NHS
Doncaster
Clinical Commissioning Group

ANNUAL REPORT 2020-21

Contents

FOREWORD FROM THE CHAIR AND CHIEF OFFICER

Welcome to our Annual Report and Accounts for 2020-21.

As with most things at the moment, this annual report will look a little different this year due to the coronavirus pandemic.

Everything seemed to change in 2020-21. We responded to floods, snow and Covid19, and the way in which NHS services were both commissioned and provided transformed. This will be reflected throughout the report and will demonstrate the many challenges we faced and the responses undertaken.

It really has been a very difficult year for everyone and we would like to acknowledge our staff, partners and the people of Doncaster for rising to the challenges we all faced. We can absolutely state that despite these unprecedented events, we are proud to work in Doncaster as part of a Health and Care community which has responded to those challenges as a true partnership. Thank you to the numerous volunteers who have helped support clinically vulnerable people who have been shielding and assisting at the local vaccination site hubs.

The vaccination programme has been a tremendous success so far, outperforming any previous national vaccination campaign, giving us all hope and providing our road map out of the pandemic. We know that the next 12 months will present more challenges and changes but we are sure that once again, we will all come together to play our part and respond positively to whatever comes our way.

Although Covid19 has impacted on everything we have done over the last year, we should reflect on the many great innovations that occurred as a result of it. Many partners came together to ensure that services could continue, even if delivered in a different way. New services were designed and put in place and wherever we could, we continued to lead a wide range of projects and programmes to improve the lives of our patients and members of the public. We continue to be inspired and proud of the hard work and commitment that colleagues within Doncaster CCG demonstrate. There is a genuine will and determination to do what's needed, to transform services and make things better to ensure people get the best care possible.

But it is also sadly inevitable that some services had to be delayed or services considerably reduced. We know this has had a significant impact on patients and colleagues alike. There is now a huge task ahead of us to ensure that services are back up and running and that the transformation shaped by Covid19 is embedded into normal ways of working.

The CCG also continues to work with health and care organisations across Doncaster to make sure our services are joined up and reflect the changing needs of the population. Our ambition is to work as Team Doncaster to support early help and prevention and tackle our health inequalities, so we can all lead long, healthy and happy lives whilst also ensuring that excellent NHS services are there when needed.

We were again delighted to achieve 'Outstanding' status from NHS England (NHSE) and NHS Improvement (NHSI) for the fourth year running. This isn't something that CCGs achieve easily and we would like to say a huge thank you to all staff involved and who contributed to achieving this accreditation.

We were also extremely proud to achieve a 'Green Star' rating once again for our commitment to engaging with patients and members of the public. Our Annual Statement of Involvement demonstrates how we are continuing to work with our communities to improve health and care across Doncaster.

Looking forward, it is clear that during 2021/22 there will be significant change taking place within the NHS. It is anticipated that Integrated Care Systems (ICS) across larger geographies will be established from 1 April 2022 and will take over the statutory duties of CCGs throughout England. Whilst continuing to invest in, commission and transform Doncaster services, we will do all we can to support the newly established South Yorkshire and Bassetlaw ICS and ensure that the voice of Doncaster partners and patients is embedded within this new way of working.

PERFORMANCE REPORT

Mrs Jackie Pederson
Accountable Officer
10 June 2021

1. Performance Overview

1.1. Purpose and Activities of the Organisation

The CCG is a clinically led statutory NHS body. We are responsible for planning and commissioning health care services for our local area to achieve the best possible health outcomes for the local communities. We procure and configure healthcare services for over 320,000 patients in Doncaster with our aim to commission the best possible care. We do this by assessing local needs, agreeing priorities and strategies, and then commissioning services on behalf of our population from a range of providers.

Our mission is to be a high quality and responsible CCG; encouraging partnership engagement and the sharing of ongoing learning in order to create a person-centred, financially wise approach to commissioning.

Our vision and values are to work with others to invest in healthcare excellence for Doncaster residents, ensuring the needs of patients are paramount, that we drive forward continuous improvement and our relationships are based on integrity and trust.

Through the Constitution, our 39 GP Member Practices delegate responsibility for running the organisation to our Governing Body, which in turn is supported by a range of strategic committees. Our Governing Body's role is to set the strategic direction and culture of the organisation and seek assurance that the strategy is being delivered across our borough.

We strive to have an inclusive leadership culture and work hard to ensure our workforce is fully engaged in the delivery of our strategic plan. We operate within a values-based environment that encourages trust, respect, understanding, supportiveness and team work. We support the development of our workforce through learning and development at individual, team and organisational level. We are committed to partnership working and to the benefits which collaborative commissioning arrangements can bring.

The health and social care community in Doncaster developed a Place Plan to help people stay healthy and live in their own home for as long as possible. The CCG, Doncaster Council and other stakeholders share the same vision for 2019-22: *'Care and support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital-based services when needed'.* The CCG leads the delivery of the Place Plan in partnership with Doncaster Council.

The Doncaster Place Plan is aligned with the NHS Long Term Plan (LTP) and sets priorities by reducing duplication, making best use of local resources and highlighting how we will change the way we work and think in the future. The Place Plan focuses on supporting communities, developing a 'front door system', joining up care and support at home and ensuring specialist services can be used more appropriately.

The CCG is also a partner of Team Doncaster which is formally recognised as the strategic partnership of organisations and individuals that spans the public, private, voluntary and community sectors.
The Team Doncaster Strategic Partnership oversees four thematic partnerships that direct activity to where it is needed the most. Each theme helps to deliver improvements to the quality

of life for Doncaster's residents and for those working in and visiting the borough. The four thematic boards are:

- Children and Families Board
- Enterprising Doncaster Board
- Health and Wellbeing Board
- Safer and Stronger Doncaster Board

The CCG is also a contributor and member of the Doncaster Health and Wellbeing Board (H&WB).

NHS Doncaster CCG is a member of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS); one of the first areas in the country to sign up to this new approach to partnership working and delivery. The aim is to provide joined up, better co-ordinated care, breaking down the barriers between primary care, local practices, hospitals and physical, mental and social care.

With the February 2021 publication of the government's white paper, 'Integration and innovation: working together to improve health and social care for all', the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) is set to evolve into a statutory body by April 2022. NHS Doncaster CCG, along with all other CCGs in England, will be abolished and the functions and staff from the five CCGs in SYB will transfer into the new statutory ICS NHS bodies.

There will still remain a strong Doncaster place-based commissioning presence and NHS Doncaster CCG continues to work in collaboration with the other SYB health and social care organisations to ensure that we take advantage of these system changes to further integrate care and improve the health outcomes for our local populations.

Organisational change can be unsettling for staff and the CCG has made a commitment to undertake a collaborative approach to the transition with our staff.

1.2. Corporate Objectives and Key Risks

The four corporate objectives that are aligned to the values and aims of the CCG's work were reviewed during 2020-21. Corporate Objective 3 was updated to reflect that the healthcare system in Doncaster needs to remain accessible and reactive to change:

- **Corporate Objective 1**: Ensure an effective, well led and well governed organisation and that its statutory obligations are met.

- **Corporate Objective 2**: Commission high quality, continually improving, cost effective healthcare which meets the needs of the Doncaster population.

- **Corporate Objective 3**: Ensure that the healthcare system in Doncaster is sustainable, accessible and reactive to change.

- **Corporate Objective 4**: Work collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.

The Annual Governance Statement later in this report contains a full schedule of principle risks as at 31 March 2021.

1.3. Joint Health and Social Care Commissioning Strategy

In April 2019, the CCG agreed a Joint Commissioning Health and Social Care Strategy with Doncaster Council. This document sets out the joint commissioning strategy for health and social care in Doncaster for the period April 2019 to March 2021.

The Joint Commissioning Strategy describes how our collective action can make the most impact, moving further towards the shared vision as set out in the Doncaster Place Plan and the subsequent refresh of that plan:

"Care and Support will be tailored to community strengths to help Doncaster residents maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed."

The joint strategy also supports the delivery of the Doncaster Place Plan and sets out our intention to commission services to:

- Maintain health and wellbeing
- Improve individual experience
- Improve individual and community outcomes
- Avoid duplication
- Develop our workforce
- Make best use of the Doncaster pound

The Joint Commissioning Strategy also sets out our joint commissioning journey to enable us to undertake the next steps to:

a) Work closely with local communities and neighbourhoods

- To aid and build communities, giving individuals hope and a positive vision for themselves and their families.

b) Ensure coordinated access

- To services when they are needed, ensuring they are accessible and matched to people's level of need.

c) Deliver a more holistic approach to care and support

- Ensuring all health, care and support needs of individuals and their families are considered.

d) Provide care and support for individuals when they are in crisis

- Making it easier to access health and care services when they need them the most.

e) Improve support for people with complex needs

- When it is identified that an individual has complex needs, social, physical or mental health issues, organisations will work together and wrap care and support around them.

In order to deliver the strategy, the local concept of a life stage approach was introduced with associated visions as follows:

> ***Starting Well:*** *"to be the most child friendly borough in the country"*
>
> ***Living Well:*** *"People feel supported within their community; where they do need to access health and care services, they are co-ordinated and timely"*
>
> ***Ageing Well:*** *"Doncaster's ageing population will receive person-centred, flexible, integrated care and support in their own home"*

Achievements against these areas are highlighted throughout this annual report.

1.4. Health and Wellbeing Strategy

The Health and Wellbeing Strategy is led by the Doncaster Health and Wellbeing Board: Team Doncaster, of which the CCG is a member. The vision for the Doncaster Health and Wellbeing Board (H&WB) is:

- A strong local economy, progressive, healthy, safe and vibrant communities.
- All residents will be able to achieve their full potential in employment, education, care and life chances.
- All residents to be proud of Doncaster.

The strategy has three key aims: it provides a high-level vision for health and wellbeing in Doncaster; outlines the roles and ways of working for key partners in the delivery and implementation of the Health and Social Care Transformation Fund (HSCTF); and identifies four key themes to improve health and wellbeing outcomes in Doncaster.

The CCG is a member of the H&WB and with its Board members, commissions and approves the joint strategic needs assessment and the joint health and wellbeing strategy; sets the health and social care commissioning framework; and drives collaboration, integration and joint commissioning. Our clinical chair is the vice chair of the H&WB and is a member of the Get Doncaster Moving Board.

The Doncaster Place Plan was refreshed in 2019 focusing on a three-year programme around the three life stages – Starting Well, Living Well and Ageing Well. In addition, the implementation of Primary Care Networks (PCNs) is bringing practices together to work at scale to improve recruitment and retention of staff, manage financial and estates pressures, provide a wide range of services to patients and to more easily integrate with the wider health and care system.

1.5. 2020-21 Improvement against our Delivery Plans

1.5.1. Covid-19

In March 2020 the UK declared a national emergency in relation to the Covid-19 pandemic, (referred to as Covid-19 or pandemic hereafter). During the year, the UK has had to adapt to three national lockdowns and new tier restriction systems in between lockdowns to manage Covid locally.

The CCG's response to Covid-19 during 2020-21 has been in conjunction with our key partners and stakeholders across Doncaster Place. Further information around Doncaster's Covid-19 Governance Arrangements is provided in the Annual Governance Statement section of this report.

In line with national requirements, the majority of CCG staff have been working from home since March 2020, where technology and remote ways of working have been established to ensure they can work effectively and safely during this time.

Covid-19 has inevitably changed some of the CCG's focus during 2020-21 such as implementing alternative ways of working and working more collaboratively to establish new ways of delivering services. The remainder of this report explains how Covid-19 has impacted on delivery but also builds on the successes that have been achieved during this challenging year.

1.5.2. EU Exit

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

1.5.3. Starting Well

Children and Young People (CYP)

In February of 2020, '*With Me in Mind'* was formally launched to provide Mental Health support teams across both primary and secondary schools in Doncaster. When the first national Covid-19 lockdown was announced in March 2020, the teams began to address the needs of children and young people, and delivering interventions virtually, via WhatsApp and Facetime for those with mild to moderate mental health issues. The teams also helped children and young people with more severe needs to access the right support, working with schools and colleges to provide a link to specialist NHS services.

As part of this work a Social, Emotional, Mental Health (SEMH) group was established to mirror the constructive work of the Proactive Monitoring meeting. The initiative is to reduce the number of children inappropriately placed in hospital and provide further community support. For those children and young people that are in hospital, the group reviews discharge planning as a means of reducing any potential risk within the community and prevent further hospital admission.

The group provides clear accountability and focus to support Case Managers in risk assessment and care planning.

Later in 2020, the CCG produced a report looking at the number of young people requiring secondary care support for SEMH. This report went on to drive the joint commissioning strategy on Social, Emotional and Mental Health Education. This strategy will form our clear commissioning intentions for 2021/22 ensuring mental health is at the heart of educational support and training in the future.

Within maternity services, the CCG successfully recruited to the Chair of the Maternity Voices Partnership (MVP) across four Doncaster localities. The MVP will enable mothers, fathers and family members the ability to give feedback on maternity provision and co-produce amendments to the service. Plans for 2020-21 include the review of the “15 steps to maternity” where service users can visit maternity wards, making recommendations for improving care for all within the provision.

Looking forward to 2021/22 we are excited to be working with providers to look at expanding the mental health provision within schools, utilising Wave 5 and Wave 6 funding when it is made available to us from NHS England.

We will also work to support our Doncaster providers ensuring our children’s mental health services, which include eating disorders and neuro pathways, are working to their full potential, providing timely community support where needed.

1.5.4. Living Well

Urgent Care

We already have close working relationships and efficient escalation processes in Doncaster, but we have found that the impact of Covid-19 has brought together the CCG and its stakeholders, enabling us to work even more closely and be proactive with resolving issues.

We revised our approach to escalation and in October 2020 introduced a regular call between the CCG and partners at a senior level and the frequency of those calls has been flexed up and down depending on the level of escalation at the time. The call facilitates quick resolution of most issues and also supports escalation when needed. Although this has been introduced during challenging times, it has proved particularly useful and is likely to continue.

As well as the introduction of the partner calls, the CCG worked with stakeholders to revise the existing Doncaster escalation framework which sets out the thresholds for operational pressure escalation levels (OPELs) and individual organisation and system-wide actions to mitigate this. Alongside this, we further developed the system-wide daily report which details the individual service and overall OPELs, enabling us to determine where pressures are and where support is most needed in our health and social care services.

The development of these two areas has meant that we have been able to work together and provide mutual aid when required, ensuring patient care is at the forefront of everything we do.

To assist us with winter pressures and the second wave of Covid-19, we held a week-long System Perfect exercise in January 2021 that explored testing out what else we could do to support each other as a system by enhancing current services and pathways, as well as trialling new initiatives within existing services.

There was a focus on improving patient flow through our services by looking at:

- hospital avoidance
- flow through Doncaster Royal Infirmary
- timely and efficient referrals to other services and patient discharges; and
- supporting people in the community and their own homes

The feedback from this exercise was very positive for all services involved and highlighted key areas of good work and improvement, which will be continued. The CCG and stakeholders developed a series of actions and recommendations following the feedback, which are being supported by our local A&E Delivery Board to be implemented.

October 2020 also saw the new urgent care model go live. This model is focused around ensuring that we support patients to access the right urgent care services, away from A&E where possible. The model is supported by the new Provider Alliance, which brings together all key partners in Doncaster to focus on how we can jointly achieve the aims and objectives of the model.

In 2020-21 we delivered the annual local flu vaccination programme. This season saw the introduction of the 50-64 year olds cohort for vaccination who hadn't previously been included in the eligible cohorts. There has been an even stronger emphasis this year on the importance of vaccination and a strong partnership approach to the development and implementation of the local flu plan.
As a result, we have seen a significant increase in uptake across all eligible cohorts compared to previous years. This is a fantastic achievement for the population and services in Doncaster.

A review of the planning and delivery of the flu vaccination and the Covid-19 vaccination programme will be taking place to inform planning for the forthcoming season in 2021/22. This will incorporate key learning points and how we can build on last season to increase the uptake even further this coming year to protect our local population as much as possible.

Alongside the flu vaccination delivery, the CCG, Primary Care Networks and local hospitals planned the delivery of the Covid-19 vaccination programme across Doncaster.

This is the largest vaccination programme the NHS has ever delivered and has been extremely successful to date, with an expectation that by the end of July 2021 all adults will have received their first vaccination. For further information on the programme please see the section under Primary Care.

Cancer

In line with the Long Term Plan, we have improved our approach to early diagnosis of patients with cancer. Patients diagnosed early, stages one and two, have the best chance of curative treatment and long-term survival. Our approach has included:

- Increasing the uptake for all cancer screening areas by utilising intelligence to target communities where uptake is low, including a specific focus on people with learning disabilities. This includes using behavioural science 'nudge' techniques to encourage people to respond to cervical cancer screening invites

- Breast, cervical and bowel cancer screening are all above national averages.

- Continued work with SYB ICS Cancer Alliance to embed the Lower Gastrointestinal optimal diagnostic pathway including the test available in Doncaster called the Faecal Immunochemical Test (FIT), to pick up earlier bowel cancer.

- Preparations to implement a new clinical decision support tool in primary care have taken place ready for implementation in May 2021. The tool will aid referral management for suspected cancer patients, including patient safety netting to support earlier diagnosis.

- Awareness raising messages aligned to the 'Be Cancer Safe' programme of work which commenced in 2018-19 continues. This is led by local support teams sharing cancer awareness raising messages with the local population with a variety of supporting materials and methods, particularly as a result of Covid-19. This awareness raising will continue into 2021/22.

- Implement and embed the lung health checks programme across Doncaster, to include low dose CT scanning for eligible residents at risk of lung disease. This project began in March 2021.

- Via the Primary Care education sessions, TARGET, we lead a rolling programme of post-graduate education on early cancer diagnosis for all Doncaster primary care clinicians.

We have undertaken transformation in the treatment pathways for patients with cancer including:

- Strengthening the non-site-specific symptoms pathway, timed oesophago-gastric diagnostic pathway and straight to test Lower G.I. pathway throughout 2020-21. This falls within the national rapid diagnostic strategy for Doncaster residents and will enable faster and earlier diagnosis, as well as an improved patient experience.

- Throughout 2020-21 we have continued to work collaboratively to implement stratified follow up areas of care, with Macmillan Cancer support as part of the Living with and Beyond Cancer Programme.

- Through our local Doncaster Cancer Programme Board, we closely monitor cancer waiting times performance, including analysis of cancer pathways leading to trend analysis and action on any pathway where delays may be identified.

Adult Mental Health

During 2020-21, providers across all levels of delivery have responded innovatively to maintain services and find new ways to reach people where traditional face to face approaches were curtailed. Continuity of care is testament to the dedication of the workforce across mental health, social and voluntary sector partners, where very few mental health and wellbeing services were stopped during Covid-19.

The transformation ambition, as set out within the Long Term Plan, remains a key focus for commissioners with Covid-19 likely to have an ongoing negative mental wellbeing impact for years to come. Service transformation is therefore vital to both achieve a robust offer for people with acute needs and support a growing number of people with a lower level need to flexibly access services and support tools.

<u>Urgent and Emergency Care</u>

Previous investment within crisis, home treatment and acute psychiatric liaison has now been fully deployed with successful completion of an extensive recruitment campaign. The work concluded with the opening in February 2021 of a new psychiatric decision unit, providing a calm environment for people in crisis or distress and better assessment of their needs and onward pathways that are less likely to require inpatient admission.

Alternative non-clinical approaches to care are now operating in Doncaster, with a provider collaborative of voluntary sector organisations supporting an increasing number of people to access care that is focused on addressing underlying causes as well as symptoms, these services include:

- Safe Space: peer-based intervention to de-escalate crisis and support the person in finding ongoing wellbeing solutions.
- Thrive: support and connection to appropriate service for people frequently accessing crisis care.
- IMPACT: structured support programme for people that have recently attempted suicide.

Primary and Community Care

Doncaster partners continue to develop transformation plans for the reform of mental health provision, with a greater emphasis on care within localities to better connect services and reflect neighbourhood need. During 2020-21, a “Locality Mental Health Hub” concept designed with partners has secured access to national transformation funds that will see a greater investment within a model that grows both local clinical provision and neighbourhood assets to help continue the recovery journey toward improved wellbeing. This model is individualised to each of the four Doncaster localities.

Provision of talking therapies (psychological therapy) has been bolstered by CCG investment to train additional therapists working within the Doncaster Improving Access to Psychological Therapies (IAPT) model.

Planned Care

During 2020-21 the Planned Care Programme Board members have led on and contributed to a range of pathway and system innovations, many of which have been accelerated due to Covid-19.

- Pathway redesign providing care closer to home

A number of community pathways have been enhanced to ensure provision is enabled outside hospital, closer to home. This has been achieved through the commissioning of community Carpal Tunnel Surgery and work is currently ongoing for an enhanced Teledermatology pathway, due for implementation in Quarter 2 of 2021/22.

- Reducing follow-ups

Fourteen priority specialties were identified and a cross-organisational group established to develop a clinically led and patient centred approach to reducing follow-ups and, where appropriate, delivering them in an alternative way. Clinical guidelines and protocols have been agreed to support a reduction in variation across clinicians.

Alternative approaches to follow-up such as patient-led, non-face to face and alternative care settings, have been agreed at specialty level. There is a clear implementation plan to support delivery and robust governance arrangements continue.

- Transforming outpatient care

The Long Term Plan sets out a requirement for the health economy to deliver a 33% reduction in face-to-face outpatient appointments by 2023/24 and ensuring all patients have access to technology. As this work commenced, this equated to 180,000 less appointments for our main acute provider against the 2018/19 baseline. We continue to identify opportunities to implement best practice in referral management, appraising all options available to primary care. In addition, we continue to focus on clinical triage, maximising the benefits of advice and guidance systems in Doncaster, reducing unnecessary appointments and offering alternative levels of care as appropriate. Our approach continues to be specialty specific and builds on the learning and support that is available via the National Outpatients Transformation Programme interpreted at regional level.

- System changes

Initiatives which impact on a variety of specialties and pathways include:

- Planning for the implementation of the national Evidence Based Interventions phase II into the SYB Commissioning for Outcomes Policy, ensuring that patients undertake investigations and treatment in line with national guidance and when it is the most appropriate time to do so.

- Outpatient digital transformation plans continued in 2020-21 with the further development of “Dr Doctor”, which enables patients to receive text message appointment reminders, digital letters, and a text cancellation and rebook service via our main acute provider.

- Consultant Connect continues to allow GPs to directly contact specialist consultants. This continues within Elective and Acute Care Specialties and has ensured direct advice and guidance to professionals and patients ensuring that 48.78% of those utilising the system do not need to attend a hospital appointment. In addition, the service enables a national body of consultants to be contacted within a small number of specialities with a subordinate connection rate.

- Collaborative working with our main acute provider and the SYB ICS to refine the local Doncaster Access Policy through facilitated engagement and working towards a consistent regional Access Policy approach, supporting the increase of number of patients getting to the right clinic first time.

1.5.5. Ageing Well

In 2020-21, we continued to work in partnership with our colleagues in Doncaster Council and appointed a Joint Ageing Well Lead Commissioner to work across health and social care to further align the priorities of each organisation. The importance of this has been clearly demonstrated over the last year with Covid-19, where health and wellbeing are so closely intertwined and local government has a significant influence on many of the wider determinants of health and wellbeing such as housing, transport, education and leisure.

The ongoing vision for Doncaster residents is that they will receive their health and social care in a cohesive, integrated, coordinated way, eliminating inefficiency and waste by providing a model that supports people remaining safely at home, wherever possible, with an increase in strength based preventative activity.

This will be achieved by changing:

- From fragmented services to integrated locally based services.
- From multiple, single focused assessments to one holistic assessment.
- From multiple (sometimes conflicting care plans to one co-ordinated care plan).

Care Homes

Integration and co design remained a strong bond during 2020-21 bringing together partners providing care across the care home sector to deliver the Enhanced Health in Care Home framework (EHCH). This model moved away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff, which can only be achieved through a whole-system, collaborative approach.

The EHCH model has three principal aims:

- Delivering high-quality personalised care within care homes.

- Providing, wherever possible, for individuals who (temporarily or permanently), live in a care home access to the right care and the right health services in the place of their choosing; and

- Enabling effective use of resources by reducing unnecessary conveyances to hospitals, hospital admissions, and bed days whilst ensuring the best care for people living in care homes.

Multi-Disciplinary Teams (MDTs) were co-produced across multi-agencies providing physical, mental and social aspects of care whilst putting the staff and residents at the heart of design for 43 out of 46 care homes. This has ensured that the care discussions take place in a joined-up way, as well as conducting structured medicine reviews and completing Respect and Advanced care plans.

The MDTs so far have been the building blocks for integration, with more than 1500 reviews undertaken since the conception in the late summer. We are now moving into phase two, which will prioritise all new care home admissions, any resident that has been discharged from hospital and those with ongoing complex needs and embed care plans within partner organisations.

Further investment in digital during 2021/22 is key to the ongoing success of this approach and scoping has already commenced.

Workforce development and relationship building has been key to success and integrated locality-based training is being planned to include falls, intervention and proactive screening and further development of advanced care plans and ReSpect documentation.

Wound care

We have developed a whole system approach to the management of wounds across Primary and Community care providers to ensure consistency and quality across Doncaster. This new pathway and contracting approach began in December 2020 and will enable more patients to be cared for in a community setting and also improve quality of life for people requiring management of their wounds through delivery of clinically effective care and advice.

To ensure consistent, equitable care to the whole of the Doncaster's population we have funded a huge training programme to improve the skills and competencies with each nurse receiving over 50 hours each to support this approach.

Dementia

Progress was delayed during 2020-21 in implementing the actions and recommendations from the Dementia Deep Dive which was undertaken during 2019-20, this was due to Covid-19.

The purpose of the deep dive, which a diverse range of stakeholders contributed to, was to explore all the elements of the dementia pathway to further improve the patient and family journey regardless of how they were presenting or at which stage of their dementia they are.

The findings identified appropriate actions and solutions in many areas including prevention and awareness, early identification opportunities, elimination of variance across Doncaster, supporting patients and carers, referral, assessment and diagnosis and in post diagnostic and care planning areas.

A recovery plan for dementia diagnosis was developed during 2020-21 to address the decline in diagnostic rates during Covid-19 which is progressing.

Post Diagnostic Support

The CCG and Doncaster Council jointly continued to commission a Dementia Post Diagnostic Service across Doncaster under an Alliance Agreement. A number of organisations are involved in the Alliance including Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), Making Space, Alzheimer's Society, Age UK, Royal Voluntary Service and Choices 4 Doncaster.

During 2020-21 the Post Diagnostic Service continued to support people with dementia and carers and families through the pandemic.

The services innovatively adapted their service delivery to their client groups by supporting them via regular telephone contacts, Zoom group meetings which involved cookery classes, quizzes, reminiscence sessions, conversation cafés and many other activities to reduce isolation and ensure people still felt connected and supported.

Long Covid Assessment Service

While we have learned lots about Covid-19 since the start of the pandemic, the long-term effects of the illness can be debilitating, even for young, fit people or those who did not go to hospital when they had Covid-19 symptoms initially. Symptoms are wide-ranging and fluctuating, and can include breathlessness, chronic fatigue, "brain fog", anxiety and stress.

We have developed a post-covid assessment clinic for patients experiencing long-term health effects following Covid-19 infection offering physical, cognitive, and psychological assessments with the aim of providing a holistic approach.

This service is for patients who meet the clinical case definition of post-covid syndrome as defined by the National Institute for Health and Care Excellence (NICE) who following a period of support by Primary Care and supported self-management symptoms do not improve.

'Your Covid Recovery' is an online platform to support patients www.yourcovidrecovery.nhs.uk.

1.6. Primary Care

For 2020-21 the Primary Care Delivery Plan has had to adapt and change during the year due to Covid-19. A number of objectives originally set have either been delayed or cancelled but many have continued or even been accelerated as a result. It is a testament to the ongoing work of our Primary Care Networks, practices, Federation, the LMC and Community Pharmacies in Doncaster that has enabled us to work together to ensure business continuity during such unprecedented times.

