



Wirral

Clinical Commissioning Group



# Annual Report 2020-2021

# Foreword

## Simon and I are pleased to introduce our Annual Report for 2020/2021.

The last year has been one of significant challenges dominated by the COVID-19 pandemic. Wirral was at the forefront of the response being one of only two areas in the UK to manage the quarantine of the repatriated British citizens from Wuhan, on the Arrowe Park Hospital site. The global pandemic which ensued brought multiple restrictions on all our lives and services, yet despite this we have worked with our system partners with determination and an enthusiasm to deliver seamless, high quality Health and Care to the people of Wirral during this most difficult of periods.

Our key focus over the past year has been responding to the challenges of the COVID-19 pandemic and working with our NHS providers to ensure those suffering with COVID-19 received the best possible care. Both Simon and I, on behalf of all Health and Care staff in Wirral, want to extend our condolences to those who have lost loved ones. With that in mind the majority of this report will focus on the CCG's activities prior to this time, but it should be acknowledged that responding to the pandemic has meant that many of the CCG's routine activities and priorities have been suspended.

As an organisation and system we have learned, and continue to do so, from the pandemic. We have worked collectively with our local partners, especially Wirral Council, local NHS providers as well as Voluntary and Community partners. We have embraced new ways of working, supported innovation and used our digital expertise, not only deliver day to day health and care, but also to address key areas of health inequalities, deprivation and population health. We have established system groups and committees to

support the challenges we face and to embed these reflections into how we move forward.

We have seen the growth and maturity of our Primary Care Networks whom we have supported in the delivery of the very successful COVID-19 Vaccination Programme. Their response to this challenge has been truly remarkable and a credit to all staff involved.

We recognise the challenges that the pandemic has placed on the health and wellbeing of our staff who, despite these challenges have adapted and become innovative, and have done so in a positive and progressive way. For this we are so very grateful.

We would also like to thank our GP member practices as well as our partners across health and social care, for their collective support during the past year.

And so, as we emerge from lockdown restrictions and safely ease our way to our new normality, we do so looking forward to the future. Changes and further challenges face us as we work with colleagues in the Integrated Care System and local partners to develop "Wirral as a Place".



**Dr Paula Cowan,  
Chair**



**Simon Banks,  
Chief Officer  
(Accountable Officer)**

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# Publication Arrangements

**The Annual Report and a full copy of the Annual Accounts will be published on the Department of Health website.**

Paper copies and summary versions of (and alternative formats of) the Annual Report are also available upon request to members of the public free of charge through the Corporate Affairs Team.

If you would like to request a paper copy or a copy in an alternative format please contact:

- Paul Edwards, Director of Primary Care and Corporate Affairs  
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Electronic copies of the Annual Report are also available on the CCG's website  
<https://www.wirralccg.nhs.uk/about-us/plans-publications-and-reports/>

# Introduction

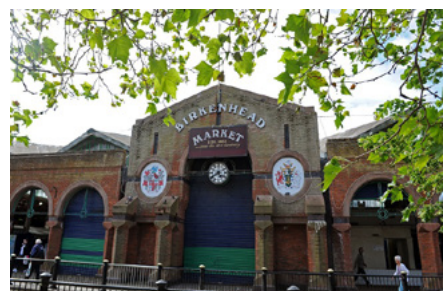
NHS Wirral Clinical Commissioning Group (CCG) commissions health care services for people registered with 49 general practices listed within the CCG area and this aligns with that of Wirral Council.

Wirral has many strengths which include a growing economy and vision for the future, a narrowing productivity gap between the Wirral and the North West, as well as being strategically placed to take advantage of its role within the Liverpool City Region and the North West. It has a proven record of supporting businesses and has a dynamic small business economy coupled with a strong visitor economy.

Despite this there are significant inequalities, especially in relation to deprivation which is most prevalent in Eastern Wirral which has some of the most deprived wards in England. This drives poorer health outcomes and in these areas more people are likely to smoke, have low levels of physical activity and poor diets. This is further exacerbated by low levels of economic activity and productivity. In addition, Wirral has an older age profile when compared to the national average, especially those aged 65+, which presents particular challenges for health and care planning.

The CCG is a membership organisation and all GP Practices on Wirral are signed up to the CCG constitution which outlines the key duties and structures of the organisation.

Further details of our GP member practices can be found on our public website and on page 54 of this report: <https://www.wirralccg.nhs.uk/about-us/our-gp-practices/>



# Mission and Values

## Our Vision

People will have the opportunity to live longer healthier lives regardless of where they live in Wirral.

## Our mission

To commission high quality services which enable the people of Wirral to improve their own health and wellbeing.

## In doing this we:

- Seek to continuously improve services and reduce inequalities
- Work with patients, carers and the public when making decisions
- Partner with other health and social care bodies in planning and delivery
- Perform our duties efficiently and manage our resources effectively
- Promote the values of the NHS and protect its future

## Our Values



## Our Objectives

By living by our vision, mission and values, we hope to be able to

- Empower the people of Wirral to improve their physical health, mental health and wellbeing
- Reduce health inequalities across Wirral
- Adopt a health and wellbeing approach in the way services are both commissioned and provided
- Commission and contract services that can;
  - Demonstrate improved person centred outcomes
  - Are high quality and seamless for the patients
  - Are safe and sustainable
  - Are evidence based
  - Demonstrate value for money

## Joint Strategic Needs Assessment

Wirral's Joint Strategic Needs Assessment highlights a number of significant challenges to the Health and Social Care System in respect of its resident population.

Further information regarding the Joint Strategic Needs Assessment is available on our website:

<https://www.wirralintelligenceservice.org/>

## COVID-19: Local Data

In the 12 months since January 2020, there have been almost 22,000 reported cases of COVID-19. This is with over 108,545 tests per 100,000 residents being completed. In that period there have been 732 registered COVID-19 deaths in the borough ([Wirral Intelligence Service, 2021](#)). Daily and Weekly Surveillance reports are available on the [Wirral Intelligence Service website](#).

### The weekly Coronavirus (COVID-19) surveillance report for Wirral

Week ending: Friday 29th January 2021

cumulative data from: <b>30 January 2020 to 29 January 2021 in WIRRAL</b>		
cumulative number of COVID-19 cases (Pillar 1+2) <b>21,906</b>	cumulative tests per 100K population <b>108,545</b>	cumulative number of registered COVID-19 deaths to 22 <sup>nd</sup> January <b>732</b>
number of COVID-19 cases this week (Pillar 1+2) <b>950</b>	tests per 100K population this week <b>8,252</b>	number of COVID-19 deaths registered this week (ending 22 <sup>nd</sup> January) <b>70</b>
<b>7-DAY POSITIVITY OF COVID-19 TESTS</b> <b>10.7%</b>		<b>7-DAY CONFIRMED COVID-19 INFECTION RATES<sup>1</sup></b>

## COVID-19: Local Impact

The health and wellbeing impacts of COVID-19 have not been borne equally. The pandemic has both exposed and exacerbated longstanding inequalities. Men, older people, those with existing health conditions, ethnic minority communities, low-paid workers and those from poorer areas are all at a greater risk of infection, of serious illness and of dying from COVID-19.

The consequences of social distancing and other measures designed to control the spread of infection (quarantine, economic shutdown, school closures and diversion of health system resources) have had their own impacts on health and wellbeing. Isolation and loneliness, financial hardship, reduced access to health and care and disruption to education have all had a huge impact on our communities mental wellbeing in particular. These wider impacts have themselves been borne unequally, with

the greatest burden falling on those who were already more vulnerable.

Even before the pandemic, parts of Wirral had some of the poorest health outcomes in the UK. High numbers of socially and economically vulnerable residents and extensive, persistent health inequalities across the Borough have and will continue to have profound impacts on the ability of our communities to respond and recover from COVID-19. However, it is not inevitable that existing inequalities should worsen during the recovery period, and we do not have to simply return to the same systems and structures that caused inequalities in the first place. By prioritising health and equity in our response to and recovery from the pandemic, we have an opportunity to build fairer, more inclusive systems that maximise the health and wellbeing of all our residents and communities.

## Health Economy Profile

Using population estimates for the Wirral Clinical Commissioning Group area, Wirral's overall population is currently estimated to be 324,011 in 2020. Population projections suggest that it is set to increase by around 3% between 2020 and 2040 from an estimated 327,400 in 2025 to 334,500 in 2040. The population gender split sees 156,939 (or 48.4%) male residents and 167,072 (or 51.6%) female residents ([Office for National Statistics, 2021](#)). Overall, Wirral has a relatively higher older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole ([Wirral Statistical Compendium, 2020](#)).

Wirral has a relatively higher older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.

The largest percentage increase is expected in the over 90s, where a 78% increase is projected (an increase from around 3,600 people in 2020, to 6,400 people in 2040 (POPPI, 2021). The biggest decreases could be in those adults in their mid-to-late fifties, where decreases of around 11% are likely between 2020 and 2040.

## Population Health Issues

As highlighted above, persistent inequalities have led to a wide range of local health and social issues. However, the key areas of specific concern for Wirral include:



### Alcohol consumption

Alcohol consumption is a major issue for Wirral, particularly hospital admissions related to alcohol. For example, the rate of hospital

admission episodes for alcohol-specific conditions is almost double the national average (1,231 per 100,000 in Wirral compared to 644 per 100,000 in England in 2019/20 according to data in the [Local Alcohol Profiles, 2021](#)).



### Hypertension

The prevalence of hypertension (high blood pressure) is around one in six of the Wirral population, (16% or around 55,000 people), which is higher than the national average ([Public Health Profiles, 2021](#)).



### Pregnancy

Teenage conceptions (Under 18s) [shows improvement](#) and is nearing being comparable with North West and England. While breastfeeding rates remain lower than national average and Emergency Hospital Admissions for Intentional Self-Harm being significantly higher than North and England ([Public Health Outcomes Framework, 2021](#)).



### Smoking

Smoking related attributable mortality and smoking related hospital admissions remain concerns for Wirral and are both worse than the national rate. While at the same time smoking prevalence in adults (18+) continues to fall and is now below national rate ([Local Tobacco Control Profiles, 2021](#)).

## <75 Premature Mortality

Premature mortality (deaths in those aged under 75) remains an issue locally, with significantly higher rates of mortality from almost [all the major causes of death \(cancer, liver disease, heart disease and respiratory disease\)](#) in Wirral compared to England ([Public Health England, Mortality Profile, 2021](#)).

Around 235 people die each year from [chronic obstructive pulmonary disease \(All Persons\)](#) in Wirral ([Mortality Profile, 2021](#)).

#### Mortality rate from chronic obstructive pulmonary disease (Persons) Wirral

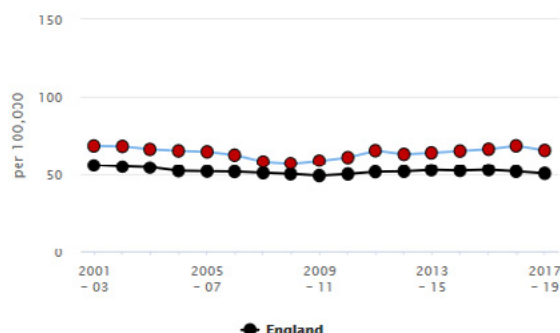
Directly standardised rate - per 100,000

Export chart as image

Show confidence intervals

Show 99.8% CI values

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Recent trend: -

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2001 - 03	●	607	60.1	62.7	73.7	70.7	55.7
2002 - 04	●	608	67.8	62.5	73.4	69.0	54.9
2003 - 05	●	598	65.9	60.7	71.5	67.9	54.3
2004 - 06	●	597	65.0	59.9	70.5	65.0	52.1
2005 - 07	●	599	64.4	59.3	69.8	64.3	51.8
2006 - 08	●	585	62.4	57.4	67.7	64.1	51.6
2007 - 09	●	548	58.1	53.3	63.2	62.6	50.8
2008 - 10	●	543	57.1	52.3	62.1	61.0	50.1
2009 - 11	●	566	58.7	53.9	63.8	60.5	49.1
2010 - 12	●	594	60.9	56.0	66.0	61.7	50.1
2011 - 13	●	646	65.1	60.2	70.4	63.5	51.5
2012 - 14	●	634	62.9	58.0	68.0	64.0	51.7
2013 - 15	●	653	63.8	59.0	68.9	65.8	52.6
2014 - 16	●	668	64.9	60.1	70.0	66.0	52.2
2015 - 17	●	689	66.0	61.2	71.2	65.8	52.7
2016 - 18	●	721	68.1	63.2	73.3	64.7	51.7
2017 - 19	●	703	65.3	60.5	70.3	63.3	50.4

Source: Public Health England (based on ONS source data)



#### Diabetes

Over 20,000 people currently have diagnosed diabetes in Wirral (7.4% of the adult population) and this continues to increase, but there are estimated almost 4,000 people who have diabetes, but are not yet diagnosed, putting them at increased risk of complications such as amputations and visual impairment. This gap of those not knowing they have diabetes compared to those who are diagnosed is [getting smaller](#)\*. ([Public Health England, Diabetes Profile, 2020](#))



#### Stroke

The number of people with a long-standing health condition caused by stroke is projected to increase by almost a quarter (23%) by 2040 ([PANSI, 2021](#))



#### Dementia

The most recent estimates suggest there are around 5,000 people (aged 65 or over) living with dementia ([POPPI, 2021](#)) with CCG Quality Outcomes Framework (QOF) data suggesting there are almost 3,200 known to GP Practices ([Public Health England, Dementia Profile, 2021](#)).

Wirral's direct standardised rate (DSR) for mortality of residents with dementia (aged 65 years and over) has reduced for most recent data though it remains above many other North West areas and England ([Public Health England, Dementia Profile, 2021](#)).

\*Diagnosed (20,893) less diagnosed and undiagnosed (24,331) = 3,939

## Direct standardised rate of mortality: People with dementia (aged 65 years and over) NHS Wirral CCG

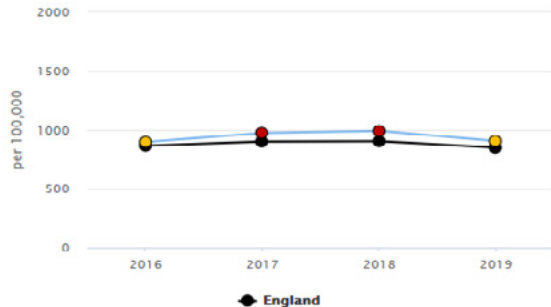
Directly standardised rate - per 100,000

Export chart as image

Show confidence intervals

Show 99.8% CI values

Export table as CSV file



Recent trend: -

Period		NHS Wirral CCG				England
		Count	Value	95% Lower CI	95% Upper CI	
2016		624	897	828	970	866
2017		687	974	902	1,050	901
2018		707	991	919	1,067	904
2019		663	905	838	977	849

Source: Public Health England (Office for National Statistics Mortality File)



### Limiting Long Term Illness

Around 37,500 people aged 65 or over reported that they had a Limiting Long- Term Illness, which is projected to increase to over 50,000 by 2040 (POPPI, 2021).



### Fall

Data suggests that almost 19,000 adults aged over 65 are predicted to have a fall in 2020, with this rising to almost 26,000 per-year by 2040 (POPPI, 2021).



### Flu

Wirral's flu vaccination rate (aged 65+) For 2019/20 (75.2%) outperforms both North West (74.1%) and England (72.4%) and achieves the 75% target. At the same time mortality from communicable diseases including flu continues to rise and remains higher for Wirral compared to both North West and England (2017-19) (Public Health Outcomes Framework, 2021).

Further information about the population of Wirral can be accessed via the Joint Strategic Needs Assessment, which is available on: <https://www.wirralintelligenceservice.org>

## E08 - Mortality rate from a range of specified communicable diseases, including influenza Wirral

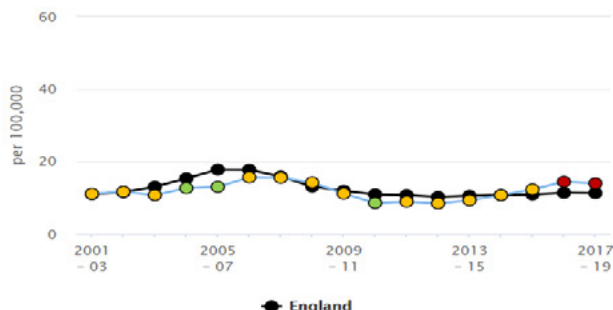
Directly standardised rate - per 100,000

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Recent trend: -

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2001 - 03		97	11.0	8.9	13.5	10.7	11.0
2002 - 04		104	11.6	9.5	14.1	11.2	11.5
2003 - 05		96	10.7	8.6	13.0	12.2	13.0
2004 - 06		115	12.6	10.4	15.2	13.5	15.3
2005 - 07		119	13.0	10.7	15.5	15.8	17.7
2006 - 08		146	15.6	13.1	18.4	17.1	17.7
2007 - 09		146	15.5	13.1	18.2	17.2	15.8
2008 - 10		136	14.2	11.9	16.8	15.5	13.0
2009 - 11		108	11.1	9.1	13.4	14.3	11.9
2010 - 12		84	8.5	6.8	10.5	12.9	10.9
2011 - 13		90	8.9	7.1	10.9	12.5	10.7
2012 - 14		85	8.4	6.7	10.4	11.8	10.2
2013 - 15		95	9.2	7.5	11.3	12.1	10.5
2014 - 16		109	10.7	8.7	12.9	12.5	10.7
2015 - 17		128	12.2	10.2	14.6	12.7	10.9
2016 - 18		152	14.4	12.2	16.9	13.0	11.3
2017 - 19		150	13.9	11.8	16.3	12.6	11.2

Source: Public Health England (based on ONS source data)

# Performance Report

## Performance Overview

This section aims to give an overview of NHS Wirral Clinical Commissioning Group's (CCG) performance in 2020/21 against the key NHS Constitutional Standards and the nationally defined Improvement Assessment Framework (IAF).

**NHS Wirral CCG, as an organisation, is primarily responsible for the commissioning of healthcare services that are of highest quality**

NHS Wirral CCG, as an organisation, is primarily responsible for the commissioning of healthcare services that are of highest quality and some of these measures act as an indication of the effectiveness of these services. In support of this, NHS Wirral CCG has developed a strategic plan that describes a move towards outcomes-based commissioning and a greater degree of localism. The latter is described later in this Annual Report within the 'Reducing Health Inequalities' section. Some of the key risks that could present challenges to the commissioning of high-quality services are presented in the Annual Governance Statement section.

NHS Wirral CCG has developed processes and systems in order to track the progress of its service providers (e.g. local hospitals, community services and other providers) against a number of national outcomes indicators, and strives to ensure that patients' rights within the NHS Constitution are maintained.

The NHS Constitution gives patients specific rights, and these include:

- The right to begin treatment within 18 weeks of a GP referral (or within 62 days if the referral is for suspected cancer)
- The right to be seen, discharged or admitted within 4 hours of arrival to A&E
- In urgent cases, the right to an ambulance within 19 minutes of a 999 call

In 2020/21 however, there were a number of official statistics that were paused by NHS England due to the coronavirus pandemic (COVID-19) and the need to release capacity across the NHS to support the response. Collections paused included:

- Delayed Transfers of Care (DToC)
- Cancelled Elective procedures
- Mixed Sex Accommodation

The Full list of paused data collections can be seen at: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/10/COVID-19-and-the-production-of-statistics-2020-10-01.pdf>

While some constitutional standards were paused, the response to the pandemic has ensured that people have still been able to access healthcare in different ways, such as virtual consultations, with face to face consultations taking place based on clinical priority. The NHS COVID-19 Vaccination Programme has been particularly successful for Wirral thanks to our local health and care partners working together to ensure that

those most vulnerable to severe illness were vaccinated as quickly as possible when the programme commenced in December 2020. As at 31 March 2021, 98.57% of eligible people in Priority Groups 1–9 had received a first vaccination dose.

Access to primary care services, specifically GP consultations and appointments were required to move to a new model at the start of the coronavirus pandemic and, despite an initial drop in the number of appointments at the start of the year, activity levels recovered quickly and are comparable to the 2019/20 year.

Total Wirral CCG GP Practice Appointments attended (or failed to attend)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Apr-Feb Total
2019/20	149,286	154,510	145,134	173,291	145,993	170,537	198,026	172,663	148,849	177,494	156,147	1,791,929
2020/21	103,524	108,464	137,877	148,697	137,594	187,864	184,704	166,122	164,201	171,935	178,145	1,689,127



Simon Banks

Accountable Officer

10 June 2021

# Sustainable Development

NHS Wirral Clinical Commissioning Group (CCG) takes its responsibilities to the environment very seriously. It undertakes a range of measures that are mindful of the future environment and these include:

- Recycling paper and plastics
- Use of motion operated lighting and hence when rooms are not utilised, lights automatically switch off
- Staff are actively encouraged to turn off their laptops when not in use
- All procurements require potential bidders to describe their approach to sustainability
- The CCG operates from a single site therefore reducing the usage of cars
- Purchase of new, more efficient and environmentally friendly printers
- Utilisation of back to back printing where paper copies of documents are required to be printed
- Using tablet computers and laptops for staff who frequently attend meetings
- Storing scanned documents electronically where legally appropriate

NHS Wirral Clinical Commissioning Group's Headquarters are co-located in Marriss House (Birkenhead) based on a shared cost rental lease agreement with the University of Chester held by Wirral Council.

For the entirety of 2020/21 all CCG staff have been working remotely due to the coronavirus pandemic. This has meant CCG has not been utilising an office environment and this, in turn, has meant almost no travel to meetings.



# Financial Performance

In 2020/21 the financial strategy and resources of NHS Wirral Clinical Commissioning Group have been focused on continuing to meet the health needs of the Wirral population whilst responding to the COVID-19 pandemic.

All statutory financial performance targets have been achieved, including delivery of a small surplus of £0.561m.

## Statutory Financial Duties

The CCG achieved all financial statutory duties in 2020/21. This reflects strong financial management within the CCG and collaborative and integrated working between partner organisations in Wirral.

### Revenue Resource Limit

- NHS Wirral CCG has a duty to contain revenue expenditure within its 2020/21 notified revenue resource limit of £665.538m.
- Actual expenditure was marginally below this at £664.977m, meaning that the CCG met the national break-even duty and achieved a small surplus of £0.561m.

### Running Costs Allocation

- The CCG has a duty to not exceed its running cost allocation via expenditure on administration costs.
- The CCG administration expenditure for 2020/21 was £5.507m against an allocation of £5.729m thereby meeting this duty and contributing to the surplus above.

### Capital Resource Limit

- The CCG has a duty to contain any capital expenditure within its notified capital resource limit.
- The CCG received no capital resource in 2020/21.

### Better Payment Practice Code

- The CCG has a duty to pay all valid invoices by their due date or within 28 days of receipt of a valid invoice, whichever is later. The performance standard for this duty is set at 95% of invoices.
- In 2020/21 the CCG achieved the statutory duty by paying 99.99% of NHS invoices and 99.53% of non-NHS invoices within the terms of the performance standard. Additionally, NHS Wirral CCG was an early adopter of a move to a 7 day payment standard, to support providers and suppliers in their COVID-19 response.

### Cash Management

- The CCG must ensure that it does not exceed its approved level of cash available within the financial year. The target is for CCGs to hold a maximum 1.25% (circa £0.250m) as a month end cash balance.
- The CCG achieved this target by holding a minimal cashbook balance of £0.025m at the end of the financial year.

## Mental Health Investment Standard

In addition to the statutory duties the above, the CCG Governing Body has continued to prioritise and closely monitor continued delivery of the Mental Health Investment Standard. This standard requires each CCG to ensure investment in Mental Health services meets or exceeds the annual percentage uplift in allocation received by the CCG.

- The CCG has confirmed achievement of the standard for 2020/21, this will be audited during 2021/22.
- Achievement of the standard for 2019/20 was confirmed by the CCG's auditors who issued an unqualified audit opinion.

## Statutory Duties and Performance Targets

Area	Statutory Duty / Performance Target	M12
		Performance Rating
Revenue	Not to exceed revenue resource allocation	●
Net Risk (links to revenue above)	All risks to be fully mitigated	●
Running Costs	Not to exceed running cost allocation	●
Capital	Not to exceed capital resource allocation (No Capital Received)	○
Cash	Operate within maximum draw down limit.	●
Business Conduct	Comply with Better Payment Practices Code	●
QIPP	QIPP Targets suspended.	○
Mental Health Financial Performance Target	Guidance received & plans prioritised.	●

Breakeven Duty

## What funding was available to the CCG in 2020/21?

As a result of the coronavirus pandemic, NHS England implemented significant temporary changes to the finance regime within which all NHS organisations operate. These changes in the main positively impacted the level of resources that NHS Wirral CCG has received and include:

- CCG allocations based on levels of historic expenditure as opposed to population metrics and for the first 6 months of the year NHS organisations in deficit could access additional funding. This has contributed to NHS Wirral CCG moving from a deficit of £13.947m in 2019/20 to a £0.561m surplus in 2020/21.
- Targets for delivery of financial efficiency savings were suspended. NHS Wirral CCG elected to continue with schemes relating to

- running costs and through these savings of £0.830m have been achieved.
- CCGs have received specific allocations to fund expenditure from COVID-19 response plans and the Hospital Discharge Policy.
- Contract values between CCGs and NHS Trusts that were nationally mandated and not locally negotiated.

The most significant change to the level of resource received by the CCG was not related to COVID-19 with agreement reached with NHS England for the full delegation to NHS Wirral CCG of responsibility for primary care commissioning. This resulted in an increase in allocation of £51.597m from which associated expenditure for Primary Care contracts has been funded.

The table below confirms that increased resources received were wholly deployed within programme (expenditure on patient care), and that as a result of the efficiency schemes, running costs (administration) have been reduced in both absolute and relative terms.

In 2020/21 of every £100 that the CCG spent, £99.20 was on commissioned care for the people of Wirral and £0.80 was on administration costs.

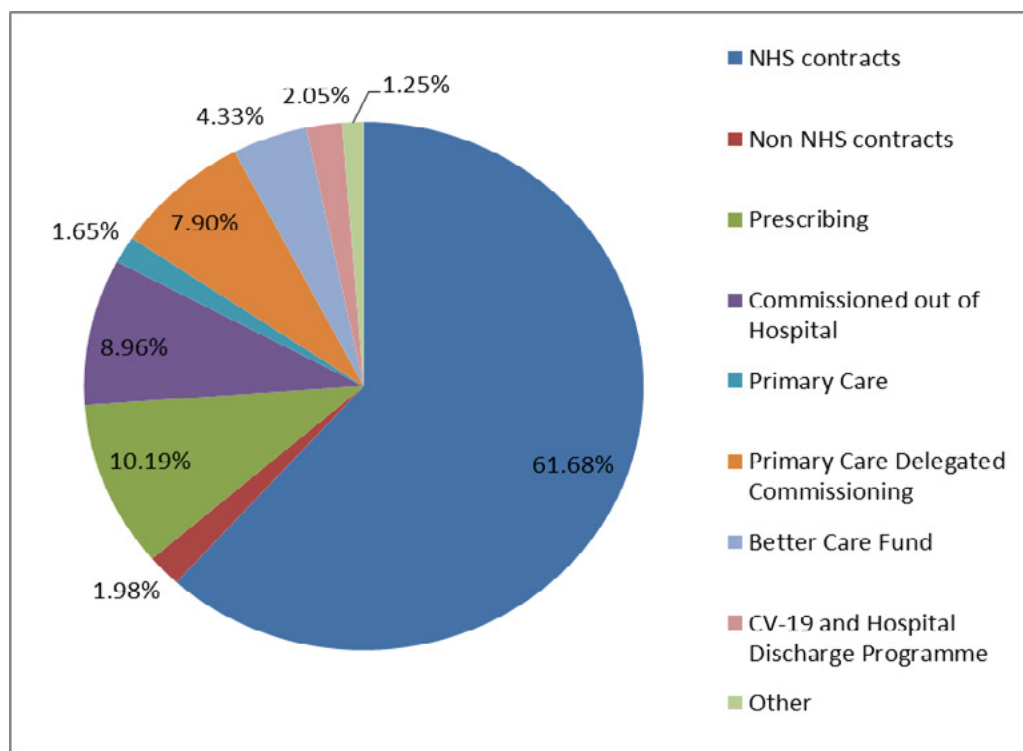
	2020/21			2019/20		
	Resource Allocation £million	Actual Expenditure £million	Variance (surplus)/deficit £million	Resource Allocation £million	Actual Expenditure £million	Variance (surplus)/deficit £million
Programme	659.809	659.470	(0.339)	558.643	574.083	15.440
Running Costs	5.729	5.507	(0.222)	7.259	5.766	(1.493)
<b>Total</b>	<b>665.538</b>	<b>664.977</b>	<b>(0.561)</b>	<b>565.902</b>	<b>579.849</b>	<b>13.947</b>

### How did NHS Wirral Clinical Commissioning Group spend the £665m of Allocations received in 2020/21?

NHS Wirral Clinical Commissioning Group spent its resources as follows:

Expenditure Area	2020-21 Planned Expenditure £million	2020-21 Actual Expenditure £million	Variance £million
NHS contracts	406.465	406.740	0.275
Non NHS contracts	13.391	13.084	(0.307)
Prescribing	67.321	67.171	(0.150)
Commissioned out of Hospital	57.330	59.082	1.752
Primary Care	11.709	10.909	(0.800)
Primary Care Delegated	51.597	52.104	0.507
Better Care Fund	28.583	28.562	(0.021)
COVID-19 and Hospital Discharge Programme	13.422	13.539	0.117
Other	5.729	8.279	(1.713)
<b>Total Programme Expenditure</b>	<b>659.809</b>	<b>659.470</b>	<b>(0.339)</b>
Running Costs	5.729	5.507	(0.222)
<b>Total</b>	<b>665.538</b>	<b>579.849</b>	<b>(0.561)</b>

The relative share of expenditure for each category is shown below. The largest area of expenditure remains NHS Acute contracts (61.68%) which is a significantly lower proportion than the equivalent 2019/20 proportion (69.49%). This reduction is because of two new material categories of expenditure for 2020/21 in Primary Care delegation (7.90%) and COVID-19 expenditure (2.05%).



The CCG has committed £13.539m of expenditure on the COVID-19 response plan including requirements of the national Hospital Discharge Programme. The CCG worked in collaboration with system partners to ensure that the necessary levels of additional capacity and new services were commissioned and mobilised. The total Wirral system response has been funded across multiple partners, including NHS England. The expenditure listed below is limited to those elements which were directly funded by NHS Wirral CCG.

