Berkshire West Clinical Commissioning Group
Annual Report and Accounts 2021/22

NHS
Berkshire West
Clinical Commissioning Group

Contents

Foreword from the Clinical Chair:

Welcome to the Berkshire West Clinical Commissioning Group's Annual Report for 2021/22. We have seen yet another challenging year in Berkshire West as the coronavirus pandemic has continued to impact nearly everything we do. Nevertheless, it has been heartening to watch the immense collaborative efforts of all our staff in not only maintaining services but dealing with the backlog of work and delivering a successful covid vaccination programme.

Coronavirus has continued to impact on care homes. As a Berkshire West system, the CCG and its partners have worked in collaboration to support residents and staff. With the sustained development and expansion of the 15 Primary Care Networks (PCN) in Berkshire West, work continues with supporting local Care Homes with named clinicians as part of the Enhanced Health in Care Homes Scheme. We have also achieved a very high level of take-up of covid vaccinations in care homes for older adults with 92% having received a first, second and booster dose. Planned Care services have worked together to aid recovery in elective services and to reduce waiting times by implementing improved productivity, mutual aid between providers and pathway transformation.

The CCG continues to work with our partners to prevent long term conditions (LTCs), diagnose LTCs earlier and better manage patients with LTCs. During the pandemic there was a specific focus on the continuation and development of long COVID services, managing patients with chronic respiratory diseases, providing digital access to patient education for diabetes and home blood pressure monitoring for the clinically vulnerable in deprived areas. Maintaining cancer services in primary and secondary care has been a priority for the system during the last year with a focus on supporting our partners with Covid-19 recovery, as well as the continuation with cancer transformation within primary care and the community. We have also seen the successful roll-out of the Quality Improvement Scheme (QIS); the Cancer Care Reviews Year 2; and the 'self-screening' test for colorectal cancer FIT (fecal immunochemical test).

Areas such as the diagnostic pathway for autism and ADHD have undertaken demand and capacity modelling which resulted in additional investment to improve access. A review of Berkshire West mental health and emotional wellbeing services for children was carried out which resulted in a multi-agency action plan aiming to address the identified challenges. The transformation of adult mental health services to deliver more community-based services commenced in Reading with Wokingham and West Berkshire to follow.

The BOB Local Maternity System (LMS) board has continued to evolve in line with the requirement to set up a Perinatal Quality Surveillance (QA) model, incorporating Neonatal services into its over-arching assurance and transformation work.

For the first time this winter GP practices received national support to address the demands being seen for appointments and to provide enhanced support to practices facing access challenges. As a result, we were able to support upgrades in GP practice telephony and security arrangements as well as establishing overflow hubs, which allowed the Royal Berkshire NHS Foundation Trust's Emergency Department to transfer the care of patients to their own GP Practice when appropriate. We also ensured that more clinical staff were working over winter meeting patients' care needs. We are now evaluating what worked well and considering schemes that should remain in place.

In addressing the Covid-19 pandemic, local priorities were set to help address many of the consequences of the pandemic (including social isolation, physical deconditioning, and job insecurity). These priorities shaped the integration work programme for the year. This included, the establishment of step-down beds, an alternative to emergency inpatient care in an acute hospital setting and the preventing of premature admission to long-term residential care. Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies and walk in centres. Outstanding work and input by our PCN sites were key in the delivery of a successful vaccination programme. Reducing health inequalities has been a core focus of the vaccination roll out with significant community engagement efforts supporting the most vulnerable in our communities to get their vaccination.

All of the above has required a step-change in all services' approach to use of information and development of digital access. Population health management methodologies have supported identification of those most vulnerable to COVID-19 to target support services and we continue to support reduction of inequalities and vaccine hesitancy within the vaccination programme.

Looking ahead, 2022/23 will see the closure of the CCG and safe transfer of all functions to the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board. While we continue work to develop the new organisation and supporting structures, I am confident we have built a strong foundation on which to achieve even better outcomes for patients.

Dr Abid Irfan MB CHB MRCS MRCGP, Clinical Chair

Berkshire West Clinical Commissioning Group

Performance Report

Overview from Dr James Kent (Accountable Officer)

Another extraordinary year in our lives has passed, dominated again by the COVID-19 pandemic.

My condolences to those who have lost loved ones; in the NHS we share in the sadness of those who have suffered a loss, have been seriously ill as a result of the virus or are still suffering from its effects. Many other people have had planned operations and treatments postponed due to the disruption of 'business as usual' services and I share their frustration and disappointment at these delays.

But there are also actions through the pandemic we can celebrate. All our partners and colleagues worked far more flexibly to adjust to the demands of COVID and so many came together to successfully deliver the biggest ever vaccination programme in the history of this country. As a result, we are now collectively looking towards the future which will include the resumption of both normal and 'new normal' life and work compared to the challenges of the last two years.

This year, 2021/22, has been remarkable for the success of the vaccination roll-out which has seen 3.7 million jabs delivered across BOB ICS with more people vaccinated than any other vaccination programme. Huge thanks go to the thousands of people across the NHS, local authorities and volunteers who contributed to this success.

We began vaccinating our local population in December 2020 – starting with NHS and care staff, residents of care homes, everyone aged over 70 and people who were clinically extremely vulnerable and by 15 February 2021, everyone in these four top priority groups had been offered a vaccine. More than a year later, at the end of March 2022, we were offering vaccinations to all 5 - 11-year-olds, and a second 'booster' jab to those aged 75.

An outreach and engagement plan - *No one left behind* – was devised across BOB ICS to ensure the vaccine campaign is targeted at those populations, in areas of deprivation and among groups at increased risk of illness and death from COVID-19 infection. This careful and painstaking work will inform how and where it is best to make approaches and break down the barriers of vaccine hesitancy and address concerns that individuals or communities may have.

As I write we still have over 100 patients in our acute hospitals with COVID, not insignificant but much lower than our peak level of 790 in the second wave. More importantly, the number of patients needing mechanical ventilation across our system has been in single digits for many months, such a different picture to our wave 2 peak of 260 patients needing intensive care. A clear impact of the vaccination programme.

Given the on-going response to the COVID-19 pandemic the past year has seen all NHS organisations and services operating, for the most part, in an emergency preparedness, resilience and response level 4 incident which means that NHS England has coordinated the NHS response nationally in collaboration with local commissioners at the tactical level, as such many decisions and actions were driven nationally.

During the height of the pandemic, health and social care organisations made rapid changes to how services operated, the infection, prevention and control measures that were in place, and other adjustments made to ensure all patients with COVID needing hospital treatment could be treated. Many primary care and hospital outpatient appointments moved to telephone and online consultations.

As the vaccination programme rolled out and the number of patients requiring treatment for COVID reduced, we turned to the task of recovering services and dealing with the inevitable backlogs. This report will show the challenges facing the NHS as we try to reduce waiting times for elective / planned care, develop better ways of working collaboratively to support urgent and emergency care across the three counties of Buckinghamshire, Oxfordshire, and Berkshire West; develop services to support the health and wellbeing of our younger population; ensure the timely diagnosis and start of treatment of people with cancer and further develop our primary care services.

Over the past year work has progressed in developing the integrated care system across BOB. Working together in a more integrated way across the NHS, local authorities and with our voluntary sector we want to ensure we deliver joined up health and care services based on the needs of individual and shaped by the circumstances and priorities of local communities. Alongside this we have been planning for the transfer of statutory commissioning functions and staff from the CCGs to the new Integrated Care Board across Buckinghamshire, Oxfordshire and Berkshire West which will happen on 1st July 2022

I also want to extend my gratitude to colleagues within all three CCGs; many have continued to work in different ways, in different roles, and many also volunteered to support front line care or the vaccination programme. None of this was easy when both the pandemic and organisational change has made for an unsettling period. Thank you to everyone.

As we move into 2022/23 and toward a new organisation and Integrated Care System, I am encouraged to see colleagues rise to the challenge; this stands us in good stead for the future as we move forward the work of clinical commissioning groups into the single organisation of Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board that will develop and lead system working for the benefits of our population.

Performance Report:

NHS Berkshire West Clinical Commissioning Group (BWCCCG) was established on 1 April 2018, following the merger of Newbury and District, Wokingham, North and West Reading and South Reading CCGs.

The CCG is made up of 41 member GP Practices, serving a population of 568,374 people. The CCG, as part of its statutory obligations provides overall management and has the power to develop its strategic direction led by a Governing Body that meets every month (except August).

In 2021/22 the Governing Body consisted of three GP members including the Chair, a Chief Officer, Nurse Director, Joint Commissioning Director, Primary Care Director (Standard Invitee), Chief Finance Officer, three lay members, and a Secondary Care Consultant. The GP members of the Governing Body are elected by a GP Council composed of GPs from the member GP practices. Day-to-day CCG management is led by the Executive Team, including Operational Directors for each of the CCG's localities, who are also non-voting members of the Governing Body.

What we do

BWCCG has the statutory responsibility to commission a range of local health services for people in the Berkshire West area. This means planning, designing, contracting, and paying for services for the population including those provided by Royal Berkshire NHS Foundation Trust (RBH), Berkshire Healthcare NHS Foundation Trust (BHFT) and the services provided by local GP practices. The services that we commission include:

- Urgent and emergency care (including NHS 111, Accident and Emergency, Urgent Treatment Centre, and Ambulance Services)
- Elective (Planned) hospital care
- Diagnostic and treatment service for cancer
- Community health services (such as rehabilitation services, speech and language therapy, wheelchair services, and home oxygen services)
- Maternity and new-born services (excluding neonatal intensive care)
- Children's healthcare services (mental and physical health)
- Mental health services (including talking therapies)

- Services for people with learning disabilities and autism
- NHS continuing healthcare
- General practice (responsibility delegated by NHS England from April 2016)
- Out-of-hours primary medical services
- Healthcare for veterans, reservists, and armed forces families

Who we work with?

We commission healthcare from a wide variety of NHS and non-NHS providers. The CCG is a key partner in the Berkshire West Place Based Partnership (PBP). The PBP is currently a voluntary arrangement where local health and social care organisations, both those that commission and provide services work together to take on clear joint responsibility for resources and population health, providing joined up care. Our partners are West Berkshire Council, Reading Borough Council, Wokingham Borough Council, BHFT, RBH, South Central Ambulance Foundation Trust (SCAS), GP Practices and Primary Care Networks. The CCG is also a member of the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (BOB ICS).

Our three Local Authority partners commission adult social and children's services and are responsible for public health. We are members of the Health and Well Being Boards of the three councils.

Our population and demographics

As of March 2022, the registered patient population of the BWCCG area had grown to 568,374.

The population is generally affluent and healthy, but there are variations between the Berkshire West localities of Reading, Newbury and District and Wokingham. Life expectancy at birth is higher than the national average for Wokingham and West Berkshire localities. Life expectancy as follows:

- Wokingham 85.0 years for women and 82.3 years for men
- Reading 81.1 years for women and 77.5 years for men.
- West Berkshire 84.4 years for women and 80.2 years for men.

Our Local Authorities publish Joint Strategic Needs Assessments which describe the health and well-being needs of our population

and which use data to identify health differences. Data on population and health can be found on the Berkshire Observatory website here .

Clinical Leadership

Clinical involvement and clinical leadership are key to high-quality commissioning. This involves engaging with all GPs in the local area so their experience and expertise can inform the decisions being taken. Clinical leaders are working at all levels of the CCG with clinicians providing a majority sitting with senior managers at the CCG Board and other committees, driving service development and responding to the pandemic.

The clinicians working for the CCG also all work in clinical practice with regular contact with patients, carers, and families.

During this past year, the COVID-19 pandemic has dominated the work of the CCG and our clinicians have been providing clinical leadership in decisions relating to healthcare and the vaccination programme. Despite the practical difficulties in maintaining services during the pandemic, with higher levels of staff absence and risks of infection, they supported the work needed to quickly revise the way practices organised their services to ensure patients could continue to access the care and support needed. They have also been working with health and care partners to ensure appropriate arrangements were in place for other services so that patients with urgent conditions such as cancer could continue to access care and treatment.

Clinical events have been hosted online where clinical leaders shared the latest evidence for treating patients, research into new treatments and advice on safe and effective services in primary care.

Later in this report there is a summary of the achievements of each of the clinical leaders for the CCG.

Summary of Performance

The CCG works collaboratively with our providers in the local health economy, in particular RBFT (Acute and Elective Services), BHFT (Mental Health and Community Services), and SCAS (999, 111, and patient transport services) to deliver timely and robust healthcare provision. Meetings are held to provide assurance on actions being taken by providers to ensure performance achievement. Where performance is not achieved, remedial actions plans are implemented to recover performance.

NHS services in system have faced unprecedented pressures over the course of the pandemic waves and have responded to a significant increase in demand on Primary, Community and Acute services as well as delivering the biggest vaccination programme in history. During 2021/22 we have made use of the available technology to enable our meetings to continue and our actions have been weighted towards the system response to the pandemic.

The system has been under significant pressure during the increase in COVID numbers associated during delta and more recently omicron during the latter half of this year. This has been compounded by high level of demand during the winter months. System providers have generally maintained planned treatment during Omicron and are working to reduce the significant wait times and backlogs generated during previous waves. To support NHS Trusts' capacity for urgent care, Independent Sector Provider (ISPs) sites were directed by NHSE under a national contractual and financial arrangement to assist all regions and protect capacity for elective services (including cancer).

The table below outlines the NHS constitutional targets NHS Berkshire West CCG has a duty to meet. This section of the report outlines the achievements and performance of BWCCG during 2021.22 and how performance is delivered through the wide range of services commissioned.

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Group	Standard Description	Standard	Jan 22	Feb 22	Mar 22	Year To Date
Cancer	Percentage of patients seen within two weeks of an urgent GP referral for suspected cancer	93%	88.4%	93.3%	91.3%	90.2%
	Percentage of patients seen within two weeks of an urgent referral for breast symptoms where cancer was not initially suspected	93%	83.8%	87.5%	89.6%	88.3%
	Percentage of patients receiving first definitive treatment within one month (31-days) of a cancer diagnosis (measured from 'date of decision to treat')	96%	92.7%	96.6%	92.3%	96.0%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is Surgery	98%	80.4%	97.4%	96.8%	92.5%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is an Anti-Cancer Drug Regimen	94%	95.6%	99.0%	100.0%	99.3%
	Percentage of patients receiving first subsequent treatment within 31-day, where that treatment is a Radiotherapy Treatment Course	94%	94.7%	97.0%	90.2%	92.0%
	Percentage of patients receiving first definitive treatment within two months (62 days) of an urgent GP referral for suspected cancer	85%	72.1%	60.0%	68.8%	75.0%
	Percentage of patients receiving first definitive treatment within 62 days of referral from NHS Screening Service	90%	81.5%	62.5%	92.3%	84.4%
	Percentage of patients receiving first definitive treatment within 62 days of a consultants decision to upgrade their priority status	86%	66.7%	85.7%	100.0%	83.0%
RTT - Incomplete	Incomplete pathways at month end	92%	58.3%	58.7%	59.5%	59.5%
	Incomplete Pathways over 52 weeks at month end	0	2,454	2,923	2,587	2,587
Mental Health	IAPT - Access Rate	6.25%	5.766%	5.145%		5.145%
	IAPT - Moving to Recovery	50%	52.4%	48.4%		48.4%
	IAPT - Treated within 6 Week	75%	97.4%	98.0%		98.0%
	IAPT - Treated within 18 Week	95%	99.1%	100.0%		100.0%
	Dementia Diagnosis Rate	67%	58.9%	58.5%	58.5%	58.7%
C&YP Eating Disorders	CYP Eating Disorders - Urgent (1 week)	95%			45.5%	45.5%
	CYP Eating Disorders - Routine (4 weeks)	95%			66.7%	66.7%
Ambulance Response Times	Category 1 Incidents Mean	7:00	7:23	8:16	9:51	9:51
	Category 1 Incidents 90th Percentile	15:00	12:26	14:32	16:33	16:33
	Category 2 Incidents Mean	18:00	19:38	27:46	49:58	49:58
	Category 2 Incidents 90th Percentile	40:00	39:39	56:20	101:03	101:03
	Category 3 Incidents 90th Percentile	120:00	190:14	296:48	519:51	519:51
	Category 4 Incidents 90th Percentile	180:00	263:14	358:21	542:33	542:33

BOB Urgent Care

The effects of the pandemic on the health system has made it even more important for health and social care professionals across the BOB system to work together to deliver responsive and joined-up urgent and emergency care services. Over the past few years, pressure on urgent and emergency care has gone beyond the increased need for services during the winter and is now a year-round challenge.

Across the BOB ICS, teams from hospital and community Trusts, the CCGs and local authorities have worked together to ensure people who required urgent, and emergency medical treatment were able to access services.

Alongside this, communications teams from the CCGs and system partners have worked together to deliver campaigns to local people encouraging them to look after themselves and stay healthy, and to use healthcare services in the most appropriate way. Key messages over the past year have been:

- Emergency Departments (EDs) are for genuinely life-threatening conditions, for non-life-threatening conditions please use alternative services such as local pharmacies, minor injuries units, your GP and NHS 111 who can advise and direct patients to the best place for care

- Our EDs and hospitals remain very busy. If you can help your family member or friend home from hospital, please talk to us. We will always support people to get home with the appropriate care packages

People were urged to have a winter plan for themselves and their family to keep as well as possible, what they could do if they became unwell, and how to look after more vulnerable neighbours and friends.

Urgent and Emergency Care:

It has been another challenging year for our Urgent and Emergency Care (UEC) services with organisations continuing to operate under significant pressure which did not ease over the summer months. Health and social care partners have worked hand in hand to ensure our residents with urgent and emergency care needs received the care they needed in a timely manner and were supported to make a rapid recovery.

The Berkshire West System A&E 4-hour performance for 2021/22 was 76.28% against a target of 90%. Achievement of the target while operating in a pandemic and providing a National Incident response has been particularly challenging. Our acute and community hospitals have had to create “hot” and “cold” zones to reduce the risk of COVID-19 transmission between patients creating additional moves for patients and inevitably delays. They have also had to deal with increasing demand as patients who chose not to access care during the early waves of the pandemic felt more comfortable to come forward for treatment. For some of these patients, their condition has worsened. Daily attendances at the Emergency Department have now reached unprecedented numbers at around 400 a day, which used to be considered exceptional. In addition, staffing capacity has been reduced due to high levels of COVID-19 infection, also creating challenges in meeting demand.

At the RBH there was a continued focus on ensuring patients arriving were assessed and streamed to the most appropriate service for their needs. The hospital’s Same Day Emergency Care (SDEC) unit is now treating more than 100 patients a week with 81% of them going home same day, avoiding an overnight stay. Patients are also being treated on a Virtual Hospital Ward meaning those with COVID, pneumonia and COPD can be cared for in their own homes with the use of virtual monitoring.

Managing hospital discharges has been critical to releasing beds for those patients who need to be admitted for urgent treatment. Following the introduction of the Hospital Discharge Team at RBH in 2020 in response to COVID-19, we have continued to work with system partners to develop and improve a sustainable service that supports patients to leave hospital as soon as clinically safe to do

so. Rising numbers of patients needing onward care and capacity constraints in the receiving services has been challenging but a recent review of the service has shown we have managed to successfully maintain the average length of time a patient remains in hospital.

To support patients leaving the hospital, a care home helpline has been set up to act as a single point of contact to improve communications between the wards and care homes. In November 2021 occupational therapists were recruited to review big care packages with the aim of minimising pressure on social care and helping patients return home more quickly and maximising their independence. The health and social care system, including the three Local Authorities, continue to meet weekly to collectively address ongoing reasons for delay in both the acute and community hospitals. The group identifies and review's key themes, patterns and issues and agrees actions to improve flow and reduce delays.

Providing effective recovery, re-ablement and rehabilitation support to people is key to preventing re-admissions and returning people to independence following a hospital stay. After successfully bidding to become an accelerator site for the Ageing Well Programme, BHFT has achieved delivery of the quarterly targets for Urgent Community Response. In March 2022 BHFT provided a community crisis response to over 200 patients responding to nearly 60% of cases within two hours. Many of these patients were able to be supported in their own place of residence avoiding the need for admission to hospital. Collaborative working between BHFT and SCAS has begun to maximise out of hospital pathways available to crews, and work continues with other healthcare professionals, including GPs, to try to increase referrals to the service.

There have been some significant UEC programmes launched nationally since our local UEC strategy was reviewed in 2020 and we therefore felt it appropriate to take the opportunity to refresh our strategy. We have now begun a series of workshops with our most senior leaders to engage system partners on the next phase of delivery including the detailed scoping of four priority workstreams: Urgent Community Response, Same Day Emergency Care, Resilient Primary Care and Community Bed Provision. As we move once again into 'recovery phase' focus will shift from pandemic response to service transformation and delivery of these key strategic actions.

South Central Ambulance Service (SCAS) have had a challenging year with the continuation of the pandemic impacting performance targets due to higher-than-expected activity (10.2% above 2021/22), handover delays at local hospitals, staff sickness, vacancies, and infection control requirements. However, SCAS have focused resource on those patients with the highest acuity ensuring a timely response. Commissioners are supporting SCAS with recovering their performance targets in 2022/23. SCAS have continued

to improve the percentage of patients being treated either over the phone (hear & treat) or by providing treatment at the scene of the incident (see & treat). Commissioners have continued to work with SCAS to allow paramedics to access alternative care pathways such as the urgent community response and hope to expand on these in 2022.23

As part of the pandemic response the rollout of the national 111 First programme was expedited. This includes a re-validation by a clinician for anyone who may require an Emergency Department attendance to identify if any other services may be more suitable for the patient. This has been successful in patients being supported with the right service to best meet their needs.

Long Term Conditions:

The Long-Term Conditions Programme Board (LTCPB) continues to build on the strategic vision of increased integrated and joined up care for people living with more than one long term condition. The aim is to improve and transformation the prevention, diagnosis, management, and outcomes of patients with long term conditions. Working with partners across the ICP, the Board has identified specific priorities to tackle variation and improve outcomes for patients across Berkshire West.

Long COVID Syndrome: The Berkshire Longcovid Integrated Service (BLIS) was set up in November 2020.The service provides multi-disciplinary team (MDT) assessments for patients experiencing prolonged symptoms following Coronavirus (COVID-19). The MDT assess patients and set up a management plan to help manage symptoms and help with daily living.

With now an estimated 1.7 million cases of long Covid in the UK, BLIS has worked to raise awareness amongst primary and secondary care about long Covid. It secured funding to provide mind body therapies to the patients to aid their health and wellbeing and focused work with community organisations. It worked with people from ethnic minority groups to address health inequalities and produce culturally and contextually relevant material to support patients. Additional short-term funding has enabled the introduction of a pilot project amongst 3 Primary Care Networks to trial Group Consultations to support patients closer to home and empower them through group approaches.

Respiratory: Chronic obstructive pulmonary disease (COPD) remains a priority especially to reduce exacerbations to decrease symptoms and improve quality of life. The CCG has engaged with National Services for Health Improvement Ltd (NSHI) an independent organisation to enable GP practices to access additional specialist respiratory nurses to assist with review of their

patients with COPD. 13 practices have participated in this approach, with 698 patients receiving a clinical review during the COVID-19 pandemic.

Diabetes: Structured education is a key element of good diabetes care and traditionally delivered face to face in group-based programmes. A pilot supporting increased access to structured education via a digital approach for people with Type 2 diabetes was set up. The service was rolled out during the COVID pandemic to support additional access to education where face to face session were not being held. The service aimed to offer health coaching as a key element and to enable access to 6 different languages where English is not the first language. 354 people accessed the total 400 places. The main goals identified by patients were weight, diet rules and exercise. 84% of the patients lost weight, with the average weight change of 4%.

Cardiovascular Disease: A national pilot was implemented to support the home monitoring for people with high blood pressure. Maintaining a healthy blood pressure is very important because the higher your blood pressure is the higher your chances of having health issues are. This pilot initially focused on those people who are clinically vulnerable, with prioritisation based on social deprivation, Black, Asian, and Minority Ethnic (BAME) demographics and aged 65 to 74 years. In total 1370 monitors have gone out to patients, with a positive increase in number of recorded average blood pressure readings. This has also contributed to supporting patients to increase understanding of their blood pressure and choices in relation to managing it.

12 out of the 21 practices initially enrolled on the pilot demonstrated a significant increase in the recording of BP from 69% to 95%, which drove an overall improvement in achievement of BP target at participating practices for the eligible cohort from 53% to 62%.

Drawing on regional funding an Enhanced Service for primary care has been developed to support increased case finding for people with suspected Heart Failure (HF), to aid earlier intervention and optimal treatment for people living with HF.

Neuro-rehabilitation: The Community Based Neuro-rehabilitation Team (CBNRT) continues to improve the waiting times for assessment and treatment of patients. The team has actively put in place a range of approaches to reduce the wait times and work continues with 85 people reported waiting in March 22, with an average of 52 referrals per month.

Work is underway to develop an integrated community-based neuro rehabilitation service, building on previous work which identified a gap in the overall number of beds required to optimally meet the needs of the BW population.

Personalised Care and Support Planning: Training has been delivered to support primary care staff continuing to implement personalised care and support planning for people with multiple long-term conditions.

Planned Care:

BOB Elective Care

Early in the pandemic, routine referrals and elective operations and treatments were paused across the BOB ICS in line with national guidance from NHS England & NHS Improvement (NHSE&I). Hospital Trusts across BOB were asked to redirect staff and resources to free up the maximum possible inpatient and critical care capacity for COVID-19 patients and prepare for, and respond to, the anticipated large number of COVID-19 patients who would need respiratory support.

Trusts postponed non-urgent elective operations, rapidly discharged patients who were medically fit to leave and focused on urgent and emergency care, cancer care and implemented virtual online outpatient clinics where clinically appropriate.

While elective operations, treatments and care resumed during 2020/21, further waves of the pandemic have hampered efforts in elective care recovery. As a result, regrettably, there are lengthy waiting times for outpatient appointments and treatment across the BOB ICSA key area of focus for in the latter part of 2021/22 and moving forwards, has been to support elective recovery by working collaboratively to address waiting times and offering patients treatment options.

This includes:

- the creation of new community diagnostic centres to carry out a range of diagnostic tests, out of hospital, including
    - imaging (CT, MRI, ultrasound, X-ray, and mammography)
    - physiological measurement (echocardiography, full lung function tests, and ambulatory blood pressure monitoring)
    - pathology (phlebotomy, point of care resting, and simple biopsies)
- 7 days per week working in some specialties
- increasing the use of independent sector outpatient capacity for some specialties

- identifying capacity in neighbouring acute hospitals to re-direct patient and reduce waiting times

Planned Care

During the continuing pandemic RBH tried to maintain elective care services to decrease the impact on patients and waiting lists. The aim for recovery is to ensure all the elective capacity is used to reduce waiting times and ensure people can access services in a timely way. Despite current challenges, including workforce, RBH continues to make good progress to reduce waiting lists.

A key initiative has been to reduce the numbers of patients waiting over 104 weeks and at the end of March 2022 this had reduced to only 7 patients. These remaining long waiters include patients requiring anaesthetic cover, who are extremely complex, or who require a super specialist procedure e.g., waiting on grants.

From April 2021 we refreshed our existing planned care transformation programmes and built on our collaborative working with innovative approaches being embraced for new patient pathways, guided by principles of supporting care closer to home where possible.

Cancer Waiting times

Like other health service areas, cancer services across the country have been under significant pressure to deliver treatment for all patients due to the COVID-19 pandemic. This is no different for the BOB ICS, which has been working with the Thames Valley Cancer Alliance (TVCA) to ensure delivery of cancer services across the area.

Throughout the pandemic, cancer services across BOB have continued to be delivered based on clinical prioritisation with priority 'P2' surgery, radiotherapy and chemotherapy all continuing uninterrupted. Latest performance places the TVCA compliant at 75% to the new 28 day faster diagnostic standard.

The areas of greatest challenge across the Thames Valley remain in the high-volume cancer pathways of lower gastrointestinal tract, skin, and breast. However, it does indicate that we are closing the gap on 'hidden backlog' as more people come forward with symptoms. TVCA, on behalf of BOB ICS, is leading the plan for cancer in 22/23 focused on

- introducing the tele dermatology-led skin pathway
- achieving the national ambition of 80% of all lower GI referrals referred with a FIT test completed in primary care,
- delivering 75% population coverage of NSS (nonspecific symptom) pathways to deliver faster diagnosis and improved performance to the constitutional standards for cancer.