Covid-19 Impact

In order to ensure a co-ordinated response to the pandemic a Primary Care Cell was established in March 2020 with membership from the CCG, Primary Care Doncaster, Local Medical Committee (LMC), Local Pharmaceutical Committee (LPC), FCMS, all five Primary Care Networks (PCN) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH).

Initially it met twice a week to respond to national guidance on the emerging pandemic as it applied to primary care. It has since evolved to a more proactive group meeting once a week to work through the implementation of national guidance, new models of care and business continuity and resilience. The Cell has been well attended and supported and a review is being undertaken to assess its long term role.

Primary Care Networks (PCNs)

On 1 July 2019 five PCNs were formed in Doncaster largely covering the neighbourhood footprint of the Doncaster Place Plan. All five PCNs reapplied to continue from July 2020 covering the same footprint with all 39 practices included. The South PCN saw the departure of Ben Scott Clinical Director in June 2020 and he was replaced by a three-party job share between Khaimraj Singh, Mark Boon and David Coleman.

The PCNs have added to their existing workforce through the recruitment of 45 additional whole time equivalent (WTE) posts including physiotherapists, physicians associates, health and well being coaches and care co-ordinators as well as additional clinical pharmacists, pharmacy technicians, podiatrists and dietitians. Recruitment plans continue with the aim of increasing the number of additional roles to 78 WTE across Doncaster.

There was a delay to the start of the Structured Medication Reviews and the Early Cancer Diagnosis services due to the pandemic however work began in these areas by October 2020.

The enhanced health in care homes service was accelerated due to the need to focus on this cohort of patients during the first wave of the pandemic.

The proactive care service commissioned from all practices was realigned to enable the enhanced health in care home service to be established with all care homes aligned to a single PCN and a clinical leader identified for all CQC registered homes. Work continues to ensure residents are aligned to a practice within the aligned PCN in accordance with their choice or as new residents move in.

The phenomenal effort by PCNs, practices and Primary Care Doncaster to ensure the population of Doncaster is vaccinated against Covid-19 must be acknowledged. All 39 practices signed up to the enhanced service to deliver the vaccination programme and it has been delivered on a PCN footprint through local vaccination sites working through the cohorts in priority order as identified through national guidance.

The work will continue until the entire adult population has been offered the vaccination. Roving teams have ensured that care home patients and staff, housebound patients and hard to reach patients including homeless and BAME populations had the opportunity to be vaccinated in their own familiar settings.

Primary Care Estates

Work has continued on the development of the primary care estate following the Prime Minister's announcement, in August 2019, that £57.5m capital funding would be made available to SYB. A feasibility study into the development of a community hub in Bentley has concluded and work will now begin at pace to bring this to fruition. An options paper is being progressed regarding the approach to a new surgery in Rossington to accommodate the expanding population of the area, and a development at Mexborough for the existing New Surgery and Mexborough Health Centre is approaching business plan stage. There are also two smaller PCN estates developments including an extension to the Scott practice and Petersgate practice.

Work has also been done to secure additional space for PCNs and practices to manage the Covid-19 vaccination response on a hub model and to accommodate the additional roles. This has prompted the need for PCNs to develop their own estates strategies and revise the overarching CCG strategy which will be undertaken in 2021/22.

Digital

Covid-19 has meant that the digital first approach has been accelerated. All practices are now operating under a remote triage system whereby patients access their surgery by telephone or online in the first instance and an appropriate appointment is arranged either with video, telephone or face to face. The target for all practices to be offering video consultation was by March 2021 and has therefore been met 10 months in advance of the deadline.

All practices now also have appointments reserved so that they can be booked in directly as appropriate following a call to NHS 111. Over 5,000 patients in Doncaster have registered with the online consultation provider and can check symptoms and email their practice for advice.

Access

Initially there was a perception that practices were closed when Primary Care moved to remote access arrangements, therefore it has been important to continue messages to patients that practices are open for business and to address people's fears particularly during national lockdowns, was to reassure them that safety measures had been put in place to keep patients and staff safe.

The national GP Patient Survey results have been reviewed and the actions taken shared with the Engagement and Experience Committee. One of the areas for improvement was telephone access to practices and significant investment has been made by practices to increase the number of lines to the surgeries to support the new way of working.

Healthwatch Doncaster also surveyed patients in September 2020 to gather intelligence on patients' experiences with accessing primary care services. The response of the 320 patients surveyed was very positive with a real desire for telephone and video consultation to continue but with a recommendation that there be a focus on social and digital isolation which may impede people from seeking help.

The extended access service commissioned through Primary Care Doncaster Ltd has been reconfigured to ensure an appropriate response to Covid-19. As required by national guidance, patients with Covid-19 symptoms or diagnosed as positive needing to be seen in primary care required a safe and separate place to access appropriate care. This was achieved through the development of the Community Covid Hub which has operated throughout seeing patients face to face, on home visits or providing advice remotely. The longer term need for this service as more monitoring at home options come on stream such as pulse oximetry, is kept under continual review through the Primary Care Cell.

However, the Health Bus has continued to operate on a number of occasions to ensure patients in local communities can access a health care professional face to face when they need to close to where they live.

Primary Care Commissioning Committee

The Primary Care Commissioning Committee oversees the commissioning of primary medical care services as delegated by NHS England. During the year the committee has overseen the implementation of the primary care estates strategy, the work of the PCNs and investment into the PCNs as well as the primary care delivery plan and the risk register for primary care.

It has received quality and finance reports and information from the primary care cell. The committee has approved the following this year and has undertaken a review of its own effectiveness:

- Primary care communications and engagement strategy.
- Quality and performance framework.
- The merger of Bentley Surgery and the Nelson Practice.
- The extension of the contract for Barnburgh Surgery.

1.7. Quality Assurance and Quality Improvement

All providers of healthcare strive to deliver high quality and safe care to patients, a requirement of the NHS Constitution. As a commissioner of healthcare, we have an important role in driving quality improvement and gaining assurance around the quality of care delivered by provider organisations.

Our Chief Nurse and Director of Strategy and Delivery present monthly Quality and Performance Reports to our Governing Body. The report covers all NHS Constitution commitments and Oversight Framework standards, the performance of our main contracts, quality indicators and a summary of performance against our own delivery plan areas.

A Quality and Patient Safety Committee (Q&PSC) has delegated functions from the Governing Body. The role is to receive and analyse assurance around the quality of care provision from CCG commissioned services and seek continuous improvement to the quality of services.

The CCG has worked with commissioned providers to ensure continuous improvements in clinical effectiveness and outcomes, quality and safety, patient experience, safeguarding and infection, prevention and control. Where services need to improve quality or reduce inequalities, the CCG officers and commissioning nurses undertake clinically led visits to main providers, seeking quality assurance and agreeing relevant actions.

Safeguarding remains one of the core areas of quality within the CCG and assurance around Safeguarding is also communicated through the Q&PSC.

Safeguarding

The CCG continues to meet its responsibilities in relation to safeguarding children, young people (CYP) and adults. The Chief Nurse undertakes the executive lead role within the CCG for safeguarding. The CCG continues to host two designated nursing posts (one for safeguarding CYP and one for safeguarding adults). These posts are both supported by deputy roles and the wider Quality and Patient Safety (Q&PS) Team. The CCG also continues to employ a named GP for safeguarding CYP who supports safeguarding across primary care from a medical perspective.

Designated safeguarding functions are incorporated into wider CCG Quality & Patient Safety roles, the importance being that safeguarding is considered a priority and assuring high quality of care at the outset. The model provides support to the wider health community in meeting its responsibilities in relation to safeguarding and quality.

Doncaster Safeguarding Board

The CCG remains a statutory partner of the Doncaster Safeguarding Community and has representation on both the children and adult agendas, holding representation on the Doncaster Safeguarding Board, thus enabling an integrated 'whole family' approach. To further this ambition, the Safeguarding Partnership has developed close structural relationships with the development of a Joint Safeguarding Board. This model has proved very effective during 2019-20 and has continued throughout 2020-21.

As Doncaster continues to develop its wider vision for whole family working, the Safeguarding Children's Partnership and Safeguarding Adults Partnership will continue to explore opportunities to work even closer together to promote safeguarding practice across all the life stages in Doncaster.

The CCG representatives provide support and representation to the safeguarding sub structure, taking the role of chair on several of the 'sub-groups' and providing representation in all the appropriate groups. In addition, both designated nurses also lead and support work streams resulting from the work of the Safeguarding Board and sub-groups.

Responding to Covid-19 at a local level

Safeguarding has remained a priority during the pandemic with the CCG continuing to work closely with the Doncaster Safeguarding Partnership and providers.

Throughout each of the national lockdown periods, NHS Doncaster CCG has worked alongside the local authority and other partners to coordinate and support the health and social care response and management of children who are known to be Clinically Extremely Vulnerable (CEV). Recognising and understanding the individual and changing needs and requirements of such children and their families enables the Doncaster partnership to effectively care and protect them as they live through the pandemic experience.

The CCG has recognised the fundamental need to ensure a collective response to the varying and emerging needs of children and young people during these uncertain times, especially as national lockdown impacts on children accessing traditional schooling methods for extended periods. Children's mental health and emotional well-being has been a priority.
The CCG alongside the local authority and partners meet every week to ensure the right services are offered at the right time and in the right place for those in need.

Looked After Children (LAC)

As commissioners of high quality, safe healthcare, the CCG has responsibility to ensure the timely and effective delivery of health services for LAC and young people in Doncaster. The CCG continues to commission appropriate services and work with partners across the system to monitor and improve the quality of care.

The CCG has commissioned a dedicated 0-19 LAC team model which is established and embedded. The ethos of the team is to improve the quality and continuity of care for all LAC and their carers. The dedicated LAC team understands the physical and emotional needs of children in care and how their past experiences of trauma and neglect impact on their attachments and future health, wellbeing and development. This understanding has enabled the LAC practitioners to provide a higher level of continuity and quality of care for LAC, care leavers and their families placed in Doncaster, with a clear focus on improving health outcomes and reducing health inequalities.

Medicines Management

Like other areas within the CCG, the Covid pandemic has necessitated change to our routine work, which, in co-operation with other departments and Primary Care Networks (PCNs), has been of direct benefit to patients around Doncaster.

The pharmacist team has been instrumental in providing pharmaceutical support to multi-disciplinary teams, reviewing our most vulnerable care home patients in conjunction with council and community teams. We also provided training for a number of PCNs and practice pharmacists to be able to take over our supporting role and allow us to assist with the vital national Covid-19 vaccination program.

We have reviewed patient records to enable as many as possible to function with electronic repeat dispensing, to reduce the need to transfer paper and people between sites and improve electiveness and efficiency for community pharmacy.

The team has supplemented its routine training with vaccination training. The use of the national protocol has enabled both the pharmacy technicians and the pharmacists within the team to work alongside nurses from the PCNs to boost the vaccines delivery. We also provided pharmaceutical support and authorisation to enable the safe and effective functioning of the vaccination hubs and assurance to the national centre concerning the hubs and roving teams.

In addition, we have continued our role in quality assurance, with a focus on reviewing and revising the governance of the medicines commissioning process to be more robust and clearer for those operating with its framework including our provider partners. We have continued to remotely assess patient prescribing choices and provide prescribing support to CCG member practices. This has contributed to around £400k of savings by the team despite other pressures.

Continuing Health Care (CHC)

The CCG continues to be responsible for implementing the national framework for NHS CHC and NHS-funded nursing care and children's continuing care. We have a team of clinicians and support staff to deliver this work alongside colleagues in Doncaster Council and provider organisations. In addition to eligibility and case management, the CHC team works collaboratively across the Doncaster Partnership in supporting the quality agenda in community care settings.

The pandemic has had a direct impact on the work of the CHC team. During wave one, the usual CHC processes were temporarily halted. Therefore, the team were redeployed to provide community support.

The CHC team members became part of the Doncaster Covid response to support community care settings by becoming members of a number of multi-agency teams that were coordinated to provide support and assistance to community providers. The teams supported providers through visits, by providing advice and guidance in areas such as infection prevention, fitting of specialised masks and supporting the vaccination programme.

The community response was in addition to the CHC team's normal 'case management' role. This continued throughout the pandemic and became more important as the support prevented admission into the acute hospital, playing a vital role in co-ordinating discharges from hospital into community settings.

In September of 2020, CHC functions were restarted and so the team were then tasked with delivering a slightly changed CHC process but did so against the developing second wave of the pandemic, whilst maintaining the role and functions developed in the first part of the year.

Between September 2020 and March 2021 the CHC team competed all the assessments that had built up during wave one.

The impact of the pandemic has seen a fall in the numbers of individuals receiving funding through the CHC process, there has been a loss of around 14% of people funded through CHC.

The direct impact of the work undertaken by the team during 2020-21 has resulted in a fall in the compliance of formal reviews. This has primarily been due to the challenges of establishing the required attendance due to access issues, the compliance rate has fallen to 51% of reviews

being out of timescale. Returning this to the previous compliance rate of around 5% will be the priority in 2021/2022. It is worth noting that although the formal review has not been undertaken, individuals have received case management support throughout the period of the pandemic.

In 2019-20 the children's continuing care team has worked alongside partnership organisations to review children and young people (CYP) who previously were overdue a review. All CYP receiving CHC have been reviewed to ensure they are receiving an appropriate and effective package of care to meet their assessed care needs.

Individual Placements and Transforming Care

Doncaster continues to work towards achieving the standards outlined by the NHS England Transforming Care Programme, making significant progress in the movement of individuals that have historically been detained in specialist hospitals, resulting in the movement of this group and the development of plans for this remaining in these settings.

Unfortunately, the pandemic has had some impact on the progress of some discharge pathways. The mechanism to support this process is delivered through Care and Treatment reviews, all these remain delivered within the required timescales and process.

The CCG leads the local and wider partnership in this area, supporting community services to develop and provide appropriate support for people, reducing their need for admissions into acute hospital placements and to facilitate timely discharges.

A number of individual specialist placements are commissioned by the CCG. To support this, the CCG has appropriate staff members in post to deliver a case management role. These roles support the CCGs responsibilities to commission effective high-quality care and ensure that people are cared for in the most appropriate settings. This requirement is delivered through regular health and well checks. This requirement is mandated by NHSE, once again the CCG has managed to fulfil its requirement to undertake this aspect of care. Some of these have needed to be delivered using technology as a result of the pandemic, but these will return to more traditional reviews as the situation changes.

Work continues to further develop high quality care provision, both at a local level and collaboratively across the SYB area with colleagues.

Recognition

NHS England has recognised the approach developed in Doncaster. As a result, the All Age Transforming Care Specialist Case Manager and the Interim Deputy Chief Nurse and Designated Nurse for Children's Safeguarding and LAC at Doncaster CCG have been commissioned by NHS England to deliver a number of training sessions to colleagues and professionals in similar roles.

1.8. Performance Analysis

Performance and quality of care is a key strand of the CCG's work and is monitored on an ongoing basis to ensure the health services commissioned are delivering the best level of care possible for the people of Doncaster.

A quality and performance report is produced monthly for the Governing Body covering the CCG's performance against NHS England's Oversight Framework (OF), NHS Constitution measures, NHS Quality Premium and the Better Care Fund (BCF), as well as local Key Performance Indicators (KPIs) for the CCG's main health care providers (reported on an exception basis).

The CCG developed three delivery plans supporting commissioning objectives aligned to life stages (Starting Well, Living Well and Ageing Well) to support the achievement of strategic objectives.

The three delivery plans for 2020-21 have been reported on a monthly basis to the Governing Body by way of a highlight and exception report. This continues to make our performance open and transparent, not only with partners and stakeholders, but members of the public as well.

Each delivery plan is "in focus" at each monthly Governing Body meeting whereby the leads for the delivery plan present the progress and key challenges to date. Where possible, a patient story is presented to the Governing Body to provide further depth of information, good or bad, from a patient perspective.
This process is supported by monthly Programme Boards and Task and Finish (T&F) Groups. These meetings are in collaboration with our partner and provider organisations. We also hold contract meetings with providers to ensure services are maintaining a good and safe level of care and are improving the services they provide in line with the CCG's delivery plans.

Annual review meetings are held with NHS England and the Chief Executive of the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) to provide assurance that key areas of performance are being suitably addressed. The review also focuses on successes achieved by the CCG during the year, along with next steps for the forthcoming year.

Improvement and Performance for 2020-21

During 2020-21, the CCG has worked very closely with members, partners and providers, towards achieving improved care and quality for patients.

Due to the Covid-19 pandemic NHS England and NHS Improvement reduced routine reporting requirements on NHS organisations to free up capacity to manage the response to Covid-19 from 28 March 2020.

Further details on the reporting ceased which has been agreed with the CCG's main providers can be found here: Reducing burden and releasing capacity at NHS providers and commissioners.

The impact from Covid-19 can be seen in some services during March and particularly April 2020. Since March, partners across the Doncaster Health and Social Care Community have worked collaboratively to establish new ways of delivering services (e.g., telephone or video consultations rather than face to face contacts) and are developing plans to resume services that are currently suspended. Joint work has commenced to estimate demand whilst taking into account the reduced capacity caused by services having to be delivered in a Covid-19 secure setting.

Clinical Quality Review Groups from Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) have continued throughout the year to ensure that quality impacts are known and mitigated appropriately.

The CCG is working collaboratively with SYB Cancer Alliance, to develop an activity and demand model across the ICS footprint for the recovery from Covid-19. Use of national referral data will allow programmes within the ICS to more readily understand current demand for services and cascade this information appropriately to support the operational recovery of waiting times. Initial focus will be on measuring the volume of demand from primary care contributing to two week waits with further analysis developed in line with the ICS's programmes.

Oversight Framework (OF)

The NHS England and NHS Improvement Oversight Framework sets out how regional teams review performance and identify support needs across ICSs. This integrated approach enables regional teams to look at the support requirements for CCGs and providers in parallel so that support and intervention are mutually reinforced.

The regional team will determine how frequently they will review CCG and provider support needs and segmentation based on their performance against the metrics in the assessment framework.

The oversight framework covers the following five domains:

- New service models
- Preventing ill health and reducing inequalities
- Quality of care and outcomes
- Leadership and workforce
- Finance and use of resources

The possible ratings are: Outstanding, Good, Requires Improvement and Inadequate. The CCG was rated 'Outstanding' for 2019-20. No updates have been provided to date in 2020-21.

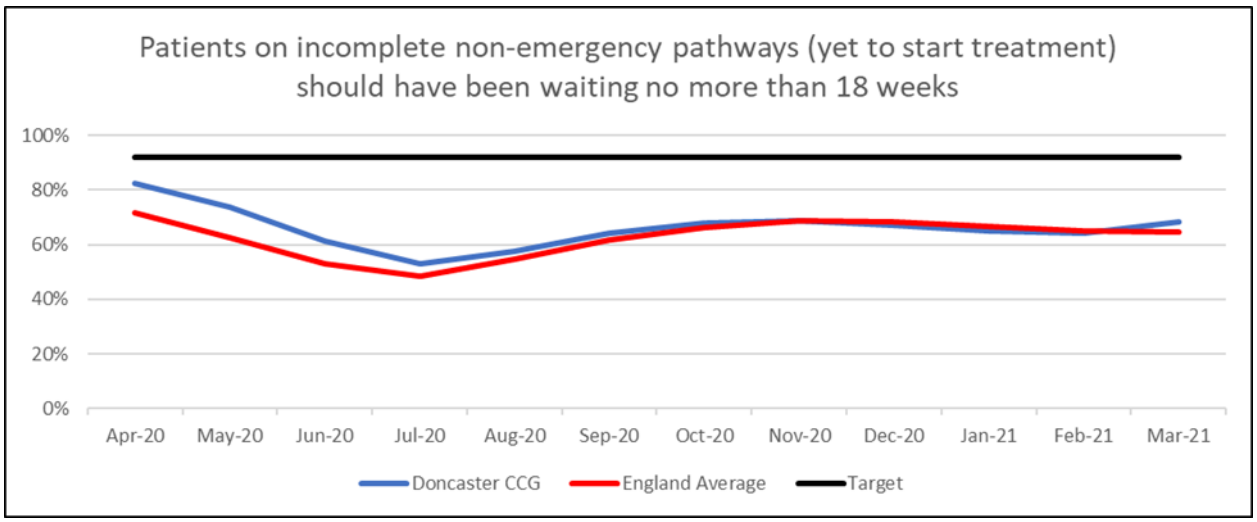
Referral to Treatment (RTT) Waiting Times

The CCG did not achieve the NHS Constitution standard of 92% of people waiting under 18 weeks for 2020-21 at 68.4% (as at March 2021), although during the year the CCG have consistently performed above the England average (with 2 exceptions in December 2020 and February 2021). Delivery of the 92% standard has been impacted by elective activity not being undertaken due to the response to the Covid-19 pandemic.

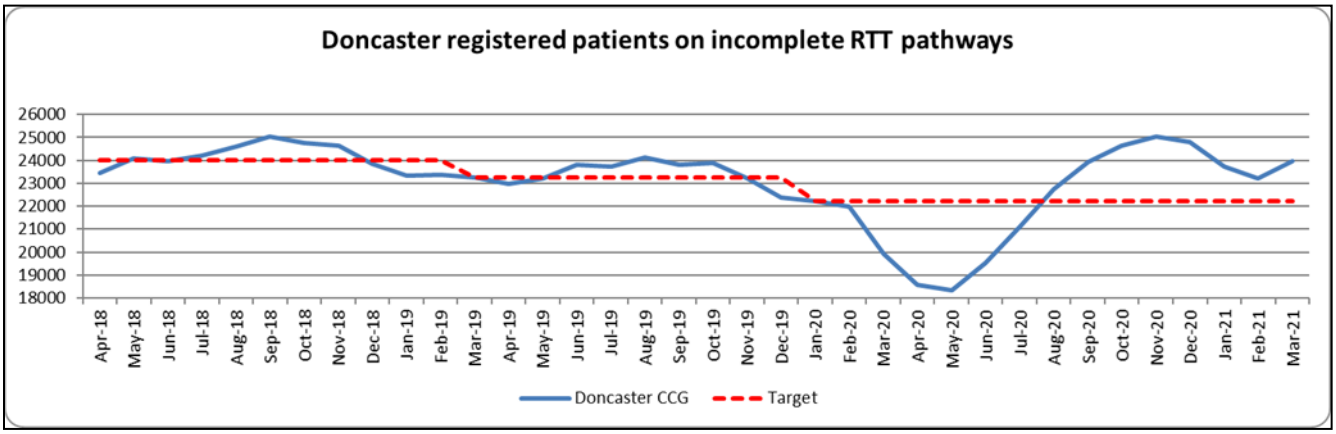
The CCG has continued to work with provider organisations to improve the length of time patients wait for non-urgent treatment, using capacity and demand modelling to plan for activity during the year. Weekly meetings continue at DBTHFT to review the patients waiting as well as specific projects to ensure patients are seen in the most appropriate service to help manage demand.

DBTHFT have submitted an improvement plan which includes the need for a sustainable video consultation solution and an update of the performance assurance framework and related meetings to focus on recovery. Mutual aid arrangements are in place for certain specialities with neighbouring Trusts. A surgery outpatient recovery plan which will increase activity and reduce long waiting times is in place.

Doncaster GPs are further supporting this in encouraging patients to consider their choice of provider.

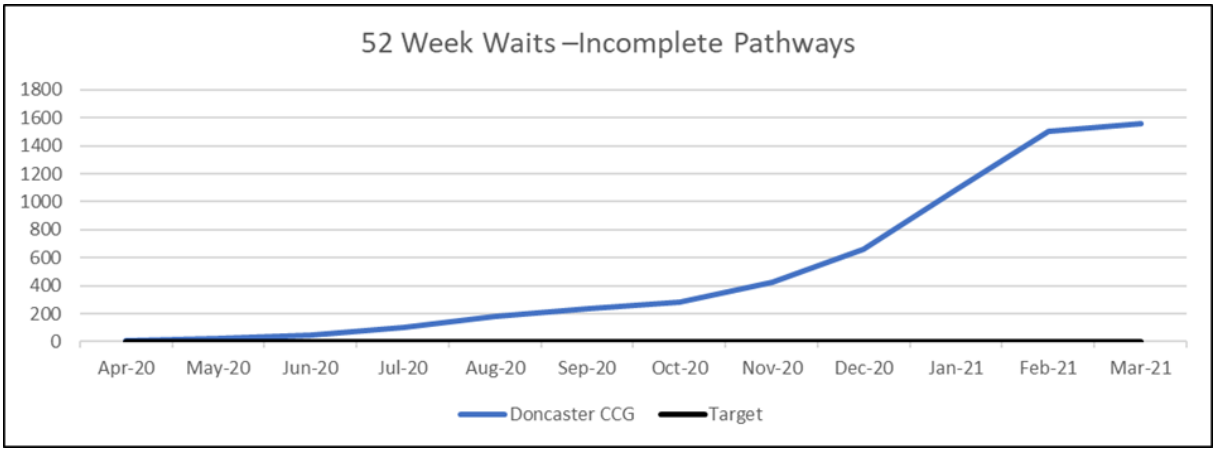


The expectation nationally has been revised to ensure that the number of patients on incomplete pathways is maintained below or at the waiting list size at the end of January 2020 by March 2021. The number of DCCG patients on incomplete RTT pathways in March 2021 was 23985. This exceeds the waiting list target (22206) by 1779 patients. The Trust are currently working with North of England Commissioning Support Unit (NECS) on validation of the Patient Tracking List (PTL).



52 Week Waits – incomplete pathways

The number of breaches has increased since April 2020 primarily due to Covid-19. The number of DCCG patients waiting over 52 weeks increased to 1562 in March 2021. Actions detailed above will improve this position in the future.

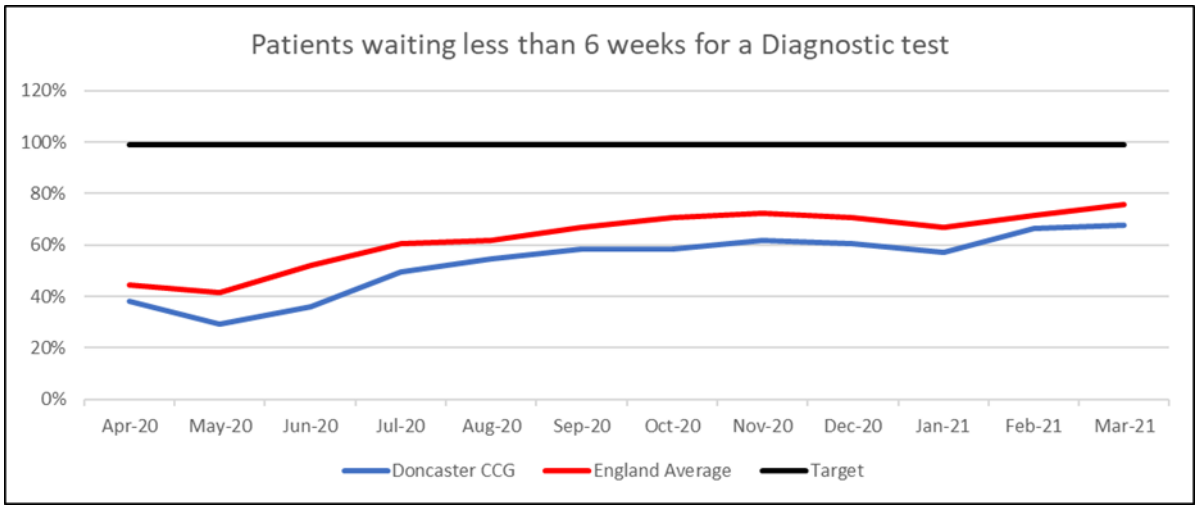


Patient waiting less than six weeks for a diagnostic test

65.9% of people referred for a diagnostic test received that test within six weeks in 2020-21. Performance deteriorated significantly between March and May 2020 due to the impact of Covid-19 and despite improving during the remainder of the year remains below the England average

Due to the National and Local response to the pandemic from 18th March 2020, the majority of the Trust's routine activity ceased, limiting their ability to see patients already in the system and those newly referred within the 6 week timeframe.