Category of Expenditure	Expenditure £million
Community beds and capacity in support of discharge from Hospital	9.492
Primary Care Covid-19 response and services	3.202
COVID-19 Testing	0.416
Vaccination Programmes	0.166
Other	0.263
Total Expenditure	13.539

The 2020/21 expenditure with NHS provider organisations of £406.740 million is shown in the table below:

Provider	Type of Service	£million	2020/21 %	2019/20%
Wirral University Teaching Hospital NHS Foundation Trust (WUTH)*	Acute Services	274.933	67.59%	67.40%
Wirral Community NHS Foundation Trust (WCFT)*	Community Services	38.485	9.4%	9.50%
Cheshire and Wirral Partnership NHS Foundation Trust (CWP)*	Mental Health and Learning Disability Services	38.522	9.47%	9.20%
North West Ambulance Service NHS Trust (NWS)	Ambulance	13.729	3.38%	3.30%
Non-Wirral 'Acute'/'Secondary Care' Providers	Various	40.902	10.06%	9.80%
Non-Contracted Activity (NCA)	Various	0.168	0.04%	0.80%
<b>Total NHS Contracts</b>		<b>406.740</b>	<b>100%</b>	<b>100%</b>

\*Excludes Better Care Fund expenditure

## Future Financial Outlook

The most significant expenditure with non-NHS providers, excluding GMS/PMS contracts with GPs were:

- Insight Healthcare Ltd, Improving Access to Psychological Therapies (£4.863m)
- Locally Commissioned Services, Community delivered services such as Audiology, Ophthalmology and Vasectomy (£1.783m)
- Spa Medica, Ophthalmology (£1.723m)
- St Johns Hospice, Palliative Care (£1.691m)
- Peninsula Health LLP, Dermatology (£0.425m)

Many of the temporary measures such as nationally set block contracts will continue to be included within the finance regime for 2021/22.

CCGs and systems have received confirmation of resources for the six month period to September 2021 with an amended planning process to be completed at Integrated Care System (ICS) level.

NHS Wirral CCG will continue to work in partnership with health and care organisations to use the resources we have to commission high quality, effective care for the Wirral population.

# Improve Quality

## Response to COVID-19

At the beginning of the coronavirus pandemic, support was offered from NHS England and Improvement (NHSE/I) to 'reduce the burden to release capacity' within the NHS. This resulted in a number of oversight mechanisms being paused. In view of this NHS Wirral Clinical Commissioning Group (CCG) have adopted different approaches to ensure that quality and safety remains at the heart of all that is done.

NHS Wirral Clinical Commissioning Group have adopted different approaches to ensure that quality and safety remains at the heart of all that is done.

## Clinical Quality Performance Group Meetings (CQPG)

As part of the contractual process, Clinical Quality Performance Group (CQPG) meetings are held with the acute and community providers. The CQPG meetings focus on quality, providing an opportunity to review areas for improvement and good practice and to monitor any improvement activities in relation to the requirements laid out within the NHS standard contract.

Quality is a key item within the contract meeting with our NHS mental health and independent providers, however, the CCG has also established a Quality Leads Forum along with our colleagues from Cheshire CCG and Cheshire and Wirral Partnership NHS Foundation Trust to provide time for a more detailed quality discussion and action setting.

These meetings provide robust mechanisms where commissioners and providers work together to identify and strive to meet standards that will serve to deliver services and improve quality.

During 2020/21 these meetings have reduced to bi-monthly with a focused COVID agenda.

The Wirral System Improvement Board has continued throughout this period, there has been a review of the Terms of Reference which has included the duration of these meetings being reduced.

When specific quality risks are identified with a provider a number of measures are put in place, this includes quality review visits and a quality risk profile, which is undertaken to assess the governance and processes that have led to quality concerns. Enhanced quality surveillance is undertaken until NHS Wirral CCG is assured that improvements are in place and maintained.

## Quality Review Visits

Due to the risk of COVID-19 transmission across organisations, these visits have been limited during 2020/21. A number of other mechanisms have been established when the CCG has persistent or increasing quality concerns identified. These have included working collaboratively with commissioners and regulators to gain intelligence and insight in order to triangulate information which highlight concerns, leading to weekly teams calls with those providers until assurance is gained.

The quality review visits that have taken place during this period include:

- Wirral University Teaching Hospital (January 2020) to review the safety of patients attending the Emergency Department.
- A site visit in spring to assess the viability for the COVID-19 testing centre at Bidston.
- A multi professional team assurance review of the prospective sites for delivery of the COVID-19 vaccination (December 2020)

## Quality Risk Profile (QRP)

This tool enables commissioners, regulators and providers to come together to share and review information when a serious concern about the quality of care has been raised. This process facilitates rapid collective judgements to be taken, actions agreed and a level of enhanced surveillance implemented effectively.

During 2019/20, there has not been a requirement to undertake a QRP with any of the commissioned services.

## Quality and Performance Committee

This sub-committee of NHS Wirral CCG's Governing Body is chaired by the CCG's Lay Member for Quality and Outcomes has continued to meet throughout 2020/21.

To support rapid decision making throughout the coronavirus pandemic an out of Committee decision making process has been established. The committee provides members with assurance in relation to the quality of the systems and processes that have been established by the organisation. This includes quarterly reports on complaints, serious incidents and 'never events', to identify trends and themes across commissioned services.

During 2020/21, the committee has undertaken a series of 'deep dives' to gain assurance with regard to the quality of systems that are in place in order to reduce harm. This has included the response and impact on NHS 111 and the ambulance service of the coronavirus pandemic.

## Quality Surveillance Group (QSG)

A network of Quality Surveillance Groups has been established across the country to bring together different parts of health and care systems, locally and in each region of England, to routinely share information and intelligence to protect the quality of care patients receive.

In light of the pandemic, and the risks to safety and quality of services, the QSG meetings have been increased. NHS Wirral CCG continues to play an active role in this group.

The local health economy still has challenges to meet to improve the quality of patients care.

These are to:

- Reduce Healthcare Acquired Infections (HCAI's) in particular nosocomial infections and Gram Negative Bacterium in all care settings.
- Eliminate corridor care within the Emergency Department
- Reduce the incidence of harm due to long waiting times
- Increase the consistency of care across the care home sector

## Single Item Quality Surveillance Group (SI QSG)

If quality concerns arise within a single organisation based on an outcome of a review of soft intelligence, the CCG with support from NHS England will convene a Single Item Quality Surveillance Group. The aim of the meeting is:

- To gain a collective understanding of the issues
- To gain assurance that the organisation will develop a coherent, robust and sustainable plan to mitigate risks and progress improvements at pace
- To discuss and agree any offers of support from commissioners
- Consider any additional implications

During 2020/21, there have been no Single Item Quality Surveillance Group undertaken relating to a Wirral provider or in an organisation that has Wirral residents place there.

## Safeguarding Boards

CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding adults at risk, safeguarding children including Children Looked After. These include:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements
- Clear policies setting out the commitment, and approach, to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate
- Training staff in recognising and reporting safeguarding issues, appropriate supervision and ensuring that staff are competent to carry out their responsibilities for safeguarding
- Effective inter-agency working with local authorities, the police and third sector organisations which includes appropriate arrangements to cooperate with local authorities in the operation of Local Safeguarding Children's Boards, Safeguarding Adults Boards and Health and Wellbeing Boards
- Ensuring effective arrangements for information sharing
- Employing, or securing, the expertise of Designated Doctors and Nurses for Safeguarding Children and for Looked After Children and a Designated Pediatrician for review of unexpected deaths in childhood
- Effective systems for responding to abuse and neglect of adults
- Supporting the development of a positive learning culture across partnerships for safeguarding adults to ensure that organisations are not unduly risk averse

During 2020/21, Merseyside Adult Safeguarding Board (MSAB) continued to meet remotely, focusing on safeguarding priorities manifest through COVID-19. Throughout this period NHS Wirral CCG has remained an active member of and attended appropriate sub-groups which covers the areas of Knowsley, Liverpool, Sefton and Wirral.

In line with its statutory requirement, the board has reviewed and approved Safeguarding Adult Reviews and developed an annual report. A number of joint policies have been developed and approved, including a training policy.

Following a peer review of the effectiveness of the MSAB, statutory partners are reviewing the form and function of the board in 2021/22.

Wirral Safeguarding Children Partnership has continued to meet to ensure the Multi Agency Safeguarding Arrangements (MASA) are sustained in relation to children's safeguarding.

Assurance has been given regarding the fulfilling of statutory requirements through the independent scrutineer.

Achievements during 2020/21 include:

- The implementation of ICON - The 'Babies cry you can cope' campaign (ICON) programme in October 2020 to correspond with national parents week
- The appointment of a named GP for safeguarding (January 2021). This vacant post was identified as a risk on the CCG's risk register

## Quality Impact Assessments

NHS Wirral CCG has a process to ensure that any decisions made include consideration of any quality impacts whether positive improvements or negative consequences. Where there are potential negative consequences. Due to the rapidity of decision making that was required during this period,

a shortened version of this assessment was produced to allow for preventative action to be taken to mitigate against risks identified.

Throughout 2020/21, NHS Wirral CCG has adhered to its duties under the Equality Act. Statistics have shown that those most vulnerable and with protected characteristics are at higher risk of COVID-19 and therefore the EIA process has been central to all decision making within NHS Wirral CCG.

### Care Homes

During 2020/21 additional support has been given to care homes from the Quality Improvement Team, CQC, and the Community Infection Prevention and Control (IPC) teams.

A number of homes (%) attended a national IPC training programme which was locally delivered by members of the Quality Improvement Team. Challenges have been evident in relation to accessing PPE and testing. The management of outbreaks in the care home setting remains a challenge, this is due to a number of issues including inadequate estate to allow for cohorting of residents.

The care home forums that are in existence have been increased to fortnightly to give managers support within the care home and domiciliary settings.

### Serious Incidents – Reporting

In March 2020 'reducing the burden releasing capacity' removed the requirement for a root cause analysis (RCA) to be undertaken within 60 days of the incident reported. Providers commissioned by NHS Wirral CCG have endeavored to complete their RCA within the 60-day timeframe.

Because of this, during 2020/21 the CCG has continued to scrutinise all incidents in the Serious Incident Review Group (SIRG) that have met the serious incidents threshold to ensure root causes are identified, actions implemented and lessons have been learnt.

### Continuing Healthcare (CHC) / Complex Care

On 19 March 2020, all CHC assessments were suspended to allow patients to be transferred in a timely manner to allow flow within the hospital.

The process was re-established on 31 August 2020 and all patients who had their assessments deferred need to have them undertaken by 31 March 2021. NHS Wirral CCG had a total of 120 patients requiring an assessment.

# Engaging People and Communities

NHS Wirral Clinical Commissioning Group (CCG) recognises that its communication and engagement with stakeholders and the wider Wirral population is integral to all its commissioning activity.

Our stakeholders are wide ranging, including patients currently using services and the wider Wirral community. We aim to be open, honest and transparent and to seek views from as many people as possible. We undertake stakeholder mapping on a regular basis to reach Wirral's diverse population and understand their needs.

Our engagement over the past year has ranged from the development of new strategies and services, to formal consultation. We hold regular public events, and our Patient and Public Advisory Group, which meets every two months, acts as a critical friend regarding our engagement activities.

All GP Practices in Wirral are members of the CCG. We undertake a variety of engagement activities with practices to encourage an open dialogue. This includes the CCG facilitating regular GP Members' meetings, quarterly forums for Practice Managers and a clinical education programme for GPs and Nurses. We also have a Lay Member (Patient Champion) on the Governing Body.

Social media is part of our everyday communications and part of improving engagement and participation. Our website is accessible to people with hearing or visual impairments and those whose first language isn't English. We also produce Easy Read versions of our important publications, such as consultation proposals.

We recognise that the NHS is experiencing a period of rapid change, and here in Wirral we have integrated our NHS commissioning

functions with Social Care and Public Health to form Wirral Health and Care Commissioning. This gives us an opportunity to truly coordinate how we plan and commission services in Wirral.

The onset of the coronavirus pandemic in early 2020 required us, as the commissioner of health and care services, to fundamentally reconfigure our local services to meet the challenges of managing the pandemic and keeping people safe.

The NHS declared a national incident which required us to change many aspects of healthcare delivery locally. Our aim during this period has been to ensure that our communications and engagement activity tells our local communities where they need to go when they need to access healthcare. It has also given us the opportunity to work with local partners including Wirral Council, local NHS providers and Healthwatch Wirral to coordinate our response and messages.

As part of our response we highlighted the ways in which people could safely access health services once the first national lockdown occurred and this meant a significant move to virtual consultations. We also produced a range of communication materials to inform people of services.

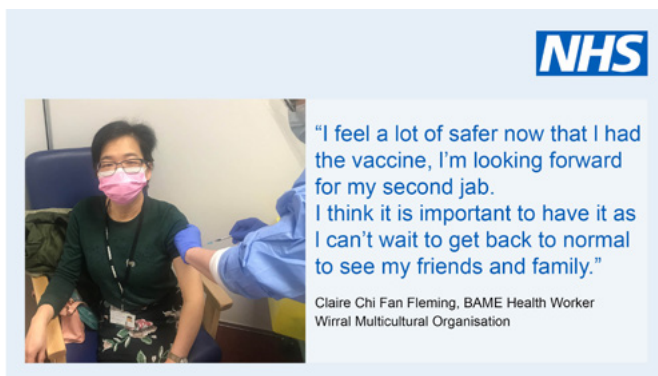
Being conscious of the need to engage during the pandemic, a number of virtual engagement events have taken place. These include a live Annual General Meeting and numerous engagement events with the Bridge Forum, Patient Participation Groups and our own Patient and Public Advisory Group.

We also developed a joint approach to communications and engagement with colleagues at Wirral Council to ensure local people received consistent messages throughout the pandemic.

The CCG has acted as the lead for the NHS COVID-19 Vaccination Programme and from the onset of the programme in December 2020 we used every opportunity to keep local people and stakeholders informed as the programme progressed. This included stakeholder briefings, political briefings and a range of materials being used across social media to manage expectations and inform about vaccine safety and effectiveness.



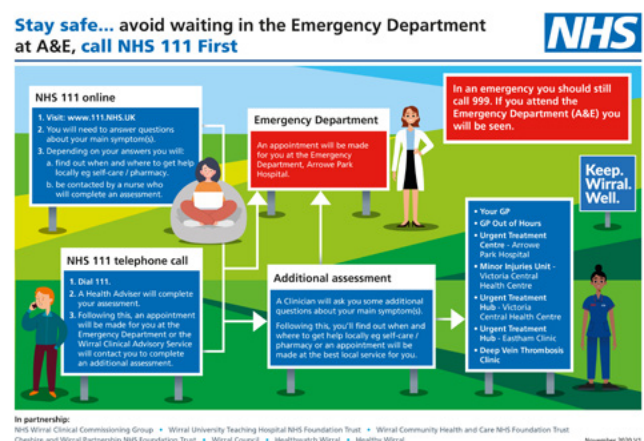
We worked with local partners to develop joint materials which explained the vaccination process and to assure people about getting the vaccination.



Assurance has been particularly important for people from the many ethnic origins in Wirral and we worked closely with local community organisations including Wirral Change, The Wirral Deen Centre and the Wirral Multicultural Organisation to tailor specific messages to these communities and to also plan vaccination services in specific community settings.



A key part of helping people access healthcare safely has been the introduction of the NHS 111 First programme which encourages people to contact 111 first before going to the local Emergency Department (for non-life threatening situations). The CCG led on the development and delivery of a local campaign of engagement which included filming videos with representatives from local community organisations, organised by Healthwatch Wirral, and local media engagement. The service was successfully launched in December 2020 and the communications and engagement plan was commended by NHS England.



# Reducing health inequality

Health inequalities are the differences in health between different groups of people. They are avoidable, unfair and preventable.

These differences can be found in terms of:

## **Life expectancy**

what age we expect someone to live to

## **Healthy life expectancy**

how much time people spend during their lives in good health

## **Avoidable mortality**

deaths that could have been prevented if that person received adequate treatment or prevention measures

## **Long term health conditions**

health problem that needs management for years

## **Mental ill health** this includes

Mental illness – medically diagnosed disorders  
Mental health problems – problems arising from life's stressors and can develop into mental illnesses if not resolved

## **Access to and experience of health services**

services which are timely, appropriate, sensitive and easy to use

Coronavirus came to Wirral in January 2020 with the arrival of the repatriated British citizens from Wuhan for quarantine on the Arrowe Park Hospital site. Thus, began the Wirral system collaborative effort in tackling the virus and this has continued since. The coronavirus pandemic has brought many challenges to us and has highlighted certain areas which need urgent system wide solutions.

Health inequalities has been demonstrated in Wirral for some time as stated above, with an 11 year life expectancy difference between the West and East side.

Using our digital technology to focus on population health: the geographical variability of health outcomes in a defined group of people, we have been working to achieve our vision:

**“People will live longer healthier lives regardless of where they are born or live in Wirral.”**

Our aims and objectives are now more focused on proactively tackling health inequalities across our system.

We have established a Wirral System Health Inequalities group with representation from across our system of Physical and Mental health (Primary, Secondary, Community and Mental health), Social Care, Public Health and the voluntary sector.

Recognising that inequalities are not just about health, what is crucial is looking at the wider determinants of health and care and so our key current areas are the following:

1. Tackling the 20% most deprived areas
2. Review health inequalities and vulnerability with a key focus on clinical response to COVID-19 and resulting outcome
3. Addressing COVID-19 vaccination and uptake to ensure equity across our system
4. Using the clinical data to then search beneath to address the wider determinants which are impacting on an individual, their families and their locality.
5. Ensuring equity in all we do
6. Embedding the HEAT toolkit to our processes and planning
7. Addressing homelessness and progressing the pilot work to date
8. Addressing alcohol related health and care problems
9. Tackling digital poverty and inequalities
10. Empower residents to take ownership and control of their health and social care (PAM)

Wirral is well advanced in our digital journey with the development of the Wirral Care Record and Health Information Exchange. We have established a Wirral System Digital Group to ensure a joined-up approach, which is cohesive and collaborative in supporting digital technology across Wirral. Using these platforms and in a data driven way, we are currently actively searching the most vulnerable groups and can then work as a system to support and proactively manage our residents.

Although we are moving very much toward a digitally enabled population, we acknowledge that there are inequities and inequalities to this. To that end, one of our aims is to address system wide digital poverty and support residents.

We are also looking at the empowerment of residents to manage their conditions through the use of Patient Activation Measures (PAM) and self-management.

Integrated collaborative working is crucial to delivering swift and appropriate health and care to our residents and ensuring that we can address the current challenges facing us. The five Primary Care Networks (PCN) across Wirral cover Wallasey, Birkenhead (2 networks) West Wirral and South Wirral.

Working collaboratively with all system providers but recognising the differences across our Borough, a PCN Multi-Disciplinary Team (MDT) approach will help to tackle issues specific to certain localities.

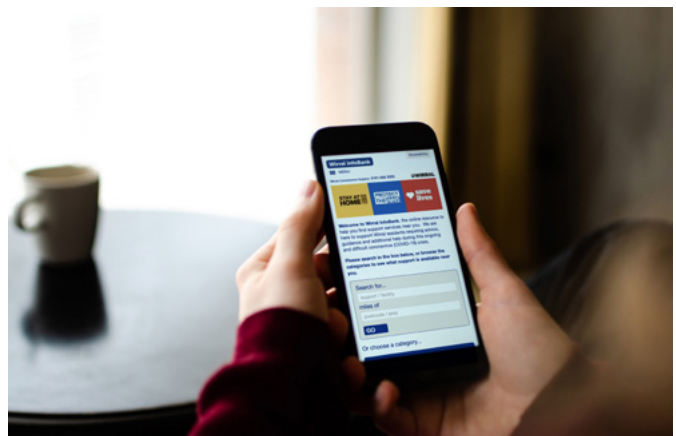
This will address, not only health issues but will help to widen the lens and focus on the wider determinants by bringing together expertise from across our system with an MDT approach.

## Other work that supports our most vulnerable communities

Establishment of other thematic groups including- food sub group, faith sector group. These groups have also undertaken outstanding work including delivering food hampers and fuel hampers to our most vulnerable communities.

During the pandemic, support has also been provided to individuals who were shielding, who had no other access to essential supplies. The social prescribing team have also been providing wellbeing calls to registered shielding individuals.

The Local Authority and Merseyside Fire Service have worked with NHS Wirral CCG colleagues to ensure a local process is in place to support vulnerable people with prescription pick-ups, working closely with the local community pharmacy teams.



The Community Connectors and Merseyside Fire Service have delivered leaflets with key prevention messages, which were targeted to the areas where we have seen the highest incidence rates of positive tests, which is in our areas with highest inequalities.

## Summary

Inequalities are a system problem and so a system wide approach is essential in tackling it and moving forward, making meaningful change and impacting positively on the lives of our residents.

The coronavirus pandemic is the greatest challenge to our way of life and working, and has impacted enormously on how we deliver health and care. It has also demonstrated the significant inequalities which exist across our nation and within our borough.



The establishment of Wirral Info Bank and the Council helpline supported vulnerable groups with access to online resources detailing where residents can source food supplies, mental health support and information and advice in regards to welfare benefits.

However, we can, and should use the lessons and experience from pandemic to move forward, embedding the principles of the “Build back Fairer... Marmot Review” but crucially, taking our residents on this journey with us, listening to their voices and opinions and ensuring that they are involved in service redesign. In this way we will progress in a positive, integrated and collaborative way to ensure we make a difference to delivering health and care.

# Health and Wellbeing Strategy

The Chief Officer (Accountable Officer) and Chair of NHS Wirral Clinical Commissioning Group (CCG) are both members of the Health and Wellbeing Board, a statutory committee of Wirral Council which was set up in line with the Health and Social Care Act 2012. The Health and Wellbeing Board has a core membership but also operates a wider constituency to 'promote' health and wellbeing in Wirral. The Board has not met during the COVID-19 pandemic however work is in hand to reform the Board to reflect the proposed changes to the NHS, the first meeting of the reformed board is scheduled for the 31 March 2021.

**The Health and Wellbeing Board is a statutory committee of Wirral Council which was set up in line with the Health and Social Care Act 2012.**

The member organisations of the Health and Wellbeing Board, which includes NHS Wirral CCG, are committed to working together at every level to improve the quality of life and wellbeing of the residents of Wirral.

Members of the Committee have agreed to work together actively to achieve the vision and mission of the Wirral Health and Wellbeing Board on the basis of the following values, which are reflected in Board members behaviours and the decision making framework:

- Putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- Valuing excellence and professionalism wherever it is found
- Mutual trust and respect – valuing each person as an individual, taking what others have to say, seriously

- Being honest about our point of view and what we can and cannot do
- Creative and innovative solutions to problems
- Removal of barriers to equality of access and opportunity

NHS Wirral CCG has worked closely with the Local Authority to both contribute to and develop a joint Health and Wellbeing Strategy in line with section 116b(1)(b) of the Local Government and Public Involvement in Health Act 2007.

NHS Wirral CCG has continued to work collaboratively with Wirral Council (as commissioners) and local NHS services providers through the 'Healthy Wirral Programme' work streams that support the triple aim of delivering Better Health, Better Care and Better Value.

It is intended that once the Annual Report has been reviewed by the CCG's External Auditors this would be shared with the Health and Wellbeing Board. In addition, two members of the Health and Wellbeing Board are attendees of the CCG's Governing Body and hence engaged in the development of the CCG's Annual Report.

The CCG and the Commissioning functions of the Local Authority are now working as a single integrated commissioner under the banner of 'Wirral Health and Care Commissioning' (WHCC). This has been underpinned by a formal Section 75 National Health Services Act 2006 agreement that has expanded pooled budgets and sets out joint decision-making processes.

# Key Strategic Developments

## Transforming Care Programme for people with Learning Disabilities (LD) and/or Autism

The Transforming Care Programme is now in its sixth year and doing well for our people who have either a Learning Disability and or Autism.

Despite the restrictions of the coronavirus pandemic we continue to achieve and drive up the quality of the services provided in Wirral.

At the start of last year we focused heavily on what our children and young people (CYP) need through this programme of work and are pleased to say that we now have a CYP Programme lead for this area and Wirral are no longer an outlier for this cohort.

During 2020/21 we have achieved the following;

- Sustaining the low numbers of both adult and CYP admissions and inpatients
- The established functions of the Intensive Support function of both the Learning Disability Child and Adolescent Mental Health Team and the Community Learning Disability Team
- Successful bids to NHSEI which have helped pilot and test the suitability of future services
- The strong links with our self-advocate group and establishing links with young people to ensure service design and delivery meets the needs of young people.
- Establishing an Adult Post Diagnosis Autism service and now piloting a similar service for CYP
- Good whole system integrated working with many stakeholders such as;
  - Local Authority
  - Education

- Specialised Commissioning
- Tier 4
- Complex Health Care (CHC)
- Special Educational Needs and Disability (SEND)
- Establishing a dedicated working group to increase and deliver Annual Health Checks. This has included working with the LeDer project lead to ensure that any lessons from reviews are taken into account and actions taken
- Achieving the right outcomes for people through Care Treatment Reviews (CTRs) for both adults and children (Care Education and Treatment Reviews (CETRs))
- Innovative ways of working during COVID-19 by partners to maintain contact and support with our population

This has been a difficult time for our local population who have a Learning Disability and or Autism but, despite the challenges, we have continued to deliver and sustain a variety of support and services through organisations such as third sector and local authority.

The year ahead will present its own challenges but we will continue to use these to develop even more community focused support services as part of our redesign programme and where possible to meet individual needs.

## Planned Care

### Respiratory Services

The emphasis has been on dealing with the coronavirus pandemic and ensuring the continuation of services, including pulmonary rehabilitation. The stakeholder Respiratory Working Group has continued to meet during the year to support the delivery of respiratory services.

Key developments include;

- During the year pulmonary rehabilitation has continued to be delivered with remote delivery and some face to face. An online platform called SPACE has been available to support patients.
- Delivery of COVID Oximetry @ Home Service (CO@H) meeting national requirements and criteria to provide system wide admission prevention in response to the COVID-19 pandemic and co-existing winter pressures on NHS services. The aim of the service is to support identification of silent hypoxia and reassure patients at home by remotely monitoring their vital signs and reported symptom profile. The patient is supported to self-care and to recover at home with self-escalation at the appropriate time.



The service is provided by Wirral Community Health and Care NHS Foundation Trust for up to two weeks. Wirral patients had the benefit of support through either a paper or remote offer with telehealth monitoring available. The service commenced on 9 November 2020 and as of 11 February 2021 a total of 342 patients had been supported.

- COVID-19 Virtual Ward is a national requirement to support patients to be discharged from hospital to help support early discharge. The service supports patients who meet the criteria, including those on oxygen, to be safely monitored and supported at home by secondary care for up to 14 days. The CVW was fully operational from 22nd February with 10 people on boarded to the service.
- Delivery of a weekly Community Respiratory Multi-Disciplinary Team (MDT). This enables the discussion of any cases referred by a GP, practice nurses or community matrons. The meetings are overseen by a respiratory consultant.
- The Respiratory Clinical Network had led on the development of the long COVID assessment service for Cheshire and Merseyside including Wirral. Liverpool University Hospitals NHS Foundation Trust (LUHFT) have been appointed as the lead provider and now has a long COVID service available for Primary Care teams to refer into. The Long COVID Service Holistic Assessment Hub will be provided remotely by a clinical team, via Liverpool University Hospitals NHS Foundation Trust for the whole of Cheshire and Merseyside. Local pulmonary rehabilitation services across Cheshire and Merseyside are an integral part of the long COVID assessment service and will provide a face to face assessment for adults that may benefit from the 'Your COVID recovery' platform.

## Diabetes Services

During the pandemic there has been a remote offer of the National Diabetes Prevention Programme (NDPP) which Wirral patients have continued to have access.

The programme provides proactive education to patients with pre-diabetes with the aim of reducing their risk of developing diabetes in the future. Wave 5 commenced in December with a new provider.

Due to COVID-19, access to blood tests to prove eligibility may be more difficult, therefore the requirement for a confirmatory blood test indicating NDH (HbA1c 42-47mmols) to be within 12 months, increased to 24 months until 1 April. There have been decreased referrals from primary care due to the current pressures, however, during the pandemic patients have been able to self-refer through the diabetes UK website.

Foot disease affects nearly 6% of people with diabetes and includes infection, ulceration, or destruction of tissues of the foot. It can impair patients' quality of life and affect social participation and livelihood. Between 0.03% and

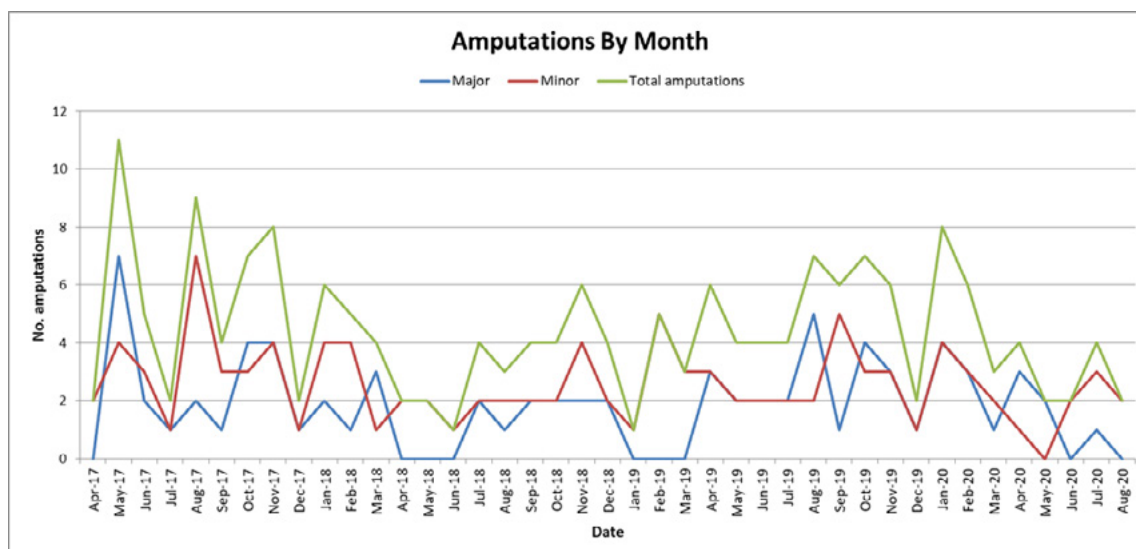
1.5% of patients with diabetic foot require an amputation.

Most amputations start with ulcers and can be prevented with good foot care and screening to assess the risk for foot complications.

The Multidisciplinary Foot Team (MDFT) is a hospital based service providing support to diabetic patients with foot ulcerations. The project was to improve access for patients with a diabetes foot ulcer to a Foot MDT team. By creating this integrated team approach with vascular surgeons, orthopaedic surgeons, orthotists and plaster technicians ensured prompt development of optimal patient care plans; improving patient experience and outcomes. The service has assisted in the decrease of major amputations and number of inpatient admissions.