TVCA will also focus on earlier diagnosis by identifying the second site for TLHC (targeted lung health checks) based on areas of highest deprivation, inequality and known poorer outcomes within the BOB ICS geography.

Cancer: The main focus of the CCG's cancer work for 2021/22 has been to support RBH and Thames Valley Cancer Alliance with COVID recovery, in parallel with continuing cancer transformation within primary care and the community. This is in line with national (NHSE / TVCA) and local (Berkshire West Cancer Framework 19-24) priorities. Key projects delivered have included:

- The roll-out of the **Quality Improvement Scheme (QIS)** Year 3 in primary care. This focused on PCNs / GP Practices undertaking activities to increase Cancer Screening for Bowel, Breast and Cervical (this work included focusing on health inequality groups)
- The roll-out of **Cancer Care Reviews Year 2** in primary care, where practices were funded to undertake a 3 – 6-month reviews; on top of the 0-3 month and <12-month QOF reviews. A total of 944 Cancer Care Reviews were completed for Q1 and Q3 (the CES was closed in Q4 due to the COVID Vaccination roll-out)
- The 'self-screening' test for colorectal cancer - **FIT** (fecal immunochemical test) – has seen an increase in usage by primary care for symptomatic patients, since its launch in June 2020 (e.g., 325 tests sent in April 2021 vs. 606 sent in Feb 2022). Between April 2021 and Feb 2022 6,466 FIT Symptomatic tests have been sent to BSPS (Pathology Services) for analysis. From this analysis, 76% of these tests have resulted in a 'FIT Negative' (i.e., low risk of cancer) vs. only 18% 'FIT Positive' (i.e., requires Lower GI 2WW Referral). Since April 2021, we have also seen a 50% drop in FIT Kits 'rejected' by BSPS due to, for example, the incorrect pot being used
- The Suspected Cancer Pathway (**SCAN / Vague Symptoms**) continues to be used by primary care since its inception in 2020. This is designed to reach a rapid diagnosis and treatment for patients who have 'non-specific' symptoms which could be cancer. Between April 2021 and December 2021, 197 referrals were made into this pathway which is in-line with the average within Thames Valley. It has an average 4.95% cancer conversion rate per month. In November 2021, we also held a virtual

GP Education Event to update primary care on the pathway. A SCAN Steering Group (between RBH and CCG) meets bi-monthly.

- The **Cancer Champions Project** (delivered by Rushmoor Healthy Living) continues to raise cancer awareness in areas of high deprivation and ethnic minority populations. The COVID-19 pandemic had a huge impact on the project, with vital face-to-face meetings no longer possible. However, the project has still managed to adapt to COVID-19, with cancer awareness messaging being broadcast each week to the Nepalese population on Ghurkha Radio (55 sessions delivered to date).
- BWCCG has successfully obtained funding for the Cancer Champions Project (see above) to continue in 2022/23. The project will focus on raising cancer awareness and supporting cancer patients in areas of health inequality in Berkshire West.
- BWCCG rolled out a **Prostate Cancer Awareness Campaign** in October 2021. This was in response to the drop in Urology referrals coming into RBH since the pandemic. The project was a success as 2 Week Waits are now back up to pre-pandemic levels for this tumour site.
- BWCCG continues to support RBH with its **cancer pathway** work. This includes Risk Stratified Pathways for Prostate and Colorectal; and the Faster Diagnosis (FDS) Pathways for Lung and Colorectal.
- BWCCG also continued to support PCNs with the Cancer Earlier Diagnosis ask within the **PCN DES and QOF QI Module 21-22**

Bones and Joints Service: The Musculoskeletal Community Specialist Service (MSKCSS) is a single point of access to triage assessment initially accepting referrals for patients with knee pain. The aim is to deliver improved outcomes for patients and ensure they are supported with the right intervention, in the right place, at the right time. Furthermore, the service standardises care, offers best practice treatment and ensures onward referrals to secondary care are in line with clinical need and patient choice.

This programme has progressed well, although at a slower pace due to the pandemic and staffing redeployment. However, during 2021/22 the service has expanded to include referrals for patients with hip pain with an intention to include referrals for shoulder conditions (July 2022).

During the MSK pathway transformation, it was acknowledged by all parts of the system that there is value in a supported conversation with patients recently diagnosed with osteoarthritis as part of a ‘teachable moment’. On reviewing the commissioned Shared Decision-Making service, it was confirmed that it would be better for patients to explore other opportunities to support themselves more

holistically.

The new Primary Care Musculoskeletal Physiotherapy Service commissioned under an 'Any Qualified Provider' basis started on 1 April 2021 following commissioning of 14 providers.

Ophthalmology: Due to pandemic pressures, many patients across the region had been waiting six months or longer for their planned surgery in January. Ophthalmology Departments from BOB ICS worked together to provide additional surgical activity for two weeks in January.

This is part of the recovery programme at a BOB level. Ophthalmology was targeted for its high volume of patients waiting a longer period combined with an opportunity to increase surgical capacity around day treatments that do not require admission.

Over the two-week period, across the region more than 700 ophthalmology operations were performed.

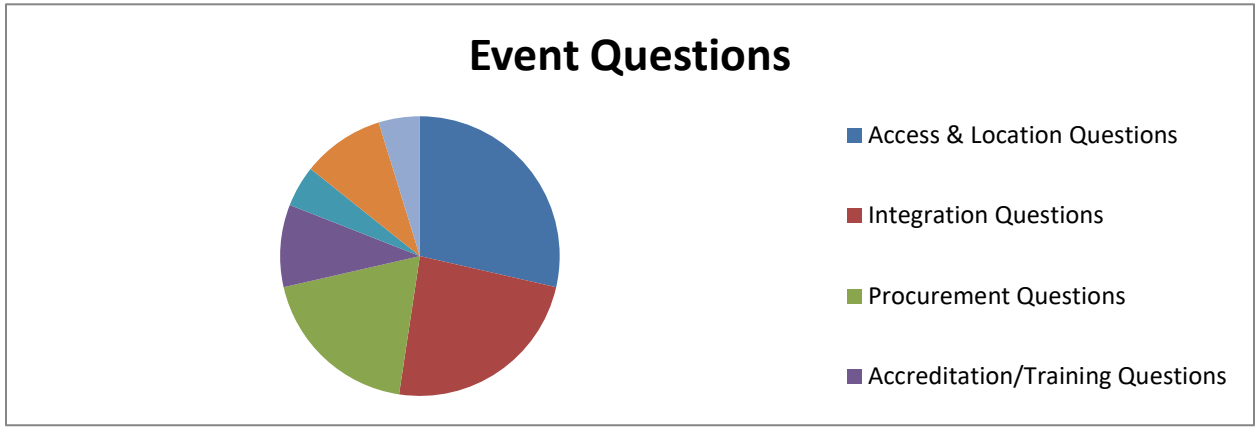
In Berkshire West, across the Prince Charles Eye Unit in Windsor, West Berkshire Community Hospital and Royal Berkshire Hospital, 315 cataract, corneal transplants and squint operations were completed in just two weeks. This has reduced the number of patients waiting longer than 18 weeks to just 31 patients. These patients are waiting largely due to lack of donor material.

In Berkshire West, they set up one-stop cataract clinics so that most patients were able to be diagnosed, and prepared ready for surgery in a single visit. Arrangements were made with community optometry practices to have post-operative checks carried out in the community. Patient records have been switched to a fully digital system providing greater flexibility and giving the Trust ability to treat patients at whichever site has capacity.

Audiology (Adult Hearing Loss): In May 2021, a successful public engagement event was held virtually to contribute to the integration of the complex and non-complex pathways for adult hearing loss services. A presentation on the current service and proposed service changes was shown, with a request for people to share their views and experiences of the service and provide feedback to help us shape the new integrated service.

The event was well attended by 25 participants thus providing a very useful interactive session on the new proposed service. The majority of the questions raised were around accessibility, location of the service and integration between support services and other specialist services.

Analysis of event questions



The outcome of the engagement event demonstrated that there was a high level of support for the proposed new service. Achievement of the integrated adult hearing loss service has been delayed due to service recovery from the pandemic, but implementation of a lifetime adult hearing pathway has been progressing and we plan to take this forward in the next few months.

Referral Management: Primary Care clinicians have been using DXS, a clinical decision support tool which allows health professionals to access referral forms, care pathways and patient information.

Despite the pandemic, the BWCCG planned care team has successfully revised and introduced new referral forms and guidance pathways in collaboration with the Trust to ensure patients are referred under *The Kings Fund, Getting it right first time* (GIRFT) programme. This aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices.

GPs' confidence in using the system continues to grow and positive feedback has been received.

Primary Care:

During 2021/22 the CCG continued to discharge its delegated responsibilities for the commissioning of primary care services through the Primary Care Commissioning Committee which from July 2021 met in common with the equivalent Buckinghamshire and Oxfordshire CCGs committees. Primary Care Commissioning Committees are constituted in line with NHS England guidance and meet quarterly in public, reporting into the Governing Body and to the Finance Committee in respect of investment decisions. To support the role of the Primary Care Commissioning Committee in common a local Primary Care Commissioning Operation Group was set up in 2021/22 to help with discharging some responsibilities. This Group works alongside a Primary Care Programme Board which co-ordinates work across Berkshire West to support primary care transformation.

During 2021/22 practices and PCNs focused largely on responding to COVID-19 and the COVID-19 vaccination programme, expanding the use of digital models alongside traditional modes of consultation to maintain core provision, and collaborating to provide care to patients. Practices have continued to come together to run 16 COVID-19 Berkshire West vaccination sites providing more than 478,000 doses since the start of the campaign in December 2020.

- The 15 PCNs in Berkshire West continue to grow and develop their areas of work. These have included:
    - Supporting local care homes with named clinicians as part of the Enhanced Health in Care Homes Scheme
    - Making use of the newly recruited clinical pharmacist workforce through the delivery of the Structured Medication Review and Medicines Optimisation programme, which supports the safe and efficient prescribing of medicines for patients who have complex prescribing needs.
    - Undertaking work to support early cancer diagnosis.
- PCNs have also been preparing work programmes to tackle neighbourhood health inequalities in their patient populations, as well as delivering on the Investment and Impact Fund, which will support inequalities projects and work to improve access and sustainability in the NHS

Workforce – Workforce in Primary Care has continued to grow with recruitment of Mental Health Practitioners (in partnership with the local Community Health Trust) and Community Paramedics. BWCCG has continued to support BOB level workforce initiatives such as the GP mentoring scheme to improve retention of the workforce by offering GPs impartial guidance and support. We have also provided each PCN with the resource to identify and support a workforce lead for recruitment and retention.

Infrastructure – The BWCCG Primary Care team supported ta number of estates projects being planned by local GP practices and is rolling out a programme of Minor Improvement Grants to practices which will prioritise the creation of workspaces for the new staff recruited. Practices have continued to benefit from the provision of new IT hardware to support remote working functions.

Quality and Contracting – BWCCG continues to fulfil its statutory duty to commission primary care services for its population and has a framework for improving the quality of primary care services, including a programme of performance and quality visits, which is monitored via Primary Care Commissioning Operational Group and the Quality Committee.

Digital and GPIT:

Berkshire West CCG has strengthened its drive towards the development and embedding of digital capabilities, enabling patients to access primary care services more readily, to join up care across the local NHS, and to improve the working lives of our GP workforce.

- digital to manage their health focusing on inclusion.

Our key achievements during 2021/22 have been:

- **GP Network Upgrades:** The Health and Social Care Network (HSCN) is a new data network for health and care organisations which has now been implemented in all Berkshire West GP practices. It is designed to meet the requirements of an integrated and evolving health and social care sector to create shared networks and integrated services. It also supports flexible and remote working.
- **GP IT Service Management:** Support and management of GP IT infrastructure and services was transferred from a private sector organisation to NHS South Central and West Commissioning Support Unit (SCW). SCW already delivers various elements of the GP IT service. GP practices can now get a more cohesive service which minimises operational risk, and improves operational security, performance, and resilience.
- **Windows 10 migration:** All laptop and desktop computers used by GP staff were migrated from Windows 7 to Windows 10 which ensures that the GP workforce can improve productivity.

- **Laptop deployments:** We secured and deployed laptops to more than 400 additional clinicians employed by our developing PCNs. These have enabled staff to access patient records and to collaborate with clinical counterparts for the delivery of multidisciplinary team services.
- **N365:** This is the NHS model of Microsoft 365 cloud-based productivity services such as Office, Teams, email, etc. We have ensured that all GP staff use these services which form the foundations of collaborative working between practices, PCNs and wider ICS stakeholder organisations.
- **Mobile printing:** A solution which enables GP staff to print from their laptops in any GP site was developed and rolled out across the CCG.
- **Advanced telephony:** We have engaged 38 of our GP practices and have secured funding for them to upgrade their telephone systems to modern, higher performing, and resilient internet-based systems. The practices will receive their upgrades during the course of 2022/23.
- **Online consultations:** All practices continue to offer online consultations to their patients through specialised apps which patients can. The number of practices with online consultations capabilities is 41 41 (93.2%), 12,553 submissions were made in the week commencing 14 March 2022. GPs continue to provide consultations both face-to-face and online.
- **NHS App:** App downloads have increased from 493,954 in 2020/-21 to 616,550 in 2021/22.
- **Lloyd George Digitisation:** Eight practices are participating in a pilot exercise to digitise patient records held in paper format filed in what are known as 'Lloyd George envelopes'. Lloyd George envelopes occupy a significant amount of space in practices and their digitisation will make space for additional clinical services. The pilot will inform a future project for further implementation in 2022/23.
- **Clinical leadership:** BWCCG has appointed a GP Clinical Digital Place Lead to champion the Digital First programme among clinical colleagues and ensure the safety of digital capabilities alongside clinical process before they are deployed.

Mental Health Services for Adults:

Key Achievements

Caring for people who have mental health problems is probably more important than ever as health, social care and voluntary sector partners collaborate & recover from the impact of the Covid-19 pandemic.

Following lengthy consultation during 20/21 with service users, their families and key partners, the Berkshire West Mental Health & Learning Disability Programme Board has drawn up a 14 Point Action Plan to improve Mental Health Crisis pathways. In line with the Government's ambitions set in the NHS Long Term Plan, the key aim is a rapid expansion of mental health services, improving and increasing access to care for children and adults.

Key priorities for 20/21 were:

- Improve access to mental health services and make them readily available in a timely manner
- Expand the mental health liaison service through the Royal Berkshire Hospital's Emergency Department (ED)
- Improve 24/7 mental health crisis provision
- Provide alternative crisis provision like sanctuaries/crisis café
- Establish a new Ambulance Mental Health response pathway with trained mental health staff

A 24/7 all aged crisis line was fully established during 21/22 and this is now integrated to the wider national NHS 111 access. As well as telephone access, the expansion and mobilization for crisis and home treatment teams are now fully established. Liaison teams at the Royal Berkshire Emergency Department is now also in place including access to advice and support with drug and alcohol misuse.

A crisis café pilot (Breathing Space) has been mobilized in Reading and is accessible 7 days a week during the evenings. An evaluation of the pilot will take place during 22/23 and will help inform the commissioning intensions going forward.

Work to improve the health of people with severe and enduring mental illness continues to be developed as part to the NHS England

Long Term Plan. A community service in Wokingham is being piloted to offer additional support to adult with severe and enduring mental illness to improve access to primary health services and annual health checks. A series of community events have taken place to support the uptake of vaccines supported by additional winter funding.

The national transformation of community mental health services programme sets out to transform how mental health services are delivered. The vision for Berkshire West is that there is a:

- **Partnership response** with no 'cliff edges', 'hand offs' or 'wrong doors' – Move through the care system easily and smoothly.
- **Collaboration** – multi-agency, skill mix, access to and work with specialist Mental Health – common purpose
- **Integration** - mental health, physical health, wellbeing, social care and community support delivered together
- **Local** - Built on Primary Care Network (PCN) footprint. Year 1 (21/22) coverage 1/3rd of PCN patient population
- **Experience of the patient** – timely, enabled, choices, personalised, support prevention in their community, recovery, wellbeing and keeping them well,
- **Equal partners –** people with SMI central in the design, implementation and ongoing oversight.

It is our ambition to fully implement dedicated Primary Care Mental Health teams across our 15 Primary Care Networks by 2023/24. The table below set out the timetable.

Wave 1 : July 2021/22	Wave 2: April 2022/23	Wave 3: April 2023/24
Kennet	A34	Caversham
Reading Central	Earley +	East Wokingham
Reading West	Reading Whitely	West Berks Rural
Tilehurst	Wokingham North	West Reading Villages
University	Phoenix	Wokingham South

The priorities for 21/22 (Year one) is to expand and develop

- Eating Disorders Services to implement FREED model (First Episode Rapid Early Intervention for Eating Disorders | FREED (freedfromed.co.uk)
- Emotionally unstable personality disorder (EUPD) & PD traits
- Emerging Mental Health 18-25 Years
- Vulnerable Groups & Inequalities including older adults (Pilots)

The programme is being mobilized and additional roles are being recruited to. Recruitment has however proven to be a challenge and has caused a delay to the implementation. A pilot with Citizen's Advice Bureau to support the 18–25-year-old/Care Leavers strategy is currently being tested. The success of this pilot will informal the approach and service planning going forward for this aspect of the transformation. The next two years will focus on mobilizing the new model across Wokingham and West Berkshire.

Children and Young People

BOB Supporting children and young people's wellbeing

The NHS Long Term plan, building on the 5-year forward view for Mental health, prioritised spend and ambition for meeting a growing mental health need in England. Nationally the plans headline commitments included an additional 345,000 children and young people will access support by NHS funded Mental Health services, including the new Mental Health Support Teams (MHSTs), 95% of children and young people with Eating Disorders (ED) will meet referral to treatment waiting standards and full coverage of 24/7 mental health crisis provision for children and young people.

The pandemic has had a significant impact on the mental health of the population as well as the services that care for and support them. Despite this, service delivery for children and young people has continued throughout the pandemic. However, in addition to the acknowledged rise in general mental health concerns in children and young people there has been an increase in a range and nature of complex presentations, particularly children and young people with Autism and Eating Disorders due to COVID measures. This increase in demand and complexity of cases is putting significant pressure on children and adolescent mental health services

across BOB with lengthy waiting times to access services.

As such, NHS Chief Executives, and senior leaders from across the BOB ICS have agreed that CAMHS is one of three operational services areas of priority. Work has already commenced with the identification of key areas of development for the BOB ICS to deliver improved access to, and quality of, CAMHS services.

Emotional health and wellbeing - Key achievements

The Berkshire West Local Transformation Plan for Children and Young People's Mental Health and Wellbeing was refresh during the spring/summer and published September 2021 as part of the NHSE Long Term Plan deliverables. This was developed with key stakeholders, young people, parents, our local authority partners (Reading, West Berkshire, and Wokingham Local Authorities) and the VCSE sector. The plan was approved by NHS England. The overall ambition is to promote resilience and good mental health and wellbeing as a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed. A list of nine priorities were identified following extensive consultation to support the delivery of the vision:

1) Building a delivery partnership that will enable more joint up approach to supporting children and young people' emotional health and wellbeing
2) Seek to improve access to support through a single door or no wrong door model
3) Improve waiting times for core and specialist CAMHS
4) Meet the access target for Eating Disorder Services
5) Mobilise 24/7 crisis and home treatment service to reduce avoidable admission to inpatient care and having crisis support closer to home.
6) Mobilise two further Mental Health Support Teams to expand on our early mental health intervention offer in schools
7) Improving access to mental health support to identified cohorts that are experiencing health inequalities and disproportionately affected by the pandemic
8) Improve transitioning to adult services for those who need it by Strengthening our offer to 16–25-year-olds.

Progress made on priorities during 21/22

During autumn 2021 Oxfordshire Mind were appointed to provide us with the following:

- A youth and families/carers co-production forum and a series of networking events.
- A proposal on how we could establish a partnership involving local authorities, communities, NHS Berkshire West CCG, providers, and VCS organisations in our patch.
- A proposal for a system and a set of tools for us to communicate efficiently with our stakeholders on MH & Wellbeing services
- A proposal on how to reduce stigma attached to MH issues – especially for people from a diverse ethnic background/faith

The proposals are due to be delivered by the summer of 2022 and will inform our future commission plans.

South, Central and West Commissioning Support Unit have been commissioned to map existing access point to mental health support, identify good practice models and make a proposal during summer 2022 for future options to establish a more coordinated approach to access to mental health and emotional wellbeing services.

To improve waiting times a new co-funded (CCG and Wokingham BC, Reading BC, and West Berkshire BC) mental health service for Children in Care was commissioned and is currently being mobilized. Demand and capacity modelling work for the Eating Disorder Service has taken place and we are working to expand the capacity and deliver national models of care in partnership with NHSE as well as piloting the PEACE Pathway. Research suggests that around 35% of people experiencing an eating disorder may have autism spectrum condition (ASC), or present with high levels of autistic traits. The pathway is designed to adapt current eating disorder national model to have autism friendly approaches and interventions.

The Crisis and home treatment team is being mobilized and this expansion of the current offer will continue during 22/23. 24/7 crisis telephone line was fully established during 21/22 and is now embedded within the NHS 111.

The two new Mental Health Support Teams in schools (MHSTs) have recruited staff and training at Reading University is being undertaken with the teams on track to be fully mobilized in September 22. This expansion will mean that close to 50% of schools in Berkshire West will have access to an MHST that will deliver mental health support in and outside school. This is delivering a keep component of our strategy to provide early advice, guidance and interventions stopping problems escalating and needing more specialist mental health interventions thus improving longer term outcomes.

The pandemic has disproportionately impacted cohorts of children who are already known to experience health inequalities such as

children with neurodevelopment conditions, Children in Care, BAME and LGBTQ+ communities. We have commissioned a consultation report to get views from marginalized communities on how we can improve access to better mental health support and emotional wellbeing. The feedback following the completion of the report this summer will inform our commissioning and the future model of delivering mental health and emotional wellbeing services including transitioning support for 16–25-year old's.

Children with Special Educational Needs and Disabilities (SEND) 0-25 years

The autism and ADHD pathways have been re modelled with revised skill mix and additional investment. Nationally and locally, availability of workforce is a challenge. To date 51% of the new posts have been recruited to and additional capacity has been commissioned from external providers. Throughout the year the pandemic adversely affected the ability to undertake assessments, so demand still outstrips supply, but the number of long waiters is reducing. A number of events across BOB have taken place to share ideas and resources.

We continue to work with system partners to embed a culture of needs-led rather than diagnosis-led support, evidenced by the Growth Approach to Autism in Reading and the growing number of schools and resource bases for children with social communication needs. The Berkshire West Autism & ADHD Support Service commissioned from Autism Berkshire and delivered in partnership with Parenting Special Children provides free information, advice, workshops and courses for children and young people up to 25 who are autistic or have ADHD – or are waiting for assessment – and their parents and carers. The service also supports families where there are escalating needs and liaises with CAMHS and other system partners to support children and families. BHFT also provides help while families are waiting for assessment with an online network of peer support.

We have worked with families, service users and partners to scope improved services for people with autism and/or a learning disability with behaviour that challenges who are at risk of admission to hospital. We have an established Dynamic Support Register that identifies and creates support plans for children and young people, seeking to prevent escalation into crisis. Positive Behaviour Support training provided a range of health and education professionals as well as families with the support and confidence to work with people with autism and/ or a learning disability with behaviour that challenges.

Linked to the Dynamic Support Register, a new Key Worker service has been co designed with service users and families and is about to go live.

We continue to develop our service offer inside the End-of-Life pathway for children and young people. A new Clinical Nurse

Specialist service provided by the Alexander Devine Children's Hospice is working with the Children's Community Nurses to coordinate services, provide symptom management, and support families as they care for their child at the end of life. We are exploring how we can work together across the Thames Valley to provide a network of care for children when they are at end of life.

Community paediatric and therapy services have been delivered via a blended face-to-face and online model throughout the pandemic and most drop-in clinics ceased. Requests for Occupational Therapy and Speech and Language Therapy reports as part of an Education Health and Care Assessment increased substantially throughout the year, with an 800% increase over the past three years for OT in Wokingham. We are seeing increases in requests for assessments on children who have not previously been referred to services, in common with many other parts of the country, and we have undertaken audits to understand the reason for this. Lockdowns and disruption to education appear to have adversely affected the ability of children and young people to access everyday help in the classroom. We have updated and promoted online advice and resources and plan to review therapy services over the coming year.

We continue to review and improve transition pathways between child and adult health services. Joint CQC and Ofsted SEND inspections took place in Reading and Wokingham.

Learning Disabilities and Autism

The BOB ICS Learning Disabilities and Autism three-year delivery plan was created as a response to the NHS Long Term Plan.

The plan in year one (2021/2022) focused on setting the foundations and framework for our population in key areas of reducing health inequalities, improving support for autistic people and autism pathways, reducing reliance on mental health inpatient care, and making this care more appropriate for people with a learning disability and/or people with autism. It also included making reasonable adjustments to support access to healthcare services and providing crisis provision for anyone who needs it, when they need it.

Each of the BOB CCGs in Buckinghamshire, Oxfordshire and Berkshire West have been working with place-based partners to deliver this plan tailored to local need.

Berkshire West CCG has continued to implement the 2021/22 deliverables to realise the ambitions set in the 3-year plan.

This entailed focus on physical health and reducing the number of people going into inpatient settings, monitoring quality of care, prevention and reducing length of stay. The process applied to achieve these aims were through: -

1) Pre & Post Admission Care & Treatment reviews and Local Emergency Area Protocol (LEAP)
2) Focus on quality of care through 'Safe & Wellbeing reviews for people in hospital and commissioner oversight visits
3) Utilising service development funds and investment in a Green Light Toolkit -framework to help mental health services appropriately respond to the needs of people with learning disabilities and/or autism, including by making reasonable adjustments.
4) Pre& post Diagnostic support for people with autism
5) Housing development – 5 single flats to provide independent living through care & support
6) Commissioning Life plans and access to advocacy
7) STOMP/STAMP project - stopping over medication of people with a learning disability, autism, or both with psychotropic medicines on a BOB footprint
8) Commissioning additional capacity to reduce waiting times for the diagnosis of Autism and Attention- Deficit Hyperactivity Disorder
9) Delivering Annual Health Checks for people with a Learning Disability and focus on increasing prevalence to ensure that anyone aged 14 plus has access to AHCs. An annual health check can improve people's health by spotting problems earlier and ensuring access to appropriate treatment options.
10) The commissioning of a new specialist mental health service has been agreed and will be mobilized during 22/23 for children with a learning disability

BWCCG Localities:

BWCCG works in partnership with the three local authorities in Berkshire West – Reading, West Berkshire, and Wokingham – as well the local voluntary sector, the three Healthwatch organisations for each area, PCNs and BHFT, to integrate health and social care services at a locality level.

Each local authority has a Health and Wellbeing Board (H&WB), a statutory partnership of the local commissioning authorities, patient representatives, and elected Members and takes a strategic overview of the health and social care system in the local area, with accountability to ensure the alignment of all health and social care commissioning activity.

The H&WBs for Reading, West Berkshire and Wokingham have developed a shared Health and Wellbeing Strategy with the PBP to

make more improvements in health. The Berkshire West Health and Wellbeing Strategy (HWBS) 2021 – 2030 has the following five priorities:

1. Reduce the differences in health between different groups of people.
2. Support individuals at high risk of bad health outcomes to live healthy lives.
3. Help families and children in early years.
4. Promote good mental health and wellbeing for all children and young people.
5. Promote good mental health and wellbeing for all adults.

Reporting to each H&WB are local integration boards. These boards have oversight of the delivery of Better Care Fund (BCF) and integration programmes. In 2021/22 we have ensured that this work aligns with new joint priorities of the wellbeing boards and with the those of the PCNs, the Berkshire West PBP, and BOB ICS.

The BCF continues to focus on programmes aimed at reducing avoidable hospital stays and improving hospital discharge pathways to ensure patients leaving hospital are discharged with the right level of care for their needs. There are a number of national conditions that partners must adhere to (including reducing the number of non-elective admissions to hospital; reducing admissions to residential accommodation; and increasing the volume of individuals remaining at home 91 days after receiving re-ablement services).

