

Annual report and accounts 2020 -2021



Contents

Contents	2
Foreword from the Clinical Chair	4
Performance report.....	6
COVID-19 pandemic	6
Highlights of the year	9
NHS Devon CCG performance rating	14
Awards	15
Overview.....	17
Our purpose and activities	17
Our vision, mission and strategic objectives	17
Commissioning local services	18
Our operational structure and the business environment.....	19
Review of the year	21
Working with partners and providers.....	21
Primary care.....	26
Looking ahead – our plans for 2021/22	35
Performance summary from accountable officer	37
Performance summary.....	37
Sustainable development (environmental matters)	41
Improving quality	42
Patient experience	43
Safeguarding.....	45
Countering fraud, bribery and corruption.....	46
Involving people and communities	46
Our engagement platforms	50
Ensuring people have a voice	51
Reducing health inequalities	52
Prevention Programme	60
Equality, diversity and inclusion	63
Accountability report	67
Corporate governance report.....	67
Members' report.....	67
Our Governing Body	72
Personal data related incidents.....	75
Statement of disclosure to auditors	75

Modern Slavery Act.....	75
Statement of accountable officer’s responsibilities.....	75
Annual governance statement.....	78
Review of economy, efficiency and effectiveness of the use of resources.....	92
Head of Internal Audit Opinion	100
Review of the effectiveness of governance, risk management and internal control	117
Remuneration and staff report.....	118
Staff report	127
Other employee matters.....	134
Parliamentary accountability and audit report.....	139
Appendices.....	140
Appendix 1	140
Appendix 2.....	143
Financial statements.....	149
Independent auditor’s report	177

Foreword from the Clinical Chair

This year is acknowledged as having been the most challenging in the history of the NHS, and responding to the global COVID-19 pandemic on behalf of our patients has needed our every effort and unwavering focus over the past 12 months.

Thanks to the efforts of our residents, Devon has seen relatively low numbers of cases compared with other parts of the country, but the effects of COVID-19 here have been just as keenly felt – by residents in our care homes, by parents home-schooling, by our population in three periods of lockdown and most of all, of course, by our frontline staff in their courageous, dedicated and unrelenting work to care for all those affected by the virus.

On 8 December 2020 we saw 88-year-old Dennis Lyne become the first person in Devon to receive the vaccination against COVID-19. This marked a momentous turn of events. At year end, we were vaccinating ever more people, having met the national target in February for protecting those in the four highest priority groups. The huge efficiency of our vaccination programme has been the result of the great agility of our staff and the organisational skills and imagination of our primary care colleagues, supported by our digital team, by councils and by private business making available such premises as the Riviera Centre in Torquay, the Pavilions in Plymouth and the Tennis Centre in Exmouth. These have run alongside our large vaccination sites at Home Park and Westpoint and our pharmacy sites including Westward Ho! so that large numbers can be vaccinated in safe and socially-distanced environments.

Much of this success has been due to the collaboration of primary care networks, which group GP practices together to provide more resilience and reap the benefits of working at greater scale. With the onset of the pandemic, primary care shifted with agility to digital working so that GPs could continue to provide consistent and safe care for their patients. They came together to develop hubs for potential COVID-19 patients, and they have provided exceptional leadership for the vaccination programme.

While necessarily focussing on the here and now, we have also ensured that Devon Clinical Commissioning Group has not lost sight of the need for strategic development. We have worked with primary care as provider organisations in the primary care networks and collaborative boards, putting time and resource into developing leadership skills and a full development programme for the clinical directors of our networks.

The CCG also set up the Devon Ethical Reference Group to provide an ethical framework for clinicians in the event that decision-making became difficult due to pressure on resources. Chaired by Dame Suzi Leather, this group has been recognised as an exemplar by NHS England.

With COVID-19 stretching all our resources, many people of necessity had treatment for non-life-threatening conditions delayed. This presents us now with our greatest challenge: to meet the health needs of these patients. To do this we will need to

work creatively and effectively with the independent sector as well as with our four acute hospitals and our community services in order to provide timely and safe care for those who have been waiting.

It has been gratifying to see the recognition that Devon has had in national awards, including in the Health Service Journal Awards, recognised as the most prestigious in the sector. Many of these stemmed from innovative partnership working. The CCG was once again awarded the Green Star for outstanding work in involving patients and our communities. This is at the heart of our values and way of working.

We have also kept attention on the Long Term Plan for the NHS and the Devon response, and submitted a successful application to be designated an Integrated Care System (ICS), working as one team with our local authority and other partners to commission the best services possible for our population.

I am delighted that we have appointed Jane Milligan to take on the role of leading the Integrated Care System, incorporating the currently separate role of Accountable Officer for Devon CCG. In welcoming her, I would also like to record my thanks to Philippa Slinger who has provided leadership for the integrated system work this year, and to Simon Tapley who stepped into the role of acting Accountable Officer and whose excellent leadership has been greatly appreciated.

At the same time, my thanks go to the CCG staff who have shown extraordinary flexibility in taking on new roles to strengthen the COVID-19 response while working from home.

Thousands of Britons stepped out of their homes last year to applaud our NHS colleagues. I applaud them today and record once again on behalf of the Governing Body our gratitude, respect and admiration for every one of them.



Dr Paul Johnson
Clinical chair, NHS Devon Clinical Commissioning Group



Performance report

This overview provides general information about NHS Devon Clinical Commissioning Group (CCG), its purpose, and performance during the year. The CCG was established on 1 April 2019, from a merger of two previous CCGs, Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG.

COVID-19 pandemic

Throughout the year, the CCG has played a central role in leading and coordinating the response to COVID-19 across Devon, to ensure the best care for those affected by it, to keep staff and patients safe and to allow people, to the greatest extent possible, to continue to access healthcare services.

The CCG's incident management team, established in March 2020, has been central in passing on vital information to other parts of the NHS, including Devon's hospitals. These have their own strategic, tactical and operational structures in place.

Devon set up an Ethical Reference Group to oversee ethical matters that could arise in decision-making because of COVID-19 pressure on resources. This is chaired by Dame Suzi Leather and includes local NHS membership, along with external ethicists and academic specialists in the field of medical law. Local authorities and the patient representative group Healthwatch also have membership. The reference group has been recognised as an exemplar by NHS England.

A new NHS Nightingale Hospital was established at Sowton in Exeter, with the support of military personnel, to provide an extra 116 beds for patients with COVID-19. Initially the hospital was used to provide diagnostic capacity. Later in the year it opened for the care of COVID-19 inpatients.

This facility is hosted by the Royal Devon and Exeter NHS Foundation Trust, and was designed to ensure resilience across the Devon, Cornwall and wider southwest region.

Care for critically ill patients with COVID-19 has continued to be provided by the five hospitals in Devon and Cornwall, which significantly increased their critical care capacity to meet needs during peaks of the pandemic.

At many times in the year, Devon hospitals have also come to the aid of other areas, including the southeast of England, in providing beds and care for COVID-19 patients.

The CCG coordinated the response with Devon's GP practices which, as primary care networks, set up specialist COVID-19 hubs where patients could be assessed and treated.

Before the pandemic, primary care was already providing digital care and online services with more than 90% of practices signed up to use online consultations. This allows patients to access services at their practice from their smartphone, tablet or computer. Since then, coverage has extended to cover 99% of the patient population. Hundreds of laptops were provided to practices by the CCG to help them run these digital consultations.

The CCG, providers and primary care worked diligently with other partners to support care homes during the pandemic. They provided extra training in the rigorous prevention and control of infection, support in isolating newly-admitted people to the homes, set up an out of hours service, and made sure that care home staff had personal protective equipment (PPE) that fitted correctly. They provided additional support to care homes experiencing any significant outbreak of COVID-19. All this helped keep a group of our most vulnerable people much safer.

In Plymouth, the New Continental Hotel in Millbay was transformed into a 48 bed “residential care hotel” which provided support for people discharged from hospital but not yet ready to return home. The care hotel was commissioned by Plymouth City Council and care was provided by Livewell Southwest, which created a team of 31 newly-recruited staff from a variety of backgrounds to work with Livewell nurses, physiotherapists, volunteers, hotel cleaners, receptionists and porters, all of whom received training from Livewell.

Devon has played its part in the wider effort to combat COVID-19. In research, scientists at the University of Exeter and the Royal Devon & Exeter NHS Foundation Trust were part of a wider consortium that received £12.2million in funding to contribute to national efforts to map how COVID-19 spreads and evolves.

As part of the COVID-19 Genomics UK Consortium, their work was backed by the Department for Health and Social Care Testing Innovation Fund to expand whole genome sequencing of SARS-CoV-2.

The funding was designed to boost the genome sequencing capacity needed to meet the increasing numbers of COVID-19 cases.

More information on the vital role played in the COVID-19 response by new digital technologies can be seen in the digital section on page 24.

Vaccination programme

Plans for the mass vaccination of the Devon population have been led by the CCG and primary care.

With the speedy development of effective vaccines, the first patients in Devon were vaccinated with the Pfizer/BioNTech vaccine at Derriford Hospital in Plymouth on 8 December. This vaccine provided logistical challenges in terms of the low temperature required for storage, and Plymouth University Hospitals NHS Trust became the holding centre for the Pfizer/BioNTech vaccine for Devon. One month later, on 8 January, the first patients were vaccinated with the Oxford/AstraZeneca vaccine.

Primary care networks worked collaboratively to ensure large numbers of patients could be vaccinated safely, while maintaining social distancing. In this they received the support of local councils and private businesses in making suitably spacious premises available for this purpose.

Thousands of volunteers have been supporting the mass vaccination programme, helping people arriving at the centres. Appeals for help met with an overwhelming response.

By February, Devon had succeeded in offering and delivering first dose vaccinations for the top four priority groups, including those aged 70 or over, residents and staff in care homes, the clinically extremely vulnerable and health and care staff. In this time, it was estimated that 95% of people in Devon aged 70 or over had received a vaccination, among more than 342,000 people in all.

The vaccination programme was at that point extended to cover tens of thousands more people, including adults under 64 with underlying health conditions and people over 65, who were given their vaccination by 7 March. Unpaid carers were invited to register, ready for vaccination. A widened cohort of extremely clinically vulnerable people will have had their first vaccination by 30 April 2021 and all adults in Devon by July.

In January, University Hospitals Plymouth became the first research site in the world to successfully recruit more than 500 volunteers to ENSEMBLE 2, an international COVID-19 vaccine trial.

The study, which launched in November 2020, seeks to recruit up to 30,000 people worldwide in order to test the safety and effectiveness of a new vaccine, to be used in conjunction with those already approved to tackle the coronavirus pandemic.

As the vaccines have become available, digital technology has been playing a key role in their administration in Devon and across the UK. New systems have been developed and deployed to rapidly identify which patients are eligible for vaccination at different times and invite them for their vaccination; this has significantly enabled the ability of practices to deliver the mass vaccination programme at such speed. Innovative technology has been rolled out to support over 20 new vaccination centres in Devon so that vaccinations can all be safely recorded, whether or not they have taken place in NHS premises, and then reported back to the individual's GP record.

In light of the pandemic, digital technology has also been used to help look after those at higher risk from hospital admissions, for example in the form of the Oximetry at Home service. These allow patients to monitor their blood oxygen levels from their own homes using an NHS supplied device called a Pulse Oximeter and report their readings either via an app or over the phone, allowing any deterioration in their condition to be spotted early and responded to appropriately.

Alongside this, we have seen huge change in the way digital systems and technologies have been used to by CCG staff through the COVID-19 pandemic. The

CCG had already adopted Microsoft Teams technology as part of its upgrade to Office 365 but the first lockdown saw this change from being something used by some people, some of the time, to the main way CCG staff communicated with each other. The wider NHS quickly accelerated existing plans to make Teams available to the whole NHS to help all NHS staff communicate and collaborate more effectively wherever they were working. Additional laptops were quickly sourced and used to allow more CCG staff to work from home and IT support moved to a 24-hours-a-day footing to support the CCG's role in co-ordinating the Devon response to the pandemic.

Highlights of the year

These are some of the positive developments we have seen in the past year.

Online consultations with GPs

The Devon Digital Accelerator, which has helped to embed and promote the use of online consultation tools, has been a key programme for Devon. It has helped contribute to the creation of a national blueprint for online consultation in general practice, through the learning and insights gathered from our Devon practices and patient voices. The programme has been shortlisted for nine industry awards, including three prestigious Health Service Journal (HSJ) awards and one HSJ partnership award.

Carers Hospital Service

After a 'proof of concept' pilot, a full Carers Hospital Service got under way at the RD&E hospital in Exeter, in a joint CCG initiative with Devon County Council and the voluntary sector in the form of Westbank Community Care and Health, which provides the Devon Carers service. This won a 2020 Health Service Journal award in the carers' category.

The aim was to identify unpaid carers while they were still in hospital, reduce admissions and readmissions, and prevent crisis and a breakdown of caring arrangements.

The carers hospital team became an integrated part of the hospital work, supporting many carers who would otherwise have been discharged without any identified need for further support.

The scheme has reduced ongoing health needs by 22%, reduced admissions by 16%, prevented carer breakdown in 15% of cases, and helped more timely discharge. More importantly it has greatly helped carers in feeling supported. With the success in Exeter, the scheme has now extended to North Devon District Hospital in Barnstaple and may be taken up next at Torbay Hospital.

One Northern Devon

One Northern Devon, a person-centred, placed based concept of partnership working, has gone from strength to strength over the year, culminating in its being a finalist for a Health Service Journal award for integrated care partnerships. It is founded on the idea that communities are full of potential and capacity that can be unleashed to make a real difference to people's lives.

A collaboration that goes well beyond health and social care to include community and voluntary groups, One Northern Devon addresses the root causes of people's needs and provides support in the context of the individual's own life, in an area with some poor housing, few job prospects and social isolation.

With partnerships in every area - One Ilfracombe, One Torrington, One Barnstaple, One Braunton, One South Molton and One Atlantic - services are made to flow around the person rather than the person being bounced around the system.

In the first months of the COVID-19 pandemic alone, One Northern Devon saw 1,000 volunteers sign up, delivering more than 1,600 shopping orders, more than 2,000 prescriptions, more than 300 social phone calls and more than 600 other acts of kindness.