Enhancing the experience of care for service users by reducing the referral time to being seen, is a priority for this service, with waiting times reduced from 7 days to 72 hours. The benefits obtained by service delivery help support future sustainability of the service. During the coronavirus pandemic the service has continued to operate with required restrictions in place for patient safety.

### Amputations completed for Wirral Patients, April 2017 – August 2020



Data source: SUS – Admitted Patient Care dataset

Diabetes Smart is an education programme available for Wirral patients with Type 1 and Type 2 Diabetes. The programme provides module-based education sessions facilitated by trained professionals in venues across Wirral. It provides an opportunity for people to learn how to make positive lifestyle changes and manage their diabetes.

During the current COVID restrictions there have been some sessions provided remotely. Information is available online through the Diabetes Smart website with access to virtual sessions of the core programme with supporting guidance. <https://www.wchc.nhs.uk/services/diabetes-smart/>

To help support the delivery of the diabetes agenda across Wirral there have been five GPs/ Practice Nurses who have been part funded to complete the Postgraduate Diploma in Diabetes Care at Warwick University.

### **Palliative and End of Life Care Services**

Throughout the pandemic there has been continued collaborative working across the Palliative and End of Life Care Partnership to ensure significant progress to the delivery of Palliative and End of Life Care Services for Wirral Patients.

There has been an ongoing review of the Palliative and End of Life Care delivery which has led to the development of the Wirral Specialist Palliative Care Community Service and Wirral University Teaching Hospital (WUTH) Supportive and Palliative Care Service.

The services have an integrated approach and a weekly multi-disciplinary team meeting to ensure streamlined pathways and high-quality patient care.

The service developments have included a review to ensure clear KPIs across the system with improved monitoring through the Supportive Care Record which was developed to support the recording and monitoring of

palliative care patients. During the year, the stakeholder Palliative and End of Life Care Governance meetings have continued to discuss key concerns and issues to help drive improvements in service delivery.

### **Maternity Services**

**During the year, Maternity services at WUTH have continued to be delivered in a safe and secure way and in line with COVID-19 infection control measures.**

But inevitably there has been a significant impact on the ability to provide choice to women on place of delivery for their births.

Further related disruption to services had an impact on partners' ability to attend scanning appointments, as well as post-natal checks, and for the service to be able to offer the levels of Continuity of Carer that would normally have been expected.

We have worked with our local Wirral Maternity Voices Project (MVP) service user group to respond to service users concerns that were raised about such issues during the course of the pandemic.

We have worked with WUTH to gain assurance on the action plan the Maternity service has put in place in response to the Ockenden review of Maternity Services at Shrewsbury & Telford Hospital Trust (published December 2020).

The WUTH action plan addresses the key learning points from the review and progress on implementation is reported to the Cheshire & Merseyside Local Maternity System, attended by CCG Commissioners.

### **Long/Post-COVID Service**

Wirral Commissioners have worked with our local hospital and community services and the newly established regional Long/Post-

COVID service (hosted by Liverpool University Hospital Foundation NHS Trust) to agree referral pathways for patients experiencing post COVID-19 symptoms (that develop during or following infection consistent with COVID-19 which continue for more than 12 weeks and are not explained by an alternative diagnosis).

### Cardiovascular Disease (CVD)

Service transformations in the CVD pathway put in place over the last two years have continued to deliver benefits for patients despite the impact of COVID-19.

The service offer adapted swiftly as the pandemic progressed, moving to telephone and video appointments within the Community Cardiology service and Outpatient follow up appointments being undertaken by telephone for WUTH Cardiology service.

The Community Cardiology service has continued to reduce hospital re-admissions for Heart Failure (HF) and Atrial Fibrillation (AF) patients, which has supported patients with CVD to stay healthy and well in the community. However, nationally we know that waiting lists for elective CVD conditions have expanded due to the impact of COVID-19 and it will take a significant amount of time to bring waiting times back to pre-COVID-19 levels.

During the course of the year the Community Cardiology service has adopted the use of digital technology to deliver appointments virtually throughout the pandemic. Increasing use of digital diagnostic technology has also been progressed offering digital solutions that has improved access to diagnostics and enabled more patients to self-monitor their own conditions. Further progress will be made on this in 2021/22 with more blood pressure monitoring machines being made available via the Community Cardiology Service and Primary Care under the BP@Home initiative.

Further improvements are expected to be delivered in detection and follow up of patients at risk of cardiovascular disease due to high blood pressure and we will be working with the Innovation Agency and primary care to pilot these improvements.

Joint work with Respiratory services was taken in year, which aimed to secure more capacity and a sustainable offer for patients who have both respiratory and CVD conditions and to streamline the pathway for these patients. This work stream will restart once elective activities return more to a normal state, post COVID-19 emergency response phase.

### Cancer Services

Cancer services in Wirral have continued to be provided throughout the year, despite challenges presented by COVID-19.

Wirral worked with the Cheshire & Mersey Cancer Alliance to ensure services were running as effectively as possible and to minimise the impact of COVID-19 on patient care.

Special working groups were put into place to tackle particular challenges e.g. the regional Endoscopy Operational Recovery team to ensure endoscopy patient backlogs were cleared.

Through the year, COVID-19 has presented a number of challenges for cancer services, for example, throughout Cheshire & Merseyside there was a significant reduction in suspected cancer referrals (2WW), early in the year clinics were cancelled and patient cancellations were high, patient pathways were suspended for patients who were shielding and some diagnostics and treatment functions were unavailable or working at a reduced capacity.

Providers throughout Cheshire & Merseyside have worked hard to ensure patients received diagnostics and treatment as quickly as

possible. At the end of 2021 cancer services are in a reasonable position to fully recover from the latest phase of COVID -19. The performance in Wirral has been comparable to other CCGs in the Cheshire & Merseyside area. The new 28 day Faster Diagnosis Standard has come in to effect this year. This evidences the required progression from referral to diagnosis in a timely manner, Wirral has performed well against this standard since its introduction.

In order to support services a number of initiatives have been put in place during the year. These are:

- Increased communications to encourage patients to access their GP if they are worried or unwell
- Referral Assessment for Suspect Cancer Referrals (2WW). This allows service providers to review a referral and undertake a triage, providing the ability to prioritise, and where appropriate re-direct patients based on clinical need
- Prioritisation of theatre capacity for suspect cancer and diagnosed cancer patients, particularly for patients needing endoscopy and robotics procedures
- Introduction of Faecal Immunochemical Test (FIT) in secondary care to support prioritisation on patients based on clinical evidence
- Amendments to the referral pathway for virtual colonoscopies to ensure patients receive the most appropriate diagnostics for their clinical condition
- Increased patient tracking to ensure patients progress on pathways in a timely manner.
- Utilisation of external resources where appropriate and available, for example Liverpool Women's hospital for gynae surgery, Spire Murrayfield for outpatients and diagnostics work

The new Lead Macmillan GP for cancer, Dr Jamie Barfield, has been actively supporting all initiatives and driving engagement with primary care who have responsibilities under the Quality Outcomes Framework (QOF) and a newly commissioned Direct Enhanced Service (DES).

The key focus of this work has been to support Primary Care networks to:

- Support restoration of screening services
- Rapid identification of urgent / suspect cancer referrals
- Engage in and support shared learning/peer network
- Ensure effective safety netting
- To maximise the potential of available resources, for example, Social Prescribers have established a close partnership with cancer services and are able to provide cancer reviews as part of a package of advice and services for cancer patients

Quality of cancer care as perceived by the patient is monitored by the annual National Cancer Patient Experience Survey. The 2019 report was published in 2020. NHS Wirral CCG scored 8.9 out of 10, for the average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good); this is an improvement on the 2018 score of 8.8.

The survey asks patients a wide range of questions. The following are seen as key indicators and are to be included in a national Cancer Dashboard under development by Public Health England and NHS England. NHS Wirral CCG performed well on these key questions and in the survey as a whole when compared with the previous year and national averages.

82%	of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
91%	of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
85%	of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
85%	of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
94%	of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
56%	of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment

An action plan was developed following publication to ensure continued improvement and enhancement of patient care.

2021/22 will continue to be a challenging year for cancer services locally and regionally. Data shows suspect cancer referrals are increasing rapidly across Cheshire & Merseyside, with referrals received early March 12% above the pre-pandemic average. Consequently, the number of patients being actively investigated on cancer pathways is very high across the region and is expected to further increase lengthening patient pathways over 62 days. Wirral will continue to engage with the Cancer Alliance to support recovery at a regional and local level.

### **Musculoskeletal Integrated Triage Service**

The Integrated Musculoskeletal Service entered its 3rd year of operation.

The service adapted well in response to the coronavirus pandemic and, despite staffing limitations and closure of the main physiotherapy facilities at Arrowe Park Hospital, the service continued to offer patients assessment and treatment remotely wherever

possible, inviting patients in for face to face appointment only when necessary.

Following national guidance, patients were prioritised and treated accordingly, this has meant delays for some patients, for example, non-urgent orthopaedic procedures. A recovery plan is in place to reduce the current waiting lists and facilities have been accessed at Clatterbridge and Spire Murrayfield in order to help reduce the number of patients waiting for their procedures.

The service received 14,317 referrals between April and February. Of these, 3,770 patients were assessed by the MSK Assessment Service (MCAS), a specialist team of Advanced Physiotherapists who review the patient, explore options and advise the patient on to the best pathway to meet their needs. In this way, patients are assured that all options are explored and non-invasive treatment is considered before referral for an operation.

Providing patient choice is an important part of the pathway within the Musculoskeletal Integrated Triage service. Patients referred in to the service are provided with choice, in line with NHS constitutional guidance. As a result, patients can access consultant led treatment at

a wide range of locations, although the majority choose to stay with Wirral University Teaching Hospital NHS Foundation Trust.

Discussions have commenced to further develop the pain management service and the rheumatology service, looking for greater links

between primary and secondary care, and to maximise the limited consultancy resources in these areas. In addition, the service is working with regional partners to share best practice and implement new ideas.

### **Case Study – Caring for clinically vulnerable patients during the pandemic**

The coronavirus pandemic has presented many challenges for many people and in particular it's been important for our local providers to think about how they can continue to care for patients during periods of restrictions. This has been particularly difficult for those people who had to shield for most of the last year due to their clinical vulnerability.

In 2018, our colleagues at Wirral University Teaching Hospital set up a Supported Self-Management Follow-Up (SSMFU) service for patients diagnosed with cancer. This model enables patients to manage their own follow-up, with back-up from clinical teams as needed, in order to limit risk and to provide a satisfactory patient experience closer to home.

Part of this guidance included nurse-led group supported self-management (SSM) clinics, these lasted several hours and covered topics in relation to side effects of treatments, early signs of recurrence, support available in the community and health & wellbeing.

With the onset of the pandemic, these face to face group self-management clinics were cancelled resulting in a back log of patients for SSMFU awaiting remote surveillance. There was a need to adapt to the changing landscape and so a virtual model to deliver the workshops via the internet was designed.

The virtual model aimed to provide a similar experience as the face-to-face clinics, however it was acknowledged that this wouldn't be easy to achieve and so it was agreed to carefully monitor feedback in order to continually improve the service.

The virtual model has been well received by patients who have appreciated the contact and care during a difficult period. Some of the patients have commented on their experiences:

"It was so good to have a face to face contact (via video link) with staff; usually it's only in clinic, when receiving results. So privileged to meet other patients. Diet and exercise information was extremely useful for self-care."

"I am reassured that I can still seek help from the cancer nurses, even after treatment."

This has been a great example of how our local colleagues have used innovation to adapt services to patients in difficult circumstances.

## **Mental Health**

NHS Wirral CCG has continued to work and build partnerships with local providers, commissioning colleagues across the Cheshire & Merseyside footprint and the Cheshire and Merseyside Mental Health Programme Board, in order to deliver the ambitions set out in the [NHS Mental Health Implementation Plan](#) and [NHS Long Term Plan](#).

2020 and the beginning of 2021 has been a really difficult year for the NHS due to the impact of the coronavirus pandemic. Despite this, from a mental health perspective, we have continued to work closely with our providers to ensure robust business continuity plans were in place; staff were supported with their wellbeing; and ensured as much transformation work as possible could continue in the face of huge operational pressures.

## **Children and Young People's Mental Health**

The Children and Young People's Local Transformation Plan for Wirral has been replaced by a Cheshire and Merseyside CYP Transformation Plan for 2020/21 and will be driven by system leads across the region and delivered by the Future in Mind Steering Group and Emotional Health and Wellbeing Board which both consist of partners across Health, Education, Local Authority and third sector partners. The priorities for 2020/21 were developed through co-production with the Youth Voice Group to ensure the views and thoughts of children and young people are reflected within our plan. The plan outlines the continued commitment to develop services to meet the needs of children and young people's emotional wellbeing.

The main additional investment from the Mental Health Investment Standard funding has been into increasing the capacity within the existing Children's and Adolescents Mental Health Service (CAMHS) and to begin scoping out a new model of Emotional Wellbeing care, with a joint commissioning approach within Wirral

Health and Care Commissioning. The main outcomes of this work will be:

- Ensure timely access to appropriate and effective emotional wellbeing support
- A greater focus on whole family therapy, along with building the confidence and resilience of CYP in Wirral
- Providing a total system response, utilising third sector and other services to boost the total offer to CYP
- Creating a single point of access for support, training and guidance for General Practice, Education and other key stakeholders

The Mental Health Support teams are continuing to be rolled out, with a successful bid for a fourth team in 2020, via Wave 4 applications. These will build on the work in all the schools with primary age children in the most deprived Lower Super Output Areas, as well as looking to expand this out to all primary schools in 2021/22. These teams provide timely advice, supporting schools develop a 'whole school approach' to mental health and delivering brief interventions for mild-moderate cases.

Work continues within CAMHS but across the system to address CYP waiting for support to ensure timely intervention is given. We are on course to meet the national target of 35% of people aged 0-18 with a diagnosable mental health condition receiving two or more contacts within a financial year.

## **Crisis Care**

Crisis care remains a primary area of focus to ensure that people in Wirral have access to immediate mental health support when in crisis.

Wirral were successful in bidding for Department of Health monies for capital funding (over £500k) to purchase and renovate a building that will become a community crisis

café. A building has been purchased in the heart of Birkenhead and renovation work commenced in January 2021 for this crisis café. Works are planned for completion by Q1 2021, with a planned launch date of summer 2021 (COVID-19 restrictions permitting).

The crisis café will be provided by local organisation, The Spider Project and the café will offer a safe, calming, non-clinical environment for adults aged 18 and over. The Spider Project has been established since 2007 and has vast experience of supporting people with mental ill health.

The aim of the crisis café is to support people out of 'self-defined crisis' by offering social and emotional support as an alternative to A&E or other such clinical services. Wirral's local NHS Mental Health Service, Cheshire and Wirral Partnership NHS Foundation Trust (CWP) are a partner to the crisis café. This project is supported by Wirral's Crisis Care Concordat and is in line with ambitions outlined in NHS Long Term Plan.

The 24/7 all age mental health crisis line was implemented and began taking calls in April 2020 in response to escalated timescales to the pandemic. In its first 9 months of operation, this service has received over 32,000 calls across Wirral and Cheshire, proving to be a vital helpline for those in need. This crisis line has now become business as usual, and there are plans to further enhance and evolve this service in 2021.

## **Community Mental Health Transformation**

### **Community Mental Health Teams (CMHT)**

We are working closely with our statutory provider and Primary Care Networks (PCNs) via the transformation funding to ensure greater integration of these services within the primary care setting. This will encourage greater collaboration, seamless transition, information sharing and joined up care for individuals cared for in both settings.

A Programme Board with specific Task and Finish Groups is being convened, with agreed governance in 2021, to deliver on this transformation.

### **Complex Needs and Personality Disorder**

We have invested in our Complex Needs services to ensure this cohort of patients receive effective and quality care.

A new Mental Health Intensive Support team has been implemented, to ensure urgent wrap around support can be carried out for these individuals either on the edge of inpatient admission, or following discharge. This is complimented by the Community Rehab team, who offers this intensive wrap around support to reduce the number of out of area placements required.

There has also been investment in the Personality Disorder team to assist with dramatically increasing demand, alongside the impact of COVID-19. The impact of this increase in investment will be more evident as we move into 2021/22.

### **Individual Placement Support (IPS)**

We have continued to work with the IPS service to ensure that, through the pandemic and on-going disruption, this offer remains in place.

Work is continuing on integrating the service further with the Community Mental Health teams in Wirral, Including Early Intervention, Eating Disorder and other sub speciality areas.

### **Physical Health in Mental Health**

Research shows that people with serious mental illnesses (SMI) die on average 15-20 years earlier than the general population, with physical health problems as the major causes of death. The project group dedicated to addressing this area of inequality and need has identified a number of priority areas to increase the total number of individuals on the SMI register receiving all six of their annual health

checks. This has been boosted by National investment aimed at implementing outreach to these individuals, with work commencing on rolling this out through the PCN

### Improving Access to Psychological Therapies (IAPT)

Talking Together Wirral provide our IAPT service in Wirral and deliver an innovative approach to psychological therapy, working in partnership with Cheshire & Wirral Partnership NHS Foundation Trust; Age UK Wirral; Involve Northwest; Cruse Bereavement; Open Door Centre and our local GP Federations. These partnership arrangements provide an offer which exceeds the traditional IAPT model.

The service provides support for people with a range of mental health issues including anxiety, stress, and depression, right through to more complex needs.

As with many of our providers the service has adapted well to the effects of the pandemic with increased investment into technology in order to offer therapy and support for people online via video conferencing. The majority of clients have responded well to the online offer and we have seen access rates increase compared to start of financial year.

NHS Wirral CCG and the provider are aware that there is more to do in order to bring us in line with national targets and below summarises the actions we are prioritising over 2021/22:

- Increased flexibility for patients in terms of how therapy is delivered (face to face or online) and outside of core working hours (weekends/evenings)
- Increase capacity in the workforce via trainee and apprenticeship posts and upskilling staff via national and local training opportunities
- Embed IAPT into long term conditions

pathways

- Work with commissioners and providers across Cheshire & Merseyside to develop 'Long COVID' pathways

### Maternity Mental Health

A regional bid has been submitted for Wirral to be one of the fast followers for the Maternity Mental Health Service pilot work, bringing together existing Perinatal Mental Health services in hospital and the community, and expanding this offer to up to two years post-partum, partner support, and wellbeing support for child loss. This is in conjunction with the Community Hub work, bringing together all Women's services into a central hub of support, including birthing facilities, antenatal classes, and expanding the support offer through buddy systems and creative therapies.

### ADHD

NHS Wirral CCG commissioned a shared care agreement between primary care and Cheshire and Wirral Partnership NHS Foundation Trust (CWP) to better support adults with a diagnosis of ADHD.

Demand for the CWP ADHD diagnostic service is high and the shared care model helps to free up capacity within CWP in order to diagnose more patients. When an adult has been diagnosed by CWP and is deemed 'clinically stable' on ADHD medication, the patient is then transferred over to primary care who will monitor their ongoing care needs. All GPs involved in this shared care agreement have had the appropriate training in order to support these individuals with an ADHD diagnosis. The model was evaluated in early 2021 and feedback will be used to refine and develop the model further as we move into 2021/22.

## Dementia

At the outset of 2020, the aim was to continue to implement the ambitions for dementia care in Wirral as outlined in our local Dementia Strategy. These ambitions included reviewing the dementia diagnostic pathway and improving our post-diagnostic support offer.

Over 2020/21 staffing issues in our local mental health trust (Cheshire and Wirral Partnership NHS Foundation Trust) has impacted on Wirral meeting the national dementia diagnosis target. Prior to COVID-19 Wirral had consistently met the national targets for diagnosing dementia.

Our focus moving into 2021/22 is to increase capacity within the memory assessment service, in order to increase diagnoses and meet the national targets once more. In parallel, the Dementia Strategy Board will review the dementia diagnosis pathway in light of learnings from the pandemic (across statutory and non-statutory organisations) and also the increased mental health support within primary care (via 'social prescribers' etc.) so any changes in the diagnostic pathway (including post diagnostic support) is sustainable.

## Ophthalmology Service Review

The service redesign that commenced in February 2019 is still ongoing and being led by the Healthy Wirral team with support from the CCG commissioning lead. Progress has been slower than anticipated due to the pause of transformation/redesign work during the peaks of the coronavirus pandemic.

The Healthy Wirral team have been working with stakeholders and patients to develop the new service model ensuring the positive elements of the current service are maintained whilst utilising feedback obtained over the last two years and continuing to engage with local organisations and patients.

## **Primary Care Development**

The pandemic impact on Wirral primary care was sudden, significant and sustained. All practices rapidly adjusted operational ways of working, adapted to Government directions to minimise virus transmission and innovated to remain open for patient services.

### **Digital**

As COVID-19 impact was more clearly articulated, and the need for rapid development and mobilisation of GP COVID hubs was prioritised, the ability to enable remote working for practices was actioned with urgent orders placed for computer laptops. In total, the CCG secured 458 laptops between mid-March 2020 and early April 2020 for deployment across all practices. 250 computer software licences were purchased to offer clinicians working away from practice settings the ability to connect to practice clinical systems and provide online consultations to patients.

A strong business as usual ethos prevailed and the continuing rollout of a replacement broadband system for Wirral practices was completed during 2020. The Health and Social Community Network (HSCN) provides significant increase in broadband connectivity for all practices which supports the ever-increasing array of web-based digital systems available to primary care.

Similarly, a new system called APEX Insight was implemented during 2020 offering the CCG and the Wirral Primary Care Networks the capability to inform capacity and demand planning going forward. This information will better inform whole Wirral health system, planning for local pressures being experienced by all providers and aid the commissioners to direct resources to meet patients' needs.

Practices' rapid adoption of all available digital solutions aided the crisis response – along with use of e-Consult for online consultations, a system called AccuRx was enabled at all practices to offer video consulting medium and has recently been extended to support Care Home patients. The national availability of MS Teams to NHS mail users has also helped maintain and improve communication between Primary Care Networks, Local Medical Committee, GP Federations and the CCG during this period.

At Cheshire & Merseyside level, the development of CIPHA (Combined Intelligence for Population Health) data system enabled the combined intelligence from all general practices across Cheshire & Merseyside to support a set of COVID related population health analytics designed to inform both population level planning and targeting of direct care. The intelligence is available to appropriate healthcare users across the wider system in the form of a set of data dashboards.

### **Patient services**

At the outset of the coronavirus pandemic, the CCG agreed with practices that provision of services to patients had to take account of the virus transmission risk to healthcare staff and patients. To this end, some locally commissioned services provision were managed by the practices, informed by their individual risk assessment, in a way that continued to meet clinical need where appropriate, but gave flexibility to the practices to consider alternative means of delivery, i.e. use of digital technologies (video consulting); practical steps such as phlebotomy delivered in practice car parks/patient entrance and exit flows into practices to ensure reduced person contact.

All Wirral general practices remained open throughout the pandemic. They quickly adopted a "Total Triage" method for patients to allow patient access to services whilst maintaining high levels of protection against virus

transmission for staff and patients alike. The CCG Clinical Leads determined that additional local patient services should be maintained wherever possible so agreement was reached on the following services to continue to be provided in addition to core general practice services;

- Primary Care Quality Scheme
- Anti-coagulation management
- Near-patient testing (for complex medicines)
- Dementia early diagnosis
- Community Minor surgery

Alongside the continuation of patient services, analyses were undertaken both nationally and locally to assess the worst case scenarios impact on Wirral general practices through unprecedented patient demand and likelihood of large numbers of primary care staff not able to work due to sickness/self-isolation; these analyses informed the need for stability and security of income for general practices (as independent contractors) during this period to support general practices' business continuity arrangements. At a national level, similar decisions were taken e.g. Quality Outcome Framework achievement/aspiration payments to general practices.

The Primary Care Transformation Plan 2016-2021 was the CCG response to the 5 year national plan, GP Forward View.

In the final year of the Plan, the remaining areas of development around **digital infrastructure** have progressed well; further **care redesign** is now under the direction of the established Primary Care Networks (PCNs); **reducing workload** on general practice is focused upon capacity and demand modelling to inform and support local system response to needs; **workforce developments** initiated by PCNs via recruitment to a range of additional roles is underway.

## COVID-19 support

The commission for the GP COVID hubs within weeks of the pandemic taking hold meant that symptomatic and suspected COVID-19 positive patients could be directed to a limited number of clinical hubs for patient care and advice and avoid all practices being exposed to increasing rates of virus transmission.

Four hubs were established across Wirral with the initial commission for over 300 hours per week of clinical appointments spread across the hubs. By September 2020 these hours were reduced to 131 hours per week reflecting the reduction in infection rates and positive cases. However, shortly into October 2020, the next infection surge started and hours were increased to 196 hours per week which remained in place until the end of March 2021.

Whilst the hubs prime response was to handle suspected COVID-positive patients via hub attendance and home visiting, there is flexibility within the commission for the hubs to deploy capacity across the following areas;

- Strengthening flu campaign and targeting vulnerable population at Federation/PCN level
- Targeting those with frequent exacerbations or hospitalisations resulting from respiratory conditions (2 or more)
- Ensuring patients have rescue packs, flu and pneumonia vaccines
- Review of DNACPR and preferred place of care
- Partial return of Extended Access if Covid-19 prevalence falls

The GP COVID Hubs continue to form a key part of the local primary care system for COVID-19 response with capacity at the hubs able to be flexed to meet the changes in demand and minimise the risk of virus transmission across the wider general practice community.

The CCG provided significant support to Wirral general practices to secure Personal Protective Equipment (PPE) at the start of the pandemic as national supplies were being established. The CCG funded the GP Federations to purchase PPE and distribute among their constituent practices and GP Hubs. By September 2020 a national PPE Portal was available for primary care to order direct from nationally procured equipment supplies.

Alongside this there has been CCG representation on a Local Resilience Forum PPE cell (consisting of Liverpool City Region local authority procurement leads and CCG representatives) to help co-ordinate and offer mutual aid between organisations when successful PPE orders were secured.

### **NHS COVID-19 Vaccination Programme**

The programme commenced during December 2020 with Wirral Primary Care Networks establishing six vaccination sites. Progress of the programme has been hugely successful with the sites mobilising rapidly and organising their operational processes in readiness for the flow of the new vaccines.

**All sites have met the national targets for vaccinating the prioritised patient cohorts as determined by the Joint Committee on Vaccination & Immunisation (JCVI).**

The six vaccination sites are; Birkenhead Medical Building, St Catherine's Surgery, Victoria Primary Care Centre, Moreton Cross Group Practice; Oval Leisure Centre and Woodchurch Leisure Centre.

### **Delegated Primary Care commissioning responsibilities**

In April 2020 the CCG accepted delegated responsibility from NHS England Improvement for the commissioning of primary care services from general practices.

The benefits of taking on fully delegated commissioning responsibility include;

- The development of clearer, more joined up visions for primary care, aligned to wider CCG and Integrated Care Systems plans for improving health services
- Improved access to primary care
- Improved quality of care being delivered to patients
- Improved CCG relationships with member practices, including greater local ownership of the development of primary care services
- Increased clinical leadership in primary care commissioning, enabling more local decision making
- Greater involvement of patients in shaping services
- A more sustainable primary care system for the future
- As a delegated commissioning CCG, we are also responsible for the associated areas relating to primary care estates, e.g. rent reviews/reimbursement; lease agreements; improvement grants in accordance with Premises Costs Directions 2013 regulations. A new Primary Care Estates Steering Group has been created
- A longstanding premises development for West Kirby progressed with Wirral Community Health & Care NHS Foundation Trust leading the project to create a new health and wellbeing centre which will house Marine Lake Medical Practice. Business case approval and finances have been approved along with a £2.3m contribution to the overall capital build costs from NHS England Improvement. It is envisaged the new build will be completed by the end of 2021.

### **Primary Care Networks**

The five Primary Care Networks (PCNs) continued their establishment and ongoing development throughout 2020 with their focus on Workforce Plans.

The Additional Roles Recruitment Scheme (ARRS) has enabled PCNs to recruit a wide range of other roles that can support patient care delivery, e.g. Physician Associates; First Contact Physiotherapists; Clinical Pharmacists; Social Prescribers; Health & Wellbeing Coaches. Each PCN determines the mix of roles they require based upon their assessment of their patients' needs and have a fixed budget to cover the range of roles. These additional roles are helping support demand for patient services at primary care level and offer patients improved access.

## Unplanned Care

### Urgent Care

The Urgent Care system in Wirral has been operating in an unprecedented environment due to the ongoing pandemic during 2020/21. In order to protect the system a series of specific COVID-19 Response Initiatives were put in place alongside ongoing Urgent Care Initiatives. A summary of these system changes alongside their impact on system performance is now summarised.

COVID-19 Key Response Initiatives	
COVID-19 Red Wards	Creation of COVID-19 designated wards to manage COVID patients in hospital with 12-14 available at the peak.
Community Emergency Beds	An additional 94 community beds were commissioned at the December 2020 peak to support patients transfer from hospital to their home
Community COVID-19 Designated Wards	A COVID-19 designated ward was established (24 beds) from February 2021 to support patients within 14 days of symptom onset, in a hospital bed who were medically fit for discharge into the community.
COVID-19 Oximetry @ Home / Virtual Ward	Capacity for a minimum of 150 patients to be cared for via a Oximetry @ Home/Virtual Ward has been put in place since mid-November. The service is primarily aimed at patients who are at risk of silent hypoxia. Pulse oximeters are dispensed to patients which allows them to monitor their own oxygen saturation levels.
New Integrated Discharge Team (IDT) Command Structure:	A revised structure is being implemented to better align IDT staffing resource with discharge pathways to improve hospital patient discharges.
GP Care Hubs	GP Care Hubs were established in each Primary Care Network area across Wirral to support managing patients with suspected or confirmed COVID-19
GP COVID-19 Vaccination Sites	The following primary sites were established across Wirral led by our Primary Care Networks:  St Catherines – Birkenhead PCN Victoria Central Hospital (VCH) – Wallasey PCN Woodchurch Leisure Centre (Healthier West Wirral PCN) Birkenhead Medical Building – Birkenhead PCN The Oval Sports Centre – Healthier South Wirral PCN Moreton Cross Group Practice – Moreton and Meols PCN
Health and Care Cell	A cell was created that allowed key representatives from across the Health and Care System manage our COVID-19 operational response. At peaks times this met on a daily basis
New Winter Plan Triggers and Tolerances Performance Dashboard	These allowed the system to review operational performance and enact remedial recovery actions as necessary

## Other Urgent Care Commissioning Initiatives

In addition to the direct response to the ongoing pandemic the additional the Urgent Care initiatives were implemented during 2020/21.

### Urgent Treatment Centre

The UTC co-located with the Emergency Department at Arrowe Park Hospital had estates works completed to build a new waiting area and consulting rooms. New pathways have been developed with enhanced access to diagnostics for GP referrals as an alternative to admitting patients to hospital.