Reading

Local Integration Board

In 2021/22, the local Reading Integration Board (RIB) has focused on the following seven priorities:

1. Multi-Disciplinary Team approach – within Primary Care Networks
2. Discharge to Assess – Future model for Reading
3. Community Re-ablement service review
4. Reducing Health Inequalities – Nepalese Diabetes Project
5. Service User Engagement and Feedback

6. Data and Digital solutions (Population Heath Management approach)
7. Better Care Fund, Monitoring and Administration

These were set to align with the PBP and UEC priorities, in collaboration with system partners across Reading to help improve service capacity and support residents, as well as recognising the impact of the pandemic by focusing additional activities (e.g., vaccination programme) in areas most affected.

The priorities shaped the integration work programme for the year, and highlights of achievements in 2021-22 include:

- Establishment of three Multi-Disciplinary Team Meetings (MDTs) each month across three clusters of PCNs, which incorporate all six PCNs in Reading. Some early positive outcomes are described here:
  Patient A *is a poorly controlled diabetic with dementia and depression. They are also a high user of services. They were connected with the BHFT Diabetic Nurse Specialist to review their diabetic control and also connected to the Age UK befriending service to support with loneliness.*
  Patient B *was reviewed. They had been referred to the Memory Clinic and had intervention with a Social Prescriber. As a result of these interventions an OT home visit was requested. The outcome of this visit was the patient accepted the offer of a high-tech medicine dispenser, and a bathroom needs assessment was undertaken.*
- Trial of a therapy-led Discharge to Assess future model at Huntley Place, which created additional capacity to support flow out of hospital during the winter peak period. Lessons learned from this trial are being shared with system partners to inform next steps
- Commencement of a service user review of hospital discharge processes by Healthwatch Reading. The learning from this review will be used to inform future development of services for Reading, and will be shared with system partners
- High levels of satisfaction reported from users of our Community Re-ablement Service – 100%, based on an average 35% response rates
- Positive outcomes for patients engaged with the Nepalese Diabetes project and a further roll out to two other primary care providers
- Engaging with the Connected Care team at Frimley to develop dashboards for PCNs, and using Connected Care effectively for case finding to support the MDT groups

Better Care Fund (BCF)

Achievements of BCF funded schemes in 2021/22 include:

- An increase in the proportion of people who are discharged directly home, from acute hospitals, against the target of not less than 91%. This is based on hospital data for people "discharged to their normal place of residence". This target has been achieved, with performance slightly above the minimum target per month, and an improvement compared with the previous year, which is a positive trend, and remains on target for the year.
- An increase in referrals to the Community Re-ablement Team, including packages of care to support people to continue living independently in their own home. The position at the end of Q3 (October to December 2021) showed continued growth in the number of people receiving home care support, and shows consistent improvement in each quarter, compared with the previous year
- 82% of people aged 65 and over continuing to live at home after discharge from hospital into re-ablement services. This is against a challenging target of 87% given the increase in acuity.
- The Rapid Response service, which supports patients in a crisis with an urgent care need, has been selected as one of seven NHS England accelerator sites as part of the Ageing Well Programme to help identify the core elements of delivery. Reading CRT provides support for rapid referrals into the re-ablement services, to avoid hospital admission.
- Our current performance in relation to the reduction of avoidable hospital admissions, is positive and remains below the maximum target for 2021/22 (as at the end of Q3) but we recognise that the trajectory, based on performance to date, indicates that we could be up to 10% above the maximum number at the end of the financial year. We are looking at options to reduce the likelihood of admission, such as recruiting a social worker to provide support at the point of arrival at A&E to identify alternatives to hospital admission where appropriate, however this is dependent on available funding. Our performance against this target continues to be significantly better than the England average
- PCN-level Multi-Disciplinary Team meetings continue to support a decrease in A&E activity, a reduction in acute admissions and Westcall contacts. There has been an increase in the number of cases discussed this year compared with last year (27 new cases in March 2022 and 18 reviews, compared with a maximum of 12 new cases per month in the previous year).

- A lower level of usage of Step-Up Beds (an alternative to emergency inpatient care in an acute hospital setting and to prevent premature admission to long-term residential care) this year, than in the previous year. This is explained partly by fewer available beds. Community Hospital beds have been made available, , and additional capacity for step-down/step-up beds was commissioned at Huntley Place to support the Winter pressures period, to support the acute hospital and aid timely hospital discharge.

COVID-19 Vaccination programme

Local partners have continued to support the vaccination programme, with clinics running at GP surgeries, community centres, faith centres, community pharmacies, and Broad Street Mall in Reading.

- First vaccination:76.7% of the 12 years + population
- Second vaccination: 72.4% of the 12 years + population
- Booster vaccination: 79% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 89.6% of the 50 years + population
- Second vaccination: 88.3% of the 50 years + population
- Booster vaccination: 91.2% of the 50 years + population

Children and Young People

Brighter Futures for Children values and appreciates the close partnership working with the CCG in all areas of children and young people's mental health. Together the Local Transformation Plan has been updated, focusing on identified areas of partnership working. We have jointly commissioned a new mental health service for our Looked After Children and undertaken a review of mental health services. The SEND Area Inspection last summer highlighted this close partnership working.

Newbury and District

Local Integration Board

In 2021-22, the Locality Integration Board took the decision to keep its priorities simple, whilst continuing to support recovery from the pandemic. Our priorities for 2021-22 were: -

Multi-Disciplinary Team (MDT) Development: The aim of this priority is to embed an MDT approach across Health and Social Care aligned to Primary Care Networks building on the work started in 2019-20 and 2020-21. The project will utilise a Population Health Management (utilising Berkshire West's Connected Care System, an integrated Health, and Social Care System) approach in identifying a segment of the population and shifting primary care service delivery from reactive to proactive management to ultimately avoid unnecessary hospital admissions.

Mental Health: The aim of this priority was to ensure that people with low-acuity mental health are able to seek help and/or information by promoting local resources with the emerging primary and community Mental Health Model and long-term efforts to promote self-care to ensure a clear and integrated approach to supporting people who are struggling with their Mental Health.

Personalisation: The aim of this priority was to carry out a high-level mapping exercise of local and system activities against the Personalised Care Model in order to identify some small, manageable projects that LIB can take forward.

Better Care Fund (BCF)

West Berkshire's BCF plan for 2021-22 was developed as a progression of previous plans but also built on: -

- what worked well during the height of the pandemic
- supporting our partners to recovery from the pandemic
- assessing how Covid-19 has differentially impacted our local population
- developing actions to mitigate the long-term impact of Covid-19 from increasing existing health and social inequities
- Winter Planning

Covid-19 Vaccination

Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies, Broad Street Mall in Reading, and pop-up locations across the District Vaccination rates remain high in the West Berkshire locality:

- First vaccination: 89% of the 12 years + population
- Second vaccination: 86% of the 12 years + population
- Booster vaccination: 87% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 95.6% of the 50 years + population
- Second vaccination: 95.0% of the 50 years + population
- Booster vaccination: 95.7% of the 50 years + population

Other work

In 2021/22 the CCG has worked with local partners on a range of other issues, including support for:

- Asylum seekers accommodated in hotels.
- Primary Care Estates
- Health inequalities

Wokingham

Local Integration Board

In 2021-22, the local integration board in Wokingham – the Wokingham Integrated Partnership Board (WIP) - has focused on the following six priorities:

1. Mental health and social inclusion
2. Deconditioning, rehabilitation, and physical activity
3. Frailty
4. Inequality and poverty.
5. Social prescription
6. Better Care Fund monitoring and administration

These priorities were set to help address many of the consequences of the pandemic.

Achievements include:

- Recruitment of new PCN social workers.
- The start of a new Lower Limb Service based at Wokingham Community Hospital.
- Establishment of step-down beds and a specialist team at Wokingham Community Hospital.
- Establishment of a forum for social prescribers and community navigators to share good practice, keep up to date with issues and support training.
- Tendering for an on-line social prescribing portal
- Delivery of virtual group clinics, including ones on long COVID
- Establishment of a Mental Health Alliance meeting for service providers and mental health first aiders.
- Implementation of a new lower-level mental health service commissioned by the Borough Council and delivered by MIND.
- Delivery of new Moving with Confidence programme, supporting people with home-based exercises to improve mobility and confidence to promote “reconnection” post Covid.

<u>Better Care Fund (BCF)</u>

Achievements in 2021/22 include:

- An increase in referrals to the START and the Intermediate Care Team (provide short-term support with re-ablement care, to support people to continue living independently in their own home).
- 79% of people aged 65 and over continuing to live at home after discharge from hospital. This is against a challenging target of 87% given the increase in acuity.
- The Rapid Response service, which supports patients in a crisis with an urgent care need, has been selected as one of seven NHS England accelerator sites as part of the Ageing Well Programme to help identify the core elements of delivery.
- A challenging target for admissions avoidance has been narrowly missed, but performance is still significantly better than the England average.
- PCN-level Multi-Disciplinary Team meetings continue to support a decrease in A&E activity, a reduction in acute admissions and Westcall contacts. There has been an increase in the number of cases discussed this year compared to last year (26 cases a month compared with 21).
- A lower level of usage of Step-Up Beds (see above)

COVID-19 Vaccination

Local partners have continued to support the Covid-19 vaccination programme, with vaccination clinics running at GP surgeries, schools, local pharmacies, Broad Street Mall in Reading, and, most recently, a walk-in facility at Wokingham Library. Vaccination rates remain high in the Wokingham locality:

- First vaccination: 89% of the 12 years + population
- Second vaccination: 86% of the 12 years + population
- Booster vaccination: 87% of the eligible 16 years + population.

As of 31 March 2022, for 50+. Booster is % of eligible (a 91+day gap from the completed second dose).

- First vaccination: 94.6% of the 50 years + population

- Second vaccination: 93.9% of the 50 years + population
- Booster vaccination: 95.3% of the 50 years + population

Children and Young People's Partnership

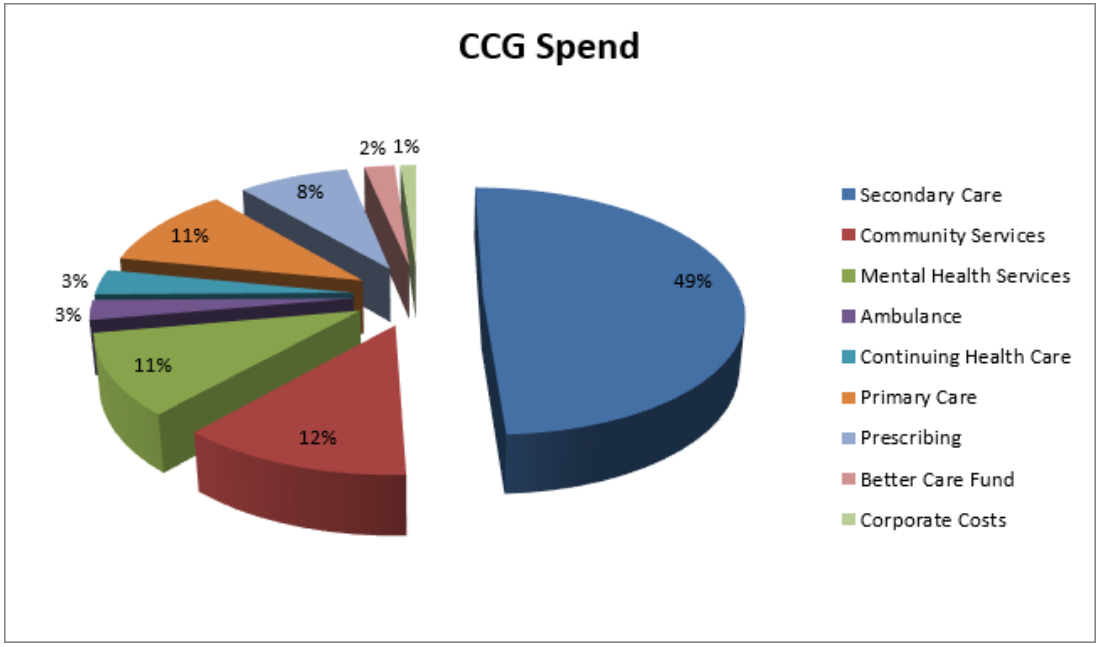
Following a review in 2020/21, the Borough Council Children's Services have been working in partnership with the BWCCG, BHFT and other stakeholders to review and improve services for children and young people with mild to moderate emotional wellbeing challenges. A new Emotional Wellbeing Model has been co-designed to ensure children and young people receive the right support at the earliest opportunity via an 'Emotional Wellbeing Hub'. The Hub will receive referrals for children and young people with mild to moderate emotional wellbeing needs and the referral co-ordinator will provide signposting to local services.

How the CCG manages its money

NHS Berkshire West CCG received revenue resource allocations of £885.6m (including the cumulative surplus brought forward of £0.48m) and delivered an in-year surplus of £0.1m against a requirement to breakeven. Berkshire West CCG met all of its other statutory financial duties for 2021/22 operating within the running cost allocation. The CCG incurred costs of £11.4m related to the response to the COVID incident of which £9.6m related to Hospital Discharge Schemes. Additional allocations were received to cover COVID costs. An additional £30.8m was provided to local NHS providers to fund COVID costs during the year.

The accounts have been prepared under a direction issued by NHS Commissioning Board under the NHS Act 2006 (as amended) and specifically the Health and Social Care Act 2012 c. 7 Schedule 2 s.17. The full financial results are set out in our 2021/22 accounts which form an integral part of this report.

The chart below gives a high-level analysis of the use of funding by the CCG:



The Financial regime

The financial regime put in place by NHSE for 21/22 followed that which was in place for 20/21 and fell into two halves – H1 and H2, the Finance and contracting arrangements for the six-month period from 1 April 2021 to 30 September 2021 ('H1 2021/22' or 'H1') and October 2021 to March 2022 (H2 2021/22 or H2).

The H1 arrangements

The funding was based on a System funding envelope, comprising of adjusted CCG allocations based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. The payment arrangements for NHS providers remained on a block payment arrangement but amended to reflect the changes to system funding envelopes, e.g., application of inflation and distribution of additional funding e.g., top up, Covid funding. Signed contracts with NHS providers were not required. The commissioning of services

from acute independent sector (IS) services devolved back to the CCG's which were covered by the national IS contract during 2020/21.

The H1 being based on the 20/21 budgets with proposed uplifts from NHSE and extra ordinary expenditure covering COVID, and Hospital Discharge Programmes up to six weeks funded by a retrospective allocation to bring the CCG's back to a balanced position.

Through the H1 financial regime, systems will have access to the following additional growth funding:

i. acute services – access to additional funding through the Elective Recovery Fund
ii. health services – additional CCG programme funding and service development funding (SDF) to enable delivery of the Mental Health Investment Standard (MHIS) and Long-Term Plan (LTP) priorities.
iii. primary medical care services – additional primary care growth has been issued in line with the 2021/22 published CCG primary medical care
iv. community services – funding for demographic growth has been included within system funding envelopes. Access to additional non-demographic growth will be available through SDF for transforming community services, including for accelerating the rollout of the two-hour crisis community health response at home.

The H2 arrangements

For the H2 period the budget was based on the H1 funding envelope with additional uplifts applied as notified by NHSE to tariff and pay inflation. Payment arrangements continues, the funding for Hospital Discharge period moved from 6 weeks to 4 weeks, COVID and other system funding to Providers maintained with the view that organisations will achieve a breakeven position.

For 22/23 the System has been issued a Financial Envelope which includes growth funding but reductions in system support and COVID funding with a view that the financial performance returns to a sustainable position.

How does BWCCG monitor performance?

The BWCCG Board is responsible for discharging the duties of its constitution, which includes monitoring and scrutinising the

performance of service providers. The Board receives a performance report at the monthly Governing Body meetings.

Formal committees of the Board scrutinise in more detail how BWCCG and health providers are delivering clinical services; these are the Finance Committee, the Audit Committee, Primary Care Commissioning Committee, the ICS Quality Committee, and the Clinical Commissioning Committee. In addition to the monitoring requirements outlined above, the ICP has a number of programme and delivery boards for example the Urgent and Emergency Care (UEC) Delivery Board. Members include the chief operating officers and other board level representatives from NHS organisations and partners in Berkshire West. The group aims to develop and maintain resilience across the urgent care services and improve the flow of patients through A&E, admission, treatment, and discharge.

How is BWCCG monitored?

The CCG is monitored by NHS England on both its financial performance and against operational targets. This is performed via monthly returns and by targeted enquires.

Managing Risk

Reducing risk across the health system is a priority for BWCCG to ensure patients receive high standards of care. Risks are events or scenarios that can hamper BWCCG's ability to achieve its objectives. These risks, divided into strategic and operational, are identified, assessed, and managed by the organisation and reviewed at every BWCCG Board meeting in public. They are continually reviewed at Board Committee meetings including the Audit Committee, the Finance Committee, Primary Care Commissioning Committee, Quality Committee, and the CCGs Commissioning Committee. Board Committees and BWCCG directors review all high-level risks on a monthly basis. Further detail on how the CCG manages risk is given in the Annual Governance Statement.

Mental Health Investment Standard

NHS Berkshire West Clinical Commissioning Group compliance statement has been properly prepared, in all material respects, in accordance with the Criteria set out in the Assurance Engagement of the Mental Health Investment Standard 2020/21- Briefing for Clinical Commissioning Groups, guidance published by NHS England. This standard has been achieved, subject to 2021/22 Audit.

Patient and Public Involvement

Engaging patients and the public BOB

The CCGs across BOB are committed to continuously strengthening public participation in all areas of work. However, progressing this during 2021/22 has been challenging. Understandably, the COVID-19 pandemic has been a major focus in the NHS across the county and resources, including communications and engagement staff, were diverted to supporting frontline services in caring for patients. Information and guidance to support patients, the public and clinicians working across the local NHS needed to be refreshed, updated, and communicated speedily. Despite this re-routing, some engagement work has been undertaken across BOB and at a local level.

In the early response to COVID-19, and as part of the level 4 incident declared by NHS England nationally, healthcare organisations made rapid changes to how services were accessed and delivered. Many of the changes were intended to reduce the face-to-face contact which in turn reduced the risk of spreading the infection.

A key feature and point of difference during the pandemic was accelerated delivery of remote and virtual services. As a clear step to reduce the spread of COVID-19, GP practices were required to introduce total triage. Patients were assessed by a GP over the phone or online first, allowing many people to be offered advice, prescriptions, or referral without the need for a face-to-face appointment. For patients with the relevant technology, appointments have been available using video conferencing with healthcare professionals.

Part of this new way of working included the introduction of an online advice and appointment system. The form-based online consultation platform collects a patient's medical or administrative request and sends it through to their GP practice to triage and decide on the right care.

Across BOB, GP practices use various tools so patients can contact their GP. To get a better understanding of the patient experience and to inform a BOB-wide procurement process for an online consultation platform across the ICS, a survey was undertaken to seek feedback on what patients thought of these tools and how they help to manage their health. The survey was promoted through the three CCGs and focused on three tools:

- **Online Consultations**: Online consultation enables patients to contact their GP or other health professional by completing an online form or speaking to someone online about health concerns.
- **Video Consultations**: Some practices also now offer video consultation tools which allow patients to have a video appointment with a GP or healthcare professional.
- **Text messaging**: GP practices have the ability to send text messages to patients to communicate with them regarding care and inform them of things that are happening at the practice.

More than 1,000 survey responses were received across BOB and the feedback informed the procurement process for a BOB-wide system for primary care**.**

Engaging people and communities

The key focus for communications and engagement over the last year has been the roll out of the COVID vaccination programme, raising awareness around Primary Care access and promoting the wide range of healthcare roles and responsibilities now available within the local primary care system. Robust social media postings, proactive traditional media campaigns, regularly updated website information, webinars and e-newsletters were all used to reach target audiences and ensure messages were tailored to their needs. There was also close work with the BOB and NHSE communications teams and key stakeholders including Healthwatch and the VSCO to ensure each partner's messages were cascaded and shared widely.

Engagement with key stakeholders included quarterly strategic briefings with the Berkshire West MPs, resumption of monthly meetings with Berkshire West Healthwatch representatives, regular updates and attendance at Berkshire West Health and Wellbeing Board meetings and attendance at patient group meetings.

COVID vaccination programme

We have worked with national and BOB ICS colleagues on a large number of campaigns to promote the programme and encourage uptake. In addition, we have produced and promoted bespoke events and webinars with Berkshire West partners including ACRE, Healthwatch, Community United and the RBH. There have been almost daily social media posts and videos which have been supplemented by regular print and broadcast media communications, webinars aimed at specific groups including pregnant women and the production of flyers and posters for specific events and the mass vaccination sites at the Madejski Stadium and then Broad Street Mall, Reading. There has been more targeted Q&A events for specific audiences –ethnic groups, areas of deprivation, and

those with severe mental illness – and more targeted communication methods have been used, ranging from the production of content for their group communications and the use of champions within the community to spread the word. The team have also worked alongside Berkshire West local authority partners on vaccination campaigns – amplifying and cascading information to target audiences.

Primary Care Activity

Our support for the Berkshire West PCNs has centred around the ways GP practices communicate and engage with each other and with patients. Our activity has focused around:

- **Podcasts** – bite-sized podcasts for GPs containing important information in a short bulletin, as well as longer interviews and case studies highlighting good practice across Berkshire West.
- **Email Newsletter** – a newly designed email newsletter containing key information, events, and updates from across the network in a format that is simple and easy to read.
- **Website** – we are working on the creation of a new website for the Primary Care Networks. This website will be mostly aimed at colleagues containing important information and resources, as well as more general information about the network.

These complement the weekly Headline News e-newsletter circulated to all GP practices in Berkshire West.

We have also stepped up the social media and broadcast media work with local practices to raise awareness of new ways of working, showcase success stories, introduce the new roles within practices like Physician Associates, and inform people about alternative healthcare facilities available locally.

Winter Campaign

NHS organisations across Berkshire West delivered a campaign throughout Winter 2021/2022 to help reduce pressures on services and educate the public on accessing the right service, knowing what can be treated at home, and information about changes in GP practice working. The campaign was delivered across a variety of platforms including social media, bus adverts, posters, leaflets, events and more – the campaign was also delivered in partnership with local authorities, pharmacies, and other partner organisations.

Cancer Campaigns

In Autumn 2021, Berkshire West CCG delivered a campaign to increase the number of prostate cancer referrals which were lower than they had been pre-pandemic. The campaign focused around key symptoms and targeted partners' as well as men through social media and at barbershops. The campaign was successful with prostate cancer referral rates now back to pre-pandemic levels.

Following the success of the campaign, we will be delivering a campaign across Reading, Wokingham and West Berkshire aimed at prevention of skin cancer in late Spring 2021/22 - targeted at those most affected by health inequalities.

Same Day Care survey

A survey was conducted to look at where people seek medical care for urgent, but not life threatening, health problems. The pandemic led to changes in the way local practices engage with their patients and the survey aimed to find out where people accessed same day healthcare during the pandemic to help direct resources in a more targeted way. It also helped to raise awareness of the range of alternative healthcare options available.

Mental Health

A mental health staff review was carried out with staff who provide mental health and emotional wellbeing services to children and young people across Berkshire West. The survey will help improve knowledge of what is happening on the ground and the challenges, blocks and issues people might be experiencing in their work.

There were widespread communications about the 'Breathing Space' mental health support facility which opened in Reading offering short term crisis support. It is being run by Together for Mental Wellbeing working collaboratively alongside BWCCG, BHFT, the local Emergency Services, Primary Care, and voluntary sector.

Communications promoted a new Berkshire West app library offering a range of apps around managing anxiety, stress, sleep and general wellbeing.

Your Health magazine

The monthly Your Health magazine, which was initially aimed at PPG representatives, has widened its circulation, and distribution now includes local councils (including parish councils), patient representatives at the RBH and other key stakeholders including Healthwatch and the Voluntary sector who cascade any relevant messages within their community networks. Work is in hand to increase the circulation this year. The magazine provides updates on local and national NHS and PBP developments and promotes health and wellbeing.

Internal communications

A bimonthly staff newsletter is circulated to all staff and has been particularly important to keep staff informed and supported as they continued to work from home. There has also been regular and wide-ranging internal communications and staff engagement led by our Accountable Officer Dr James Kent around the transition to an Integrated Care Board (ICB) from July 2022. This continued support is aimed at helping people understand the changes and updating them on developments.

External communications have also been carried out to keep the general public updated on the establishment of the ICB. A new engagement/transition microsite has been developed and links from the homepage transition tab on the BOB ICS and the BW CCG websites. It holds information about the developing ICS and ICB with draft constitution, plans and appointments. A BOB ICS public facing engagement website has been developed and is prominent on CCG and ICP website. People can comment on key draft documents. Includes information on evolving ICS and key papers in an easy access digital library.

Buckinghamshire, Oxfordshire and Berkshire West ICS response to the COVID-19 pandemic and delivery of the COVID-19 Vaccination Programme –

In response to the pandemic, NHS England & Improvement was given legal directions over all CCG commissioning functions by the Government to direct health services to meet the emergency needs. Each system established an incident structure reporting to NHSE/I SE Region.

During the pandemic, health and social care organisations across the BOB ICS made rapid changes to how services operated, the infection, prevention and control measures that were in place, and other adjustments made to ensure all patients with COVID needing hospital treatment could be treated. Much of primary care and outpatients moved online with face-to-face contacts restricted to clinical necessity to reduce the risk of spreading the infection.

Changes also included telephone triage, so patients were provided with advice, care, and prescribed treatment without needing to visit their GP practice. For patients with the relevant technology, hospital appointments were available using video conferencing. New services were also brought online quickly to support people throughout the pandemic such as the 24/7 mental health line across Buckinghamshire and Oxfordshire; GPs worked to set up dedicated clinics for patients with suspected COVID-19 to manage the risk of transmission to patients needing non-COVID related care.

In the summer and early autumn of 2020 as the first wave of COVID-19 receded, all services began to look forward to recovery of services which had been paused by the pandemic and preparations started for the delivery of a UK-wide vaccination programme.

The planning and establishment of the COVID vaccination programme and the siting of vaccination centres across the BOB ICS was initially done at pace, in line with national policy, with the first centres across BOB going live in December 2020. The work has been overseen by the BOB Vaccination Programme Operational Executive, whose members include representatives from the NHS and local authorities across BOB.

The NHS across the BOB ICS achieved its target of offering a first dose of the vaccine to all nine priority groups (as directed by the Joint Committee on Vaccination and Immunisation) by 15 April 2021. All first doses for adults aged 18 were offered by July 2021 and second doses by the end of September / early October 2021. It was a huge logistical challenge being delivered at the same time as managing the increased pressures on health and care services caused by the pandemic.

Now, around 3.7 million jabs have been delivered across the BOB ICS population of 1.8 million people.

There is now a network of vaccination centres and services across BOB, comprising Primary Care Networks (GP-led services), pharmacies, large vaccination centres, hospital sites, pop-up clinics, a mobile service (Health on the Move), and a schools' programme for children aged 12 and over. As a result of hard work and commitment from GP practices working together with health services partners and an army of volunteers, the BOB ICS has consistently been among the highest performers across England in terms of vaccination uptake and outreach.

The vaccination clinics and services continue to be geographically spread across the BOB ICS area to provide equitable access. Consideration has been given to location, travel, parking, and the ability to safely deliver the vaccine and meet and manage the needs of large numbers of people across all the cohorts.

In December 2021, as the Omicron variant began to emerge and spread, health and care systems across the country were required to significantly accelerate the vaccination programme by offering booster jabs to everyone over the age of 18 before 31 December 2021. The Government's target required the BOB ICS to offer 500,000 boosters to all the eligible cohorts of people during a period of three weeks.

Many GP-led vaccinations sites had wound down their vaccination clinics as the 166 GP practices across the BOB ICS focused on 'business as usual' services for their patients, but they answered the call to support the rapid expansion of the booster programme. The need to make boosters available at speed required a lot of staff time and resources, so GP practices were asked to clinically prioritise services. This led to some routine appointments and services being postponed. However, patients were assured that clinically urgent services were open and urgent appointments went ahead as planned.

The BOB Vaccine Equality Group was established to promote the vaccine, ensure equity of access to the vaccination programme and to provide outreach and follow up for those not yet vaccinated or who only had one dose. This has led to local discussions with those communities who have been vaccine hesitant or who have had access difficulties

Three place-based groups were established in Buckinghamshire, Oxfordshire, and Berkshire West through which to plan, monitor, review and best manage the programme overall and ensure alignment in the work of the large vaccination centres, GP-led sites and mobile vaccination.

Efforts have been made in each of the places to ensure equality of access and provision of high quality and or bespoke communications to address vaccine hesitancy and enable people to make an informed choice.