There has been an increase in 2 week wait referrals, urgent and routine referrals for both MRI and Non-Obstetric Ultrasound (NOUS) at DBTHFT since December 2020. This has added to the backlog of patients waiting for NOUS and injections caused by staffing shortfalls over a prolonged period.



Accident and Emergency (A&E) waiting times

85.0% of patients who attended any of the Doncaster system's A&E departments during 2020-21 waited less than four hours to be treated and discharged. This is below the NHS Constitution standard of 95% and further work continues to improve the waiting times for patients.

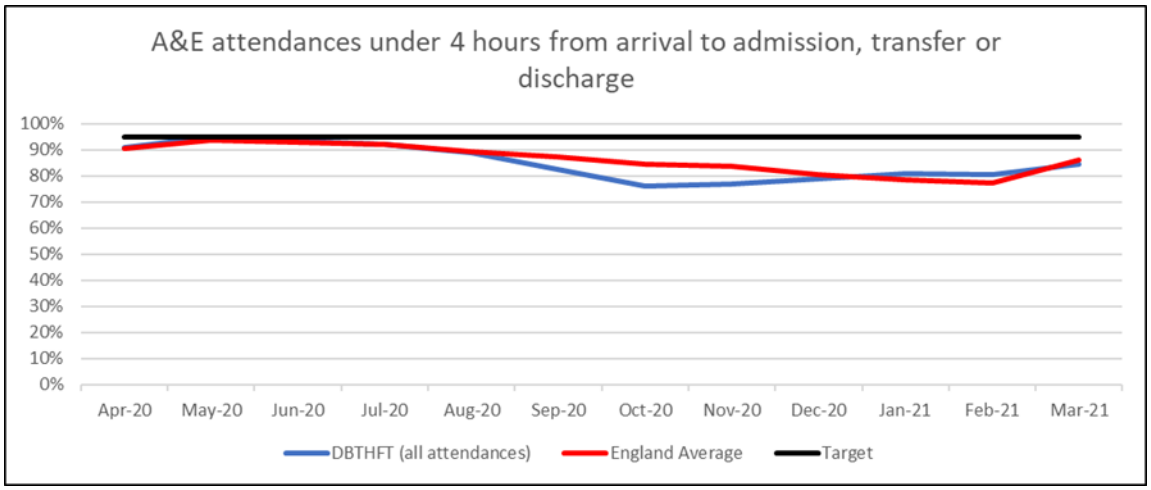
Covid-19 has continued to impact on both Emergency Departments within DBTHFT with departments split into 2 areas to manage 2 simultaneous pathways responding to Covid-19 symptoms and non-Covid-19 symptoms.

Weekly escalation discussions are in place between the Trust and the Yorkshire Ambulance Service to address 'batching' concerns in a wider 'System Forum'. Both sites are seeing an increase in both inappropriate and escalated acuity attendances with patient feedback indicating inability to access face to face primary care consultations. The CCG has continued to highlight concerns through ongoing discussions.

Increased Senior Management presence and support is in place at Bassetlaw to improve clinical patient flow and pathways. The Emergency Assessment Unit continues to be well used and supports performance and flow throughout the department.

Ongoing work continues with the Teams to build and embed relationships and foster more effective patient pathways both within the Division and in the wider Trust. This is a long term project.

A Rapid Response community service is now well embedded within Doncaster which helps avoid hospital admissions that are unnecessary and/or would not offer significant benefit. 'System Perfect' weeks have also taken place which enhances joint working across the whole health and social care system. These pieces of work ensure that the whole system is supported to treat patients quickly and in the most suitable place. This ensures the best outcomes and allows the A&E department to discharge patients with support or transfer them to appropriate wards.



Improving Access to Psychological Therapies (IAPT)

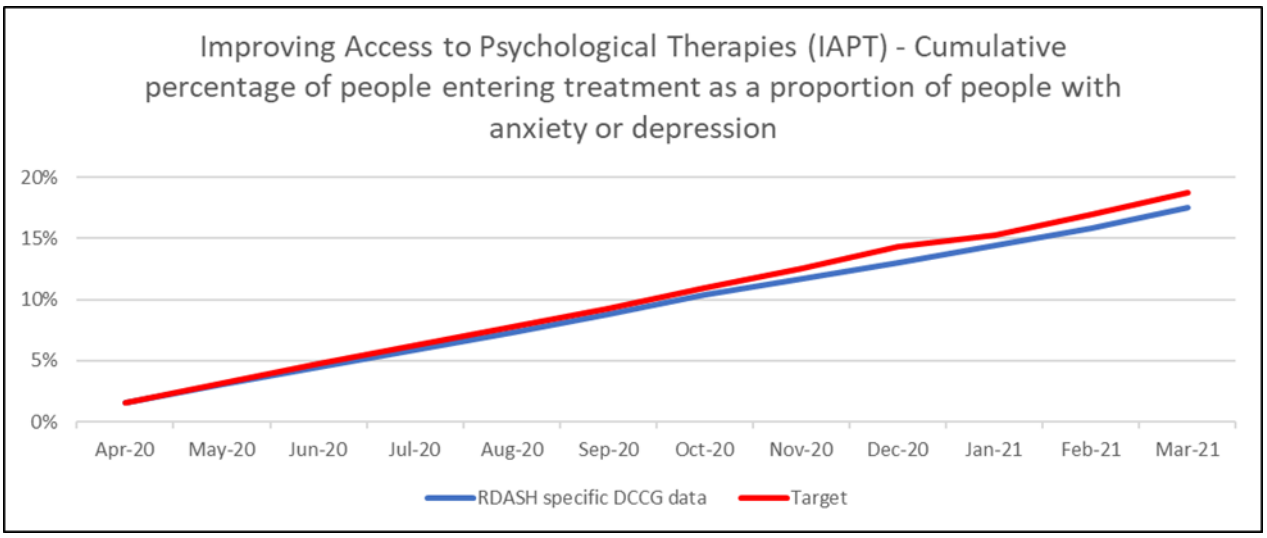
The proportion of the Doncaster population estimated to have anxiety and depression who access IAPT services was under the required standard for 2020-21 at 17.5% against a target of 18.75%.

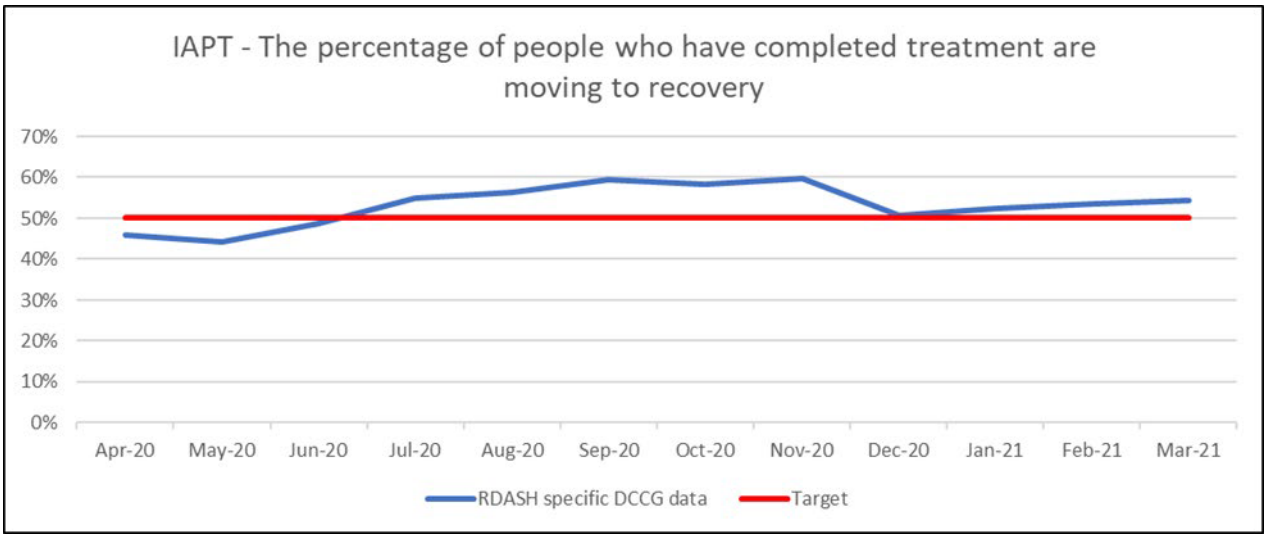
A revised trajectory taking into account the impact of Covid-19 has been submitted to NHS England with access targets at 4.6%, 4.9% and 5.1% for Quarters 2 to 4. Against this revised trajectory performance for Q4 was only 0.7% below this aim.

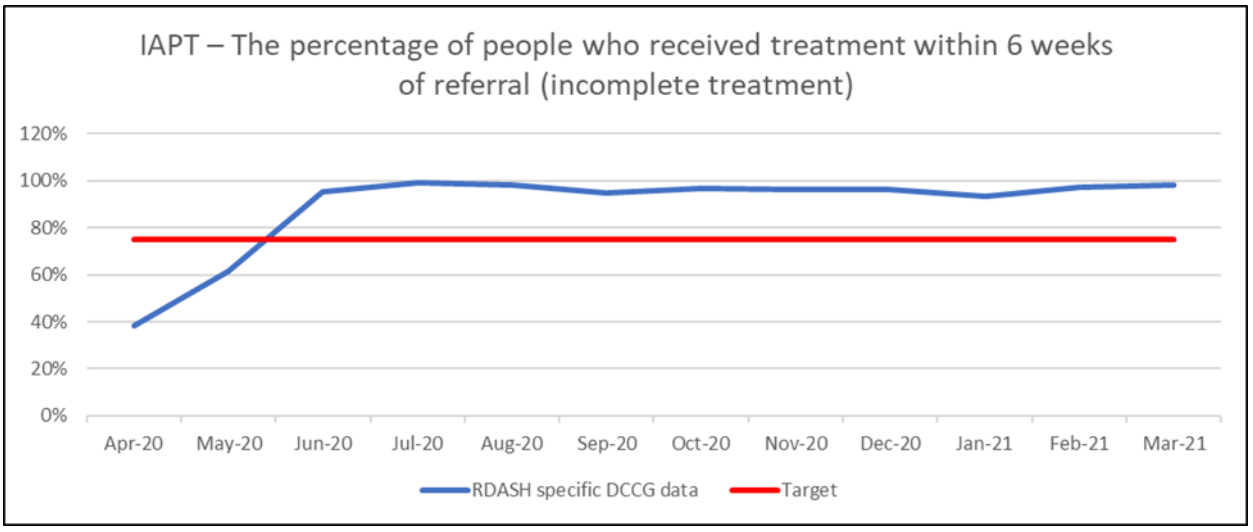
The Service is offering additional telephone and digital interventions and a meeting has been scheduled with the CCG to discuss recovery into 2021/22. Face to face treatment has been ceased at the current time.

The service will continue to be monitored with the Trust through Finance, Performance and Information Groups.

The recovery rate and waiting time targets for the service were both on track in December.


Improving Access to Psychological Therapies (IAPT) - Cumulative percentage of people entering treatment as a proportion of people with anxiety or depression
20%
15%
10%
5%
0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
RDASH specific DCCG data
Target


IAPT - The percentage of people who have completed treatment are moving to recovery
70%
60%
50%
40%
30%
20%
10%
0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
RDASH specific DCCG data
Target


IAPT – The percentage of people who received treatment within 6 weeks of referral (incomplete treatment)
120%
100%
80%
60%
40%
20%
0%
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
RDASH specific DCCG data
Target

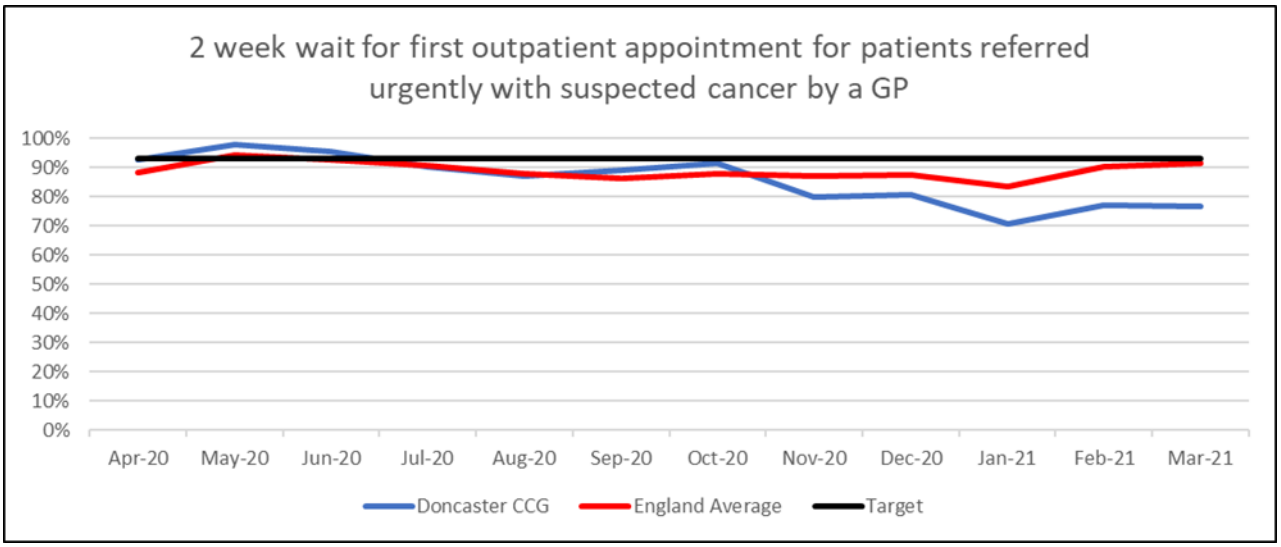
Cancer Waiting Times

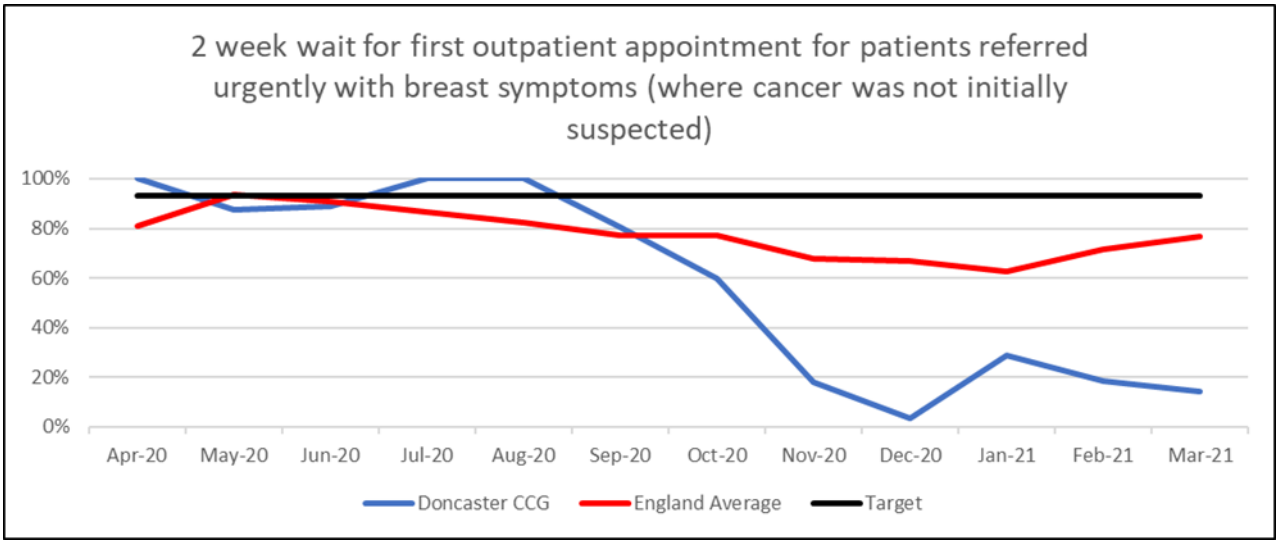
During the year 84.3% of patients waited 2 week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP which is below the 93% NHS Constitution standard.

As with other pathways this has been adversely impacted by the pandemic.

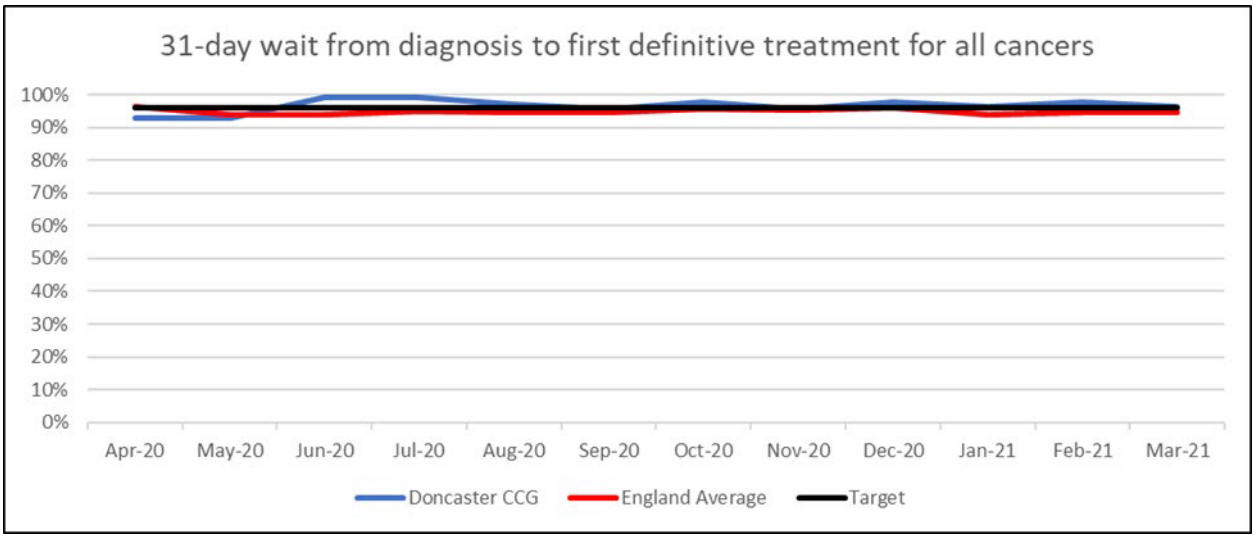
The Cancer Programme Board (CPB) remains in place in Doncaster focusing on performance and improving outcomes for the population. The CCG remains highly engaged with ongoing Cancer Alliance (CA) discussions in order to improve performance and recovery, both locally and across SYB and North Derbyshire (SYBND) CA. This includes intelligence support and support to pathway analysis as well as the process of transferring patients from the diagnosing provider organisation to the tertiary provider which treats the patients.

Actions that have been taken to date include: weekly meetings to review waiting list patients and ensure progress is chased up if delays are occurring; monthly breach analysis to understand where pathways could be improved; improving the two week wait pathway as described above which has an impact on the waiting times for treatment; implementing best practice pathways endorsed by the CA including rapid diagnostic pathways and stratified follow up pathways of care for patients post treatment.

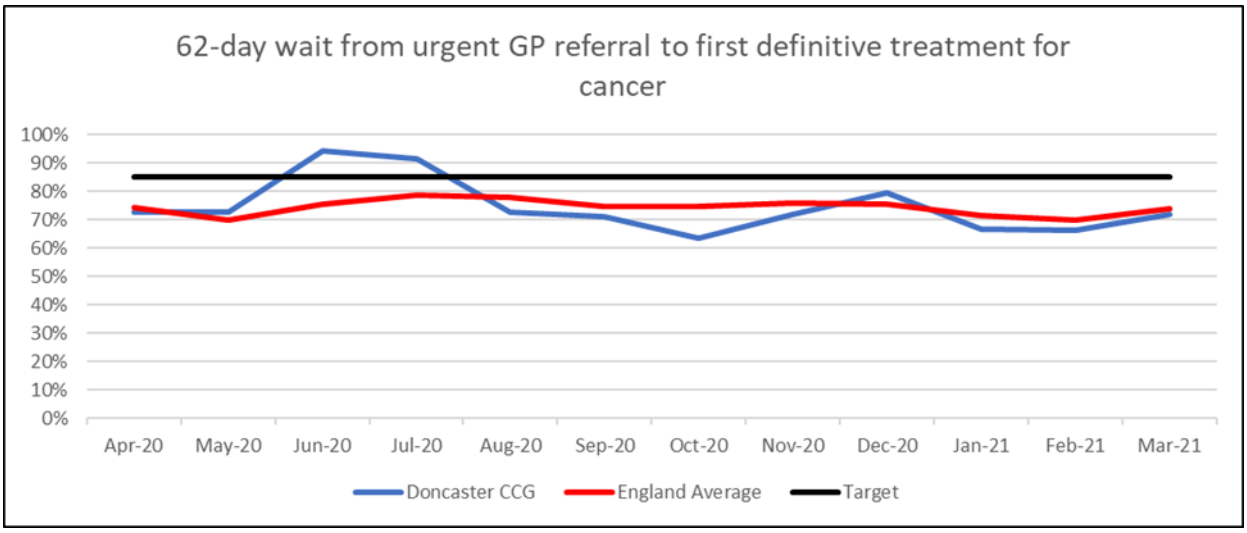




During the year 96.6% of patient waited 31 days or less from diagnosis to their first definitive treatment for cancer which is above the 96% NHS Constitution standard. Performance was under target in April 2020, May 2020, September 2020 and November 2020.



73.2 % of patients waited less than 62 days from referral to first definitive treatment during the year against an 85% target.



Covid-19 Impact

- **A&E**: Performance has been impacted due to the Emergency Department at Doncaster Royal Information being split into two areas to manage two simultaneous pathways (Covid-19 and non-Covid-19). Sickness amongst medical staff led to a reduction in substantive workforce. Personal Protection Equipment implications (e.g. “donning and doffing”) also caused delays.

- **RTT**: The majority of routine elective activity was stepped down due to DBTHFT’s response to Covid-19 in line with National Guidance. The ability to offer face to face care has been severely restricted. This has significantly impacted RTT since March 2020.

- **Diagnostics:** All routine diagnostic work was stepped down in line with National Guidance. This has severely affected performance against the standard since March 2020.

1.9. Engaging People and Communities – A Duty to Involve

From March 2020 our engagement work predominantly focused on Covid-19. Despite the pandemic, we have continued to engage with a wide range of communities, making the most of online platforms, our website, our social media and in the local press. We joined together with our partners from health and care across Doncaster to include details in our Doncaster Covid social media: @CovidDoncaster on Twitter and Facebook. We also shared information through the Communications Cell in a weekly newsletter for local residents.

We worked with our partners across the health and social care system in Doncaster and also with our colleagues across SYB to help provide access to services and information about how to stay safe and avoid potentially life-threatening situations by staying at home, social distancing and following good hand hygiene. We published information on our website in easy read versions and community languages.

We developed a local Doncaster Coronavirus facility that can treat people should they have symptoms. This provides assurance that face to face help and support continues to be available. Examples of our engagement work which has taken place during the past year include the following:

- We liaised extensively with Doncaster's BAME communities asking them how they would prefer to receive information to help them be aware of the latest information and guidance locally for Covid-19.

- In November 2020 we held the first meeting of our Primary Care Network for BAME staff and 66 people joined the call. We held the second meeting in January 2021 and are planning meetings to take place every couple of months.

- We held our first BAME Network for staff working in the CCGs across South Yorkshire and the Integrated Care System (ICS).

- Our work engaging with Doncaster's Gypsy and Traveller communities has resulted in a successful bid for funding to the Better Care Fund and we have recruited two full time Gypsy Traveller Link workers to start in April 2021.

- The CCG has been leading work with our primary care colleagues to identify how to better support unpaid carers, both adults and children. We undertook a survey with practices to identify where we could provide further support but due to coronavirus and the rolling out of the vaccine programme this work was put on hold. We hope to pick it up soon.

- There was staff engagement as part of the Frailty testing prototype in Thorne. This is forming part of the evaluation and next steps and is being linked to the Local Solutions neighbourhood approach to support the Place Plan.

- Before the lockdown in March there was local engagement within cancer services.

- Last year more than 770,000 people gave their feedback on 7,000 primary care practices across England. We asked our colleagues in primary care practices across Doncaster to display a poster to encourage patients to complete the survey if they receive one. The poster was available in 15 different languages.

- In March we supported the national no smoking day through our website and social media accounts.

- From March 2020 our engagement work focused on Covid-19. We have published information on our website in easy read versions and community languages.

- We worked with our partners across the health and social care system in Doncaster and our colleagues across SYB to help provide access to services and information about how to stay safe and avoid potentially life-threatening situations by staying at home, social distancing and following good hand hygiene.

- Throughout the year we engaged with our staff through a weekly email newsletter, twice weekly staff blogs and special engagement campaigns, linked to well-being.

- In December 2020 we held two-hour long mindfulness workshops for staff to support well-being and promote relaxation.

- We supported a series of radio adverts for our Be Winter Well campaign to help support members of the public stay well over the colder months. We worked in partnership with providers of health and care as well as the voluntary and community sectors to ensure these messages were promoted and the public were signposted to our website for more information and encouraged to use alternative services to reduce unnecessary demand on the emergency department.

- We continue to work in partnership with Doncaster Council to make Doncaster Dementia Friendly.

- Over 100 local people, including patients, members of the public, staff and partner organisations joined the first online Annual General Meeting to celebrate and recognise a number of achievements and challenges faced during 2019-20. Due to Covid-19, the CCG moved the event to an online format in order to keep people safe and socially distanced. In the run up to the event we held a virtual market stall event on social media to showcase various services from across Doncaster partners which we felt the public would benefit from learning about.

Healthwatch Doncaster has continued to work closely with the CCG throughout Covid-19 and have:

- Facilitated patient stories at the Governing Body by Zoom videos and presentations.

- Talked to 320 local patients about their experiences of accessing digital appointments in Primary Care – the outcomes of the report were discussed and reviewed at the Primary Care Commissioning Committee.

- Talked to 275 patients about their experiences of accessing digital outpatient and therapy appointments at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust – the outcomes of the report were discussed and reviewed at the Planned Care Board.

- Developed and implemented a review of the experiences of patients who accessed Urgent and Emergency Care services during the Covid-19 pandemic – the outcomes of the report were discussed and reviewed by the Urgent Care collaborative partnership.

- Delivered online information and engagement sessions through Healthwatch Doncaster's Daily Dose programme – colleagues from the CCG have provided videos and interviews that have been shared through Zoom and Facebook Live for local people.

- Stories and experiences of asylum seekers and refugees in the early stages of the Covid-19 pandemic and lockdown were shared and discussed at the Engagement and Experience Committee.

- Had extensive conversations with patients about their experiences of the cancer pathways, a report is being finalised and will be published in Spring 2021.

- Close collaboration, relationships and partnership working enable Healthwatch Doncaster to raise questions and issues highlighted by local people and communities directly to the CCG with swift responses and information then supplied and shared.

- Extensively collated patient and staff videos and shared them online to promote uptake of the Covid-19 vaccination, particularly amongst BAME communities.

The Engagement and Experience Committee is a formal committee of our Governing Body and has responsibility for embedding patient experience within commissioning and ensuring that due regard is paid to our public sector equality duties. Our monthly Engagement and Experience Committee oversees engagement, experience, communication and equality within the CCG and across Doncaster.

The Committee includes representatives from Healthwatch Doncaster, the Chairs of our patient and public involvement groups, the Health Ambassador scheme, the Patient Participation Group Network and representatives from across our organisation. It is chaired by our Lay Member for Patient and Public Involvement. The minutes of the Committee are reported to our public Governing Body and are available on our website.