### Urgent Care Consultation

Further redesign of Walk in Centres and other commitments made in the Urgent Care consultation have been put on hold whilst the pandemic response has been enacted.

### Enhanced Health in Care Homes

The service that provides weekly ward rounds was rolled out to all CQQ registered care homes from summer 2020. This includes Learning Disability homes who weren't previously receiving the service.

### NHS 111 First

NHS 111 First is a new national pilot initiative to support the signposting and referral of patients who might otherwise attend Emergency Departments. Within Wirral this has entailed the establishment of a local Clinical Assessment Service (CAS) to provide care for patients who contact 111 who are then referred to local community services.

## Urgent Care System Performance

The Urgent Care system remains challenged during 2020/21 across the following key target areas.

### 1. A&E 4 Hour Target Delivery 2020/21

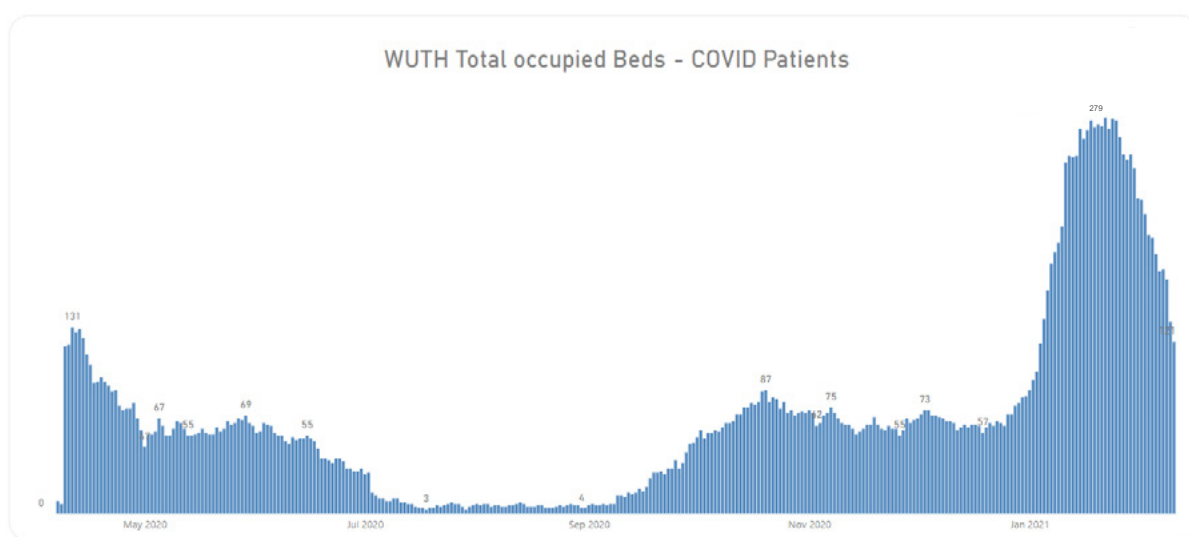
Performance against the National 4 Hour A&E Standard (combined A&E and Urgent Treatment Centre (UTC)) has been mostly below the target of 90% during 2020/21.

Local data demonstrates significant further deterioration during January 2021 with just 64.81% achievement however, reassuringly, the position has improved during February (1-9) with 76.3% performance.

Overall attendances have been significantly impacted by ongoing coronavirus lockdown and unlock periods.

December and January's challenged performance correlates with COVID-19 related pressures experienced across December and peaking in January.

The data below reflects this position demonstrating the number of COVID-19 positive patients within the acute trust. This position peaked at 279 patients on 22 January 2021.



## 2. Discharge including Long Length of Stay (LLOS)

Significant challenges were observed during December and January with regards to discharge numbers. The typical position was for admissions to outnumber discharges each day however over recent weeks this position has improved. The latest data available (10.02.21) demonstrated 129 admissions and 145 discharges. Discharge targets have been agreed across the system and will be monitored against on a daily basis.

A number of actions have been taken to support this improved position including:

- Deep dive focused improvement work supported by the local authority has been resulting in a detailed action plan addressing:
  - Command structure / team roles and responsibilities
  - Staff communications
  - Interface with wards
  - MCA (mental capacity act) assessment review
  - Review of pathways 1 and 2
  - Digital quick wins
  - Weekend discharges
  - Function of discharge cell

- Sustainability plans in development
- Provision of a designated setting for COVID-19 positive patients to step down to for the remaining duration of their isolation period
- Step down capacity has been created through additional non-COVID provision delivered across Bluebell and Iris wards on the Clatterbridge Cancer Centre site.
- Use of spot purchases to mitigate the pressures created by multiple IPC closures across the transfer to assess beds.
- The Local Authority contracts team share a daily list of care home vacancies with the IDT team to enable them to identify suitable placements for patients
- Additional commissioner support is being provided over the weekend with the aim of unblocking any provider issues and boosting weekend discharges.

The position for patients with a LOS of 21 days or more increased during mid-January reaching 125 patients. The latest position is 106 (02.02.21) which is an improvement however remains above the local target of 90. The position 12 months ago (4 February 2020) was 211 patients with a LOS of 21 days or more highlighting the significant improvement in position. This is illustrated below:

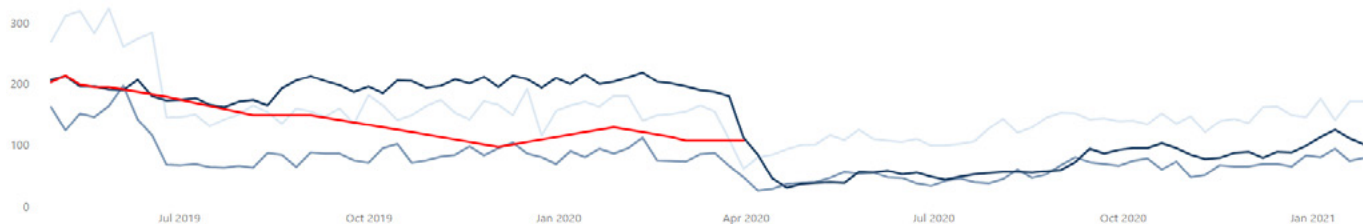
### Long Stay Patients

Latest Snapshot

02/02/21	77	106
169	14 to 21 days	Over 21 days
7 to 14 days		

Timeline of Weekly Snapshots

7 to 14 days 14 to 21 days Over 21 days Over 21 Target



### 3. Ambulance Performance

		Qtr 1			Qtr 2			Qtr 3		
	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Wirral CCG Cat 1 (mean)	<7mins	00:07:43	00:06:46	00:06:43	00:07:01	00:07:05	00:07:21	00:08:06	00:07:22	00:07:20
Wirral CCG Cat 1 (90th percentile)	<15mins	00:12:46	00:10:18	00:11:01	00:11:19	00:11:33	00:12:03	00:12:48	00:12:31	00:12:08
Wirral CCG Cat 2 (mean)	<18mins	00:20:28	00:14:43	00:17:18	00:18:22	00:22:09	00:25:54	00:32:39	00:18:05	00:21:07
Wirral CCG Cat 2 (90th percentile)	< 40mins	00:42:45	00:27:25	00:32:47	00:37:06	00:35:58	00:55:26	01:12:20	00:38:00	00:43:55
Wirral CCG Cat 3 (90th percentile)	< 120mins	02:25:11	01:15:09	01:30:04	01:44:28	01:40:05	02:56:33	03:16:15	01:42:57	01:55:55
Wirral CCG Cat 4 (90th percentile)	< 180mins	03:12:09	01:57:25	02:34:44	02:38:46	02:36:17	03:28:06	05:06:05	03:03:27	03:33:14

NWAS have faced significant periods of pressure over December and January with instances of major incidents being declared and mutual aid being called on for category 3 and 4 calls.

A number of factors have contributed to the challenged position:

- Increased calls to 999; 32.83% increase in call volume across Cheshire and Merseyside (18 – 24 January 2021)
- Donning and doffing time requirements contributing to time delays

- High levels of staff sickness and self-isolation with 306 NWAS staff isolating during January of which 200 were front line paramedics.
- During December and early January, significant handover delays were observed across NWAS. This was especially challenging in Wirral where we had peaks of 51 1 hour ambulance delays within a week. Hours lost due to staff handover delays are detailed below:

	NWAS	Cheshire & Merseyside
w/c 01/02/2021	799 hours	244 hours (28%)
31/08/2020 - 31/01/2021	23208 hours	6935 hours

The following actions, in addition to those previously described, have been taken by North West Ambulance Service (NWAS) to improve this position:

- Lateral flow testing rolled out across staff
- In house vaccination hub now live (as of 25 January, 2753 NWAS staff had been vaccinated)
- Option rolled out for NWAS to buy out annual leave for quarter 4
- Enhanced payment scheme initiated for key operational shifts to maximise resource
- Increased social media messaging including #inside999
- Continued focus on hear and treat and see and treat pathways

- Review of pathways and benchmarking with other areas to boost see and treat figures e.g. community diabetes pathway currently being explored
- Referral pathway established to enable NWAS to refer into the pulse oximetry service

The data below demonstrates that hospital handover has deteriorated during December. It is likely that this position will continue to be reflected through January's data however it is anticipated that there will be significant improvement during February.

		Qtr 1			Qtr 2			Qtr 3		
	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Avg Arrival to Handover (Arrowe Park)	<15mins	00:18:00	00:15:03	00:15:10	00:14:32	00:15:28	00:18:54	00:24:44	00:20:23	00:24:04
Avg Handover to Clear Time (Arrowe Park)	<15mins	00:11:00	00:13:06	00:14:27	00:12:18	00:11:38	00:11:42	00:11:48	00:11:30	00:11:13
Avg Overall Arrival to Clear Time all Attends (Arrowe Park)	<30mins	00:30:00	00:27:55	00:27:07	00:26:43	00:26:51	00:31:02	00:35:33	00:31:37	00:36:05

Local data for 1-7 February is showing five handover delays of over one hour. This compares to 32 for the week before. Feedback from NWAS Operations Manager is that they are now working closely in real time with the management team at WUTH and are able to work collaboratively at times of heightened pressure.

The delays experienced through December and January are reflective of the wider flow issues through the wards.

The following actions are supporting this improved position and aim to sustain this over coming weeks and months.

- An additional eight side rooms have been created in A&E to be used as majors for COVID positive/ symptomatic patients
- Improved escalation process established for times of increased pressures
- Increased focus on maintaining flow through the hospital wards as described above
- Monthly review of non-admitted ambulance conveyed patients to support learning, communications and pathway development.

#### 4. NHS 111 Performance

The December position shows improvements across all domains with the exception of calls warm transferred. Despite improvements, performance remains challenged with all measures failing to meet the set standard.

		Qtr 1			Qtr 2			Qtr 3		
	Target	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
1-NQR8 (1.3) North West - Calls answered within 60 seconds	>=95%	52.3%	65.5%	75.4%	83.2%	69.6%	33.4%	24.0%	61.1%	78.4%
2-NQR8 (1.1) North West - Abandoned calls	<5%	23.0%	10.1%	5.9%	3.4%	6.8%	26.1%	28.7%	9.0%	5.3%
LQR3 (5.16) North West - Calls warm transferred	>=75%	15.2%	27.3%	22.4%	17.1%	23.8%	16.2%	18.8%	15.2%	14.5%
LQR5 (3.4) North West - Calls backs within 10m	>=75%	16.4%	23.4%	20.8%	21.1%	16.9%	9.7%	7.6%	8.1%	9.9%

Over recent months, the service has struggled with high levels of staff sickness. This position is improving however remains a challenge. At the end of January, there were 70 staff self-isolating and 100 staff off sick.

Activity remains static but volatile with lockdown and school closures resulting in changes to the typical patterns and peaks in activity. This is making it more difficult to proactively plan and respond to peaks.

Recent pressures across the ambulance service has led to additional demand on NHS 111 as the contingency arrangements for 999 include diverting the category 3 and 4 ambulance calls to 111. This has impacted on the 111 queues, however, was necessary to enable the ambulance service to respond to the most urgent, life threatening activity.

NHS 111 is taking the following actions to recover performance:

- Recruitment drive has secured significant increased workforce and is ongoing
- Staff COVID Vaccination Programme to reduce staff sickness levels across the workforce
- Lateral flow testing for staff to reduce the risk of workplace outbreaks
- Tweaks made to the new clinical systems to improve functionality

# Accountability Report

## Principles of Remedy

Gaining the views of patients regarding the quality of services that have been commissioned on their behalf is of paramount importance to NHS Wirral Clinical Commissioning Group (CCG).

A Patient Advice and Liaison Service (PALS) is commissioned by NHS Wirral CCG to support patients with concerns relating to General Practice, Dentistry, Ophthalmology and Pharmacy services. The purpose of the service is to provide on the spot help wherever possible, with the aim to negotiate immediate or speedy resolutions (within 48 hours). In some cases, the PALS will refer patients to independent advice and advocacy support from local and national sources, including Healthwatch. Ensuring good handling of complaints is one way in which NHS Wirral CCG can help to improve quality of care for patients and learning from complaints enables organisations to continually improve the services they provide and the experience for all patients.

NHS Wirral CCG ensures that complaints are managed in accordance with the strategic goals and objectives and ensures that all complaints are managed promptly and efficiently, in line with the Health Act 2009 and NHS Constitution. The CCG also ensures that complaints are adequately investigated and that all complainants are treated with dignity and respect.

Patients' verbal comments, concerns, complaints and compliments are received via the CCG's public facing website, in person, via post, email and by telephone.

Lessons learnt from complaints are an important tool to assist quality improvement and responsiveness. Where appropriate, lessons

learnt from complaints are reported on a bi-monthly basis to the Quality and Performance Committee and the Governing Body.

In 2020/21 NHS Wirral CCG received 116 formal complaints, which is an increase to the number of formal complaints received in the previous year of 2019/20 (103). It is through patient feedback that we were able to learn from complaints to monitor and improve services where required, to ensure we meet the needs of our patients in the future. As Commissioners of local health services, we monitored the complaints received for trends and took appropriate action to reduce the risk of identified trends happening again and to share learning. NHS Wirral CCG has seen an increase in enquiries that it has received regarding the COVID-19 pandemic, this includes enquiries regarding testing and also the vaccination programme.

Of the complaints received in 2020/21, four were escalated to the Parliamentary and Health Service Ombudsman (PHSO) for their further investigation into the concerns raised and to undertake a review of the CCG's initial complaint response provided.

Full details of each investigation, outcome and lessons learned, where applicable, were provided in all complaint responses, in line with the national standards for managing complaints and National Health Service Complaints (England) Regulations 2009.

Knowing when patients have had a good experience is as important as knowing when things have not gone well. A record of compliments is held and feedback is provided

to the service in question. This information is also reported on a bi-monthly basis to the Quality and Performance Committee and the Governing Body.

NHS Wirral CCG encourages a positive, open and honest approach to receiving and responding to complaints as they provide a valuable feedback with regards to a patient's experience.

All complaints made to NHS Wirral CCG are managed by the Corporate Affairs team and are managed in accordance with the Complaints (England) Regulations 2009, The NHS Constitution and principles published by the Parliamentary and Health Service Ombudsman and NHS Wirral CCGs Complaints Policy. This supports us to ensure the good handling of complaints and to improve the quality of services for patients.

The CCG handles complaints about services we commission, on behalf of our population, from providers or about the exercise of any of our functions. We also investigate more complex complaints where one or more organisations are involved.

Ensuring all complaints are handled with the patient/complainant at the centre of the response and co-ordinating the provision of a single response is a priority for the CCG.

Governance processes have been established by NHS Wirral CCG to ensure the sign off and learning from complaints is built into the CCG complaints handling processes.

Each complaint received is entered on to an Integrated Risk Management system (Datix) alongside MP letters, patient enquiries, compliments and incidents, to enable the monitoring of trends and patterns in complaints and concerns raised by patients and healthcare professionals. This helps us to detect systematic problems early by highlighting areas for improvement and development. This information is reported to the CCGs Quality and Performance Committee and Governing Body on a bi-monthly basis. This provides an analysis

of the information and considers any action required, driving improvements to the quality of services commissioned by the CCG and sharing lessons learned.

## Emergency Preparedness, Resilience and Response (EPRR)

NHS Wirral Clinical Commissioning Group (CCG) commissions Midlands and Lancashire Commissioning Support Unit (CSU) to undertake various elements of work relating to Emergency Preparedness, Resilience and Response (EPRR).

NHS Wirral CCG is required to fulfil its obligations under the Health and Social Care Act (2012) and Civil Contingencies Act (2004) in respect to the response to internal and external incidents and disruptions. The CCG must be able to maintain its own services in the event of a disruption to its normal working environment and must be able to participate as a responder to emergency incidents that affect the local population and health economy.

Clinical Commissioning Groups are Category 2 responders under the Civil Contingencies Act 2004.

All NHS organisations must have measures in place to prepare for and respond to disruption; these include: Emergency Plans, Business Continuity Plans, and Assessment of Risk, ensuring that there are arrangements for informing and warning the public. This will allow CCGs to be part of the overall planning processes within both the Local Resilience Forum (LRF) and Local Health Resilience Partnership (LHRP).

Under the guidance issued by NHS England, CCG's are required to have a system in place to allow their commissioned services

to contact them on a 24/7 basis. This 24/7 access will additionally allow the NHS England/Improvement Team to make contact in emergencies, allowing CCGs to work to support the wider NHS responses to any incident.

NHS Wirral CCG is also responsible for maintaining an effective response to emergencies/adviser incidents and as such, the Director of Primary Care and Corporate Affairs and Corporate Affairs Manager maintained an on-call rota, for members of the Senior Management/on call team.

CCGs are required to ensure that they have a Business Continuity and Incident Response Plan in place which complies with the NHS Core Standards for Emergency Preparedness, Resilience and Response (EPRR) and are also required to assure themselves that their commissioned services have plans in place to respond and recover from emergencies.

The NHS core standards serves as an annual assurance process for all NHS organisations. The guidance focusses on planning for emergencies/major incidents and the ability of the NHS to respond to such incidents (i.e. for those incidents that only affect the NHS and those which affect all multi-agency partners). Selected tasks include:

- Training those senior managers who will be members of the on-call rota, to both a national and local standard
- Establishing new on call rotas to strategically manage the response of the NHS
- Development of plans including a Business Continuity Plan which also included a validation exercise of the plan

These three areas have been complied with and the CCG has a Business Continuity Plan in place that has been tested with staff members and a robust on call rota is in place. In addition, on call staff have attended training courses and exercises including:

- NHS Core Standards for EPRR and the National Occupational Standards for Emergency Response
- Tactical Training and Awareness
- Business Continuity and Incident Response Plan
- LHRP Commissioning Sub Group

The following groups are attended by the Director of Primary Care and Corporate Affairs or Corporate Affairs Manager, on behalf of the CCG:

- Local Health Resilience Partnership Strategic Meeting
- Local Health Resilience Partnership Practitioners Meeting

A monthly brief is prepared by the Resilience Officer (CSU) which outlines to the CCG the current events in the area, issues arising from any additional meetings attended, industrial action updates, exercises being held and training available.

NHS England's EPRR Core Standards 2020/21 set out the minimum requirements which NHS organisations and providers of NHS funded care must meet to demonstrate their ability to respond to emergencies and be able to continue providing safe patient care.

Paul Edwards, Director of Primary Care and Corporate Affairs, holds the EPRR portfolio as part of his responsibilities and he is a regular and active member of the CCG's Governing Body.

Since the advent of the coronavirus pandemic, the CCG is part of a national Command and Control structure following the declaration of the pandemic as a Level 4 incident. It has worked alongside other multiagency partners to manage the response to COVID-19 on behalf of the local Health economy.

## Serious Incidents

A Serious Incident Review Group is held on a monthly basis within NHS Wirral Clinical Commissioning Group (CCG) to review all Root Cause Analysis (RCA) reports and action plans, and monthly updates are also provided to the Quality and Performance Committee; a sub-committee of the Governing Body. Each incident and report are scrutinised by the group members, which is made up of clinicians and managers. This group also enables the CCG to monitor and ensure that all serious incidents and/or never events are managed appropriately and within a timely manner, whilst also ensuring that root causes and lessons learned are shared across organisations with a view to prevent similar incidents occurring again. Providers are also invited to attend the meeting to take part in the discussion of the RCA reports with the group.

Local organisations that are providers of NHS funded care are required to report serious incidents or never events to NHS Wirral CCG's Corporate Affairs Team, within a maximum of two working days from the time the incident is known, by using the Strategic Executive Information System (StEIS). The StEIS system enables electronic logging, planner tracking and reporting of serious incidents which is monitored by NHS Wirral CCG, NHS England and provider organisations.

There were 82 serious incidents reported in 2020/21, of which, one incident was reported as a never event.

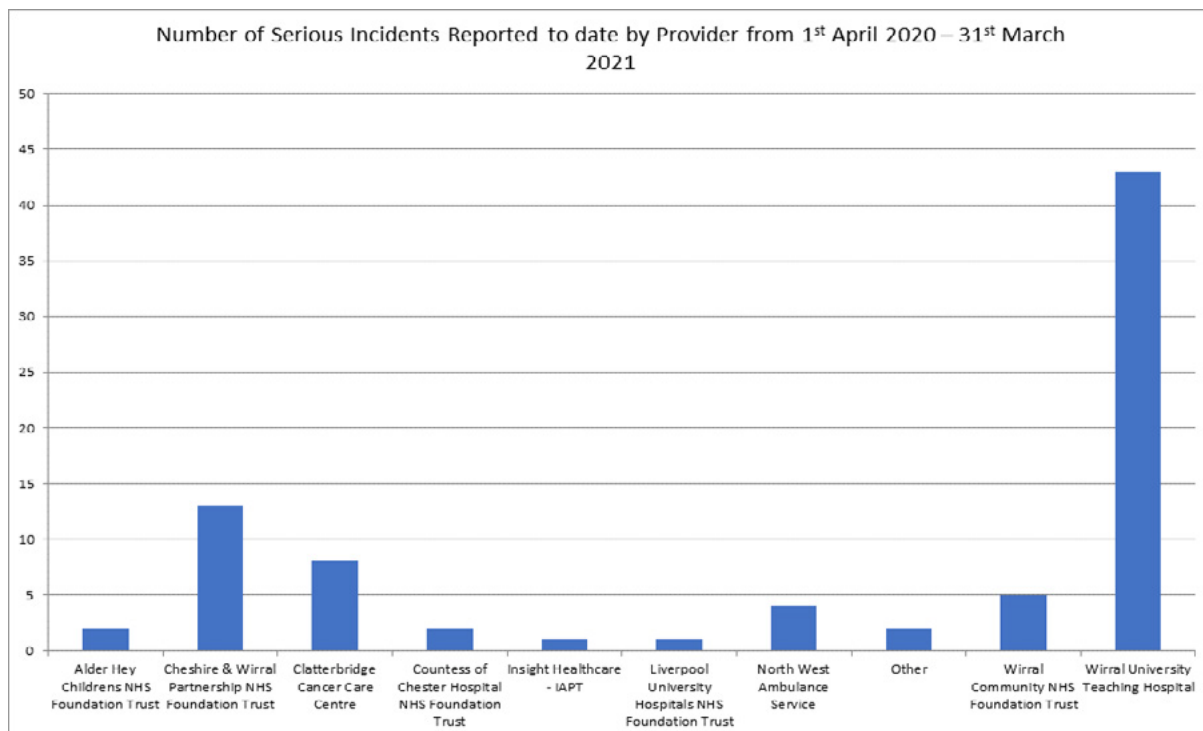
All serious incidents, including never events, are scrutinised and investigated fully as per the NHS England Serious Incident Framework, appropriate action taken, and outcomes reviewed via the CCG's Serious Incident Management process. The Quality and Performance Committee has oversight of all Serious Incidents.

The chart below details the number of serious incidents reported on to the Strategic Executive Information System (StEIS) within the period of 1 April 2020 - 31 March 2021, which is split by each reporting provider organisation:

There were 117 serious incidents reported in 2019/20, of which, 5 incidents were reported as never events.

All Serious Incidents including never events are scrutinised and investigated fully as per the NHS England Serious Incident Framework, appropriate action taken, and outcomes reviewed via the CCG's Serious Incident Management process. The Quality and Performance Committee has oversight of all Serious Incidents.

The chart below details the number of serious incidents reported on to the Strategic Executive Information System (StEIS) within the period of 1st April 2019 - 31st March 2020, which is split by each reporting provider organisation:



Simon Banks  
 Chief Officer (Accountable Officer)  
 10 June 2021

# Corporate Governance Report

## Members Report

### Member Practices

Wirral has formed one Clinical Commissioning Group and each GP Practice on Wirral is a member of this (as detailed below):

- Allport Surgery
- Blackheath Medical Centre
- Cavendish Medical Centre
- Central Park Medical Centre
- Church Road Medical Practice
- Civic Medical Centre
- Commonfield Road Surgery
- Devaney Medical Centre
- Eastham Group Practice
- Egremont Medical Centre
- Estuary Medical Centre
- Gladstone Medical Centre
- Greasby Group Practice
- Grove Road Surgery
- Hamilton Medical Centre
- Heatherlands Medical Centre
- Heswall & Pensby Group Practice
- Holmlands Medical Centre
- Hoylake & Meols Medical Centre
- Hoylake Road Medical Centre
- Kings Lane Medical Practice
- Leasowe Primary Care Centre
- Liscard Group Practice
- Manor Health Centre
- Marine Lake Medical Practice
- Miriam Primary Care Group
- Moreton Cross Group Practice
- Moreton Health Clinic
- Moreton Medical Centre
- Parkfield Medical Centre
- Paxton Medical Practice
- Prenton Medical Centre
- Riverside Surgery
- Somerville Medical Centre
- Spital Surgery
- St Catherine's Surgery
- St George's Medical Centre
- St Hilary Group Practice
- Sunlight Group Practice
- Teehey Lane Medical Centre
- The Orchard Surgery
- The Villa Medical Centre
- The Village Medical Centre
- Townfield Health Centre
- Upton Group Practice
- Vittoria Medical Centre (G)
- Vittoria Medical Centre (K)
- West Wirral Group Practice
- Whetstone Medical Centre

## Composition of Governing Body

NHS Wirral Clinical Commissioning Group's Governing Body comprises of the following:

- a. Four GP Executive Leads:
  - One GP Executive Lead – Urgent Care
  - One GP Executive Lead – Planned Care
  - One GP Executive Lead – Long Term Conditions
  - One Medical Director (who also acts as the Assistant Clinical Chair of the Governing Body)
- b. Three Lay Members:
  - One Lay Member – Audit and Governance, to lead on audit, governance, remuneration and conflict of interest matters (who also acts as the Deputy Chair of the Governing Body)
  - One Lay Member – Patient Champion, to lead on patient and public participation matters
  - One Lay Member – Quality and Outcomes, to lead on quality and outcomes of commissioned patient services
- c. One Director of Quality and Safety
- d. One Membership Council Representative
- e. One Registered Nurse
- f. One Director of Primary Care and Corporate Affairs
- g. One Director of Commissioning
- h. One Secondary Care Doctor
- i. The Accountable Officer
- j. One Chair of the Governing Body
- k. One Chief Financial Officer

At an overall level, responsibility for governance is held with the Governing Body. The Governing Body is accountable for ensuring

that the right culture, systems and procedures are in place to enable appropriate governance, including establishing committees of the Governing Body, as required.

The Governing Body has retained responsibility of its Scheme of Reservation and Delegation through this, and approving the terms of reference for Board reporting committees, maintains overall responsibility for the statutory functions of NHS Wirral CCG and has clarified the information it required to be assured that all functions are appropriately discharged.

The Governing Body has conducted structured information sessions held alongside main Governing Body meetings, in areas such as Governing Body team development.

## Committee(s), including Audit Committee

The formal committees of the Governing Body have been designed to provide assurance on delivery of the CCG's strategic aims and objectives, an outline of the CCG's committees can be found below.

### Audit Committee

The Audit Committee, which is accountable to the Group's Governing Body, provides the Governing Body with an independent objective review of the group's financial systems, financial information and compliance with laws, regulations and directions governing the group in so far as they relate to finance. The Governing Body has approved and keeps under review the terms of reference for the Audit Committee, which includes information on the membership of the Audit Committee.

The Audit Committee is established in accordance with NHS Wirral Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

The Audit Committee comprises:

**Voting Members:**

- Lay Member Governance and Audit (Chair)
- 3 Lay Audit Members (recruited specifically because of their expertise to sit on this committee)

**Attendees:**

- Chief Financial Officer
- Mersey Internal Audit Agency Manager
- External Audit Manager
- Director of Primary Care and Corporate Affairs
- Anti-Fraud Specialist
- Minute Taker

The Audit Committee met on a quarterly basis delivering its annual work programme. Formal minutes were produced, and an action log maintained of open and closed actions. Its formal minutes were provided to the Governing Body Committee.

The Committee is chaired by the Lay Member (who is responsible for governance and audit). It makes arrangements for its meetings to be regularly attended by the Chief Financial Officer, other members of the senior management team and the CCG's Internal auditors (Mersey Internal Audit Agency) and external auditors (Grant Thornton). The Accountable Officer is invited to attend and discuss (at least annually) with the Committee the process for assurance that supports the Annual Governance Statement, and will also attend when the Committee considers the draft internal audit plan and the annual accounts. The Voting Members meet independently with both the Internal and External Auditors to review work programmes and confer on CCG progress on governance issues.

Its role is to review, on behalf of the Governing Body:

- Integrated Governance, Risk Management and Internal Control
- Financial Reporting
- Internal Audit
- External Audit
- Counter Fraud

As part of the integrated commissioning structure, the Audit Committee is pivotal in advising the Governing Body on the effectiveness of the system of internal control. Issues would be reported to the Governing Body via the Audit Committee. The Audit Committee is informed by reports on the CCG's systems and processes prepared by both the internal and external auditors.

During 2020/21 items received and reviewed by the committee included:

- The Assurance Framework
- The Risk Management system
- Other sources of assurance
- CCG's Annual Report and Annual Accounts
- Risks and controls around financial management
- Tenders waived
- Losses and special payments
- Information Governance requirements and work plan, Information Governance Toolkit work plan and Information Governance Progress reports
- Internal Audit plan and progress reports
- External Audit plan and progress reports
- Annual clinical audit plan, effectiveness of clinical audit and clinical audit progress reports
- Annual counter fraud plan, progress reports, annual self-review against NHS Counter Fraud Authority
- Standards and Counter Fraud Annual Report
- Terms of Reference
- Chair Briefing/Updates
- Annual Audit Committee report

## Remuneration Committee

The Remuneration Committee, which is accountable to the Governing Body and makes recommendations to the Governing Body on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG on determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme. The Governing Body has approved and keeps under review the terms of reference for the remuneration committee.