Engaging with local communities has been fundamental in reducing inequalities in vaccine uptake.

Work undertaken as part of this workstream has included:

- mapping of engagement events and contacts within each of the three local Place areas
- mapping of key stakeholders to create a distribution network for communications
- a public survey to identify issues and barriers to uptake of the vaccine
- Health and Wellbeing Ambassadors / Vaccine Voices / influencers programmes have been developed to encourage informed decision making through conversations with communities, friends, family, and contacts in low take up cohorts.

Additionally pop up and outreach services, including Health on the Move mobile facilities, have been used to target vaccination hesitant populations and areas where there has been lower take up. This has included homeless people, areas of inequality, Black and Minority Ethnic Communities, and larger employers.

Responding to an emergency

Under the Civil Contingency Act 2004, CCGs are designated Category Two responders and have a duty to co-operate and share information in an emergency. As a Category Two responder, OCCG has roles and responsibilities in emergency preparedness, resilience, and response (EPRR) to:

- Co-operate and share relevant information with Category One responders
- Engage in cross-sector planning through Local Health Resilience Partnership
- Support NHS England (South East) in discharging its EPRR functions and duties locally
- Include relevant EPRR elements in contracts with providers
- Ensure that resilience is 'commissioned in' as part of standard provider contracts and to reflect risks identified through wider, multi-agency planning
- Reflect the need for providers to respond to routine operational pressures (e.g., Winter)
- Enable NHS funded providers to participate fully in EPRR exercises and testing programmes as part of the NHS England (South East) assurance process
- Provide commissioned providers with a route of escalation on a 24/7 basis if they fail to maintain their professional levels
- Respond to reasonable requests to assist and co-operate
- Support NHS England (South East) should any emergency require any NHS resources to be mobilised
- Support NHS England (South East) to effectively mobilise all applicable providers that support primary care services should the need arise.

BWCCG is responsible for maintaining service delivery across the local health economy to prevent business as usual pressures becoming significant incidents.

All CCGs and NHS-funded providers are required to have an Accountable Emergency Officer who can take executive responsibility for leadership for EPRR. In Buckinghamshire, Oxfordshire, and Berkshire West CCGs it is the Director of Governance who holds this executive responsibility. A 24/7 director on call rota is in place to deal with any issues escalated to us by providers and a 24/7 communications on call rota exists for media and communications issues.

BWCCG has incident response plans in place which are compliant with the NHS England Emergency Preparedness Framework 2013. BWCCG regularly reviews and makes improvements to its major incident plan and has a programme for regularly testing this plan, the results of which are reported to the Board in the annual assurance report.

Given the on-going response to the COVID-19 pandemic the past year has seen all NHS organisations and services operating, for

the most part, in an emergency preparedness, resilience response (EPRR) level 4 incident which is means that NHS England coordinates the NHS response in collaboration with local commissioners at the tactical level.

Due to the scale of the pandemic and the subsequent vaccination programme, NHS England determined that its response should be coordinated through Integrated Care Systems (ICS). The Buckingham Oxfordshire Berkshire West ICS (made up of the three CCGs and led by a single Accountable Officer) was able to develop and strengthen the response arrangements to increase resilience and effectiveness.

The first stage took place in October/November 2020 which involved the all three CCGs releasing staff to support the BOB ICS Incident Infrastructure (for example deputy incident director), support for the Incident Coordination Centre rota and BOB-wide cells such as vaccination and supplies.
This was strengthened during the second wave of the pandemic (January 2021) and has continued to operate at ICS level ever since.

NHS England has published NHS core standards for Emergency Preparedness, Resilience and Response arrangements. These are the minimum standards which NHS organisations and providers of NHS funded care must meet. The Accountable Emergency Officer in each organisation is responsible for making sure these standards are met.

As part of the national EPRR assurance process for 2021/22, Oxfordshire CCG has been required to assess itself against 24 core standards. The outcome of this self-assessment is that the CCG is fully compliant with the standards with plans in place for the remaining three core standards. The overall rating is: Full.

Quality and Safeguarding:

Overview

The Place Based Partnership (ICP) within Berkshire West, is continuing to evolve in both structure and governance, and it is imperative that quality remains a core element of supporting the delivery, at both place and system wide, to our patient population.

Quality is defined in the NHS as safe and effective care alongside outstanding patient experience. Delivering compassionate, high-quality care focused on outcomes is at the very heart of our values. In April 2021, the national Quality Board revised its commitment to quality to emphasise a shared vision. Set out under the domains of safe, effective, positive experience (responsive, personalised, caring) well led, sustainably resourced and equitable, therefore in essence to provide an assurance framework to be guided by.

BWCCG exercises its responsibility through the PBP Quality Committee, which brings local providers together to review the agreed quality priorities, scrutinise and challenge each other to develop a shared learning forum and co-production principles. The PBP Quality Committee reports to the Governing Body, under the structure of the three domains of quality:

- Patient experience (including complaints, PALS contacts)
- Patient safety (including serious incidents, falls, pressure damage, and healthcare associated infections)
- Clinical effectiveness (including provider compliance with national guidance NICE and national clinical audit)

It is recognised that this year throughout the pandemic experienced, the whole NHS has been required to work differently; this has meant modifying meetings to a virtual platform and ceasing some reporting and nationally mandated quality indicators. Berkshire West, along with Oxfordshire and Buckinghamshire CCGs has continued to produce the Integrated Quality and Performance Report (IQPR) for to provide oversight of quality performance and issues for escalation. The report continues to be inclusive of the independent sector and those providers where the CCG are associate commissioners.

The PBP Serious incident panel has remained as part of the business as usual to ensure the reporting and scrutiny of incidents causing patient harm or resulting in a poor experience.

To further enhance the element of shared learning, informal meeting has been set up to discuss themes within providers. This also supports the National Patient Safety Strategy and the changes identified within the National Patient Safety Framework. To support this national development two patient safety specialists have been identified from BW CCG, to provide sustainability and ensure the CCG and providers are meeting the requirements highlighted with regular engagement in national forums

Partnership working

As part of the Berkshire West PBP, BWCCG remains committed to working with health and local authority partners to ensure that the best possible quality of care is delivered to our patients.

A clear example of partnership working is the Care Homes strategic group with representation from all Local Authority and Health provider colleagues to ensure the quality and safety of our patients who reside in care homes, sharing best practice and learning across the sector.

A Care Homes forum has also been set up on a BOB level with engagement with a wide group of stakeholders from health, social care, and the voluntary sector to ensure guidance is adhered and to escalate any issues, with the notion of sharing best practice.

Focus of the LMS Board for the past 12 months

During 2021/22, the BOB Local Maternity System (LMS) board has continued to evolve and in line with the requirement to set up a Perinatal Quality Surveillance (QS) model, has incorporated Neonatal services into its over-arching assurance and transformation work, thus it is now titled Local Maternity and Neonatal System (LMNS). The work of the LMNS has continued on its delivery of the NHS long term plan and the implementation of the recommendations set out in the Better Births 2016, despite the significant challenges of the pandemic. Transformation programme work was paused at the end of 2020 but began in earnest again in early 2021, with the substantive appointment of a Programme Manager and later a lead for prevention in the LMNS.

The increased spotlight on safety in maternity services, highlighted in the first interim Ockenden report (Dec 2020, see below), placed greater emphasis on the role of LMNS, to seek a deeper and wider assurance from maternity services and to work more collaboratively, system-wide, with neonatal services. The increase in areas of transformation, such as moving towards Continuity of Carer as the default model of care and setting up a Maternal Medicines Network, as well as the surveillance and assurance, meant that the work of the LMNS needed a greater strategic focus. In November 2021, the LMNS appointed a Head of Midwifery to lead the system through the changes to ICB, transformation, and beyond.

Since then, the LMNS has also appointed a lead for safety and a consultant neonatal clinical expert and is looking to appoint obstetric expertise and leads for workforce planning, which includes the plan for a move towards a model of Continuity of Carer across BOB, where and when it is safe to do so.

The LMNS is working alongside Core 20 +5 regarding health inequalities, pregnancy being one of the areas where the impact of inequity is significant. The LMS has been working closely with the Thames Valley ODN to transform neonatal services in line with the neonatal critical care review and the ODN are represented at all appropriate LMNS meetings. COVID presented significant challenge to maternity services and so the emphasis on workforce and recruitment/retention is a focus for the LMNS working with the Trusts.

Ockenden Report

In December 2020, trusts across the country were required to respond to their position of the 12 urgent clinical priorities from seven immediate and essential actions (IEAs) highlighted from the then interim Ockenden report, which included the requirement to set up a Perinatal Quality Surveillance (QS) model on a trust, LMS, regional and national level. Trusts were required to submit their first round of compliance with the 7 IEAs by June 2021. With these submissions, levels of compliance varied across BOB and intensive

work has been taking place at Trust level to improve areas of non-compliance. The LMNS is supporting Trusts with this work and RBH achieved a high level of compliance in the first round (93.5%) and was recognised at regional level for its achievements.

The final Ockenden report was published on 30 March 2022, detailing 15 IEAs that will form part of assurance visits, taking place in our Trusts, supported by the LMNS, from May to September. In addition, the LMNS has a 'buddy' system with colleagues in Frimley, and there will be mutual peer support across BOB and Frimley for these assurance processes. The final report focuses on four key pillars: safe staffing and adequate funding, well-trained staff, learning from incidents and listening to families.

Safeguarding

The CCG has a statutory duty to work in partnership to safeguard and promote the welfare of children and young people and to protect vulnerable adults from abuse and neglect or the risk of abuse and neglect. BWCCG has continued to fulfil this function to a high standard. As a commissioning organisation, our responsibility is to ensure all providers from whom we commission services (both public and independent sector) have comprehensive single and multi-agency policies and procedures to meet these requirements. We have ensured that systems and processes are in place to fulfil specific duties of cooperation and that best practice is embedded. All contracts and service level agreements have required providers to adhere to Berkshire-wide safeguarding policies and procedures which promote the welfare of adults and children and quality schedules within contracts have included key safeguarding metrics.

Contracts have also required all providers to complete an annual audit based on section 11 of the Children Act (2004) (adapted to include safeguarding adults) and to provide assurance of compliance with required staff training and continuing professional development so that staff understand their roles and responsibilities regarding safeguarding children, looked after children, adults at risk, the Mental Capacity Act and Deprivation of Liberty Safeguards. Providers must inform commissioners of all incidents involving children and adults, including death or harm whilst in their care. The 2022 safeguarding assurance audit provided robust evidence from our providers of their safeguarding practices.

COVID placed an enormous strain on capacity not least as safeguarding referrals continued to remain high throughout the second wave. However, providers continued to maintain acceptable levels of safeguarding training compliance and partnership collaboration. As we move on and learn to live with COVID, we aim to further improve the variety of training offered to providers.

The significant increase in safeguarding issues seen during the pandemic, including increases in non-accidental injuries to babies

under 1 year, concerns about domestic abuse, increased incidence of severe mental health and isolation have reduced although there are still high number of children attending hospital with mental health and self-harm. Throughout the latter part of 2021/22 face-to-face visits such as Health Visitors have been gradually re-introduced.

BWCCG is fully committed to the safeguarding boards' priorities and ensure that all our providers are fully engaged in working in partnership to deliver health elements of these priorities. As an equal statutory partner in safeguarding, the CCG safeguarding team has led on a number of critical work streams for the Berkshire wide partnerships, in both children and adults, and continue to be significant influencers of change and innovation in partnership work.

The CCG Safeguarding team has collaborated across BOB to work towards alignment of all policy and processes in preparation for the introduction of the ICB in July 2022.

BOB addressing inequalities

Work continues across the BOB ICS to reduce health inequalities; in the past year a BOB- wide equalities group has been established to identify inequalities and implement evidence-based interventions to reduce the gaps by working with local communities and ensure we share learning and best practice on local initiatives which make a difference. The BOB Reducing Inequalities Board has agreed that coronary heart disease will be the priority, with a focus on hypertension case finding and management and stopping smoking as its main interventions.

The BOB Vaccine Equality Board was established in 2021/22, as part of the BOB Vaccination Programme to provide a focus on ways to increase vaccine confidence and ensure equitable access for people living in deprived and/or rural areas, diverse ethnic or vulnerable groups by working with big employers and community and voluntary groups.

While uptake of the COVID vaccine is high across BOB, in January 2022 a BOB-wide Outreach and Engagement Plan was developed and is being implemented to target specific groups such as Gypsy, Traveller, Romany, pregnant women and the Chinese and Black African communities where there has been relatively poor vaccination uptake.

We continue to work in partnership with local authority colleagues and voluntary organisations on our equality agenda as we return to business as usual and plan our work for 2022/23 in line with government guidelines and the development of BOB as in Integrated Care System.

Equality and Diversity

CCGs have a statutory duty to ensure that commissioning decisions reduce inequalities, improve quality of services for all patients, and involve and engage with a broad spectrum of individuals and communities (Health and Social Care Act 2012). At the same time, the Equality Act 2010, which incorporates the public sector equality duty (PSED), requires that CCGs, when commissioning services, do not unlawfully discriminate and must promote equality for the needs of people from the nine protected groups.

The CCG is committed to embedding equality and diversity values into its policies, procedures, employment, and commissioning processes, to ensure that there is equality of access and treatment for all, and that health inequalities are reduced. The CCG is an active member of the three Health and Wellbeing Boards in the area, which are made up of the key partners from the health and care system who work together to improve the health and wellbeing of our local population and to reduce health inequalities.

BWCCG is committed to the principles of the Workforce Race Equality Standard, and action to encourage progress includes:

- Supporting provider organisations, through inclusion in contract of requirement to implement WRES and provide an annual report and monitoring through regular quality assurance visits and contract review.
- Demonstrating leadership within the CCG by:
    - ensuring robust systems for collecting, challenging, and analysing workforce data
    - reviewing workforce data at relevant committees (including Staff Partnership Forum)
    - In 2021/22 all three BOB CCGs took part in the national staff survey; results have recently been received and will be used to support the development of the Integrated Care Board.

The CCG is part of the Thames Valley Inclusion Network, which supports those with a role and responsibility for inclusion and diversity across the system to work together, exchange information and good practice, and support each other in the implementation of the Equality Delivery System, the Workforce Race Equality Standard, and the Accessible Information Standard across the area.

CCG employees

BWCCG employs fewer than 150 employees and is therefore not required to publish information on employees. However, it reviews how well the CCG's recruitment and selection processes work to reduce conscious or unconscious bias against characteristics protected by diversity legislation.

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

Developing a sustainable environment

As part of the BOB ICS, Berkshire West CCG is committed to delivering against the NHS Green Plan, which provides a focus on reducing the NHS's carbon footprint and delivering services more sustainably. This is an important part of the journey towards delivering the Greener NHS ambition of being the first healthcare system in the world to be net carbon zero. BOB ICS recognises that its sustainability journey will change ways of working which will allow for a positive impact environmentally, socially, and financially. In doing so, the ICS will be fit for the future and will support the long-term wellbeing of staff, patients, and the wider communities it serves.

The ICS is made up of a number of different organisations to deliver a range of services which harness its ability to innovate and leverage the latest research and technology, to drive sustainability and individual and organisational behaviour change, across Buckinghamshire, Oxfordshire, and Berkshire West. The Green Plan is part of the process of anchoring sustainability as key pillar in everything the ICS does.

The BOB ICS has already begun its green journey and is proud to have achieved the following:

- The development of provider estates strategies which has seen rationalisation and consolidation in the use of buildings.
- The uptake in digital tools such as Microsoft Office 365 has enabled the adoption of highly agile ways of working across all teams and services. As well as telephone and video consultations in primary care, secondary care, mental health, and community services which avoided thousands of miles of car journeys.
- The removal of single use plastic cutlery and cups across all sites.

- The roll out of carbon literacy training amongst senior level staff.
- The increase in recycling bins amongst many of our sites.

These initiatives not only have reduced the ICS's carbon footprint but have also prompted behaviour changes which is important in moving forward in our delivery of a net zero health service.

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The year ahead

Through the first three months of 2022/23 BWCCG will remain the statutory organisation for commissioning health services in Berkshire West. We will use these months to continue to prepare for organisational change with the close of BCCG and the safe transfer of CCG functions and staff into the new BOB ICB.

As we move to become an ICB we will at the same time develop our integrated care system (ICS) which will aim to deliver health and social care to people in a more joined up way across local councils, the NHS, voluntary organisations and other partners. The ICS will be a new partnership of health and care organisations across BOB that will come together to plan and deliver joined up services and improve the health and wellbeing of people who live and work in the area. The four main goals of the ICS are to

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

While these were all set out as goals in the Long-Term Plan and are not new, how we organise ourselves across health and care is changing. We hope with the development of an BOB ICS, where traditional barriers may have existed between different parts of the NHS, between physical and mental health and between the NHS and local authorities, these will be removed, and care will be delivered in a more seamless way with better outcomes for our patients.

Much work has already been undertaken to transfer from three CCGs to the new ICB; an interim executive team is in place and recruitment for permanent leaders for the new organisation to develop the ICS is well underway. Work is continuing to develop better relationships across health and care and develop a BOB ICS System Development Plan to further our work. NHS Chief Executives

and senior leaders from across the system have agreed three operational services areas of priority for the next six to 12 months. There will be a focus on

- Planned / elective care (which includes elective recovery as we make our way out of the pandemic)
- Children and adolescent mental health services
- Urgent and emergency care

These areas are considerably challenged across all three places, indeed nationally, and would benefit from working better together across the ICS. Capacity has been increased and there is dedicated resource working with place leads across the ICS reviewing and working to improve the most challenged pathways. For example, in elective care the BOB work is focused on ENT and ophthalmology.

As we progress into 2022/23 the ICS will develop a comprehensive strategy to identify the medium- and long-term priorities for the system with clearly defined outcomes and resourced programmes to deliver our ambitions. This will be done in partnership with our stakeholders and local communities within each place across BOB.

For most people, their day-to-day care and support needs will be met locally in the place where they live; the way patients access services will not change.

Dr. James Kent

Accountable Officer

21 June 2022

Accountability Report

Corporate Governance Report

Members Report

Details of member practices can be found below, and on the CCG's website: here

CCG Locality	PCN	Surgery
Newbury	A34	DOWNLAND PRACTICE
	A34	EASTFIELD HOUSE SURGERY
	Kennet	FALKLAND SURGERY
	A34	STRAWBERRY HILL (Northcroft and St Mary's)
	Kennet	BURDWOOD SURGERY
	Kennet	THATCHAM HEALTH CENTRE
	West Berkshire Rural	KINTBURY AND WOOLTON HILL SURGERY
	West Berkshire Rural	HUNGERFORD SURGERY
	West Berkshire Rural	LAMBOURN SURGERY
	West Reading Villages	CHAPEL ROW SURGERY
CCG Locality	PCN	Surgery
North & West Reading	Caversham	BALMORE PARK
	Caversham	EMMER GREEN
	Reading West	CIRCUIT LANE (Split main site with Western Elms)
	Reading West	TILEHURST SURGERY PARTNERSHIP
	Reading West	WESTERN ELMS SURGERY
	West Reading Villages	MORTIMER SURGERY
	West Reading Villages	THE BOAT HOUSE SURGERY
	West Reading Villages	THEALE MEDICAL CENTRE

CCG Locality	PCN	Surgery
South Reading	**Whitley**	ABBEY MEDICAL CENTRE
	Reading Central	CHATHAM STREET SURGERY
	Reading Central	ELDON ROAD SURGERY (now merged with Melrose 01 Oct 19)
	Reading Central	MELROSE SURGERY (now merged with Eldon Road 01 Oct 19)
	Reading Central	PEMBROKE SURGERY
	Reading Central	RUSSELL STREET SURGERY
	Whitley	WALK IN CENTRE
	Tilehurst	GROVELANDS MEDICAL CENTRE
	Tilehurst	TILEHURST VILLAGE SURGERY (Chancellor House)
	Tilehurst	WESTWOOD SURGERY
	University	UNIVERSITY (OF READING) MEDICAL GROUP
	Whitley	KENNET SURGERY (now merged with Milman Road on 01 Oct 20)
	Whitley	MILMAN ROAD SURGERY (now merged with Kennet surgery on 01 Oct 20)
	Reading Central	LONDON STREET SURGERY/New PM started 06 Oct 21
CCG Locality	**PCN**	**Surgery**
Wokingham	**Earley**	BROOKSIDE GROUP PRACTICE
	Earley	WILDERNESS ROAD SURGERY
	Wokingham East	BURMA HILL SURGERY
	Wokingham East (Crowthorne)	NEW WOKINGHAM ROAD SURGERY
	Wokingham East	WOOSEHILL MEDICAL CENTRE
	Wokingham East	WOKINGHAM MEDICAL CENTRE
	Wokingham North (Woodley)	LODDON VALE PRACTICE
	Wokingham North	PARKSIDE FAMILY PRACTICE (GREEN RD SURGERY)

CCG Locality	PCN	Surgery
Wokingham	**Wokingham North**	TWYFORD SURGERY
	Wokingham North	WOODLEY CENTRE SURGERY
	Wokingham North	WARGRAVE SURGERY
	Wokingham South	SWALLOWFIELD MEDICAL PRACTICE
	Wokingham South	FINCHAMPSTEAD SURGERY

Members of the Governing Body

The names of the Clinical Chair and Accountable Officer for Berkshire West CCG are:

- Dr Abid Irfan, Clinical Chair
- Dr James Kent, Accountable Officer, BWCCG and Executive Lead for the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System

Decisions are made by a governing body that meets every month apart from August. In 2021/22 it consisted of: three GP members, a Chief Officer, Nurse Director, Joint Commissioning Director, Chief Finance Officer, three lay members, and a Secondary Care consultant. The CCG also has a Director of Primary Care and three operational Directors who take a lead on locality matters and on programmes of work. The members of the Governing Body are responsible for directing the major activities of the CCG during the course of the year.

Individual profiles are available on the CCG's website here.

The members of the CCG Governing Body as at the 31 March 2021 were:

- Wendy Bower, Lay Member (PPE)
- Geoffrey Braham, Lay Member (Governance)
- Niki Cartwright, Director of Joint Commissioning
- Saby Chetcuti, Lay Member (Governance)
- Shairoz Claridge, Director of Operations (Newbury & District)
- Edward Haxton, (Acting) Chief Finance Officer (Appointed – August 2021)

- Dr Abid Irfan, Clinical Chair and GP Locality Lead (Newbury and District)
- Dr James Kent, Accountable Officer
- Maureen McCartney, Director of Operations (Reading)
- Dr Debbie Milligan (OBE), GP Locality Lead (Wokingham)
- Dr Kajal Patel, GP Locality Lead (Reading)
- Dr Raju Reddy, Secondary Care Consultant
- Debbie Simmons, Nurse Director
- Katie Summers, Chief Information Officer and Director of Operations (Wokingham)

The following people were members of the Governing Body during 2021/2022 but were not in post as of 31 March 2022:

- Rebecca Clegg, Chief Finance Officer (on secondment – August 2021)

The following Governing Body members formed the CCG's Audit Committee throughout the year:

- Wendy Bower, Lay Member
- Geoffrey Braham, Lay Member (Audit Committee Chair)
- Saby Chetcuti, Lay Member

The Remuneration Report includes details of the membership of the Remuneration Committee and the Governance Statement includes details of all other Governing Body and Membership Body Committees.

The Governing Body Register of Interests is updated annually following review by the Audit Committee. The Berkshire West CCG's Register of Interests for 2021/22 is available here.

Clinical Profiles -

The importance of the clinical leadership provided by member GPs has been highlighted earlier in the report. The following clinical profiles give an insight into the work of some of the GPs who provided clinical leadership to Berkshire West CCG and ICP:

Dr Andy Ciecierski, Clinical Lead for Urgent Care

I attend the monthly BW ICP Urgent and Emergency Care Programme Board to give a Primary Care view of demand and activity. I have worked with the Urgent Care team on many aspects of the Urgent and Emergency Care Strategy. I have attended the Primary Care Programme Board to interface with the Primary care element of the Strategy. I have chaired the Same Day Access to Primary Care Working Group. I have supported the Primary Care Team as needed with contract meetings with the Reading Walk-in Centre. I have attended the Primary Care Programme Board to interface with the Primary care element of the Strategy.

I am the Commissioning Clinical Lead for the Thames Valley 999 and Patient Transport Service (PTS) contracts. In this role I sit on the BOB ICS Urgent and Emergency Care Programme Board. SCAS Development and Integration meetings have restarted after being put on hold during the pandemic. I have supported the PTS re-procurement team as needed.

On behalf of the Planned Care Programme Board, I have supported the Adult Hearing Loss Pathway re-procurement team. This project is currently still on hold.

I am the Berkshire West CCG representative on the Reading Health and Wellbeing Board and act as Vice-Chair of the Board. We have quarterly meetings together with informal and organisational meetings between each Board meeting.

I continue to work as a GP at Emmer Green Surgery three days per week. I am the Clinical Director of Caversham PCN since April 2020. I have been the Clinical Lead of the Emmer Green Local Vaccination Site providing COVID vaccinations to the population of Caversham.

Boards & Committees

- Berkshire West ICP Urgent and Emergency Care Programme Board
- Buckinghamshire, Oxfordshire and Berkshire West ICS Urgent and Emergency Care Programme Board
- Primary Care Programme Board
- Planned Care Programme Board - ENT Clinical Advisor
- Reading Health and Wellbeing Board
- Same Day Access to Primary Care Working Group

Dr Debbie Milligan OBE, Wokingham GP Lead for Berkshire West CCG:

I am a Board member for Berkshire West CCG, attending Wokingham Health and Wellbeing Board and Integration Boards. I also sit on the Long-Term Conditions, Urgent and Emergency Boards, ICS Quality and Serious Incident Boards for Berkshire West and am the Commissioner Clinical Governance Lead for Thames Valley Integrated Urgent Care Service.

From March - August 2020 I was seconded to support COVID clinical services as one of three GPs setting up the Reading and Wokingham Respiratory Response Hub. The service supported Primary Care by seeing COVID patients face-to-face and, by working collaboratively with Royal Berkshire Foundation Trust, and providing both initial investigations (lung ultrasound), treatment and ongoing surveillance of the at-risk patients, reducing hospital admissions. Some of learning from this clinic has helped shape the new Long COVID clinic.

During the vaccine roll-out I was part of the sign-off team visiting sites to ensure adequate training of staff and suitability of sites, as well as supporting Primary Care by vaccinating patients in care homes or who were housebound.

During the autumn I also supported Thames Valley and Frimley with the roll-out of the 111 First service to EDs in these areas and throughout the year continued to have 111 and, more recently, 999/111 end-to-end meetings to ensure pathways are correct and safe for patients through shared learning.

Boards and Committees

- Berkshire West CCG Board
- Wokingham Health and Wellbeing Board
- Long Term conditions Board
- Urgent and Emergency Care Board
- ICS Quality Board for Berkshire West
- Serious Incident Board

Networks

- Thames Valley Integrated Urgent Care Service

Dr Kajal Patel, Reading Locality Lead GP and Cancer Lead for Berkshire West CCG:

The last 12 months has seen a tremendous pressure on the whole system.

As a Lead, commissioning GP services across Berkshire West, my role has been to support patients, GP Practices, PCNs and our secondary care teams to work together to streamline care, during the challenging recovery phase.

I have continued to focus my attention on inequalities and our deprived populations. I am also committed to supporting the COVID 19 vaccination programme across the whole of Reading.

In my GP Cancer role, we have worked closely with the Thames Valley Cancer Alliance, Secondary Care Trusts, and GP Practices, and really focusing on getting our patients through cancer pathways for faster diagnosis.

Dr Heike Veldtman, Chair of Long-Term Conditions Board (LTCB)

Over the past year, I have been the Chair for the LTCB for BWCCG and interim CVD Lead for BOB ICB.

Highlights over the past year:

1. BP@H This is a National Trailblazer project to get BP machines out to patients and improve BP control. I led on this project for our ICS (BOB) and at Berkshire West level. Our approach and results are now being used as Case Study for the rolling out of BP work on the Futures webpage. This project focused on Clinically more Vulnerable Patients with known diagnosis of HT in our areas of Highest Deprivation.

2. BOB has been chosen as Demonstrator site for Heart Failure project. Aim of project to improve prevalence of heart failure. The benefit of this earlier diagnosis, starting treatment earlier and optimising of medical management, will keep care closer to home.

3.Started work on improving Cardiac Rehab. This is also a national bid that was awarded to our ICB for improving cardiac care.