Primary Care Communications and Engagement

To keep our primary care teams up to date with the wealth of guidance emerging as a result of the pandemic, it was agreed to develop a daily bulletin so that information could be kept in one place rather than bombard practice managers with emails. This bulletin has been reviewed at various intervals and is currently issued twice a week to appraise practice staff of latest developments both Covid-19 and non Covid-19 related. All guidance is saved on GP Find as a repository of information.

The primary care communications and engagement strategy was approved at the Primary Care Commissioning Committee in October 2020. The aim of the strategy is to increase awareness of primary care, to ensure consistency of message, to outline the key benefits of particular services and initiatives, to encourage use of digital platforms and to nurture relationships between patients, the public and primary care providers.

The Choosing the Right Service for Health and Care Needs continued to be a key theme this year. It clarifies for people the range of services available during working hours and out of hours. During the pandemic a focus was put on emphasising that practices are open for business and that patients needing to be seen face to face would be seen in a safe way, to allay some of the emerging fears and perceptions that practices were closed.

With the further development of Primary Care Networks an engagement event was held in February 2020 which focused on communications and engagement and some of the PCNs are now developing virtual forums wider than their Patient Participation Groups to ensure that community engagement is developed.

The More Choice More Appointments service continued to be promoted with a particular focus on the Health Bus available to patients in various easily accessible locations in Doncaster throughout the winter months.

As the Covid-19 vaccination programme developed our messages to patients focused on raising awareness of the patient cohorts, advising people not to call their GP practice about the vaccine as they would be contacted directly to arrange an appointment when it was their turn and encouraging attendance for vaccination appointments when that turn came.

During the summer the Nelson Practice and Bentley Surgery undertook a comprehensive engagement with their patients as their plans to merge were developed. As this also involved plans to close the Scawthorpe surgery a presentation was made to Overview and Scrutiny Panel and their recommendations are being taken forward to maximise opportunities for patients to have their say.

Healthwatch surveyed patients about accessing primary care during the pandemic and positive feedback was received, a patient story was also presented to the Governing Body on this theme in March 2021.

Integrated Care System (ICS) Engagement Report

The CCG is a partner in the South Yorkshire and Bassetlaw Integrated Care System (ICS). The ICS is a group of partners involved in health and social care that have agreed to work in closer partnership to improve health and care. The ICS has made a commitment to involving patients and the public in health service developments.

During the Covid-19 Pandemic the ICS has continued to host the Citizens' Panel for virtual meetings, started to recruit to a new engagement membership online database 'Let's Talk Health and Care' and conducted a review of the engagement that took place in the system during the pandemic, to form an overarching report.

The 'Get Involved' page of the ICS website directs members of the public to opportunities to become involved in work being carried out by the organisation. Members of the public can keep abreast of ways in which they can contribute their thoughts, views and time via the ICS's social media channels as well as by signing up to the 'Let's Talk Health and Care' engagement membership database.

Detail about feedback received and how we put it to use is available on our 'Using your feedback' page.

- Recruitment to the Let's Talk Health and Care Membership

In July 2020 recruitment was launched to a new online health and care membership scheme across South Yorkshire and Bassetlaw. As members, people are invited to be involved as little or as much as they would like in helping to shape health and care services. The aim is to create a community of 2,000 people who all want to make their health and care services better. They are connected through regular newsletters and sharing of opportunities to get involved.

Recruitment is currently online and ongoing, with additional face to face recruitment planned when social distancing and restrictions allow.

- Views of people in South Yorkshire and Bassetlaw on health services during the pandemic

The ICS published a report summarising the key findings from activity that took place across the system to hear patient and public voice during the current Covid-19 pandemic.

In total 18 pieces of work were considered in the report, with an estimated patient public voice reach of around 7000. The work covers the South Yorkshire and Bassetlaw area and includes a wide range of Covid-19 related insight – some asking about people's understanding of information, some about wellbeing, and some about more specific changes to services such as alternative appointment types. Read the full report here: https://www.healthandcaretogethersyb.co.uk/about-us/whychange/latest-news/new-report-shows-views-people-south-yorkshire-and-bassetlaw-health-services-during-pandemic

- Changes to the appendicectomy pathway for under-8s and children with complex needs

In June 2017 the Joint Committee for Clinical Commissioning Groups (JCCCG) for South Yorkshire and Bassetlaw took a decision to change the way some children's surgery and anaesthesia services were provided in South and Mid Yorkshire, Bassetlaw and North Derbyshire. At that time, the JCCCG agreed to clinical recommendations that children needing an emergency operation for a small number of conditions, at night or at a weekend, would not be treated in hospitals in Barnsley, Chesterfield and Rotherham, and would instead have their surgery at Doncaster Royal Infirmary, Sheffield Children's Hospital or Pinderfields General Hospital in Wakefield.

Since that decision, a number of factors changed. These were set out in a report to the Joint Health Overview and Scrutiny Committee (JHOSC), which can be read here. The changes meant that a new recommendation was put forward by local clinical experts.

The SYB ICS presented an engagement report to the JHOSC, which compiled over 3500 responses. The report can be read here.

- Children's healthcare website – Healthier Together

A survey to seek the views of pregnant women, children, young people and their families, and health professionals on a 'Healthier Together' website to provide health information and advice for pregnant women, children, young people and their families across SYB took place in October 2019. The survey, which was conducted online and via partners' circulation, received just under 100 online responses and led to the development of a website during 2020. In November 2020 the ICS ran a focus group with parents, recruited to via social media, online and partners' networks to test the site. The focus group provided feedback, which saw the website adapted. It was launched as a pilot in February 2021.

- Listening Ear bereavement service survey into needs of Black, Asian and Minority Ethnic communities

Launched in April 2020 to respond to the pandemic, the Listening Ear South Yorkshire bereavement service was put in place to help people who have lost loved ones during the coronavirus pandemic, whether from the virus or otherwise.

In August 2020 it was recognised that since launching in April, almost 500 appointments had been accessed by people from across Barnsley, Doncaster, Rotherham and Sheffield with overwhelmingly positive feedback. However, the feedback had also shown that people from BAME communities were less likely to access the service and so a short survey was launched to ask people from those communities how the service could better meet their needs. Partners in voluntary sector organisations and community groups helped promote the survey. The results helped feed into the service specification for when the service was re-procured in January 2021.

- Barnsley and Rotherham stroke survivors and their families and carers asked for feedback about their care.

Following the introduction of three Regional Hyper Acute Stroke Units in 2019 to provide specialist care 24/7 for people in South Yorkshire and Bassetlaw, the views from people affected by the change to the service have been sought as part of the service change evaluation. Feedback has been collected from people from Barnsley and Rotherham who had a stroke and were treated at either Doncaster Royal Infirmary, the Royal Hallamshire Hospital or Pinderfields Hospital in Wakefield before either being discharged home or transferred to Barnsley or Rotherham Hospitals.

The findings from the survey have helped to evaluate whether the HASU Transformation achieved the anticipated benefits – one of which was to improve patient experience.

Gaining the patient and carer feedback proved invaluable and the team are now looking at setting up a Stroke Survivor and Carer Panel to help secure meaningful patient engagement into the work programme. The team are also producing regional patient information and supporting work on improving communication with patients and their families as part of their work programme. The full evaluation report and easy read versions will be available soon on the SYB ICS website here.

- Long covid rehabilitation pathway

Health and care professionals worked together to plan new rehabilitation services needed for the people who have had Covid-19 and as a result require ongoing health and care support.

To capture the views of patients to inform the service development, an engagement exercise took place. This included a wide-reaching survey, which received more than 60 responses, a focus group with patients and their carers and work with seldom heard communities. The work with seldom heard communities was overseen by the South Yorkshire Community Foundation.

Feedback has helped to shape the development of the services, including ensuring mental health considerations are taken on board and broad communication about the service is undertaken. Read the full engagement report here.

1.10. Equality and Diversity (E&D)

The CCG has a responsibility to understand the needs of stakeholders, businesses and the general public. Equality and Diversity and health inequalities is all about people, and how we can provide everybody with equal opportunities to thrive, succeed and feel respected and valued whatever their background, culture or characteristics. Getting this right is at the heart of providing a patient-led service and ensuring that we treat people with respect, dignity and fairness.

The CCG has established a number of processes, 'engagement in CCG delivery plans' and an 'equality analysis' process that ensures decisions made by the CCG are assessed and their impacts are understood.

Managers complete regular assessments and provide assurance to our Engagement and Experience Committee members that services are commissioned and reviewed with key equality and diversity metrics in mind. Engagement in CCG delivery plans are submitted at the meeting to ensure that experience outcomes for patients and residents of Doncaster are considered within planning and presented as outcomes where appropriate.

Examples of our Equality and Diversity and Health Inequality engagement work include the following:

- Working jointly with Doncaster Council to draft an All Age Learning Disability and Autism Strategy. The plan was co-produced by patients, individuals, individuals with a learning disability and / or autism and their families and carers, individuals from black, Asian and minority ethnic (BAME) community were also targeted.

- Learning Disability Annual Health Checks are an effective way of engaging with people at greatest risk and shaping a personalised response (health action plan). Support is now available to increase the Learning Disability Health Checks work through the General Practice Covid-19 Capacity Expansion Fund and from the Quality Outcomes.

- Work is being undertaken to test out whether we can also vaccinate the homeless in Doncaster. New Street Outreach Guidelines have been produced to support teams who are developing plans to deliver the vaccine on an outreach model.

- We attended the Minorities Partnership Board Meeting every fortnight and contributed to a newsletter aimed at our BAME communities. We have been highlighting local members of the Doncaster BAME community in our communications for the Covid-19 vaccine.

- Work has taken place with Doncaster Conversation Club to ensure that we continue to reach out to asylum seekers and refugees.

- We worked together with Voices of Doncaster to discover and recommend the most effective structure to represent the Voluntary and Community Faith (VCF) sector in Doncaster. Voices of Doncaster are committed to sharing their skills, insight and experience gained over many years of working in the VCF sector.

- We continue to liaise with our Health Ambassadors to engage seldom heard groups.

The Equality Act 2010 brought with it the Public Sector Equality Duties (PSED). The CCG is required annually to declare its compliance against these duties. Information on our equality duties can be viewed in our annual report.

1.11. Reducing Health Inequality

We are working closely with Doncaster Council to better understand, identify and address health inequalities and have co-led a health and wellbeing workshop on health inequalities. We recognise that access to healthcare services can be variable for certain groups and we are working with Doncaster Council to identify address these health inequalities. The Doncaster Health and Wellbeing Strategy 2016-21 has identified four themes to improve health and wellbeing outcomes. We have:

- Been an active member of the Health Inequalities Working Group, a multi-provider meeting, working together to address health inequalities in Doncaster.

- Worked as a partner in Well Doncaster, a collaborative programme which is developing, testing and piloting a set of linked interventions to improve the health of the poorest, fastest, in some of the most deprived areas of the North of England.

- Used health inequality information to support the development of our commissioning intentions. Commissioning leads provide updates on the engagement activity carried out in our areas of priority: engagement activities.

- Published our annual summary of our approach to inequalities that includes submission of the equality delivery system report.

1.12. Financial Performance

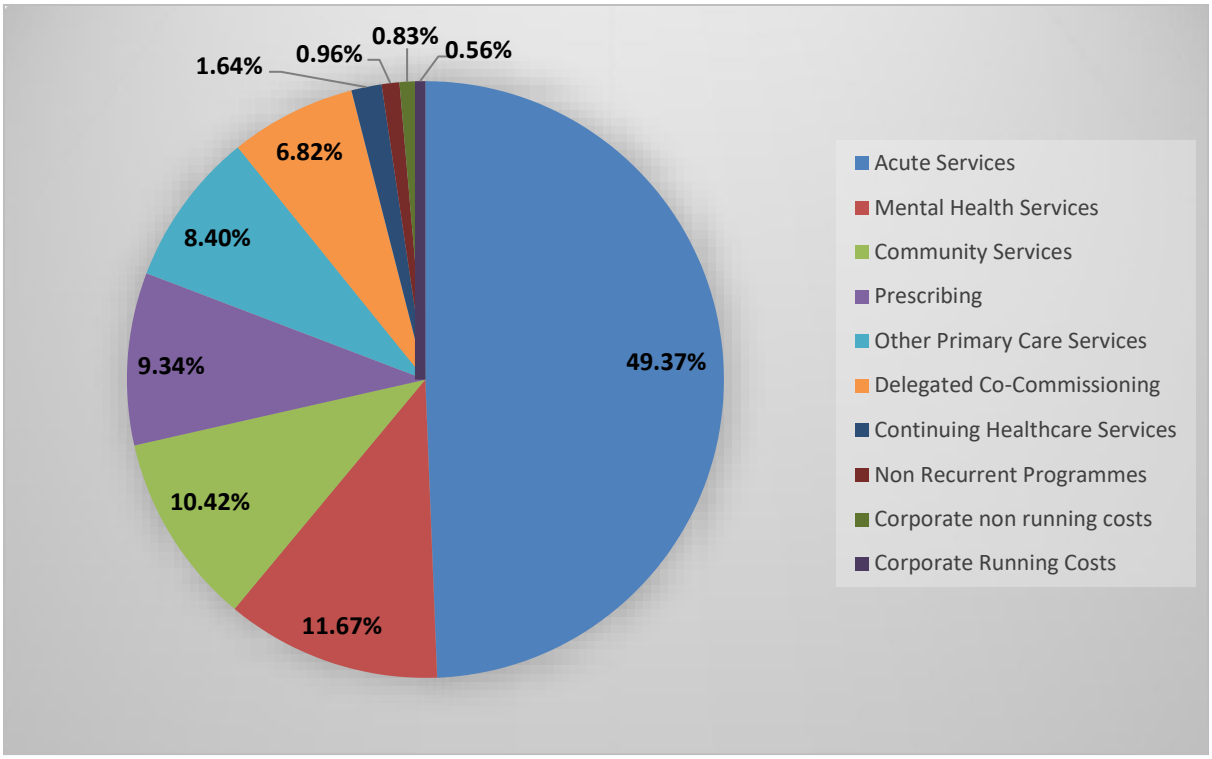
During 2020-21 the financial regime which the CCG usually works under changed due to the Covid-19 pandemic. The CCG had directed allocations and contractual values with NHS providers and additional top ups were available for Month 1-6. For the latter half of the year, allocations were awarded to each system and various additional funding was available for specific items including the Hospital Discharge Scheme, Primary Care Additional Roles and specific transformation funding.

Independent Sector Contracts for acute services were suspended and then funded centrally by NHS England under national contracts. Funding for Primary Care services was in the main protected at 2019-20 levels to enable services to continue throughout the pandemic.

The CCG had limited targets to achieve in relation to QIPP but still had to deliver a balanced year end position and its statutory duties as outlined overleaf.

The annual accounts have been prepared under IFRS and in accordance with the Annual Reporting Guidance issued by NHS England and the Department of Health and Social Care Group Accounting Manual. The Integrated Single Financial Environment ledger system facilitates the national consolidation of all sets of Accounts within the NHS England resource boundary, is open to view by NHS England colleagues, and thus has facilitated in-year performance management by the NHS England Area Team.

a) Revenue Expenditure – below is a summary of our expenditure by category.



The CCG incurred expenditure of £6.3m in relation to Covid during 2020-21, which is included in the above chart. The majority of this cost, (£4.7m) related to the cost of the national Hospital Discharge Policy and included the cost of packages of care organised by both the local authority and the CCG to aid faster discharge of patients from acute hospital or to prevent admission. Additional patient transport costs of £0.7m were incurred to ensure segregation and social distancing in line with national guidance. A summary of the spend by category is shown below.

Category	**Total Spend £000**
Hospital Discharge Programme	4,661
Renal Transport Costs (bulk heads and additional resources for all SYB)	675
Out of Hours capacity/CHUB	234
Primary Care Additional Costs	220
GP Bank Holiday Cover	184
Daycare Support	116
Care Home Digital Support	79
SMS costs	45
Cygnet Support Costs - nationally approved	44
Community Equipment Costs	44
PPE (scrubs)	34
Sickness Cover	11
Minor costs incl. comms	1
Total costs	**6,348**

b) CCGs have a number of financial duties under the National Health Service Act 2006 (as amended). The CCG's performance against those duties in 2019-20 was as follows:

NHS Act section	Duty	Target £'000	Performance £'000	Duty achieved?
223H(1)	Expenditure not to exceed income (Achieve a Surplus)	588,283	587,358	Y
223I(2)	Capital resource use does not exceed the amount specified in Directions	0	0	Y
223I(3)	Revenue resource use does not exceed the amount specified in Directions (Total Allocation)	587,182	586,257	Y
223J(1)	Capital resource use on specified matter(s)does not exceed the amount specified in Directions	0	0	Y
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions (Programme)	0	0	Y
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions (Admin/Running costs)	6,458	5,610	Y

c) Future Challenges: 2021/22 onwards

The financial regime for 2021/22 has, in part, been continued into the first 6 months of 2021-22. The financial regime for Month 7-12 has yet to be confirmed. For Month 1-6, the CCG has been given an allocation, some of which has flowed at a system level, and is completing planning based on the guidance issued by NHS England. An underlying QIPP target is included in the allocations together with expected inflationary uplifts and there is an expectation of delivering a balanced position. The CCG has a number of challenges to meet whilst delivering increases in Mental Health Investment and starting to deliver recovery following the pandemic, with limited allocation increases from 2020-21 and fixed NHS contracts as determined by NHS England.

1.13. Better Care Fund (BCF) Performance

The Better Care Fund is a single pooled budget that was introduced in 2015/16 and aims to facilitate a transformation towards integration of health and social care.

There is a structured partnership framework in place to coordinate, communicate, manage and control the activities of the BCF. The CCG has an agreement (Section 75) with Doncaster Council for the BCF and the fund is overseen by the Joint Commissioning Management Board (JCMB) reporting to the H&WB. A one-year plan for 2020-21 was agreed and signed off nationally.

The total pooled budget for 2020-21 was £43.3m and includes the iBCF and the winter pressures fund. The CCG's £16.6m, is utilised for historical CCG contracts which are linked to common priorities with the local authority. The £10.9m Doncaster Council element is used jointly for

shared priorities such as intermediate care, the £15.8m iBCF is used to jointly support adult social care and reduce the pressure on the NHS.

1.14. Fraud

We are committed to the elimination of fraud, corruption and bribery by ensuring there is a strong anti-fraud, corruption and bribery culture, proactive prevention through widespread awareness and rigorously investigating any such cases, and where proven, to ensure wrong doers are appropriately dealt with, which includes taking steps to recover assets lost as a result of fraud, corruption or bribery.

All staff and members have adhered to the CCG's fraud, bribery and corruption policy, available on our website: Fraud-Corruption-Bribery-Policy.

The CCG has a Counter Fraud Specialist from 360 Assurance and they have a standing invitation to attend the Audit Committee throughout the year. Our Audit Committee receives a report against the Standards for Commissioners using the national Self Reporting Tool (SRT) on an annual basis, with exception reports throughout the year. The Counter Fraud Specialist recommends appropriate action regarding any NHS Counter Fraud Authority quality assurance recommendations, and action is assured by the Chief Finance Officer.

In addition, the CCG has a fraud champion, the Director of Human Resources (HR) and Corporate Services. The responsibilities of the fraud champion are: promoting awareness of fraud, bribery and corruption within the organisation, understanding the threat posed by fraud, bribery and corruption and, understanding best practice to counter fraud.

1.15. Health and Safety and Fire Safety Report

The CCG has a duty of care to comply with its legal obligations under the Health and Safety at Work etc. Act 1974 and associated pieces of relevant legislation including the Regulatory Reform (Fire Safety) Order 2005 to ensure the health, safety and welfare of its staff, so far as is reasonably practicable.

This is provided through a shared service model governed by a Memorandum of Understanding (MOU) through a hosting arrangement with the staff being employed by NHS Rotherham CCG.

The Health and Safety, Fire Safety and Security Shared Services are commissioned to provide advice and support to aid the CCG in carrying out its legislative duties.

Government advice during Covid-19 has been to work from home and only go to work if it was absolutely necessary and for only a brief period of time. The Health and Safety Team have followed this advice and provided a "virtual" service to the CCG with regards to Health and Safety, Fire Safety and Security advice.

During 2020-21, the Health and Safety Manager has visited the CCG premises to ensure compliance with all required H&S and Fire safety legislation. Appropriate action plans were put in place and all actions have been completed. Virtual Fire Warden training has been provided to reception staff.

The Competent Person for Security for Doncaster CCG is the Head of Specialist Advice, Health and Safety (South Yorkshire and Bassetlaw Clinical Commissioning Groups shared services).

The competent person works with the CCG to ensure a safe and secure environment is in place for all members of staff and visitors to the CCG.

1.16. Sustainable Development

NHS organisations were required to contribute to meeting the national target of a 10% cut in NHS wide carbon emissions by 2015, with a 34% cut in overall national carbon footprint by 2020, the latter is enshrined in the Climate Change Act 2008.

We are a socially and environmentally responsible organisation which embraces the challenge to meet these targets; supported by the Social Value Act 2012 which requires us to consider how to use our contracts to improve our communities.

Our sustainability strategy has continued to be embedded and from March 2021 we transitioned to a Green Plan. In 2020 new guidance around the development of Green Plans was published which has replaced the previous Sustainable Development Management Plan. Adapting to Covid-19, the CCG has followed government guidance with the majority of employees working from home since March 2020, only travelling to work if it is absolutely necessary; this has had a positive effect on our Green Plan, by reducing the need to travel.

A number of the planned and proposed actions to support the embedding of our Green Plan across the CCG have had to be put on hold until the Covid-19 restrictions are eased or lifted. We remain committed to the NHS Carbon Reduction Scheme; there is an on-going focus to reduce our direct building related greenhouse gas emissions, business travel and waste going to landfill. In addition, and as a partner of Team Doncaster, the CCG fully supports the vision and aims set out in Doncaster Climate and Biodiversity Commission Final Report received by the Governing Body in February 2021.

The CCG continues to recognise the importance of encouraging sustainability and leading by example and for this reason the CCG's Director for HR and Corporate Services is the Executive Lead for sustainability. The CCG has continued to be committed to supporting the health and wellbeing of its staff. Despite the working from home requirements, the CCG has continued to share information relating to staff mental and physical wellbeing.

The CCG continues to work with NHS Property Services Ltd to reduce our energy consumption over time. It is important to note that due to the requirement to work from home during 2020-21, the energy consumption of the whole site will be significantly reduced. Whilst the CCG continues to be committed to recycling within the organisation, this has been reduced during 2020-21 due to members of staff working from home. Facilities are still available on the CCG premises to encourage members of staff and visitors to separate their rubbish into dedicated recycling containers which are located within both Sovereign House and White Rose House. Printing costs have been reduced by changing all default printer settings to monochrome which helps to reduce our carbon footprint as well as replacing our printing paper with recycled paper which is from the Nationally Contracted Products list which is used by other NHS organisations.

Whilst the CCG has not implemented the use of Materiality Assessments, there are a number of other assessment tools in use to consider the impact of any service designs and plans; these include Quality Impact Assessments, Equality Impact Assessments and Data Protection Impact Assessments. The CCG continues to use the NHS Standard Contract with all its service providers.

Through its work at Doncaster Plan, the CCG continues to support a preventative approach to promoting health and wellbeing through tackling the widest determinants of health.

NHS Property Services measure our carbon footprint and energy efficiency, which is reported through the annual Estates Return Information Collection (ERIC).

Whole site consumption and spend for 2020-21 is as follows, which demonstrates a reduction in usage compared to 2019-20:

2020-21 Usage

Building	Consumption			Cost		
	Electricity	Gas	Water	Electricity	Gas	Water
White Rose House	31,905 kWh	39,273 kWh	95m³	£5,196	£1,443	£389
Sovereign House	61,526 kWh	75,736 kWh	183m³	£10,020	£5,196	£750

2019-20 Usage

Building	Consumption			Cost		
	Electricity	Gas	Water	Electricity	Gas	Water
White Rose House	86,727kWh	116,340kWh	4,181m³	£15,442	£4,170	£514.41
Sovereign House	93,574kWh	53,986kWh	6,634m³	£17,914	£2,159	£816.23

ACCOUNTABILITY REPORT

Mrs Jackie Pederson
Accountable Officer
10 June 2021

2. Corporate Governance Report

2.1. Members Report

2.1.1. Member Profiles

Throughout the financial year and up to the signing of the Annual Report and Accounts, our Chair was Dr David Crichton and our Chief Officer was Jackie Pederson.

Our Senior Manager Team comprises the Chief Finance Officer, Chief Nurse, Director of Strategy and Delivery and Director of HR and Corporate Services.

2.1.2. Member Practices

All 39 Doncaster General Practices are members of the CCG. Four GPs are nominated by individual locality areas. This provides for two-way communication and engagement with all 39 GPs in Doncaster. The names of the member practices can be viewed on our website: GP-member-practices.

2.1.3. Composition of Governing Body

Our Governing Body has met in public every month, except January 2021. The composition of the Governing Body is made up of one Chair, four GPs, three lay members who oversee patient engagement, audit and governance, and primary care; a nurse, a secondary care doctor and two executives. Other named attendees who are formally in attendance at the meeting but without voting rights are also listed below.

Members	**Name**
Chair	Dr David Crichton
1 x East Locality elected GP	Dr Rao Kolusu
1 x North Locality elected GP	Dr Marco Pieri
1 x Central Locality elected GP	Dr Marney Khan
1 x South Locality elected GP	Dr Manjushree Pande
Lay Member – Audit and Governance	Paul Wilkin
Lay Member – Public and Patient Engagement	Sarah Whittle
Lay Member – Primary Care Commissioning	Linda Tully
Chief Officer	Jackie Pederson
Chief Finance Officer	Hayley Tingle
Registered Nurse	Andrew Russell
Secondary Care Doctor	Dr Emyr Wyn Jones
Attendees	**Name**
Director of Strategy and Delivery	Anthony Fitzgerald
Director of HR and Corporate Services	Lisa Devanney
Local Authority representative	Damian Allen
Public Health representative	Dr Rupert Suckling
Healthwatch Doncaster representative	Andrew Goodall

2.1.4. Committee(s), including Audit Committee

The Audit Committee has responsibility for reviewing the establishment of an effective system of integrated governance, risk management and internal control across the activities of the CCG, ensures there is an effective internal audit function and reviews the findings of the external auditors. The Committee reviews work of other committees whose work provides assurance to the Audit Committee, in particular the work of the Quality and Patient Safety Committee, considering clinical risk management and clinical audit.

A review and approval of corporate policies and procedures relevant to the committee's functions are part of its remit. The committee ensures it is satisfied with the arrangements for countering fraud, bribery and corruption, has oversight of management and financial reporting around the integrity of the financial statements, budgetary control and the annual report.

The CCG's Audit Committee comprises the following Members:

- Lay Member – Audit and Governance (Chair)
- Lay Member – Public and Patient Engagement
- Locality Lead
- Governing Body Secondary Care Doctor (Vice Chair)

The Audit Committee includes the following attendees:

- Chief Finance Officer
- External Audit representative
- Internal Audit representative
- Local Counter Fraud representative
- Director of HR and Corporate Services
- Head of Corporate Governance

Please refer to our Remuneration Report for details of the membership of the Remuneration Committee, and to the Governance Statement for details of and membership of all other Governing Body and Membership Body Committees.

2.1.5. Register of Interests

In line with the statutory guidance on managing conflicts of Interest, the CCG maintains a declaration of interest register for all members of staff within the CCG, including Governing Body. Historic interests are retained for a minimum of six years after the date on which the interest expired.

The register of interests declared by the Governing Body and senior officers can be viewed on the CCG website: Register of Interests.

Overall accountability for standards of business conduct and conflicts of interest within the CCG lies with the Accountable Officer, who is known as the Chief Officer.

2.1.6. Personal Data Related Incidents

There have been no personal data related incidents at NHS Doncaster CCG which were required to be reported to the Information Commissioners Office during 2020-21.