A wider pilot of "flow" across such areas as mental health and youth services has resulted in improved outcomes, improved patient experience, and greater staff satisfaction.

Think 111 First campaign

The 111 out of hours service was extended in December 2020 to provide quicker and safer access for people needing urgent care.

The Think 111 First campaign encouraged people to call 111 before heading for hospital Emergency Departments, so they could receive advice from trained clinical professionals on the most appropriate place to get the care they needed.

The aim was to avoid unnecessary trips to Emergency Departments, so as to relieve pressure on ED services and prevent crowding in waiting rooms.

This was a priority project resulting from close collaboration among partners, including Devon Doctors, which runs the 111 service.

Between June and August 2018, Healthwatch in Devon, Plymouth, Somerset and Torbay engaged locals to understand people's experiences of using the NHS 111 service. Results from the [survey](#), which 186 people completed, indicated that the quality of the service people received was not consistent.

A new £8million Health and Wellbeing Centre for Teignmouth

Detailed plans were drawn up during the year for a modern, purpose built Health and Wellbeing Centre for the heart of Teignmouth.

The £8million centre will house Teignmouth's larger GP practice, Channel View Medical Group, health and wellbeing teams including community nurses, therapists and social workers, and the voluntary sector.

In an eight week formal consultation during September and October 2020, almost two thirds of respondents said that, overall, they agreed with Devon CCG's proposal to move community clinics from Teignmouth Community Hospital to the new centre, to move most specialist, consultant-led clinics to Dawlish Community Hospital along with minor day surgery procedures, and to continue with the integrated model of care, reversing an earlier decision to establish 12 rehabilitation beds at Teignmouth. It was made clear during the consultation that if the proposal were approved, Teignmouth Community Hospital would no longer be needed for NHS services, and would be likely to be sold by Torbay and South Devon NHS Foundation Trust, with the proceeds being reinvested in the local NHS.

The proposal was approved by the Governing Body in December.

It was the first large-scale consultation in Devon, and among the first in the country, to be held remotely. Because of the COVID-19 risks associated with travel and big gatherings, public meetings were held in webinar format. Paper copies of the consultation document were delivered to every household in the Teignmouth and Dawlish areas.

See more detail in the public engagement section of this report, page 46.

Health and Wellbeing Centre on track for Dartmouth

Following a competitive process, Classic Builders was awarded a £4.1m contract to build the planned Dartmouth Health and Wellbeing Centre.

The new centre is a partnership project between Torbay and South Devon NHS Foundation Trust, GPs, the CCG and the voluntary sector to bring together in one centre all statutory organisations involved in providing health and care for the people of Dartmouth and surrounding area.

The 'one-stop shop' approach will mean different professionals can work more closely together to provide better integrated services for local people.

The new building should be ready to open in summer 2022.

Domestic abuse highlighted

NHS services in Devon put themselves at the forefront of expert work to identify and care for people affected by domestic abuse and sexual violence, as case numbers rose during COVID-19 pandemic.

The aim was not only to help local GPs identify and support victims but also perpetrators of abuse so that people could be supported to change.

During the COVID-19 pandemic, domestic abuse charities and other organisations are reporting an increase in cases:

- General online domestic abuse searches have increased more than threefold
- Support lines and web chat activity has increased by more than half
- A substantial rise in self-referrals to national charity ChildLine
- An increase of up to 50% in high risk referrals

In 2020, Devon CCG appointed its first lead for domestic abuse and sexual violence to make further improvements across the county, so that Devon remains at the forefront of best practice.

In November and December, the CCG supported Public Health England South West's campaign to mark an international 16 days of action movement by reminding employers across the South West of their duty of care to employees to provide a safe and effective work environment.

Twenty-nine GP practices in the Devon and Torbay areas are part of a successful programme called IRIS (Identification and Referral to Improve Safety) that offers GP teams tailored training and access to a named specialist domestic abuse and sexual violence advocate.

New Place of Safety for children

Children and young people in Devon who are experiencing severe mental health issues have been able to benefit from a new Place of Safety at Plymbridge House in Plymouth.

Plymbridge House is a 12 bedded regional unit for children and young people aged 12 – 18 years who present with severe and complex mental health issues that cannot be supported in the community. It serves the population of Plymouth, Devon and Torbay but takes young people from all over the south west if required and is staffed by a full multidisciplinary team who support both the young person and their families during their admission.

The Place of Safety suite is for anyone under the age of 18 who is detained by the police under Section 136 of the Mental Health Act and is designed to provide a comfortable, safe and containing environment for young people while they undergo a Mental Health Act Assessment. This avoids them being taken to a police station or to a hospital emergency department.

Investments

Hospitals in Devon have been pressing ahead with improvements to their facilities, with funding under the national hospital building programme, known as the New Hospital Programme (formerly the Health Infrastructure Plan 2) scheme.

University Hospitals Plymouth is building a new emergency care facility, bringing together urgent and emergency care and providing dedicated areas for children, frail people, and those needing same day emergency care. The first phase sees the existing Emergency Department replaced by 2024.

Torbay Hospital is also one of 40 hospitals across the country to receive a share of the £3.7 billion funding, using it to improve access to diagnostics, improve urgent and emergency care environments and create separate planned care units.

Dr Rob Dyer, deputy chief executive, said: “The buildings will be flexible enough to support how modern medicine develops over the next 30 or so years and will help us to separate the care of people who need emergency care from those with planned or routine care, which has become so difficult during the COVID-19 pandemic.”

North Devon NHS Trust has also received funding to make improvements to its hospital facilities, replacing ageing estate and allowing the delivery of new models of care.

Funding for obesity research

A team of researchers in Plymouth and Exeter was awarded nearly £2.5 million from the National Institute for Health Research to investigate whether an intensive group-based behavioural programme would be more effective than usual care for people with obesity.

The researchers at the University of Exeter Medical School and the University of Plymouth are working with the Plymouth and West Devon Weight Management Service, which is provided by Livewell Southwest Community Interest Company and has been sponsored by University Hospitals Plymouth NHS Trust.

It comes at a time when supporting people to lose weight in a healthy way is a national priority, in light of the link between obesity and severe COVID-19.

Mental health unit upgrade

Livewell Southwest was awarded £3 million to upgrade one of its mental health units to improve the safety, privacy and dignity of patients staying there.

Livewell Southwest, the social enterprise delivering integrated health and social care services in Plymouth and parts of South Hams and West Devon, is using the money to refurbish an old dormitory on its Glenbourne acute mental health unit and create 14 single bedded en-suite rooms.

Another ward – the Old Bridford ward, which was previously unused, will be converted into two single sex wards with en-suite facilities.

Learning disabilities

Devon CCG has been working hard to increase the uptake of Annual Health Checks for people with a learning disability. Learning Disability champions have been identified in 90% of GP practices and, training and support from Liaison Nurses and the CCG Clinical Lead is planned during 2021/22 to further increase the quality and uptake of Annual Health Checks. Initiatives to encourage more young people to have a check include the opportunity for the young person to write to their GP introducing themselves and setting out what they themselves would like from the check, including any reasonable adjustments. 100% of practices have committed to undertake annual health checks in 21/22.

Devon CCG continues to monitor the number of people currently in an inpatient setting, by regular face to face visits, care treatment reviews and regular tracker meetings. Prior to admission there is a Blue Light call that seeks to identify opportunities not to admit unless absolutely necessary. As part of increasing capacity and capability of the supported living provider market, Devon CCG is undertaking a 'Test of Change' pilot that seeks to evaluate an innovative model of provider selection with a fixed fee model, and more involvement with potential providers in the selection process, involving the person and their families, where appropriate.

NHS Devon CCG performance rating

The most recent assessment by NHS England/Improvement, published in October 2020 and based on 2019/20 data, gave NHS Devon CCG a rating of inadequate. This rating is based on an algorithm that considers performance and finance.

The CCG has recognised that it needs to continue to make improvements across clinical quality, leadership and finance. It is acknowledged by the regulators that several of Devon CCG's challenges relate to the Devon system and will, to a large extent, require whole-system solutions, and leadership, in order to achieve the improvements required. A clear action plan is in place supported by monitoring meetings with the regulator.

Awards

Health Service Journal awards

Devon featured prominently in the 2020 Health Service Journal (HSJ) awards, known as “the Oscars of the health sector”. The Devon Carers Hospital Service won in the carers’ category for its work to identify unpaid carers in hospital and improve their experience and outcomes. One Northern Devon, a partnership that brings together health, social care, community groups and voluntary organisations to make a difference to people’s lives reached the finals in the integrated care partnership category. And the Devon Digital Accelerator, helping patients have remote consultations with their doctors, was shortlisted in three categories – connecting services and information, primary care innovation and staff engagement categories. More detail on these schemes is set out above.

In addition, Devon CCG and Cornwall CCG were finalists in the HSJ Partnership Awards 2020 for their work with the pharmaceutical company Eli Lilly in improving outcomes for people with diabetes.

The Proactive Register Management (PARM) tool they developed, along with University Hospitals Plymouth and Royal Cornwall Hospitals, provides general practice with a way of identifying and treating patients not meeting their HbA1c (controlled blood sugar) targets. This tool is now being used by other CCGs and has scope to be adapted for other long-term conditions.

Rheumatology value

The rheumatology team in Torbay and South Devon was recognised for innovative work with patients who have praised the support they have received.

The specialist team, based at Torbay Hospital, was a finalist in the HSJ Value awards for new group clinics which not only help patients, but also maintain safety and quality while expanding the number seen and increasing mutual support and self-management of conditions.

Excellence in transplantation

Professor Matthew Cramp, consultant hepatologist at University Hospitals Plymouth NHS Trust, won the Excellence in Transplantation Award as part of the 2021 UK Awards for Excellence in Organ and Tissue Donation and Transplantation.

Winners were selected by a panel of clinicians, donor families, patients and lay representatives.

Professor Cramp was nominated by colleagues for his commitment to ensuring that patients across the South West receive equitable access to liver transplantation opportunities.

Connections for COVID-19 patients

The patient experience team at University Hospitals Plymouth received recognition for its work in helping COVID-19 patients remain in touch with their families. Patient services manager Claire Jukes received a personal call from HRH Prince William thanking the team for its work. Claire ensured iPads were distributed on the wards and helped arrange video calls between patients and their loved ones, so they could remain connected.

Research award for RD&E nurse

A research nurse at the Royal Devon and Exeter NHS Foundation Trust (RD&E) won a top award at the South West Research Awards.

Sarah Benyon, senior research nurse at the RD&E, received the Research Nurse or Midwife Award for her work in supporting the research and development portfolio for the RD&E's renal (kidney) department.

Sarah was nominated in the NIHR Clinical Research Network South West Peninsula awards by doctor colleagues as an outstanding nurse who is always willing to take on new research studies, recognising the importance of research to improve the treatment options and quality of life for renal patients.

Extraordinary nurse at Torbay Hospital

Christina Harrison, a nurse working in Torbay Hospital's Emergency Department was recognised with The DAISY Award for Extraordinary Nurses. The award is part of the international DAISY Foundation's mission to recognise extraordinary, compassionate nursing care provided for patients and families.

Christina was nominated as "someone who consistently demonstrates a caring and compassionate attitude towards all patients within the Emergency Department, remaining non-judgmental and always putting Trust values into action."

Stand-out for safety

Vicky Brotherton, a senior sister in ophthalmology at Royal Eye Infirmary at Derriford Hospital in Plymouth received the Royal College of Nursing Safety Representative of the Year award.

Nominated by a peer, Vicky's award recognised her as an exceptional health and safety representative who has improved health and safety in her workplace.

CCG staff awards

Hundreds of CCG staff members attended the second Celebrating You Awards in 2020, this year conducted online. Nominations were for those who demonstrate a real dedication to improving services for the population of Devon. The awards recognised 33 individuals, teams and projects for their fantastic contributions. The CCG was delighted to be joined by renowned chef Michael Caines, who paid tribute to NHS staff and recounted how the NHS had saved his own life.

Overview

Our purpose and activities

NHS Devon CCG is the local headquarters for the NHS in Devon.

We are responsible for commissioning, or planning and buying, most healthcare services for the 1.2 million people who make up our local population. Our aim is to improve people's lives, to reduce inequalities in health, and make sure we can deliver our services for the long term.

We work with our local communities and partner organisations to improve people's health and wellbeing and make sure they have safe, high quality, local services. We are responsible for commissioning £1.9billion of healthcare services. This does not include dentists, pharmacies or all specialised NHS services, but we have full responsibility for commissioning GP medical services, under authority delegated by NHS England.

The CCG is a membership body made up of all the GP practices in Devon. We are a clinically led organisation. Our chair is a local GP, and we employ other Devon GPs to provide clinical leadership for key areas or to serve on the CCG's Governing Body. Full details of our Governing Body are on page 72.

Our vision, mission and strategic objectives

Our vision and values were drawn up with our staff on the creation of a single CCG for Devon in consultation with our staff.

Our vision: Working together for Devon

Our mission: Working together to commission the right services that improve lives of those who live in Devon

Our strategic objectives:

- We will continue to commission safe, effective and accessible services
- We will work as a strategic partner in Devon
- We will improve the physical and mental health of our population
- We will make best use of our resources

These strategic objectives were updated in early 2021 for the year ahead, for the first time with staff helping develop them. With the input of staff, they have been made more specific and include timeframes for delivery. Some are already being implemented, such as the focus on staff. The overarching objectives are as follows:



The objectives will be reviewed quarterly by executives and Governing Body to assess progress, with staff kept regularly updated.

The CCG works by taking joint ownership with our partners and the public for creating sustainable health and care services. Our commitment to this is evidenced by our active role in developing the Integrated Care System Devon (ICSD), and by our extensive discussions with, and involvement of, people using services.

The CCG executive members take corporate and personal accountability for driving and enabling achievement of these objectives through their leadership roles.

Commissioning local services

We assess the needs and strengths of the local population and communities before designing and buying services to match those needs. We have a statutory duty to do this in an open, transparent and careful manner, ensuring patients and their families have the highest-quality experience of their health care.