4. Joint working with Legacy services in Berkshire West, where 13 practices signed up for review of their COPD patients over the past year. Most of these practices are in our more deprived areas. This supported our areas that were more significantly affected during the Covid pandemic. Patients were reviewed, ensuring correct diagnosis, and optimising of medication. Building on the success of this project

the project will be rolled out to all of BW practices who wish to sign up.

5.Continued progress and service delivery of Long Covid Service for our patients affected by this over the past 2 years.

Dr Rupert Woolley:

I attend the planned care programme board meetings and have been actively involved in many projects including: MSK redesign, IPASS pain service and ophthalmology. I provide clinical input for these projects as well as other ongoing programmes such as the DXS system. I am the clinical lead for Dermatology for the planned care board. We work with the clinical team at the Royal Berkshire Hospital to look at ways of maximizing capacity as well as improving the referrals coming into the service and providing support to GPs in managing skin conditions in primary care.

Boards

- Planned Care Programme Board
- ICB Elective Recovery Board

Dr Abid Irfan MB, CHB, MRCS, MRCGP.

I am the clinical chair of Berkshire West CCG. My work over the last year has not only spanned the governing board (GB) role but meetings across our Integrated Care Partnership (ICP) and System (ICS). I provide senior clinical advice to the various boards to help set, drive, and implement the clinical strategy but also to help unlock any key clinical issues.

In my GB role, in addition to ensuring the quality and performance of the services we commission, I have worked closely with my GP clinical colleagues across the system to work through and design the model for ongoing effective primary care engagement and involvement at all levels of the new ICCS. This will be critical as we work in collaboration with our developing Primary Care Networks (PCNs)to deliver integrated and seamless care for our patients.

I co-chair the ICP Planned Care Board. As we recover from Covid and restore services we have continued to focus on ensuring for example all access and treatment standards for our cancer patients are being met. I have joined the Elective Care Board at system level where the focus has been on reducing long waits and increasing capacity in addition to planning and improving access to all

our community diagnostics (e.g., endoscopy/MRI/CT scans)

I also chair the CCG Primary Care Programme Board. This brings together all our system stakeholders to work together to help plan and deliver the broader primary care strategy. I have continued to work with system partners to help understand and deliver the PCN specifications. These help to deliver key elements of the Long-Term Plan. I have continued to chair a task and finish group to work on the Care Homes specification. This has been critical and timely given the effect of covid on our care home community. I have worked with our clinical directors, community trust colleagues and care home staff to work out how to best embed and further develop multidisciplinary meetings and develop the best model of care for this group of patients.

Boards and Committees

- Berkshire West CCG Board (Chair)
- Planned Care Board (Co-chair) & ICS Elective Care Board
- CCG Executive/Commissioning Committee (Chair)
- Berkshire West Primary Care Programme Board (Chair)
- BOB Primary Care Programme Board
- BOB Finance Committee
- Newbury & District Local Integration Board
- Berkshire West ICP Unified Executive
- West Berkshire Health & Wellbeing Board (Vice-Chair)

Statement of Disclosure to Auditors

Each individual who is a member of the Board at 31 March 2022 confirms:

- so far as the Board member is aware, that there is no relevant audit information of which the clinical commissioning group's external auditor is unaware and;
- that the Board member has taken all the steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that the clinical commissioning group's auditor is aware of that information.

Personal Data Related Incidents

The CCG did not have any personal data related serious incidents in 2021/22. This is as reported in the Governance Statement.

Modern Slavery Act

BWCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2021 will be published on our website.

www.berkshirewestccg.nhs.uk

Statement of Accountable Officer's Responsibilities:

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England appointed Dr James Kent to be Accountable Officer of NHS Oxfordshire 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 Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

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

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

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

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; 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.

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 Ernst & Young LLP auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Dr. James Kent

Accountable Officer

21 June 2022

Governance Statement

Introduction and context

Berkshire West CCG is a body corporate established by NHS England on 1 April 2018 under the National Health Service Act 2006 (as amended).

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

As of 1 April 2018, the clinical commissioning group 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 clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

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

The CCG Constitution sets out how the organisation will work with and on behalf of the local clinical community to enhance the health and wellbeing of its local population, and how it will fulfil its statutory duties. The CCG has the following statutory committees:

- The Audit Committee
- The Remuneration Committee
- The Primary Care Commissioning Committee

It has also established:

- Finance Committee
- Clinical Commissioning Committee
- PBP Quality Committee

The terms of reference for each of these committees have been ratified by the Governing Body, and the minutes are publicly available along with those of the Governing Body meeting papers (except for Remuneration Committees). Each Committee submits an annual report to the Governing Body giving assurance they are carrying out their duties.

Standing Orders regulate the proceedings of the CCG, as set out in the Health and Social Care Act 2012 ("HSCA"). The Standing Orders, together with the CCGs scheme of delegation and the CCGs prime financial policies, provide the procedural framework within which the CCG discharges its business.

Covid-19 Pandemic

During the whole of 2021/22, the NHS has been responding to the Covid-19 pandemic. This has included operating at level 4 (national control) or Level 3 (regional control) for most of the year. This required some amendment to the way the CCG operated including the following:

- Implementation of Covid-19 specific and temporary framework of meetings, an extension of those agreed in 2020/21.

- Governing Body and Primary Care Commissioning Committees were held virtually as meetings in public with attendees able to submit questions.

Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICS)

The Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (ICS) operates as a partnership to support each place and organisation within the system for the delivery of services, constitutional standards, and requirements of the NHS Long Term Plan. This also includes groups for system leaders to regularly meet, along with financial and delivery oversight. The role of the ICS is to

- Improve population health and healthcare
- Tackle unequal outcomes and access
- Enhance productivity and value for money
- Help the NHS to support broader social and economic development

Governing Body

To align its process and across the three CCGs' and in accordance with the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) CCGs' Constitution, the BOB CCGs' Governing Bodies held their meetings 'in common' during 2021/22, holding five meetings in public during this period. The meetings that were due to be held in December 2021 were postponed due to the need to concentrate on the NHS response to COVID-19); this meeting subsequently took place in January 2022.

All meetings were quorate in terms of executive and lay member representation. Where meetings were not quorate, in terms of GP clinical representation, matters that required approval were obtained virtually. A table of members attendance is included in Appendix 1.

Matters Reserved to the Membership Body (Practice Members) are clearly defined in the CCGs Constitution.

The Practice Members are represented on the Governing Body through the Locality Clinical Directors/Locality Leads, and meetings are convened by a GP/Clinical Lead.

The Governing Bodies in 2021/22 focused on organisational objectives, national priorities, and the local health economy's priorities in the Operational Plan. The Board has also held workshops on 'Constitutional alignment across the BOB CCGs'.

Standing agenda items include the Accountable Officers' report, items in relation to finance, strategic risk, corporate governance, performance, patient and public involvement, and clinical concerns. Other items discussed this year include:

- Budget setting and arrangements for annual report and accounts
- Standing items on Quality, Finance, Contracting and Performance
- Review of strategic risk through the Governing Body Risk Report
- Ratification of policies and procedures as required
- NHS Priorities and Operational Planning
- Governance Alignment
- Developing the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care System (ICS)
- Future provision for GP IT
- Operational Priority Service – Urgent and Emergency Care

- Communications, Patient and Public Community Engagement
- Emergency Preparedness Response and Resilience (EPRR) winter preparedness and Annual Report
- Response to and recovery from Covid-19, including governance accountability and compliance with statutory duties.

The Governing Bodies also reviewed its own governance arrangements and effectiveness. Members' attendance, apologies for absence, and declarations of interests and/or conflicts of interests (including gifts, hospitality) were formally recorded and published in the minutes of the meetings.

Governing Body Committees

All committees outlined provide assurance to its Governing Body through presentation of their minutes and annual reports. The Committees may also undertake self-assessments of their effectiveness.

Audit Committee

As for the Governing Bodies, the BOB CCG Audit Committees held their meetings 'in common'. The Committee reviews critically the CCGs' financial reporting and internal control principles; ensures that all the CCGs activities are managed in accordance with legislation and regulations governing the NHS; ensures adequate assurance is in place over the management of significant risks; and ensures that appropriate relationships with both internal and external auditors are maintained. The Audit Committees met four times in 2021/22.

The Audit Committees 'in common' receive regular reports to provide it with assurance from:

- The Directors of Finance and deputies on finances and performance, losses and special payments and single tender waivers
- Internal Audit and External Audit – including reports on the outcome of reviews together with recommendations on any necessary actions
- The Local Counter Fraud Specialists (LCFS)
- The Director of Finance and Head of Governance in respect of the Strategic and Operational risk registers
- The Director of Governance in respect of corporate governance including conflicts of interest exceptions, gifts, hospitality, sponsorship, joint working agreements.
- The Senior Information Risk Owner (SIRO) in respect of data security and protection arrangements.

The Accountable (Chief) Officer and other executive directors attend meetings as requested. Representatives of internal audit, external audit and local counter fraud service attend each meeting. A meeting in private session with the Lay Members is also held at least once per annum. The agenda of the Audit Committee is governed by its annual business cycle. A table of members attendance is included in Appendix 1.

Remuneration Committee

As for the Governing Bodies and Audit Committees, the Remuneration Committees held their meetings 'in common'. This Committee reviews the framework for the Remuneration, Allowances and Terms of Service for employees of the CCG's and for people who provide services to the CCGs'. It makes recommendations to ensure effective oversight of the performance of the CCGs' Convenor, Accountable (Chief) Officer, Directors of Finance, and other senior posts, and for scrutiny of any redundancy payments. The Remuneration committees met three times in 2021/22.

The overall purpose of the Remuneration Committee is to assure the Governing Bodies that the duty to act effectively, efficiently, and economically has been met, and that use of resources for remuneration does not exceed any amount specified. A table of members attendance is included in Appendix 1.

Primary Care Commissioning Committee (PCCC)

The BW CCG Primary Care Commissioning Committee held its individual (at Place) meeting in April 2021(Q1 April- June) before moving to a combined BOB PCCC, meeting (Q2-4 July – March). The PCCC Committee has been established in accordance with the statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Buckinghamshire, Oxfordshire, and Berkshire West under delegated authority from NHS England.

Meetings are held four times a year and in public. Health and Wellbeing Board representatives and NHS England are also invited to attend in accordance with the Delegation Agreement. The CCGs' clinical leads are voting members.

The Committee met three times in 2021/2022 as one meeting was stood down due to the requirement to support the national response to the Covid-19 pandemic.

The Committee undertakes the following activities:

- Review and monitor GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, taking contractual action such as issuing breach/remedial notices, and removing a contract) and enhanced services ("Local Commissioned Services" and "Directed Enhanced Services")
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area and to approve practice mergers and making decisions on 'discretionary' payments
- To plan, including needs assessment, primary care services across BOB and undertakes and delivers a primary care estates strategy across the BOB geography

- To undertake reviews and manage the budget for commissioning of primary care services at Place and to co-ordinate a common approach to the commissioning of primary care services generally
- To assist and support NHS England in discharging its duty under section13E of the NHS Act 2006 (as amended by the Health and Social Care Act2012) so far as relating to securing continuous improvement in the quality of primary medical services.

A table of members attendance is included in Appendix 1

Clinical Commissioning Committee

The Clinical Commissioning Committee is responsible for the overall management and delivery of the operational plan and its associated work programmes and has the responsibility for day-to-day management of the CCG and certain functions as delegated by the Governing Body. Certain matters are considered at most meetings as part of a standing agenda including the Finance, ICP Quality Reports alongside corporate risks.

In addition to the standing items, the Clinical Commissioning Committee provides clinical leadership and direction for the CCG; supports joint commissioning with the three unitary authorities in Berkshire West and oversees the work of the CCG Programme Boards.

The Committee meets monthly, and in accordance with the CCG constitution is Chaired by the Governing Body Chair. The Committee met seven times in 2021/22.

A table of members attendance is included in Appendix 1

Finance Committee

As with the Governing Bodies delegated Committees, and to align services across BOB, the Finance Committees held their meetings 'in common' during 2021/22. The Finance Committee scrutinises the financial plans and performance in relation to key national targets and in support of the delivery of the outcomes included in the NHS Long Term Plan. It also takes relevant decisions as required under delegated authority, such as business cases.

The Committee reviews reports, identifying key issues and risks and gives opinion and assurance to Governing Body on the stewardship of CCG financial resources and their going concern status. Additionally, the Governing Body may request that the Finance Committee reviews specific aspects of financial performance where they require additional scrutiny and assurance. The Committee met nine times in 2021/22.

A table of members attendance is included in Appendix 1.

The work of the Committee also includes the following activities:

- Monitor use of financial resources and to ensure that value for money can be demonstrated and that the best possible value is secured for the BOB pound
- Scrutiny of Quality, Innovation, Productivity and Prevention (QIPP) and Cost Improvement Programmes (CIPs)
- Evaluate, scrutinise and quality assure the financial validity of the investment, disinvestment, and business case framework.
- Maintain an overview of the value for money provided by the CCGs' expenditure, contracts, and support arrangements (for example, the contract provided by NHS South, Central and West Commissioning Support Unit)
- Approves the release of finance from allocated reserves to support investments and to make recommendations to the Governing Bodies as appropriate.
- Advise the Governing Bodies on relevant reports by NHS England, regulators, and other national bodies, and, where appropriate, management's response to these.

PBP Quality Committee

Reviews and assures provider performance; has oversight of the quality and safety of commissioned services considering safety, effectiveness and patient experience; ensures that the patient voice is heard; reviews reports on Serious Incidents and Never Events; ensures that there are processes in place to safeguard adults and children; considers national quality inspection reports; monitors arrangements relating to equality and diversity; reviews the corporate risk register; and receive chairs reports from various subcommittees for oversight and assurance.

It promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness, outcomes, and patient experience. This includes a responsibility to promote research and the use of research and monitor reports made to the National Reporting and Learning System.

The Committee met 4 times in 2021/22. The meeting scheduled to take place in March 2022 was postponed and re-scheduled for 12 April 2022. A table of members attendance is included in Appendix 1.

The work of the Committee also includes the following activities:

- Assure the Governing Body in respect of constitutional standards e.g., Stroke services, cancer waiting times and A&E performance etc., alongside safeguarding, infection control, incident management, complaints, workforce data, staff surveys, reporting of quality accounts, or any other area of quality
- Receive assurance on performance and quality and clinical risks, and compliance with National Institute for Health and Care Excellence (NICE) Quality Standards
- Receive assurance on Quality Impact Assessments (QIAs), to assess any impact on quality and performance, in order to provide

challenge where necessary
- Ensure that there is a continuing structured process for leadership, accountability and working arrangements for quality and performance within the CCG
- Approval and ratification of policies relating to quality and patient safety

(Individual Funding) Case Review committee (CRC)

Considers individual funding requests (IFRs) put to it; considers whether the CCG's full requirements for statement of clinical exceptionality, as defined in the relevant CCG policy, have been demonstrated within the case submitted for consideration of funding; carries out its decision making about the IFR in line with the CCG Ethical Framework; and ensures it is consistent in its decision making.

Meetings are held monthly or more frequently when caseload demands and/or at the discretion of the CCG. Membership of the CRC comprises a Lay Member from the CCG, who chairs the meetings, two GPs, CCG Operations Director, CCG Associate Director for Quality and Nursing, and a member of the CCG Medicines Optimisation Team. Because of the sensitive and potentially identifiable nature of the cases reviewed by the CRC, the outcome of the committee's decisions is only communicated to referring clinicians. If patients/family representatives are not satisfied with the outcome, they have the opportunity to request a review by the IFR Appeals Panel which meets when such requests are made.

Where committees have met less frequently than normal during 2021/22, this was to release the team to support the CCG's response to the pandemic.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on its governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code considered relevant to the clinical commissioning groups and best practice. The Corporate Governance Report is intended to demonstrate the clinical commissioning groups' compliance with the principles as set out in the Code.

For the financial year ending 31 March 2022 and up to the signing of the statements, we complied with the provisions set out in the Code and applied the principles of the Code.

Discharge of Statutory Functions

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

As a result, I, the Accountable Officer, can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The Audit Committees, at their meetings in common, review the full Strategic Risk Register at [1]every meeting; the Quality Committees review and discusses risks relating to quality and performance; the Finance Committees, at their meetings in common, review and discuss financial risks; the single Primary Care Commissioning Committee reviews and discusses Primary Care risks and the CCG Executive/Clinical Commissioning Committee reviews and discusses the strategic risks.

Capacity to Handle Risk

The Governance Team co-ordinate production of risk registers, offer advice and training (when required) and work with designated risk owners and Executive Directors via individual 1:1s or designated Executive/Director meetings. The purpose of the meeting is to identify any new risk areas; ensuring the appropriate management, quality of recording and scoring of that risk; the review of all current risks obtaining assurance that appropriate actions and mitigations are in place and that all risks are reviewed and managed appropriately. The Governance Leads also maintain the risks cycle ensuring that timely reminders are sent to risks managers for each risk cycle as per Board and Sub-Committee meetings.

Risk Assessment

All risks are reviewed and managed at programme board level before being taken to the appropriate executive/director for review/sign-off at place, with review and escalating to the appropriate Committee; and subsequently Governing Body, providing the necessary assurances that risks are being managed effectively and appropriately.

CCG staff are responsible for own risk and for maintaining risk awareness and identifying and reporting risks as appropriate to their line manager. Staff are to ensure that they familiarise themselves with the Risk Management Policy and undertaking risk management training as appropriate to their role.

The BOB CCGs have no appetite for fraud/financial risk and zero tolerance for regulatory breaches. The CCG support well managed

[1] During the covid-19 pandemic and the requirement to assist in the rollout of the vaccination programme, the order and/or regularity of business being conducted at Audit Committee will have impacted on delivery of 'business as usual'.

risk taking and will ensure that the skill, ability, and knowledge are in place to support innovation and maximise opportunities to improve its service. The Audit committees and the Directors Risk Review meetings will review the appetite statement on an annual basis and propose any changes to its Governing Bodies. The reports on BW CCGs principal, strategic and operational risks and mitigations as of 31 March 2021 can be found on BWCCGs website here

Other sources of assurance

Internal Control Framework

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

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

Annual audit of conflicts of interest management

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

The revised statutory guidance (further updated in June 2017) provides for a practical toolkit, which includes templates and case studies to support CCGs with conflicts of interest management. The CCG also takes guidance and assurance from the managing conflicts of interest in the NHS – guidance for staff and organisations (published June 2017) applicable to CCGs, NHS Trusts and NHS Foundation Trusts and NHS England. Other bodies involved in the provision of NHS services are invited to consider implementing this guidance.

The CCG recognises the potential for interests of members to conflict with the business of the CCG; consequently, the CCGs have embedded within its governance a number of policies, protocols, and processes to ensure that potential conflicts are recognised and managed, and that informed decisions are made only by those who do not have a vested interest.

The CCGs internal auditors carried out their annual audit for 2021/22 and made the following assessments/recommendations:

Berkshire West CCG: Rated: 'Good Practice' and consistent with previous years. One Low Risk and 1 Advisory (declarations of conflicts of interest and completion of the core due diligence checklists)

- The Low Risk (1 point) was investigated and found to be an isolated incident

- The Advisory (1 point) this will be picked up as part of the work for the new Integrated Care Board.

Data Quality

The sourcing of data and management of provider data quality is achieved via contracts. The data contract management processes are well established in the three CCGs, and we continue to capitalise on strong relationships between NHS South Central and West Commissioning Support Unit (SCWCSU) and information governance teams within provider organisations to drive continuous improvement.

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.

The CCG is due to submit its Data Security and Protection Toolkit for 2021/22 by the 30 June 2022. The date for submission was extended by NHS England due to the pressure on organisations caused by the COVID-19 pandemic.

The CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. An information governance management framework and processes and procedures are in place and aligned to the information governance toolkit. All staff undertake annual information governance training, and a staff information governance handbook is promoted to ensure staff are aware of their information governance roles and responsibilities.

There are established processes in place for incident reporting and investigation of serious incidents. In 2021/22, there were no incidents which required reporting to the information Commissioner's Office.

Information Governance is reported to the Audit Committees in common as a standing agenda item at each meeting and is reviewed regularly through the individual CCG management meetings.

Business Critical Models

The CCG is aware of the Macpherson Report on government business critical models and quality assurance mechanisms, and of its findings. The CCG does not operate any business-critical models as defined in the report.

Third party assurances

Where the CCG relies on third party providers, it gains assurance through service level agreement and contract specifications; regular

review meetings with providers on multiple levels; the use of performance data and external regulatory inspection reports; and monitoring and review by appropriate programme boards and committees. Third party assurances are reported to the Audit Committees in Common and informs this governance statement and external audit conclusion.

Control Issues

The CCGs performance against constitutional targets has been impacted by the Covid-19 pandemic and further details can be found in the Performance Report along with information about how the CCGs performance will be recovered through the course of 2021/22.

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

The CCG has well-established systems and processes for managing its resources effectively, efficiently, and economically. The Governing Body has an overarching responsibility for ensuring that the CCG has appropriate arrangements in place, and delegates responsibilities to the Audit Committee, the ICP Quality Committee, and the Finance Committee. The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. An audit programme is followed to ensure that resources are used economically, efficiently, and effectively.

The Audit Committees met regularly throughout the 2021/22 financial year to review and monitor the CCGs' financial reporting and internal control principles; to ensure that the CCGs activities were managed in accordance with legislation and regulations governing the NHS; and to ensure that appropriate relationships were maintained with internal and external auditors.

The Finance Committees met throughout the year to monitor contract and financial performance, savings plans and overall use of resources; to approve business cases and release of finance from allocated reserves; and to monitor and provide a scrutiny function to ensure the delivery of projects within the CCGs' care programme boards.

The CCG has processes in place to secure economy, efficiency and effectiveness through its procurement, contract negotiation and contract management processes. There are regular performance review meetings on the following contracts: Royal Berkshire NHS Foundation Trust (hospital services), Berkshire Healthcare NHS Foundation Trust (community and mental health services), and South-Central Ambulance Services. Effectiveness is monitored specifically through the quality processes and ICP Quality Committee/Quality Committee.

The Chief Finance Officer meets regularly with the CCG's finance teams and holds monthly meetings with the CSUs finance leads to review month-end reporting. Regular meetings are also held with the local authorities' finance leads.

The CCG informs its control framework by the work over the year of the Internal and External Audit functions. As part of their annual

audit, the CCGs external auditors are required to satisfy themselves that the CCG has made proper arrangements for securing economy, efficiency, and effectiveness in the use of its resources. Their audit work is made available to and reviewed by the Audit Committee and Governing Body. The CCG has not yet received the annual rating from NHSE&I.

Delegation of functions

The CCGs Scheme of Reservation and Delegation outlines the control mechanisms in place for delegation of functions and is found in the CCGs Constitution.

The Governing Body receive reports from each of its committees detailing the delivery of work, and associated risks, within their specific remit. Additionally, the Governing Body maintains a high-level overview of the organisations' business and identifies and assesses risks and issues straddling Committees. These risks are owned and overseen at Governing Body level and scrutinised at each meeting to ensure appropriate management and reporting is in place.

Internal Audit is used to provide an in-depth examination of any areas of concern.

Counter fraud arrangements

The CCG is committed to reducing the risk from fraud and corruption and discharges its counter fraud responsibilities locally through its appointed Local Counter Fraud Specialist (LCFS) who acts as the "first line of defence" against fraud, bribery, and corruption, working closely with the CCGs and NHSCFA. The Chief Finance Officer is the Executive Lead for Counter Fraud. The CCGs have a Counter Fraud and Corruption Policy and Response Plan in place, and this was last reviewed in January 2022.

Fraud awareness material, including fraud alerts and information on bribery, is regularly circulated to CCG staff. Fraud referrals are investigated by the LCFS, and the progress and results of investigations are reported to the Chief Finance Officer and the Audit Committee. Audit Committee receives a report each meeting on an aspect of counter-fraud work. There is a proactive risk-based work plan aligned to the NHSCFA Standards for Commissioners to maintain and improve compliance and performance against each of the standards; this is assessed on an annual basis.

The CCG also participates in the National Fraud Initiative Exercise now run by the Cabinet Office which is a mandatory exercise that matched electronic data within and between public and private sector bodies to prevent and detect fraud. It has been run every two years since 1996.

Head of Internal Audit Opinion

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

In accordance with the Public Sector Internal Audit Standards, the Head of Internal Audit is required to provide an annual opinion, based upon, and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control, and governance processes. The opinion contributes to the organisation's annual governance statement.

The Head of Internal Audit Opinion is included in the Annual Report that follows.

Internal audit annual report 2021/2022

Berkshire West CCG
Final
April 2022

pwc

Contents

Distribution list

For action: Audit Committee (Final Only)

For information:
Ed Haxton (Interim Chief Finance Officer)
Noreen Kanyangarara (Interim Deputy Chief Finance Officer)

Executive summary

Introduction

This report outlines the internal audit work we have carried out for the year ended 31st March 2022.

The Public Sector Internal Audit Standards require the Head of Internal Audit to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below and set out in Appendix 1. The opinion does not imply that Internal Audit has reviewed all risks relating to the organisation.

Internal audit work was performed in accordance with PwC's Internal Audit methodology which is in conformance with the Public Sector Internal Audit Standards.

Head of internal audit opinion

We are satisfied that sufficient internal audit work has been undertaken to allow an opinion to be given as to the adequacy and effectiveness of governance, risk management and control. In giving this opinion, it should be noted that assurance can never be absolute. The most that the internal audit service can provide is reasonable assurance that there are no major weaknesses in the system of internal control.

Opinion

Our opinion is as follows:

Generally satisfactory with some improvements required

Governance, risk management and control in relation to business critical areas is generally satisfactory. However, there are some areas of weakness and non-compliance in the framework of governance, risk management and control which potentially put the achievement of objectives at risk.

Some improvements are required in those areas to enhance the adequacy and/or effectiveness of the framework of governance, risk management and control. Please see our Summary of Findings in Section 2.

An explanation of the types of opinion that may be given can be found in Appendix 2.

Basis of opinion

Our opinion is based on:

- All PwC internal audits undertaken during the year.
- Any follow up action taken in respect of PwC audits from previous periods.
- The effects of any significant changes in the organisation's objectives or systems.
- Any limitations which may have been placed on the scope or resources of internal audit.
- NHSE requires that the assurance rating for each review of delegated commissioning needs to be included in BWCCG's annual report and governance statement and discussed at a Governing Body meeting in public. We reviewed Primary Care Commissioning with an overall assurance rating of Full in line with NHSE classifications.

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Commentary

The key factors that contributed to our opinion are summarised as follows:

- Of our 6 reviews completed in the year, one has been rated as high risk overall, one has been rated as medium risk overall, three have been rated as low risk overall and our follow-up review was not risk rated. We have not raised any critical risk rated reports in 2021/22. The 6 reports included 3 high, 3 medium and 10 low risk findings, with no critical rated issues identified within those reports.
- The number of high, medium and low risk rated reports, the nature of the issues raised within them, has led us to conclude that the internal controls in place at the CCG are generally satisfactory with some improvements required. We have highlighted in section 2 specific findings which have contributed to this overall assessment, and the CCG should consider whether these findings are reflected within the Annual Governance Statement.

Acknowledgement

We would like to take this opportunity to thank BWCCG staff for their cooperation and assistance provided during the year.