In addition, the Governing Body has conferred or delegated the following functions, connected with the Governing Body's main function, to its Remuneration Committee:

- Determining the remuneration and conditions of service of the senior team not covered by Agenda for Change on the recommendations of the Accountable Officer
- Determining the remuneration and the conditions of service of the Accountable Officer
- Reviewing the performance of the Accountable Officer and other senior team members and determining annual salary awards
- Approving the severance payments of the Accountable Officer and usually other senior staff

The Committee is chaired by the Lay Member (who is responsible for Audit and Governance) and its membership comprises:

- Three Governing Body Lay Members
- Chair of the Governing Body

Other individuals, such as the Accountable Officer and a Human Resources representative from Midlands and Lancashire Commissioning Support Unit, may be invited when appropriate.

## Quality and Performance Committee

The Quality and Performance Committee is accountable to the CCG's Governing Body. The key functions, on behalf of the Governing Body, are to:

- Report to the Governing Body on quality, governance, contract performance monitoring and work force issues
- Receive assurance that the CCG meets all its relevant obligations with regards to the quality of commissioned services including patient experience and infection control
- Oversee and review the performance of all contracts and service level agreements commissioned by the CCG in all aspects of quality, activity, waiting times and financial performance
- Receive regular performance monitoring reports outlining the CCGs performance against:
  - Activity and work force plans
  - Activity performance of providers
  - Any other areas where the CCG is required to report performance to NHS England and their Local Area team
  - Quality & Patient Experience
- Receive reports and consider assurance required for action plans which are relevant to integrated governance issues from external agencies including Care Quality Commission, internal/external audit recommendations, patient surveys/ complaints etc
- Review the outcomes and action plans associated with all serious untoward incidents to ensure that learning is shared across the CCG and its commissioned services
- Review all exception reports relating to the quality of the patient experience including Freedom of Information requests,

complaints, patient survey results, ensuring that action is taken to address significant lapses

- Consider the assurance that the relevant standards in relation to safeguarding children and adults are being complied with and that the risks associated with those are identified and controlled
- Receive assurance that relevant standards are in place relating to equality and human rights
- Undertake the oversight of development and update approval of CCG policies, reporting for information only to the Governing Body
- Receive regular reports on areas of risk via the risk management process (risk register) reviewing and agreeing the assessment of risk scoring
- At the request of the Governing Body, undertake deep dives around specific risks on the Assurance Framework

The Governing Body has approved and keeps under review the terms of reference for the Quality and Performance Committee which includes information on the membership of the committee.

The Quality and Performance Committee comprises of:

- Chief Financial Officer
- Director of Quality & Safety
- Director of Commissioning
- Director of Primary Care and Corporate Affairs
- Lay Member – Audit & Governance
- Lay Member – Quality and Outcomes (Chair)
- One GP from Governing Body

The following key posts are also co-opted to attend in a non-voting capacity:

- Assistant Director of Quality and Safety

- Corporate Affairs Manager
- Other individuals as appropriate

The committee applies best practice in the decision making processes, and has delegated authority from the Governing Body to commission any reports surveys it deems necessary to help fulfil its obligations.

## Primary Care Commissioning Committee

The Primary Care Commissioning Committee's (PCCC) key purpose is ensuring upon quality, efficient and cost effective commissioning of primary medical services for the people of Wirral. The Committee will function as the corporate decision making body for such, including the management of the delegated functions and exercise of delegated powers and responsibilities.

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 and associated agreement entered into between NHS Wirral CCG and NHS England. To note, responsibilities relating to individual GP performance management are reserved for NHS England.

The key functions of the committee are to:

- a. Provide assurance to the Governing Body regarding the implementation of the General Practice Forward View via Wirral's Primary Care Transformational Plan 2016-2020/21, and more recently the Investment & evolution: A 5 year framework for GP contract reform to implement the NHS Long Term Plan and Primary Care Networks
- b. Oversee the monitoring of GP contracts such as; GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, taking contractual actions such as issuing breach/remedial notices and removing a contract)

- c. Approve newly designed services including; Local Incentive Schemes, Primary Care Quality Scheme or alternatives to the Quality of Outcomes Framework (QOF)
- d. Provide oversight and decision making in terms of Primary Care Estates Strategy and subsequent estates development
- e. Design and approve delivery of out of hospital services within primary care
- f. Decision making on whether to establish new GP practices in an area
- g. Approve practice mergers
- h. Decision making on 'discretionary' payment (e.g. returner/retainer schemes)
- i. Review, approve and be assured on all budgetary and financial matters on local primary care investment as set out in point c)
- j. Promote quality within General Practice
- k. Receive updates from the Primary Care Operational Group on issues considered, actions taken and/or recommendations for approval by the PCCC
- l. Oversee the renewal, variation, or the award of new primary medical services, ensuring compliance with public procurement regulations, and are in line with NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, with statutory guidance on conflicts of interest

The Primary Care Commissioning Committee comprises of:

#### **Voting members:**

- Governing Body member and Lay Member-Patient Champion, NHS Wirral CCG (Chair)
- Governing Body member and Lay Member-Audit & Governance, NHS Wirral CCG (Vice Chair)
- Director of Commissioning and Transformation, NHS Wirral CCG
- Director of Primary Care and Corporate Affairs, NHS Wirral CCG

- Chief Finance Officer, NHS Wirral CCG
- GP and Medical Director NHS Wirral CCG
- GP and Members Council Chair, NHS Wirral CCG
- Director of Quality & Safety, NHS Wirral CCG

#### **Non-voting members:**

- Assistant Director Primary Care & Partnerships
- Assistant Director Primary Care Transformation
- Assistant Director Contracts & Performance
- Senior Commissioning Lead – Primary Care
- NHS England Representative(s)
- Health Watch Representative
- LMC Representative

The committee provides regular updates to the Governing Body via a bi-monthly annual Chair's report. This report is also available to NHS England.

## **Finance Committee**

The Finance Committee is established as a subcommittee of the Governing Body.

The Finance Committee comprises of:

- Registered Nurse (Chair)
- Lay Member - Audit and Governance (Vice Chair)
- CCG Chair
- Chief Officer (Accountable Officer)
- Chief Finance Officer
- Director of Commissioning
- Director of Corporate Affairs
- Director of Quality and Safety
- Medical Director

The following key posts are also co-opted to attend:

- Assistant Director of Delivery and Performance
- Business Intelligence Lead
- Deputy Chief Finance Officer
- Planning and Programme Management Office (PMO) Lead

The key functions of the Finance Committee are to:

- Report to the Governing Body on financial issues and performance
- Provide assurance that the CCG is meeting, or has plans to meet, all its relevant obligations with regards to statutory financial duties
- Review the CCG annual finance plan for incorporation with the operational plan and recommend to the Governing Body for Approval
- Report to the Governing Body on contractual performance in respect of activity and expenditure and on the negotiation and agreement of contracts
- Review progress against the CCG's financial recovery and improvement plan as approved by the Governing Body
- Review and seek assurance of actions for the delivery of the QIPP programme and agree corrective action when required on behalf of the Governing Body

- Review and provide assurance on the CCG's overall Operational Plan, ensuring that the plan optimises levels of activity and performance consistent with the CCG's duty to deliver financial balance and to meet the NHS Mandatory requirements and other duties including those under the Equality Act 2010
- Challenge and verify all Improvement and Delivery Plans associated with turnaround recovery and QIPP through the Responsible Owners, to ensure that they are mutually consistent and supportive, realistic and robust, holding Executive and Clinical Responsible Owners to account for their delivery
- Identify, monitor, manage and review risks, issues and dependencies within the Financial Recovery Programme, considering and analysis of risk across the delivery of the overall programme
- Receive reports from the Financial Recovery Group (FRG)
- Approve Business Cases
- Receive Long Term Financial Planning projections
- Make recommendations to Governing Body on changes to the Section 75 agreement
- Monitoring of pooled budget within the Section 75 agreement

## Attendance at Governing Body and Committees

	In attendance
	Apologies
	Not Present
	Meeting Cancelled
F	Formal
IF	Informal

### Governing Body

	Apr-20	May-20	Jun-20	June A/C's Sign off	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Attendees													
Alan Whittle													
Graham Hodgkinson													
Ian Huntley													
Julie Webster													
Lax Ariaraj													
Lesley Doherty													
Lorna Quigley													
Mark Chidgey													
Nesta Hawker													
Paul Edwards													
Paula Cowan													
Saket Jalan													
Sian Stokes													
Simon Banks													
Simon Delaney													
Sylvia Cheater													
Bennett Quinn													
Evan Moore	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				

## Finance Committee

In attendance	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Lesley Doherty												
Alan Whittle												
Simon Banks												
Nesta Hawker												
Mark Chidgey												
Paula Cowan												
Ken Jones												
Anna Coyle												
Lorna Quigley												
Paul Edwards												
Steve Cocks												
Louise Morris												
Simon Delaney												
Clare Shelley												

## Remuneration Committee

In attendance	Jul-20	Nov-20	Mar-21
Alan Whittle			
Sylvia Cheater			
Paula Cowan			
Ian Huntley			

## Quality and Performance Committee

In attendance	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Nov-20 rescheduled from Oct	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Ian Huntley												
Alan Whittle												
Simon Banks												
Lorna Quigley												
Nesta Hawker												MK
Paul Edwards												
Mark Chidgey				CS								
Dr Paula Cowan												
Steve Cocks												
Richard Crockford												
Dr Simon Delaney					SJ							

## Audit Committee

In attendance	Apr-20	May-20	Sep-20	Nov-20	Jan-21
Alan Whittle					
Dilys Quinlan					
David Murray					
Bernard Halley					
Mark Chidgey					
Paul Edwards					
Grant Thornton					
MIAA					

## Primary Care Commissioning Committee

In attendance	May-20	Jul-20	Aug-20	Sep-20	Nov-20	Jan-21	Mar-21
Sylvia Cheater (Chair)							
Alan Whittle							
Paul Edwards							
Lorna Quigley							
Nesta Hawker							
Mark Chidgey							
Martyn Kent				N/A	N/A	N/A	N/A
Iain Stewart							
Steve Cocks							
Dr Simon Delaney	SJ						
Sarah Boyd-Short							
Sara Smith							
Carla Sutton							
Fiona Harle							
Bennett Quinn							
Richard Crockford							
Michael Anderson						N/A	N/A

## Register of Interests

A conflict of interest occurs where an individual's ability to exercise judgement or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship.

In addition to complying with NHS England's "Managing Conflicts of Interest: Revised Statutory Guidance for CCG's", CCGs are also required to adhere to relevant guidance issued by professional bodies on conflicts of interest, including the British Medical Association (BMA), the Royal College of General Practitioners and the General Medical Council (GMC), and to procurement rules including The Public Contract Regulations 2015 and the National Health Service (procurement, patient choice and competition) (no.2) regulations 2013, as well as the Bribery Act 2010.

The CCGs Conflicts of Interest Policy was updated in May 2020 in line with NHS England's "Managing Conflicts of Interest:

Revised Statutory Guidance for CCGs", and this was approved at the Quality and Performance Committee held in May 2020.

A copy of this policy is available on NHS Wirral Clinical Commissioning Group's website and the conflicts of interest register, gifts / hospitality register and register of procurement decisions is monitored by the Corporate Affairs Manager, and are available via the link below: <https://www.wirralccg.nhs.uk/about-us/whos-who/register-of-interest/>

*A register of declared interests by members of the Governing Body, Audit Lay Members and CCG staff can be found in Appendix A of this report.*

Each individual who is a member of the Governing Body at the time of this report is approved confirms:

*So far as the member is aware, that there is no relevant audit information of which the Clinical*

*Commissioning Group's external auditory and is unaware; and, that the members has taken the steps they ought to have taken as a member in order to make them self-aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditor is aware of that information.*

Further information relating to the profiles of Governing Body members can be found within Appendix B of this report.

## Personal data related incidents

The NHS Information Governance (IG) Framework provides a framework for the processes and procedures by which the NHS handles information about patients and employees, in particular in relation to the handling of personal identifiable information.

The NHS Information Governance Framework is supported by submission to the Data Security and Protection Toolkit and the annual submission process provides assurances to the Clinical Commissioning Group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

During 2020/21, the CCG provided IG training and has reached a 85% compliance target for this year.

NHS Wirral CCG place high importance on ensuring there are robust Information Governance systems and processes in place to help protect data and information and to ensure it is used for appropriate purposes and in appropriate ways and remain registered with the Information Commissioners Office (ICO).

During 2020/21 NHS Wirral CCG have continued to update and review our systems and processes to ensure compliance against

the Data Protection Act (2018), ensuring compliance in all of our processing activities. We issued a suite of policies, entitled the IG and Data Security and Protection Policies, which has been communicated with to all staff and a copy uploaded onto the public-facing website. NHS Wirral CCG also issued a IG Staff Handbook for staff to use as a support tool, and a new IG Staff Code of Conduct which pertains to staff understanding their own personal responsibilities in relation to data handling. The CCG's Privacy Notice has been updated in line with the COVID response.

We continue to apply the standards required under the applicable Data Security and Protection Toolkit, including training staff in complying with our policies and meeting the requirements.

During 2020/2021, there were 4 information governance incidents reported by NHS Wirral Clinical Commissioning Group, which following risk assessment, 0 were non-reportable to the Information Commissioners Officer. However, all incidents were adequately investigated, lessons learnt were put in place where required, and the Senior Information Risk Owner (SIRO) was also notified with regards to these incidents.

## Statement of Disclosure to Auditors

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

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

## Modern Slavery Act

NHS Wirral Clinical Commissioning Group 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.



Simon Banks  
Chief Officer (Accountable Officer)  
10 June 2021

# 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 Simon Banks to be the Accountable Officer of NHS Wirral Clinical Commissioning Group.

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

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

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

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

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

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

for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

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



Simon Banks  
Chief Officer (Accountable Officer)  
10 June 2021

# Governance Statement

## Introduction and context

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

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

As at 1 April 2020, the Clinical Commissioning Group was subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006. As set out in the letter from NHS England of 12 November 2019, directions were reapplied in relation to the directions applied in the previous financial year and to remain in place for a further 24 months. To note, this was primarily as a result of the CCG's financial position. For information, the directions were formally removed on 25 May 2021.

No organisation has escaped the impact of the worldwide coronavirus pandemic and NHS Wirral CCG is no exception. That said, the CCG has maintained robust governance arrangements throughout, allowing flexibility, solid decision making and increasingly collaborative approaches with health and care partners, but within existing frameworks.

In many ways, the pandemic has strengthened the integrated approach between the Council

and CCG, but also fostered a greater sense of collaboration across the Wirral system, particularly between commissioners and providers 'working as one'. The mandated financial regime and the suspension of traditional contractual processes has lent itself to a more flexible approach and bodes well for the forthcoming NHS legislative changes.

The national stance around home working where possible has been a challenge for our workforce, but the CCG has supported varied approaches to keeping in touch and staff wellbeing, included regular staff briefings, sharing wellbeing resources and a focus on the People Plan moving forward.

## Scope of responsibility

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

I am responsible for ensuring that the Clinical Commissioning Group is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the

Clinical Commissioning Group as set out in this governance statement.

## **Governance arrangements and effectiveness**

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

Further information in relation to the CCG's Committee Structure and Committee attendance is included on pages 53 to 62 of this report.

As Accountable Officer, I am assured that both the Governing Body and its Sub-Committees have reviewed their performance and effectiveness during 2020/21, through self-assessment and annual reports. This has continued, even though there have been national edicts around reducing committee activity in some areas in light of COVID-19

The Committee Structure (as referenced above) supports the CCG's approach to Integrated Governance which is defined as 'systems processes and behaviours by which the CCGs lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to patients and carers, the wider community and partner organisations'. Some of those objectives have been impacted by COVID, and committees have taken this into account when looking into, for example, performance, planning and financial matters.

The CCG is committed to ensuring its continued high performance through robust systems and processes. The CCG works continuously to deliver high quality safe care and to minimise risk and improve quality at all levels and across all services in the organisation. That said, the CCG has been mindful of the impact of

COVID-19 on its health and care partners and has worked collaboratively with partners in Wirral and at Cheshire and Merseyside level to continue to retain quality and minimise risk in the context of national suspension and re-opening of services.

## **UK Corporate Governance Code**

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

## **Discharge of Statutory Functions**

During establishment, the arrangements put in place by the CCG and explained within the Corporate Governance Framework were developed with extensive expert legal input, to ensure compliance with all relevant legislation. That legal advice also informed the matters reserved for the Membership Body and Governing Body decision and the scheme of delegation.

In light of recommendations of the 1983 Harris Review, the Clinical Commissioning Group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the Clinical Commissioning Group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the Clinical Commissioning

Group's statutory duties.

In light of COVID-19, the CCG has been working under a revised financial regime but has kept a robust control of its resources, putting in place a process to rapidly approve business cases but within existing frameworks. Where appropriate, COVID-19 expenditure has been carefully monitored and subsequently reimbursed as appropriate from national resources and has contributed to the CCG being able to fulfil its statutory financial duties.

## Risk management arrangements and effectiveness

As Accountable Officer, I have overall responsibility for risk management within the CCG and this is discharged through agreed delegation to the Senior Management Team, which is documented within the CCG's Risk Management Strategy and Policy and as identified below:

Lead Officer	Risk Area
Chief Financial Officer	Financial Information Governance Senior Information Risk Owner
Director of Primary Care and Corporate Affairs	Corporate Governance Legal and Statutory compliance Communications Patient and Public Engagement Complaints Management Business Continuity, Emergency Preparedness, Resilience and Response HR, Workforce and Organisational Development
Director of Quality and Safety	Quality Improvement Clinical Policy Incidents and Serious Incidents Continuous Improvement Process Patient Safety Safeguarding
Director of Commissioning	Commissioning Performance Delivery Contracting System Transformation Service Redesign
Medical Director	Caldicott Guardian Leadership of the Clinical Senate and engagement with the clinical community and Medical Directors in Provider Organisations

The Quality and Performance Committee reviewed and approved the updated CCG's Risk Management Strategy and Policy in September 2019. This was in line with the planned policy review date.

The key elements of the Risk Management Strategy and Policy include:

- The Governing Body's commitment to risk management
- A statement that identified the support for employees in providing services that are safe for patients and recognises that risk management is everyone's business, on behalf of the Accountable Officer
- The corporate and strategic context for risk management
- The organisational arrangements and responsibilities
- The risk management accountability reporting structure
- The stages of the risk management process
- Description of the Corporate Risk Register
- Risk matrix

There is a systematic process for the identification of risk throughout the organisation which is then documented in the corporate risk register and assurance framework. The risk register is reviewed monthly at the Governing Body and Quality and Performance Committee, to ensure risks are being managed effectively

and in accordance with the Risk Management Strategy and Policy.

The risk evaluation model is based on a grading of impact and likelihood. Risks are then scored against impact and likelihood and either managed locally or raised to the Corporate Risk Register and Assurance Framework, which is reviewed and monitored by the Governing Body and Quality and Performance Committee. This is maintained by the Director of Primary Care and Corporate Affairs and Corporate Affairs Manager.

The Governing Body received the Assurance Framework quarterly and the Corporate Risk Register monthly to discuss the strategic and principal risks and controls in place to mitigate the risk. The CCG has a 'risk appetite' section on the Assurance Framework which allows Governing Body to determine its aspirant targets scores for key strategic risks. Any areas of risk are then highlighted through the use of a Red, Amber or Green (RAG) rating system. Both the Corporate Risk Register and Assurance Framework (including Risk Appetite) have been adapted to reflect the risks posed by the Covid-19 pandemic as set out in the 'Risk Assessment' section.

The following provides guidance as to actions taken based on the risk assessment and outlines who has the authority to act:

<b>Risk Score</b>	<b>Authority to Act</b>
Very Low and Low risks (1 – 8)	To be escalated and appropriate actions to be taken by members of the Quality and Performance Committee
Moderate risks (9 – 14)	To be escalated and appropriate actions to be taken by Commissioning Managers and Senior Finance Managers and reviewed by Quality and Performance Committee and Governing Body members
High risks (15+)	To be escalated and appropriate actions to be taken by members of the Governing Body.

## Capacity to Handle Risk

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control within NHS Wirral Clinical Commissioning Group.

The Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the CCG achieving its principle objectives have been reviewed. The system of internal control is designed to manage risks to a reasonable level rather than to eliminate all risks of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an on-going process designed to:

- a. Identify and prioritise the risks to the achievement of the policies, aims and objectives of NHS Wirral CCG, and
- b. Evaluate the likelihood of those risks being realised the impact should they be realised, and to manage them efficiently, effectively and economically.

## Risk Assessment

Using the processes as described about to identify and assess risk, together with appropriate mechanisms for mitigation, some of the key risks for NHS Wirral Clinical Commissioning Group (CCG) are detailed within this section of the report.

NHS Wirral CCG's Assurance Framework sets out the strategic and principal risks which could impact on the delivery of the organisation's objectives. In 2020/21 all areas of the CCG's Assurance Framework were affected by the coronavirus pandemic. In the early stages of the pandemic, and at the start of the financial year, there was an expectation that the pandemic may have been a short-lived phenomenon, with 'normal' health and

care services being restored within months. At this early stage, the CCG's Risk Register was adapted to create a specific section on COVID-19 to more immediate risks such as:

- The impact on primary care resilience of COVID-19, with the mitigations to manage this such as the establishment of GP Care Hubs to enable safe face-to-face contact for COVID-19 symptomatic patients and investment in/deployment of remote consultation technologies.
- The ability of the CCG to continue its work with the introduction of 'working from home' as a key national directive, mitigated by the successful activation of the CCG's Business Continuity Plans

As the year progressed, however, it became clear that COVID-19, coupled with the suspension of some front-line services such as elective care, would have a longer term impact on the CCG's strategic aims related to improving health. As a result, some of the CCG's risk scores were raised to reflect this.

This included the impact on risks related to:

- Engagement, where not being able to carry out 'normal' face to face activities meant engaging harder to reach groups became more difficult, with a potential impact on reducing inequalities
- Planning, where the impact of suspension of services meant that it would be more difficult to address the CCG's health improvement aims
- Finance, where the introduction of short-term financial regimes meant that longer term planning became a risk to the CCG's aims.

In all of these areas, the CCG has endeavored to operate to support the immediate COVID-19 response, mitigating risk where possible, whilst being mindful of the long-term impact from a financial and planning perspective

## Other sources of assurance

### Internal Control Framework

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

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

### Annual audit of conflicts of interest management

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

This audit was undertaken by Mersey Internal Audit Agency (MIAA) in 2020/21.

The CCG was fully compliant in 'Decision making processes and contract monitoring' and 'Reporting concerns and identifying and managing breaches/non-compliance' and partially compliant in 'Governance Arrangements', 'Declarations of interests and gifts and hospitality' and 'Register of interests, gifts and hospitality and procurement decisions'

The report highlighted a small number of issues which are being addressed through an agreed action plan. These related to compliance with Conflicts of Interest training, reviewing registers/declarations at Audit Committee and reminding chairs about recording conflicts at all meetings.

### Data Quality

The Business Intelligence Team continually works to improve reporting and produces a regular performance pack that seeks to combine information with other finance, performance and contracting data to create a new performance dashboard.

Together with the Assurance Framework, this ensures that all key considerations have sufficient information to allow the Governing Body to make informed decisions.

### Information Governance

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

The CCG has not submitted the toolkit as the submission date was moved from 31 March 2021 to 30 June 2021. The current position of the CCG is 86.5% complete. As per the recommendations from the DSPT Submission year 19/20 the CCG, the IG Team and the IT Team have been working closer together to improve the evidence produced for DSPT Submission 20/21.

The importance of data security is of the highest importance and therefore having proper Information Governance processes and policies in place that are easily accessible is paramount. It is this that is the basis on which we form the service to complete the toolkit. Ensuring that all staff have undertaken up-to-date Information Governance training with the opportunity to undertake specialist training is also crucial to maintaining high compliance to the toolkit

and knowledge of their responsibility to good information governance.

There are rigorous processes in place for incident reporting and investigation of serious incidents. There is ongoing development of the information risk assessment and management procedures and once complete, the programme will establish a fully embedded information risk culture throughout the organisation against identified risks.

### **Business Critical Models**

Within the CCG we have a number of business models which are used to support the delivery of our statutory functions.

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

### **Third party assurances**

NHS Wirral Clinical Commissioning Group (CCG) purchased services via Midlands and Lancashire Commissioning Support Unit (MLCSU) including:

- Human Resources
- Information and Communication Technology
- Medicines Management
- Individual Funding Requests (IFR)
- Information Governance (IG)
- Equality and Diversity
- Emergency Planning Support
- Health and Safety

This contract is monitored via a robust set of Key Performance Indicators (KPIs) and monthly contract review meetings.

The CCG has received Service Auditor Reports

for key control systems operated on its behalf by third parties, which has provided independent assurance. Should reports highlight system weaknesses then these are reviewed for relevance and risk to the CCG. Where necessary this then allows the CCG to put in place specific and proportionate mitigation actions. No mitigation actions have been required resulting from 3rd party service audit reports received during 2020/21.

### **Control Issues**

The CCG remained under 'legal directions' during 2020/21 (which have since been removed), primarily as a result of the CCG's financial position in the previous financial years.

In response to this, the CCG continues to use a range of measures to support financial recovery including the Finance Committee and the Programme Management Office (PMO) to enable, monitor and support the delivery of Quality Innovation Productivity Prevention (QIPP) schemes.

As expected, however, the impact of COVID-19 has impacted 'normal' CCG functions and has meant that the usual performance regimes with providers have been suspended in response to national lockdowns and service suspensions/restrictions. The introduction of short term 'quarter to quarter' financial regimes has made planning increasingly difficult, but the CCG is planning to report a surplus year-end position.

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

NHS Wirral Clinical Commissioning Group has a Quality and Performance Committee which meets monthly and regularly assessed the effective use of resources. It does this by reviewing performance and activity data to ensure this is closely scrutinised by internal staff and Lay Members. Reports from the Quality

and Performance Committee are also received regularly by the Governing Body.

In addition, the CCG's Constitution addresses the required strengthened and financial stewardship as part of the CCG's legal directions. This includes a Finance Committee that has improved grip in financial performance.

At the time of writing the rating for the Quality of Leadership indicator of the CCG Improvement and Assessment Framework 2020/21 is not available and is likely not be available until the national moderation process has been undertaken in May 2021.

Finally, the CCG receives an opinion from the Head of Internal Audit Opinion on use of resources and value for money, together with additional views via the External Audit Opinion.

### Delegation of functions

NHS Wirral Clinical Commissioning Group (CCG) delegated some of its support functions to a Commissioning Support Unit (CSU), Midlands and Lancashire CSU.

In 2020/21, the CCG had regular Key Performance Indicator (KPI) reports and contract performance/monitoring meetings to ensure effective and efficient services.

### Counter fraud arrangements

All commissioners and providers of NHS Services are required to put in place arrangements to tackle fraud, bribery and corruption, and this is undertaken by NHS Wirral Clinical Commissioning Group (CCG) nominated Anti-Fraud Specialist (AFS), together with the Anti-Fraud team at Mersey Internal Audit Agency. The CCG's Chief Finance Officer (CFO) over sees these arrangements for the CCG.

The CFO and the Audit Committee receive a counter fraud progress report in accordance with the committee's papers timetable and assurance is given by MIAA AFS for the CCG to satisfy itself that the CCG has adequate counter fraud arrangements in place. The CFO and committee review the outcomes of counter fraud work. The Audit Committee approve the arrangements for counter fraud and associated annual risk based anti-fraud plan and resultant work that then takes place.

The annual risk based anti-fraud work plan takes a risk-based utilises MIAA's fraud risk assessment process and the CCG policy for managing and taking ownership of fraud risks. This ensures compliance against NHS Counter Fraud Authority Standard 1.4 for Commissioners. This ensures adequate resources are available to address emerging areas of risk as they may arise.

The AFS provides regular information and updates on current fraud enquiries and proactive fraud awareness and prevention matters. The AFS undertakes any mandatory risk measurement exercises as instructed and required by NHS Counter Fraud Authority, (NHS CFA) and issues any national fraud prevention notices and or scam alerts together with local alerts on known scams from MIAA.

An annual report is presented to the Audit Committee highlighting the outcomes of the anti-fraud work undertaken during the financial year against NHS Counter Fraud Authority Standards for Commissioners.

During the financial year 2020/21, the AFS completed a range of work across all the main key areas of activity as outlined by NHS Counter Fraud Authority Standards for Commissioners as agreed within the work plan by the Audit Committee. The plan has been delivered as planned

## Head of Internal Audit Opinion

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

*Substantial Assurance, given that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.*

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

Area of Audit	Level of Assurance Given
Key Financial Systems	Substantial Assurance
Care Home Quality	Substantial Assurance
Performance Management	Substantial Assurance
COVID-19 Expenditure Claim Review	Substantial Assurance
Primary Care Framework: Governance	Substantial Assurance

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

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

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

I have been advised on the implications of the result of this review by:

- The Governing Body
- The Audit Committee
- The Finance Committee
- The Quality and Performance Committee
- Internal audit
- Other explicit review/assurance mechanisms.

The role and conclusions of each were that I was assured that the CCG has robust governance, risk management and internal control mechanisms in place that allow for effective risk management and clear decision making processes. This framework has allowed rapid decision making in the context of COVID-19 without significant alteration to the CCG's governance arrangements.

## Conclusion

As Accountable Officer, I recognise that there have been, and continue to be, significant challenges facing the CCG and the wider Wirral health and care system, largely driven by the coronavirus pandemic.

I am confident that the CCG has acted both prudently and responsively in response to the pandemic, being mindful of the CCG's governance arrangements throughout.

Moving forward, I envisage that dealing with COVID-19 will continue for some time, with CCG staff continuing to support colleagues across the system in things like the vaccination programme in primary care and the restoration of health services. This will be at the same time as the forthcoming changes set out in the White Paper develop and which will directly impact CCG staff.

In preparation of this document I would like to express my personal thanks to staff of the CCG and all staff for their support through the year.



Simon Banks  
Chief Officer (Accountable Officer)  
10 June 2021

# Remuneration and Staff Report

## Remuneration Report

### Remuneration Committee

The Remuneration Committee provides advice to the Governing Body on such remuneration including all aspects of salary, provisions of other benefits including pensions and cars as well as arrangements for termination of employment and other contractual terms. The Committee has full authority to commission any reports or surveys it deems necessary to help fulfil its obligations.

The Committee is chaired by the Lay Member (who is responsible for Governance & Audit) and its membership comprises of:

- Three Governing Body Lay Members
- Chair of the Governing Body

During the 2020/21 financial year, the Remuneration Committee of NHS Wirral Clinical Commissioning Group met three times and provided minutes and assurance to the Governing Body.

Further details relating to the attendance and frequency at meetings can be found within pages 62 and 63 of this report.