To make sure our plans for local services are comprehensive and representative, we talk to clinicians and health professionals, and we canvas patients' views, working with Healthwatch in Plymouth, Torbay and Devon. Details of how we engage with our communities and how they are involved in our commissioning decisions are set out on page 46.

The CCG has a statutory responsibility to act transparently, proportionately and without discrimination, recognising the responsibilities to consult and engage. The work the CCG does is underpinned by the principles and values set out in the NHS Constitution.

Our operational structure and the business environment

The commissioning architecture introduced under the Health and Social Care Act 2012 was designed to place the responsibility for decision-making with clinicians to ensure the focus always remains on the individual patient.

Our CCG commissions most healthcare services, including:

- Primary care
- Planned hospital care
- Rehabilitation care
- Urgent and emergency care (including out-of-hours care and ambulance services)
- Most community health services
- Maternity and new-born services
- Mental health and learning disability services
- Children's and young people's health services
- Continuing healthcare for people with ongoing health needs

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS organisations, social enterprises, charities or private sector providers. However, they must be assured of the quality of services they commission, considering National Institute for Health and Care Excellence (NICE) guidelines and the Care Quality Commission's (CQC) data about service providers.

The CCG has a statutory responsibility under the NHS Procurement, Patient Choice and Competition Regulations 2013 and the Public Contract Regulations 2015. This must be discharged in procuring healthcare services for the NHS, to secure services that meet patients' healthcare needs and improve quality and efficiency.

Details of how the CCG meets its legal obligations in relation to procurement and in accordance with the Constitution can be found within the CCG's procurement policy. Where appropriate, the procurement of services will be considered in conjunction with other NHS commissioning organisations. Opportunities for

providing healthcare services are advertised on the Government Contracts Finder website.

CCGs are overseen by NHS England, which ensures that CCGs have the capacity and capability to commission services successfully and to meet their financial responsibilities. NHS England has a duty under the Act to promote the autonomy of local clinical commissioners.

NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission.

The CCG commissions its main services from the following key providers:

- Devon Doctors Ltd
- Devon Partnership NHS Trust
- Livewell Southwest Community Interest Company
- Northern Devon Healthcare NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- South Western Ambulance Service NHS Foundation Trust
- Torbay and Southern Devon Health and Care NHS Trust
- University Hospitals Plymouth NHS Trust

The CCG has **four localities**, each with its own clinical representative on the Governing Body: Northern Locality, which includes North Devon District Hospital, Eastern Locality, which includes the Royal Devon and Exeter Hospital, Southern Locality which includes Torbay Hospital, and Western locality, which includes Derriford Hospital. This locality structure ensures that services can be tailored to fit local need.

Our area spans three local authority areas – Devon County Council, Torbay Council and Plymouth City Council, each with approved Better Care Funds which pool health and social care budgets, and each with a Health and Wellbeing Board.

People in Devon generally live longer than those elsewhere in the country, but there are still variations in life expectancy within the county. Significant levels of deprivation exist within our urban areas with pockets of deprivation both in the towns and deeply rural areas of Devon. We are committed to working with our partner organisations to reduce these inequalities.

We operate in a business environment that involves managing risks – for further details, turn to the ‘Risk management arrangements and effectiveness’ section on page 84.

Review of the year

Working with partners and providers

Integrated Care System/Together for Devon

Under our partnership known as Together for Devon, we work closely with local organisations to offer more integrated care and more support for people's wellbeing.

Together for Devon groups the CCG with local authorities, social care, primary care, provider organisations and public health teams, who work with a wide range of partners – both statutory and community or voluntary – to improve people's lives.

The CCG has continued to play a leading role as the county moves to become an Integrated Care System (ICS) for Devon. A formal application for this has now been accepted by NHS England/Improvement, and the transformation to designated ICS takes place on 1 April 2021.

From that date, Jane Milligan took up the role of chief executive of the Integrated Care System and the role of Accountable Officer of the CCG. Jane has 33 years' experience in the NHS and previously led the NHS North East London Commissioning Alliance and the area's Sustainability and Transformation Partnership (STP).

Through the ICSD, the CCG aims to effect the changes to health and care set out in the NHS Long Term Plan. This is intended to meet the growing challenges of providing community and hospital care and social care when demand is dramatically increasing. Through a Devon Long Term Plan, the national plan is being tailored to meet the needs of the population of Devon.

Partnership working, including with the independent sector and our four acute hospitals, will also be needed to ensure that those whose health needs have not been promptly addressed during the COVID-19 pandemic can receive the treatment they require.

The vision is: "Equal chances for everyone in Devon to lead long, happy and healthy lives".

The work programme for the ICSD will be reviewed, particularly in the light of shifting priorities due to the pandemic. The priorities will be set in line with Devon's Long Term Plan.

Commitment to BAME communities

Among a wide range of projects, Together for Devon did work during the year to understand and improve the experience of care, access and outcomes for our Black, Asian and Minority Ethnic (BAME) communities. Nationally, there are stark inequalities among different ethnic groups, and this has been cast into sharp relief by the COVID-19 pandemic, during which we have seen higher mortality rates among those from BAME backgrounds.

The Devon system commissioned Nous Group to identify opportunities for improvement. The project ran from September 2020 to April 2021. Nous worked with BAME staff networks in hospitals as well as BAME community organisations to inform its report.

Nous's recommendations included strengthening accountability and governance structures and establishing mechanisms for system level action. At a local care partnership level, recommendations for improving the experiences for BAME staff included strengthening leadership and accountability, improving support for staff, and improving recruitment and progression. It also recommended better engagement with communities, training in cultural competency for health and care service providers and improving translation services. A detailed Devon-wide action plan is now in place.

Help for digitally excluded people

Together for Devon also works in smaller projects to reach particular groups. For example, partners worked with Devon and Cornwall Police to help ensure that those without access to the internet got vital information about COVID-19 and how to get help. Two editions of a community newspaper, Devon Together, providing this information were delivered to thousands of homes, mostly in rural and isolated communities.

Collaboration between the RD&E and North Devon District Hospital

With the support of NHS regulators, Northern Devon Healthcare NHS Trust and the Royal Devon and Exeter NHS Foundation Trust have moved a step closer to joining together formally.

The two hospitals already share a chief executive and chair, in addition to a number of other executive positions. This coming together in a single, integrated organisation would also embrace community services, including community hospitals.

In November 2020 the two Trust boards approved a strategic case for the single organisation, setting out the benefits for patients, staff and communities.

With approval of this strategic case in January 2021, the trusts are now developing an integrated business case for the new arrangement, which aims to secure the long-term sustainability of acute and other services across the populations in eastern and northern Devon.

Marie Curie service for bereaved families

A new service has been launched to offer bereaved families in Exeter and Mid Devon additional support from Marie Curie, the UK's leading end of life charity, when a loved one dies at the Royal Devon and Exeter NHS Foundation Trust (RD&E Hospital).

Families of patients who die either at the RD&E or who have had support and care in the community from the RD&E will receive a phone call from a specially trained, locally recruited, Marie Curie Companion who will offer a series of weekly telephone bereavement support calls.

Julia Bearne, community engagement and development manager at Marie Curie, said: "When someone close to you dies it is, and has always been, terribly difficult. Sadly, we know that for many people the pandemic will have made coping with bereavement even harder.

"Our Marie Curie Companions can offer comfort, compassion, a friendly voice and a listening ear at a time it's needed most. Talking to someone can make a huge difference and we're delighted to be able to offer this service at the RD&E."

Short-term stays for mental health support

Devon Partnership NHS Trust opened Redhills House in Exeter as a service for people who need a short period of mental health support.

Redhills House provides 24/7 support for up to five men and women from the Exeter, East and Mid Devon areas - although that has been limited to four people during the COVID-19 pandemic. It offers a home-from-home for people in distress who need more mental health support but do not require hospital admission. Stays are typically for between 24 hours and ten days.

Evidence shows that a short spell of care away from people's home can have many benefits for people and for their families. The trust home treatment teams are working alongside staff to provide goal-based care for people to meet their immediate needs.

iBelong in East Devon

With funding from Together in Devon, five towns in East Devon have documented their community initiatives in a series of films, to share and inspire other towns to take similar action.

They have produced a range of resources covering such topics as how individuals can play their part in responding to people with anxieties, opening conversations about wellbeing, or creating a dementia friendly community.

Digital strategy

2020/21 was the year that digital technologies came to the forefront and underpinned the delivery of health and care throughout the COVID-19 pandemic. The adoption of new technologies accelerated at a level not previously seen; transformations that could have taken a number of years occurred within weeks and months. All those staff who were involved in the adoption of these technologies deserve much credit and recognition for their work that enabled services to operate and the pandemic response to be coordinated.

In the early phase of the first lockdown, we adopted and implemented Microsoft Teams video conferencing to enable operational meetings to continue. Without the consistent adoption of this technology the co-ordination of fundamental pandemic activity such as incident management, securing PPE and implementing online primary care consultations would not have been as effective.

Online primary care consultations meant that primary care services could continue to be delivered, while accessed more safely. Devon was the national leader in this work and the Devon team produced the national blueprint for implementing online primary care consultations during the pandemic. As a result of this activity the work has received recognition in national awards.

The widespread adoption of Attend Anywhere as a video consultation tool across our hospitals, mental health and community services meant that outpatient clinics could be supported, so that a level of service could be maintained even during the disruption. Devon Partnership NHS Trust became the biggest user of Attend Anywhere in the country, using the technology to provide services to those with mental health needs.

Throughout, the different parts of the Devon system worked together to help each other with the supply of equipment so that services could operate remotely and staff were able to work from home.

As the prospect of COVID-19 vaccines became a reality in the autumn, attention turned to the digital requirements of the equipment and systems requirements for recording and monitoring the administering of vaccines. For safety and efficiency reasons, large non-NHS venues have been used for vaccination, and this brought additional challenges in terms of digital infrastructure. The Devon digital team worked closely with the regional digital team to establish and coordinate recording and monitoring systems across Devon, so that a patient's vaccination was recorded on their patient record at their GP surgery, wherever they went for their jab.

With winter approaching preparations were made for the potential impact of COVID-19 on Emergency Departments, which every year see increased pressure in the colder months. Social distancing requirements had reduced the numbers of patients that could be accommodated in Emergency Department waiting rooms. The digital team supported the Think 111 First project by implementing Emergency Department Digital Integration (EDDI). This system enables NHS 111 providers to give patients a time slot to attend an emergency department, thereby avoiding congestions and helping Emergency Department teams maintain social distancing.

In the last quarter of the year there was much activity in progressing towards the introduction of a Shared Care Record. A Shared Care Record is a game changer in enabling coordinated and integrated care for our patients, as health and care practitioners will have better information to help their decision making. The system will take information from primary care, secondary care, mental health, hospices, care homes and social care organisations and make it visible to those who are authorised to see it at the point of care. This programme of work has attracted national funding for Devon and Cornwall, which have been working together on its procurement and, subject to approval, its implementation. This is a central strand of the Digital Blueprint agreed by Devon partners under the STP/Together for Devon strategy, which envisages a fully integrated and interoperable clinical digital system.

In October 2020, the Royal Devon and Exeter NHS Foundation Trust (RD&E) went live with MY CARE - the biggest clinical transformation programme the trust has ever undertaken.

Central to this transformation was the introduction of a new, comprehensive electronic patient record (EPR) system, supplied by the health software developers Epic.

MY CARE was the first programme in England to go live with Epic in both an acute hospital and in community-based health services. The new EPR replaces traditional paper patient notes and means every aspect of a person's care can be recorded in real time.

A new patient portal, also called MY CARE, was also designed to provide patients, or someone they nominate, with the ability to view their own care record anywhere and anytime via laptop, home computer or smartphone. The portal means they can see their upcoming appointments, change appointment times and see a range of results.

Work started within the year on exploring the opportunity and benefits of adopting a single electronic patient record across Devon and Cornwall. An early high-level assessment indicated that there may be potential in a single electronic patient record across the two counties. Further investigation and a detailed business case would inform any future decision.

Primary care

GP patient survey

Devon GP practices once again won endorsement from their patients in the 2020 national patient survey, scoring above or well above the national average in every category.

Among the results, and despite the COVID-19 pandemic, were:

- 86% described the overall experience of their GP practice good (82% nationally)
- 79% were satisfied with the type of appointment offered to them (73% nationally)
- 72% said it was easy to get through to their GP practice on the phone (65% nationally)
- 92% found their receptionist helpful (89% nationally)

Primary care developments

Primary care networks launched in Devon in 2019, in the biggest transformation in more than a generation to the way local GPs work.

Since then, all 123 general practices across Devon have been working together formally within the 31 newly formed primary care networks (PCNs), typically serving patient populations of 30,000-50,000.

There has been increasing joined-up working across the county as Devon prepares to become a new Integrated Care System.

Devon continues to lead the way in developing digital solutions for general practice (see digital section below). Nearly all of our patients in Devon can now access online consultations with their GP practice, and Devon has the highest usage of the NHS App.

The vision is that primary care in Devon will offer each local community a wide and flexible range of information, support and services to enable people to live happy healthy lives.

The CCG primary care strategy for 2019-2024 addresses a number of challenges. Increasing demand, difficulties in recruitment and retention, and funding that includes estates and IT are areas that need attention.

The strategy, as the baseline for joint working for the next five years, sets out five priorities to revolutionise general practice.

1. We will improve patient **access** to care through innovative technology
2. We will develop and retain an agile and engaged **workforce**, with a focus on multi-disciplinary teams to reduce pressures on services and improve outcomes for patients.

3. We will take a **population health management** approach to improve Devon's health and wellbeing, and reduce health inequalities
4. We will develop our **Primary Care Networks** to provide more joined-up care close to home
5. We will modernise our **estates and infrastructure** to support and enhance services.

The strategy focuses on the future delivery of general practice, but primary care has a much more diverse workforce. The involvement of all providers, including pharmacists, dentists, optometrists, allied health professionals and the voluntary sector, will ensure we have sustainable primary care in the future

Since publication of the strategy, a further pillar has been added, recognising the importance of **clinical leadership**, and a lead clinician for each pillar will be identified.

Responding to the challenges of the pandemic

A significant amount of progress has been made in the past 12 months, at a time when general practice and the wider health and care system has been under considerable pressure from the COVID-19 pandemic.