Summary of findings

Our annual internal audit report is timed to inform the organisation's Annual Governance Statement. A summary of key findings from our programme of internal audit work is included below:

Description	Detail
Overview We completed **6** internal audit reviews. This resulted in the identification of **3 high, 3 medium and 10 low** risk findings to improve weaknesses in the design of controls and/or operating effectiveness.	• Priorities and the associated risks have been determined by the CCG and considered when preparing the 2021/22 Internal Audit plan. To ensure we focused on the most valuable areas, as part of our planning we held discussions with management over key risk areas, reviewed areas of previous Internal Audit focus and incorporated the required reviews in order to meet NHSE regulations and Public Sector Internal Audit Standards (PSIAS). We have also attended and contributed to all Audit Committee meetings to provide periodic updates and inform our work. • An overview of our findings has been set out on page 3 of this report and focused on areas of risk as identified by management, the Audit Committee and Internal Audit.
Internal control issues During the course of our work we identified a number of weaknesses that we consider should be reported in your Annual Governance Statement.	• 3 high, 3 medium and 10 low risk rated findings were identified during our 2021/22 internal audit work and the CCG is required to consider which of these findings should be included in your Annual Governance Statement. • Our review of Cyber Security Incident Response identified several areas of heightened risk relating to relating to the cyber security function and capabilities to respond to and manage cyber security incidents.
Other weaknesses Other weaknesses were identified within the organisation's governance, risk management and control.	• The CCG faces wider challenges associated with the move to working as an Integrated Care System particularly around maintaining a strong governance framework throughout the transition period, ensuring both statutory responsibilities are discharged whilst working effectively as a system.
Follow up During the year we have undertaken follow up work on previously agreed PwC actions.	• We obtained management's self assessment of 2019/20 and 2020/21 recommended actions and performed testing of all medium risk rated findings to determine whether these were fully implemented. • The outcomes of our follow-up reviews have been included on page 5-6 of this Annual Report. In general, we found that the CCG had taken action to implement prior recommendations and mitigate the risks identified.
Good practice We also identified a number of areas where few weaknesses were identified and/or areas of good practice.	• We have found that business as usual processes have remained largely resilient during the Covid-19 period. • The overall risk classifications from our core reviews of Corporate Governance and Conflicts of Interest, Core Financial Systems and Primary Care Commissioning were low risk.

Internal audit work conducted

Introduction

The table below sets out the results of our internal audit work performed in 2021/22. The following page shows the direction of control travel and a comparison of planned and actual internal audit activity.

Results of individual assignments

Review	Report classification	Number of findings			
		Critical	High	Medium	Low
Cyber Security Incident Response	High	-	2	2	2
Information Governance (CHC Data Management)	Medium	-	1	1	1
Primary Care Commissioning - Contract Oversight and Management	Low	-	-	-	4
Core Financial Systems	Low	-	-	-	2
Corporate Governance and Conflicts of Interest	Low	-	-	-	1
Internal Audit Actions Follow-up	N/A	N/A	N/A	N/A	N/A
	Total	**-**	**3**	**3**	**10**

Internal audit work conducted

Direction of control travel

Finding rating	Trend between current and prior year	Number of findings		
		2021/22	2020/21	2019/20
Critical	⟷	-	-	-
High	↑	3	-	-
Medium	↓	3	4	9
Low	↓	10	12	12
Total	⟷	**16**	**16**	**21**

As agreed with management and the Audit Committee, we have reduced the scope of this year's Internal Audit plan to include core reviews in support of the Head of Internal Audit opinion. With the exception of our Cyber Security review, we have not performed any additional risk based reviews. Our follow-up review was also not risk rated. These factors, both individually and in aggregate, could distort the trend analysis of total findings.

Comparison of planned and actual activity

Audit unit	Budgeted days	Actual days
Corporate Governance and Conflict of Interest	10	10
Primary Care Commissioning	13	13
Core Financial Systems	10	10
Information Governance (CHC Data Management)	10	10
Cyber Security Incident Response	12	12
Internal Audit Actions Follow-up (Interim and Final)	3	3
Total	**58**	**58**

Follow up work conducted

Introduction

In order for the CCG to derive maximum benefit from internal audit, agreed actions should be implemented. To ensure that actions arising from internal audit reviews are being completed in a timely manner by management, internal audit follow up on the completion and implementation of Critical/High and Medium findings after their nominated completion date. In accordance with our Internal Audit plan, we have performed the following based on the risk rating allocated to the action:

- **Critical / High Risk Actions** - We have obtained management's self assessment of the current status of all recommendations in this category. Where management state that the recommendations have been fully completed, we have performed testing to verify these have been implemented.
- **Medium Risk Actions** - We have obtained management's self assessment of the current status of all recommendations in this category. For the fully implemented recommendations population, we have obtained supporting evidence to verify that these have been addressed.
- For any other actions i.e. those categorised as low risk / advisory, we have obtained a listing of these and understand the status as reported by management. We have not performed any validation over these.

Results of follow up work - 2020/21 findings

Audit unit	Report classification	Number of agreed findings[1]	Status of sampled findings		
			Implemented	Overdue	Removed
2020/21					
Primary Care Commissioning	Medium	2	2	-	-
Core Financial Systems	Low	1	1	-	-
Follow-up	Low	1	1	-	-
Total		**4**	**4**	-	-

[1] *High and Medium only, in accordance with the risk-based approach agreed with management.*

Follow up work conducted

Results of follow up work - 2019/20 findings

Audit unit	Report classification	Number of agreed findings[1]	Status of sampled findings		
			Implemented	Overdue	Removed
2019/20					
Continuing Healthcare	Medium	3	2	1	-
Business Continuity Management	Medium	2	1	1	-
Primary Care Commissioning	Medium	2	2	-	-
ICP Risk Sharing and Project Sign-off	Low	1	1	-	-
Core Financial Systems	Low	1	1	-	-
Total		**9**	**7**	**2**	-

[1]*High and Medium only, in accordance with the risk-based approach agreed with management.*

Summary

We recommend that further work is conducted by BWCCG to ensure all previously agreed recommendations are implemented at the earliest opportunity. All outstanding actions were reported to the Audit Committee in January 2022, as part of our final follow-up review.

Appendices

Appendix 1: Limitations and responsibilities

Limitations inherent to the internal auditor's work

Our work has been performed subject to the limitations outlined below.

Opinion

The opinion is based solely on the work undertaken as part of the agreed internal audit plan. There might be weaknesses in the system of internal control that we are not aware of because they did not form part of our programme of work, were excluded from the scope of individual internal audit assignments or were not brought to our attention. As a consequence management and the Audit Committee should be aware that our opinion may have differed if our programme of work or scope for individual reviews was extended or other relevant matters were brought to our attention.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls relating to Berkshire West CCG is for the period 1st April 2021 to 31st March 2022. Historic evaluation of effectiveness may not be relevant to future periods due to the risk that:

- The design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- The degree of compliance with policies and procedures may deteriorate.

The specific time period for each individual internal audit is recorded within section 3 of this report.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected, and our examinations as internal auditors should not be relied upon to disclose all fraud, defalcations or other irregularities which may exist.

Appendix 2: Opinion types

The table below sets out the four types of opinion that we use, along with an indication of the types of findings that may determine the opinion given.

Type of opinion	Indication of when this type of opinion may be given
Satisfactory	• A limited number of medium risk rated weaknesses may have been identified, but generally only low risk rated weaknesses have been found in individual assignments; and • None of the individual assignment reports have an overall report classification of either high or critical risk.
Generally satisfactory with some improvements required	• Medium risk rated weaknesses identified in individual assignments that are not significant in aggregate to the system of internal control; and/or • High risk rated weaknesses identified in individual assignments that are isolated to specific systems or processes; and • None of the individual assignment reports have an overall classification of critical risk.
Major improvement required	• Medium risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or • High risk rated weaknesses identified in individual assignments that are significant in aggregate but discrete parts of the system of internal control remain unaffected; and/or • Critical risk rated weaknesses identified in individual assignments that are not pervasive to the system of internal control; and • A minority of the individual assignment reports may have an overall report classification of either high or critical risk.
Unsatisfactory	• High risk rated weaknesses identified in individual assignments that in aggregate are pervasive to the system of internal control; and/or • Critical risk rated weaknesses identified in individual assignments that are pervasive to the system of internal control; and/or • More than a minority of the individual assignment reports have an overall report classification of either high or critical risk.
Disclaimer opinion	• An opinion cannot be issued because insufficient internal audit work has been completed. This may be due to either: – Restrictions in the audit programme agreed with the Audit Committee, which meant that our planned work would not allow us to gather sufficient evidence to conclude on the adequacy and effectiveness of governance, risk management and control; or – We were unable to complete enough reviews and gather sufficient information to conclude on the adequacy and effectiveness of arrangements for governance, risk management and control.

Appendix 3: Basis of our classifications

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points
Critical	40 points per finding
High	10 points per finding
Medium	3 points per finding
Low	1 point per finding

Report rating	Points
Critical risk	40 points and over
High risk	16–39 points
Medium risk	7–15 points
Low risk	6 points or less

Appendix 3: Basis of our classifications

Individual finding ratings

Finding rating	Assessment rationale
Critical	A finding that could have a: • **Critical** impact on operational performance; or • **Critical** monetary or financial statement impact; or • **Critical** breach in laws and regulations that could result in material fines or consequences; or • **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences; or • **Significant** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences; or • **Moderate** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • **Minor** impact on the organisation's operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Appendix 4: Performance of internal audit

Key performance indicators

We agreed a suite of Key Performance Indicators (KPIs) with management and the Audit Committee. Our performance against each KPI is shown in the table below. These highlight the focus of our work and the standard attained:

Overall KPI summary

- Target fully achieved
- Target achieved with minor exceptions
- Target not achieved

KPI	Target	Actual results for 2021/22	Comments
Scope agreed 2 weeks prior to fieldwork	100%	100%	
Exit meeting held	100%	100%	
Draft report issued within 10 working days of completion of fieldwork	100%	100%	
Management response received within 10 working days of receipt of draft report	100%	100%	
Final report issued within 5 working days of agreement of management response	100%	100%	

Appendix 5: Conformance with the code of ethics and internal audit standards and Independence

Code of Ethics and Internal Audit Standards

We have a firm wide internal audit methodology which is aligned to the Institute of Internal Auditors International Standards for the Professional Practice of Internal Auditing Public Sector Internal Audit Standards. This is designed to standardise the approach to conducting internal audit engagements. All our work is documented in our dedicated internal audit software which sets out the procedures to be performed to achieve compliance with the standards. The inbuilt workflow functionality ensures that work is adequately documented and reviewed before results are shared. This is further supported by relevant training, supervision and review of the work performed by those with adequate experience and skill in the relevant areas. We also review a random selection of engagements to ensure they comply with the firm's requirements and have appropriately followed the internal audit methodology.

We can confirm that our work has been performed in accordance with this methodology.

Independence

We confirm that in our professional judgement, as at the date of this document, Internal Audit staff have had no direct operational responsibility or authority over any of the activities planned for review.

We can confirm that as an organisation we are independent from BWCCG.

Thank you

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Internal Auditors undertook the CCG cyber security incident audit and identified two high risk areas, the cyber security function and capability to respond to and manage cyber security incidents. Although the audit report identifies these high risks areas including proposed action plan the CCG did not have any cyber security incidents which negatively impacted the CCG processes.

The CCG will continue to ensure all recommendations are considered during the process of transitioning to a ICB and senior managers have been assigned to undertake this work.

There are no issues from the work to date that we believe the CCG needs to consider as significant control issues.

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

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

The strategic risk register itself provides me with evidence of the effectiveness of controls that manage risks to the clinical commissioning groups achieving its principle objectives have been reviewed.

I have been guided on the effectiveness of controls through the oversight of the Board and its committees and this has also informed my review. If necessary, a plan to addresses weaknesses, for example responses to audit recommendations and ensure continuous improvement of the system, will be put in place.

Conclusion

No significant internal control issues have been identified.

Dr. James Kent

Accountable Officer

21 June 2022

Remuneration and Staff Report:

The CCGs use Agenda for Change terms and conditions for all employees except those classified as Very Senior Managers (VSMs). The Remuneration Committee has a standing agreement that VSM pay, and expenses are up lifted in accordance with Agenda for Change awards as made by the national Pay Review Body. This agreement is reviewed at each Agenda for Change award to ensure that it remains an appropriate strategy.

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the content of the roles and individuals' performance in them. This ensures a fair, independent and transparent process for setting the pay of the senior managers. No individual is involved in deciding his or her own remuneration. Executive senior managers are on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

Remuneration Committee

The CCG has a Remuneration Committee; the role of the committee is to advise on appropriate remuneration levels and terms of service for the Very Senior Managers on the Executive Team and for Clinical Leads. Membership in 2021/22 was as follows:

Saby Chetcuti, Lay Member (Chair)

Geoffrey Braham, Lay Member

Wendy Bower, Lay Member

Policy on the remuneration of senior managers

Senior managers' remuneration is set through a process that is based on a consistent framework and independent decision-making based on accurate assessments of the weight of roles and individuals' performance in them. This ensures a fair and transparent process via bodies that are independent of the senior managers whose pay is being set. No individual is involved in deciding his or her own remuneration.

Executive senior managers are ordinarily on permanent NHS contracts. The length of contract, notice period and compensation for early termination are set out in the Agenda for Change, NHS terms and conditions of service handbook.

All GPs on the BWCCG Board have employment contracts and are paid via payroll.

All very senior manager remuneration (VSM) is determined by BWCCG's Remuneration Committee based on available national guidance, benchmarking data against other CCGs and with due regard for national pay negotiations/awards for NHS staff on national terms and conditions. The Remuneration Committee is also cognisant of public sector pay restraint and its responsibility to ensure that executive pay remains publicly justifiable. The Remuneration Committee acknowledges and commits to complying with the requirement to seek pre-approval from NHS England for salaries in excess of £150,000.

For those very senior managers who have total benefits exceeding £150k, the CCG is assured that amounts are reasonable based on the rigorous process undertaken by Remuneration Committee in assessing and agreeing such benefits.

There are 3 Very Senior Managers (VSMs) who have individual notice periods.

Senior Managers have not received any remuneration linked to performance.

The CCG does not hold a provision for compensation for early retirement. Any non- contractual payments made outside of the Agenda for Change framework would be subject to HM Treasury approval.

Greenbury information including salaries and pensions Senior Manager Remuneration 2021/22 Subject to audit

Name	Title	Berkshire West CCG Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) £	Performance Pay and bonuses (Bands of £5,000) £000	Long Term performance pay and bonuses (Bands of £5,000) £000	All Pension related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Rebecca Clegg *	Chief Finance Officer	40-45	0	0-5	0-5	5-7.5	45-50
Debbie Simmons	Director of Nursing	115-120	0	0-5	0-5	72.5-75	190-195
Dr James Kent *	ICS Lead & Accountable Officer for BOB CCGs	50-55	0	5-10	0-5	47.5-50	105-110
Edward Haxton *	Acting Chief Finance Officer	75-80	0	0-5	0-5	140-142.5	215-220
Raju Reddy	Secondary Care Consultant	35-40	0	0-5	0-5	0-2.5	35-40
Dr Abid Irfan *	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	125-130	0	0-5	0-5	42.5-45	165-170
Helen Clark *	Director of Primary Care	20-25	0	0-5	0-5	25-27.5	45-50
Niki Cartwright	Director of Joint Commissioning	105-110	0	0-5	0-5	0-2.5	105-110
Katie Summers	Director of Operations – Wokingham Locality & Digital Lead	90-95	0	0-5	0-5	25-27.5	115-120
Shairoz Claridge	Director of Operations – Newbury & District Locality & Long-Term Conditions Lead	90-95	0	0-5	0-5	30-32.5	120-125
Maureen McCartney *	Director of Operations – Reading Locality & CCG Director Lead for Urgent Care	75-80	0	0-5	0-5	0-2.5	75-80
Dr D Milligan	GP Clinical Lead – Wokingham Locality	75-80	0	0-5	0-5	0-2.5	75-80
Dr Kajal Patel	GP Clinical Lead – Reading Locality	90-95	0	0-5	0-5	25-27.5	115-120
G E Braham	Lay member – Governance & Probity	5-10	0	0-5	0-5	0-2.5	5-10
S Chetcuti	Lay member – Governance	5-10	0	0-5	0-5	0-2.5	5-10
W Bower *	Lay member – Patient & Public Engagement	5-10	0	0-5	0-5	0-2.5	5-10

* Dr James Kent is joint Chief Officer for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG, salary disclosure is for BWCCG share of costs. The remuneration for 2021/22 shown above is a proportion of his total salary and is based on “fair shares” (average registered population relative to the two other CCGs in the ICS) which equates to 29.45% for BW CCG. He was contractually entitled to a performance bonus for 2021/22, the BWCCG share of which is shown above.
* Rebecca Clegg in substantive post from 1 April 2021 to 1 August 2021 – on secondment to Berkshire Healthcare NHS Foundation Trust.
* Edward Haxton Interim Chief Finance Officer from 2 August 2021 – on going.
* Helen Clark in substantive post from 1 April 2021 to 25 July 2021 – on secondment to PCN
* Dr Abid Iran is salaried chair and clinical lead with 2 employment contracts since 2018 but no longer contribute to the pension scheme.
* Maureen McCartney is salaried director but no longer contribute to the pension scheme since last year.
* W Bower is Lay member for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG. Single remuneration is disclosed on Berkshire West CCG.

Senior Manager Remuneration 2020/21 Subject to audit

Name	Title	Salary (Bands of £5,000) £000	Expense payments (taxable) (Rounded to the nearest £100) £	Performance Pay and bonuses (Bands of £5,000) (Re-stated)* £000	Long term performance pay and bonuses (Bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total (Bands of £5,000) £000
Cathy Winfield	Chief Officer	25-30	0	0-5	0-5	55-57.5	85-90
Rebecca Clegg	Chief Finance Officer	120-125	0	0-5	0-5	20-22.5	145-150
Debbie Simmons	Director of Nursing	105-110	0	0-5	0-5	15-17.5	125-130
Dr James Kent[1]	ICS Lead & Accountable Officer for BOB CCGs	45-50	0	5-10	0-5	35-37.5	85-90
Katrina Anderson[3]	Director of Joint Commissioning	60-65	0	0-5	0-5	22.5-25	85-90
Raju Reddy	Secondary Care Consultant	35-40	0	0-5	0-5	0-2.5	35-40
Dr Abid Irfan	Chair & GP Clinical Lead – Newbury & District Locality	125-130	0	0-5	0-5	22.5-25	150-155
Helen Clark	Director of Primary Care	70-75	0	0-5	0-5	35-37.5	105-110
Sam Burrows [4]	Deputy Accountable Officer	55-60	0	0-5	0-5	60-62.5	120-125
Sarah Seaholme [5]	Director of Strategy	45-50	0	0-5	0-5	0-2.5	45-50
Niki Cartwright [6]	Director of Joint Commissioning	35-40	0	0-5	0-5	0	35-40
Katie Summers	Director of Operations – Wokingham Locality	85-90	0	0-5	0-5	22.5-25	110-115
Shairoz Claridge	Director of Operations – Newbury & District	85-90	0	0-5	0-5	35-37.5	125-130
Maureen McCartney	Director of Operations – Reading Locality	65-70	0	0-5	0-5	0-2.5	65-70
Dr D Milligan	GP Clinical Lead – Wokingham Locality	75-80	0	0-5	0-5	52.5-55	130-135
Dr Kajal Patel	GP Clinical Lead – Reading Locality	95-100	0	0-5	0-5	22.5-25	115-120
G E Braham	Lay member – Governance & Probity	5-10	0	0-5	0-5	0-2.5	5-10
S Chetcuti	Lay member – Governance	5-10	0	0-5	0-5	0-2.5	5-10
W Bower	Lay member – Patient & Public Engagement	5-10	0	0-5	0-5	0-2.5	5-10

1. Dr James Kent ICS Lead and Accountable Officer from 15 June 2020 – ongoing for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG. Berkshire West's share of the salary is 29.45% of the total salary.
2. C Winfield in substantive post from 1 April 2020 to 14 June 2020 – on secondment to NHS England.
3. K Anderson in substantive post from 1 April 2020 to 30 November 2020 – on secondment to Oxford Health NHS Foundation Trust
4. S Burrows on secondment to BOB ICS from 1 April to 17 May 2020 and left the CCG on 22 November.
5. S Seaholme in substantive post from 1 April after which she was on secondment to BOB ICS role from 28 September until 30 November when she left the CCG.

6. N Cartwright employed from 23 November 2020 – ongoing.

* Restated performance bonus of Dr James Kent to align with the reporting guidance to disclose all bonuses paid and accrued for the financial year. He is contractually eligible to performance bonus in 2020-21 but only settled this year and was omitted in the prior year disclosure.

Pension Benefits 2021-2022 subject to audit

Name	Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2022 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Rebecca Clegg *	Chief Finance Officer	0-2.5	0-2.5	45-50	90-95	823	0	861	0
Debbie Simmons	Director of Nursing	2.5-5	5-7.5	35-40	80-85	675	79	775	0
Dr James Kent *	ICS Lead & Accountable Officer for BOB CCGs	2.5-5	0-2.5	5-10	0-5	67	27	125	0
Edward Haxton *	Acting Chief Finance Officer	2.5-5	7.5-10	35-40	100-105	726	98	900	0
Dr Abid Irfan *	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	2.5-5	0-2.5	25-30	45-50	392	32	436	0
Helen Clark *	Director of Primary Care	0-2.5	0-2.5	20-25	40-45	300	0	329	0
Katie Summers	Director of Operations - Wokingham Locality & Digital Lead	0-2.5	0-2.5	20-25	15-20	284	17	314	0
Shairoz Claridge	Director of Operations - Newbury & District Locality & Long Term Conditions Lead	0-2.5	0-2.5	20-25	35-40	359	25	399	0
Dr D Milligan	GP Clinical Lead - Wokingham Locality	0-2.5	0-2.5	15-20	25-30	315	2	329	0
Dr Kajal Patel	GP Clinical Lead - Reading Locality	0-2.5	0-2.5	20-25	30-35	243	9	270	0

* Dr James Kent is joint Chief Officer for Buckinghamshire CCG, Oxfordshire CCG and Berkshire West CCG, salary disclosure is for BWCCG share of costs.

* Rebecca Clegg in substantive post from 1 April 2021 to 1 August 2021 - on secondment to Berkshire Healthcare NHS Foundation Trust.

* Edward Haxton Interim Chief Finance Officer from 2 August 2021 – on going

* Helen Clark in substantive post from 1 April 2021 to 25 July 2021 - on secondment to PCN

Pension Benefits 2020-2021 subject to audit

Name	Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1st April 2020	Real increase in Cash Equivalent Transfer Value (Re-stated) *	Cash Equivalent Transfer Value at 31 March 2021	Employer's contribution to stakeholder pension
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Cathy Winfield[2]	Chief Officer	0-2.5	0-2.5	55-60	175-180	1,276	2	1,412	0
Rebecca Clegg	Chief Finance Officer	0-2.5	0-2.5	40-45	90-95	770	22	823	0
Debbie Simmons	Director of Nursing	0-2.5	0-2.5	30-35	75-80	630	20	675	0
Dr James Kent[1]	ICS Lead & Accountable Officer for BOB CCGs	2.5-5	0-2.5	0-5	0-5	25	13	67	0
Katrina Anderson[3]	Director of Joint Commissioning	0-2.5	0-2.5	0-5	0-5	18	0	44	0
Dr Abid Irfan	BWCCG Chair/GP Clinical Lead - Newbury & District Locality	0-2.5	0-2.5	20-25	45-50	351	16	392	0
Helen Clark	Director of Primary Care	0-2.5	0-2.5	20-25	35-40	262	24	300	0
Sam Burrows[4]	Deputy Accountable Officer	0-2.5	0-2.5	10-15	0-5	64	10	97	0
Sarah Seaholme[5]	Director of Strategy	0-2.5	0-2.5	25-30	40-45	482	0	392	0
Katie Summers	Director of Operations - Wokingham Locality	0-2.5	0-2.5	20-25	15-20	254	14	284	0
Shairoz Claridge	Director of Operations - Newbury & District Locality	0-2.5	0-2.5	20-25	35-40	312	30	359	0
Maureen McCartney	Director of Operations - Reading Locality	0-2.5	97.5-100	30-35	225-230	0	0	0	0
Dr D Milligan	GP Clinical Lead - Wokingham Locality	2.5-5	0-2.5	15-20	25-30	261	38	315	0
Dr Kajal Patel	GP Clinical Lead - Reading Locality	0-2.5	0-2.5	15-20	30-35	214	7	243	0

1. Dr James Kent ICS Lead and Accountable Officer from 15 June 2020 for Berkshire West CCG. Salary disclosure is for BWCCG share of costs.
2. C Winfield in substantive post from 1 April 2020 to 14 June 2020 - on secondment to NHS England.
3. K Anderson in substantive post from 1 April 2020 to 30 November 2020 - on secondment to Oxford Health NHS Foundation Trust.

4. S Burrows on secondment to BOB ICS from 1 April to 17 May 2020 and left the CCG on 22 November.
5. S Seaholme in substantive post from 1 April after which she was on secondment to BOB ICS role from 28 September until 30 November when she left the CCG.

* The real increase in CETV for 2020/21 has been restated due to an error in the calculation, this has no impact on the financial performance.

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

McCloud Judgement: The calculations above do not take account of the recent McCloud ruling (This is a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the eldest members who retained a Final Salary design). We believe that this is appropriate given that there is still considerable uncertainty on how the affected benefits within the new NHS2015 scheme would be adjusted in future once the legal proceedings are completed. HM Treasury have responded last Feb 2021 to the October 2020 McCloud remedy consultation confirming that some members will have NHS 2015 benefits replaced with NHS 1995/2008 section benefits by 2023, with an option to switch back to NHS 2015 at their retirement date. NHS Pension Scheme regulations to allow for the implementation are only currently being drafted following the enabling legislation known as the Public Service Pensions and Judicial Offices Act 2022 which came into force in March 2022.

Cash Equivalent Transfer Values subject to audit

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. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations.

Real increase in CETV

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

Fair Pay Disclosure (pay multiples) subject to audit

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

The banded remuneration of the highest paid director or member of the CCG Governing Body in the financial year 2021-22 was £210-£215k (2020/21 was £210k to £215k) on an annualised basis. The relationship to the remuneration of the organisation's workforce is disclosed in the table below.

Pay ratio information table

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	35,866	48,338	65,664
Salary component of total remuneration (£)	35,866	48,338	65,664
Pay ratio information	5.92	4.40	3.24
2020-21	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	31,365	44,503	62,001
Salary component of total remuneration (£)	31,365	44,503	62,001
Pay ratio information	6.78	4.77	3.43

Year on Year Pay ratio variance %	**-13%**	**-8%**	**-6%**

Pay ratio reduction is a result of senior roles who have left the CCG in year not being replaced on substantive basis.

In 2021-22, no employee (2020-21 no employee) received remuneration in excess of the highest paid director/member of the CCG Governing Body. Remuneration ranged from £8,000 to £211,000 (2020/21 £8,000 to £211,000).

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

Fair Pay disclosure

Percentage change in remuneration of highest paid director March-21 to March-22.

Salary and allowances - 0% change

Performance pay and bonuses - 0% change

Average Percentage change in remuneration in respect of employees as a whole March-21 to March-22

Salary and allowances - 8.4% change

Performance pay and bonuses – 0% change

Staff Report

Staff Sickness

Sickness absence data is supplied by NHS Digital based on data from the Electronic Staff Record Data Warehouse.

Time	**Jan 2021 - Dec 2021**					
Org Type	**Clinical Commissioning Group**					
CCGs with 12 months of Data						
Org Code	**Org Name**	**Org Code**	**Sum of FTE Days Sick** a	**Sum of FTE Days Available** b	c= a/b*225 **Average Annual Sick Days per FTE** c	**Occurrences**
15A	NHS Berkshire West CCG	15A	655	36,068	4.1	12

This Data is available via the following link:

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

Staff Numbers and Gender Analysis

As at 31 March 2022, the CCG had 133 employees, with the following gender:

	Female Headcount	Male Headcount	Total Headcount
Governing Body Members	10	4	14
Other Employees	93	26	119
Total	**103**	**30**	**133**

Staff Turnover

As at 31 March 2022, the CCG staff turnover figure is 17.95%. This is calculated by headcount percentage (%) and not Full Time Equivalent (FTE).

Employees Benefits were as follows:

Employee benefits 2021/22	**Permanent Employees**	**Other**	**2021-22 Total**
	£'000	**£'000**	**£'000**
Employee Benefits			
Salaries and wages	**4,551**	**1,234**	**5,785**
Social security costs	**550**	**-**	**550**
Employer Contributions to NHS Pension scheme	**931**	**-**	**931**
Apprenticeship Levy	**13**	**-**	**13**
Termination benefits	**233**	**-**	**233**
Gross employee benefits expenditure	**6,278**	**1,234**	**7,512**

2020-21

Employee benefits 2020/21

	Permanent Employees	Other	Total
	£'000	£'000	£'000
Employee Benefits			
Salaries and wages	**4,730**	**554**	5,284
Social security costs	**523**	**-**	523
Employer Contributions to NHS Pension scheme	**945**	**-**	945
Apprenticeship Levy	**12**	**-**	12
Gross employee benefits expenditure	**6,210**	**554**	**6,764**

Trade Union Official Facility Time

BWCCG does not have any trade union representatives.