2.1.7. Complaints

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

2.1.8. Statement of Disclosure to Auditors

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

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report

- The member has taken all the steps that they ought to have taken to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

2.1.9. Modern Slavery Act

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

Mrs Jackie Pederson
Accountable Officer
10 June 2021

3. 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 has appointed the Chief Officer to be the Accountable Officer of NHS Doncaster CCG.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- The relevant responsibilities of accounting officers under Managing Public Money,
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

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

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

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

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

Mrs Jackie Pederson
Accountable Officer
10 June 2021

4. Governance Statement

4.1. Introduction and Context

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

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

As at 1 April 2020, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

4.2. Scope of Responsibility

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

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

4.3. Governance Arrangements and Effectiveness

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

We have a Constitution agreed by our member practices and NHS England, which sets out the arrangements we have made to meet our statutory responsibilities. Our Constitution is available on our website https://www.doncasterccg.nhs.uk/documents/nhs-doncaster-clinical-commissioning-group-constitution/.

We last reviewed and updated our Constitution in April 2020.

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

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

The Governing Body has overall responsibility for governance throughout the organisation. The scheme of reservation and delegation, located in the CCG's Constitution, clearly identifies decision making responsibilities that are reserved for Governing Body and which decision making responsibilities are delegated to other committees.

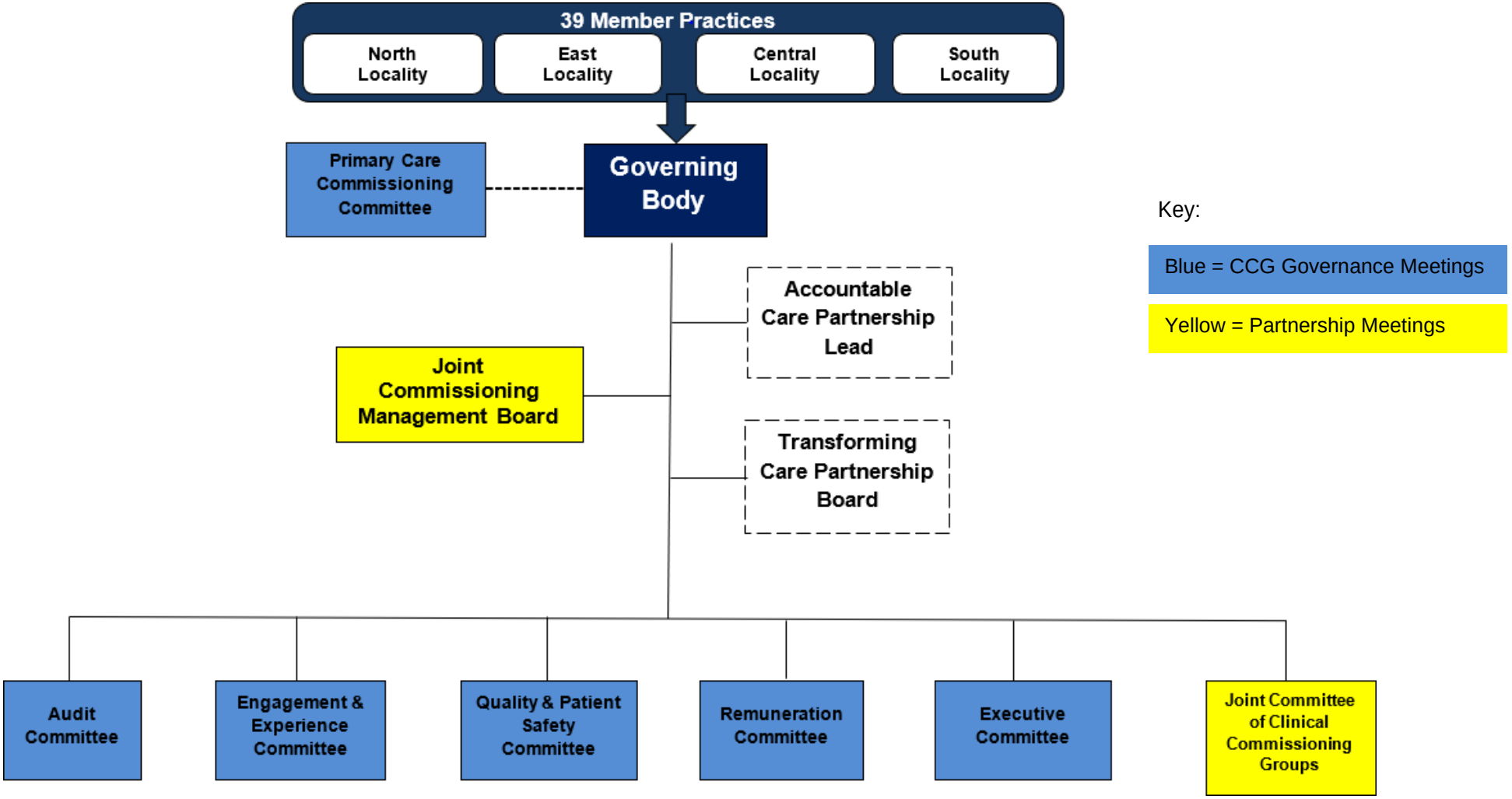
Our Membership have reserved a number of decision making responsibilities, as set out in the scheme of reservation and delegation including Constitutional amendments, appointing Locality Leads as clinical leaders who represent their views on the Governing Body, and agreeing the vision, values and overall strategic direction of the Group. Any concerns are raised via Locality Leads and if unresolved, matters are taken through a constitutional dispute process.

Our Member Practices are grouped into four Localities and regular Locality Meetings, led by Locality Leads and attended by nominated Practice Representatives from each Member Practice, are held in each Locality to ensure engagement of Member Practices in the work of their Governing Body and to hold the Governing Body to account.

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

4.3.1 CCG Governance Meeting Structure

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



4.3.2 2020-21 Committee Performance and Highlights

The information on the following pages details the functions of each of these committees.

2020-21 has been a challenging year due to the national response required to manage the organisation and wider Healthcare system in relation to Covid-19. Where possible, the CCG has maintained meetings for the Governing Body and its subcommittees which have been held virtually either via teleconference or Microsoft Teams. Meetings of the Governing Body have been streamed live since July 2020 through the use of Zoom.

It is recognised that attendance at Governing Body and committees has had to remain flexible due to competing requirements on capacity in responding to Covid-19 across the system.

Governing Body
Function: The Governing Body has the following functions conferred on it by sections 14L(2) and (3) of the 2006 NHS Act, inserted by section 25 the 2012 Health and Social Care Act, together with any other functions connected with its main functions as may be specified in regulations or in our Constitution. The Governing Body has responsibility for: • Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the CCG's principles of good governance (its main function); and for determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme established. • Approving any functions of the Group that are specified in regulations. • Promoting the involvement of all Members in the work of the CCG in securing improvements in commissioning of care and services and developing the vision, values and culture of the group in consultation with members. • Reviewing and monitoring the arrangements for working in partnership with the local authority to develop joint strategic needs assessments and joint health and well-being strategies. • Approving and publishing the group's communications and engagement strategy and annual public and patient involvement report. • Ensuring effective arrangements are in place to secure health services in such a way as promotes awareness of and has regard to the NHS Constitution. • Approving and monitoring the implementation of the group's strategies and plans to secure continuous improvement in the safety and quality of services to ensure better health, better outcomes and better value for the residents of Doncaster. • Assisting the NHS Commissioning Board in its duty to improve the quality of primary medical services. • Ensuring effective plans are in place to reduce inequalities across the borough. • Promoting the involvement of patients, their carer' and representatives in decisions about their healthcare.

- Ensuring effective systems to enable patients to make choices are in place across its member practices and commissioned providers.
- Ensuring the group in its decision making and obtains advice from a wide range of professionals.
- Engaging in a collaborative approach within the local health system.
- Ensuring effective systems are in place to promote innovation and modernisation; research and the use of research; and education and training.
- Approving and monitoring plans to support and drive the integration of health and social care services where these improve quality or reduce inequalities.
- Ensuring the group has in place effective arrangements for expenditure and resources.
- Approving and publishing a process for and an explanation of how the group utilised any payment in respect of quality.
- Managing the corporate strategic risks of the group including regularly reviewing the groups assurance framework.
- Approving the organisational development plan including the principles by which it will procure commissioning support.
- Exercising any other functions of the group which are not otherwise reserved or delegated.
- Leading the development of vision and strategy for the CCG.
- Approving the CCG's commissioning plans and its consultation arrangements.
- Approving the admission or removal of Member Practices.
- Overseeing and monitoring performance.
- Ensuring good governance and leading a culture of good governance throughout the CCG
- Establishing further committees and sub committees to support the delivery of delegated functions.

Assurance:
The Governing Body met ten times during the year and was quorate at each meeting. The Governing Body approves our organisational strategy and key strategic documents and receives regular assurance reports including a monthly Quality and Performance Report with “spotlight” reports on key areas, a monthly finance report, and quarterly it receives the Board Assurance Framework and a Corporate Assurance Report. Corporate governance and risk management activity through the Governing Body and its strategic Committees is captured in the quarterly Corporate Assurance Reports received by both the Audit Committee and the Governing Body. The Governing Body approved the new model CCG Constitution in 2019-20, with approval being received from NHS England in January 2020.

Governing Body Membership and attendance:

Role	**Name**	**Attendance %**
Chair	Dr David Crichton	100%
Locality Lead - East	Dr Rao Kolusu	90%
Locality Lead – North	Dr Marco Pieri	90%
Locality Lead – Central	Dr Marney Khan	100%
Locality Lead – South	Dr Manjushree Pande	90%
Lay Member Patient and Public Engagement	Sarah Whittle	90%
Lay Member Primary Care Commissioning	Linda Tully	80%
Lay Member Audit and Governance	Paul Wilkin	100%

Registered Nurse	Andrew Russell	100%
Secondary Care Specialist Doctor	Dr Emyr Wyn Jones	100%
Accountable Officer	Jackie Pederson	100%
Chief Finance Officer	Hayley Tingle	90%

Audit Committee

Function:
Chaired by the Lay Member for Audit and Governance, the Audit Committee has delegated responsibility from the Governing Body for oversight of integrated governance, risk management and internal control, internal audit, external audit, reviewing the findings of other significant assurance functions, counter fraud, bribery and corruption, oversight of management reporting, financial reporting, conflict of interest and whistleblowing.

Performance / highlights:
The Committee met five times in 2020-21, one being an extraordinary meeting. Attendance records demonstrate that the Committee was quorate at each meeting. Performance and highlights:

- Review of Annual Accounts.
- Programme of Internal Audits from our Internal Audit Service, 360 Assurance, including the 2020-21 plan and annual Head of Internal Audit Opinion.
- Review of the 2020-21 External Audit plan from KPMG.
- Counter Fraud, Bribery and Corruption work programme including the annual self-assessment and annual report.
- Review of the quarterly Corporate Assurance Report, Board Assurance Framework and associated “deep dives” into the risks aligned to corporate objectives and Financial Governance report.
- Annual review of the Corporate Risk Register.
- Review of the updated Integrated Risk Management Framework for the CCG.
- Monitored the systems for financial reporting and budgetary control including an assessment against the HMFA Covid-19 Financial Governance Checklist.
- Concluded a committee effectiveness self-assessment.
- Reviewed the Committees Terms of Reference.

Audit Committee Membership and attendance:

Role	Name	Attendance %
Lay Member Audit and Governance (Chair)	Paul Wilkin	100%
Lay Member Patient and Public Engagement	Sarah Whittle	80%
Locality Lead	Dr Marney Khan	100%
Secondary Care Specialist Doctor	Dr Emyr Wyn Jones	100%

Remuneration Committee

Function:
Chaired by the Lay Member Patient and Public Involvement, the Remuneration Committee has delegated responsibility from the Governing Body for advising the Governing Body on all aspects of salary not covered by Agenda for Change, arrangements for termination of employment, remuneration, allowances and terms of service of senior managers covered by the Very Senior Managers pay framework, and for approving strategic human resources policies and procedures.

Performance and highlights:
The committee is required to meet formally at least once a year. The committee met twice in 2020-21. Attendance records demonstrate that the committee was quorate at each meeting (minimum of three members). Performance and highlights:

- The committee reviewed and recommended the approval of the SYB Management of Organisational Change, Redundancy and Pay Protection Policy.
- Received a report on the cost-of-living increase for non-agenda for change staff.
- Received the details around the Very Senior Management (VSM) 2020/2021 Pay Award.
- Concluded a committee effectiveness self-assessment.
- Reviewed the Committees Terms of Reference.

Remuneration Committee Membership and attendance:

Role	Name	Attendance %
Lay Member Patient and Public Involvement (Chair)	Sarah Whittle	100%
Lay Member Audit and Governance	Paul Wilkin	100%
Locality Lead	Dr Rao Kolusu	100%
Locality Lead	Dr Marney Khan	100%
Secondary Care Specialist Doctor	Dr Emyr Wyn Jones	100%

Quality and Patient Safety Committee

Function:
Chaired by the Secondary Care Doctor, the Quality and Patient Safety Committee has delegated responsibility from the Governing Body for securing continuous improvement to the quality of services, overseeing the quality of primary medical services, education and training, and developing clinical policies. Sub groups are an Incident Management Group to review Serious Incidents (SIs) and Never Events in commissioned services, a Safeguarding Assurance Group, and a Medicines Management Group.

Performance / highlights:
The committee has met five times in 2020-21. Attendance records demonstrate that the Committee was quorate for all of the meetings. Performance and highlights:

- Consideration of the Doncaster Covid-19 Response Structure and Governance and arrangements for GP practices and Covid Co-Ordination Hub (CCHUB).

- Received regular updates on the Covid-19 arrangements around hospital discharges, continuing healthcare and care homes / domiciliary care.
- Consideration of clinical quality and impact of Covid-19 for two main local trusts – Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust and Rotherham Doncaster and South Humber NHS Foundation Trust.
- Updates and overview of PPE and testing in relation to Covid-19.
- Overview of preparations for new Re/X Deprivation of Liberty Safeguards legislation.
- Assurance reports for Learning Disabilities Mortality Reviews, including the annual report and independent investigation reports.
- Assurance reports and updates: Safeguarding Children and Adults, Infection Prevention and Control, Specialised Placements, Primary Care Quality, Transforming Care Programme Patient Experience and Complaints, Serious Incidents, Patient Transport.
- Concluded a committee effectiveness self-assessment.
- Reviewed the committee's Terms of Reference.
- Review of minutes from the Clinical Quality Review Groups, Medicines Management Group, Area Prescribing Committee and Incident Management Group.

Quality and Patient Safety Committee Membership and attendance:

Role	Name	Attendance %
Governing Body Secondary Care Doctor Member (Chair)	Dr Emyr Jones	100%
Chief Nurse	Andrew Russell	100%
Deputy Designated Nurse Safeguarding Adults and All Age Individual Placements	Leah Denman	100%
Head of Quality / Designated Safeguarding Children and Looked After Children	Andrea Ibbeson	80%
Primary Care Quality Lead	Zara Head	80%
Head of Medicines Management	Alex Molyneux	80%
Locality Lead	Dr Rao Kolusu	100%
Public Health Lead	Dr Victor Joseph	0%
Named Nurse Safeguarding Children and Looked After Children	Gillian Wood	40%
Specialist Rehabilitation Placements Case Manager	Mick Booth	100%
Patient Experience Manager	Hannah Joerning	100%
Named Nurse for Adult Safeguarding	Ian Boldy	60%
Senior Nurse, Quality and Patient Safety	Wendy Feirn	75%
Quality and Patient Safety Manager	Andrea Stothard	100%

Engagement and Experience Committee

Function:
Chaired by the Lay Member for Public and Patient Engagement, the Engagement and Experience Committee has delegated responsibility from the Governing Body to ensure the engagement of the public, patients and carers, the coordination of patient experience data, compliance with the public sector duties under the Equality Act and with the duties contained within the NHS Constitution, engagement and experience strategic planning and engagement networking.

Performance / highlights:
The Committee met ten times in 2020-21. Attendance records demonstrate that the committee has been quorate at each meeting. Performance and highlights:

- Delivery of its duties in priority areas of the three life stages (as per the Joint Health and Social Care Commissioning Strategy): Starting Well, Living Well and Ageing Well; and delivery plans.
- Partnership working with Healthwatch and Ambassadors.
- Received monthly reports from Healthwatch.
- Overseen Complaints Report to monitor themes and trends and learn lessons to improve the patient experience.
- Updates on engagement activities in response to Covid19.
- Updates on asylum seekers, Gypsy traveller business case and GP patient survey results.
- Reviewed the Primary Care Communications and Engagement Strategy.
- Received updates around the developments of BAME networks.
- Approval of the Equality and Diversity Annual Report 2020, Equality Delivery System and the Workforce Race Equality System reports.
- Concluded a committee effectiveness self-assessment.
- Reviewed the committee's Terms of Reference.

Engagement and Experience Committee Membership and attendance:

Role	Name	Attendance %
Lay Member – Patient and Public Engagement (Chair)	Sarah Whittle	90%
Locality Lead – South	Dr Manjushree Pande	90%
Director of Strategy and Delivery	Anthony Fitzgerald	50%
Head of Communication and Engagement (until 31.12.20)	Paul Hemingway	100%
Head of Communication and Engagement (from 22.02.21)	Claire Casey	100%
Patient Experience Manager	Hannah Joerning	40%
Communication and Engagement Officer	Rachel Mather	75%
Corporate Governance Manager	Alison Edwards	80%
HealthWatch Doncaster Representative	Andrew Goodall	90%
Performance Team representative	Amy Coggan	40%
Public Health Representative	Louise Robson	30%
Ambassador Representative	Dennis Atkin	20%

Executive Committee

Function:
Chaired by the Chief Officer, the Executive Committee meets on a monthly. The committee has delegated responsibility from the Governing Body for coordinating and directing the operations of the CCG in accordance with the strategic direction set by the Governing Body, ensuring operational delivery on behalf of the Governing Body, deploying the resource of the organisation effectively and efficiently to deliver the strategies of the organisation, and overseeing the operational commissioning and contracting of healthcare services for the Doncaster population.

The committee oversees integration of commissioning functions across the Doncaster health and social care community and a wider footprint and approves proposals / business cases / service change / funding requests / procurements where they are in line with the CCG's strategic plan, financial scheme of delegation and approved budgets. Strategic contracting meetings with the organisation's main providers, the Quality Innovation Productivity and Prevention Programme Board and the Information Governance Group report directly to the Executive Committee.

Performance and highlights:
The Committee met 11 times during 2020-21 with attendance records demonstrating that it was quorate at each of the meetings. Performance and highlights:

- Review of implementation and delivery against QIPP plans.
- Reviewed CCG Constitutional amendments.
- Overseen the CCG's progress towards the EU Exit and associated implications.
- Overseen the CCG's work around Commissioning Prioritisation.
- Considered and approved several procurements, contracts and funding allocations: Urgent and Emergency Care procurement, Post Stroke Spasticity Management Pilot, Community Carpel Tunnel Syndrome Service extension, recommissioning of Sleep Service, Target Lung Healthchecks, Consultant Connect System, Sharps Bin Home Collection Service, TARGET sessions, Diabetes Transformation Service, Community Pharmacy, Bluebell Wood Grant Agreement.
- Agreed relevant business cases and service specifications in accordance with the direction set by the Governing Body.
- Approved the GP Local Enhanced Service Income Guarantee proposal, GP Local Enhanced Service uplift, inflationary uplift for Pharmacy Local Enhanced Service.
- Approved a number of key corporate and human resources policies.
- Approved the Office 365 replacement programme.
- Received and noted reports on delivery plans to meet the organisations strategies and strategic objectives.
- Received regular updates around contracting and finance, including expenditure in relation to Covid-19.
- Reviewed the corporate risk register.
- Concluded a committee effectiveness self-assessment.
- Reviewed the committee's Terms of Reference.

Executive Committee Membership and attendance:

Role	Name	Attendance %
Chief Officer (Chair)	Jackie Pederson	91%
Chief Finance Officer (Vice Chair)	Hayley Tingle	91%
Chair of the CCG	Dr David Crichton	82%
Director of HR and Corporate Services	Lisa Devanney	100%
Chief Nurse	Andrew Russell	73%
Director of Strategy and Delivery	Anthony Fitzgerald	91%

Primary Care Commissioning Committee

Function:
The Primary Care Commissioning Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract).
- Newly designed enhanced services ("Local Enhanced 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.
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

Performance and highlights:
The committee met nine times in 2020-21. Attendance records demonstrate that it was quorate at each meeting. Performance and highlights:

- Overseen and discussed the decision logs from the Covid-19 Primary Care Cell.
- Received the Primary Care Estates Strategy and implementation plan.
- Received primary care quality reports, reviewed quality and patient safety, reviewed the GP patient survey results and the primary care survey undertaken by Healthwatch around accessing GP services during Covid-19.
- Monitored primary care finance, procurement, contracting and commissioning activities.
- Reviewed the Emergency Contractor Framework and 2019-20 QoF settlements.
- Received updates around Care Home provisions, 2020-21 Flu plan, GP Forward View progress and Primary Care Network developments.
- Reviewed progress against the 2020-21 Primary Care delivery plan.
- Approved the Primary Care Communications and Engagement Strategy.
- Reviewed the primary care risks on the corporate risk register.
- Approved Practice mergers and contract extensions.
- Concluded a committee effectiveness self-assessment.
- Reviewed the Committees Terms of Reference.

Primary Care Commissioning Committee Membership and attendance:

Role	Name	Attendance (%)
Lay Member Primary Care Commissioning (Chair)	Linda Tully	67%
Lay Member Patient and Public Engagement (Vice Chair)	Sarah Whittle	89%
Chief Finance Officer	Hayley Tingle	100%
Chief Officer	Jackie Pederson	89%

Chief Nurse	Andrew Russell	56%
Director of Strategy and Delivery	Anthony Fitzgerald	100%
Associate Director of Primary Care	Carolyn Ogle	89%

Other Forums

Function:
In addition to these formal meetings, we have included in our meeting structure two non-decision-making forums:

- **Strategy and Organisational Development Forum (S&OD):**

Chaired by the Chair of the Governing Body, the S&OD is a monthly non-decision-making forum which serves as a debate and strategic intelligence sharing forum for Governing Body members on key organisational issues such as review and consideration of the new model CCG Constitution, intelligence gathering and planning timeout sessions for the development of our strategic commissioning intentions, considering risk management and risk appetite, reviewing OD priorities, and considering partnership networking opportunities.

- **Clinical Reference Group (CRG):**

Chaired by the Secondary Care Doctor member from the Governing Body, the CRG is a bi-monthly clinical non-decision-making forum which aims to provide strong clinical leadership to commissioning debate and discussion. The group facilitates clinical dialogue and leadership across primary/community/secondary care, developing productive working relationships with wider clinical colleagues to ensure multidisciplinary input, advice and guidance on commissioning developments from the very beginning of clinical strategy development and service/care pathway redesigns and procurements. The Group challenges and proposes innovative solutions to transformation and service/care pathway improvements to improve outcomes for patients.

- **Partnership Working**

The Joint Committee of Clinical Commissioning Groups: In 2015 the CCG became a member of the Joint Committee of CCGs (JCCCG). At that time the Committee had agreed to delegate authority to make joint decisions on two service areas; Hyper Acute Stroke Services and some out of hours Children's Surgery and Anaesthesia services. In June 2019 CCGs agreed to revised Terms of Reference and Manual Agreement and a new set of joint commissioning priorities with delegated authority for decision for a number of these, which can be found here:

https://www.healthandcaretogethersyb.co.uk/application/files/5915/6096/1736/JCCCG_-_26_June_2019_Agenda_and_Papers.pdf

During 2020/2021 the JCCCG has continued to work to the revised Terms of Reference and the Manual Agreement and developed a joint priorities work plan, although much of the work involved was deferred from May 2020 as a result of the pandemic, as the NHS moved into a national level 4 incident operating under NHSEI command and control.

Due to the deferred work and that no joint decisions were required, most of the scheduled public meetings were cancelled. The last meeting held in public, was held virtually on 26 August 2020. Papers for the JCCCG meetings can be found here: https://www.healthandcaretogethersyb.co.uk/about-us/minutes-and-meetings

The Joint Commissioning Management Board: formally established and meeting in public from April 2017. We are committed to working with local partners and ensure the establishment of robust governance arrangements that place emphasis on integrated working and mutual accountability through:

- Membership of the Health and Wellbeing Board
- Joint commissioning arrangements with the Local Authority
- Joint commissioning and partnership work with other local CCGs
- Our relationship with Clinical Networks

South Yorkshire and Bassetlaw Integrated Care System: The CCG is also a partner in the South Yorkshire and Bassetlaw Integrated Care System (ICS). ICSs are systems in which NHS commissioners and providers, working closely with local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they use their collective resources to improve quality of care and population health outcomes. They are expected to transform the way care is delivered, to the benefit of the population they serve. Currently, the ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations.

During 2020-21, the ICS governance remained the same as 2019-20 however the frequency of some of these meetings was impacted by the Covid-19 pandemic with others carried out virtually.

In February 2021 the Government announced plans for the future of health and care, including the role of ICS'. This can be read here: https://www.gov.uk/government/speeches/the-future-of-health-and-care

The governance of the ICS includes the following:

- **The System Health Oversight Board**
  The System Health Oversight Board (HOB) is the ICS primary governance group comprising Executive and Non-executive members from across SYB statutory bodies and the regional NHS Bodies.

  The HOB provides a joint forum between health providers, health commissioners, NHS England and NHS Improvement and other national arms length bodies, to respond to the national policy direction for health and implementation of the NHS Long Term Plan.

  A key purpose of the HOB is to give assurance to partners and the regions on progress and delivery and to give strategic direction on healthcare issues. The HOB meets quarterly.

  Membership of the HOB is drawn from the SYB health community, the regions and arms length bodies and includes Chairs from the Mental Health Alliance, Joint Committee of CCGs x 2, Acute Providers Committees in Common, Health and

Wellbeing Boards and Healthwatch as well as a lead for Primary Care Networks from each place and the Executive membership.

- **Collaborative Partnership Board**
  As well as including the chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, umbrella Voluntary Action organisations, Healthwatch organisations, NHS England and other arm's length bodies the Collaborative Partnership Board is a key forum for engaging with the chief executives and directors of public health from the local authorities in South Yorkshire and Bassetlaw.

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

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

- **The ICS System Health and Care Management Team**
  The ICS System Health and Care Management Team includes accountable officers and chief executives, directors of strategy, transformation and delivery and directors of finance.

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

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

4.3.3 Covid-19 Incident Management and Control

In March 2020 the UK declared a national emergency in relation to the Covid-19 pandemic, (referred to as Covid-19 or pandemic). During the year, the UK has had to adapt to three national lockdowns and new tier restriction systems in between lockdowns to manage Covid locally.

In line with national requirements the majority of CCG staff have been working from home since March 2020, technology and remote ways of working have been established to ensure our staff are able to work effectively and safely during this time.

The CCG's response to Covid-19 during 2020-21 has been in conjunction with our key partners and stakeholders across Doncaster Place. The CCG has an agreed Emergency Preparedness, Resilience and Response Policy which is available on the CCG website.

Due to the nature of the emergency, a coordinated planning and response approach at Doncaster Place level was required to co-ordinate activities and facilitate co-operation between local organisations.