Independent HR advice and guidance is provided by Human Resources from Midlands and Lancashire Commissioning Support Unit. Advice is on legislative employee matters and benchmarking of NHS salaries. The role is part of a wider contractual agreement for Commissioning Support services.

The CCG and Remuneration Committee have been satisfied with the advice and guidance provided.

The Remuneration Committee is established in accordance with NHS Wirral Clinical Commissioning Group's Constitution, standing orders and Scheme of Delegation.

### Policy on the remuneration of senior managers and very senior managers

The majority of staff within the CCG hold contracts that are based on national NHS Terms and Conditions of Service (Agenda for Change) and as such noticed periods and termination payments are in line with those nationally agreed terms and conditions. For other appointments such as the Chief Officer (Accountable Officer), Chair, Medical Director, Chief Financial Officer, Executive Directors and GP Leads, local agreements have been reached based on robust independent human resources advice as cited above.

The remuneration for both the Chief Officer (Accountable Officer) and Chief Financial Officer are based on the national guidance provided by NHS England 'Remuneration Guidance for Chief Officers and Chief Finance Officer'. All contracts and/or terms and conditions of employment for staff not governed by the national NHS Terms and Conditions of employment, where required, have been approved by the CCG's Remuneration Committee. In addition the remuneration for all senior managers within the organisation adheres to the exceptions outlined in the recent correspondence from the Secretary of State.

## Senior manager remuneration (including salary and pension entitlements)

(AUDITED)

Salaries and allowances for salaries and allowances for senior employees of NHS Wirral Clinical Commissioning Group (from 1 April 2020 to 31 March 2021)

	(a)	(b)	(c)	(d)	(e)	(f)
Name and Title	Salary & Fees (bands of £5,000) £000	Expense payments (taxable) to nearest £100* £	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Dr P Cowan - Chair *	100 - 105	0	0	0	25 - 27.5	125 - 130
Mr S Banks - Accountable Officer	125 - 130	0	0	0	105 - 107.5	230 - 235
Mr M Chidgey - Chief Finance Officer **	115 - 120	0	0	0	12.5 - 15	130 - 135
Mrs L Quigley - Director of Quality & Safety	90 - 95	0	0	0	35 - 37.5	125 - 130
Mr P Edwards - Director of Primary Care & Corporate Affairs	90 - 95	0	0	0	32.5 - 35	120 - 125
Mrs N Hawker - Director of Commissioning & Transformation	90 - 95	0	0	0	35 - 37.5	125 - 130
Dr S Delaney - Chair	80 - 85	0	0	0	145 - 147.5	225 - 230
Dr L Ariaraj - GP Lead - Planned Care	30 - 35	0	0	0	0	30 - 35
Dr S Stokes - GP Lead - Long Term Conditions	30 - 35	0	0	0	7.5 - 10	40 - 45
Dr S Jalan - GP Lead Unplanned Care	50 - 55	0	0	0	235 - 237.5	285 - 290
Mrs L Doherty - Registered Nurse	5 - 10	0	0	0	0	5 - 10
Mr A Whittle - Lay Member - Governance & Audit	10 - 15	0	0	0	0	10 - 15
Mrs S Cheater - Lay Member - Patient Champion & Public Involvement	5 - 10	0	0	0	0	5 - 10
Mr I Huntley - Lay Member - Quality & Outcomes	5 - 10	0	0	0	0	5 - 10
Mr B Quinn - Chair Members Council	5 - 10	0	0	0	0	5 - 10
Mr E Moore - Secondary Care Doctor ***	0 - 5	0	0	0	0	0 - 5

### Board Member notes:

\* Dr P Cowan – Chair includes an additional session undertaken due to COVID-19.

\*\* Mr M Chidgey Chief Finance Officer started April 20

\*\*\* Mr E Moore - Secondary Care Doctor started Dec 20

Salaries and Fees includes pay inflation from 2019/20 paid in August 2020

Salaries and allowances for salaries and allowances for senior employees of NHS Wirral Clinical Commissioning Group (from 1 April 2019 to 31 March 2020):

Salaries & Allowances for Senior Employees of Wirral CCG (from 1st April 2019 to 31st March 2020)

	(a)	(b)	(c)	(d)	(e)	(f)
Name and Title	Salary & Fees (bands of £5,000) £000	Expense payments (taxable) to nearest £100* £	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Dr S Wells - Chair *	20 - 25	0	0	0	2.5 - 3.0	20 - 25
Mr S Banks - Accountable Officer	120 - 125	800	0	0	0	120 - 125
Mr M Treharne - Chief Financial Officer **	85 - 90	0	0	0	0	85 - 90
Mrs L Quigley - Director of Quality & Patient Safety	85 - 90	0	0	0	5 - 7.5	90 - 95
Mr P Edwards - Director of Corporate Affairs	85 - 90	0	0	0	10 - 12.5	95 - 100
Mrs N Hawker - Director of Commissioning	85 - 90	300	0	0	5 - 7.5	90 - 95
Dr P Cowan - Chair ***	80 - 85	0	0	0	20 - 22.5	100 - 105
Dr L Ariaraj - GP Lead - Planned Care	30 - 35	0	0	0	87.5 - 90	120 - 125
Dr S Stokes - GP Lead - Long Term Conditions	30 - 35	0	0	0	10 - 12.5	45 - 50
Dr S Delaney - Medical Director ****	60 - 65	0	0	0	267.5 - 270	330 - 335
Dr H Downs - GP Lead - Unplanned Care *****	10 - 15	0	0	0	0	10 - 15
Dr Saket Jalan - GP Lead Unplanned Care *****	20 - 25	0	0	0	0	20 - 25
Mrs L Doherty - Registered Nurse	5 - 10	0	0	0	0	5 - 10
Ms L Roberts - Lay Member - Quality & Outcomes *****	5 - 10	0	0	0	0	5 - 10
Mr A Whittle - Lay Member - Governance & Audit	10 - 15	0	0	0	0	10 - 15
Mrs S Cheater - Lay Member - Patient Champion & Public Involvement	5 - 10	0	0	0	0	5 - 10
Mr Ian Huntley - Lay Member - Quality & Outcomes *****	0 - 5	0	0	0	0	0 - 5

Board Members:

Simon Banks – Chief Officer

\* Dr Sue Wells – Chair (to end of June)

\*\*\* Dr Paula Cowan – Chair July onwards. (Medical Director April - June)

\*\* Michael Treharne - Chief Financial officer (to end of January)

Nesta Hawker - Director of Commissioning

Paul Edwards – Director of Corporate Affairs

Lorna Quigley - Director of Quality and Patient Safety

\*\*\*\* Dr Simon Delaney – Medical Director Aug onwards. GP lead (April-July).

Dr Laxman Ariaraj – GP Lead Planned Care

Dr Sian Stokes – GP Lead Long Term Conditions

\*\*\*\*\* Dr Helen Downs – GP Lead Urgent Care (Left June)

\*\*\*\*\* Dr Sakat Jalan - GP Lead Urgent Care (November onwards)

Lesley Doherty – Registered Nurse

\*\*\*\*\* Linda Roberts - Lay Member - Quality and Outcomes (Left December)

Alan Whittle - Lay Member - Audit and Governance

Sylvia Cheater MBE - Lay Member - Patient Champion

\*\*\*\*\* Ian Huntley - Lay Member Quality and Outcomes (February onwards)

## Pension Benefits for Senior Employees of NHS Wirral Clinical Commissioning Group (as at 31 March 2021):

(AUDITED)

Name and Title	(a) Real increase (decrease) in pension at pension age (bands of £2,500) £000	(b) Real increase (decrease) in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age as 31st March 2021 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31st March 2021 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value as at 31 March 2020 £000	(f) Real increase (decrease) in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value as at 31st March 2021 £000	(h) Employer's contribution to partnership pension £00
Dr P Cowan - Chair	0 - 2.5	0 - 2.5	10 - 15	10 - 15	144	12	173	0
Mr S Banks - Accountable Officer	7.5 - 10	0	40 - 45	40 - 45	469	114	609	0
Mr M Chidgey - Chief Finance Officer	0 - 2.5	0	40 - 45	90 - 95	738	20	786	0
Mrs L Quigley - Director of Quality & Safety	0 - 2.5	0 - 2.5	40 - 45	90 - 95	729	41	795	0
Mr P Edwards - Director of Primary Care & Corporate Affairs	0 - 2.5	0 - 2.5	30 - 35	65 - 70	524	30	575	0
Mrs N Hawker - Director of Commissioning & Transformation	0 - 2.5	0 - 2.5	40 - 45	90 - 95	764	43	832	0
Dr S Delaney - Chair	7.5 - 10	15 - 17.5	20 - 25	65 - 70	328	124	468	0
Dr L Ariaraj - GP Lead - Planned Care	0	0	15 - 20	35 - 40	323	0	279	0
Dr S Stokes - GP Lead - Long Term Conditions	0 - 2.5	0 - 2.5	15 - 20	45 - 50	310	10	330	0
Dr S Jalan - GP Lead Unplanned Care	10 - 12.5	27.5 - 30	15 - 20	40 - 45	76	176	261	0

## Pension Benefits for Senior Employees of NHS Wirral Clinical Commissioning Group (as at 31 March 2020):

Name and Title	(a) Real increase (decrease) in pension at pension age (bands of £2,500) £000	(b) Real increase (decrease) in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age as 31st March 2020 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31st March 2020 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value as at 31 March 2019 £000	(f) Real increase (decrease) in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value as at 31st March 2020 £000	(h) Employer's contribution to partnership pension £00
Dr S Wells - Chair *	0 - 2.5	0 - 2.5	15 - 20	45 - 50	383	0	0	0
Mr S Banks - Accountable Officer	0	30 - 32.5	35 - 40	70 - 75	508	0	469	0
Mr M Treharne - Chief Financial Officer **	0	0	35 - 40	120 - 125	966	0	0	0
Mrs L Quigley - Director of Quality & Patient Safety	0 - 2.5	0	35 - 40	85 - 90	686	15	729	0
Mr P Edwards - Director of Corporate Affairs	0 - 2.5	0	25 - 30	60 - 65	490	10	524	0
Mrs N Hawker - Director of Commissioning	0 - 2.5	0	35 - 40	90 - 95	722	12	764	0
Dr P Cowan - Chair ***	0 - 2.5	0 - 2.5	10 - 15	10 - 15	118	11	144	0
Dr L Ariaraj - GP Lead - Planned Care	2.5 - 5	7.5 - 10	20 - 25	40 - 45	246	67	323	0
Dr S Stokes - GP Lead - Long Term Conditions	0 - 2.5	0 - 2.5	15 - 20	40 - 45	286	12	310	0
Dr S Delaney - Medical Director ****	10 - 12.5	32.5 - 35	15 - 20	45 - 50	0	220	328	0
Dr H Downs - GP Lead - Unplanned Care *****	0	0	0	0	293	0	0	0
Dr S Jalan - GP Lead Unplanned Care *****	0	0	0	0	0	0	0	0

### Board Member notes:

\* Dr Sue Wells – Chair (to end of June)

\*\* Michael Treharne - Chief Financial officer (to end of January)

\*\*\* Dr Paula Cowan – Chair July onwards. (Medical Director April - June)

\*\*\*\* Dr Simon Delaney – Medical Director Aug onwards. GP lead (April-July).

\*\*\*\*\* Dr Helen Downs – GP Lead Urgent Care (Left June)

\*\*\*\*\* Dr Saket Jalan - GP Lead Urgent Care (November onwards)

## 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).

## Compensation on early retirement or for loss of office

There has been no compensation on early retirement or for loss of office.

## Payments to past members

No awards have been made to past senior managers.

## Pay multiples (AUDITED)

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 Wirral Clinical Commissioning Group in the financial year 2020/2021 was £120-125k (2019/20: £120-£125k. This was 3.1 times (2019/20: 3.2 the median remuneration of the workforce, which was £38,890 (2019/20: £37,267. This is due to the changes in the new pay structure under agenda for change.

In 2020/2021, no employees received remuneration in excess of the highest-paid director/ Member. Remuneration ranged from £2.6k to £116k (2019/20: £0.7k to £120k.

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. The calculation is based on the full-time equivalent of the Clinical Commissioning Group at the reporting period end date on an annualised basis.

## Staff Report (AUDITED)

The tables in the report are based on staffing at 31.03.2021.

### Staff composition

#### Senior Staff Analysis by Band

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	1
Band 3	4
Band 4	12
Band 5	5
Band 6	7
Band 7	15
Band 8 - Range A	8
Band 8 - Range B	12
Band 8 - Range C	7
Band 8 - Range D	0
Band 9	0
Medical	6
VSM	14
Gov Body (off payroll)	0
<b>Grand Total</b>	<b>91</b>

#### Staff Analysis by Gender

Staff Grouping	Headcount by Gender		Totals	% by Gender	
	Female	Male		Female	Male
Governing Body	6	10	<b>16</b>	37.5%	62.5%
Other Senior Management (Band 8C+)	4	7	<b>11</b>	36.4%	63.6%
All Other Employees	45	19	<b>64</b>	70.3%	29.7%
<b>Grand Total</b>	<b>55</b>	<b>36</b>	<b>91</b>	<b>60.44%</b>	<b>39.56%</b>

### Staff costs 2020/21

	Total			ADMIN			PROGRAMME		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	3,658	28	3,686	3,093	15	3,109	565	12	577
Social security costs	397	-	397	338	-	338	59	-	59
Employer contributions to the NHS Pension Scheme	667	-	667	608	-	608	59	-	59
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
<b>Gross Employee Benefits Expenditure</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>	<b>4,040</b>	<b>15</b>	<b>4,055</b>	<b>682</b>	<b>12</b>	<b>695</b>
<b>Net employee benefits expenditure including capitalised costs</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>	<b>4,040</b>	<b>15</b>	<b>4,055</b>	<b>682</b>	<b>12</b>	<b>695</b>
<b>Net employee benefits expenditure excluding capitalised costs</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>	<b>4,040</b>	<b>15</b>	<b>4,055</b>	<b>682</b>	<b>12</b>	<b>695</b>

## **Exit packages agreed in the financial year** (AUDITED)

NHS Wirral Clinical Commissioning Group did not agree any exit packages or other agreed departures during 2020/2021.

## **Expenditure on consultancy**

The total expenditure on consultancy for NHS Wirral Clinical Commissioning Group in 2020/2021 was £18,800.68.

## **Off-payroll engagements**

There were no off-payroll engagements made by NHS Wirral Clinical Commissioning Group in 2020/2021.

## **Staff policies**

The following HR related policies are in use at the CCG:

- Attendance Management Policy
- Annual Leave Policy
- Disciplinary Policy
- Grievance and Disputes Policy
- Performance Management Policy
- Career Break Policy
- Equality and Diversity Policy
- Family Leave Policy
- Harassment and Bullying Policy
- Learning and Development Policy
- Recruitment and Selection Policy
- Retirement Policy
- Secondment Policy
- Special Leave Policy
- Travel and Expenses Policy
- Family Leave Policy

- Whistleblowing Policy
- Work Experience Policy
- Professional Registration Policy
- Management of Organisational Change Policy
- Pay Protection Policy
- Shared Parental Leave Policy
- Agenda for Change Re-banding Policy
- Alcohol and Substance Misuse Policy
- Staff Volunteering Policy
- Lone Worker Policy
- Appraisal and Pay Progression Policy

All staff policies are shared with staff members and are also available on the staff intranet.

## **Other staff information**

NHS Wirral CCG has a range of policies in place to support equal treatment in employment and occupation (see list in section below). Prior to COVID-19, the CCG had a proactive staff engagement group, run and attended by staff from across grades and departments, together with Local Authority colleagues, (it is not management led). This has been impacted by remote working, but the CCG has introduced a range of wellbeing support offers to all staff and continues to have weekly staff briefings held virtually.

## **Trade Union Facility Time Reporting Requirements**

NHS Wirral CCG is wholly supportive of partnership working and as such is part of the Staff Partnership Forum facilitated by NHS Midlands and Lancashire Commissioning Support Unit. The CCG can utilise this forum as a vehicle and mechanism to support proactive staff engagement, consultation and, where appropriate, negotiation. The CCG does not employ anyone who undertakes

relevant union official duties as outlined in the Trade Union (Facility Time Publication Requirements) Regulations 2017 and therefore no time is released from this employer in relation to official duties (though the facility time is supported). The CCG can liaise and work with Commissioning Support Unit Trade Union representatives and area/regional representatives from those recognised unions, when appropriate, whose time will be recorded with their employing authority.

## **Equality and Inclusion**

The CCG demonstrates 'due regard' to the Public Sector Equality Duty's three aims and provides evidence for meeting the specific equality duty, which requires all public-sector organisations to publish their equality information annually. An Equality and Inclusion annual report is published on the website, April, each year.

The CCG evidences paying due regard and consideration in all its decision making by ensuring that Equality Risk and Impact Assessments are carried out on all its functions and policies. Showing 'due regard' means that the CCG has considered issues of equality and discrimination before making any policy decision that may be affected by them. This is viewed by the CCG as an integral and important part of the mechanisms for ensuring the fulfilment of the aims of anti-discrimination legislation set out in the Equality Act 2010 and more specifically the Public Sector Equality Duty (PSED).

The three arms of the PSED are to:

1. Eliminate unlawful discrimination
2. Advance equality of opportunity
3. Promote good relations between different groups

The CCG uses an Impact and Risk Assessment tool, which provides a framework for undertaking health inequality analysis, privacy impact assessments and human rights screening. This enables the CCG to ensure that all requirements around equality, human rights and privacy are given advanced consideration before the CCG's Governing Body or Senior Managers make any policy decisions.

The CCG Chair and Governing Body take the embedding of Equality and Human Rights seriously and ensure that managers and Governing Body members are informed about equality duties and responsibilities.

All staff undertake mandatory equality training, this includes considering the nine protected characteristics and issues such as low income, homelessness and alcohol and substance misuse.

## **Our response to COVID-19**

In March of 2020 the coronavirus pandemic started to affect the UK. As a result, changes were made to services and policies to support Wirral's most vulnerable groups through our service delivery, for example, in our care homes and through our community hubs. Information has been made available in alternative formats and in other languages so that everyone has access to the information that they need.

In terms of employment there has been a focus on staff health and wellbeing and supporting staff through the change in physical work environment and shift in job role in response to urgent priorities throughout the NHS and local authorities.

## NHS COVID-19 Vaccination Programme

The CCG is meeting their equality duties within their decision making and planning of the COVID-19 Vaccination Programme. Decision making is guided by national and regional requirements of the vaccination programme.

The CCG moved into a vaccine programme phase and continues to address health inequalities due to the impact that the pandemic has had on preventative services and continues to develop opportunities to address more longstanding health inequalities.

A priority is the roll out of a robust, efficient, and effective COVID-19 immunisation plan. The CCG have coordinated clinical capacity in line with cohort prioritisation and national/practice schedules and in alignment with national communications guidance, whilst maintaining appropriate levels of wider general practice capacity.



The CCG has worked with community partners, pharmacies, and primary care services to enable a local delivery plan to ensure best use of local resources that offer patients flexibility and choice.

## Our partners

All the providers with which we contract are expected to demonstrate compliance with equality and inclusion legal, mandatory and non-mandatory requirements and to publish an annual equality and inclusion report on their website.

We work in partnership with Wirral University Teaching Hospital NHS Trust, our main provider of secondary care, to ensure equality and inclusion compliance. The trust also provides us with a report on equality and inclusion issues, and barriers for patients from different groups with protected characteristics.

## Parliamentary Accountability and Audit Report

NHS Wirral Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at page 112. An audit report is also included in this Annual Report at page 129.

# Appendix A - Declaration of Interests

<https://www.wirralccg.nhs.uk/media/8177/gp-members-and-execs-only-coi-250321.xlsx>

Name	Current position(s) held in the CCG	Interests to Declare	Date Col Form received	Type of Interest to declare	Description of Interest	Date of interest from	Date of interest to	Is this interest direct or indirect?	Actions to be taken to mitigate risk
Albanese, Carmelo	Employee	No interests declared							
Alexandra, Charley	Employee	Yes	28/1/2021	Indirect Interest	Mother employed as a Family Worker	2021	Ongoing	Indirect	Declared in line with conflicts of interest policy
Ariaraj, Laxman	Governing Body Member	Yes	20/3/2018	Financial Interest	GP - Paxton Medical Group	2004	Ongoing	Direct	Declared in line with conflicts of interest policy
			20/3/2018	Financial Interest	Employed by WUTH in Gastroenterology	2004	Ongoing	Direct	Declared in line with conflicts of interest policy
			20/3/2018	Financial Interest	Own the practice premises & host organisations who provide health & social careThe organisations are sometimes discussed at meetings	2007	Ongoing	Direct	Declared in line with conflicts of interest policy
			7/8/2018	Indirect Interest	Wife is GP partner at Spital Surgery	2004	Ongoing	indirect	Declared in line with conflicts of interest policy
			20/3/2018	Financial	GP Practice is a member of Primary Care Wirral Federation	2016	Ongoing	Direct	Declared in line with conflicts of interest policy
Banks, Simon	Governing Body Member	Yes	26/2/2018	Indirect Interest	Partner is an employee of Halton CCG	4/4/2017	Ongoing	Indirect	Declared in line with conflicts of interest policy
			5/3/2021	Indirect interest	Son is Apprentice Paralegal with Stephenson Solicitors LLP working in clinical negligence team.	1/3/2021	Ongoing	Indirect	Declared in line with conflicts of interest policy
			15/6/2020	Indirect interest	Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS	15/6/2020	Ongoing	Indirect	Interest declared and would be managed if conflict arose

Barclay, James (on secondment)	Employee	No interests declared							
Birks, Darren	Employee	No interests declared							
Borrington, Susan	Employee	No interests declared							
Boyd-Short, Sarah (Maternity Leave)	Employee	No interests declared (Currently on maternity leave)							
Bradburn, Joanne	Employee	Yes	9/12/2019	Indirect Interest	Cousin works for Endoscopy Department - Wirral University Teaching Hospital NHS Foundation Trust	4/1/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Cousin works for Radiology Department - Liverpool Heart and Chest Hospital	4/1/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
Bradshaw, Sarah	Employee	Yes	4/1/2021	Indirect interest	Cousin is a GP partner at Sunlight Medical Centre	4/1/2021	Ongoing	Indirect	Declared in line with conflicts of interest policy
Brown, Fiona	Employee	No interests declared							
Burgess, Kim	Employee	No interests declared							
Cairney, Alison	Employee	Yes	28/11/2019	Indirect Interest	Husband is an anaesthetist at WUTH	Feb-19	Ongoing	Indirect	No action required as roles not directly related
				Indirect Interest	Sister in law works for Mersey Care District Nursing Out of Hours service	Feb-19	Ongoing	Indirect	No action required as roles not directly related
Chantler, Michael	Employee	No interests declared							
Cheater, Sylvia	Governing Body Member	Yes	27/1/2021	Indirect interest	Daughter-in-law Gastroenterology ST5, Aintree University Hospital	1/9/2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Non-financial professional interest	President/Trustee, Institute of Health Promotion and Education		Ongoing	Direct	Declared in line with conflicts of interest policy
Chidgey, Mark	Governing Body Member	No interests declared							
Clarke, Julie	Employee	Yes	11/2/2020	Indirect Interest	Mother - Employee at Earlston & Seabank Medical Centre	1/11/2016	Ongoing	Indirect	None
Cocks, Steve	Employee	No interests declared							

Cowan, Paula Dr	Governing Body Member	Yes	14/2/2020	Financial Interest	GP Partner - Eastham Group Practice	Feb-03	Present	Direct	Declared in line with conflicts of interest policy
		Yes		Indirect Interest	Husband - Consultant in Critical Care, Wirral University Teaching Hospital	Apr-02	Present	Indirect	Declared in line with conflicts of interest policy
		Yes		Financial Interest	Practice is Member at PCW Federation and Healthier South Wirral PCN	Jan-16	Ongoing	Direct	Declared in line with conflicts of interest policy
Coyle, Anna	Employee	Yes	15/1/2020	Indirect	Sister is a Pharmacy Dispenser in Tesco Pharmacy, Heswall	Jan-14	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect	Daughter is a Volunteer Mental Health Mentor at the Open Door Centre, Birkenhead	Jan-06	Ongoing	Indirect	Declared in line with conflicts of interest policy
Crockford, Richard	Employee	Yes	25/9/2019	Indirect Interest	Wife works for Wirral Community Health and Care NHS Foundation Trust in the Rapid Response Service	Jul-19	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Step-daughter works for Wirral University Teaching Hospital NHS Foundation Trust in Emergency Department	Jul-19	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Direct Interest	Patient of Townfield Health Centre	Jul-19	Ongoing	Indirect	Declared in line with conflicts of interest policy
Currie, Norma	Employee	No interests declared							
Dakin, Tracey	Employee	Yes	9/2/2018	Financial Interest	Novo Nordisk UK - Providing a commissioning prespective on diabetes care	9/2/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Financial Interest	BD - Providing a commissioning prespective on diabetes care	9/2/2018	Ongoing	Indirect	
Daniels, Deborah	Employee	Yes	27/1/2021	Indirect	Daughter - Sister at Alder Hey Childrens Hospital HDU	19/11/2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
Davis, Ian	Employee	No interests declared							

Delaney, Simon	Governing Body Member	Yes	6/2/2020	Financial Interest	GP Partner - Sunlight group Practice	1/7/2004	Ongoing	Direct	Declared in line with conflicts of interest policy
		Yes		Non-Financial Professional Interests	NHS England employee	1/8/2010	Ongoing	Indirect	Declared in line with conflicts of interest policy
		Yes		Indirect Interest	Wife - Employee of WUTH	1/5/2012	Ongoing	Indirect	Declared in line with conflicts of interest policy
Delaney, Zoe	Employee	No interests declared							
Doherty, Lesley	Governing Body Member	Yes	9/10/2019	Indirect Interest	Strasys Consulting Ltd - Executive coach role on NHS contracts outside of NW	Jan-15	Present	Indirect	No involvement with NHS consulting delivery for the CCG's providers/ contractors or CCG
Duckworth, Karen	Employee	No interests declared							
Edwards, Emma	Employee	No interests declared							
Edwards, Paul	Governing Body Member	Yes	1/7/2020	Non-Financial Professional Interests	Appointed CCG Governor on Wirral Community Foundation Trust's Council of Governors	May-16	Present	Indirect	Required role as part of FT process and nominated by CCG Chief Officer
Evans, Martin	Employee	No interests declared							
Flegg, Amanda	Employee	Yes	20/2/2020	Indirect Interest	Brother is employee of Potens UK	Sep-18	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy
Fletcher, Anita	Employee	Yes	1/7/2020	Indirect interest	Husband works as Caretaker/Maintenance person at Dundoran Nursing Home, which is part of New Bloom	Sep-19	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy

Fraser, Mark Dr	Employee	Yes	23/3/2018	Financial Professional Interest	GP Partner - Claughton Medical Centre	Jul-14	Present	Direct	Disclosed
				Non -Financial Professional Interest	Medical Director and Board Member - Primary Care Wirral Community Benefits Society	Oct-17	Present	Direct	Disclosed
				Non -Financial Professional Interest	Clinical Investigator and Appraiser - NHS England	Jul-15	Present	Direct	Disclosed
				Non -Financial Professional Interest	Minor Surgery Provider - SSP Health, Wigan and St Helens	Jul-18	Apr-18	Direct	Disclosed
				Financial Professional Interest	Director and Owner - Artemis Medical Solutions	Jul-15	Present	Direct	Disclosed
				Non-Financial Professional Interest	Deputy Medical Referee - Wirral Borough Council	Apr-16	Present	Direct	Disclosed
Galle, Jenn	Employee	Yes	5/2/2020	Indirect interest	Partner works at WUTH in the radiology/PACs department	8/2/2019	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy
George, Siju	Employee	No interests declared							
Gillett, Carole	Employee	Yes	2/20/2019	Indirect Interest	Daughter – Nurse Practitioner, Walk in Centre's - WCFT	18/2/2019	Ongoing	Indirect	Maintain confidentiality
				Indirect Interest	Daughter - Nurse at Alder Hey Children's Hospital	4/6/2020	Ongoing	Indirect	Maintain confidentiality
				Indirect interest	Sister-in-Law – Employed by CWP	Sep 05	Ongoing	Indirect	Maintain confidentiality
Gilmore, Matthew	Employee	Yes	22/2/2020	Indirect Interest	Wife is a Volunteer Mental Health Mentor at the Open Door Centre, Birkenhead	Feb 20	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy
Halley, Bernard	Audit Lay Member	No interests declared							
Hamlet, Jane	Employee	No interests declared							
Harrington, Heather	Employee	No interests declared							

Hastewell, Heather	Employee	Yes	6/7/2020	Indirect Interest	Daughter is employed by WUTH - Admin in Booking Office	1/10/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister in Law is employed by WUTH (Gynaecology nurse)	1/4/2017	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Good Friend is employed by Autism Together (Director of Finance)	1/1/2018			
				Indirect Interest	Sister is employed by Eastham Group Practice - Admin Officer	1/2/2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
Hawker, Nesta	Governing Body Member	Yes	12/2/2020	Indirect Interest	Husband is Accountable Officer at Morecambe Bay CCG	1/9/2018	Ongoing	Indirect	Shared in meetings as necessary
Heeley, Helen	Employee	No interests declared							
Hodkinson, Graham	Employee (Director of Adult Care and Health / Deputy Chief Officer, Wirral Health and Care Commissioning)	No interests declared							
Houghton, Kieran	Employee	No interests declared							
Huntley, Claire	Employee	Yes	20/2/2019	Indirect Interest	Relative works for Wirral Council, Legal Services	Jan-19	Ongoing	Indirect	Declared in line with conflicts of interest policy.
Huntley, Ian	Governing Body Member	Yes	1/3/2020	Financial Interest	Member of Faculty for a charity: Staff College: Leadership in Healthcare which provides leadership development training to the NHS. In this capacity I have been employed to run development programs for hospitals and other health organisations in the northwest and south of England. I could therefore be thought to have a conflict of interest were the CCG to consider commissioning leadership development training.	Mar-16	Mar-20	Indirect	I would deliberately absent myself from any discussions concerning which organisations would be best placed to deliver leadership development training to the CCG