Expenditure on Consultancy

Expenditure on consultancy was £332k in 2021/22 (£173k in 2020/21) as per Note 5 to the Annual Accounts.

Off Payroll Engagements

Under Treasury' Public Expenditure Guidance, all public sector organisations are required to disclose information about high paid off payroll engagements. As at 31 March 2022 there were no off payroll engagements for more than £245 per day that lasted longer than six months. There were none for the year ending 31 March 2021.

Exit Packages 2021/22

The CCG had one exit packages during 2021/22 and none during 2020/21. The National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID but paid out this year following a secondment with NHSE. However, as a special severance payment it should have been approved at the time by NHSE and HM Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for BWCCG but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total	
	Number	**£**	**Number**	**£**	**Number**	**£**
£100,001 to £150,000	-	-	1	109,960	1	109,960
£150,001 to £200,000	1	160,000	-	-	1	160,000
Total	**1**	**160,000**	**1**	**109,960**	**2**	**269,960**

	2021-22 Departures where special payments have been made		2020-21 Departures where special payments have been made	
	Number	**£**	Number	£
£25,001 to £50,000	1	36,809	-	-
Total	**1**	**36,809**	**-**	**-**

Analysis of Other Agreed Departures 2021/22

The CCG had one departure made in the year 2021/22 in respect of voluntary redundancy, ill health retirements, mutually agreed resignations, early retirements in the efficiency of the services, payments in lieu of notice, exit payments following employment tribunals or court orders or non-contractual payments requiring HMT approval.

Analysis of Other Agreed Departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	**£**	Number	£
Contractual payments in lieu of notice	1	73,151	-	-
Special Severance Payment *	1	36,809	-	-
Total	**2**	**109,960**	**-**	**-**

In respect of £36,809 special severance payment the National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID but paid out this year following a secondment with NHSE. However, as a special severance payment it should have been approved at the time by NHSE and HM

Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for Berkshire West CCG but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

In 2020/21 there were no departures due to voluntary redundancy the costs of which are reported in note 4.3 to the Accounts

Staff Policies:

BW CCG recognise and value the importance of maintaining positive working relationships with its staff and their representatives. Since December 2020 there has been a single joint management and staff forum for staff engagement and consultation; the BOB CCGs Staff Partnership Forum (BOB SPF).

The CCG has actively and successfully worked in partnership on a number of issues affecting staff with a particular focus on wellbeing and inclusion during a period that has included lockdown due to the COVID-19 pandemic and the setting up of a new Integrated Care Board from 1 July 2022 into which staff will be 'lifted and shifted'.

The BOB SPF has reviewed a number of human resources policies. Work is continuing to align policies with those of Buckinghamshire and Oxfordshire CCGs to support the BOB ICB. Policies are ratified by the CCG's Executive prior to publication.

The BOB SPF is representative of the workforce, and the CCG recognises all of the trade unions outlined in the national NHS Terms and Conditions of Service Handbook who have members employed within the organisation.

The CCG has a Health and Wellbeing Policy and an active, staff led, Health and Wellbeing Group which is responsible for the implementation of this policy. Events are held throughout the year with a large number of staff participating. Events have included quizzes and events aimed to support employee's wellbeing. The Wellbeing Wednesday sessions are available to staff in all three CCGs.

A range of methods have been developed to communicate and encourage meaningful, two-way dialogue with staff including:

- Weekly BOB ICS Accountable Officer Staff Briefings
- CCG and BOB ICS Staff surveys to drive improvement in staff experience
- Staff development / training sessions with opportunities across the BOB ICS

Managers hold regular one-to-one meetings with staff and use the values-based appraisal system ensuring all staff work towards clearly defined personal objectives and standards of behaviour. These are supported with learning, training and development opportunities detailed in individual Personal Development Plans.

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Disability information

BWCCG has developed an integrated approach to delivering workforce equality, so it does not have a separate policy for disabled employees or for any other protected characteristics. Equalities issues are incorporated in policies covering all aspects of the employee lifecycle ranging from recruitment to performance. BWCCG's aim is to provide an environment in which all staff are engaged, supported, and developed throughout their employment and to operate in ways which do not discriminate our potential or current employees by virtue of any of the protected characteristics specified in the Equality Act 2010. BWCCG is also committed to supporting employees to maximise their performance including making any reasonable adjustments that may be required on a case-by-case basis.

BWCCG is committed to implementing the Workforce Race Equality Standards (WRES) and will work with those organisations from it commissions services from and partners to ensure employees from black and ethnic minority backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

The CCGs WRES submission is available on the CCG's website here.

Equality and Diversity:

For information of the Workforce Race Equality Standard and how we give 'due regard' to eliminating discrimination information is also available on www.nhs.uk/mynhs.

Health and Safety:

BWCCG recognises that the maintenance of a safe workplace and safe working environment is critical to our continued success and accordingly, we view our responsibilities for health, safety, and welfare with the upmost importance. However, the past year the majority of staff have been working from home. During this time, considerable effort has gone into supporting staff as they continue to work from home. This included all staff undertaking risk assessments of their 'at home' working environment and purchasing

equipment (for example office chairs and monitor) to accommodate individual staff need.

The CCG's health and safety policy covers matters relating to display screen equipment, fire safety, first aid, manual handling, lone working, new and expectant mothers, and work-related stress. Health and safety training forms part of the suite of statutory and mandatory training which is undertaken by all employees as appropriate for roles and for which the compliance rate for 2021/22 was 100%.

BWCCG proactively promotes the health & Safety of staff in line with its Health & Safety Policy and is supported by a health and Safety designated area within the CCG staff intranet which provides advice and support on matters important to staff, as well as helping staff to stay safe whilst at work.

Staff Wellbeing

The Employee Assistant Programme (EAP) is an employee wellbeing service procured by the CCG for its staff. The service offers support, information, excerpt advice and specialist counselling to help staff prepare for life's predictable milestones and cope with unexpected events. The service also provides guidance to help staff stay healthy and enjoy physical, mental, and emotional wellbeing.

Whistleblowing

Berkshire West CCG has a whistleblowing policy that is communicated to all staff and available on the CCG staff intranet. The CCG's Freedom to Speak Out Guardian is Wendy Bower, Lay Member.

Auditable Elements

Please note that the elements of this remuneration and staff report that have been subject to audit are the tables of salaries and allowances of senior managers and related narrative notes on page 106 and 107, pension benefits of senior managers and related narrative on pages 108 to 109, the fair pay and related narrative notes on page 110 and exit packages and any other agreed departures on page 112.

Dr. James Kent

Accountable Officer

21 June 2022

Parliamentary Accountability and Audit Report

Berkshire West Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report. For 2021/2022 there were no remote contingent liabilities, gifts, fees, or charges. nothing to disclose.

Dr. James Kent

Accountable Officer

21 June 2022

Glossary of Terms

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Board (BOB ICB): will be established as a statutory body from July 2022 and will succeed Sustainability and Transformation Partnerships (STPs). It will be responsible for NHS functions and budgets, and an integrated Care Partnership (ICP), a statutory committee bringing together all systems to produce a health and care strategy. When ICBs are legally established, clinical commissioning groups (CCGs) will be abolished.

Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care (BOB ICS): partnerships that bring together providers and commissions of NHS Services across a geographical area with our local authorities and other local partners to collectively plan health and care services to meet the needs of their population. Supporting delivery of the NHS England's Five Year Forward View to deliver better health, better patient care and improved NHS efficiency

Care Quality Commission: monitors, inspects, and regulates hospitals, care homes, GP surgeries, dental practices, and other care services to make sure they meet fundamental standards of quality and safety

Clinical Chair: medical doctor at the head of Berkshire West Clinical Commissioning Group.

Delayed Transfer of Care (DTOC): occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

Healthwatch: UK consumer watchdog for patients which aims to improve health and social care

Joint Strategic Needs Assessment: provides information about the population and the factors affecting health, wellbeing, and social care needs for the 3 Local Authorities.

Local Authorities: the elected bodies responsible for most strategic local government services in the county.

Local Health Resilience Partnership: a group for local health organisations (including private and voluntary sector where appropriate) which looks at readiness and planning for major health emergencies

Local Medical Committee: a statutory body for local GPs which looks after the interests of family doctors

Locality Plans: intended to build resilient, sustainable primary care for the future based on local need. The plans are intended to support the vision for health services where patients will receive more care closer to home and be supported out of hospital as much as possible.

Medicines Optimisation Team: helps health professionals and patients make the right treatment and medicines choices by promoting cost effective and evidence based clinical practice and effective risk management

National Institute for Clinical Excellence: provides national guidance and advice to improve health and social care. It aims:

- to help medical practitioners deliver the best possible care
- to give people the most effective treatments based on the latest evidence
- to provide value for money
- to reduce inequalities and variation

NHS Long Term Plan: The NHS Long Term Plan, published in January 2019, is a 10-year plan for the NHS to improve the quality of patient care and health outcomes. Its ambitions include measures to prevent 150,000 heart attacks, strokes and dementia cases, and better access to mental health services for adults and children.

Patient Participation Groups (PPG): Patient representatives from a GP practice who advise and inform the practice on what matters most to patients and to help identify solutions to problems as a 'critical friend'

Primary Care: most people's first point of contact with health services, for example, GPs, dentists, pharmacists, or optometrists

Primary Care Networks: Primary care networks bring general practices together to work at scale. This helps to recruit and retain staff; manage financial and estates pressures; provide a wider range of services to patients and to more easily integrate with the wider health and care system.

Referral to Treatment Times: The period of time from referral by a GP or other medical practitioner to hospital for treatment in the NHS

South Central Ambulance NHS Foundation Trust (SCAS): SCAS provides and accident and emergency service to respond to 999 calls; the NHS 11 service for when medical help is needed fast but not a 999 emergency and a non-urgent patient transport service. It covers the counties of Berkshire, Buckinghamshire, Hampshire, and Oxfordshire

Social prescribing: This process enables GPs, nurses, and other primary care professionals to refer people to a range of local, non-clinical services.

Appendix 1: Table of Attendance for Board and Committee Meetings

Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Board (Governing Body)

Key:

Present	**Y**
Apologies/Absent	**A**
N/A	

Berkshire West CCG - Governing Body 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Berkshire West CCG Attendees	**8/4/21**	**11/5/21**	**10/6/21**	**13/7/21**	**August**	**9/9/21**	**12/10/21**	**11/11/21**	**December**	**13/1/22**	**8/2/22**	**10/3/22**
Voting Members												
Dr James Kent	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Dr Abid Irfan	A	Y	A	Y		A	A	A		Y	Y	A
* Wendy Bower	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Geoffrey Braham	Y	Y	Y	Y		Y	Y	Y		Y	Y	Y
Saby Chetcuti	Y	Y	Y	Y		Y	Y	Y		Y	A	A
Rebecca Clegg	Y	Y	Y	A								
Edward Haxton				Y		Y	Y	Y		Y	Y	Y
Dr Debbie Milligan (OBE)	Y	Y	Y	Y		A	Y	A		Y	Y	Y
Dr Kajal Patel	Y	Y	A	A		A	A	A		A	Y	A
Dr Raju Reddy	Y	Y	Y	Y		Y	Y	Y		Y	A	A
Debbie Simmons	Y	Y	Y	A		Y	Y	Y		A	Y	Y
Non-Voting members												
Helen Clark	Y	A	A	A								
Katie Summers	Y	Y	Y	A		A	Y	Y		A	Y	Y
Maureen McCartney	Y	Y	Y	A		Y	Y	Y		A	A	Y
Shairoz Claridge	Y	Y	A	Y		Y	Y	Y		Y	Y	Y
Niki Cartwright	Y	Y	Y	Y		A	Y	Y		Y	A	A

*** : Appointed shared Lay Member across BOB**

Berkshire West CCG – Remuneration Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	02/06/2021	21/09/2021	18/01/2022	09/08/2021	13/08/2021	15/12/2021	16/02/2022	22/03/2022
Geoffrey Braham	Y	A	Y	**Virtual meetings were held on these dates. Attendance was not recorded.**				Y
Wendy Bower	Y	Y	Y					Y
Saby Chetcuti	Y	Y	Y					A
Abid Irfan	Y	A	Y					Y

Berkshire West CCG – Audit Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	28/07/2021	27/10/2021	26/01/2022
Wendy Bower	Y	Y	A
Geoffrey Braham	Y	Y	Y
Saby Chetcuti	Y	Y	Y
Edward Haxton	Y	Y	Y
Noreen Kanyangarara	Y	Y	Y
Rebecca Clegg	Y		

Berkshire West CCG – Finance Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	29/04/2021	01/06/2021	24/06/2021	02/09/2021	07/10/2022	04/11/2021	02/12/2021	03/02/2022	03/03/2022
Geoffrey Braham	Y	Y	Y	A	Y	Y	Y	Y	A
Rebecca Clegg	Y	Y	Y						
Edward Haxton	Y	Y	Y	Y	Y	Y	Y	Y	Y
Abid Irfan	Y	Y	A	A	A	A	y	Y	Y
Raju Reddy	Y	Y	Y	Y	Y	Y	Y	Y	Y

Berkshire West CCG – PBP Quality Committee Meetings 2021/22

Attendees	20/04/2021	15/06/2022	29/09/2022	21/12/2022	29/03/2022
Wendy Bowers Lay Chair BWCCG	Y	Y	Y	Y	Meeting postponed until 12 April 2022
Dr Debbie Milligan GP Lead	A	Y	Y	Y	
Dr Raju Reddy Secondary Care Consultant - BW CCG Gov Body	Y	Y	A	Y	
Debbie Simmons Dir. Nursing (BWCCG)	Y	Y	Y	Y	
Jane Thomson-Smith AD (BWCCG)	Y	Y	Y	Y	
Aamir Khan Quality LD (BWCCG)	A	Y	Y	Y	
Helen Ward AD Quality (OCCG)	A	A	A	A	
Eamonn Sullivan Chief Nursing Off. (RBFT)	Y	A	Y	A	
Jane Chandler (RBFT Chief Nurse)	A	Y	Y	A	
Sarah Wise (PC BWCCE)	A	Y	Y	A	
Simon Brown Med Dir. (SCAS)	Y	A	A	A	
Debbie Fulton (BHFT)	Y	A	Y	Y	
Helen Duignan (NHSE)	Y	Y	Y	Y	
John Black Med Dir. (SCAS)	Y	Y	y	Y	
Ann Crawford - Spire (Independent)	A	Y	A	A	
Jo Greengrass Quality Lead E Berks CCG	A	A	A	A	
PH Representative (RBC)	A	A	A	A	
Acquella Sushma PH (W. Berks LA)	A	Y	A	A	
Wokingham LA Attendee	Y	A	A	A	

Berkshire West CCG – Primary Care Commissioning Committee 2021/22 (meetings held in common with Oxfordshire and Buckinghamshire CCGs)

Attendees	13/07/2021	16/09/2021	16/12/2021	17/03/2022
Dr James Kent	A	A	Meeting cancelled	A
Saby Chetcuti	Y	Y		
Dr Abid Irfan	Y	A		Y
Debbie Simmons	Y	Y		Y
Dr Kajal Patel	Y	A		A
Wendy Bower				Y
Sanjay Desai	Y	A		Y
Graham Bridgman	A	A		A
Dr Jim Kennedy	Y	A		A
Stuart Ireland	Y	Y		Y

Berkshire West CCG - Clinical Commissioning Committee (CCC) Meetings 2021/22

Attendees	26/01/2021	23/02/2021	23/03/2021	27/04/2021	25/05/2021	22/06/2021	27/07/2021	24/08/2021	28/09/2021
Dr Abid Irfan	Y	A	Y	Y	Y	A	A	No Meeting	No further Mtgs as Exec. Comm.in Common est.
Niki Cartwright	Y	Y	Y	A	Y	Y	Y		
Shairoz Claridge	Y	Y	Y	Y	Y	Y	Y		
Helen Clark	Y	Y	Y	Y	Y	Y	A		
Rebecca Clegg	Y	Y	Y	Y	Y	Y	Y		
Dr Kajal Patel	Y	Y	Y	Y	Y	Y	Y		
Maureen McCartney	Y	Y	Y	Y	Y	Y	Y		
Dr Debbie Milligan	Y	Y	Y	A	Y	Y	A		
Dr Raju Reddy	Y	Y	Y	Y	Y	Y	Y		
Debbie Simmons	Y	Y	Y	A	Y	Y	A		
Katie Summers	Y	Y	Y	Y	Y	Y	Y		
Jane Thomson-Smith							Y		

FINANCIAL ACCOUNTS

FOR THE PERIOD ENDED 31 MARCH 2022

NHS BERKSHIRE WEST CLINICAL COMMISSIONING GROUP

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INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF BERKSHIRE WEST CLINICAL COMMISSIONING GROUP

Opinion

We have audited the financial statements of Berkshire West CCG ("the CCG") for the year ended 31 March 2022 which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 19, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the 2021/22 HM Treasury's Financial Reporting Manual (the 2021/22 FReM) as contained in the Department of Health and Social Care Group Accounting Manual 2021/22 and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to the National Health Service in England).

In our opinion the financial statements:

- give a true and fair view of the financial position of Berkshire West CCG as at 31 March 2022 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021 to 2022; and
- have been properly prepared in accordance with the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard and the Comptroller and Auditor General's AGN01 and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Transition to an Integrated Care Board

We draw attention to Note18 - Events After the Reporting Period, which describes the Clinical Commissioning Group's transition into the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board from the 1 July 2022. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's, or the successor body's, ability to continue as a going concern for a period from when the financial statements are authorised for issue to 30 June 2023, being 12 months beyond the date of authorisation of the financial statements.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report. However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the CCG's ability to continue as a going concern.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in this report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on the Remuneration and Staff Report

In our opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2021/22.

Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the governance statement does not comply with the guidance issued in the Department of Health and Social Care Group Accounting Manual 2021/22; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we make a written recommendation to the CCG under section 24 and schedule 7 of the Local Audit and Accountability Act 2014 (as amended); or
- we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

In respect of the following, we have matters to report by exception, on 21 June 2022, we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 (as amended) in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Exception reports

Severance payment

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State without delay if we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 21 June 2022 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Responsibilities of the Accountable Officer

As explained more fully in the Statement of Accountable Officer's Responsibilities in respect of the Accounts, set out on page 72, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accountable Officer either intends to cease operations, or has no realistic alternative but to do so.

As explained in the Annual Governance Statement the Accountable Officer is responsible for the arrangements to secure economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibility for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect irregularities, including fraud. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below. However, the primary responsibility for the prevention and detection of fraud rests with both those charged with governance of the entity and management.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant are the Health and Social Care Act 2012 and other legislation governing NHS CCGs, as well as relevant employment laws of the United Kingdom. In addition, the CCG has to comply with laws and regulations in the areas of anti-bribery and corruption and data protection.

- We understood how Berkshire West CCG is complying with those frameworks by understanding the incentive, opportunities and motives for non-compliance, including inquiring of management, the head of internal audit and those charged with governance and obtaining and reviewing documentation relating to the procedures in place to identify, evaluate and comply with laws and regulations, and whether they are aware of instances of non-compliance. In relation to the matter referred to the Secretary of State under Section 30 in relation to the severance payment, we considered this in relation to non-compliance of laws and regulations, in particular Managing Public Money and we determined that the non-compliance was factual and no further procedures were required. Berkshire West CCG has robust policies and procedures to mitigate potential for override of controls. The oversight of those charged with governance and culture of honesty and ethical behaviour means there is a strong emphasis placed on fraud prevention, which may reduce opportunities for fraud to take place.

- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur by planning and executing a journal testing strategy, testing the appropriateness of relevant entries and adjustments. We have considered whether judgements made are indicative of potential bias and considered whether the CCG is engaging in any transactions outside the usual course of business. In response to the risk of fraud in revenue and expenditure recognition for year-end accruals, we reviewed and tested revenue and expenditure accounting policies, year-end accruals, and expenditure cut-off at the period end date. We specifically focused on key aspects of unrecorded liabilities to provide assurance that the year-end accounts were free from material misstatement; we performed substantive procedures on Department of Health agreement of balances data and investigated significant differences outside of DH tolerances.

- Based on this understanding we designed our audit procedures to identify noncompliance with such laws and regulations. Our procedures involved enquiry of management and those charged with governance, reading and reviewing relevant meeting minutes of those charged with governance and the Governing Body and understanding the internal controls in place to mitigate risks related to fraud and non-compliance with laws and regulations.

- We addressed our fraud risk related to management override through implementation of a journal entry testing strategy, assessing accounting estimates for evidence of management bias and evaluating the business rationale for significant unusual transactions.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at https://www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice 2020, having regard to the guidance on the specified reporting criteria issued by the Comptroller and Auditor General in December 2021 as to whether the CCG had proper arrangements for financial sustainability, governance and improving economy, efficiency and effectiveness. The Comptroller and Auditor General determined these criteria as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2022.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the CCG had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 (as amended) to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Section 21(5)(b) of the Local Audit and Accountability Act 2014 (as amended) requires that our report must not contain our opinion if we are satisfied that proper arrangements are in place.

We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Report on Other Legal and Regulatory Requirements

Regularity opinion

We are responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014 (as amended) (the "Code of Audit Practice").

We are required to obtain evidence sufficient to give an opinion on whether in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. with the exception of one non-contractual special payment made in year.

Special Payment

We have a duty under the Local Audit and Accountability Act 2014 to refer the matter to the Secretary of State without delay if we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

On 21 June 2022 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to a severance payment of £36,807, which we have reason to believe exceeded the CCG's statutory powers.

Certificate

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have issued our Auditor's Annual Report for the year ended 31 March 2022. We have completed our work on the value for money arrangements and will report the outcome of our work in our commentary on those arrangements within the Auditor's Annual Report.

Until we have completed these procedures, we are unable to certify that we have completed the audit of the accounts in accordance with the requirements of the Local Audit and Accountability Act 2014 (as amended) and the Code of Audit Practice issued by the National Audit Office.

Use of our report

This report is made solely to the members of the Governing Body of Berkshire West CCG in accordance with Part 5 of the Local Audit and Accountability Act 2014 (as amended) and for no other purpose. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the members as a body, for our audit work, for this report, or for the opinions we have formed.

Maria Grindley (Key Audit Partner)
Ernst & Young LLP (Local Auditor)
Reading
22 June 2022

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	2	(2,301)	(3,453)
Total operating income		**(2,301)**	**(3,453)**
Staff costs	4	7,512	6,764
Purchase of goods and services	5	876,054	762,018
Depreciation and impairment charges	5	15	35
Provision expense	5	885	1,429
Other Operating Expenditure	5	2,822	3,256
Total operating expenditure		**887,288**	**773,502**
Net Operating Expenditure		**884,987**	**770,049**
Comprehensive Expenditure for the year		**884,987**	**770,049**

The CCG achieved a cumulative surplus of £585k (2020/21: £480k) against revenue resource allocation (RRL) of £885,572k (2020/21: £770,662k). The CCG achieved in year surplus of £105k (2020/21: £133k).

The CCG achieved an in year surplus of £105k (2020/21 in year surplus of £133k).

The notes on pages 138 to 155 form part of these accounts

Statement of Financial Position as at 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Non-current assets:			
Property, plant and equipment	8	51	21
Total non-current assets		51	21
Current assets:			
Inventories	9	-	2,459
Trade and other receivables	10	2,438	5,000
Cash and cash equivalents	11	63	183
Total current assets		**2,501**	7,642
Total assets		**2,552**	7,663
Current liabilities			
Trade and other payables	12	(52,633)	(48,008)
Provisions	13	(1,682)	(2,211)
Total current liabilities		**(54,315)**	(50,219)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(51,763)**	(42,556)
Non-current liabilities			
Provisions	13	(1,500)	(294)
Total non-current liabilities		**(1,500)**	(294)
Assets less Liabilities		**(53,263)**	(42,850)
Financed by Taxpayers' Equity			
General fund		(53,263)	(42,850)
Total taxpayers' equity:		**(53,263)**	(42,850)

The notes on pages 138 to 155 form part of this statement

The financial statements on pages 136 to 137 were approved by the Audit Committee on behalf of the Governing Body on 15 June 2022 and signed on its behalf by:

Dr James Kent
Chief Accountable Officer

Edward Haxton
Chief Finance Officer

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

	2021-22 General fund £'000	2020-21 General fund £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April 2021	(42,850)	(33,258)
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(42,850)**	**(33,258)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22		
Net operating expenditure for the financial year	(884,987)	(770,049)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(884,987)**	**(770,049)**
Net funding	874,574	760,457
Balance at 31 March 2022	**(53,263)**	**(42,850)**

The notes on pages 138 to 155 form part of this statement

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(884,987)	(770,049)
Depreciation and amortisation	5	15	35
Decrease/(increased) in inventories	9	2,459	412
Decrease/(increased) in trade & other receivables	10	2,562	27
Increase/(decrease) in trade & other payables	12	4,580	7,894
Provisions utilised	13	(208)	(39)
Increase/(decrease) in provisions	13	885	1,429
Net Cash Inflow (Outflow) from Operating Activities		**(874,694)**	(760,291)
Net Cash Inflow (Outflow) before Financing		**(874,694)**	(760,291)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		874,574	760,457
Net Cash Inflow (Outflow) from Financing Activities		**874,574**	760,457
Net Increase (Decrease) in Cash & Cash Equivalents	11	**(120)**	166
Cash & Cash Equivalents at the Beginning of the Financial Year		**183**	17
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**63**	183

The notes on pages 138 to 155 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of Clinical Commissioning Groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Clinical Commissioning Groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Clinical Commissioning Group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Clinical Commissioning Group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the 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.

As set out in Note 20 – Events after the Reporting Period, on 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, Clinical Commissioning Groups will be abolished and the functions, assets and liabilities of Berkshire West CCG will transfer to Buckinghamshire Oxfordshire Berkshire West Integrated Care Board from the 1 July 2022.

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. It remains the case that the Government has issued a mandate to NHS England and NHS Improvement for the continued provision of services in England in 2022/23 and CCG published allocations can be found on the NHS England website for 2022/23 and 2023/24. The commissioning of health services (continuation of service) will continue after 1 July 2022 but will be through the Buckinghamshire Oxfordshire Berkshire West Integrated Care Board, rather than Berkshire West CCG.

Mergers or a change to the NHS Structure, such as the transfer of CCG functions to the ICB, is not considered to impact on going concern. Our considerations cover the period through to 30 June 2023, being 12 months beyond the date of authorisation of these financial statements. Taking into account the information summarised above, the Governing Body have a reasonable expectation that the CCG (and the successor commissioning organisation) will have adequate resources to continue in operational existence for the foreseeable future.

1.2 Accounting Convention

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

1.3 Pooled Budgets

The Clinical Commissioning Group has entered into a number pooled budget arrangements with Local Authorities including Wokingham Borough Council, Reading Borough Council and West Berkshire Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Community Equipment Stores, the Better Care Fund and the Hospital Discharge Programme (scheme 1 and 2) and note 15 to the accounts provides details of the income and expenditure.

The Community Equipment pool is hosted by West Berkshire Council. The Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.4 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

• As per paragraph 121 of the Standard the Clinical Commissioning Group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The Clinical Commissioning Group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Clinical Commissioning Group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles. Significant terms include paying all NHS and non-NHS trade payables within 30 calendar days of receipt of goods or a valid invoice unless other payment terms have been agreed.

The value of the benefit received when the Clinical Commissioning Group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

Notes to the financial statements

1.5 **Employee Benefits**

1.5.1 **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.

1.5.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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

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

1.6 **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.

1.7 **Property, Plant & Equipment**

1.7.1 **Recognition**

Property, plant and equipment is capitalised if:

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

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

1.7.2 **Measurement**

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

1.7.3 **Depreciation, Amortisation & Impairments**

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

At each reporting period end, the Clinical Commissioning Group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.8 **Leases**

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.8.1 **The Clinical Commissioning Group as Lessee**

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Clinical Commissioning Group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.
Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.9 **Inventories**

Inventories are valued at the lower of cost and net realisable value, using the *first-in first-out* cost formula.

Given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22. This would enable NHS Berkshire West CCG's accounting policy reference to the Community Equipment budget to be in line with that of NHS Buckinghamshire CCG and NHS Oxfordshire CCG.