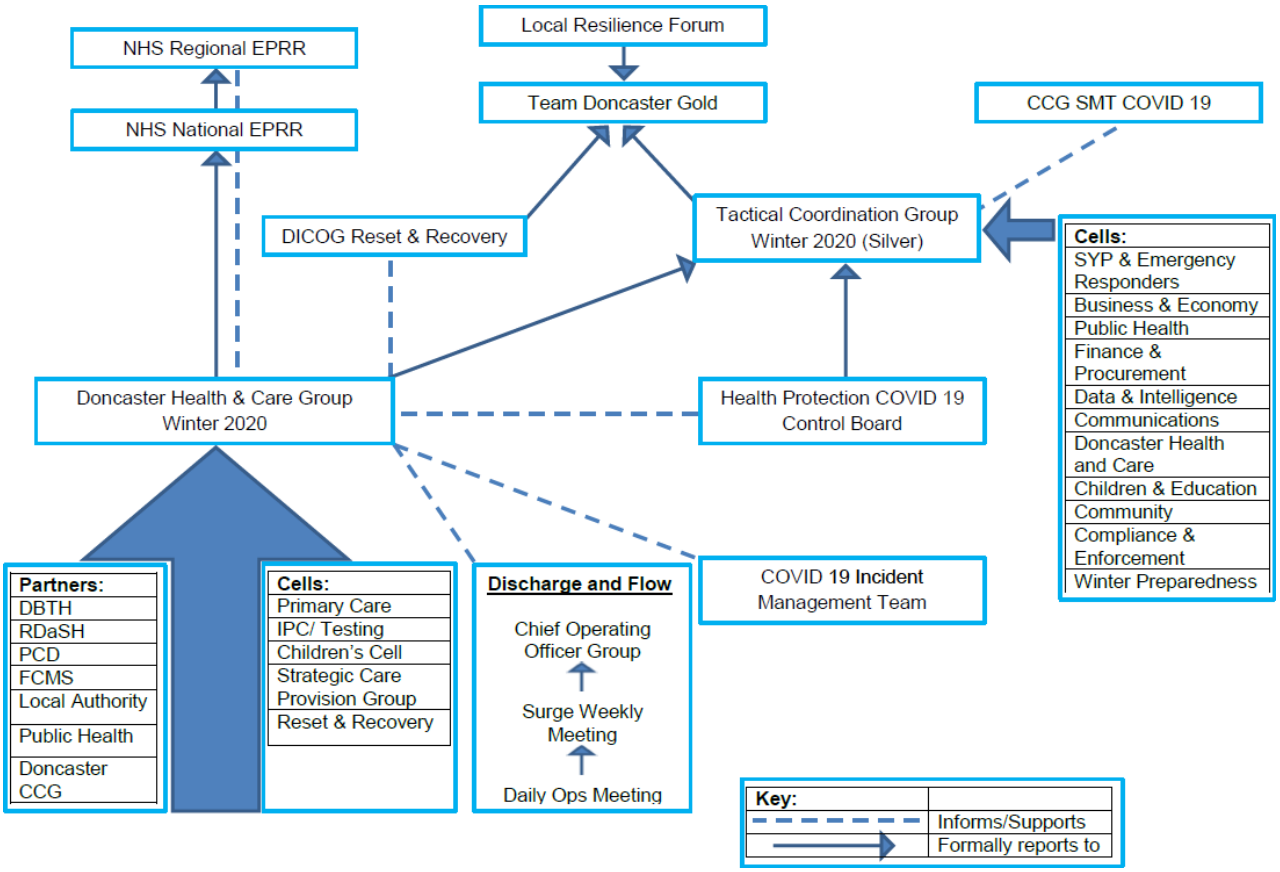
Team Doncaster enacted an appropriate incident command governance structure including Gold and Silver level meetings, with Gold command escalating to the Local Resilience Forum. The CCG ensures representation at these meetings and support the local response plan as required.

In response to Covid-19 and to ensure there is a coordinated approach across Doncaster Plan, a Doncaster Place incident command structure has been implemented to facilitate a local response to the pandemic.

These arrangements sit outside of the CCG's formal governance processes however the CCG is represented on all the groups. In addition, the CCG established a weekly internal Covid-19 SMT meeting and updates have been provided regularly to the Governing Body, both as specific CCG papers and through reporting from the ICS Chief Executive.

The CCG's Chief Nurse chairs the Health and Care Group, which provides for a co-ordinated response across the health and care sector with input from key stakeholders and partner organisations. The Health and Care Group has oversight of the Covid-19 Health and Care Risk Assessment.

The structure as at 31 March 2021 is on the following page.



4.4. UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

4.5. Discharge of Statutory Functions

In light of recommendations of the 2013 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

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

4.6. Risk Management Arrangements and Effectiveness

Our Integrated Risk Management Framework (IRMF) - Strategy, Policy and Procedure was reviewed and approved by our Governing Body in September 2020. The framework sets out the CCG's approach to managing risks of all kinds including clinical, organisational, financial and information at both an organisational and strategic level. It details the systems and arrangements, including the basic building blocks for managing risk through development and implementation of a comprehensive risk management system.

Our strategic aim is to control risks to patients, to staff and to the organisation as far as is reasonably practicable and in accordance with current guidance, legislation and best practice. We recognise and accept our duty and legal responsibility to provide a safe and healthy working environment for all our employees, patients, visitors and all others who may be affected by the working activities of the organisation.

We have a proactive approach aiming to identify, assess, evaluate, record and review risks, so as to reduce the likelihood of them causing harm to patients or staff or loss to the clinical commissioning group and to reduce the impact of such harm or losses should they occur. Embedding of risk management within the organisation is vitally important and we achieve this through:

- Ensuring all employees have access to a copy of the Integrated Risk Management Framework (IRMF) via the internet and intranet.
- Maintaining the Governing Body Assurance Framework and Corporate Risk Register which are subject to regular review and reflects the risk profile of the CCG.
- Communicating to staff any action to be taken in respect of risk issues.
- Developing policies, procedures and guidelines to support employees with their duties.
- Raising awareness of Risk Management and individual responsibilities, including providing resources, training and support where appropriate.
- Ensuring that staff have the knowledge, skills, support and access to expert advice necessary to implement policies, procedures and guidelines.
- Ensuring there are clear processes for reporting, managing, investigating and learning from incidents captured in our Incident Management Policy.
- Analysing data relating to incidents, complaints and claims and undertake structured reporting of the same.
- Use of a standard Governing Body and Committee coversheet which maps items to the assurance framework and assess equality impact.

4.7. Capacity to Handle Risk

4.7.1. Governing Body

The Governing Body assures itself that there is an effective system of integrated governance, risk management and internal control (both clinical and non-clinical), across the whole of the CCG's activities that support the achievement of the CCG's objectives. The Governing Body discharges this duty by:

- Identification of risks to the achievement of its corporate objectives
- Delegation to the Audit Committee as per the CCG constitution, the monitoring of the risks via the assurance framework
- Reviews and approves its strategy for risk management
- Receives the Audit Committee minutes and items escalated to the Governing Body
- Receives the assurance framework on a quarterly basis
- Demonstrates active involvement in risk management and leadership; and
- Can identify risks or gaps in control and assurance in terms of corporate performance as a statutory body through the monthly Finance Report, the quarterly Corporate Assurance Report, each Committee having risk as a standing agenda item and the minutes of the Audit Committee.

4.7.2. Audit Committee

The Audit Committee receives the full assurance framework periodically and its role is to undertake a deeper dive on a range of the risks, controls and assurances.

The Audit Committee receives the full corporate risk register on an annual basis, and a summary of the risk register is reported quarterly to the Audit Committee, Executive Committee and the Governing Body through the Corporate Assurance Report. This process ensures effective management of risks between the assurance framework and risk register.

4.7.3. Quality and Patient Safety Committee

The Quality and Patient Safety Committee is assigned risks in relation to the scope of the Committee in the following areas: Quality, Patient Experience, Clinical Effectiveness, Safety and Delivery of statutory duties relevant to the Committee's remit. The Committee is responsible for reviewing the risks on the CCG Risk Register that have been assigned to the Committee and ensuring that appropriate and effective mitigating actions are in place. The Committee will receive a bi-monthly risk report on risks assigned to it on the Risk Register.

4.7.4. Primary Care Commissioning Committee

The Primary Care Commissioning Committee oversees and seeks assurance on issues relating to the commissioning of primary care services (services provided in GP practices) under delegated authority from NHS England.

The Committee is responsible for reviewing those risks on the CCG Risk Register that have been assigned to the Committee and ensuring that appropriate and effective mitigating actions are in place. The Primary Care Commissioning Committee will receive a bi-monthly risk report on risks assigned to it on the Risk Register.

4.7.5. Executive Committee

The Executive Committee oversees and seeks assurance on issues relating to the operations of the CCG, deploying resources and overseeing the operational commissioning and contracting of healthcare services. The committee is responsible for reviewing the risks on the Corporate Risk Register and ensuring that appropriate and effective mitigating actions are in place. The Executive Committee will receive a quarterly risk report.

4.7.6. Chief Officer

The overall accountability for risk management rests with the Chief Officer, who is responsible for establishing and maintaining an effective risk management system within the CCG. The Chief Officer is the Accountable Officer responsible for ensuring a sound system of internal control is maintained that supports the achievement of the organisation's aims and objectives. The Accountable Officer will oversee and sign the Annual Governance Statement

4.7.7. Chief Finance Officer (Deputy Chief Officer)

The Chief Finance Officer has delegated responsibility for the development and implementation of financial risk management, management of financial and contractual risks and contract management of clinical commissioned services.

4.7.8. Chief Nurse

The Chief Nurse has delegated responsibility for clinical risk management including the lead responsible for safeguarding adults and children, oversees the performance management of serious incidents reported by the main providers of commissioned services, ensures the processes of clinical risk management within commissioned services are in place to provide assurance and gathers intelligence on primary care, secondary care and mental health services quality and patient safety activities.

The Chief Nurse is also the Caldicott Guardian. The Caldicott Guardian is advisory, is the conscience of the organisation, provides a focal point for patient confidentiality and information sharing issues and is concerned with the management of patient information.

4.7.9. Director of HR and Corporate Services

The Director of HR and Corporate Services has delegated responsibility for ensuring systems for risk management are in place, that the assurance framework is reviewed and reported to Audit Committee and Governing Body, ensures a corporate risk register is

maintained and reported to the Audit Committee and Executive Committee and that risk management systems are externally reviewed.

The Director of HR and Corporate Services is also the Senior Information Risk Owner (SIRO) with responsibility for information risk management. The SIRO is the focus for the management of information risk at Governing Body level.

4.7.10. Senior Managers

All Senior Managers are responsible for including risk management within aspects of their work and for implementing the IRMF system.

4.7.11. All Staff

All staff working within the CCG are made aware of the duty of care and the safety of others, identify and report risks to their line manager, ensuring incidents are reported using the relevant procedures, attend mandatory and statutory training and are aware of the IRMF.

4.8 Risk Assessment

Risk identification, assessment and monitoring is a continuous structured process in ensuring that we work within the legal and regulatory framework, identifying and assessing possible risks facing the organisation, and planning to prevent and respond to these. The process of risk management covers the following five steps to risk assessment:

- Step 1 – Identify the Risk
- Step 2 – Assess the Risk
- Step 3 – Evaluate the Risk
- Step 4 – Record the Risk
- Step 5 – Review the Risk

A standard 5x5 risk matrix as depicted below has been adopted and is used across our activities, the Corporate Risk Register and the Assurance Framework. The risk tolerance/appetite under which risks can be tolerated is a score of 12 or below where the assessment has been undertaken following the implementation of controls and assurances.

Risk Matrix	Consequences / Impact				
	Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood of Occurrence	1	2	3	4	5
(1) Rare	1	2	3	4	5
(2) Unlikely	2	4	6	8	10
(3) Possible	3	6	9	12	15
(4) Likely	4	8	12	16	20
(5) Almost Certain	5	10	15	20	25

The Audit Committee has responsibility for oversight of the CCG risk management arrangements and receives the Assurance Framework at each of its meetings throughout the year and the full Corporate Risk Register annually. “Deep dives” of each corporate objective have been undertaken at Audit Committee throughout the year, including how the response to Covid19 is impacting on the CCG’s principle risks and corporate objectives.

The quarterly Corporate Assurance Report reports on changes in relation to both the risk register and Assurance Framework which is presented to Executive Committee, Audit Committee and Governing Body.

In year, the Chief Finance Officer undertook the HFMA financial governance self-assessment and the outcomes were presented to the Audit Committee and Governing Body, which provides assurance on the governance arrangements of the CCG.

The table below shows the number of risks on the CCG’s Corporate Risk Register as at 31 March 2021.

Risk Score	Number of Risks	Rating
1-3	0	Low
4-6	4	Medium
8-12	6	High
15-20	5	Very High
25	0	Extreme

The Governing Body Assurance Framework aims to identify the main risks (also known as Principle risks) to the delivery of the CCG’s strategic objectives which are:

Objective 1 - Ensure an effective, well led, and well governed organisation and its statutory obligations are met.

Objective 2 - Commission high quality, continually improving, cost effective healthcare which meets the needs of the Doncaster population.

Objective 3 - Ensure that the healthcare system in Doncaster is sustainable, accessible, and reactive to change.

Objective 4 - Work collaboratively with partners to improve health, care and reduce inequalities in well governed and accountable partnerships.

The Governing Body Assurance Framework Risk Profile as at Quarter 4 was:

Corporate Objective	High Level Risk Description	Risk Rating
CO1 (1.1)	Organisational Change - The CCG may not have the right workforce capacity and capability to meet its organisational objectives and to meet its statutory obligations.	9
CO2 (2.1)	Quality Impact - There is a risk to maintaining quality, services and outcomes through local transformation.	10
CO2 (2.2)	Quality Impact - The quality of care delivered to patients and the achievement of associated quality and performance targets could be adversely affected if we fail to commission effective, resilient and sustainable services.	12
CO2 (2.3)	Primary Care: The quality of care delivered to patients and the achievement of associated quality and performance targets could be adversely affected by the failure to engage and involve primary care.	12
CO2 (2.4)	The Provider Workforce lacking the capacity of sufficiently skilled staff, which could be detrimental to patient care.	9
CO3 (3.1)	Transformation - Expenditure is in excess of income and QIPP / transformation plans fail to bridge the gap resulting in the CCG not meetings its statutory financial and quality duties.	8
CO3 (3.2)	Efficiencies - The quality and efficiency savings within the Delivery Plans are not achieved, therefore alternative commissioning arrangements including the decommissioning of services may be required.	8
CO3 (3.3)	Control Total and System Affordability - Inability to commission efficiently, effectively and to achieve value for money if the control total is impacted is not achieved.	9
CO3 (3.4)	Control Total - As further delegation of statutory duties and financial decision-making develops (with the Doncaster Council in 'Place' and with other CCGs in the SYB ICS) the CCG may agree to decisions which are considered to be in the greater good.	9
CO4 (4.1)	Joint Working: The dual areas of focus may stretch the local system leadership as resource is aligned both locally and across a wider collaborative footprint, this complexity could potentially impact upon our capacity to commission services.	9
CO4 (4.2)	Engagement & Prevention: Doncaster Place does not achieve the move towards tackling inequalities and move towards greater self-care prevention and patient empowerment.	8

4.9 Other Sources of Assurance

4.9.1 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.

We employ a range of controls ranging from preventative controls (stopping the risk occurring e.g. access controls, financial authorisation levels), to detective controls (if the risk is threatening to occur, how would we know e.g. performance monitoring, quality reporting), and directive controls (instructions or guidance in place to reduce the chance of the risk occurring e.g. policies, training).

When scoring risks, the “uncontrolled risk score” is the score if there were no controls in place and this helps us to prioritise risks. The “actual risk score” is the current score with the current controls in place which may serve to reduce the likelihood of the risk occurring.

4.9.2 Annual Audit of Conflicts of Interest Management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England published a template audit framework.

Our Internal Auditors carried out our annual internal audit of conflicts of interest. The findings of the audit were reported as significant assurance. The areas of scope of the audit were: governance arrangements; declarations of interest and gifts and hospitality; and procurement decisions; decision making processes and contract monitoring; reporting concerns and identifying and managing breaches / non-compliance. One low risk recommendation was highlighted from the internal audit which will be taken forward in 2021/22:

Risk:	If the start date of an interest is not recorded on the conflicts of interest register, there is a risk that the CCG will not be able to demonstrate that it has managed potential conflicts transparently.
Action:	To populate the conflicts of interest register fully with specific start dates for interests that are declared.
CCG Response:	Agreed. When receiving future declaration of interest forms, the Corporate Governance Team will return any forms to individuals where a full start date is not documented for declarations declared, requesting the information before being added to the overall register. The CCG will be undertaking the next full annual review in August/September 2021.

4.9.3 Data Quality

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

The CCG has a Data Quality Policy and Procedure document which was approved by the Executive Committee in December 2018 to strengthen the processes around data quality. The Information Governance Group has delegated authority from the Executive Committee to oversee data quality. The CCG requires data to be accurate, credible, reliable and secure. Data is regards as being of high quality if it is: valid (checked for correctness and meaningfulness), complete, consistent, accurate, relevant, available when needed, stored securely and confidentially, and timely (up to date). These are the criteria against which the Governing Body assesses the quality of data which it receives and has concluded that the data it receives is of sufficient quality to meet its purposes.

4.8.4 Information Governance

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the Data Security Protection toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.
There are processes in place for incident reporting and investigation of serious incidents. We have in place information risk assessments and management procedures and a programme which continues to fully embed an information risk culture throughout the organisation.

Due to Covid-19 at the latter end of 2019-20, the national deadline to submit the 2019-20 Data Security and Protection Toolkit was extended to 30 September 2020. The CCG submitted its completed assessment by the required deadline showings as 'Standards Met'.

The 2020-21 Data Security and Protection Toolkit was released in mid-November 2020 and the national deadline to submit is 30 June 2021. The CCG is on track with its associated workplan to submit by the required deadline. A sample of the toolkit has been reviewed by 360 Assurance, our internal auditors, who provided Substantial Assurance for the scope reviewed.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

We have an identified Senior Information Risk Owner (SIRO) and Caldicott Guardian within the Executive Team to support our arrangements for managing risk relating to information/data security.

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

The CCG manages and controls its risks relating to information through the Information Governance Group which in turn reports to the Executive Committee.

A suite of Information Governance policies and procedures are in place which are available on the CCG website and all staff have to complete the mandatory Data, Security and Protection E-learning on an annual basis.

There have been no data security breaches which required reporting to the Information Commissioner during 2020-21

4.8.5 Emergency Preparedness, Resilience and Response Assurance

In August 2020, the CCG received notification of the 2020-21 Emergency Preparedness, Resilience and Response (EPRR) annual assurance process.

In previous years, this involved demonstrating evidence against the EPRR Core Standards however the requirements for 2020-21 were streamlined in anticipation of a potential further wave of Covid-19. For 2020-21 the CCG was required to answer three specific elements, the CCG submitted their assurance by the deadline of 31 October 2020.

4.8.6 EU Exit

During 2020-21, the Executive Committee and Governing Body have been updated in public session on the national expectations related to the United Kingdom leaving the European Union. The CCG has complied with all relevant national requirements and has ensured compliance with both daily and weekly returns. The Governing Body reviewed the potential risks and concluded that this was not a significant strategic risk for the organisation given the matters being dealt with directly by NHS central bodies and HM Government. Following the EU Exit, the CCG have not identified any significant risks but remains under review.

4.8.7 Business Critical Models

In line with best practice recommendations of the 2013 MacPherson review into the quality assurance of analytical models, the CCG confirm that an appropriate framework and environment is in place to provide quality assurance of business-critical models.

4.8.8 Third Party Assurances

Where we receive a service from another provider to support us with our operational functions of the business (third party), we receive the following assurances of their service delivery:

- NHS Shared Business Services via assurances received by our Chief Finance Officer relating to the provision of Financial and Accounting Services

- McKesson on the operation of the Electronic Staff record (ESR) Payroll infrastructure and service.

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

- Partnership arrangements are in place between local CCGs in South Yorkshire and Bassetlaw to provide hosted services. All arrangements were overseen by NHS England at establishment and are supported by Memorandums of Understanding. Each hosted service has established arrangements through the Memorandum of Understanding for review and assurance of the service. They are also periodically audited by Internal Audit.

- The Working Together collaborative partnership of eight CCGs and NHS E, which focusses on developing and enacting shared commissioning principles for Hyper Acute Stroke Unit Services and Children's Surgery and Anaesthesia. Assurance is provided via a Manual Agreement and Terms of Reference and receipt of minutes and recommendations by the Governing Body. The Working Together collaborative partnership became a formal Joint Committee of CCGs meeting in public from April 2017.

- The collaborative commissioning arrangements for 999 and 111 services across CCGs in the Yorkshire and Humber region. Assurance is provided via a Memorandum of Understanding and local representation at the Joint Strategic Commissioning Board.

- Sustainability and Transformation Plan CPB, a collaborative non-decision-making forum where commissioner and provider partners across SYB meet to discuss Sustainability and Transformation Plan progress. Assurance is provided via Chief Officer representation at the CPB and receipt of minutes and recommendations by the Governing Body.

The Chief Finance Officer reviews all Service Auditor Reports received, considers the implications of any deficiencies in control which they highlight and advises the Audit Committee accordingly.

4.9 Control Issues

During the year, we did not identify any governance, risk management or control issues which were significant to the organisation.

4.10 Review of Economy, Efficiency and Effectiveness of the Use of Resources

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

Following the publication of the 2019-20 CCG Annual Assessment results, NHS Doncaster CCG celebrated its fourth consecutive 'outstanding' rating from NHS England and NHS Improvement.

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

The Chief Finance Officer presents the Financial Strategy to the Governing Body for agreement at the beginning of each financial year, and then presents Finance Reports to each Governing Body meeting, where open challenge on the progress of the finances against the strategy takes place. The monthly finance report also includes commentary on our running costs, our efficiency programmes, and associated controls.

The annual accounts process ensures that our accounts are effectively closed down and accounts produced. Annual Accounts scrutiny has been via the Audit Committee, with the final accounts being approved at an extraordinary Governing Body meeting. Systems of financial control have been reviewed by our Internal Auditor, 360 Assurance, which resulted in an outcome of significant assurance.

During the reporting period our external auditors have been KPMG, and during the year the Chief Finance Officer and the Audit Committee have worked constructively with the Audit Manager and their team.

The progress of the external audit work programme is monitored by the Audit Committee through regular written progress reports, which have also included useful technical updates of developments elsewhere in public services both nationally and internationally.

During the reporting period our internal auditors have been 360 Assurance, and during the year the Chief Finance Officer, team members and the Audit Committee have worked constructively with the internal audit team. The Audit Committee agreed the internal Audit programme at the beginning of the year and has regularly reviewed and considered the progress and findings of Internal Audit.

4.10.1 Delegation of Functions

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

We have collaborative commissioning arrangements for 999 and 111 services across CCGs in the Yorkshire and Humber region. Assurance is provided via a Memorandum of Understanding and local representation at the JCMB. The JCMB continue to monitor the delegated functions of the Commissioning Agreement with Doncaster Council to deliver the areas of opportunity of the Doncaster Place Plan.

4.10.2 Counter Fraud Arrangements

An Accredited Counter Fraud Specialist is contracted from 360 Assurance (our Internal Auditors) to undertake counter fraud work proportionate to identified risks. Our Chief Finance Officer is the Senior Responsible Officer for fraud, bribery and corruption.

Our Audit Committee receives a report against the Standards for Commissioners using the national Self Reporting Tool (SRT) on an annual basis, with exception reports throughout the year. The Counter Fraud Specialist recommends appropriate action regarding any NHS Counter Fraud Authority quality assurance recommendations, and action is assured by the Chief Finance Officer. A proportionate proactive counter fraud work plan is developed at the beginning of each year to address identified risks.
The CCG recognises the importance of fraud, with the responsibilities of the Fraud Champion being part of the remit of the Director of HR and Corporate Services.

The CCG has in place a policy relating to countering fraud, bribery and corruption.

4.11 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.

During 2020-21, Internal Audit have issued 4 assurance reports. The table below provides a summary of progress made to date in completing the audit assignments during 2020-21.

Audit Assignment	Status	Assurance Level / Comment
Conflicts of Interest	Complete	Significant

Integrity of the General Ledger, Financial Reporting and Key Financial Systems	Complete	Significant
Delegated Primary Care Functions	Complete	Substantial
Data Security and Protection Toolkit	Complete	Substantial

The Head of Internal Audit concluded that:

"I am providing an overall opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently."

4.12 Review of the Effectiveness of Governance, Risk Management and Internal Control

The 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 CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. The review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by the Governing Body and the Audit Committee. The role and conclusions of each were:

- Governing Body: Responsible for providing clear commitment and direction for Risk Management within the organisation. The Governing Body delegates responsibility for oversight of risk and non-clinical risk management to the Audit Committee and delegates responsibility for clinical risk management to the Quality and Patient Safety Committee. Following receipt of a range of reports covering finance, quality, commissioning and corporate areas, the Governing Body has concluded positively upon the system of internal control.

- Audit Committee: Responsible for providing an independent overview of the arrangements for risk management within the organisation, with specific responsibilities for financial risk management. It undertakes an annual self-assessment of its effectiveness and reviews Internal and External Audits, the Assurance Framework and financial governance reports and the Probity Register. The Audit Committee has been assured by the reports provided to it, and has been given the opportunity to raise any areas of note to the Governing Body on a bi-monthly basis.

4.13 Conclusion

No significant internal control issues have been identified. The CCG has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads the CCG to conclude that it has a robust system of control.

Mrs Jackie Pederson
Accountable Officer
10 June 2021

5. Remuneration and Staff Report

5.1 Remuneration Report

5.1.1 Remuneration Committee

Chaired by the Lay Member for Patient and Public Involvement, our Remuneration Committee has delegated responsibility from the Governing Body for advising the Governing Body on all aspects of salary not covered by Agenda for Change, arrangements for termination of employment, remuneration, allowances and terms of service of senior managers covered by the Very Senior Managers pay framework and approving human resources policies and procedures.

Our Remuneration Committee comprises the following Members:

- Lay Member – Patient and Public Involvement (Chair)
- Lay Member – Audit and Governance
- Locality Lead x 2
- Governing Body Secondary Care Doctor

5.1.2 Policy on the remuneration of senior managers

The Remuneration Committee is required to recommend remuneration to the Governing Body within the constraints of national guidance, taking into account the prevailing economic climate, local market conditions and the requirement to obtain best possible value for money. The costs of posts are met from the notified CCG running cost allowance. The onus is on the CCG to ensure it has an affordable staffing and remuneration structure within this running cost allowance.

The guidance used to determine the staffing body pay is the national Agenda for Change guidance from NHS Employers. The policy for all staff subject to Agenda for Change contracts aligns to the national agenda for change guidance on duration, notice periods and termination payments. Further information on termination payments is detailed in the CCG Management of Change Policy.

Senior Manager performance is subject to evaluation in the same way as the main staffing body – through our Managing Performance Policy. Performance measures are aligned to the strategic direction of the organisation and set by the line manager of each employee. No performance related premia policy is in place for Senior Managers or Governing Body members.

5.1.3 Remuneration of Very Senior Managers

Where one or more senior managers of a CCG are paid more than £150,000 per annum, the CCG must explain the steps taken to satisfy itself that this remuneration is reasonable. There is one senior manager who sits on the Governing Body whose salary exceeds £150,000 per annum when adjusted to reflect a full time annualised equivalent post. This post is filled by a GP on a part time basis and they are providing expert leadership and clinical advice to the CCG, the level of remuneration reflects this specialist input and is comparable with other CCG's. Remuneration report tables are shown overleaf.