Much of the work was already under way in primary care when the impact of the pandemic became clear. This meant that Devon's GP practices were in a stronger position to manage and respond to the challenges of working in a pandemic, such as providing access to online consultations and strengthening partnership working through the developing primary care networks.

The challenge for the year ahead for primary care will be in maintaining access while prioritising patients who have the most pressing health needs, at the same time as looking after those with long COVID or other COVID-19 related conditions.

Progress in the past year is shown on the following pages.

Better Access

Aims	Progress so far
We will ensure the needs of patients requiring urgent primary care are met appropriately and routine appointments are available in the evenings and at weekends where there is demand or a need. This will build on overall high levels of patient satisfaction with appointment availability in Devon.	• Full Extended Access coverage across Devon • Access to direct booking into extended hours available shortly
We will adopt a 'digital first' approach. Where possible, the first contact with general practice services will be digital, there will be digital connectivity between organisations.	• Online Consultations are now offered by 122 GP Practices in Devon (final practice underway) • All practices in Devon offering video consultations, significant increase in contact via SMS.
Everyone can expect that their personal and medical history is available wherever they touch health and care systems. They will be supported digitally for self-care and technology will be doing some of the routine work previously undertaken by staff.	• GP Medical history made available through Summary Care Record Additional Information and GP Connect
Devon will continue to lead the way in digital innovation. The Digital Accelerator project will be expanded in scope to cover the whole of Devon, allowing quicker access to primary care by delivering online consultations and better utilisation of resources. To facilitate this, new workforce models will be developed for GPs and other clinicians to deliver online services, scalable across the county and beyond.	• Digital Accelerator expanded to cover all Devon as part of COVID-19 response • Blueprint from Digital Accelerator adopted nationally • Work now underway on new workforce models
We will enable GP practices to embrace and embed the functionality of the NHS App, supporting patients to access self-care, clinical advice, book appointments, order repeat prescriptions, access their medical records, choose preferences for data sharing and organ donation.	• NHS App available to all Devon patients • Devon has the second highest number of NHS App downloads in the country

Workforce

Aims	Progress so far
We will work closely with partners, including the Academic Health Science Network, both Exeter and Plymouth Medical Schools, Plymouth and Exeter Universities and the Devon Training Hub, to take forward emerging action plans drawn up in response to our improving understanding of anticipated workforce needs and also barriers to commencing a career within primary care settings. This will include actions to address career attractiveness, recruitment to and retention within associated professions, and the offering of opportunities that vary from the traditional models. We will undertake a capacity and capability analysis which will identify any skills gaps and shortages to inform development needs and also enable us to work effectively with training providers to provide an effective pipeline of skills in readiness to meet future requirements. Where skills gaps are identified, we will consider first the opportunity to improve service delivery through digital solutions while also enabling our clinicians to work at the top of their licence.	• Restoration of links post-COVID response • Links with STP workforce lead to support capacity and capability gaps • Planning of workforce programme with STP, universities and Devon Training Hub • Considering digital change in service delivery and future options • Updated PCN workforce with roles coming online earlier • PCNs underspend from 2019 being used to support recruitment across networks
Working in partnership with the PCNs we will: • Attend local, regional and national job fayres promoting Devon as a place to work • Continue to build on the success of the GP retainer scheme • Make the GP fellowship scheme available across Devon	• Supporting practice nurse plan • Continuing to support retainer scheme • Working closely with the Local medical Committee (LMC) and the British Medical Journal (BMJ) to advertise GP vacancies • Attending the BMJ Live Jobs Fayre virtual event

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| <ul style="list-style-type: none"> • Expand the portfolio and rotational working opportunities to staff working in general practice • Work with the PCNs to develop a range of flexible working approaches • We will continue to participate in the international recruitment of GPs initiative • We will continue with supporting implementation of the 10-point practice nurse plan • Continue with the NHS England retention scheme • Expand the GP post training fellow pilot to cover the whole of Devon | <ul style="list-style-type: none"> • Mentoring and fellowship - Two-year programme of support • GP returners • General Practice Nurse (GPN) 10 -point plan |
|---|---|

Primary Care Networks

Aims	Progress one year on
Support PCNs in the delivery of the network enhanced service Enable Clinical Director leadership and empower PCNs to take their place in the developing Local Care Partnerships (LCPs)	• Each PCN has an agreed plan which identifies their development needs, which are underpinned by a maturity matrix. We are supporting each PCN to utilise their development fund allocation • Project manager support - establish appropriate and beneficial business leadership including governance processes

Population Health Management

Aims	Progress so far
We will create a cultural change which understands the power of data to drive a virtuous cycle of quality improvement. This will not be done in isolation but as part of the wider system and links in with the One Devon Data Set. All PCNs will receive data to inform decision-making and meet the needs of the population they cover. PCNs will develop population-specific services in response to this. We will empower patients who are willing and able to self-care with support and information through the new social prescribing workforce. We will also strive to reach those most vulnerable in our population and work with them to improve their health. There will be a wider range of affiliated community-based professionals providing care and support as part of an enhanced patient offer. This will be both at practice and network level. Where appropriate patients will be directed to voluntary sector personnel both to deliver care and facilitate self-care using available technological solutions where appropriate. Clinical record keeping will wherever possible be on a shared clinical system.	• Continue rapid roll out of learning and tools identified through Primary Care Network pilots • Support PCNs to further develop a Population Health Management (PHM) approach • Address inequality and variation in quality and outcomes • Rapid tests of change - paused during COVID-19 but restarting • Impact of COVID--19 has been disproportionate on a number of groups • Linked data into COVID-19 risk groups • Many PCNs keen to adopt PHM approach - those outside pilot need support • Building capacity and capability now under way. • Availability of population profiles required for better understanding and targeting of local need

Estates and Infrastructure

Aims	Progress so far
Develop a Devon-wide primary care premises strategy.	- Primary care strategy approved by CCG Primary Care Commissioning Committee and now being put in to practice - Estates manager vacancy filled - External support sought to deliver plans to implement strategy

Clinical Leadership

Aims	Progress so far
Recognise leadership talent – experience clinicians and new leaders Connect clinical leaders and develop their leadership role Engage with leaders to prioritise high-impact care areas Maximise opportunities for health improvement with Population Health Management initiatives Maximise benefits of clinical leadership at all levels Clarify governance for decision-making Define engagement processes to ensure practices have a voice	- Clinical Directors in place - Four locality based collaborative boards with representative chairs developing connections into system discussions - Strategic clinical and place-based leads employed by the CCG - A clinical CCG Governing Body Chair and an STP Medical Director for Primary Care - Regular constructive communication with GP provider representative, the Local Medical Committee (LMC) - Improving and developing relationships with Local Optical Committee (LOC), Local Pharmaceutical Committee (LPC) and Local Dental Committee (LDC)

Digital developments in primary care

Under the digital strategy (see page 24 above) the Devon Digital Accelerator programme was spread well ahead of schedule to all general practices within Devon and enabled online consultations with patients throughout the COVID-19 pandemic.

Many practices took advantage of the support to help them streamline their online consultation offering, increasing patient awareness through structured communications support and patient digital training sessions. By April 2020, Devon had achieved 99% coverage of online consultation in GP surgeries. The average coverage in England is currently 90%. Collaboration is now underway with the final 1% to understand if remote consultation is both a suitable and wanted access route for their particular patients, many of whom are classed as being vulnerable and/or homeless.

The use of digital consultation tools (such as eConsult and AccuRx for video and messaging) has been especially useful this year, where significant numbers of patients and the workforce have been shielding, self-isolating or working remotely at any given time. The ability to consult remotely enables clinicians who need to work from home the ability to maintain their clinical roles. It has also been of particular benefit for patients who are clinically vulnerable or worried about coming to the surgery.

Patients now have multiple options for engaging with their clinicians, over and above the traditional face to face appointment or telephone consultation. They can submit a clinical or administrative query to their practice by completing an online questionnaire, submit photographs of skin conditions, receive correspondence and advice via SMS or e-mail, access a digital library of resources about their health and care, and conduct video consultations with their own GP.

Devon averages over 50,000 online consultations per month and patient uptake across all age groups continues to increase. There has been a marked increase during the pandemic of more vulnerable groups using online consultations as an effective way to access care safely during the pandemic. Our surgeries have also held over 39,000 video consultations with patients.

GP practices in Devon now send over 1.5 million SMS text messages to their patients every month. This figure peaked at over 5 million messages a month at the peak of the pandemic. More than 2,000 additional laptops, and other secure remote working technologies have been distributed across GP practices in Devon in 2020/21.

In today's society, digital exclusion is a form of inequality. There is a close correlation between digital exclusion and social disadvantages, including lower income, lower levels of education and poor housing. The Devon Digital Accelerator programme has dedicated time to researching and gathering insights into barriers and enablers to patients using online consultation, working in partnership with Oxford University-led research, which is focusing on looking at the impact of remote consultation on vulnerable patients.

Insights in Devon to date suggest that many patients would like to embrace the technology, but some lack the necessary tools or understanding to enable them to engage in this way, or the ability to access technology in a space they deem safe, to complete and submit a consultation form.

To promote continuous improvement, feedback and suggestions from both patients and practice staff are passed on to the various suppliers of the technology.

The Devon Digital Accelerator's work in increasing the use of online consultation tools has been successful (see Highlights section above). As NHS England funding ends, the programme will close at the end of March 2021 and evolve into a new digital citizen workstream within the Devon system programme.

Winter

Every winter brings with it increased demand for the services that the NHS and social care provide, but this winter saw the additional challenge of the COVID-19 pandemic. All parts of the system made detailed plans for responding to this, to enable staff to provide the best possible care in what proved to be extremely challenging and stressful circumstances.

The winter saw pressure once again on all Devon's hospitals and health and social care communities, with all hospitals at some stage reaching OPEL 4 levels – the highest level of pressure.

However, the system saw good collaboration between health and social care to allow for timely discharges, improved support for the ambulance service and the launch of the extended NHS111 service to reduce pressure on emergency departments.

Winter preparedness and delivery of plans has been a standing item on local and Devon A&E delivery boards to underpin strong system working across organisations.

Looking ahead – our plans for 2021/22

COVID-19 pandemic

A continuing system-wide response to the coronavirus pandemic will be a foremost priority in 2021/22, with day to day operations running alongside strategic planning.

In the immediate term, a key focus will be on completing the vaccination programme, with all adults in Devon being offered the vaccination by July 2020. Longer term planning will be in line with national direction and future developments in the course of the virus.

The CCG has continued to redeploy staff working in non-urgent areas to posts that support the COVID-19 response. This will continue for as long as necessary.

Integrated Care System

The year from 1 April 2021 will see NHS Devon CCG and its partners working towards formally establishing and embedding the Integrated Care System Devon.

NHS organisations will work in partnership with local councils to take responsibility for managing resources, delivering NHS standards as set out in the NHS Constitution and improving the health of the population.

Devon will have new leadership in this from Jane Milligan, who will become the Integrated Care System chief executive, as well as assuming the role of accountable officer for the CCG.

Great focus will be on improving system performance, which NHS England recognises needs a Devon system-wide response. This will include ensuring that patients who have had treatment delayed due to the pandemic response are able to access the care they need.

White Paper – changes to NHS

In early 2021 a White Paper (Integration and innovation: working together to improve health and social care for all) was published by the Department of Health and Social Care setting out legislative proposals to transfer CCG functions to a new corporate body as of 2022.

The CCG functions will be absorbed into a new ICSD NHS body made up of commissioners with providers on the Board. An ICSD Health and Care Partnership will also be established, including local authorities, Health and Wellbeing Boards, Healthwatch and voluntary and independent sector partners.

The White Paper also foreshadows significant reform of current competition and procurement legislation, with the aim of streamlining commissioning and easing the burden of regulation. Devon CCG will work with its local authorities to ensure systems are in place to maximise the opportunities presented by these changes.

Digital strengthening

Digital technology has been vital in our COVID-19 response. As we look forward to the coming year, we will be undertaking a wide ranging engagement exercise with GP practices, patients and stakeholders across our system to define what the ideal tools are to deliver digital practice as we enter the second stage of digital evolution and look to refresh our technology.

Based on experience, success and learning from the last year, we are confident we can further evolve the online consultation capabilities of general practice, which already ensure fair and better access to patients, improve efficiency and safety, and promote sustainability.

Performance summary from accountable officer

Performance summary

A summary and perspective by Simon Tapley, Interim Accountable Officer for NHS Devon CCG:

Whilst we have continued to work closely with providers to make improvements against our key targets (including those set out in the NHS Constitution) 2019/20 was a mixed year for performance with progress in some areas balanced out by continued challenges in others.

The CCG continues to perform well on measures of early diagnosis of cancer and cancer survival rates, whilst there was also sustained good performance against the range of mental health targets. We continued to score highly against patient experience measures and, looking at quality of care, again saw low rates of healthcare acquired infections.

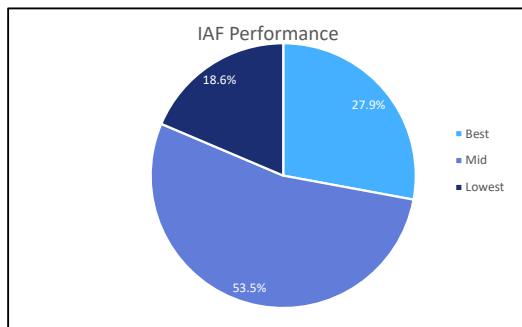
However, there were other areas that were a greater challenge. Performance against the A&E 4-hour wait measure was below target although there was good progress in reducing delayed transfers of care and patients spending more time in a hospital bed than necessary. Performance deteriorated against the 18-week referral to treatment target, but over one-year waits decreased in quarter four whilst the 6-week diagnostic wait targets remained a particular challenge but also showed improvement in quarter four. For all targets where there is an under performance, we are working with our provider colleagues to ensure recovery plans are in place, with clear actions and impacts

The CCG Improvement & Assessment Framework (IAF) draws together in one place NHS Constitution and other core performance and finance metrics, outcome goals and transformational challenges, to capture the multi-faceted role of CCGs.

