,004**	**1**	**0**	977	0	0
Heacham Group Practice	**1,390**	**1**	**0**	1,384	7	0
Howdale	**1,240**	**0**	**0**	1,175	2	0
Litcham Health Centre	**857**	**0**	**0**	846	0	0
Manor Farm Medical Centre	**1,458**	**0**	**0**	1,409	0	0
Plowright Medical Centre	**1,482**	**0**	**0**	1,445	0	0
Southgates Medical & Surgical Centre	**2,236**	**0**	**0**	2,232	9	0
St Clement Surgery (Village Health)	**1,495**	**0**	**0**	1,202	0	0
St James' Medical Practice	**3,196**	**0**	**0**	2,238	0	0
Terrington St Johns Surgery	**1,101**	**0**	**0**	1,047	0	0
The Hollies Surgery	**770**	**0**	**0**	777	0	0
Upwell Health Centre	**1,981**	**25**	**0**	1,872	3	0
Vida Healthcare	**5,708**	**0**	**0**	4,998	0	0
Watlington Medical Centre	**1,079**	**0**	**0**	1,080	0	0
Woottons' Surgery	**685**	**0**	**0**	671	0	0

	2019-20 Payments to Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000	2018-19 Payments to Related Party £'000	2018-19 Amounts owed to Related Party £'000	2018-19 Amounts due from Related Party £'000
(Governing Body Members Fees - Remunerated through payroll during 2018-19):				45	0	0
St Clement's Surgery, Dr Imran Ahmed	**45**	**0**	**0**	32	0	0
Vida Healthcare, Dr Pallavi Devulapalli	**0**	**0**	**0**	43	0	0
Upwell Health Centre, Dr Paul Williams	**45**	**0**	**0**	30	0	0
Bridge Street Surgery, Dr Clare Hambling	**45**	**0**	**0**	30	0	0
Southgates Medical & Surgical Centre and The Woottons' Surgery, Dr Tina Ariffin	**0**	**0**	**0**	26	0	0
Boughton Surgery , Dr Uma Balasubramanium	**11**	**0**	**0**	0	0	0
Heacham Surgery, Dr Lata Motwani	**20**	**0**	**0**	0	0	0

	2019-20 Payments to Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000	2018-19 Payments to Related Party £'000	2018-19 Amounts owed to Related Party £'000	2018-19 Amounts due from Related Party £'000
Payments on top of the usual monthly GMS /PMS practice payments and quarterly local enhanced services payment						
Dr Imran Ahmed, Dr Pallavi Devulapalli, Dr Clare Hambling (Governing Body members) and Dr Michael Archer, Dr Santosh Bakka, Dr Vineet Bhardwaj, Dr Diana Black, Dr Kamal De, Dr Sarah Garrod, Dr Ian Haczewski, Dr Sally Hall, Dr Richard Heighton, Dr David Ince, Dr Ankit Kant a, Richard Musson , Giselle Sagar, Paul Williams and Dr Hugh Simpson(Council of Members).	**1346**	**0**	**0**	1,892	0	0

Shareholders in West Norfolk Health, which currently provides some clinical services and also runs a pharmacy in Norfolk.	**0**	**0**	**0**			
Dr Pallavi Devulapalli (Governing Body Members) and Dr Santosh Bakka and Dr Kamal De (Council of Members).	**0**	**0**	**0**	665	0	0
Partners in Vida Healthcare						
Dr Pallavi Devulapalli (Governing Body Members) and Dr Santosh Bakka and Dr Kamal De (Council of Members).	**0**	**0**	**0**	0	0	0
Shareholder in Cavell & Lind Ltd						
Dr Tina Ariffin	**14**	**0**	**0**	411	0	0
(Financial) GP Partner Southgates and Woottons /(Financial) Employed at Prescribing Services Ltd						
Dr Uma Balasubramanium (GB Member) and DR Hugh Simpson (Council of Members)	**0**	**0**	**0**	1	0	0
(Financial) GP Partner Boughton Surgery						
Dr Clare Hambling	**1**	**0**	**0**	2	0	0
Shareholders in Iceni Healthcare which currently provides some clinical services						
Dr Paul Williams	**0**	**0**	**0**	4	0	0
Senior Partner at Upwell Health Centre						
Dr Imran Ahmed	**3**	**0**	**0**	0	0	0
(Financial) Senior Partner at St Clément's surgery in West Norfolk.						
Mr Karl Fenlon	**89**	**0**	**0**	0	0	0
(Financial) Small shareholder in Spire Healthcare Group PLC						