5.1.4 Senior manager remuneration (including salary and pension entitlements)

Name and Title	2020-21					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Executive Members:						
Dr David Crichton *Chair*	100 - 105	100	0	0	20.0 - 22.5	120 - 125
Mrs Jackie Pederson *Chief Officer*	135 – 140	200	0	0	15.0 – 17.5	150 – 155
Mrs Hayley Tingle *Chief Finance Officer*	85 – 90	0	0	0	0	80-85
Mr Andrew Russell *Chief Nurse*	100 – 105	0	0	0	112.5 – 115	215 – 220
Mr Anthony Fitzgerald *Chief of Strategy and Delivery*	100 – 105	0	0	0	22.5 – 25.0	125 – 130
Mrs Lisa Devanney *Associate Director of HR and Corporate Services*	70-75	0	0	0	5.0 - 7.5	75-80
Locality Leads:						
Dr Rao Koluso *Locality Lead, North East Locality*	45 - 50	0	0	0	127.5 – 130.0	170 - 175
Dr Marco Pieri *Locality Lead, North West Locality*	45 - 50	0	0	0	2.5-5.0	45 - 50
Dr Manju Pande *Locality Lead, South West Locality*	45 – 50	0	0	0	27.5 – 30	75 – 80
Dr Marney Khan *Locality Lead, Central Locality (from 01/04/20)*	45 - 50	0	0	0	102.5 - 105	150 - 155

Name and Title	2020-21					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Secondary Care Doctor Member:						
Dr Emyr Wyn Jones *Secondary Care Doctor Member*	35 - 40	0	0	0	0	35 - 40
Lay Members:						
Mr Paul Wilkin *Lay Member, Audit and Governance*	15 - 20	0	0	0	0	15 - 20
Mrs Sarah Whittle *Lay Member, Public and Patient Engagement*	15 - 20	0	0	0	0	15 - 20
Mrs Linda Tully *Lay Member – Primary Care Commissioning*	15 - 20	0	0	0	0	15 - 20

******_Note: Taxable expenses and benefits in kind are expressed to the nearest £100._

Name and Title	2019-20					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Executive Members:						
Dr David Crichton *Chair*	100 - 105	1400	0	0	20.0 - 22.5	110 - 115
Mrs Jackie Pederson *Chief Officer*	130 – 135	1900	0	0	52.5 – 55.0	185 - 190
Mrs Hayley Tingle *Chief Finance Officer*	100 - 105	400	0	0	47.5 – 50.0	150 - 155
Mr Andrew Russell *Chief Nurse*	95 – 100	100	0	0	152.5 – 155	250 - 255
Mr Anthony Fitzgerald *Chief of Strategy and Delivery*	100 – 105	1500	0	0	25.0 - 27.5	130 – 135
Mrs Lisa Devanney *Associate Director of HR and Corporate Services*	70-75	100	0	0	30 - 32.5	105 - 110
Locality Leads:						
Dr Jeremy Bradley *Locality Lead, North East Locality (to 31/12/19)*	30 – 35	0	0	0	0	30 – 35
Dr Rao Koluso *Locality Lead, North East Locality (from 01/01/20)*	10 – 15	0	0	0	40 – 42.5	50 - 55
Dr Marco Pieri *Locality Lead, North West Locality*	45 - 50	0	0	0	2.5-5.0	50-55
Dr Nick Tupper *Locality Lead, Central Locality (to 31/03/20)*	45 - 50	0	0	0	42.5 – 45.0	90 - 95
Dr Khaimraj Singh	15 - 20	0	0	0	0 – 2.5	15 - 20

Name and Title	2019-20					
	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100**	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
	£000	£	£000	£000	£000	£000
Locality Lead, South East Locality (to 31/07/19)						
Dr Manju Pande *Locality Lead, South West Locality (from 1/9/19)*	25 – 3 0	0	0	0	27.5 – 30	50 – 55
Secondary Care Doctor Member:						
Dr Emyr Wyn Jones *Secondary Care Doctor Member*	35-40	0	0	0	0	35-40
Lay Members:						
Mr Paul Wilkin *Lay Member, Audit and Governance (from 01/05/19)*	15-20	0	0	0	0	15-20
Mrs Sarah Whittle *Lay Member, Public and Patient Engagement*	15-20	400	0	0	0	15-20
Mrs Linda Tully *Lay Member – Primary Care Commissioning*	15-20	0	0	0	0	15-20

These Tables are in a format prescribed by the Department of Health. It shows the salaries, travel expenses and pension-related benefits attributable to the Governing Body members and Executive members of the CCG. Exact salary points and expenses paid are not disclosed, but are set out in bandings. The NHS Pension Scheme is an unfunded Defined Benefit Scheme, which generally means that employees can expect a set pension and lump sum based on years of service and salary levels. The figures in the "All pension-related benefits" column (e) are calculated by a formula prescribed by HMRC and does not reflect contributions paid. The calculations compare the Annual Pensions at the beginning and end of the financial year, adjusted for inflation and increased by a pre-set multiplier.

The amounts disclosed in the Table cannot be withdrawn from the Scheme. The calculation takes the difference between the increases in pension and lump sums at pension age, at the start and the end of the reporting periods. It adjusts these for inflation and applies a

multiplier of 20, then deducts employee contributions in year to derive a notional figure for pension benefits. The calculations sometimes derive a negative figure and guidance from the Department of Health states that when this occurs, a zero must be shown. Prior year comparators have been amended to zeros where applicable.

5.1.5 Pension benefits as at 31 March 2021

	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employers Contribution to partnership pension
Name and Title	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Executive Members:								
Dr David Crichton *Chair*	0 – 2.5	0	5 - 10	0 - 5	96	11	121	0
Mrs Jackie Pederson *Chief Officer*	0 – 2.5	0	60 – 65	135 - 140	989	20	989	0
Mrs Hayley Tingle *Chief Finance Officer*	0 – 2.5	0	35 – 40	75 – 80	697	0	716	0
Mr Andrew Russell *Chief Nurse*	5.0 – 7.5	0	35 - 40	90 - 95	779	0	732	0
Mr Anthony Fitzgerald *Chief of Strategy and Delivery*	0 - 2.5	0	20 – 25	0	195	9	221	0
Mrs Lisa Devanney *Associate Director of HR and Corporate Services*	0 - 2.5	0	25 - 30	55-60	448	6	471	0
Locality Leads:								
Dr Rao Kolusu *Locality Lead, North East Locality*	5.0 - 7.5	15 – 17.5	10 - 15	25 – 30	73	101	82	0
Dr Marco Pieri *Locality Lead, North West Locality*	0 - 2.5	0 - 2.5	5 -10	25 – 30	195	9	213	0

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
Dr Manju Pande *Locality Lead, South West Locality*	0 - 2.5	0 - 2.5	0 - 5	5 - 10	45	23	76	0
Dr Marney Khan *Locality Lead, Central Locality (from 01/04/20)*	2.5 – 5.0	10 – 12.5	10 – 15	30 – 35	149	93	251	0
Secondary Care Doctor Member:								
Dr Emyr Wyn Jones *Secondary Care Doctor Member*	0	0	0	0	0	0	0	0
Lay Members:								
Mr Paul Wilkin *Lay Member, Audit and Governance (from 01/05/19)*	0	0	0	0	0	0	0	0
Mrs Sarah Whittle *Lay Member, Public and Patient Engagement*	0	0	0	0	0	0	0	0
Mrs Linda Tully *Lay Member – Primary Care Commissioning*	0	0	0	0	0	0	0	0

5.1.6 Cash equivalent transfer values

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

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

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

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

5.1.7 Compensation on early retirement of for loss of office

No payments have been made in compensation for early retirement or for loss of office.

5.1.8 Payments to past members

No payments have been made to past members.

5.1.9 Pay multiples

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

The banded remuneration of the highest paid director/Member in NHS Doncaster CCG in the financial year 2020-21 was £165,000 - £170,000 (2019-20: £165,000-£170,000). This was 4.42 times (2019-20: 4.48) the median remuneration of the workforce, which was £37,890 (2019-20: £37,267).

In 2020-21, no (none in 2019-20) employees received remuneration in excess of the highest-paid director/Member. Remuneration ranged from £19,000 to £170,000 (2019-20: £18,000 to £170,000)

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

In 2020-21 the CCG hosted two external experts who were working on the joint place plan priorities as part of the Doncaster Accountable Care System and the South Yorkshire and Bassetlaw ICS. Both these experts were paid in excess of the highest paid Director/Member of the CCG's Governing Body but these were shared posts funded across the system. The remuneration ranged from £190k to £210k based on an annualised full time equivalent basis. Both these experts are no longer employed by the CCG.

5.2 Staff Report

5.2.1 Number of senior managers

The number of senior managers (classified as those in our Senior Management Team and disclosed in the Remuneration Report) by band are:

- 2 x Very Senior Manager posts
- 1 x Band 9 post (senior management)
- 1 x Band 9 post (senior nursing)
- 1 x Band 8d posts (senior management)

5.2.2 Staff numbers and costs

The table below details the average staff numbers and actual costs for 2020-21.

Category	Permanently employed staff		Other staff (short term contracts, agency, inward secondees)	
	Average WTE	Cost £000	Average WTE	Cost £000
Governing Body Clinical Members	5.11	463	0	0
Administration and estates staff	95.85	4,341	0.96	346
Nursing, midwifery and health visiting staff	39.10	1,992	0	0
Scientific, Therapeutic and Technical	10.77	553	0	0
Medical and Dental	0.72	117	0	205
Central Pension Costs	0.00	341	0.00	0
Totals	**152.13**	**7,807**	**0.96**	**551**

5.2.3 Staff composition

We are required to analyse and report our workforce by gender. The numbers of the workforce in post (actual headcount) by gender as at 31 March 2021 was:

Category	Male	Female
Members of the Governing Body	7	5
All other senior managers, including all managers at grade VSM, not included above	1	1
All other employees not included in either of the previous two categories	27	127

5.2.4 Staff engagement percentages

The CCG participated in the 2020 NHS annual staff survey and chose to invite all staff to participate. The response rate received was 89%, an increase of 1% from the previous year and the highest response rate from the establishment of the CCG.

The staff survey is broken down across a number of themes, the Staff Engagement theme achieved a score of 7.6 out of 10 (10 being the most positive). Significantly more staff felt time passed quickly when they were working and more felt able to make suggestions to improve the work of their team. An area of great improvement was on communication between senior management and staff, an increase of 18.7% to 76.2% feeling this was effective. 84.1% of staff would recommend the CCG as a place to work.

It is likely that the impact of homeworking, having to work differently and often responding to urgent areas of work that supersede the ‘day job’ may have affected how staff have felt over the period in question where experiences have not been as positive, and this is reflected in the results as less staff looked forward to going to work and less felt enthusiastic about their job.

The survey results were presented to Governing Body in April 2021.

5.2.7 Staff policies

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

NHS Doncaster CCG is committed to supporting employees in the workplace. We have an Equal Opportunities Policy, Sickness Absence Policy, Health and Wellbeing Policy, Flexible Working Policy and a newly drafted Agile Working Policy. These policies, amongst other employment policies set out our approach to supporting staff at work. We are a ‘Disability Confident’ employer which means we support both those within our organisation and those who wish to apply for roles within it by removing barriers and ensuring reasonable adjustments are made where required. Staff are encouraged to share in confidence their disability status so that we may target support and development opportunities appropriately. All our employment policies are available on the CCG website:

https://www.doncasterccg.nhs.uk/about-us/public-information/policies-and-procedures/ Our recruitment and selection procedures ensure that all prospective candidates can participate fully in the application process and we offer adjustments where required.

NHS Doncaster CCG have an approved Equality and Diversity Strategy which has been refreshed for 2021-2024 and a 2019-20 annual report was produced and presented to Governing Body in March 2021. The CCG have complied with all WRES and EDS requirements in year.

5.2.8 Trade Union Facility Time Reporting Requirements

The CCG is required to publish information regarding Trade Union Facility Time in line with the Trade Union (Facility Time Publication Requirements) Regulations 2017 that came into force on 1 April 2017. The following tables give information on the number of employees involved in Union duties compared with the total number of employees within the CCG, the cost of this time compared with the total pay bill of the CCG and how much time each employee spent on Trade Union duties as a percentage of their total paid time.

Table 1: Relevant Union Officials

Number of employees who were relevant union officials during 2020-21	Full-time equivalent number
3	1.97

Table 2: Percentage of Time Spent on Facility Time

Percentage of time	*Number of employees*
0%	0
1%-50%	3
51%-99%	0
100%	0

Table 3: Percentage of Pay Bill Spent on Facility Time

Total cost of facility time	**£1,964.56**
Total pay bill	**£8,360,000**
Percentage of the total pay bill spent on facility time	**0.02%**

Table 4: Paid Trade Union Activities

Time spent on paid trade union activities as a percentage of total paid facility time hours:	**87.6%**

The CCG is party to a SYB hosted arrangement regarding Trade Union Representative for which the CCG contributes £5,005 in addition to the above costs.

5.2.9 Other employee matters

The CCG offers NHS terms and conditions of employment and operates within the national job evaluation scheme fully supported by staff side colleagues. This ensures a fair and transparent process for how jobs are graded and therefore what salaries roles will attract.

There is a well-established Performance Development Review and Talent Management Policy and procedure in place which is linked to pay progression in accordance with national terms and conditions of employment.

The CCG is committed to partnership working with staff side organisations and along with other CCGs in South Yorkshire and Bassetlaw, we support the employment of a full time Staff Side Coordinator. A Joint Consultation and Negotiation Forum is established were new and revised employment policies are agreed before their recommendation to the relevant approving committee / Governing Body. We fully engage with staff side on all matters relating to organisational change.

5.2.10 Expenditure on consultancy

NHS Doncaster CCG spent £2,000 on Administrative Consultancy in 2020-21 (£9,000 in 2019-20).

5.2.11 Off-payroll engagements

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

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2021 for more than £245 per day and that last longer than six months:

	Number
Number of existing engagements as of 31 March 2021	0
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

NHS Doncaster CCG assesses all off-payroll engagements on an individual basis utilising the tools supplied by HMRC to determine if the IR35 rules apply. Where the CCG deems that the rules apply then all payments are made via payroll and are subject to the appropriate tax and NI.

Table 2: New off-payroll engagements

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and that last for longer than 6 months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	0
Of which:	
Number assessed as caught by IR35	0
Number assessed as not caught by IR35	0
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	0
Number of engagements reassessed for consistency / assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should include both on payroll and off-payroll engagements. (2)	14

Note

(1) There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months

(2) As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

5.2.12 Exit packages, including special (non-contractual) payments

NHS Doncaster CCG has not had any exit packages or non-contractual payments in 2020-21

Mrs Jackie Pederson
Accountable Officer
10 June 2021

Parliamentary Accountability and Audit Report

NHS Doncaster CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. Disclosures on gifts are included in this Accountability Report at page 48. An audit certificate and report is also included in this Annual Report at Page 98.

ANNUAL ACCOUNTS

Mrs Jackie Pederson
Accountable Officer
10 June 2021

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE GOVERNING BODY OF NHS DONCASTER CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS Doncaster Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the CCG in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Accountable Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks to the CCG's operating model and analysed how those risks might affect the CCG's financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate;
- we have not identified, and concur with the Accountable Officer's assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the CCG will continue in operation.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy as to the CCG's high-level policies and procedures to prevent and detect fraud including the internal audit function, and the CCG's channel for Whistleblowing, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the CCG's accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated statutory resource limits, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity. However, in line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we recognised a fraud risk related to expenditure recognition.

We did not identify any additional fraud risks.

In determining the audit procedures, we have taken into account the results of our evaluation and testing of the operating effectiveness of CCG-wide fraud risk management controls.
We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included:
    - Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted by senior management throughout the year and unusual cash journals.
    - Identifying a sample of high-risk expenditure transactions recorded post year end, comparing the date of expenditure recognition to supporting documentation and performing a search pre-year end for incorrect recognition.
- Reviewing the existence of information provided by the CCG as part of the 'NHS Agreement of Balances' exercise to ensure consistency with the information in the accounts.
- Assessing the existence and accuracy of recorded expenditure through specific testing over purchases from non-NHS bodies and Non- NHS accruals
- Inspecting a sample of invoices received and payments made before and after year end to corroborate whether those items were recorded in the correct accounting period.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and

discussed with the directors (and other management) the policies and procedures regarding compliance with laws and regulations.

As the CCG is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity's procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The CCG is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under the NHS Act 2006, as amended by paragraph 223I1 (3) of Section 27 of the Health and Social Care Act 2012, the CCG must ensure that its revenue resource allocation in any financial year does not exceed the amount specified by NHS England. Expenditure in excess of the amount specified is unlawful.

We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items and our work on the regularity of expenditure incurred by the CCG in the year of account.

Whilst the CCG is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

Other information in the Annual Report

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 50, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 25(1) of the Local Audit and Accountability Act 2014.

In our opinion, in all material respects, the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Report on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the CCG to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained more fully in the statement set out on page 50, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State and NHS England under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Doncaster Clinical Commissioning Group ("the CCG") for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Clare Partridge
for and on behalf of KPMG LLP
Chartered Accountants
1 Sovereign Square
Sovereign Street
Leeds
LS1 4DA

15 June 2021

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Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	**-1,101**	-1,148
Other operating income	2	**0**	0
Total operating income		**-1,101**	**-1,148**
Staff costs	4	**7,897**	7,491
Purchase of goods and services	5	**578,998**	533,969
Depreciation and impairment charges	5	**0**	0
Provision expense	5	**0**	0
Other Operating Expenditure	5	**463**	446
Total operating expenditure		**587,358**	**541,906**
Net Operating Expenditure		**586,257**	**540,758**
Finance income		**0**	0
Finance expense		**0**	0
Net expenditure for the Year		**586,257**	**540,758**
Net (Gain)/Loss on Transfer by Absorption		**0**	0
Total Net Expenditure for the Financial Year		**586,257**	**540,758**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		**0**	0
Net (gain)/loss on revaluation of Intangibles		**0**	0
Net (gain)/loss on revaluation of Financial Assets		**0**	0
Net (gain)/loss on assets held for sale		**0**	0
Actuarial (gain)/loss in pension schemes		**0**	0
Impairments and reversals taken to Revaluation Reserve		**0**	0
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		**0**	0
Net gain/loss on revaluation of available for sale financial assets		**0**	0
Reclassification adjustment on disposal of available for sale financial assets		**0**	0
Sub total		**0**	**0**
Comprehensive Expenditure for the year		**586,257**	**540,758**

The notes on pages 108 to 127 form part of this statement

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Property, plant and equipment	13	**0**	0
Intangible assets	14	**0**	0
Investment property	15	**0**	0
Trade and other receivables	17	**0**	0
Other financial assets	18	**0**	0
Total non-current assets		**0**	0
Current assets:			
Inventories	16	**0**	0
Trade and other receivables	17	**5,426**	6,782
Other financial assets	18	**0**	0
Other current assets	19	**0**	0
Cash and cash equivalents	20	**116**	421
Total current assets		**5,542**	7,203
Non-current assets held for sale	21	**0**	0
Total current assets		**5,542**	7,203
Total assets		**5,542**	7,203
Current liabilities			
Trade and other payables	23	**-47,248**	-46,079
Other financial liabilities	24	**0**	0
Other liabilities	25	**0**	0
Borrowings	26	**0**	0
Provisions	30	**0**	0
Total current liabilities		**-47,248**	-46,079
Non-Current Assets plus/less Net Current Assets/Liabilities		**-41,706**	-38,876
Non-current liabilities			
Trade and other payables	23	**0**	0
Other financial liabilities	24	**0**	0
Other liabilities	25	**0**	0
Borrowings	26	**0**	0
Provisions	30	**0**	0
Total non-current liabilities		**0**	0
Assets less Liabilities		**-41,706**	-38,876
Financed by Taxpayers' Equity			
General fund		**-41,706**	-38,876
Revaluation reserve		**0**	0
Other reserves		**0**	0
Charitable Reserves		**0**	0
Total taxpayers' equity:		**-41,706**	-38,876

The notes on pages 108 to 127 form part of this statement

The financial statements on pages 104 to 127 were approved by the Governing Body on 10 June 2021 and signed on its behalf by:

Mrs Jackie Pederson
Accountable Officer

NHS Doncaster CCG - Annual Accounts 2020-21

Statement of Changes In Taxpayers Equity for the year ended

31 March 2021

Changes in taxpayers' equity for 2020-21	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Balance at 01 April 2020	**(38,876)**	**0**	**0**	**(38,876)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	**0**	**0**	**0**	**0**
Adjusted NHS Clinical Commissioning Group balance at 01 April 2020	**(38,876)**	**0**	**0**	**(38,876)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating expenditure for the financial year	**(586,257)**	**0**	**0**	**(586,257)**
Net gain/(loss) on revaluation of property, plant and equipment	**0**	**0**	**0**	**0**
Net gain/(loss) on revaluation of intangible assets	**0**	**0**	**0**	**0**
Net gain/(loss) on revaluation of financial assets	**0**	**0**	**0**	**0**
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	**0**	**0**	**0**	**0**
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	**0**	**0**	**0**	**0**
Net gain (loss) on revaluation of assets held for sale	**0**	**0**	**0**	**0**
Impairments and reversals	**0**	**0**	**0**	**0**
Net actuarial gain (loss) on pensions	**0**	**0**	**0**	**0**
Movements in other reserves	**0**	**0**	**0**	**0**
Transfers between reserves	**0**	**0**	**0**	**0**
Release of reserves to the Statement of Comprehensive Net Expenditure	**0**	**0**	**0**	**0**
Reclassification adjustment on disposal of available for sale financial assets	**0**	**0**	**0**	**0**
Transfers by absorption to (from) other bodies	**0**	**0**	**0**	**0**
Reserves eliminated on dissolution	**0**	**0**	**0**	**0**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(586,257)**	**0**	**0**	**(586,257)**
Net funding	**583,427**	**0**	**0**	**583,427**
Balance at 31 March 2021	**(41,706)**	**0**	**0**	**(41,706)**

Changes in taxpayers' equity for 2019-20	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Balance at 01 April 2019	(37,162)	0	0	**(37,162)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 01 April 2019	**(37,162)**	**0**	**0**	**(37,162)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating costs for the financial year	(540,758)	0	0	(540,758)
Net gain/(loss) on revaluation of property, plant and equipment	0	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(540,758)**	**0**	**0**	**(540,758)**
Net funding	539,043	0	0	539,043
Balance at 31 March 2020	**(38,876)**	**0**	**0**	**(38,876)**

The notes on pages 108 to 127 form part of this statement

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		**(586,257)**	(540,758)
Depreciation and amortisation	5	**0**	0
Impairments and reversals	5	**0**	0
Non-cash movements arising on application of new accounting standards		**0**	0
Movement due to transfer by Modified Absorption		**0**	0
Other gains (losses) on foreign exchange		**0**	0
Donated assets received credited to revenue but non-cash		**0**	0
Government granted assets received credited to revenue but non-cash		**0**	0
Interest paid		**0**	0
Release of PFI deferred credit		**0**	0
Other Gains & Losses		**0**	0
Finance Costs		**0**	0
Unwinding of Discounts		**0**	0
(Increase)/decrease in inventories		**0**	0
(Increase)/decrease in trade & other receivables	17	**1,355**	977
(Increase)/decrease in other current assets		**0**	0
Increase/(decrease) in trade & other payables	23	**1,170**	1,127
Increase/(decrease) in other current liabilities		**0**	0
Provisions utilised	30	**0**	0
Increase/(decrease) in provisions	30	**0**	0
Net Cash Inflow (Outflow) from Operating Activities		**(583,732)**	(538,654)
Cash Flows from Investing Activities			
Interest received		**0**	0
(Payments) for property, plant and equipment		**0**	0
(Payments) for intangible assets		**0**	0
(Payments) for investments with the Department of Health		**0**	0
(Payments) for other financial assets		**0**	0
(Payments) for financial assets (LIFT)		**0**	0
Proceeds from disposal of assets held for sale: property, plant and equipment		**0**	0
Proceeds from disposal of assets held for sale: intangible assets		**0**	0
Proceeds from disposal of investments with the Department of Health		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Proceeds from disposal of financial assets (LIFT)		**0**	0
Non-cash movements arising on application of new accounting standards		**0**	0
Loans made in respect of LIFT		**0**	0
Loans repaid in respect of LIFT		**0**	0
Rental revenue		**0**	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(583,732)**	(538,654)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		**583,427**	539,043
Other loans received		**0**	0
Other loans repaid		**0**	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		**0**	0
Capital grants and other capital receipts		**0**	0
Capital receipts surrendered		**0**	0
Non-cash movements arising on application of new accounting standards		**0**	0
Net Cash Inflow (Outflow) from Financing Activities		**583,427**	539,043
Net Increase (Decrease) in Cash & Cash Equivalents	20	**(305)**	389
Cash & Cash Equivalents at the Beginning of the Financial Year		**421**	32
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		**0**	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**116**	421

The notes on pages 108 to 127 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 2020-21 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 a going concern basis.

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

Where a clinical commissioning group 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.

1.2 Accounting Convention

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Gorup are outside the scope of IFRS 3 BusinessCombinations. Where fundtions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of apsorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Doncaster Metropolitan Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for Joint Health and Social care activities and Note 35 provides details of the income and expenditure.

The pool is hosted by NHS Doncaster CCG. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.5 Operating Segments

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

1.6 Revenue

In the application of IFRS 15 a number of practical expedients offered in 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 that form part of a contract with 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. For details of other revenue please refer to Note 2.

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

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

Payment terms are standard reflecting cross government principles.

The value of the benefit received when 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.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the 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.

1.8 Other Expenses

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

1.9 **Grants Payable**

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

1.10 **Property, Plant & Equipment**

NHS Doncaster CCG does not hold any Property, Plant or Equipment

1.11 **Intangible Assets**

NHS Doncaster CCG does not hold any Intangible Assets

1.12 **Donated Assets**

NHS Doncaster CCG does not hold any Donated Assets

1.13 **Government grant funded assets**

NHS Doncaster CCG does not hold any Government Grant Funded assets

1.14 **Non-current Assets Held For Sale**

NHS Doncaster CCG does not hold any Non-current Assets Held for Sale

1.15 **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.

1.15.1 **The Clinical Commissioning Group as Lessee**

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.

1.15.2 **The Clinical Commissioning Group as Lessor**

NHS Doncaster CCG does not act as a Lessor

1.16 **Private Finance Initiative Transactions**

NHS Doncaster CCG did not have any PFI Transactions in 2020-21.

1.17 **Inventories**

NHS Doncaster CCG did not have any inventories in 2020-21.

1.18 **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.

1.19 **Provisions**

NHS Doncaster CCG did not have any provisions arising during 2020-21 or carried forward from previous years.

1.20 **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.

1.21 **Non-clinical Risk Pooling**

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

1.22 **Carbon Reduction Commitment Scheme**

The Carbon Reduction Commitment Scheme did not apply to NHS Doncaster CCG in 2020-21

1.23 **Contingent liabilities and contingent assets**

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.24 **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 de-recognised 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.

1.24.1 **Financial Assets at Amortised cost**

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

1.24.2 **Financial assets at fair value through other comprehensive income**

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

1.24.3 **Financial assets at fair value through profit and loss**

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

1.24.4 **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.25 **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.

1.25.1 **Financial Guarantee Contract Liabilities**

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.25.2 **Financial Liabilities at Fair Value Through Profit and Loss**

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

1.25.3 **Other Financial Liabilities**

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

1.26 **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.

1.27 **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.

1.28 **Third Party Assets**

NHS Doncaster CCG did not hold any third parties in 2020-21.

1.29 **Losses & Special Payments**

NHS Doncaster CCG did not have any losses or special payments in 2020-21.

1.30 **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.

1.30.1 **Critical accounting judgements in applying accounting policies**

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

Operating Lease Commitments - NHS Doncaster CCG has in substance, several property lease arrangements with NHS Property Services Ltd. It has been determined that as NHS Doncaster CCG has not obtained substantially the risks and rewards of ownership of these properties, the leases have been classified as operating leases and accounted for accordingly. See Note 1.35 below regarding the implementation of IFRS16.

1.30.2 **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.

Basis of estimation of key accruals - the CCG has included certain accruals within the financial statements which are estimates. The key areas requiring estimation are healthcare contracts with main NHS providers (these are based on the estimated activity and performance data outstanding as at 31st March 2020 and agreed through the Agreement of Balances Process), Continuing Healthcare (based on patient activity information held on the CCG's database, not yet invoiced) and Prescribing (based on the profile of estimated prescriptions dispensed, not yet charged by the BSA which equates to one months worth of activity). The prescribing data has since been received and is within reasonable tolerances of the original estimation.