To aid transparency for the public and to support CCG benchmarking against peers, the framework presents relative performance on metrics. The 58 indicators that underpin the CCG IAF are updated and released on a quarterly basis, with the IAF published through a range of channels including the MyNHS website

The IAF indicators are spread across the four categories of:

- Better Health
- Better Care
- Sustainability
- Well Led



The latest information available for 2020/21, where data was published for 43 of the 58 indicators, shows the CCG achieved or was above the required level for 35 of the 43 indicators (81%) with 12 (27%) being in the best performing category. This included performance in the top quartile when compared to the national position for a range of measures including low rates of childhood

obesity, good availability of personal health budgets, high patient experience scores for primary care, continued good results for cancer measures such as early diagnosis, one-year survival rates and patient experience, plus high scores for staff engagement.

Whilst performance is generally good across the IAF measures there are a small number of areas for improvement which the CCG will continue to work to address. These include diabetes, mental health out of area placements, the dementia diagnosis rate, over 52 week referral to treatment waits and diagnostic waiting times.

NHS constitution targets

The NHS constitution sets out key targets for NHS organisations. In 2020/21 many services were impacted by the Covid-19 pandemic, resulting in large increases in waiting lists and waiting times in many areas, particularly following the first wave. Throughout the pandemic those patients with the greatest clinical need for hospital treatment were prioritised and when pressure on services relaxed, services were restored as quickly and as safely as possible. However, continuing pandemic pressures including the impact of the second wave have resulted in the majority of constitutional performance targets being missed. Despite this, some areas have seen an improvement and there has been significant benefit realised from improvements in technology that have increased the number of patients being able to be treated in a different care setting or even in their own homes via video consultations.

Whilst joint mutual support arrangements were already in place and working well across the Devon system, even closer joint working between organisations has been an important element of the pandemic response, enabling support to be offered between organisations where this helped to address capacity gaps or support priorities of the Covid-19 response. Lessons learned from the pandemic response will be hugely helpful in planning and delivering the recovery of performance in 2021/22 and beyond.

More detail regarding 2020/21 performance against each of the key national standards is provided below.

Cancer - percentage treated within 62 days - urgent referral to first definitive treatment

Throughout the pandemic cancer services remained active and although under the national target the CCG position has remained above the national average for the

majority of the year. As of December 2020, the CCG saw 78% within 62 days compared to the national average of 75% and target of 85%.

Cancer - percentage seen within 2 weeks – urgent referral to first seen

The CCG performance remained below the national 93% target throughout the year at 85% but remains above the national average of 80%. Staffing levels were a significant challenge, with COVID-19 related absence and self-isolation requirements having an impact, but this is improving. Providers are following national guidance to enable urgent cancer services to continue through the pandemic, aided by the mutual support process led by the Cancer Alliance.

Cancer - percentage treated within 62 days - urgent referral to first definitive treatment

Throughout the pandemic cancer services remained active and although under the national target the CCG position has remained above the national average for the majority of the year. On average the CCG saw 77% within 62 days compared to the national average of 75% and target of 85%.

Cancer - percentage seen within 2 weeks – urgent referral to first seen

The CCG performance remained below the national 93% target throughout the year at 83% slightly below the national average of 88%. Staffing levels were a significant challenge, with COVID-19 related absence and self-isolation requirements having an impact, but this is improving. Providers are following national guidance to enable urgent cancer services to continue through the pandemic, aided by the mutual support process led by the Cancer Alliance.

Other cancer targets

Performance was mixed against other cancer waiting times targets with three of the seven standards (excluding the two measures covered in the previous sections) being achieved. However, all measures except breast symptomatic 2 week waits (patients not on the main 2-week cancer pathway) remain above the national average performance. The CCG continues to work closely with providers to review cancer pathways and identify opportunities for reducing delays. Cancer breaches are reviewed on an individual basis so that lessons learned can be applied to ensure future improvement.

18-Week referral to treatment (RTT)

Due to many hospital services being suspended or reduced during the first wave of the Covid-19 pandemic, waiting times for treatment have escalated and although the majority of services were quickly restored, they have been at a reduced level. The CCG saw 58% of patients within 18 weeks compared to a national average of 62% and over one-year waits increased from 554 in April 2020 to over 7,000 patients by December 2020. However, patients continue to be prioritised by clinical need and system-wide plans are being developed to address the backlog of long-waiting patients and to reduce the overall size of the waiting list.

6-Week diagnostic waits

Diagnostics services were also reduced during the pandemic to support the Covid-19 response. Providers have now increased diagnostic testing and although performance rates remain low, they are in line with the national average at 62% within 6 weeks. Main pressure areas continue to be imaging (mainly CTs and MRIs), endoscopies and echocardiograms.

Extra NHS provider and independent sector capacity for imaging and endoscopy capacity has helped to reduce waits and plans are being developed to further reduce the backlog of over 6-week waits.

A&E 4-hour waits

Due to the national lockdown A&E admissions dropped significantly in the first two quarters of 2020/21 resulting in an improved performance against the 4 hour wait, with all providers performing relatively well compared to the national picture. For 2020/21 82% of type 1 and 2 patients were seen within 4 hours compared to 83% nationally.

Mental health - improving access to psychological therapies (IAPT) access and recovery rate

The IAPT recovery rate is linked to the profile of the patients accessing treatment. Those patients with lower level needs often have a higher recovery rate than the more complex cases. The CCG has performed well against this target in 2020/21, achieving the 50% threshold for the majority of the year.

NHS 111 Service

Despite pressures on the service, performance against the non-emergency calls being answered in 60 seconds has seen a significant improvement from 56% in April to 83% in December, and although this is under the national target it has risen above the national average of 80%. The recent introduction of the national Think 111 campaign has led to an increased volume of calls which resulted in a reduction in calls meeting the target with an average of 69% from January to March. This is expected to be short term and should reduce the level of A&E attendances.

Performance monitoring

The CCG continues to closely monitor performance against a large range of performance and quality standards. Regular detailed reports, dashboards and analysis are reviewed by the governing body and supporting committees, whilst a monthly system performance group chaired by the CCG and attended by providers and regulators assesses the latest performance information and reviews exception reports and action plans to improve performance where required. Work is underway to integrate reporting of population outcome measures (the 'health of the population'), performance, quality and finance, which will provide a more rounded view of system outcomes.

For key constitutional or operational targets any significant risks to performance are entered onto the CCG risk register and reviewed monthly by the senior team to ensure operational and clinical risk is understood and actions are in place to reduce this risk.

Sustainable development (environmental matters)

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012). We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our carbon footprint. Along with a number of public sector organisations in Devon, the Governing Body also agreed to declare a climate emergency. The CCG is represented at the Devon Climate Emergency Response Group.

We have an environmental policy approved by our Governing Body in January 2020. This policy sets out our commitment to maintaining and improving the economic and social wellbeing of our staff and the health of the population by contributing towards sustainability throughout the organisation. The CCG will do all that is reasonably practicable to ensure that all staff work together to reduce corporate impacts and staff will work with providers, suppliers and the local community positively to enable the CCG to comply with statutory regulations and other guidance relating to energy, the environment and sustainability.

- Reduce the negative environmental impact of the organisation
- Increase staff and community awareness to enable them to reduce, reuse, recycle both at work and home
- Ensure our role as commissioners encompasses the principles of environmental awareness and compliance

The delivery of the environmental policy is co-ordinated by the Environmental Working Group which is led by the Board Secretary. This group consists of Champions from all areas of the organisation who work as a collective to embed change in all we do. A workplan has been developed to co-ordinate and monitor activity and this is regularly reviewed to identify further opportunities or different approaches. The action plan focuses on:

- Travel
- Facilities management
- Procurement
- Community engagement
- Primary care
- Workforce
- Models of care
- Corporate and governance
- Climate declaration

The COVID-19 pandemic has completely changed how we work and deliver services. Although we had previously supported staff to work from home on an occasional basis, we now have very few staff who regularly attend the office. The most significant impact of this change is that we have reduced the amount of travel by staff. Mileage claims have reduced from 811,193 miles in 2019/20 to just 52,948

in 2020/21 (with costs falling from £463,322 to £34,634).and on top of this, much of the mileage undertaken by staff travelling to and from work has been eliminated.

The pandemic has accelerated our planned internal cultural shift and we expect that once restrictions are lifted many staff will continue to work from home for a significant period of time. We now have the capability to do this with staff routinely using technology that was considered innovative only a year ago. The CCG is currently reviewing how and where staff would wish to work in the future.

We have introduced two schemes for staff, an electric and hybrid car lease scheme to take advantage of a low emission vehicles and a cycle to work scheme which allows employees to take advantage of the government's tax free cycle to work initiative. Both schemes will support in reducing carbon emissions across the organisation.

Climate Change Act target

In order to embed sustainability within our business it is important to explain where sustainability features in our process and procedures.

Providers are required under contract to take all reasonable steps to minimise adverse impact on the environment, to maintain a sustainable development plan and to demonstrate progress on climate change adaptation, mitigation and sustainable development, including performance against carbon reduction management plans.

The Emergency, Preparedness Resilience Response (EPRR) responsibilities require the CCG to not only assure itself that the services it has commissioned for the population of Devon have plans in place to respond to and recover from emergencies, but that it also has its own plans in place. NHS England has a process in place to check this is the case, requiring NHS commissioners and service providers to complete an annual self-assessment.

Improving quality

Quality assurance and continuous improvement

NHS Devon CCG and its system partners continue to balance COVID-19 and non-COVID-19 challenges. For health, this has required the delivery of the Winter Plan, ensuring the ongoing safe care of COVID-19 as well as non-COVID-19 patients, within urgent, elective and community care.

During the COVID-19 pandemic, the CCG has led and supported the system through the establishment of issue specific work cells, managing the impact and maximising safety and quality. Cells include clinical, care home, communication, Protective Personal Equipment (PPE), vaccination, primary care, restoration of services and transformation.

Infection prevention and control clinical expertise has been the golden thread throughout the incident management response and cells, reaching into all areas of the health and social care response.

During the pandemic, the Quality, Equality Impact Assessment (QEIA) process was simplified and used to assess the impact of services being stepped down. The QEIA panel has recommenced and once again ensures the robustness of impact assessments through a panel consisting of member organisations across the Devon health and care system, led by the CCG.

It has been helpful to listen to and understand patient experience of services during the COVID-19 pandemic, and the impact this has had upon their care as well as understanding the impact of COVID-19 on patient safety.

The CCG continues to undertake statutory and non-statutory functions, examples including:

- Statutory safeguarding, quality and equality assurance
- Ongoing implementation of Better Births through the Local Maternity & Neonatal System (LMNS)
- Continued provision of continuing healthcare services for those with ongoing needs, ensuring that people can access the care that they need in a timely way
- Monitoring of patient safety serious incidents arising out of COVID-19 and more widely
- Continued working to drive further improvement within the Learning Disabilities Mortality Review programme

The Devon Quality Surveillance Group has matured into an effective forum for sharing intelligence about quality issues. The CCG acknowledges that risks within the system continue but have also increased as a result of the pandemic. These include long waits for planned care procedures and continued pressure within urgent and community care settings. As we move to the formation of an Integrated Care System, the Quality Surveillance Group will form a key part of the governance structure for partners to address quality and safety risks, share learning and drive improvement morphing into the System Quality Groups as set out in the National Quality Board Ambitions.

Patient experience

NHS Devon CCG Patient Advice and Complaints team provides the opportunity for members of the public, patients, service users and their families to feedback about their experience of using the services we commission. This enables us to ensure we understand the experiences of people using services across Devon.

In addition, we provide PITCH, our health and care professionals alerting system, which is now in place across Devon and Cornwall. Yellow Card is being further developed in the coming year to provide an opportunity for more learning and improvement; it will also be re-branded to remove any confusion with similar systems.

The effect of the COVID-19 pandemic on the service has been considerable in 2020/21, although the team continued to provide a service that was close to business as usual throughout. In late March 2020, NHS England suspended the complaints process nationally. This meant organisations did not have to process formal complaints between March and August 2020, although both the CCG and our NHS providers in Devon continued to provide a complaints and patient experience service as near to business as usual as possible, albeit with some slight delays to process.

Nationally, numbers of formal complaints and concerns raised with NHS organisations reduced, largely due to a reduction in the use of NHS services during the pandemic. The reduction in numbers was also seen by the CCG team.

The team handled 751 individual cases of patient feedback, a reduction of 200 on the previous year. Of these, 29 were formal complaints (handled in line with the NHS complaint regulations), a reduction of 18 compared with the previous year.

The rest were a combination of general enquiries, advice and support and signposting. 236 of these cases related to COVID-19 in some way, this ranged from people not being able to access services in the usual ways, to enquiries about vaccine roll out. Although there were no formal complaints in relation to COVID-19, the majority of the 29 formal complaints received related to continuing healthcare process delays, which were largely impacted because of the organisation's response to the pandemic.

Two formal complaints were referred to the Parliamentary and Health Service Ombudsman and we await further information from the service.

Other key pieces of work:

- Presenting patient experience to the Quality Assurance Committee
- Sharing system learning from feedback to drive improvement

During the last financial year, the team handled 812 PITCH cases reduced from 1,611 for the previous year, themes and trends ranged from poor communication and processes and procedures being followed to more serious safety issues. In addition, PITCH submissions relating to the COVID-19 pandemic ranged from issues around personal protective equipment, access to services during the pandemic and vaccination roll out.

For the year ahead:

Patient experience continues to be key to our intelligence on what care is like for the people receiving it. Key areas for focus over the next year are:

- Understanding the experiences of people who used health services during the pandemic
- Improving intelligence of patient experience relating to general practice
- Improving advice and signposting information for patients and the public
- Further develop PITCH to be more about system improvement and learning

Safeguarding

The CCG safeguarding team delivers the statutory functions as directed within the Care Act 2014, the Children Act 1989 and 2004, the Health of Children in Care 2015 and the counter terrorism strategy including Prevent and the Mental Capacity Act 2005. Consideration is also given to other statutory legislation linked to safeguarding which includes child sexual exploitation, domestic abuse, female genital mutilation and modern slavery. The CCG also works to the Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework 2019.