Jalan, Saket Dr	Governing Body Member	Yes	14/1/2020	Financial Professional Interest	GP Partner - Hoylake Medical Centre	Jan-12	Ongoing	Direct	Declared in line with conflicts of interest policy
				Financial Professional Interest	GP Appraiser	Jan-15	Ongoing	Direct	Declared in line with conflicts of interest policy
				Financial Professional Interest	Clinical Assistant (Dermatology) - Wirral University Teaching Hospitals NHS Foundation Trust	Jan-14	Ongoing	Direct	Declared in line with conflicts of interest policy
				Non-Financial Professional Interest	Board Member - GPwFed	Jan-17	Ongoing	Direct	Declared in line with conflicts of interest policy
				Non-Financial Professional Interest	Practice Member of Moreton PCN	Jan-19	Ongoing	Direct	Declared in line with conflicts of interest policy
				Non-Financial Professional Interest	Dermatology Provider - Provider of PCN Community dermatology service	Jan-19	Ongoing	Direct	Declared in line with conflicts of interest policy
			23/3/2021	Indirect interest	Wife: Dental Practice Owner	Jul-19	Ongoing	Indirect	Declared in line with conflicts of interest policy
Joinson, Catherine	Employee	Yes	27/2/2020	Indirect Interest	Daughter is employee of Finance Team in NHS Wirral CCG	10th February 2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
Kelly, Sarah	Employee	Yes	27/3/2018	Indirect Interest	Relative works for WCFT within the Corporate Affairs Team	1st June 2016	Ongoing	Indirect	Declared in line with conflicts of interest policy
Kent, Martyn	Employee	No interests declared							
Jones, Kenneth	Employee	No interests declared							
Kirkham, Lee	Employee	No interests declared							
Leadsom, Laura (Maternity leave)	Employee	Yes	1/7/2020	Indirect Interest	Father is employee of Royal Liverpool University Hospital	Jan-13	Ongoing	Indirect	Declared in line with conflicts of interest policy
Lewis, Hannah (Maternity Leave)	Employee	No interests declared (Currently on maternity leave)							
Lynch, Sarah	Employee	Yes	27/9/2019	Indirect Interest	Sister is employee of Wirral Council - Department of Adult Social Services	Jun-16	Present	Indirect	Declared in line with conflicts of interest policy

Majid, Usman	Employee	No interests declared							
McNee, Louise	Employee	Yes	12/2/2020	Indirect Interest	Auntie works in Fracture Clinic at WUTH	2/5/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Cousin works in the Linda McCartney Centre (The Royal)	2/5/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Cousin works in haematology and transfusion at WUTH	2/5/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
Miller, Alyce	Employee	Yes	11/2/2020	Indirect Interest	Mother is employee of Commissioning Team	10/2/2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect interest	Friend works for Moreton and Meols PCN	20/2/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
Moore, Gail	Employee	No interests declared							
Morris, Louise	Employee	Yes	7/2/2020	Indirect Interest	Sister in Law is employed by the Clatterbridge Cancer Centre in the finance department	1/4/2013	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Brother is employed by Sheffield Hospital within the Radiology Department	1/4/2013	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect interest	Husband is employed by Sefton CCG as Contracts Accountant in the finance department	1/1/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
			27/1/2021	Indirect interest	Sister in Law is employed by Barnsley District General Hospital within the Radiology Department	1/8/2020	Ongoing	Indirect	Declared in line with conflicts of interest policy
Morgan, Lucy (currently on secondment)	Employee	Yes	6/2/2020	Indirect Interest	Cousin works for Woodchurch Medical Centre, she's a Receptionist and Phlebotomist	5/11/2007	Ongoing	indirect	Declared in line with conflicts of interest policy
Murray, David	Audit Lay Member	Yes	20/3/2018	Direct Interest	Primary Employment is Director of Finance and Corporate Services at the Health and Safety Executive	Nov-17	Ongoing	Direct	Declared interest and if necessary, at Audit Committee, would exclude myself from any discussion
Pearce, Simon	Employee	No interests declared							

Phillips, Nicola	Employee	Yes	8/2/2020	Indirect Interest	Sister works within the Finance team at Wirral University Teaching Hospital NHS Foundation Trust.	28/7/2014	Current	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Brother in law works within Finance contracting team at Cheshire & Wirral Partnership Trust	28/7/2014	Current	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Mother in law works as Nurse at Wirral University Teaching Hospital NHS Foundation Trust	28/7/2014	Current	Indirect	Declared in line with conflicts of interest policy
Parry, Kathryn	Employee	Yes	7/2/2020	Indirect Interest	Mother works at Upton group Practice	Jan-08	Ongoing	Indirect	Declared in line with conflicts of interest policy
Grace Price-Jones	Employee	Yes	1/2/2021	Indirect Interest	Mother is an employee of The Clatterbridge Cancer Centre	Jan-20	Present	Direct	Declared in line with conflicts of interest policy
Quigley, Lorna	Governing Body Member	Yes	27/1/2021	Indirect Interest	Supporter of the Labour Party	Apr-13	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Non-Financial Professional Interests	Trustee of the Northwest Baptist Association	May-19	May-22	Direct	
Quinlan, Dilys	Audit Lay Member	Yes	28/1/2021	Non Financial Personal Interest	Voluntary Independent Advocate to Looked After Children for Sefton MBC (Voluntary role)	Sep-12	Ongoing	Direct	Declared in line with conflicts of interest policy.
				Non Financial Personal Interest	Director, Healthwatch St Helens (a Company Limited by Guarantee) (Voluntary role)	1/2/2019	Ongoing	Direct	
				Non Financial Personal Interest	Official Prison Viisitor (OPV), HMP Liverpool (Voluntary role) supporting HMP Liverpool Chaplaincy Team	23/4/2019	Ongoing	Direct	
				Non Financial Professional Interest	Governing Body Lay Member NHS Halton CCG and NHS Warrington CCG – paid appointment.	15/11/2019	Ongoing	Direct	
Redwood, Christopher	Employee	Yes	19/1/2021	Indirect interest	Wife is an employee of WUTH	1/1/2019	Ongoing	Indirect	Declared in line with conflicts of interest policy
Scanlon, Joseph	Employee	Yes	3/12/2019	Indirect Interest	Wife - HR Officer at Wirral Borough Council	2017	Current	Indirect	No action required as roles not directly related
				Indirect Interest	Daughter - Operating Department Practitioner at Alder Hey Children’s Hospital	May-19	Current	Indirect	No action required as roles not directly related
Shaw, Jenny	Employee	No interests declared							

Shelley, Clare	Employee	Yes	1/2/2021	Indirect Interest	Sister in law employed by WUTH as MSK Directorate Manager.	Aug-14	Current	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister in law employed by Clatterbridge Cancer Centre within the HR Department.	Aug-18	Current	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister is a District Nurse at Wirral Community NHSFT	Mar-17	Current	Indirect	Declared in line with conflicts of interest policy
Shepherd, Shelby	Employee	No interests declared							
Smullen, Thomas	Employee	No interests declared							
Spratt, Christopher	Employee	Yes	21/2/2019	Indirect Interest	Brother works as a paramedic for East of England Ambulance Trust	2/1/2019	ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister-in-law works as a Nurse for Queen Elizabeth Hospital Kings Lynn NHS Trust	2/1/2019	Ongoing	Indirect	Declared in line with conflicts of interest policy
Stewart, Iain	Employee	Yes	16/2/2021	Indirect Interest	Spouse is Head of Contracting at WUTH	18/3/2013	Ongoing	Indirect	Exclude self from WUTH contract related meetings
				Indirect Interest	Partner Governor at Cheshire Wirral Partnerships NHS FT Council of Governors (on behalf of CCG)	1/4/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
Stokes, Sian Dr	Governing Body Member	Yes	26/2/2020	Financial Interest	GP Partner - The Village Medical Centre	Apr-08	Ongoing	Direct	Declared in line with conflicts of interest policy
				Financial Interest	Director of Limited Company which provides orthopaedic and medicolegal services	Apr-10	Ongoing	Direct	
				Indirect Interest	Spouse is Consultant Orthopaedic Surgeon working at WUTH and Spire Murrayfield	Nov-06	Ongoing	Indirect	
				Financial	GP Practice is a member of Primary Care Wirral Federation	Mar-17	Ongoing	Direct	Declared in line with conflicts of interest policy
Teale, Stacey	Employee	No Interests declared							
Thompson, Andrea	Employee	No interests declared							
Troy Andrew	Employee	Yes	21/2/2019	Indirect Interest	Mother is employee at Spire, Liverpool	10/1/2019	ongoing	indirect	Declared in line with conflicts of interest policy

Tsintzos, Dimitris (currently on secondment)	Employee	Yes	28/11/2019	Indirect Interest	Spouse is employed by Midlands and Lancs CSU	1/4/2019	ongoing	indirect	Declared in line with conflicts of interest policy
Webster, Julie (Director for Health and Wellbeing (DPH) Wirral Council Non-voting member of Wirral CCG Governing Body)	Employee	Yes	4/12/2019	Non-financial personal interest	Sister is employed by Wirral Community NHS Foundation Trust	1/4/2019	Ongoing	Indirect	To declare at any appropriate meetings
			4/12/2019	Non-financial personal interest	Niece is employed by Wirral Community NHS Foundation Trust	1/4/2019	Ongoing	Indirect	To declare at any appropriate meetings
Whittle, Alan	Governing Body Member	Yes	29/11/2019	Indirect Interest	Wife is Assistant Chief Nurse (Safeguarding) for the Royal Liverpool & Boradgreen NHS Trust	Sep-15	Ongoing	Indirect	Withdraw from any relevant commissioning decisions regarding NHS organisation
			29/11/2019	Non-Financial Professional Interest	Independent Member of Audit Committee for NHS St Helens CCG	May-17	Ongoing	Direct	Discuss and agree actions in the event of any potential issues with Chair and/or Director of Corporate Affairs
Wood, Barry	Employee	No interests declared							
Wood, Tracey	Employee	No interests declared							
Worthington, Chelsea	Employee	No interests declared							

# Appendix B - Governing Body Member Profiles

Position	Name	Start Date with Wirral CCG	Sex
Chief Officer/Accountable Officer	Simon Banks	03/05/2017	Male
Chair	Dr Paula Cowan	01/05/2015	Female
Chief Financial Officer	Mark Chidgey	01/04/2020	Male
Director of Quality and Patient Safety	Lorna Quigley	01/04/2013	Female
Director of Primary Care and Corporate Affairs	Paul Edwards	01/05/2013	Male
Director of Commissioning	Nesta Hawker	20/07/2015	Female
Medical Director	Dr Simon Delaney	01/05/2015	Male
Secondary Care Doctor	Dr Evan Moore	7/12/2020	Male
GP Lead Planned Care	Dr Laxman Ariaraj	01/05/2015	Male
GP Lead Long Term Conditions	Dr Sian Stokes	01/05/2015	Female
GP Lead Urgent Care	Dr Saket Jalan	15/10/2019	Male
Registered Nurse	Lesley Doherty	01/10/2015	Female
Lay Member Quality and Outcomes	Ian Huntley	01/02/2020	Male
Lay Member Audit and Governance	Alan Whittle	01/06/2015	Male
Lay Member Patient Champion	Sylvia Cheater MBE	13/11/2013	Female
Director of Social Services	Graham Hodgkinson	01/04/2013	Male
Director of Health and Wellbeing (DPH)	Julie Webster	01/04/2017	Female

**Simon Banks,  
Chief Officer (Accountable Officer)**

Simon Banks joined NHS Wirral Clinical Commissioning Group (CCG) in April 2017 as Chief Officer (Accountable Officer). He is also the Chief Officer (Accountable Officer) for Wirral Health and Care Commissioning.

Simon has worked in health and care in either the voluntary sector or the NHS for his whole career.

Simon's experience in the voluntary sector came through working as a Patient Advocate with the Citizens' Advice Bureau in Ashworth Hospital. He then worked for Age Concern Cheshire in roles that encompassed information and advice, lobbying and campaigning.

Simon joined the NHS in July 2000 as Chief Officer, Warrington Community Health Council before moving to work in Warrington Community Healthcare NHS Trust and 5 Boroughs Partnership NHS Trust, which were NHS provider organisations and in which he held roles that supported the Trust Board and Executive Team.

Simon has also worked in commissioning in specialised services, NHS Halton and St Helens Primary Care Trust (PCT) and as Chief Officer of NHS Halton CCG.

**Dr Paula Cowan,  
Chair**

Having qualified in 1995 from the Royal College of Surgeons, Dublin, Dr Cowan practised in Internal Medicine, Critical Care, and Anaesthesia within Ireland. In 2001, she embarked on a career in Primary care and completed General Practice training through the Mersey Deanery. Dr Cowan has been a GP partner at the Eastham Group Practice since 2003.

Dr Cowan has been involved in Wirral CCG activity since 2010, as Executive Board member for Wirral Health Commissioning Consortium,

and also as Urgent Care lead for Wirral Health Commissioning Consortium from 2012-2015.

She was an active Wirral LMC committee member and held the position of vice chair from 2007-2013.

In April 2015 Dr Cowan was appointed to the role of Clinical Lead for Urgent Care at Wirral CCG which she held until November 2016. This role involved leading on key projects, encouraging integrated working across partner organisations aiming to facilitate transformational change in the delivery of urgent care.

She continued partnership and system working and lead on many projects including the Digital Programme as Medical Director, a post which she held from November 2016 until her recent appointment as Chair NHS Wirral CCG.

Dr Cowan commenced in post as Chair, on July 1 2019.

**Paul Edwards,  
Director of Primary Care and Corporate Affairs**

Paul has worked in the NHS since 1993 in a variety of roles, including management positions in Business Development, Primary Care Contracting, Commissioning and clinical service provision. He holds an Honours degree, post graduate qualifications in Health Economics and a Masters in Business Administration.

In his current role as 'Director of Primary Care and Corporate Affairs', Paul is strongly committed to the sustainability and ongoing development of General Practice. He is responsible for ensuring the CCG delivers its fully delegated Primary Care Commissioning responsibilities, as well as supporting the development of Wirral's Primary Care Networks and maximising opportunities for GP Practice engagement.

In addition, Paul's role also involves leading on all aspects of corporate governance

and ensuring that the CCG's business is undertaken to the highest standards of probity and according to statutory and regulatory requirements. He is the CCG's lead for Emergency Planning and Business Continuity, Workforce, Communications and Engagement, Risk Management and the CCG's Compliance Team.

**Nesta Hawker,**  
**Director of Commissioning**

Nesta joined the NHS 33 years ago as a student mental health nurse in North Wales. Since completing her nurse training Nesta has had a variety of roles within the NHS including various nursing roles, general management with a multi-agency substance misuse team and commissioning both on a regional and national basis. She completed her Masters in Health Service Management in South Wales in 2007.

Nesta was appointed as Director of Commissioning in July 2015. Her current responsibilities include leading on the development of the strategic priorities and operational plan of the Clinical Commissioning Group by reviewing the needs of the people of Wirral and by working with partners to plan the health services to meet these needs. She is involved in the planning and performance monitoring of the majority of the health services received by the population of Wirral.

Nesta is the executive lead for tackling health inequalities for the Clinical Commissioning Group and she is committed to working with patients, carers, member practices and partner organisations across the system to improve outcomes and reduce the impact of health inequalities on the population's health.

**Mark Chidgey,**  
**Chief Financial Officer**

Mark joined the NHS in 1990 and, having gained significant experience at board level, he was appointed as Chief Finance Officer for NHS Wirral CCG in April 2020.

He is a qualified accountant with a degree in Mathematics and Economics who initially worked within the acute sector at Manchester and The Christie NHS Foundation Trusts before moving into commissioning in Stockport.

The majority of Mark's experience at board level is as a finance leader but his responsibilities have also included Quality, Safeguarding, Commissioning and Performance. Mark has worked at a national level on the development and implementation of innovative systems for payment and contracting of New Models of Care.

**Lorna Quigley,**  
**Director of Quality and Safety (Chief Nurse)**

A committed nurse with 36 years' experience both within the NHS and Voluntary sector, Lorna is passionate about ensuring the population receives high quality safe health and care when they need it.

Lorna qualified as a Registered Nurse at Sefton School of Nursing working in Aintree Hospitals. She then went on to various other roles within the voluntary sector and NHS within Nursing leadership, Clinical and General Management, in both Acute Hospital Trusts, Primary Care Trusts and now NHS Wirral Clinical Commissioning Group.

Lorna's current role at the CCG is Director of Quality & Patient Safety (Chief Nurse) and this involves monitoring the quality of services that are commissioned by the CCG against agreed standards in primary care, community, mental health, learning disabilities and acute hospital services.

Lorna also has the responsibility for the statutory duties of the NHS to Safeguard and promote the welfare of children and the protection of adults at risk from harm.

Alongside the Quality and Safety role, she also leads the Medicines Optimisation team and the NHS Continuing Health Care (CHC) programme.

### **Dr Simon Delaney, Medical Director**

Dr Delaney grew up in Wirral. He was an undergraduate at Nottingham University before returning to Wirral to complete his GP training in 1999. He took up partnership in West Kirby before moving to Sunlight Group Practice, New Ferry, in 2004.

He has been a GP trainer since 2009, a GP appraiser since 2012 and a Clinical Investigator since 2018.

Simon has had 2 terms of office with the LMC and was an executive board member of WGPCC 2013-2015, and was chair of the GP forum.

Simon was elected to the Wirral CCG Governing Body as Primary Care Lead from May 2015 and chaired the Medicines Management Committee.

He was elected as Medical Director of Wirral CCG in July 2019.

Simon is currently Chair of the Clinical Advisory Group and Caldicott Guardian for Wirral Health and Care Commissioning.

### **Dr Laxman Ariaraj, GP Lead Planned Care**

Dr Laxman Ariaraj trained at the University of Sheffield Medical School and, after working in hospital specialities in Sheffield, Warrington and in Queensland, Australia, he returned to complete GP training in Liverpool. He qualified having passed the MRCGP and joined the team at Paxton Medical Centre in Birkenhead, where he is a GP partner providing General Medical Care, Minor Surgery and Family Planning advice. He has since attained fellowship of the Royal College of General Practice.

He is a GP trainer and the practice lead for Child Health. He also works as an Upper Gastrointestinal Endoscopist at Arrowe Park Hospital.

Dr Ariaraj is passionate about improving services, utilising technological solutions and reducing inequalities amongst the population and has been involved in the implementation of various novel programmes to improve patient care, reduce inefficiency and promote collaborative working.

In May 2015, Dr Ariaraj took up the post as NHS Wirral CCG Clinical Lead for Planned Care. He sits on several committees including the Planned Care Board, Clinical Senate the WHCC Governing Body.

### **Dr Sian Stokes, GP Lead Long Term Conditions**

Dr Stokes graduated from St George's Hospital Medical School, London in 1998. She moved to Manchester in 2000 to complete her vocational training in General Practice. In 2007, Sian moved to Wirral and took up a partnership at Grove Medical Centre in Wallasey, which later merged to become The Village Medical Centre.

In addition to her work as a practising GP, Sian has an interest in GP education and works as a GP trainer. In 2012 she was elected to the Board of Wirral Health Commissioning Consortium and in 2015 she was successfully appointed as GP Lead for Long Term Conditions for Wirral CCG. In this role she has clinical overview in the commissioning of services for Diabetes, Respiratory, Gastroenterology, Elderly Care and End of Life Care.

### **Dr Saket Jalen, GP Lead Urgent Care**

Dr Jalen graduated from India in 2000. He moved to UK in 2003 and finished his GP training in 2007 in Wirral. He has worked in different roles as GP in Wirral before taking up partnership at Hoylake Road Medical Centre, Moreton in 2013.

Dr Jalen has special interest in Dermatology, Minor Surgery and Urgent care. He has recently attained fellowship of the Royal College of GPs.

He worked as GP lead for the Wirral GPOOH service from 2014 to 2018. Dr Jalan was also the prescribing lead for WHCC from May 2015 to Oct 2019.

He has been a GP Appraiser since 2015. He works for the Dermatology department at Wirral University Hospital Trust.

Dr Jalan was appointed as GP lead for Urgent Care and Medicine Management for WHCC in Oct 2019. He chairs the Medicine Management Committee and sits on various committees including Integrated Urgent Care Committee, and Medicines Optimisation Committee.

### **Lesley Doherty, Registered Nurse**

Lesley qualified as an RN in 1979 and RM in 1980. She became a Director of Nursing in 1998 and undertook a secondment to the DH leading on nursing recruitment and retention. Moving to Bolton Hospitals NHS Trust as Director of Nursing in 2003 she became CEO in 2010 developing a national and internal reputation for lean in healthcare.

Lesley has held national roles as Chair of the Neonatal Nursing Association, regional lead for the National Leadership Programme, a member of the DH's National HCAI Prevention Advisory Group and one of the Clinical Advisors on the NHS Constitution. Since 2013 Lesley has worked in healthcare consultancy and coaching support, is a Board member of Ireland East Health Board and is the Lay Member/Registered Nurse for Wirral CCG.

### **Alan Whittle, Lay Member – Audit and Governance**

Alan's professional background is in finance, and he has been a member of the Chartered Institute of Public Finance and Accountancy (CIPFA) since 1977. He has spent his entire career in the public services, beginning with 16 years in a variety of finance roles in Local Authorities, before moving to the NHS in 1988.

He retired from the position of Chief Executive at an NHS Foundation Trust in Essex in 2013 after 10 years in post. Before that he was Finance Director at the same Trust for 13 years.. His key skills and interests are in financial management, corporate governance, business strategy, board development and regulatory compliance.

Since retiring from full time work Alan has taken up non-executive Lay Member roles in a number of local CCGs, including over 18 months as Deputy Chair at NHS West Cheshire CCG, assisting the preparations for merger of all 4 Cheshire CCGs in April 2020.

Alan has family roots in Liverpool and moved to Merseyside from Essex in 2015. He was appointed as Lay Member (Audit and Governance) for NHS Wirral CCG in June 2015.

### **Sylvia Cheater MBE, Lay Member – Patient Champion**

Sylvia has a background working in public health and dental public health, at both local and regional levels. Her previous roles include Regional Food and Nutrition Lead for the Department of Health NW, where she was responsible for the implementation and evaluation of public health programmes to reduce inequalities.

Some of her achievements include the leadership of 'Best Start for Life' (guidance for food, nutrition, play and physical activity for early years childcare), which was implemented regionally through a local authority and primary care partnership network.

She worked in partnership with Government Office North West (Children and Learners) on health in the school setting. She was responsible for the delivery of the School Fruit and Vegetable Scheme working with schools, distributors and growers across the region. Her particular interests are in reducing inequalities, food and nutrition, oral health and early years. She is the President of the Institute of Health Promotion and Education [www.IHPE.org.uk](http://www.IHPE.org.uk).

Sylvia was awarded the MBE in 2016 for voluntary work with women and communities in Cheshire.

She joined the Audit Committee as Lay Member in 2013 and the Governing Body as Patient Champion in April 2017.

**Ian Huntley,**  
**Lay Member Quality and Outcomes**

Ian Huntley is an independent leadership, defence and security consultant and an executive coach. He primarily helps to develop the leadership skills of individuals and organisations, and is currently working with the NHS, police, Ministry of Defence (MOD) and industry. Formerly in the Royal Marines, he spent the last four years of his service as the head of the MOD's leadership centre. He has also worked in Whitehall: in the MOD and the Cabinet Office.

**Julie Webster,**  
**Director for Health and Wellbeing (DPH)**

Julie was appointed as the Director for Health and Wellbeing for Wirral Council in October 2019, having held the appointment as an interim since August 2017.

She is responsible for monitoring and improving the health status of local people, advising on strategies to reduce inequalities, identifying health needs, developing programmes to reduce risk and the provision of public health evidence and expertise to support commissioning of services.

She has a particular interest in the use of insight to develop public health interventions and is a strong advocate for social justice and the role of the citizen in local services. She is the Cheshire and Merseyside DPH lead for work to tackle alcohol misuse and is involved in local research on the introduction of a minimum unit price for alcohol.

**Graham Hodgkinson,**  
**Director of Social Services**

Graham is a social worker by background. He has been the Director of Social Care in Wirral since 2012. He has led programmes of work to ensure that adult social care has become fully integrated with health care in Wirral in order to offer people the Right Care, in the Right Place at the Right Time. He is committed to ensuring that Wirral Health and Care Commissioning leads the health and care system to deliver improved outcomes for the people of Wirral.

Graham is responsible for ensuring that strategic plans across Wirral's Health and Care system are properly joined up to deliver improved outcomes for the people of Wirral and that resources are used effectively in this aim.

He is specifically responsible for health and care place based planning aligned to broader outcomes, community services and housing for vulnerable people, oversight and assurance of the business plan through a single programme management office.

Graham holds the statutory responsibility of Director Adult Social Services on behalf of Wirral Council.

**Dr Evan Moore,**  
**Secondary Care Doctor**

Dr Evan Moore is a Graduate of Queens University Belfast and has been a Consultant Anaesthetist since 2002. In addition to his clinical anaesthetic practice he has been Executive Medical Director of Wirral University Teaching Hospitals and Betsi Cadwaladr University Health Board. Evan brings many years of experience as a Medical leader in primary and secondary care, including working at board level in both England and Wales.

# Annual Accounts

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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	(0)	0
Other operating income	2	-	-
<b>Total operating income</b>		<b>(0)</b>	<b>0</b>
Staff costs	4	4,750	4,630
Purchase of goods and services	5	660,044	575,033
Depreciation and impairment charges	5	15	15
Provision expense	5	-	-
Other Operating Expenditure	5	168	170
<b>Total operating expenditure</b>		<b>664,977</b>	<b>579,849</b>
<b>Net Operating Expenditure</b>		<b>664,977</b>	<b>579,849</b>
Finance income		-	-
Finance expense		-	-
<b>Net expenditure for the Year</b>		<b>664,977</b>	<b>579,849</b>
Net (Gain)/Loss on Transfer by Absorption		-	-
<b>Total Net Expenditure for the Financial Year</b>		<b>664,977</b>	<b>579,849</b>
<b>Other Comprehensive Expenditure</b>			
<b><u>Items which will not be reclassified to net operating costs</u></b>			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
<b><u>Items that may be reclassified to Net Operating Costs</u></b>			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
<b>Sub total</b>		<b>-</b>	<b>-</b>
<b>Comprehensive Expenditure for the year</b>		<b>664,977</b>	<b>579,849</b>

**Statement of Financial Position as at  
31 March 2021**

		2020-21	2019-20
	Note	£'000	£'000
<b>Non-current assets:</b>			
Property, plant and equipment	13	75	90
Intangible assets	14	-	-
Investment property	15	-	-
Trade and other receivables	17	-	-
Other financial assets	18	-	-
<b>Total non-current assets</b>		<b>75</b>	<b>90</b>
<b>Current assets:</b>			
Inventories	16	-	-
Trade and other receivables	17	5,639	8,394
Other financial assets	18	-	-
Other current assets	19	-	-
Cash and cash equivalents	20	25	24
<b>Total current assets</b>		<b>5,664</b>	<b>8,417</b>
Non-current assets held for sale	21	-	-
<b>Total current assets</b>		<b>5,664</b>	<b>8,417</b>
<b>Total assets</b>		<b>5,739</b>	<b>8,507</b>
<b>Current liabilities</b>			
Trade and other payables	23	(48,849)	(38,165)
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Borrowings	26	-	-
Provisions	30	-	-
<b>Total current liabilities</b>		<b>(48,849)</b>	<b>(38,165)</b>
<b>Non-Current Assets plus/less Net Current Assets/Liabilities</b>		<b>(43,110)</b>	<b>(29,658)</b>
<b>Non-current liabilities</b>			
Trade and other payables	23	-	(0)
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Borrowings	26	-	-
Provisions	30	-	-
<b>Total non-current liabilities</b>		<b>-</b>	<b>(0)</b>
<b>Assets less Liabilities</b>		<b>(43,110)</b>	<b>(29,658)</b>
<b>Financed by Taxpayers' Equity</b>			
General fund		(43,110)	(29,658)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
<b>Total taxpayers' equity:</b>		<b>(43,110)</b>	<b>(29,658)</b>

The notes on pages 109 to 128 form part of this statement

The financial statements on pages 105 to 108 were approved by the Governing Body on 10 June 2021 and signed on its behalf by:



Chief Accountable Officer  
S Banks

**Statement of Changes In Taxpayers Equity for the year ended  
31 March 2021**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
<b>Changes in taxpayers' equity for 2020-21</b>				
<b>Balance at 01 April 2020</b>	(29,658)	0	0	<b>(29,658)</b>
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	0
<b>Adjusted NHS Clinical Commissioning Group balance at 31 March 2020</b>	<b>(29,658)</b>	<b>0</b>	<b>0</b>	<b>(29,658)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21</b>				
Net operating expenditure for the financial year	(664,977)			<b>(664,977)</b>
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
<b>Total revaluations against revaluation reserve</b>		<b>0</b>		<b>0</b>
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
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
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year</b>	<b>(664,977)</b>	<b>0</b>	<b>0</b>	<b>(664,977)</b>
Net funding	651,526	0	0	<b>651,526</b>
<b>Balance at 31 March 2021</b>	<b>(43,110)</b>	<b>0</b>	<b>0</b>	<b>(43,110)</b>
	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
<b>Changes in taxpayers' equity for 2019-20</b>				
<b>Balance at 01 April 2019</b>	(22,414)	0	0	<b>(22,414)</b>
Transfer of assets and liabilities from closed NHS bodies	0	0	0	0
<b>Adjusted NHS Clinical Commissioning Group balance at 31 March 2020</b>	<b>(22,414)</b>	<b>0</b>	<b>0</b>	<b>(22,414)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20</b>				
Net operating costs for the financial year	(579,849)			<b>(579,849)</b>
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
<b>Total revaluations against revaluation reserve</b>		<b>0</b>		<b>0</b>
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
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year</b>	<b>(579,849)</b>	<b>0</b>	<b>0</b>	<b>(579,849)</b>
Net funding	572,604	0	0	<b>572,604</b>
<b>Balance at 31 March 2020</b>	<b>(29,658)</b>	<b>0</b>	<b>0</b>	<b>(29,658)</b>

The notes on pages 109 to 128 form part of this statement

**Statement of Cash Flows for the year ended  
31 March 2021**

	Note	2020-21 £'000	2019-20 £'000
<b>Cash Flows from Operating Activities</b>			
Net operating expenditure for the financial year		(664,977)	(579,849)
Depreciation and amortisation	5	15	15
Impairments and reversals	5	0	0
Non-cash movements arising on application of new accounting standards		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	17	2,754	(1,359)
Increase/(decrease) in trade & other payables	23	10,683	8,604
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	30	0	0
Increase/(decrease) in provisions	30	0	0
<b>Net Cash Inflow (Outflow) from Operating Activities</b>		<b>(651,524)</b>	<b>(572,589)</b>
<b>Cash Flows from Investing Activities</b>			
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		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
Non-cash movements arising on application of new accounting standards		0	0
<b>Net Cash Inflow (Outflow) from Investing Activities</b>		<b>0</b>	<b>0</b>
<b>Net Cash Inflow (Outflow) before Financing</b>		<b>(651,524)</b>	<b>(572,589)</b>
<b>Cash Flows from Financing Activities</b>			
Grant in Aid Funding Received		651,526	572,604
Non-cash movements arising on application of new accounting standards		0	0
<b>Net Cash Inflow (Outflow) from Financing Activities</b>		<b>651,526</b>	<b>572,604</b>
<b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>	20	<b>1</b>	<b>16</b>
<b>Cash &amp; Cash Equivalents at the Beginning of the Financial Year</b>		<b>24</b>	<b>8</b>
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
<b>Cash &amp; Cash Equivalents (including bank overdrafts) at the End of the Financial Year</b>		<b>25</b>	<b>24</b>

The notes on pages 109 to 128 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 Joint arrangements

arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

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

#### 1.4 Pooled Budgets

NHS Wirral Clinical Commissioning Group has entered into a pooled budget arrangement with Wirral Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for health and social care activities and note 35.1 provides details of the income and expenditure.