1.31 **Gifts**

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

1.32 **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 2020-21. 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 – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

2 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**0**	3
Non-patient care services to other bodies	**1,083**	1,089
Patient transport services	**0**	0
Prescription fees and charges	**0**	0
Dental fees and charges	**0**	0
Income generation	**0**	0
Other Contract income	**18**	56
Recoveries in respect of employee benefits	**0**	0
Total Income from sale of goods and services	**1,101**	**1,148**
Other operating income		
Rental revenue from finance leases	**0**	0
Rental revenue from operating leases	**0**	0
Charitable and other contributions to revenue expenditure: NHS	**0**	0
Charitable and other contributions to revenue expenditure: non-NHS	**0**	0
Receipt of donations (capital/cash)	**0**	0
Receipt of Government grants for capital acquisitions	**0**	0
Continuing Health Care risk pool contributions	**0**	0
Non cash apprenticeship training grants revenue	**0**	0
Other non contract revenue	**0**	0
Total Other operating income	**0**	**0**
Total Operating Income	**1,101**	**1,148**

The non-patient care services to other bodies relates to the hosted services for Previously Unassessed Periods of care (PUPOC) which NHS Doncaster CCG hosts on behalf of 12 CCG's.

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

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

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Recoveries in respect of employee benefits	Total 2020-21
	£'000	£'000	£'000	£'000	£'000
Source of Revenue					
NHS	0	1,083	1	0	1,084
Non NHS	0	0	17	0	17
Total	**0**	**1,083**	**18**	**0**	**1,101**

	Education, training and research	Non-patient care services to other bodies	Other Contract income	Recoveries in respect of employee benefits	Total 2020-21
	£'000	£'000	£'000	£'000	£'000
Timing of Revenue					
Point in time	0	27	18	0	45
Over time	0	1,056	0	0	1,056
Total	**0**	**1,083**	**18**	**0**	**1,101**

There is no contract revenue expected to be recognised in future periods related to contract performance obligations not yet completed at the reporting date

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total 2020-21		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**5,855**	**341**	**6,196**
Social security costs	**606**	**0**	**606**
Employer Contributions to NHS Pension scheme	**1,078**	**0**	**1,078**
Other pension costs	**1**	**0**	**1**
Apprenticeship Levy	**16**	**0**	**16**
Other post-employment benefits	**0**	**0**	**0**
Other employment benefits	**0**	**0**	**0**
Termination benefits	**0**	**0**	**0**
Gross employee benefits expenditure	**7,556**	**341**	**7,897**
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**
Total - Net admin employee benefits including capitalised costs	**7,556**	**341**	**7,897**
Less: Employee costs capitalised	**0**	**0**	**0**
Net employee benefits excluding capitalised costs	**7,556**	**341**	**7,897**

4.1.1 Employee benefits

	Total 2019-20		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	5,363	390	5,753
Social security costs	601	0	601
Employer Contributions to NHS Pension scheme	1,066	0	1,066
Other pension costs	1	0	1
Apprenticeship Levy	16	0	16
Other post-employment benefits	0	0	0
Other employment benefits	0	0	0
Termination benefits	54	0	54
Gross employee benefits expenditure	7,101	390	7,491
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Total - Net admin employee benefits including capitalised costs	7,101	390	7,491
Less: Employee costs capitalised	0	0	0
Net employee benefits excluding capitalised costs	7,101	390	7,491

4.1.2 Recoveries in respect of employee benefits

	2020-21			2019-20
	Permanent Employees £'000	Other £'000	Total £'000	Total £'000
Employee Benefits - Revenue				
Salaries and wages	0	0	**0**	0
Social security costs	0	0	**0**	0
Employer contributions to the NHS Pension Scheme	0	0	**0**	0
Other pension costs	0	0	**0**	0
Other post-employment benefits	0	0	**0**	0
Other employment benefits	0	0	**0**	0
Termination benefits	0	0	**0**	0
Total recoveries in respect of employee benefits	0	0	**0**	0

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**146.47**	**0.96**	**147.43**	148.38	1.47	149.85
Of the above:						
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	**0**	**0**	**0**

* 2019-20 WTE restated to remove Governing Body members to be consistent with 2020-21

4.3 Staff Annual Leave Accruals

	Permanently employed £'000	Other staff £'000	Total £'000
Employee accrued benefits liability as at 31st March 2021	-31	0	-31

4.4 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		2020-21 Other agreed departures		2020-21 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**	**0**

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	1	23,852	0	0	1	23,852
£25,001 to £50,000	1	30,112	0	0	1	30,112
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	2	53,964	0	0	2	53,964

	2020-21 Departures where special payments have been made		2019-20 Departures where special payments have been made	
	Number	£	Number	£
Less than £10,000	0	0	0	0
£10,001 to £25,000	0	0	0	0
£25,001 to £50,000	0	0	0	0
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
Over £200,001	0	0	0	0
Total	**0**	**0**	**0**	**0**

Analysis of Other Agreed Departures

	2020-21 Other agreed departures		2019-20 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	0	0	0	0
Total	**0**	**0**	**0**	**0**

* As a single exit package can be made up of several components each of which will be counted separately in this table, the total number will not necessarily match the total number in the table above, which will be the number of individuals.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.
Redundancy and other departure costs have been paid in accordance with the provisions of the [insert name of scheme used for compulsory redundancies].
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.
Where the CCG has agreed early retirements, the additional costs are met by NHS Doncaster CCG and not by the NHS Pension Scheme, and are included in the tables. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.
No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.
The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.5 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, 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group 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:

4.5.1 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 2021, is based on valuation data as 31 March 2020 updated to 31 March 2021 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.

4.5.2 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 was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. In January 2019, the Government announced 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.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

For 2020-21, employers contributions of £1,078,000 were payable to the NHS Pensions scheme (2019-20 £1,066,000) at the rate of 20.6% of pensionable pay. These costs are included in the NHS pension line of note 4.1.

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	127	1,806
Services from foundation trusts	343,854	318,979
Services from other NHS trusts	16,409	16,287
Provider Sustainability Fund	0	0
Services from Other WGA bodies	0	0
Purchase of healthcare from non-NHS bodies	95,586	80,648
Purchase of social care	2,950	2,954
General Dental services and personal dental services	0	0
Prescribing costs	61,079	58,533
Pharmaceutical services	26	85
General Ophthalmic services	11	20
GPMS/APMS and PCTMS	52,698	47,984
Supplies and services – clinical	0	776
Supplies and services – general	620	1,193
Consultancy services	2	9
Establishment	2,232	1,154
Transport	0	6
Premises	3,115	3,008
Audit fees	55	50
Other non statutory audit expenditure		
· Internal audit services *	0	0
· Other services	12	0
Other professional fees	6	112
Legal fees	101	166
Education, training and conferences	115	199
Funding to group bodies	0	0
CHC Risk Pool contributions	0	0
Non cash apprenticeship training grants	0	0
Total Purchase of goods and services	**578,998**	533,969
Depreciation and impairment charges		
Depreciation	0	0
Amortisation	0	0
Impairments and reversals of property, plant and equipment	0	0
Impairments and reversals of intangible assets	0	0
Impairments and reversals of financial assets	0	0
· Assets carried at amortised cost	0	0
· Assets carried at cost	0	0
· Available for sale financial assets	0	0
Impairments and reversals of non-current assets held for sale	0	0
Impairments and reversals of investment properties	0	0
Total Depreciation and impairment charges	**0**	**0**
Provision expense		
Change in discount rate	0	0
Provisions	0	0
Total Provision expense	**0**	**0**
Other Operating Expenditure		
Chair and Non Executive Members	463	446
Grants to Other bodies	0	0
Clinical negligence	0	0
Research and development (excluding staff costs)	0	0
Expected credit loss on receivables	0	0
Expected credit loss on other financial assets (stage 1 and 2 only)	0	0
Inventories written down	0	0
Inventories consumed	0	0
Other expenditure	0	0
Total Other Operating Expenditure	**463**	446
Total operating expenditure	**579,461**	534,415

* Doncaster CCG has not incurred any costs in relation to Internal audit services in 2020-21. This service is provided through an NHS Provider organisation and due to the financial regime in place during 2020-21, this was below the threshold for NHS payments and was funded centrally by NHS England. The Internal Audit Service was still provided to the CCG.

6.1 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	15,641	145,968	15,978	141,716
Total Non-NHS Trade Invoices paid within target	15,425	142,350	15,858	140,273
Percentage of Non-NHS Trade invoices paid within target	**98.62%**	**97.52%**	**99.25%**	**98.98%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,052	368,943	3,142	338,814
Total NHS Trade Invoices Paid within target	1,011	368,357	3,077	338,504
Percentage of NHS Trade Invoices paid within target	**96.10%**	**99.84%**	**97.93%**	**99.91%**

The number of NHS invoices processed during 2020-21 is significantly lower than previous years due to the financial regime in place where any NHS transactions under £500,000 were captured and paid centrally so all low level NCA payments were transacted between the lead CCG/provider instead with funding provided directly by NHS England.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998
NHS Doncaster CCG did not make any claims under the Late Payment of Commercial Debts legislation to make any compensation payments.

7 Income Generation Activities
NHS Doncaster CCG did not have any income generation activities in 2020-21.

8. Investment revenue
NHS Doncaster CCG did not have any investment income in 2020-21.

9. Other gains and losses

NHS Doncaster CCG did not have any gains or losses in 2020-21.

10.1 Finance costs
NHS Doncaster CCG did not have any finance costs in 2020-21.

10.2 Finance income
NHS Doncaster CCG did not have any finance income in 2020-21.

11. Net gain/(loss) on transfer by absorption
There were no transfers of assets or liabilities during 2020-21.

12. Operating Leases

12.1 As lessee

12.1.1 Payments recognised as an Expense

	2020-21							
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	0	2,969	6	**2,975**	0	2,665	9	**2,674**
Contingent rents	0	0	0	**0**	0	0	0	**0**
Sub-lease payments	0	0	0	**0**	0	0	0	**0**
Total	**0**	**2,969**	**6**	**2,975**	**0**	**2,665**	**9**	**2,674**

Whilst our arrangement with Community Health partnerships and NHS property Services Limited fall within the definition of operating leases, rental charges for future years has not yet been agreed. Consequently this note does not include future minimum lease payments for these arrangements only.

12.1.2 Future minimum lease payments

	2020-21							
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	0	0	0	**0**	0	0	0	**0**
Between one and five years	0	0	0	**0**	0	0	6	**6**
After five years	0	0	0	**0**	0	0	0	**0**
Total	**0**	**0**	**0**	**0**	**0**	**0**	**6**	**6**

12.2 As lessor

NHS Doncaster CCG did not have any lessor arrangements during 2020-21.

13 Property, plant and equipment

2020-21	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2020	0	0	0	0	6	0	32	0	38
Addition of assets under construction and payments on account				0					0
Additions purchased	0	0	0	0	0	0	0	0	0
Additions donated	0	0	0	0	0	0	0	0	0
Additions government granted	0	0	0	0	0	0	0	0	0
Additions leased	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following re	0	0	0	0	0	0	0	0	0
Cost/Valuation at 31 March 2021	**0**	**0**	**0**	**0**	**6**	**0**	**32**	**0**	**38**
Depreciation 01 April 2020	0	0	0	0	6	0	32	0	38
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassified as held for sale and reversals	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	0	0	0	0	0	0	0	0
Upward revaluation gains	0	0	0	0	0	0	0	0	0
Impairments charged	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Charged during the year	0	0	0	0	0	0	0	0	0
Transfer (to)/from other public sector body	0	0	0	0	0	0	0	0	0
Cumulative depreciation adjustment following re	0	0	0	0	0	0	0	0	0
Depreciation at 31 March 2021	**0**	**0**	**0**	**0**	**6**	**0**	**32**	**0**	**38**
Net Book Value at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Purchased	0	0	0	0	0	0	0	0	0
Donated	0	0	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0	0	0
Total at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Asset financing:									
Owned	0	0	0	0	0	0	0	0	0
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SOFP Lift contracts	0	0	0	0	0	0	0	0	0
PFI residual: interests	0	0	0	0	0	0	0	0	0
Total at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Revaluation Reserve Balance for Property, Plant & Equipment

	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2020	0	0	0	0	0	0	0	0
Revaluation gains	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0
Release to general fund	0	0	0	0	0	0	0	0
Other movements	0	0	0	0	0	0	0	0
Balance at 31 March 2021	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction
NHS Doncaster CCG did not have any assets under construction in 2020-21.

13.2 Donated assets
NHS Doncaster CCG did not have any donated assets in 2020-21.

13.3 Government granted assets
NHS Doncaster CCG did not have any government granted assets in 2020-21.

13.4 Property revaluation
NHS Doncaster CCG did not have any property, plant or equipment in 2020-21.

13.5 Compensation from third parties
NHS Doncaster CCG did not receive any compensation from third parties in 2020-21.

13.6 Write downs to recoverable amount
NHS Doncaster CCG did not have any assets written down to recoverable amounts in 2020-21.

13.7 Temporarily idle assets
NHS Doncaster CCG did not have any temporarily idle assets in 2020-21.

13.8 Cost or valuation of fully depreciated assets
NHS Doncaster CCG did not have any fully depreciated assets still in use in 2020-21.

13.9 Economic lives
NHS Doncaster CCG did not have any assets in 2020-21.

14 Intangible non-current assets

14.1 Donated assets
NHS Doncaster CCG did not have any donated assets in 2020-21.

14.2 Government granted assets
NHS Doncaster CCG did not have any government granted intangible assets in 2020-21.

14.3 Revaluation
NHS Doncaster CCG did not have any intangible assets revalued in 2020-21.

14.4 Compensation from third parties
NHS Doncaster CCG did not receive any compensation from third parties intangible assets impaired, lost or given up in 2020-21.

14.5 Write downs to recoverable amount
NHS Doncaster CCG did not have any intangible assets written down to recoverable amounts in 2020-21.

14.6 Non-capitalised assets
NHS Doncaster CCG did not have any non-capitalised assets in 2020-21.

14.7 Temporarily idle assets
NHS Doncaster CCG did not have any temporarily idle intangible assets in 2020-21.

14.8 Cost or valuation of fully amortised assets
NHS Doncaster CCG did not have any fully amortised intangible assets in 2020-21.

14.9 Economic lives
NHS Doncaster CCG did not have any intangible assets in 2020-21.

15 Investment property
NHS Doncaster CCG did not have any investment property in 2020-21.

16 Inventories
NHS Doncaster CCG did not have any inventories in 2020-21.

17.1 Trade and other receivables

	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
NHS receivables: Revenue	1,572	0	657	0
NHS receivables: Capital	0	0	0	0
NHS prepayments	6	0	1,582	0
NHS accrued income	101	0	593	0
NHS Contract Receivable not yet invoiced/non-invoice	0	0	0	0
NHS Non Contract trade receivable (i.e pass through funding)	0	0	0	0
NHS Contract Assets	0	0	0	0
Non-NHS and Other WGA receivables: Revenue	2,002	0	1,805	0
Non-NHS and Other WGA receivables: Capital	0	0	0	0
Non-NHS and Other WGA prepayments	589	0	1	0
Non-NHS and Other WGA accrued income	1,078	0	2,028	0
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	0	0	0	0
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	0	0	0	0
Non-NHS Contract Assets	0	0	0	0
Expected credit loss allowance-receivables	0	0	0	0
VAT	74	0	112	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables and accruals	4	0	4	0
Total Trade & other receivables	**5,426**	**0**	**6,782**	**0**
Total current and non current	**5,426**		**6,782**	
Included above:				
Prepaid pensions contributions	0		0	

17.2 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	1	0	123	35
By three to six months	2	39	8	237
By more than six months	12	1,305	1	1,297
Total	**15**	**1,344**	**132**	**1,569**

£2k of the amount above has subsequently been recovered post the statement of financial position date.

NHS Doncaster CCG did not make any provision for the impairment of receivables outstanding in 2020-21.

17.3 Loss allowance on asset classes
NHS Doncaster CCG did not have any loss allowances on asset classes.

18 Other financial assets
NHS Doncaster CCG did not have any other financial assets as at 31 March 2021.

19 Other current assets
NHS Doncaster CCG did not have any other assets as at 31 March 2021.

20 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	421	32
Net change in year	-305	389
Balance at 31 March 2021	**116**	**421**
Made up of:		
Cash with the Government Banking Service	116	421
Cash with Commercial banks	0	0
Cash in hand	0	0
Current investments	0	0
Cash and cash equivalents as in statement of financial position	**116**	**421**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 31 March 2021	**116**	**421**
Patients' money held by the clinical commissioning group, not included above	0	0

21 Non-current assets held for sale

NHS Doncaster CCG did not have any non-current assets held for sale in 2020-21.

22 Analysis of impairments and reversals

NHS Doncaster CCG did not have any impairments or reversals of impairments of assets, investment or property or inventories in 2020-21.

23 Trade and other payables	**Current 2020-21 £'000**	**Non-current 2020-21 £'000**	Current 2019-20 £'000	Non-current 2019-20 £'000
Interest payable	0	0	0	0
NHS payables: Revenue	102	0	4,998	0
NHS payables: Capital	0	0	0	0
NHS accruals	270	0	3,654	0
NHS deferred income	0	0	0	0
NHS Contract Liabilities	0	0	0	0
Non-NHS and Other WGA payables: Revenue	5,686	0	1,754	0
Non-NHS and Other WGA payables: Capital	0	0	0	0
Non-NHS and Other WGA accruals	14,518	0	13,076	0
Non-NHS and Other WGA deferred income	0	0	0	0
Non-NHS Contract Liabilities	0	0	0	0
Social security costs	93	0	94	0
VAT	0	0	0	0
Tax	98	0	80	0
Payments received on account	0	0	0	0
Other payables and accruals	26,481	0	22,423	0
Total Trade & Other Payables	**47,248**	**0**	**46,079**	**0**
Total current and non-current	**47,248**		**46,079**	

Other payables include £450,950 outstanding pension contributions (including GP Pensions) at 31 March 2021 (£333,933 at 31 March 2020)

24 Other financial liabilities
NHS Doncaster CCG did not have any other financial liabilities in 2020-21.

25 Other liabilities
NHS Doncaster CCG did not have any other liabilities in 2020-21.

26 Borrowings
NHS Doncaster CCG did not have any borrowings in 2020-21.

27 Private finance initiative, LIFT and other service concession arrangements
NHS Doncaster CCG did not have any private finance initiative, LIFT and other service concession arrangements in 2020-21.

28 Finance lease obligations
NHS Doncaster CCG did not have any finance lease obligations in 2020-21.

29 Finance lease receivables
NHS Doncaster CCG did not have any finance lease receivables in 2020-21.

30 Provisions
NHS Doncaster CCG did not have any new provisions in 2020-21 and none carried forward from previous years.

31 Contingencies
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 the establishment of the CCG. However, the legal liability remains with the CCG. All claims have now reached an eligibility decision, however as a number of these have been appealed a contingency has been provided by NHS England on behalf of the CCG. The value of this is £463,884 as at 31 March 2021.

32 Commitments
NHS Doncaster CCG had no contracted capital commitments or non-cancellable contracts as at 31 March 2021.

33 Financial instruments

33.1 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 Doncaster CCG is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The 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.

33.1.1 Currency risk
NHS Doncaster CCG 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.

33.1.2 Interest rate risk
NHS Doncaster CCG 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.

33.1.3 Credit risk
Because the majority of NHS Doncaster CCG's revenue comes parliamentary funding, there is 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.

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

33.1.5 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.

33 Financial instruments cont'd

33.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000
Equity investment in group bodies		0	0
Equity investment in external bodies		0	0
Loans receivable with group bodies	0		0
Loans receivable with external bodies	0		0
Trade and other receivables with NHSE bodies	1,631		1,631
Trade and other receivables with other DHSC group bodies	1,119		1,119
Trade and other receivables with external bodies	2,007		2,007
Other financial assets	0		0
Cash and cash equivalents	116		116
Total at 31 March 2021	**4,873**	**0**	**4,873**

	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Equity investment in group bodies		0	0
Equity investment in external bodies		0	0
Loans receivable with group bodies	0		0
Loans receivable with external bodies	0		0
Trade and other receivables with NHSE bodies	1,229		1,229
Trade and other receivables with other DHSC group bodies	2,048		2,048
Trade and other receivables with external bodies	1,809		1,809
Other financial assets	0		0
Cash and cash equivalents	421		421
Total at 31 March 2020	**5,507**	**0**	**5,507**

33.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000
Loans with group bodies	0		**0**
Loans with external bodies	0		**0**
Trade and other payables with NHSE bodies	89		**89**
Trade and other payables with other DHSC group bodies	10,699		**10,699**
Trade and other payables with external bodies	36,270		**36,270**
Other financial liabilities	0		**0**
Private Finance Initiative and finance lease obligations	0		**0**
Total at 31 March 2021	**47,058**	**0**	**47,058**

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Loans with group bodies	0		**0**
Loans with external bodies	0		**0**
Trade and other payables with NHSE bodies	1,551		**1,551**
Trade and other payables with other DHSC group bodies	17,083		**17,083**
Trade and other payables with external bodies	27,270		**27,270**
Other financial liabilities	0		**0**
Private Finance Initiative and finance lease obligations	0		**0**
Total at 31 March 2020	**45,904**	**0**	**45,904**

34 Operating segments
NHS Doncaster CCG considers that it has only one operating segment: commissioning of healthcare services.

35 Joint arrangements - interests in joint operations

The NHS clinical commissioning group shares of the income and expenditure handled by the pooled budget in the financial year were:

	2020-21	2019/20
	£'000	£'000
Income	24,730	23,547
Expenditure	-24,730	-23,547
	0	0

There were no assets or liabilities at year end relating to this pooled fund.

The CCG had a section 75 in place during 2018-19 with the Local Authority (Doncaster Metropolitan Borough Council) in relation to the Better Care Fund. The Better Care Fund totalled £24 million and was made up as follows :-

	2020-21	**CCG**	**DMBC**	**2020-21**
	£'000	**Accounts**	**Accounts**	**£'000**
CCG Contribution - in CCG allocation	16,632	16,632	0	16,632
DMBC Contribution - in CCG allocation	8,098	8,098	0	8,098
Disabled Facilities Grant (DFG) - direct allocation to DMBC	2,782	0	2,782	2,782
iBCF (improved Better Care Fund)	15,831	0	15,831	15,831
Total Allocation	**43,343**	**24,730**	**18,613**	**43,343**

The allocation has been utilised as per the table below :-

Area of spend	**£'000**
Assistive Technologies and Equipment	933
Carers Services	882
Community Based Schemes	601
DFG Related Schemes	2,782
Enablers for Integration	1,444
HICM for Managing Transfer of Care	1,927
Home Care or Domiciliary Care	1,504
Integrated Care Planning and Navigation	1,876
Intermediate Care Services	15,251
Other	71
Personalised Budgeting and Commissioning	5,493
Personalised Care at Home	1,547
Prevention / Early Intervention	2,232
Residential Placements	6,800
Total Spend	**43,343**

£24.7m was included in the CCG's allocation and £18.6m was given directly to the Local Authority for the DFG (Disabled Facilities Grant) and IbCF (Improved Better Care Fund). The CCG passed £8.1m to the Local Authority for them to pay providers directly in relation to the contracts held by them. The CCG retained £15.9m which it utilised on its own contracts. There were no jointly commissioned contracts which both parties contributed to.

The Local Authority accounts for its spend in its own financial systems and the CCG accounts for its own spend within its financial systems. A joint monitoring arrangement arrangement exists for the whole Better care Fund which both parties feed into.

NHS Doncaster CCG does not have any interests in entities not accounted for under IFRS 10 or IFRS 11.

NHS Doncaster does undertake collaborative working arrangements across the South Yorkshire and Bassetlaw CCG but this does not impact on the Financial Statements of the CCG.

36 NHS Lift investments
NHS Doncaster CCG had no NHS LIFT investments during 2020-21.

37 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr D Crichton (Bentley Surgery)	1,084	0	42	0
Dr D Crichton (Nelson Practice)from July 20	558	0	52	0
Dr D Crichton (Primary Care Doncaster Ltd)	6,276	0	0	0
Dr A Khan (Francis Street Med Centre)	1,016	0	106	0
Dr A Khan (Primary Care Doncaster Ltd)	6,276	0	0	0
Dr Marco Pieri (Petersgate Medical Practice)	1,214	0	43	0
Dr Marco Pieri (Primary Care Doncaster Ltd)	6,276	0	0	0
Dr M Pande (Tickill & Colliery Med Practice)	1,502	0	116	0
Dr M Pande (Primary Care Doncaster Ltd)	6,276	0	0	0
Dr R Kolusu (Hatfield Health Centre)	1,724	0	100	0
Dr R Kolusu (Primary Care Doncaster Ltd)	6,276	0	0	0
Ms J Pederson (FCMS)	7,337	0	688	0
Doncaster & Bassetlaw Teaching Hosp NHS FT	240,603	0	3	7
Rotherham Doncaster & South Humber NHS FT	80,609	0	2	0
Yorkshire Ambulance Service NHS Trust	14,449	0	68	0
Sheffield Teaching Hospitals NHS FT	13,629	0	45	0
The Rotherham NHS FT	4,617	0	15	25
Community Health Partnerships	2,513	0	102	0
Sheffield Childrens NHS FT	1,879	0	0	0
Northern Lincolnshire & Goole NHS FT	933	0	0	0
Leeds Teaching Hospitals NHS Trust	905	0	0	0
Barnsley Hospital NHS FT	779	0	0	0
Mid Yorkshire Hospitals NHS Trust	641	0	0	0
Sheffield Health & Social Care NHS FT	584	0	1	0
NHS Property Services	451	0	33	0
Hull University Teaching Hospitals NHS Trust	187	0	0	0
Nottinghamshire Healthcare NHS FT	180	0	0	0
NHS Sheffield CCG	147	344	60	274

38 Events after the end of the reporting period

There are no events after the end of the reporting period either adjusting or non-adjusting

39 Third Party Assets

NHS Doncaster CCG did not have any third party assets in 2020-21

40 Financial Performance Targets

NHS Clinical Commissioning Groups have a number of financial duties under the NHS Act 2006 (as amended).
NHS Doncaster CCG's performance against those duties was as follows:

	2020-21 Target	**2020-21 Performance**	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	588,283	587,358	542,953	541,906
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	587,182	586,257	541,806	540,758
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	6,458	5,610	7,247	5,498

41 Charitable Reserves

NHS Doncaster CCG held no charitable reserves in 2020-21

42 Purchase of non NHS Healthcare

	Independent/ Private £000s	**Voluntary £000s**	**Local Authorities £000s**	**Other Group Bodies (excl Devolved) £000s**	**Devolved Admin. £000s**	**2020-21 Total £000s**	2019-20 Total £000s
Total Primary Healthcare Purchased	3,182	0	0	0	0	3,182	1,979
Purchase of Secondary Healthcare:							
Social Care (Learning Difficulties)	0	0	0	0	0	0	0
Mental Health	23,967	562	234	0	0	24,763	19,803
Maternity	134	0	0	0	0	134	249
General and Acute	1,368	567	0	0	0	1,935	5,995
Accident and Emergency	347	0	0	0	0	347	249
Community Health Services	2,313	7,495	12,358	0	0	22,166	15,951
Continuing Care incl. different types of NHS funded care provided on continuous basis	40,297	0	2,762	0	0	43,059	36,423
Total Healthcare Purchased	**71,608**	**8,624**	**15,354**	**0**	**0**	**95,586**	**80,649**
Social Care	1,080	0	1,870	0	0	2,950	2,953
Drug Action Team	0	0	0	0	0	0	0
Total Purchase of Non NHS Healthcare	**72,688**	**8,624**	**17,224**	**0**	**0**	**98,536**	**83,602**