Safeguarding is a high priority for the organisation. The CCG ensures it has robust arrangements in place to provide strong leadership, vision and direction for safeguarding. The CCG has clear, accessible policies and procedures in line with relevant legislation, statutory guidance and best practice. The CCG has a clear line of accountability for safeguarding in that an Accountable Officer and Executive Lead for Safeguarding is in place.

Designated health professional roles are in place as outlined in the Intercollegiate Guidance and additional safeguarding nurse capacity has been implemented to support the CCG in its role as a delegated commissioner for primary care medical services.

The integrated safeguarding team supports both health providers and multi-agency partners working at a local, strategic and national level on safeguarding issues that have an impact on the health and wellbeing of children, young people and adults.

In line with Working Together to Safeguard Children 2018 the CCG works in partnership with the police and local authorities to ensure an equal duty and shared responsibility for arrangements that safeguard and promote the welfare of all children in Devon, acting as a strategic leadership group in supporting and engaging others; and implementing local and national learning, including from serious child safeguarding incidents

The safeguarding team works in collaboration with commissioned providers to gain assurances regarding statutory responsibilities. There is regular reporting and assurance regarding safeguarding workstreams through the Safeguarding Steering Group and quarterly reports to the Quality Assurance Committee.

Countering fraud, bribery and corruption

We acknowledge we have a responsibility to ensure that public money is spent appropriately, and we have policies in place to counter fraud, bribery, and corruption.

We have standing financial instructions, standing orders, NHSCFA-compliant standards of business conduct policy and a counter fraud, bribery, and corruption policy to ensure probity.

We have support from an experienced independent Local Counter Fraud Specialist (LCFS) to ensure risks are mitigated and systems are resilient to fraud and corruption. The Audit and Assurance Committee receives and approves the counter fraud annual work plan and annual report, monitors counter fraud arrangements and reports on progress to the Governing Body.

We raise awareness of fraud in staff communications through regular newsletters, displays in public and staff areas, new employee induction and individual department awareness presentations from the LCFS.

Involving people and communities

NHS Devon CCG has a strong record on community and patient involvement, and for the second year running was recognised as outstanding in this field by NHS England, being awarded a Green Star for excellence.

Our strategic approach to communications and engagement is to:

- Involve people in planning services and listening to them before we make decisions that have an impact on them
- Communicate about the decisions we make as effectively as we can
- Work in partnership on the way services are developed and planned and on the way in which care is commissioned to continue to drive engagement for quality improvement.

Engagement work in 2020/21 took a different turn due to the COVID-19 pandemic, and new and creative ways had to be developed to keep discussions and involvement going with our population.

The following engagement took place:

June 2020 - Your NHS is here for you – developing our communications to support people to access health and care safely during the pandemic. This had 155 responses in a short period.

July 2020 - Think 111 First – understanding what would make the public want to use 111 first and what is most important to them, to inform the launch of our 111 First campaign. This attracted 122 responses.

September 2020 – An ethical framework for Devon – asking the public to provide feedback on an ethical framework and clinical guidance for Devon, particularly in the light of COVID-19. This received 76 written responses, including 16 focus group attendees from people with learning disabilities and ethnic minority groups.

September - October 2020 – Modernising health and care services in the Teignmouth and Dawlish area– more than 1,000 responses to an online survey and six public webinars held as part of a formal consultation process.

October - December 2020 – Understanding experiences of healthcare for BAME communities and staff – undertaking three months of frequent focus groups with health and social care staff and members of Black, Asian and Minority Ethnic (BAME) communities across Devon.

January 2021 – COVID-19 vaccination insight – understanding how people feel about having a COVID-19 vaccination and what the barriers might be. We had almost 5,300 responses to two surveys across Devon with 26 focus group attendees among people with learning disabilities and BAME groups.

Vaccination insight

The CCG under the Together for Devon programme undertook extensive engagement on people's views on the COVID-19 vaccine during December 2020, to understand motivations and barriers to vaccine uptake and to identify the trusted sources of information.

Additional focus groups were held with people with autism and learning disabilities (and their carers), and ethnic minority groups.

The insights gained helped inform the way messages and reassurance were given to people about the vaccines.

Key findings from the focus groups

The key findings from these sessions were:

- Specific information about what to expect at the vaccination appointment would significantly help allay anxieties
- Vaccinations should be delivered in safe and familiar environments
- Accessible information (e.g easy read) should be available at the same time as general information

A further focus group was held with people from BAME Communities.

Key findings from this group were:

- Generally, people were keen to receive the vaccine but there were concerns about its safety, the testing/development process and the long term and unknown side effects on their children.
- People were motivated to act as an example to their communities and to champion that prevention is better than the cure.

Ethical framework

In readiness for a second wave of COVID-19 where demand for treatment might outweigh supply, an ethical framework was developed to support the NHS in Devon manage the pandemic.

Under the auspices of Together for Devon, we addressed this highly sensitive and emotive issue head on. Using our nationally recognised Citizens Panel, targeted focus groups and a public webinar, we developed a communications strategy that ensured the people of Devon could shape this work.

We were the only NHS organisations to have undertaken engagement on their local framework. The initiative is considered across the STP as exemplar in engaging on difficult issues. Honest and inclusive communications resulted in genuine conversations about real challenges facing the NHS.

The final engagement report and feedback report can be found [here](#).

Formal consultation on future health services in the Teignmouth and Dawlish areas.

Following extensive engagement in this area over a number of years – including a formal consultation – a full public consultation was held from 1 September to 26 October 2020.

The backdrop for the CCG proposal to relocate – but not reduce – services was the plan by Torbay and South Devon NHS Foundation Trust for a new, £8million Health and Wellbeing Centre in Teignmouth.

The proposal consisted of four elements:

- a) Move the most frequently used community clinics from Teignmouth Community Hospital to the new Health and Wellbeing Centre
- b) Move specialist outpatient clinics, except ear nose and throat clinics, from Teignmouth Community Hospital to Dawlish Community Hospital, four miles away
- c) Move day case procedures from Teignmouth Community Hospital to Dawlish Community Hospital
- d) Continue with a model of community-based intermediate care, reversing the decision to establish 12 rehabilitation beds at Teignmouth Community Hospital

With the COVID-19 virus still circulating in Devon communities, the CCG made the decision to conduct the consultation remotely, thereby reducing the risks associated both with travel and with large gatherings of people.

The CCG acted to facilitate participation by as broad a range of people as possible. It:

- Produced a consultation document setting out the proposals and the rationale behind them, sent with survey forms to 16,000 households in the Teignmouth and Dawlish area
- Created a dedicated consultation section on the CCG website with supporting information (including regularly updated Frequently Asked Questions)
- Invited people to register as an interested stakeholder and receive regular updates
- Had 133,000 leaflets delivered to postcodes in South Devon and Torbay
- Developed an easy read and audio version of the consultation document. The CCG website also featured the support software tool, Browsealoud, which facilitates access and participation for people with dyslexia, literacy issues, English as a second language, and those with mild visual impairments by providing speech, reading, and translation. Large print and easy read versions of the core documentation were also produced
- Ensured weekly news coverage in local media, enhanced with in-print and online advertising, and extensive promotion on social media
- Asked all schools in Teignmouth and Dawlish to raise awareness of the consultation via their community communications

It made available a wide range of ways in which people could take part in the consultation, including attending online public consultation meetings.

Activity recorded

The following activity was carried out during the consultation:

- 1,013 survey responses
- 56 phone calls from local people calling with a range of queries.
- Six online public meetings on different days of the week and at different times of the day
- Meetings with community groups, local councils and NHS and social care staff

The outcome of the consultation showed that in answer to the question: “All things considered, do you support the proposal?” 61.3% said they did support it. 34% did not.

An evaluation panel, including representatives from Leagues of Friends, Patient Participation Groups and town councils, considered alternative proposals put forward during the consultation. This evaluation was put before the Governing Body.

Significant concerns were expressed during the consultation about parking, congestion in Teignmouth Town Centre and the difficulties of travelling between Dawlish and Teignmouth on public transport.

At a meeting in December 2020 the CCG Governing Body approved the proposal, but with the additional decisions that the CCG would:

- move specialist orthopaedic clinics to the Health and Wellbeing Centre instead of to Dawlish Community Hospital, at the suggestion of staff

- request Torbay and South Devon NHS Foundation Trust consider in detail a number of suggestions put forward for additional services at the Health and Wellbeing Centre
- request Torbay and South Devon NHS Foundation Trust consider providing secondary office space at Dawlish Community Hospital for physiotherapists, occupational therapists and district nurses
- request Torbay and South Devon NHS Foundation Trust to work with Teignbridge District Council to mitigate parking issues as far as possible for staff and patients

In carrying out the consultation, the CCG fulfilled its statutory obligations under Section 14ZZ of the Health and Social Care Act 2012 and, through its conduct with Devon County Council's Health and Adult Care Scrutiny Committee, under The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Our engagement platforms

Devon Virtual Voices – our Citizens' Panel

The CCG established an online panel in 2019. The Devon Virtual Voices (DVV) now has more than 1,700 volunteer members willing to provide views and feedback on NHS services and priorities.

Panel members represent all the various sectors of the community including gender, ethnicity, age, postcode (geography/deprivation), disability, carers and parent or guardian.

Public Engagement Panel

Devon CCG provides assurance and direction for all engagement and involvement activity through its Public Engagement Panel (PEP).

Membership includes senior commissioners, engagement and communications leads, clinicians and lay members.

Healthwatch in Devon, Plymouth and Torbay

Healthwatch organisations that have come together across Torbay, Plymouth and Devon again worked closely with us through the year at a strategic and operational level. Healthwatch also produces its own, independent surveys of patient opinion and feedback, which it passes to the CCG.

In particular, Healthwatch supported the conduct of the consultation over services in the Teignmouth and Dawlish areas.

Patient Participation Groups (PPGs)

The CCG is committed to supporting a Devon wide PPG network, and values the contribution of PPG members.

The Devon PPG network is hosted by the CCG but run by PPG representatives.

Joint Engagement Forum (JEF)

The JEF is chaired by Devon County Council's adult social care team. The group is multi-agency and brings together a number of community leaders who cover a diverse section of Devon.

Living Options Devon

Living Options Devon is a specialist engagement organisation that enable the CCG to ensure those with seldom heard voices are given an opportunity to contribute to the develop of the CCG commissioning plans and decisions.

Ensuring people have a voice

Reaching seldom heard groups

The CCG actively seeks the views of a diverse range of people, recognising that for some people who can be excluded or are disadvantaged, it can be hard to get their voice heard.

In developing plans for health and care services we work with groups including:
Hikmat Devon Community Interest Company

- Devon Parent Carer Voice
- Devon Senior Voice
- Intercom Trust
- Proud 2 Be
- The Carers Forum
- The Autism Involvement Group

We also work closely with:

- local authority partners on the Special Educational Needs and Disability (SEND) agenda.
- our providers who work specifically with disadvantaged groups, eg Devon Partnership NHS Trust, Shekinah Mission (homeless outreach services)

Reducing health inequalities

How the CCG has discharged its duty under Section 14 T

The CCG has worked closely with other organisations in the health, social care and voluntary sectors in 2020/21 to reduce inequalities for the population of Devon and the impact of these inequalities on their health.

A health inequalities workstream has been established to address the 8 Urgent Actions identified by NHS England to respond to worsening inequalities due to the COVID-19 pandemic. These urgent actions are:

- Protect the most vulnerable from COVID-19
- Restore NHS services inclusively
- Develop digitally enabled care pathways in ways which increase inclusion
- Accelerate preventative programmes which proactively engage those at greatest risk of poor outcomes
- Particularly support those who suffer mental ill health
- Strengthen leadership and accountability
- Ensure datasets are complete and timely to underpin an understanding of and response to inequalities
- Collaborate locally in planning and delivering action to address health inequalities

A workplan has been developed to deliver these actions and is supported by a dedicated team of individuals. This team works across the system to implement change by describing the pattern of health inequalities in Devon at a neighbourhood level, comparing this with local healthcare resources, identifying gaps, and targeting existing and additional funding to address areas experiencing greater levels of health inequalities.

A Board level executive lead has been identified in each NHS organisation to ensure that the agreed action plan is implemented in all parts of the healthcare system. These leads meet on a regular basis to monitor progress and share good practice and successes.

We recognise that the COVID-19 pandemic has had a significant impact on health inequalities and have undertaken work to map national and local evidence of changes in population need so that we can prioritise our work. The most significant findings are that:

- Inequalities have become more profound
- Increased risk of mental health problems in adults and children- of note is PTSD
- Increased complexity of people at presentation requiring increased intensity of services
- Likelihood of unmet or unrecognised need for physical and mental health conditions
- Most issues will impact on services delivery during recovery

We plan to use this analysis to refresh our health inequalities workplan as we broaden its scope to address the wider determinants of health and increase our partnership working across health and social care. The plan will also help us to identify where there are differences in local priorities and where we can have the most impact by working together across the whole of Devon.

We were pleased to have received funding this year from the national Health Equalities Partnership (HEP) Programme to undertake a project on how we can improve the support we offer to people with severe mental health problems. This is a really important piece of work as we know that this group of people has a life expectancy significantly shorter than average especially when they are experiencing other factors such as homelessness or medical conditions such as diabetes. The project will also help us to understand better how to deliver services to vulnerable people who are living complex lives.

We are conscious that, as well as the focused pieces of work outlined above, we need to make sure that the impact on inequalities is considered in everything we do and we are therefore working across the system to ensure that we have robust mechanisms for identify potential impact on health inequalities as we restore services following the pandemic. We have a number of mechanisms for monitoring these impacts including:

- Working with service providers to improve the quality of data collection
- Developing ways to join together data from a number of different sources to give a more holistic picture of health need
- Development of our Quality and Equality Impact Assessment process for service change to focus on actions to reduce inequalities
- Use of The Equality Delivery System tool to measure CCG performance on equality issues
- Feedback from patients through our CCG mechanisms, social media, and media
- The Devon-wide Equality Co-operative, a forum set up to ensure a system-wide oversight of equality issues
- Regular reporting to the Quality Assurance Committee of the CCG (patient and public equality, diversity and inclusion information)
- Regular reporting to the Remuneration Committee of the CCG (workforce equality and diversity information)
- The CCG's Quality Assurance Framework
- CCG presence at Devon County Council's Joint Engagement Forum where representatives of people with protected characteristics share experience and inform commissioning developments
- Access to Devon County Council's Equality Reference Group (which includes members with specific protected characteristics) as a source of user experience information
- An annual equality report to give assurance to our Governing Body

Developing the Population Health Management approach

(See also primary care section, page 24)

Population Health Management (PHM) aims to improve the physical and mental health and wellbeing of people, whilst reducing health inequalities within and across a defined population. It requires action to reduce the occurrence of ill-health, including addressing wider determinants of health, and action to slow the progression, in individuals, of existing conditions.