1.10 **Cash & Cash Equivalents**

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

1.11 **Provisions**

Provisions are recognised when the Clinical Commissioning Group has a present legal or constructive obligation as a result of a past event, it is probable that the Clinical Commissioning Group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.47% (2020-21: -0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.70% (2020-21: 0.18%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 0.95% (2020-21 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 0.66% (2020-21: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the Clinical Commissioning Group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.12 **Clinical Negligence Costs**

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

1.13 **Financial Assets**

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

Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.14 **Financial Liabilities**

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

1.15 **Value Added Tax**

Most of the activities of the Clinical Commissioning Group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.16 **Foreign Currencies**

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

1.17 **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Clinical Commissioning Group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 **Critical accounting judgements and key sources of estimation uncertainty**

In the application of the Clinical Commissioning Group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.18.1 **Critical accounting judgements in applying accounting policies**

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

1.18.2 **Sources of estimation uncertainty**

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

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the Clinical Commissioning Group has made an accrual based upon known commitments, contractual arrangements that are in place and legal obligations.

Prescribing liabilities

NHS England actions monthly cash charges to the Clinical Commissioning Group for prescribing contracts. These are issued approximately 8 weeks in arrears. The Clinical Commissioning Group uses information provided by the NHS Business Authority as part of the estimate for full year expenditure.

Continuing Care Provisions

NHS Continuing Health Care (CHC) provision at 31st March 2022 relates to amounts set aside for adult CHC clients awaiting their first assessment at 31 March 2022, Children's Continuing Care clients awaiting their first assessment at 31 March 2022, PUPoC claims (Previously Unassessed Periods of Care) awaiting assessment at 31 March 2022 and amounts set aside to cover outstanding CHC appeals, Local Authority disputes and CCG Responsible Commissioner disputes.

The total cost of all adult CHC clients awaiting their first assessment has been calculated using the average local current nursing home and homecare package weekly costs for NHS CHC Adult Fully Funded clients multiplied by the number of days on the waiting list since the date of application (less 28 days) until 31st March 2022. Provision has been made at 24.5% of the total as per the average approval rate over the last two complete financial years for first-time applications for CHC funding.

The total cost of all Children's Continuing Care clients awaiting their first assessment has been calculated using the average local current placement and homecare package weekly costs for Children's Continuing Care clients multiplied by the number of days on the waiting list since the date of application until 31st March 2022. Provision has been made at 24.5% of the total as per the average approval rate over the last two complete financial years for first-time applications for CHC funding.

The PUPoC claims (Previously Unassessed Periods of Care) provision has been calculated on an individual basis for each client. The provision is based on the time period from the start-date of the claim up to 31st March 2022 (or RIP date) and either the actual weekly cost where known or the current average local nursing home and homecare package weekly costs. Provision has been made at 67% of the total as per the average approval rate over the last two financial years for PUPoC claims.

The CHC appeals, Local Authority disputes and CCG Responsible Commissioner disputes provision has been calculated on an individual basis for each client. The provision is based on the time period from the start-date of the claim up to 31st March 2022 (or RIP date) and either the actual weekly cost where known or the current average local nursing home and homecare package weekly costs. Provision for the CHC appeals and local authority disputes has been made at 14.51% of the total as per the average approval rate over the last four years (a longer time-period has been used due to the variation in the number of cases assessed per annum during the pandemic). The CCG Responsible Commissioner dispute provision has been estimated at a 50% risk-rating.

1.19 **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 2021-22. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

● IFRS 16 Leases – IFRS 16 Leases has been deferred until 1 April 2022, but CCGs will still need to provide adequate disclosure on the impact of the new standard. HM Treasury have issued application guidance which will assist entities in assessing the impact and this can be found at IFRS_16_Application_Guidance_December_2020.pdf (publishing.service.gov.uk).

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Clinical Commissioning Group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Clinical Commissioning Group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Clinical Commissioning Group's incremental borrowing rate. The Clinical Commissioning Group's incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Clinical Commissioning Group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

The Clinical Commissioning Group has an administrative property which falls under IFRS16 and have evaluated its existing leases which have resulted in no significant impact to the financial statements.

● IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

2. Other Operating Revenue

	Admin	Programme	2021-22 Total	2020-21 Total
	£'000	£'000	£'000	£'000
Income from sale of goods and services (contracts)				
Education, training and research	-	-	**-**	88
Non-patient care services to other bodies	-	141	**141**	221
Other Contract income	68	2,092	**2,160**	3,144
Total Income from sale of goods and services	**68**	**2,233**	**2,301**	**3,453**
Total Operating Income	**68**	**2,233**	**2,301**	**3,453**

Admin other operating income is income received that is not directly attributable to the provision of healthcare or healthcare services.

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

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

	2021-22 Education, training and research £'000	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000
Source of Revenue			
NHS	-	-	-
Non NHS	-	141	2,160
Total	**-**	**141**	**2,160**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue			
Point in time	-	141	2,160
Total	**-**	**141**	**2,160**

	2020-21 Education, training and research £'000	2020-21 Non-patient care services to other bodies £'000	2020-21 Other Contract income £'000
Source of Revenue			
NHS	88	74	1,609
Non NHS	-	147	1,535
Total	**88**	**221**	**3,144**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue			
Point in time	88	221	3,144
Total	**88**	**221**	**3,144**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2021-22 Total £'000
Employee Benefits			
Salaries and wages	**4,551**	**1,234**	**5,785**
Social security costs	**550**	**-**	**550**
Employer Contributions to NHS Pension scheme	**931**	**-**	**931**
Apprenticeship Levy	**13**	**-**	**13**
Termination benefits	**233**	**-**	**233**
Gross employee benefits expenditure	**6,278**	**1,234**	**7,512**

4.1.1 Employee benefits

	Permanent Employees £'000	Other £'000	2020-21 Total £'000
Employee Benefits			
Salaries and wages	**4,730**	**554**	5,284
Social security costs	**523**	**-**	523
Employer Contributions to NHS Pension scheme	**945**	**-**	945
Apprenticeship Levy	**12**	**-**	12
Gross employee benefits expenditure	**6,210**	**554**	**6,764**

4. Employee benefits and staff numbers continued

4.2 Average number of people employed

	2021-22			2020-21		
	Permanent Employees Number	Other Number	Total Number	Permanent Employees Number	Other Number	Total Number
Total	**96.14**	**16.88**	**113.02**	**98**	**6**	**104**

4.3 Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total	
	Number	£	Number	£	Number	£
£100,001 to £150,000	-	-	1	109,960	1	109,960
£150,001 to £200,000	1	160,000	-	-	1	160,000
Total	**1**	**160,000**	**1**	**109,960**	**2**	**269,960**

	2021-22 Departures where special payments have been made		2020-21 Departures where special payments have been made	
	Number	£	Number	£
£25,001 to £50,000	1	36,809	-	-
Total	**1**	**36,809**	**-**	**-**

Analysis of Other Agreed Departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	1	73,151	-	-
Special Severance Payment	1	36,809	-	-
Total	**2**	**109,960**	**-**	**-**

Exit package costs of £269,960 were paid in year, of which £36,809 were non contractual. The non-contractual payment was approved and authorised by NHSE regional office after consideration of the circumstances.

The CCG had no agreed exit packages in 2020-21

4.4 Pension costs

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

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating expenses

	2021-22 Total £'000	Admin £'000	Programme £'000	2020-21 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members	**7,512**	**5,035**	**2,477**	**6,764**

	2021-22 Total £'000	Admin £'000	Programme £'000	2020-21 Total £'000
Purchase of goods and services				
Services from other CCGs and NHS England	4,463	2,673	1,790	5,050
Services from foundation trusts	600,098	-	600,098	506,917
Services from other NHS trusts	729	-	729	995
Services from Other WGA bodies	-	-	-	2
Purchase of healthcare from non-NHS bodies	101,158	-	101,158	92,723
Purchase of social care	4,328	-	4,328	1,539
Prescribing costs	69,311	-	69,311	69,432
GPMS/APMS and PCTMS	83,963	-	83,963	77,530
Supplies and services – clinical	97	-	97	94
Supplies and services – general	2,377	887	1,490	686
Consultancy services	332	3	329	173
Establishment	4,540	72	4,468	3,311
Transport	1	-	1	1
Premises	3,376	674	2,702	1,902
Audit fees	106	106	-	109
Other non statutory audit expenditure				
· Internal audit services	59	59	-	65
· Other services	18	18	-	29
Other professional fees	693	279	414	935
Legal fees	357	2	355	91
Education, training and conferences	48	17	31	434
Total Purchase of goods and services	**876,054**	**4,790**	**871,264**	**762,018**
Depreciation and impairment charges				
Depreciation	15	-	15	35
Total Depreciation and impairment charges	**15**	**-**	**15**	**35**
Provision expense				
Provisions	885	(291)	1,176	1,429
Total Provision expense	**885**	**(291)**	**1,176**	**1,429**
Other Operating Expenditure				
Chair and Non Executive Members	325	325	-	332
Inventories consumed	2,459	-	2,459	2,871
Other expenditure	38	38	-	53
Total Other Operating Expenditure	**2,822**	**363**	**2,459**	**3,256**
Total Other Costs	**879,776**	**4,862**	**874,914**	**766,738**
Total operating expenditure	**887,288**	**9,897**	**877,391**	**773,502**

*Inventories Consumed - relates to in year write off of £2,459k (2020/21: £2,871k) community equipment and note 9 Inventories, provides further details of this write off.

The CCG has a contract for the supply of external audit services with Ernst and Young LLP (the Supplier), which covers the period 1 April 2017 to 31 March 2022. The CCG also has arrangements in place with Ernst and Young LLP for the continued supply of external audit services beyond 31 March 2022 until the functions of the CCG transfer to the Integrated Care Board in July 2022. The contract includes limitation of liability of £2m in respect of the following:
- The work undertaken by the Supplier is for the sole use of Berkshire West CCG
- If the Supplier becomes liable to the CCG or any other customer to which services are provided, for loss or damage to which other persons have contributed, liability shall be several and not joint with others and shall be limited to its fair share of that total loss or damage based on its contribution to the loss or damage relative to the others' contributions.
- The CCG shall make any claim or bring any proceedings only against the Supplier.

6. Better Payment Practice Code

Measure of compliance	2021-22 Number	2021-22 £'000	2020-21 Number	2020-21 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	15,273	163,987	16,509	95,253
Total Non-NHS Trade Invoices paid within target	14,706	161,866	16,073	94,216
Percentage of Non-NHS Trade invoices paid within target	**96.3%**	**98.7%**	**97.4%**	**98.9%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	356	18,619	1,173	16,681
Total NHS Trade Invoices Paid within target	330	17,749	1,144	16,387
Percentage of NHS Trade Invoices paid within target	**92.7%**	**95.3%**	**97.5%**	**98.2%**

Reduction in NHS Payables is due to NHS Providers being paid on block which requires a different payment method.

7. Operating Leases

7.1 As lessee

Payments recognised as an Expense	Buildings £'000	Other £'000	2021-22 Total £'000
Payments recognised as an expense			
Minimum lease payments	675	1	**676**

Payments recognised as an expense	Buildings £'000	Other £'000	2020-21 Total £'000
Minimum lease payments	541	1	**542**

Whilst our arrangements with NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for the arrangements only. The amounts included are the CCG charges made by NHS Property services for administrative property, void space in clinical estate and any historic subsidisation of provider organisation occupancy of NHSPS owned clinical estate.

8. Property, plant and equipment

2021-22	Information technology £'000
Cost or valuation at 01 April 2021	127
Additions purchased	45
Cost/Valuation at 31 March 2022	**172**
Depreciation 01 April 2021	106
Charged during the year	15
Depreciation at 31 March 2022	**121**
Net Book Value at 31 March 2022	**51**
Purchased	51
Total at 31 March 2022	**51**
Asset financing:	
Owned	51
Total at 31 March 2022	**51**

2020-21	Information technology £'000
Cost or valuation at 01 April 2020	1,330
Disposals other than by sale	(1,203)
Cost/Valuation at 31 March 2021	**127**
Depreciation 01 April 2020	1,274
Disposals other than by sale	(1,203)
Charged during the year	35
Depreciation at 31 March 2021	**106**
Net Book Value at 31 March 2021	**21**
Purchased	21
Total at 31 March 2021	**21**
Asset financing:	
Owned	21
Total at 31 March 2021	**21**

8.1 Economic lives

Balance at 01 April 2021

	Minimum Life (years)	Maximum Life (years)
Information technology	2	3

9. Inventories

Loan Equipment-(Community Equipment)	2021-22 £'000		2020-21 £'000
Balance at 01 April 2021	2,459	**Balance at 01 April 2020**	2,871
Additions	-	Additions	2,459
Inventories recognised as an expense in the period	(2,459)	Inventories recognised as an expense in the period	(2,871)
Balance at 31 March 2022	**-**	**Balance at 31 March 2021**	**2,459**

The CCG has signed a Section 75 Pooled Budget agreement with West Berkshire Council re the provision of community equipment (home loans). West Berkshire Council holds and manages the contract with the provider, NRS Ltd, and is the lead member of the consortium, which consists of two Berkshire CCGs, six Berkshire Local Authorities and the Royal Berkshire Fire and Rescue Service.

Three categories of high-cost equipment exclusively prescribed by health professionals have been treated as inventory stock: Bedroom, Tissue Viability and Specials (i.e. bespoke and off-contract) Bedroom equipment.

Given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22. This would enable NHS Berkshire West CCG's accounting policy re the Community Equipment budget to be in line with that of NHS Buckinghamshire CCG and NHS Oxfordshire CCG.

Total value of Equipment in the Community

	31/03/2021 £'000	Movement £'000	31/03/2022 £'000
Bedroom	594	(594)	-
Tissue Viability	1,269	(1,269)	-
Specials (Bedroom)	596	(596)	-
	2,459	**(2,459)**	**-**

Inventories recognised as an expense in the period

The CCG's previous accounting policy was to write off community equipment inventory that had been in the community for more than 3 years. However, given the impending merger of NHS Berkshire West CCG into the BOB ICS it was agreed that the value of the inventory stock £2,459k should be written off in full at the end of 2021/22 (2020/21 value £2,871k) as indicated on note 5 inventories consumed.

10. Trade and other receivables

10.1 Trade and other receivables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS receivables: Revenue	896	2,548
NHS prepayments	699	699
NHS accrued income	-	21
NHS Non Contract trade receivable (i.e pass through funding)	105	249
Non-NHS and Other WGA receivables: Revenue	653	627
Non-NHS and Other WGA prepayments	39	825
Expected credit loss allowance-receivables	(2)	(2)
VAT	48	33
Total Trade & other receivables	**2,438**	**5,000**
Total current and non current	**2,438**	**5,000**

10.2 Receivables past their due date but not impaired

	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	618	2	283	-
By three to six months	96	-	-	-
By more than six months	7	-	-	-
Total	**721**	**2**	**283**	**-**

10.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies £'000
Balance at 01 April 2021	(2)
Total	**(2)**

11. Cash and cash equivalents

	2021-22 £'000	2020-21 £'000
Balance at 01 April 2021	183	17
Net change in year	(120)	166
Balance at 31 March 2022	**63**	**183**
Made up of:		
Cash with the Government Banking Service	63	183
Cash and cash equivalents as in statement of financial position	**63**	**183**
Balance at 31 March 2022	**63**	**183**

12. Trade and other payables

	Current 2021-22 £'000	Current 2020-21 £'000
NHS payables: Revenue	808	948
NHS accruals	3,065	329
Non-NHS and Other WGA payables: Revenue	7,982	4,012
Non-NHS and Other WGA payables: Capital	45	-
Non-NHS and Other WGA accruals	18,284	24,085
Social security costs	84	86
Tax	72	71
Other payables and accruals	22,293	18,477
Total Trade & Other Payables	**52,633**	**48,008**

Other payables include £726K outstanding pension contributions at 31 March 2022

13. Provisions

	Current 2021-22 £'000	Non-current 2021-22 £'000	Current 2020-21 £'000	Non-current 2020-21 £'000
Restructuring	-	-	291	-
Continuing care	1,682	1,500	1,920	294
Total	**1,682**	**1,500**	**2,211**	**294**
Total current and non-current	**3,182**		**2,505**	

	Restructuring £'000	Continuing Care £'000	Total £'000
Balance at 01 April 2021	**291**	**2,214**	**2,505**
Arising during the year	-	3,016	**3,016**
Utilised during the year	-	(208)	**(208)**
Reversed unused	(291)	(1,840)	**(2,131)**
Balance at 31 March 2022	**-**	**3,182**	**3,182**
Expected timing of cash flows:			
Within one year	-	1,682	**1,682**
Between one and five years	-	1,500	**1,500**
Balance at 31 March 2022	**-**	**3,182**	**3,182**

NHS Continuing Health Care (CHC) provision totalling £3,182k (2020/21: £2,214k) at 31 March 2022 relates to amounts set aside for the following items:

	2021-22 £'000	2020-21 £'000
Clients waiting over 28 days to be assessed for the first time for NHS Continuing Healthcare Funding	59	115
Children's Waiting List (new provision)	91	30
PUPoC's Claims arising 2013/14 onwards	412	309
CCG Appeals, Local Authority Disputes and CCG Responsible Commissioner Disputes	2,620	1,760
	3,182	**2,214**

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the Clinical Commissioning Group (PUPoC claims). However, the legal liability and the responsibility for processing and assessing the claims remains with the CCG. All of the remaining PCT Legacy PUPoC claims have now been assessed as eligible or not eligible and no claims remain outstanding at 31 March 2022. The total value of provisions and accruals accounted for by NHS England on behalf of this CCG at 31 March 2022 therefore stands at nil (2020/21: £138k).

£Nil is included in the provisions of the NHS Resolution as at 31March 2022 in respect of clinical negligence liabilities of the Clinical Commissioning Group (£Nil 2020/21).

14. Financial instruments

14.1 Financial risk management

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

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

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

14.1.1 Currency risk

The NHS Clinical Commissioning Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS Clinical Commissioning Group has no overseas operations. The NHS Clinical Commissioning Group and therefore has low exposure to currency rate fluctuations.

14.1.2 Interest rate risk

The Clinical Commissioning Group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Clinical Commissioning Group therefore has low exposure to interest rate fluctuations.

14.1.3 Credit risk

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

14.1.4 Liquidity risk

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

14.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14.2 Financial assets

	Financial Assets measured at amortised cost	
	2021-22	2020-21
	£'000	£'000
Trade and other receivables with NHSE bodies	514	2,467
Trade and other receivables with other DHSC group bodies	938	837
Trade and other receivables with external bodies	203	141
Cash and cash equivalents	63	183
Total at 31 March 2022	**1,718**	**3,628**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost	
	2021-22	2020-21
	£'000	£'000
Trade and other payables with NHSE bodies	739	739
Trade and other payables with other DHSC group bodies	4,698	10,183
Trade and other payables with external bodies	47,040	36,930
Total at 31 March 2022	**52,477**	**47,852**

15. Interests in joint operations

			Amounts recognised in CCG books ONLY		Amounts recognised in CCG books ONLY	
			2021-22		2020-21	
Name of arrangement	Parties to the arrangement	Description of principal activities	Income	Expenditure	Income	Expenditure
			£'000	£'000	£'000	£'000
Community Equipment Stores	Pooled Budget with West Berkshire Council (consortium lead), Reading Borough Council, Wokingham Borough Council, Bracknell Forest Borough Council, Slough Borough Council, Royal Borough of Windsor and Maidenhead, NHS Frimley CCG (formerly NHS East Berkshire CCG), Royal Berkshire Fire and Rescue Service and Berkshire West CCG.	West Berkshire Council acts as the consortium lead hosting the contract with NRS Healthcare Ltd to provide community equipment (also known as home loans) for Berkshire residents and patients. The equipment items are prescribed by social services, health and fire professionals from the partner organisations. The provision of this community equipment is intended to facilitate timely discharges of patients from hospital to home, prevent unnecessary hospital admissions, and promote health and independence in enabling people to continue living safely in their own homes.	4,328	4,328	3,998	3,998
Better Care Fund	Pooled Budget with Wokingham Borough Council and Berkshire West CCG	Short term integrated health and social care, Step up beds at Wokingham Hospital, Community health and social care, Preventative services and Protection of adult social care	5,295	5,295	4,603	4,603
Better Care Fund	Pooled Budget with Berkshire West CCG and Wokingham Borough Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	3,862	3,862	4,108	4,048
Better Care Fund	Pooled Budget with West Berkshire Council and Berkshire West CCG	Step down beds in West Berkshire Care Home, adult social care, 7 day week service, protecting social care services and delayed transfer of care projects	6,139	6,139	5,811	5,811
Better Care Fund	Pooled Budget with Berkshire West CCG & West Berkshire Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	4,421	4,421	4,233	4,164
Better Care Fund	Pooled Budget with Reading Borough Council and Berkshire West CCG	Protection of social care, time to decide beds, Care Act costs, carers funding and delayed transfer of care projects	6,198	6,198	5,432	5,432
Better Care Fund	Pooled Budget with Berkshire West CCG & Reading Borough Council	Reablement, Out of hospital services include speech & language therapy, care homes in reach, community geriatrician, intermediate care and health hub, connected care and street triage	4,953	4,953	5,174	5,101
Hospital Discharge Programme (Schemes 1 and 2)	Pooled Budget with West Berkshire Council, Reading Borough Council and Wokingham Borough Council	The Hospital Discharge Programme (HDP) Schemes 3 and 4 total expenditure of £7,771k covers the costs of care for all patients who were discharged from NHS hospitals during 2021/22. Costs of care such as nursing and residential home beds, homecare packages, equipment costs etc for the discharged patients were met directly by the local authorities via a Pooled Budget under Section 35 who were in turn refunded by the CCG from COVID-19 funding. In 2021/22 the period of HDP funding was time-limited to six weeks for all those patients discharged between 1st April 2021 and 30th June 2021; and to a maximum of four weeks for all those patients discharged between 1st July 2021 and 31st March 2022. HDP funding ceases after 31st March 2022. Scheme 3 HDP expenditure £4,060k relates to the costs of those patients discharged in the first half of the financial year 2021/22. Scheme 4 HDP expenditure £3,711k relates to those patients discharged in the second half of 2021/22 and was further restricted to new and/or additional costs over and above existing packages of care. The Hospital Discharge Programme expenditure in 2020/21 was higher than in 2021/22 because in the preceding financial year the costs of care for all patients who were discharged from NHS hospitals between 19th March and 31st August 2020 were met in full for the first five months of the financial year (Scheme 1). Due to the COVID-19 pandemic all CCG assessments for Continuing Healthcare and Local Authority financial assessments were paused as per guidance from NHS England. The assessment process of these discharged patients re-commenced on 1st September 2020 and Scheme 1 funding totalling £11,840k continued until the patient had been assessed by either the CCG or the local authority. The Hospital Discharge Programme Scheme 2 total expenditure of £3,815k covered similar costs of care for all patients discharged from hospital from 1st Sept 2020 onwards under the same Section 35 arrangement between the CCG and the local authority but for a time-limited period of the first six weeks of aftercare. The overall total of 2020/21 HDP expenditure was therefore £15,655k.	7,771	7,771	15,655	15,655

16. Related party transactions

Details of related party transactions with individuals are as follows:

Member	Related Party	2021-22				2020-21
		Payments to Related	Receipts from Related	Amounts owed to Related Party	Amounts due from Related Party	Net Payments to Related Party
		£'000	£'000	£'000	£'000	£'000
Dr Abid Irfan CCG Chair and GP Locality Lead (ND)	GP Partner - Strawberry Hill Medical Centre (SHMC), Newbury	2,897	-	5	-	2,755
	Member GP Contracting Team (NHSE)	426	1,706	92	510	(365)
Dr Debbie Milligan Chair, Council of Members GP Locality Lead (Wokingham)	Salaried Doctor - Swallowfield Medical Practice	2,970	-	27	-	2,782
	Governance Lead - Urgent Care/NHS111 (SCAS)	28,869	40	145	-	25,341
	GP - Westcall Out of Hours (BHFT)	153,015	139	58	-	133,695
Geoffrey Braham - Lay Member, Governance	Governor - Oxford Health NHS Foundation Trust	335	0	4	2	151
Edward Haxton - Interim Chief Finance Officer from 02-08-2021*	Spouse works as Midwife at Royal Berkshire NHS Foundation Trust	244,488	-	350	19	-
Saby Chetcuti - Lay Member Governance	Governor - South Central Ambulance Service (CCGs North)	28,869	40	145	-	25,341
Wendy Bower - Lay Member for Patients and Public Engagement	Governor for CCG Federation - Royal Berkshire NHS Foundation Trust	368,752	-	527	29	294,840
	Nurse/Staff support RBFT (during Covid19 pandemic)	368,752	-	527	29	294,840
	Daughter works for - Royal Berkshire NHS Foundation Trust	368,752	-	527	29	294,840
James Kent Accountable Officer (Across BOB - Buckinghamshire, Oxfordshire, Berkshire West CCGs)	Friend John Storey, CEO Porthaven Care Homes	4	-	-	-	36
Kajal Patel GP Locality Lead Reading	Salaried GP - Milman and Kennet Surgery	3,684	-	104	-	2,142

* Edward Haxton was in a substantive role from August 2021, amounts shown relate to period in post.

GP practices within the area have joined other professionals in the Clinical Commissioning Group in order to plan, design and pay for services. Under these arrangements some services are designed to be delivered in a primary care setting. This involves paying GP practices for the delivery of these services. A GP is also paid by the CCG for taking a lead role on clinical services. All such arrangements are in the ordinary course of business and follow the CCGs strict governance and accountability arrangements. From 1 April 2016, the CCG had delegated commissioning responsibility for primary care GP services. This means that the CCG now makes all payments due to practices based on the Statement of Financial Entitlement and the Premises Direction and this has resulted In a significant increase in the amounts recorded against practice based Governing Body members. Material transactions are disclosed appropriately in the accounts.

As a prerequisite of the ICS, during 21-22 Buckinghamshire, Oxfordshire and Berkshire West CCG's have been meeting in common as decision making forums covering Finance, Audit and Governing Body. All Executive members of each CCG attend and are members of these In Common meetings. Additional responsibilities are given to Robert Parkes, Non-Executive Director of Buckinghamshire to act as Convener of the Audit in Common meetings and Duncan Smith, Non-Executive Director of Oxfordshire CCG to act as Convener of the Finance in Common meetings.

The amounts in the table above represent the amounts paid to organisations named rather than the individual. Where an organisation appears several times, it is a duplicate of the previous entry but related to a different Governing Body member.

The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. These entities are:

- Clinical Commissioning Groups
- NHS England;
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Resolution; and,
- NHS Business Services Authority.

In addition, the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Local Authority in respect of joint commissioning arrangements.

17. Events after the end of the reporting period

On 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, Clinical Commissioning Groups will be abolished and the functions, assets and liabilities of Berkshire West CCG will transfer to Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board from the 1 July 2022. This constitutes a non-adjusting event after the reporting period. This does not impact the basis of preparation of these financial statements.

18. Special Payments

The total number of NHS Clinical Commissioning Group had one special payment detailed as follows;

Special Payments

	Total Number of Cases 2021-22 Number	**Total Value of Cases 2021-22 £'000**	Total Number of Cases 2020-21 £'000	Total Value of Cases 2020-21 £'000
Special Severance Payments	**1**	**37**	**0**	**0**

In 2021-22 the CCG, with the agreement and authorisation of the NHSE regional office, made a non-contractual payment of £36,808. This payment did not fully follow the national NHSE process for approval of such payments, and has therefore been classified by NHSE as an irregular payment.

The National Audit Office (NAO) identified an irregularity with regard to elements of the exit package made to the former Accountable Officer (AO) of the Berkshire West CCG. This package was agreed in good faith between NHSE SE Region, the CCG and the former AO during the first wave of COVID, but paid out this year following a secondment with NHSE. However as a special severance payment it should have been approved at the time by NHSE and HM Treasury. We have reviewed and clarified the CCG processes for setting and approving exit packages. The NAO did not make any specific recommendations for Berkshire West CCG, but has made a number of recommendations to NHS England to strengthen compliance and scrutiny.

The payment noted above is also included in the exit packages disclosure on note 4.3.

19. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2021-22 Target	**2021-22 Performance**	**Target Achieved?**	2020-21 Target	2020-21 Performance	**Target Achieved?**
Expenditure not to exceed income	887,439	887,333	Yes	773,635	773,502	Yes
Capital resource use does not exceed the amount specified in Directions	45	45	Yes	-	-	N/A
Revenue resource use does not exceed the amount specified in Directions	885,093	884,987	Yes	770,182	770,049	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	N/A	-	-	N/A
Revenue administration resource use does not exceed the amount specified in Directions	9,837	9,829	Yes	9,839	9,740	Yes