The pool is hosted by Wirral Borough Council. NHS Wirral 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 NHS Wirral Clinical Commissioning Group.

#### 1.6 Revenue

The main source of funding for NHS Wirral 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.

#### 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.

## Notes to the financial statements cont'd

### 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 though they were defined contribution schemes: the cost to NHS Wirral Clinical Commissioning Group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the 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, NHS Wirral 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

#### 1.10.1 Recognition

Property, plant and equipment is capitalised if:

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

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

#### 1.10.2 Measurement

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

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

#### 1.10.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### 1.11 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.

## Notes to the financial statements cont'd

### 1.11.1 NHS Wirral 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.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

### 1.12 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 NHS Wirral Clinical Commissioning Group's cash management.

### 1.13 Provisions

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

Early retirement provisions are discounted using HM Treasury's pension discount rate of minus 0.95% (2019-20: minus 0.50%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of minus 0.02% (2019-20: 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.18% (2019-20: 0.55%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2019-20: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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

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

### 1.14 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which NHS Wirral 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.

### 1.15 Non-clinical Risk Pooling

NHS Wirral Clinical Commissioning Group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which NHS Wirral 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.

### 1.16 Carbon Reduction Commitment Scheme

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO<sub>2</sub> emissions. NHS Wirral Clinical Commissioning Group is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO<sub>2</sub> it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO<sub>2</sub> emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO<sub>2</sub> emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

## Notes to the financial statements cont'd

### 1.17 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 NHS Wirral 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 NHS Wirral 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.

### 1.18 Financial Assets

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

Financial assets are classified as :  
· Financial assets at amortised cost.

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.

#### 1.18.1 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.

#### 1.18.2 Impairment

For all financial assets measured at amortised cost, lease receivables and contract assets, NHS Wirral Clinical Commissioning Group recognises a loss allowance representing the expected credit losses on the financial asset.

NHS Wirral 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. NHS Wirral 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 NHS Wirral 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.

### 1.19 Financial Liabilities

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

#### 1.19.1 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.

### 1.20 Value Added Tax

Most of the activities of NHS Wirral 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.

**Notes to the financial statements cont'd**

**1.21 Third Party Assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NHS Wirral Clinical Commissioning Group has no beneficial interest in them.

**1.22 Losses & Special Payments**

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

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

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

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

**1.24.1 Critical accounting judgements in applying accounting policies**

NHS Wirral Clinical Commissioning Group made no critical judgements in the process of applying its accounting policies.

**1.25 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.

**1.26 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, and will replace IAS17 Leases.

NHS Wirral CCG has one lease that would satisfy the IFRS 16 criteria, a Property Lease for Marriss House (CCG Headquarters) which expires on 31 July 2022, and has a review date of 12 March 2022. IFRS 16 applies a single model for Lessees recognising a right of use for an asset, and an obligation to pay future lease costs. If IFRS 16 had been implemented on 1 April 20, the 31 March 21 Statement of Financial Position would include a £108k Property Asset, and a £108k Liability for future lease payments. The Statement of Comprehensive Net Expenditure for 2020/21 would not be impacted as a depreciation charge of £81k and a Financing charge of £2k under IFRS 16 would offset the £83k rental charge currently applied under IAS 17.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FReM: early adoption is not therefore permitted.

## 2 Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
<b>Income from sale of goods and services (contracts)</b>		
Education, training and research	-	-
Non-patient care services to other bodies	-	-
<b>Total Income from sale of goods and services</b>	<u>0</u>	<u>0</u>
<b>Other operating income</b>		
Other non contract revenue	-	-
<b>Total Other operating income</b>	<u>-</u>	<u>-</u>
<b>Total Operating Income</b>	<u>0</u>	<u>0</u>

## 3 Contract Income Recognition

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

NHS Wirral Clinical Commissioning Group did not generate contract income from the sale of goods and services that requires reporting here.

### 3.2 Transaction price to remaining contract performance obligations

NHS Wirral Clinical Commissioning Group is not impacted by transaction price considerations in respect of its contract income.

#### 4. Employee benefits and staff numbers

##### 4.1.1 Employee benefits

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	3,658	28	3,686
Social security costs	397	-	397
Employer Contributions to NHS Pension scheme	667	-	667
Other pension costs	-	-	-
Apprenticeship Levy	-	-	-
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
<b>Gross employee benefits expenditure</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>
Less: Employee costs capitalised	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	3,460	205	3,665
Social security costs	362	-	362
Employer Contributions to NHS Pension scheme	601	-	601
Other pension costs	-	-	-
Apprenticeship Levy	3	-	3
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
<b>Gross employee benefits expenditure</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>
Less: Employee costs capitalised	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>

##### 4.1.2 Recoveries in respect of employee benefits

NHS Wirral Clinical Commissioning Group did not receive any recoveries in respect of employee benefits during the year ending 31 March 2021 (2019/20 £nil).

##### 4.2 Average number of people employed

	Total		2020-21
	Permanently employed Number	Other Number	Total Number
<b>Total</b>	<b>75.66</b>	<b>0.42</b>	<b>76.08</b>

Of the above:

<b>Number of whole time equivalent people engaged on capital projects</b>	-	-	-
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	Total		2019-20
	Permanently employed Number	Other Number	Total Number
<b>Total</b>	<b>77.64</b>	<b>1.28</b>	<b>78.92</b>

Of the above:

<b>Number of whole time equivalent people engaged on capital projects</b>	-	-	-
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##### 4.3 Exit packages agreed in the financial year

NHS Wirral Clinical Commissioning Group did not agree any exit packages or other agreed departures during 2020-21 (2019-20 £nil).

**4.4 Employee benefits and staff numbers****4.4.1 Employee benefits**

	Admin			Programme			Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	3,093	16	3,109	565	12	577	3,658	28	3,686
Social security costs	338	-	338	59	-	59	397	-	397
Employer contributions to the NHS Pension Scheme	608	-	608	59	-	59	667	-	667
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
<b>Gross employee benefits expenditure</b>	<b>4,039</b>	<b>16</b>	<b>4,055</b>	<b>683</b>	<b>12</b>	<b>695</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>4,039</b>	<b>16</b>	<b>4,055</b>	<b>683</b>	<b>12</b>	<b>695</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>4,039</b>	<b>16</b>	<b>4,055</b>	<b>683</b>	<b>12</b>	<b>695</b>	<b>4,722</b>	<b>28</b>	<b>4,750</b>

	Admin			Programme			Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	3,051	100	3,151	409	105	514	3,460	205	3,665
Social security costs	318	-	318	44	-	44	362	-	362
Employer contributions to the NHS Pension Scheme	560	-	560	41	-	41	601	-	601
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	3	-	3	-	-	-	3	-	3
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
<b>Gross employee benefits expenditure</b>	<b>3,932</b>	<b>100</b>	<b>4,032</b>	<b>494</b>	<b>105</b>	<b>599</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>3,932</b>	<b>100</b>	<b>4,032</b>	<b>494</b>	<b>105</b>	<b>599</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>3,932</b>	<b>100</b>	<b>4,032</b>	<b>494</b>	<b>105</b>	<b>599</b>	<b>4,426</b>	<b>205</b>	<b>4,630</b>

#### 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](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

##### 4.5.1 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 that was 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 £460,020 (2019-20: £412,250) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. The additional 6.3% was a total contribution of £207,090 (2019-20 £188,420) resulting in the total 20.6% contribution being £667,110 (2019-20 £600,670). These costs are included in the NHS pension line of note 4.1.1.

**5. Operating expenses**

	<b>2020-21 Total £'000</b>	<b>2019-20 Total £'000</b>
<b>Purchase of goods and services</b>		
Services from other CCGs and NHS England	2,536	3,692
Services from foundation trusts	405,344	391,030
Services from other NHS trusts	15,001	18,515
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies	84,537	68,579
Purchase of social care	17,988	16,823
General Dental services and personal dental services	-	-
Prescribing costs	66,609	62,869
Pharmaceutical services	22	32
General Ophthalmic services	79	100
GPMS/APMS and PCTMS	58,506	8,766
Supplies and services – clinical	-	8
Supplies and services – general	7,688	2,185
Consultancy services	19	10
Establishment	917	1,300
Transport	1	3
Premises	94	266
Audit fees	69	63
Other non statutory audit expenditure		
· Internal audit services	38	-
· Other services	12	-
Other professional fees	200	533
Legal fees	189	88
Education, training and conferences	195	171
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	-
<b>Total Purchase of goods and services</b>	<b>660,044</b>	<b>575,033</b>
<b>Depreciation and impairment charges</b>		
Depreciation	15	15
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
<b>Total Depreciation and impairment charges</b>	<b>15</b>	<b>15</b>
<b>Provision expense</b>		
Change in discount rate	-	-
Provisions	-	-
<b>Total Provision expense</b>	<b>-</b>	<b>-</b>
<b>Other Operating Expenditure</b>		
Chair and Non Executive Members	168	170
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	-	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure	-	-
<b>Total Other Operating Expenditure</b>	<b>168</b>	<b>170</b>
<b>Total operating expenditure</b>	<b>660,228</b>	<b>575,218</b>

The auditors liability for external audit work carried out for the financial year 2020/21 is limited to £2,000,000.

The audit fees for 2020/21 include 2020/21 fees plus additional costs incurred for undertaking the 2019/20 audit during the Covid-19 pandemic. Other non statutory services is the Mental Health Investment Standard audit.

NHS Wirral Clinical Commissioning Group were delegated the responsibility for commissioning GP Medical Services from NHS England on 1 April 2020 and this expenditure is included in GPMS/APMS and PCTMS.

Internal Audit fees for 2019/20 of £38k are within Other professional fees.

## 6.1 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000
<b>Non-NHS Payables</b>		
Total Non-NHS Trade invoices paid in the Year	13,789	174,540
Total Non-NHS Trade Invoices paid within target	13,742	173,728
<b>Percentage of Non-NHS Trade invoices paid within target</b>	<b>99.66%</b>	<b>99.53%</b>
<b>NHS Payables</b>		
Total NHS Trade Invoices Paid in the Year	1,104	425,995
Total NHS Trade Invoices Paid within target	1,097	425,972
<b>Percentage of NHS Trade Invoices paid within target</b>	<b>99.37%</b>	<b>99.99%</b>
<b>Measure of compliance</b>	<b>2019-20 Number</b>	<b>2019-20 £'000</b>
<b>Non-NHS Payables</b>		
Total Non-NHS Trade invoices paid in the Year	10,945	115,041
Total Non-NHS Trade Invoices paid within target	10,904	114,965
<b>Percentage of Non-NHS Trade invoices paid within target</b>	<b>99.63%</b>	<b>99.93%</b>
<b>NHS Payables</b>		
Total NHS Trade Invoices Paid in the Year	3,050	415,277
Total NHS Trade Invoices Paid within target	3,035	414,510
<b>Percentage of NHS Trade Invoices paid within target</b>	<b>99.51%</b>	<b>99.82%</b>

## 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

NHS Wirral Clinical Commissioning Group did not incur any interest on the late payment of commercial debts during the year ending 31 March 2021 (2019/20 £nil).

## 7 Income Generation Activities

NHS Wirral Clinical Commissioning Group did not undertake any income generating activities during the year ending 31 March 2021 (2019/20 £nil).

## 8. Investment revenue

NHS Wirral Clinical Commissioning Group did not generate any investment revenue during the year ending 31 March 2021 (2019/20 £nil).

## 9. Other gains and losses

NHS Wirral Clinical Commissioning Group did not incur any other gains or losses during the year ending 31 March 2021 (2019/20 £nil).

## 10.1 Finance costs

NHS Wirral Clinical Commissioning Group did not incur any finance costs during the year ending 31 March 2021 (2019/20 £nil).

## 10.2 Finance income

NHS Wirral Clinical Commissioning Group did not generate any finance income during the year ending 31 March 2021 (2019/20 £nil)

# 11. Net gain/(loss) on transfer by absorption

NHS Wirral Clinical Commissioning Group did not incur any gains or losses on transfer by absorption during the year ending 31 March 2021 (2019/20 £nil).

## 12. Operating Leases

### 12.1 As lessee

There is an Operating Lease with the University Of Chester for Marriss House (CCG Headquarters). This lease is due to expire on 31 July 2022, with a lease review date of 31 March 2022.

#### 12.1.1 Payments recognised as an Expense

	Buildings £'000	2020-21 Total £'000	Buildings £'000	2019-20 Total £'000
<b>Payments recognised as an expense</b>				
Minimum lease payments	83	83	82	82
Contingent rents	-	-	-	-
Sub-lease payments	-	-	-	-
<b>Total</b>	<b>83</b>	<b>83</b>	<b>82</b>	<b>82</b>

#### 12.1.2 Future minimum lease payments

	Buildings £'000	2020-21 Total £'000	Buildings £'000	2019-20 Total £'000
<b>Payable:</b>				
No later than one year	83	83	82	82
Between one and five years	28	28	164	164
After five years	-	-	-	-
<b>Total</b>	<b>111</b>	<b>111</b>	<b>246</b>	<b>246</b>

### 12.2 As lessor

NHS Wirral Clinical Commissioning Group was not party to any agreements as a lessor during the year ending 31 March 2021 (2019/20 £nil).

#### 12.2.1 Rental Revenue

NHS Wirral Clinical Commissioning Group did not have any rental revenue during the year ending 31 March 2021 (2019/20 £nil).

#### 12.2.2 Future minimum rental value

NHS Wirral Clinical Commissioning Group did not hold any agreements with future minimum rental value for the year ending 31 March 2021 (2019/20 £nil).

**13 Property, plant and equipment****2020-21****Cost or valuation at 01 April 2020****Information  
technology  
£'000****Total  
£'000**

120

120

Addition of assets under construction and payments on account

-

-

Additions purchased

-

-

Additions donated

-

-

Additions government granted

-

-

Additions leased

-

-

Reclassifications

-

-

Reclassified as held for sale and reversals

-

-

Disposals other than by sale

-

-

Upward revaluation gains

-

-

Impairments charged

-

-

Reversal of impairments

-

-

Transfer (to)/from other public sector body

-

-

Cumulative depreciation adjustment following revaluation

-

-

**Cost/Valuation at 31 March 2021****120****120****Depreciation 01 April 2020**

30

30

Reclassifications

-

-

Reclassified as held for sale and reversals

-

-

Disposals other than by sale

-

-

Upward revaluation gains

-

-

Impairments charged

-

-

Reversal of impairments

-

-

Charged during the year

15

15

Transfer (to)/from other public sector body

-

-

Cumulative depreciation adjustment following revaluation

-

-

**Depreciation at 31 March 2021****45****45****Net Book Value at 31 March 2021****75****75**

Purchased

75

75

Donated

-

-

Government Granted

-

-

**Total at 31 March 2021****75****75****Asset financing:**

Owned

75

75

Held on finance lease

-

-

On-SOFP Lift contracts

-

-

PFI residual: interests

-

-

**Total at 31 March 2021****75****75****Revaluation Reserve Balance for Property, Plant & Equipment****Information  
technology  
£'000****Total  
£'000****Balance at 01 April 2020**

-

-

Revaluation gains

-

-

Impairments

-

-

Release to general fund

-

-

Other movements

-

-

**Balance at 31 March 2021****-****-**

### 13 Property, plant and equipment cont'd

#### 13.1 Additions to assets under construction

NHS Wirral Clinical Commissioning Group did not hold any Assets under Construction as at 31 March 2021 or as at 31 March 2020.

#### 13.2 Donated assets

NHS Wirral Clinical Commissioning Group did not hold any Donated Assets as at 31 March 2021 or as at 31 March 2020.

#### 13.3 Government granted assets

NHS Wirral Clinical Commissioning Group did not hold any Government Granted Assets as at 31 March 2021 or as at 31 March 2020.

#### 13.4 Property revaluation

NHS Wirral Clinical Commissioning Group did not hold any Properties that required revaluation in either 2020/21 or 2019/20.

#### 13.5 Compensation from third parties

NHS Wirral Clinical Commissioning Group received no compensation from third parties for assets impaired, lost or given up, that are included in the Statement of Comprehensive Net Expenditure during the period up to 31 March 2021 and the period to 31 March 2020.

#### 13.6 Write downs to recoverable amount

NHS Wirral Clinical Commissioning Group had no assets written down to recoverable amounts or any reversals of previous write-downs during the period up to 31 March 2021 or the period to 31 March 2020.

#### 13.7 Temporarily idle assets

NHS Wirral Clinical Commissioning Group held no temporarily idle assets as at 31 March 2021 or as at 31 March 2020.

#### 13.8 Cost or valuation of fully depreciated assets

NHS Wirral Clinical Commissioning Group held no fully depreciated assets as at 31 March 2021 or as at 31 March 2020.

#### 13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	0	0
Transport equipment	0	0
Information technology	5	5
Furniture & fittings	0	0

### 14 Intangible non-current assets

NHS Wirral Clinical Commissioning Group did not hold any intangible non-current assets as at 31 March 2021 or as at 31 March 2020.

### 15 Investment property

#### 15.1 Investment property

NHS Wirral Clinical Commissioning Group did not hold any investment property as at 31 March 2021 or as at 31 March 2020.

### 16 Inventories

NHS Wirral Clinical Commissioning Group did not hold any inventory as at 31 March 2021 or as at 31 March 2020.

# 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	612	-	1,945	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	22	-	933	-
NHS accrued income	274	-	3,454	-
Non-NHS and Other WGA receivables: Revenue	209	-	1,154	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	1,521	-	907	-
Non-NHS and Other WGA accrued income	2,952	-	-	-
VAT	50	-	0	-
Other receivables and accruals	-	-	-	-
<b>Total Trade &amp; other receivables</b>	<b>5,639</b>	<b>-</b>	<b>8,394</b>	<b>-</b>
<b>Total current and non current</b>	<b>5,639</b>		<b>8,394</b>	

# 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	27	4	246	285
By three to six months	-	-	514	490
By more than six months	-	71	-	6
<b>Total</b>	<b>27</b>	<b>75</b>	<b>760</b>	<b>781</b>

# 17.3 Loss allowance on asset classes

There was no loss allowances of NHS Wirral Clinical Commissioning Group on asset classes as at 31 March 2021 or as at 31 March 2020.

# 18 Other financial assets

NHS Wirral Clinical Commissioning Group did not hold any Other Financial Assets as at 31 March 2021 (2019/20 £nil).

# 19 Other current assets

NHS Wirral Clinical Commissioning Group did not hold any Other Current Assets as at 31 March 2021 (2019/20 £nil).

# 20 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
<b>Balance at 01 April 2020</b>	24	8
Net change in year	1	16
<b>Balance at 31 March 2021</b>	<b>25</b>	<b>24</b>
Made up of:		
Cash with the Government Banking Service	25	23
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
<b>Cash and cash equivalents as in statement of financial position</b>	<b>25</b>	<b>24</b>
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
<b>Total bank overdrafts</b>	<b>-</b>	<b>-</b>
<b>Balance at 31 March 2021</b>	<b>25</b>	<b>24</b>
Patients' money held by the clinical commissioning group, not included above.	-	-

## 21 Non-current assets held for sale

NHS Wirral Clinical Commissioning Group did not have any non-current assets held for sale as at 31 March 2021 nor as at 31 March 2020.

## 22 Analysis of impairments and reversals

NHS Wirral Clinical Commissioning Group did not have any impairments or reversals during the year ending 31 March 2021 (2019/20 £nil).

<b>23 Trade and other payables</b>	<b>Current 2020-21 £'000</b>	<b>Non-current 2020-21 £'000</b>	<b>Current 2019-20 £'000</b>	<b>Non-current 2019-20 £'000</b>
Interest payable	-	-	-	-
NHS payables: Revenue	693	-	3,917	-
NHS payables: Capital	-	-	-	-
NHS accruals	876	-	1,701	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	3,747	-	2,963	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	34,850	-	26,993	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	54	-	53	-
VAT	-	-	-	-
Tax	50	-	47	-
Payments received on account	-	-	-	-
Other payables and accruals	8,578	-	2,491	0
<b>Total Trade &amp; Other Payables</b>	<b>48,849</b>	<b>-</b>	<b>38,165</b>	<b>0</b>
Total current and non-current	<b>48,849</b>		<b>38,165</b>	

Other payables has increased mainly due to the CCG taking responsibility for Primary Care Co-Commissioning on 1 April 2020 and the 31 March 2021 figure now includes outstanding GP Pension contributions of £494k. It also includes £565k outstanding pension contributions at 31 March 2021 (£61k at 31 March 20).

## 24 Other financial liabilities

NHS Wirral Clinical Commissioning Group did not have any Other Financial Liabilities as at 31 March 2021 (2019/20 £nil).

## 25 Other liabilities

NHS Wirral Clinical Commissioning Group did not have any Other Liabilities as at 31 March 2021 (2019/20 £nil).

## 26 Borrowings

NHS Wirral Clinical Commissioning Group did not have any borrowings as at 31 March 2021 (31 March 2020 £nil).

## 27 Private finance initiative, LIFT and other service concession arrangements

NHS Wirral Clinical Commissioning Group has not entered into any PFI or NHS LIFT arrangements during the year ended 31 March 2021 (2019/20 £nil).

## 28 Finance lease obligations

NHS Wirral Clinical Commissioning Group has not entered into any finance lease arrangements during the year ended 31 March 2021 (2019/20 £nil).

## 29 Finance lease receivables

As at 31 March 2021, NHS Wirral Clinical Commissioning Group has not entered into any finance lease arrangements as a lessor.

### **30 Provisions**

NHS Wirral Clinical Commissioning Group did not hold any provisions at the year ending 31 March 2021 (2019/20 £nil).

NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before 1 April 2013, the date on which NHS Wirral Clinical Commissioning group was established. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of NHS Wirral Clinical Commissioning group at 31 March 2021 is £nil (2019/20 - £213,425).

Legal claims are calculated from the number of claims currently lodged with the NHS Resolution and the probabilities provided by them, there were no claims lodged against NHS Wirral Clinical Commissioning Group during the year ended 31 March 2021 (2019/20 - £nil).

### **31 Contingencies**

NHS Wirral Clinical Commissioning Group has not agreed any contingencies as at 31 March 2021 (2019/20 £nil).

### **32 Commitments**

NHS Wirral Clinical Commissioning Group did not have any capital or other commitments as at 31 March 2021 (2019/20 £nil).

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

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

##### **33.1.1 Currency risk**

NHS Wirral Clinical Commissioning Group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. NHS Wirral Clinical Commissioning Group has no overseas operations and therefore has low exposure to currency rate fluctuations.

##### **33.1.2 Credit risk**

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

##### **33.1.3 Liquidity risk**

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

##### **33.1.4 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	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	751	751
Trade and other receivables with other DHSC group bodies	3,118	3,118
Trade and other receivables with external bodies	177	177
Other financial assets	-	-
Cash and cash equivalents	25	25
<b>Total at 31 March 2021</b>	<b>4,071</b>	<b>4,071</b>
Total Non-financial assets at 31 March 21	1,593	1,593
<b>Total current assets at 31 March 2021</b>	<b>5,664</b>	<b>5,664</b>

#### 33.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	268	268
Trade and other payables with other DHSC group bodies	1,816	1,816
Trade and other payables with external bodies	46,660	46,660
Other financial liabilities	-	-
Private Finance Initiative and finance lease obligations	-	-
<b>Total at 31 March 2021</b>	<b>48,744</b>	<b>48,744</b>
Total Non-financial liabilities at 31 March 21	105	105
<b>Total current liabilities at 31 March 21</b>	<b>48,849</b>	<b>48,849</b>

### 34 Operating segments

International Financial Reporting Standards (IFRS) require financial performance to be analysed across key decision making segments. NHS Wirral Clinical Commissioning Group only has one segment: Commissioning of Healthcare services.

### 35 Joint arrangements - interests in joint operations

NHS Wirral Clinical Commissioning Group is required to disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities. See note 35.1

#### 35.1 Interests in joint operations

			Amounts recognised in Entities books ONLY 2020-21			
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000
Better Care Fund Pooled Budget	NHS Wirral CCG and Wirral Borough Council	Commissioning service for the provision of health and social care	2,814	1,896	0	28,562
			Amounts recognised in Entities books ONLY 2019-20			
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000
Better Care Fund Pooled Budget	NHS Wirral CCG and Wirral Borough Council	Commissioning service for the provision of health and social care	0	0	0	26,990

#### 35.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

NHS Wirral Clinical Commissioning Group did not have interests in entities not accounted for under IFRS 10 or IFRS 11 for the year ended 31 March 2021.

**36 Related party transactions**

Details of related party transactions with individuals are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Dr Paula Cowan (Chair) - Eastham Group Practice.	1,618	0	80	0
Dr Simon Delaney (Medical Director) - Sunlight Group Practice.	2,029	0	77	0
Dr Lax Ariaraj (Clinical Lead) - Cloughton Medical Centre.	2,418	0	221	0
Dr Sian Stokes (Clinical Lead) - The Village Medical Centre.	786	6	67	0
Dr Saket Jalan (Clinical Lead) - Hoylake Road Medical Centre.	604	0	57	0

NHS Wirral Clinical Commissioning Group were delegated the responsibility for commissioning GP Medical Services from NHS England on 1 April 2020. The transactions include contractual payments in relation to General or Primary Medical Services for GP's, in addition to locally enhanced services, practice transformation & network developments, and prescribing reimbursements.

All transactions are subject to prior approval through NHS Wirral Clinical Commissioning Group approvals committee.

The Department of Health and Social Care is regarded as a related party. During the year NHS Wirral Clinical Commissioning Group has had significant number of material transactions with entities which the Department is regarded as the parent.

NHS England (including commissioning support units);

NHS Foundation Trusts;(those > £7.5million Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Health and Care NHS Foundation Trust, Cheshire & Wirral Partnership NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust, Clatterbridge Cancer Centre NHS Foundation Trust)

NHS Trusts;( North West Ambulance Service)

NHS Business Services Authority.

In addition NHS Wirral Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies, mainly Wirral Borough Council.

**37 Events after the end of the reporting period**

There were no events after the end of the reporting period that would have a material effect on the financial statements of NHS Wirral Clinical Commissioning Group or the consolidated group.

**38 Losses & Special Payments**

NHS Wirral Clinical Commissioning Group had no losses or made special payments as at 31 March 2021 nor as at 31 March 2020.

**39 Third party assets**

NHS Wirral Clinical Commissioning Group did not hold any third party assets as at 31 March 2021 nor as at 31 March 2020.

**40 Financial performance targets**

NHS Wirral Clinical Commissioning Group has a number of financial duties under the NHS Act 2006 (as amended).

NHS Wirral Clinical Commissioning Group performance against those duties was as follows:

	2020-21 Target	2020-21 Performance	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	665,538	664,977	565,902	579,849
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	665,538	664,977	565,902	579,849
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	5,729	5,507	7,259	5,766

**41 Analysis of charitable reserves**

NHS Wirral Clinical Commissioning Group does not administer or hold any charitable funds or reserves.

# Independent Auditor's Report to the Members of the Governing Body of NHS Wirral Clinical Commissioning Group

# Independent auditor's report to the members of the Governing Body of NHS Wirral Clinical Commissioning Group (CCG)

## Report on the Audit of the Financial Statements

### Opinion on financial statements

We have audited the financial statements of NHS Wirral CCG (the 'CCG') for the year ended 31 March 2021, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the CCG's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the CCG to cease to continue as a going concern.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2020 to 2021 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services currently provided by the CCG. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2020) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

The responsibilities of the Accountable Officer with respect to going concern are described in the 'Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements' section of this report.

### **Other information**

The Accountable Officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

### **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### **Opinion on other matters required by the Code of Audit Practice**

In our opinion, based on the work undertaken in the course of the audit:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Opinion on regularity of income and expenditure required by the Code of Audit Practice**

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 in the financial statements conform to the authorities which govern them.

### **Matters on which we are required to report by exception**

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State 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; or
- we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

### **Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements**

As explained more fully in the Statement of Accountable Officer's responsibilities, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless 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.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

The Governing Body is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the CCG's financial reporting process.

### **Auditor's responsibilities for the audit of the financial statements**

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

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

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021).
- We enquired of management and the Audit Committee, concerning the CCG's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the Audit Committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, by evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on the material year end transactions and manual journals posted during the year with high risk characteristics;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing and continuing healthcare;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in revenue and/or expenditure recognition;
- Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the CCG operates
  - understanding of the legal and regulatory requirements specific to the CCG including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - the CCG's operations, including the nature of its operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - the CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework.

## **Report on other legal and regulatory requirements – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

### **Matter on which we are required to report by exception – 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 to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

Our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources is not yet complete. The outcome of our work will be reported in our commentary on the CCG's arrangements in our Auditor's Annual Report. If we identify any significant weaknesses in these arrangements, these will be reported by exception in our Audit Completion Certificate. We are satisfied that this work does not have a material effect on our opinion on the financial statements for the year ended 31 March 2021.

### **Responsibilities of the Accountable Officer**

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

### **Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 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 its use of resources are operating effectively.

We undertake our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We document our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we consider whether there is evidence to suggest that there are significant weaknesses in arrangements.

## Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for the NHS Wirral 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 until we have completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.

### Use of our report

This report is made solely to the members of the Governing Body of 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 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 CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

*Michael Green*

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

14 June 2021

## Independent auditor's report to the members of the Governing Body of NHS Wirral Clinical Commissioning Group

In our auditor's report issued on 14 June 2021, we explained that we could not formally conclude the audit and issue an audit certificate for 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, until we had:

- Completed our work on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed this work, and the results of our work are set out below.

### Opinion on the financial statements

In our auditor's report for the year ended 31 March 2021 issued on 14 June 2021 we reported that, in our opinion the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2021 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2020 to 2021; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave this opinion.

### Report on other legal and regulatory requirements - the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

#### Matter on which we are required to report by exception – 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 to you if, in our opinion, we have not been able to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in respect of the above matter.

#### Responsibilities of the Accountable Officer

The Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

#### Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 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 its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

## Report on other legal and regulatory requirements – Audit certificate

We certify that we have completed the audit of NHS Wirral Clinical Commissioning Group 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.

### Use of our report

This report is made solely to the members of the Governing Body of 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 those matters we are required to state to them in an audit certificate and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

*Michael Green*

Michael Green, Key Audit Partner  
for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

25 August 2021