PHM involves a partnership approach across the NHS and other public services including: social services, public health, schools, voluntary sector, housing associations and, importantly, the public. To maximise its impact, all partners work more closely together to improve overall population health. The approach is underpinned by a patient-level population data set and is enabled by data analytics. Taking a data-driven approach to planning drives a more targeted approach to both care design and care management.

In Devon, PHM is enabling the CCG to better understand current, and predict future, health and care demand and commission more integrated and sustainable services thus making better use of public resources. PHM is enabling healthcare providers to identify people who are at risk of ill-health and develop proactive interventions to prevent or delay the onset of long-term conditions and slow the progression of frailty.

The expected outcomes and benefits from implementing PHM in Devon include:

- Increasingly evidence-based decisions that inform the most efficient allocation of resources to prevent illness, improve care and lower costs.
- Financial improvement and improved health outcomes through prevention, early detection and intervention.
- Better monitoring and evaluation of the impact of interventions to improve outcomes or reduce inequalities, and upscaling to maximise benefits.
- Through participation of partners, the opportunity of data linkage across organisations and staff capacity building.

Progress made

To implement Population Health Management successfully and enable our ICSD to thrive, Devon system partners have been focusing on the following three areas:

- Developing the infrastructure to ensure the basic building blocks of population health management are in place.
- Building the workforce capacity and capability to embed PHM at all levels of our system
- Using PHM tools and techniques to inform the development of new models of care and proactive interventions to improve health outcomes, reduce inequalities and reduce costs.

Our system's involvement in Wave 2 of NHS England's Population Health Management Development Programme has enabled the CCG and our partners to begin developing the technical capabilities and infrastructure needed to deliver PHM. In 2019/20 the national programme has enabled local testing and implementation in some PCN sites and in 2020/21 we will be focusing on developing a local programme to support wider spread and adoption.

Key achievements include:

- The delivery of action learning sets to inform strategic thinking and enable progress with PHM at both place and PCN level
- Five PCNs have identified target cohorts and have designed interventions to support their priority groups
- Financial modelling has been undertaken to support the development of the integrated care in Plymouth
- System capability for PHM analytics has been increased through the delivery of action learning sets, huddles and other programme activities
- The Information Governance (IG) arrangements needed to support the wider adoption of PHM have been further developed
- A Devon PHM portal has been developed to enable the sharing of resources and support wider spread and adoption
<http://nww.devonpublichealthintelligence.nhs.uk/>
- A CCG leadership group has been convened to develop a roadmap to scale, spread and embed PHM in the Devon system

Using PHM to address health inequalities

In Devon, the Wave 2 PHM programme is also being used as a way to enhance the system's capability in addressing inequalities. The programme has been deliberately designed to involve NHS organisations and local authorities in all localities across the Devon system through the participation of five primary care networks the associated health and social care professionals/multidisciplinary teams. Whilst there are currently multiple initiatives across the system, adopting a PHM approach will provide a more consistent framework for tackling inequalities.

Developing enhanced data sharing and analysis will provide intelligence to inform actions that can be taken at each level from direct support to vulnerable individuals, local integrated service provision in the least intensive setting, to system prioritisation and leadership as shown below:

Addressing health inequalities through PHM at all levels of the system

System to Person:
Person to System



Data and analytics



Measures that can be taken to
reduce health inequalities

System



Place



Neighbourhood



Person



Identify areas with the greatest health inequalities: Whole system actuarial modelling to support understanding of risk and health inequalities across the whole geography

Monitor uptake of services as they restart: Look for groups who are not using services and access channels that are excluding people. Link data across organisations and risk stratify waiting lists looking for people on multiple lists and with physical and mental health needs

Identify groups receiving less care, or at risk of worse outcomes: Look for differences in use and outcomes by ethnicity, deprivation and the other factors listed in phase 3. Consider interactions of factors and select small cohorts for tailored interventions

Patient level information on contacts, access channels and risk available to care professionals, alongside understanding of local assets

Target resources, including staff, to the areas with the greatest need.

Build a strong, integrated and diverse leadership team that collaborate and plan across organisations

Proactively reach out and listen:

Engage and listen to people from marginalised groups, tailor health messages and access channels using community assets. Work across organisations, including with PCNs, to create community based care models. Use your position as anchor institutions

Proactively reach out and listen:

Working with focussed cohorts, design tailored interventions to ensure equitable uptake of services. Work with community and voluntary groups to ensure preventative care messages and services are communicated properly

Personalised care and social prescribing:

Care and messages tailored to needs of the individual. Effective use of health coaches and social prescribers to support people to navigate system and manage their conditions

The CCG contribution to the delivery of the Joint Health and Wellbeing Strategy

Devon CCG covers three top tier local authorities and associated Health and Wellbeing Boards (HWBs).

HWBs have identified the following priorities within their Joint Health and Wellbeing Strategies (JHWBS) -

Plymouth	Devon	Torbay
Integrated health & wellbeing, promote choice & personal responsibility	Create opportunities for all-inclusive economic growth, education and social mobility	Working together, at scale, to promote good health and wellbeing and prevent illness
Addressing health inequalities	Healthy, safe and strong communities creating conditions for good health and wellbeing where we live, work and learn	Enable children to have the best start in life and address the inequalities in their outcomes
Best outcomes for children	Focus on mental health building good emotional health and wellbeing, happiness and resilience	Enable children to have the best start in life and address the inequalities in their outcomes
Supporting adults with health and care needs	Maintain good health for all supporting people to stay as healthy as possible for as long as possible	Build emotional resilience in children and young people
Strong and safe communities		Create places where people can live healthy and happy lives
Health-enabling transport system		Support those who are at risk of harm and living complex lives, addressing the underlying factors that increase vulnerability
Optimising natural environment health benefits		Enable people to age well
Accessible, excellent services		Promote good mental health

Common areas of priority between the strategies have been identified as follows:

- Common vision around reducing health inequalities and addressing wider determinants of health
- Mental health across the life course
- A focus on communities, housing and the built environment
- Giving children the best start in life
- A focus on living well, encouraging health lifestyles and prevention
- Maintaining independence and good health into older age

Some of the examples of how the CCG has contributed to the JHWBS through its commissioning activity include -

- The CCG has continued to develop a programme of population health management with Primary care Networks and local partners to address **health inequalities**. The population health management approach will provide a consistent framework for identifying and tackling inequalities.
- Investments have been made in a new place of safety for children experiencing severe **mental health** issues, upgrades to mental health units and short term stays for mental health support.
- The CCG has focused on **our communities** and their unique needs. We have undertaken extensive engagement across Devon on people's views on the COVID-19 vaccine and were the only system to consult widely on our Ethical Framework. We have also worked closely with communities in respect of service change proposed in the CCG area.
- Our work on living well and encouraging healthy lifestyles is detailed in the section on our **Prevention Programme**. This has included work on active lifestyles, smoking cessation and alcohol care. The main priority for our prevention work has been mental health and, coupled with the investments detailed above, the CCG has worked with providers on bereavement support and early interventions for emotional wellbeing.

Shared Aspirations

The common areas of priority within the Joint Health and Wellbeing Strategies are reflected within the ambitions within our Long Term Plan. This has been achieved by close working and full participation of CCG representatives in local HWBs. Regular reports detailing the CCG contribution to Boards' priorities have been provided to formal meetings.

As part of our engagement process on the Long Term Plan, which ran concurrently with engagement on Devon's Health and Wellbeing Strategy, briefings and workshops took place with boards which contributed to the development of system priorities. We look forward to working with Plymouth Health and Wellbeing Board in 2021/22 as the Health and Wellbeing Strategy is refreshed.

Devon's NHS organisations, together with Devon County, Plymouth City and Torbay Councils, and Livewell Southwest have shared aspirations for health and care in Devon over next ten years.

Through the development of the Long Term Plan they have collectively agreed to work together towards the following six shared strategic ambitions which are aligned with the priorities of the Joint Health and Wellbeing Strategies:

Ambition 1: Effective and efficient care

- Collaborate across the system to address safety, effectiveness, experience and productivity.
- Health and care organisations will work together to provide the best possible services. They will use Devon taxpayer's money to deliver value for the population by reducing waste, tackling unwarranted clinical variation and improving productivity everywhere.

Ambition 2: Integrated Care Model

- Systematic delivery of the integrated care model across Devon.
- There will be a shift to out of hospital care through enhanced Primary Care Networks, community (including mental health), social care and voluntary & community services. This will reduce the growth in acute urgent care, improve access to primary care and enable more people to be cared for at home.

Ambition 3: People Led Change

- A citizens-led approach to health and care.
- A new approach will be adopted to reduce variations in outcomes, gaps in life expectancy and health inequalities across Devon. There will be a shared way of working with people and communities to identify priorities and tackle the root causes of problems such as substance misuse, domestic abuse and sexual violence, homelessness and mental ill-health. Information and intelligence across services will be used to target resources in the most effective way.

Ambition 4: Children and young people

- Invest in children and young people: to have the best start in life, be ready for school, be physically and emotionally well and develop resilience throughout childhood and on into adulthood.
- All children and young people in Devon will have the best start in life, grow up in loving and supportive families, and be happy, healthy and safe. Children, young people, their families and carers and communities will have access to a personalised, sustainable and coordinated system of care and support which meets needs early and improves their quality of life so that they can live well throughout life and make the most of the choices and opportunities available to them.

Ambition 5: Digital Devon

- Invest in a digital Devon: only tell your story once, first contact will be digital, self-care, digital connectivity
- Digital advances are continually creating possibilities for preventing ill health and improving care and treatment and modernising the way we work. Adopting a 'digital first' approach across the whole system will deliver transformational benefits of developments in technology, robotics, artificial intelligence, wearables, analytics changing experiences of and access to care for individuals; enabling efficiencies for staff; and allowing advances in quality and safety; and improving productivity.

Ambition 6: Equally well in Devon

- Work together to tackle the physical health inequalities for people with mental illness, learning disabilities and/or autism.
- The physical health of some people with mental illness, learning disabilities, and/or autism is significantly worse than the health of Devon's population as a whole. Health and care providers, commissioners, professional bodies, service user and carer organisations, and charities in Devon are committed to working together to bring about equal physical health for all.

Prevention Programme

Whilst the impact of the COVID-19 pandemic on our plans for 2020/21 has been challenging, we have adapted our plans where possible to ensure prevention remained an area of focus within the Devon system.

Launched in March 2020 with the objective of proactive community work to reduce rates of infections within the community setting, our community infection management service (CIMS), staff in all four localities were operational by May 2020. Supporting COVID-19 work in care homes became our focus through virtual walk arounds, advice on Personal Protective Equipment (PPE) use, visits, educational sessions and facilitating safe immunisation sessions in homes with outbreaks.

Investing in **Mental Health** remains a priority area for prevention.

- We have adapted our approach to targeting those bereaved by suicide to reflect COVID-19 restrictions, launching an online version of our **suicide bereavement** training offer to staff working with people who lead complex lives
- Through the sharing of intelligence related to potential suicides across partner organisations in "real time", we can now work more closely together to ensure timely bereavement support to people affected by the death, better directing our resources to where they are most needed
- Put in place projects and services to enable children and young people to access early intervention for their **emotional health and wellbeing**. 75% of children and young people who have accessed this support have shown an improvement in their emotional health and wellbeing

- Training programmes for school-based staff so that those working with children and young people can feel more skilled and confident to support the child or young person

Domestic violence and abuse and **health inequalities** experienced by people with 'complex needs' have been amplified by the pandemic and this trajectory of harm and 'need' is likely to continue. Our **Whole Systems for Whole People** work has gathered pace and reach during 2020/21 demonstrating and demonstrating and supporting improvements. We have

- recruited a specialist Domestic and Sexual Violence and Abuse (DSVA) Lead to embed policy and practice, for patients and staff to identify and support people experiencing DSVA
- Reduced waiting times for the Devon Rape Crisis and Sexual Assault Service by adapting their service to offer online support
- Adapted our approach to an online model and secured additional investment to ensure we can maintain our clinical enquiry work to identify victims of DSVA

Our continued investment in **Social Prescribing** to develop the resilience of local communities in meeting the needs of their population. All 31 Primary care networks (PCNs) in Devon now have at least one Social Prescribing Link Worker, with 65 staff currently in related roles (link workers, health coaches, community connectors).

We have developed and enhanced opportunities for **physical activity** for those who are inactive in mid-life; older adults who may have long term health conditions; and those at risk of frailty. Focussing on two of our most deprived areas, we have: expanded our network of walk leaders supporting 200 people to engage with walking groups, 60% of these individuals starting from a point of self-reported "inactive" status. We have also adapted to support those at home to stay active during COVID-19 restrictions.

With many long-term diseases closely linked to behavioural risk factors such as tobacco, alcohol, diet and exercise, we have continued to embed the principles of **Making Every Contact Count** across the Devon health and care system. As we approach 2021/22 we are confident in our ability to build upon an established network of 3,334 trained staff and 94 trainers and reach our 2020/21 targets by September 2021.

2021/22 will see us retain focus on the prevention of community acquired infections and long term conditions, with specific attention to atrial fibrillation, cardiovascular disease and diabetes. We will support our acute services to provide patients with ready access to **smoking cessation** support and **alcohol care**. We will work with our four localities to provide support to those at risk of falls and fractures, and those considered frail, within their communities.