	2019-20 Payments to Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000	2018-19 Payments to Related Party £'000	2018-19 Amounts owed to Related Party £'000	2018-19 Amounts due from Related Party £'000
Other Related Party Transactions (Council of Members):						
Dr Michael Archer (Financial) Senior partner in Grimston Medical centre which holds contracts in West Norfolk CCG				1	0	0
Dr Susan Atcheson						
(Financial) Shareholder First Health UK Ltd.	**0**	**0**	**0**	1	0	0
(Financial) LMC committee member salaried representative	**0**	**0**	**0**	7	0	0
Dr Vineet Bhardwaj (Financial) GP Partner at Upwell Health Centre	**0**	**0**	**0**	4	0	0
Mr Peter Brown (Non-financial personal) Trustee and Director of West Norfolk Community Transport Ltd	**0**	**0**	**0**	55	0	0
Dr Julian Brown (Financial) Prescribing Services Ltd. Director, Doctor of Medicine	**0**	**0**	**0**	350	0	0
Dr Owen Chandler (Financial) Southgates surgical Unit is commissioned by the CCG	**0**	**0**	**0**	411	0	0
Dr Ian Haczewski (Non-financial personal) Chairman Swaffham and Litcham Home Hospice Association	**53**	**0**	**0**	53	0	0

Dr Sally Hall (Financial) GP Partner Great Massingham Surgery	**0**	**0**	**0**	2	0	0
Dr David Ince & Dr Sarah Garrod (Financial) Partner at The Burnhams Surgery	**0**	**0**	**0**	1	0	0
Dr Philip Koopowitz (Non-financial) Trustee West Norfolk Deaf Association	**0**	**0**	**0**	4	0	0
Dr Prabir Mitra (Financial) GP Partner, St James	**0**	**0**	**0**	726	0	0
Dr Richard Musson (Financial) GP Partner, Campingland Surgery	**0**	**0**	**0**	44	0	0
Dr Giselle Sagar (Financial) GP Partner Feltwell	**0**	**0**	**0**	37	0	0
Dr Ankit Kant Partner at Watlington Medical Centre providing the Fens & Becks Care Home Matron Service	**2**	**0**	**0**	4	0	0

The Department of Health and Social Care is regarded as a related party. During the year the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:
- NHS England, (including Commissioning Support Units);
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and
- NHS Business Services Authority

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies.
Most of these transactions have been with Norfolk County Council in respect of Mental Health, Continuing Healthcare, Community Care and Re enablement.

14. Events After the End of the Reporting Period

With effect from 1 April 2020, Great Yarmouth & Waveney CCG, North Norfolk CCG, Norwich CCG, South Norfolk CCG, and West Norfolk CCG merged to form a new organisation, NHS Norfolk and Waveney CCG. All of the assets and liabilities of West Norfolk CCG transferred to NHS Norfolk & Waveney CCG.

Due to the national response to Covid-19 the CCG has in line with NHS England guidance moved its payment methodology for NHS healthcare providers from an activity based payment arrangement to a block arrangement on national determined values. Furthermore 2020/21 funding (allocations) have only been awarded for the four months to July 2020 whilst we await the national financial impact of the pandemic and updated guidance. As such the CCG is unable to confirm its control total nor forecast full year costs until it receives notification of full year funding and direction on future payment methodologies. The financial approach for the early months is to deliver a break-even position with NHS England funding any shortfalls in delivery.

There are no other events between the end of the reporting period and 23 June 2020 which will have a material effect on the financial statements of the CCG.

15. Financial performance targets

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

	2019-20 Maximum £'000	**2019-20 Performance £'000**	**Duty Achieved?**	2018-19 Maximum £'000	2018-19 Performance £'000	**Duty Achieved?**
Expenditure not to exceed income	298,398	296,545	Yes	282,782	282,733	Yes
Revenue resource use does not exceed the amount specified in Directions	296,719	294,866	Yes	280,588	280,539	Yes
Revenue administration resource use does not exceed the amount specified in Directions	3,833	3,827	Yes	3,727	3,694	Yes

Note: For the purposes of Section 223H (1), expenditure is defined as the aggregate of gross expenditure on revenue and capital in the financial year, and income is defined as the aggregate of the notified maximum revenue resource, notified capital resource and all other amounts accounted as received in the financial year (whether under provisions of the Act or from other sources, and included here on a gross basis).

During 2019-20 the Norfolk and Waveney CCGs identified that whilst a balanced position was forecast collectively, individual CCGs were expected to incur variances from plan. In order to report a balanced positon at a CCG level, an allocation transfer exercise was conducted. Prior to completion of the transfer, authorisation was obtained from NHS England and each CCG Governing Body.