We will work hand-in-hand with the Devon Health Inequalities programme to ensure our services are meeting the needs of those experiencing health inequalities within Devon. 2021 will see us establish a single, integrated plan for Health Inequalities and Prevention. This plan will support us to:

- further develop leadership of health inequalities and prevention across Devon
- embed a **strengths based approach** through which our population will be empowered, with support when needed, to take control of their health and wellbeing to achieve the goals that matter to them
- build on the excellent work of the Plymouth Trauma Network to further spread trauma-informed practice to healthcare
- ensure children, young people, adults and families who have been affected by suicide, whether this be confirmed or suspected, are able to access support

Equality, diversity and inclusion

Legal duties and national standards

The CCG has a responsibility to meet a range of legal duties and standards that support equality for people who are identified as having a particular protected characteristic under the Equality Act. These characteristics are:

- Age
- Sex
- Ethnicity
- Disability
- Religion and belief
- Sexual orientation
- Gender reassignment
- Marriage and civil partnership
- Maternity and pregnancy

In addition, the CCG has identified other groups of people with characteristics that contribute towards inequality in health and these are:

- Rough sleepers (especially in relation to mental health services)
- Rural populations
- People in contact with the justice system
- Veterans and the armed forces and their families
- People affected by specific conditions or risk factors:
 - Cancer
 - Smoking
 - Learning disabilities and autism
 - Diabetes
 - Respiratory disease
 - Obesity
 - Drug and alcohol use

The duties and responsibilities include:

- The Equality Act 2010
- The Public Sector Equality Duty (PSED)
- Human Rights Act
- The Children Act
- The Workforce Race Equality Standard (WRES)
- Equality Delivery System 2 (EDS2)
- Internal equality reporting requirements

In addition, the CCG has to assure itself and the public that the organisations it commissions are meeting these requirements plus some additional standards imposed on the acute Trusts these are:

- The Sexual Orientation Monitoring Standard (SOMS)
- The Workforce Disability Equality Standard (WDES)
- The Accessible Information Standard (AIS)

The year's activity

The CCG has continued to perform its duties in relation to equality throughout the COVID-19 pandemic through specific actions to address inequalities identified in quality, equality impact assessments (QEIA) and supporting the monitoring of health inequalities.

Specific actions have included:

- Sourcing and sharing information in alternative formats and languages with the communications team and community groups. Sourcing and sharing information to support providers to meet their equality duty
- Contributing to the development of a Devon-wide ethical framework and guidance to support clinicians when decisions are being made regarding access to care in relation to COVID-19
- Involvement in national events to explore inequalities in vaccination experienced by people from minority ethnic groups to include gypsy/Roma travellers, the homeless and people with mental health issues, learning disabilities and the neurodiverse
- Establishing a Devon-wide Black, Asian and minority ethnic (BAME) staff network and support for providers setting up their own staff networks
- Encouraging the provision nationally of clear face masks. Whilst, as yet, no masks have been found that are suitable for use in clinical settings this work continues
- Preparation and continued updating of a quality equality impact assessment (QEIA) for Devon's mass vaccination programme
- Establishment of an inequalities vaccination group to operationalise the mitigating actions identified in the QEIA. This has involved:
 - The development of an inclusion checklist to support vaccination site managers in providing appropriate support for people who experience barriers when attending for vaccination
 - Exploration of alternative delivery methods for vaccination to include a roving model and pop up clinics centred within a community setting
 - Tools to identify communities who find engaging with the mass vaccination programme difficult or challenging
 - Exploring the introduction of specific clinic days for people with a learning disability and autism

Monitoring of inequalities

This has been supported through:

- Staff risk assessments (with a focus on risk assessment for staff from a minority ethnic community)
- Contributions to the development of a south west workforce strategy.
- Establishment of a CCG staff equality group to address equality issues affecting those employed by the CCG.
- The preparation of an annual equality report to give assurance to our Governing Body
- CCG attendance at Devon County Council's Joint Engagement Forum where representatives of people with protected characteristics share experience and inform commissioning developments
- Continued working through the Devon-wide Equality Co-operative, a forum set up to ensure a system-wide oversight of equality issues
- Regular reporting to the Quality Assurance Committee of the CCG (patient and public equality, diversity and inclusion information)
- Regular reporting to the Remuneration Committee of the CCG (workforce equality and diversity information)
- Use of The Equality Delivery System tool to measure CCG performance on equality issues

Regional and national working

The CCG has also continued to work at a regional and national level to inform the equality response to the pandemic. This has included involvement in conversations about:

- Staff risk assessments (with a focus on risk assessment for staff from a minority ethnic community)
- Development of a South West workforce strategy.
- Continued input into the National Equality Diversity Council to influence the council's agenda in response to Covid-19

In line with its agreed equality, diversity and inclusion (EDI) strategy, the CCG publishes a separate report on its progress, which will be available on our website. Consequently, this section provides headline statements in relation to the CCG's performance.

Governance of EDI and system working in Devon

The CCG has established clear lines of reporting between the various groups working on EDI related projects within the CCG and across the system.

The CCG works on EDI for itself and as a key member of the wider Equality Co-operative. This enables the health and care system in Devon to address issues common to all members of the health and social care community. Many members of the co-operative also attend the South West Inclusion Network which enables them to learn from and share with EDI leads beyond Devon.

EDI and the CCG workforce

We undertake work to better understand the diversity of our workforce using the staff survey data. An overview of the staff demography and ethnicity will be found in the CCG's annual Equality, Diversity and Inclusion report. The human resources (HR) team has undertaken a review of the CCG's HR policies and ensured that equality underpins this work.

The Rainbow badge scheme continues at the CCG, supporting a number of staff to be a point of contact and listening ear for people from the LGBT+ community.

The CCG is required to complete a Workforce Race Equality Standard report and a gender pay gap report. These can be found on the CCG website.

Working with our Health and Wellbeing Boards

Devon CCG works closely with three Health and Wellbeing Boards in Devon, Plymouth and Torbay local authorities and plays a full role at board meetings.

As well as the work set out above, 2020/21 has seen a clear focus on the system-wide response to COVID-19, with regular updates from the directors of public health in each area. Devon was selected as one of 11 beacon sites in the southwest to develop and share best practice.

In addition, there has been great attention to the Mental Health Concordat with its associated action plans being monitored. Devon Health and Wellbeing Board, with full participation of the CCG, drew up a plan for improving emotional health in light of the COVID-19 pandemic.

Torbay has seen action on those at risk of harm or living complex lives, and the Plymouth Health and Wellbeing Board has been playing a role in the Transforming Cities programme and enacting a plan to combat loneliness.



Simon Tapley
Interim Accountable Officer
NHS Devon Clinical Commissioning Group
11 June 2021

Accountability report

This section includes information on how we ensure that our organisation runs safely and effectively and that we make the best use of the resources available to us. It includes

- A Corporate Governance Report which explains how our governance structures operate and how they support the achievement of the CCG's objectives
- A Remuneration and Staff Report which gives information about our staff and how they are paid
- A Parliamentary Accountability and Audit Report which some organisations are required to produce to give disclosures on statutory requirements.

Corporate governance report

Members' report

CCGs are clinically-led membership organisations made up of general practice. The members of the CCG are responsible for determining the governing arrangements for the CCG, including arrangements for clinical leadership which are set out in the CCG's constitution. NHS Devon CCG comprises 123 member practices across our identified localities, all grouped into primary care networks. Each primary care network has a clinical director. Each of our four localities (North, South, East and West) also selects a Locality Clinical Representative who is a member of the Governing Body.

By locality and Primary Care Network, the member practices are:

East locality	
Primary Care Network	Practice name
Nexus	Mount Pleasant
	Heavitree
	South Lawn
	ISCA
	Hill Barton
TASC	Axminster Medical Practice
	Seaton & Colyton Medical Practice
	Townsend House Medical Centre
Outer Exeter	Cranbrook Medical Centre
	Ide Lane Surgery

	Pinhoe & Broadclyst Medical Practice
	Topsham Surgery & Glasshouse Medical Centre
	Westbank Practice
Honiton/Ottery/ Sid Valley (HOSMS)	Honiton Surgery
	Coleridge Medical Centre
	Sid Valley Practice
Exeter West (was Foxhayes and St Thomas)	Foxhayes Practice
	St Thomas Medical Group
Exeter City	Barnfield Hill Surgery
	Clocktower Surgery
	Southernhay House Surgery
	St Leonards Practice
	Whipton Surgery
	Wonford Green Surgery
WEB	Claremont Medical Practice
	Rolle Medical Partnership
	Imperial Surgery
	Haldon House Surgery
	Woodbury Surgery
	Budleigh Salterton Medical Practice
	Raleigh Surgery
Culm Valley	Bramblehaies Surgery
	Blackdown Practice
	College Surgery
	Sampford Peverell Surgery
	Wyndham House Surgery
Tiverton	Amicus Health
	Castle Place
Mid Devon Healthcare	Bow Medical Practice
	Cheriton Bishop & Teign Valley Practice
	Chiddenbrook Surgery
	Mid Devon Medical Practice
	New Valley Practice
	Wallingbrook Health Group

North Dartmoor	Chagford Health Centre
	Blake House Surgery Black Torrington - member as of 01.08.20
	Moretonhampstead Health Centre
	Okehampton Medical Centre

North locality	
Network	Practice name
Torrington	Bideford Medical Centre
	Castle Gardens Surgery
	Hartland Surgery
	Northam Surgery
	Wooda Surgery
	Torrington Health Centre
Barnstaple Alliance	Brannams Medical Centre
	Fremington Medical Centre
	Litchdon Medical Centre
	Queens Medical Centre
Holsworthy, Bude & Surrounding Villages	Ruby Country Medical Group
	Stratton Medical Centre
	Neetside Surgery
	Blake House Surgery Black Torrington - left 01.08.20 and moved to North Dartmoor
	Bradworthy Surgery
North Devon Coastal	Caen Medical Centre
	South Molton Medical Centre
	Lyn Health
	Combe Coastal

West locality	
Network	Practice name
Beacon Medical Group	Beacon Medical Group
Drake Medical Alliance Limited	North Road West MC
	Roborough Surgery
	Knowle House Surgery
	Wycliffe Surgery
	Lisson Grove and Woolwell Medical Centre
Mayflower	Mayflower Medical Group
	Mannamead Surgery
Waterside Health Network	Devonport Health Centre
	St Levan Surgery
	Adelaide Surgery
	West Hoe Surgery
	Stoke Surgery
	Peverell Park Surgery & University Medical Centre
	St Neots Surgery
West Devon	Abbey Surgery
	Tavyside Health Centre
	Yelverton Surgery
Mewstone	Wembury Surgery
	Dean Cross Surgery
	Church View Surgery
	Yealm Medical Centre
Sound	Budshead Medical Practice
	Elm Surgery
	Estover Surgery
	Friary House Surgery
	Oakside Surgery
	Southway Surgery
Pathfields Medical Group	Pathfields
	Beaumont Villa Surgery

South locality	
Network	Practice name
Baywide	Compass House Medical Centres
	Pembroke House Surgery
	Chilcote Surgery
Torquay	Southover Medical Practice
	Brunel Medical Practice
	Chelston Hall Surgery
	Croft Hall Medical Practice
Newton West	Albany Surgery Newton Abbot
	Bovey Tracey & Chudleigh Medical Practice
	Kingskerswell & Ipplepen Medical Practice
South Dartmoor and Totnes	Ashburton Surgery
	Buckfastleigh Medical Centre
	Catherine House Surgery
	Leatside Surgery
	South Brent Health Centre
Paignton & Brixham	Mayfield Medical Centre
	St Lukes & Greenwood
	Corner Place Surgery
	Old Farm Surgery
The Coastal Network	Channel View Medical Practice (Merged with Teignmouth 1/4/20)
	Teign Estuary Medical Group
	Dawlish Medical Group (known as Barton Surgery)
Templer Care Network	Buckland Surgery
	Cricketfield Surgery
	Devon Square Surgery
	Kingsteignton Medical Practice
South Hams	Dartmouth Medical Practice
	Modbury Health Centre
	Chillington Health Centre
	Redfern Health Centre
	Norton Brook Medical Centre

Our Governing Body

The Governing Body ensures that the CCG operates effectively and efficiently, with good governance. The Governing Body, in line with the CCG constitution, currently has 18 voting members, of which 12 are men and 6 are women. Our lay members have a clear statutory role in acting as an independent and expert voice on the board.



Dr Paul Johnson^r
Clinical chair



Simon Tapley
Interim accountable officer



Nick Ball^{r}**
Vice chair; Lay member, Governance and probity



Dr Shelagh McCormick^r
Clinical representative, western locality



Dr Simon Kerr
Clinical representative, eastern locality



Dr John Womersley
Clinical representative, northern locality



Dr David Greenwell
Clinical representative, southern locality



John Dowell
Chief finance officer



Andrew Millward
Chief communications, IT and people officer



Jo Turl
Executive Director of Out of Hospital commissioning



Darryn Allcorn^{}**
Joined 11/05/20
Chief Nurse



Sonja Manton^{*}
Until 31.03.21
Accountable Emergency Officer



Jayne Carroll*
Joined 01/09/2020
Chief Operating
Officer



John Finn
Joined 01/01/21
Interim Executive
Director of in hospital
commissioning



Dr Nick Kennedyr**
Lay Member -
Secondary care
doctor



Gaynor Appleby^r
Non-executive lay
member,
Allied healthcare



Graham Turnerr**
Non-executive lay
member,
finance and
remuneration



Judy Hargadonr**
Non-executive lay
member,
primary care and
prevention



Glynis Atherton^r
Non-executive lay
member,
quality assurance



Charlotte Burrows^r
Non-executive lay
member,
patient and public
involvement



Alison Davis*
Associate non-
executive lay
member,
Independent social
worker



James Wooldridge*
Associate non-
executive lay member
Recovery
Devon/mental health

*non-voting member

**member of Audit Committee

^r member of Remuneration Committee

The above represents the membership of the Governing Body as at 31 March 2021.

The CCG Governing Body will regularly invite the following individuals to attend any or all of its meetings as attendees who are non-voting:

Local authority representatives, specifically Public Health in accordance with Section 14W of the NHS Act. Within the CCG local geography, this representation would be from Devon County Council, Plymouth City Council and Torbay Council as described in section 2.2 of the CCG's constitution.

Biographies for our Governing Body members are available on our website: <https://devonccg.nhs.uk/about-us/governing-body-and-committees/governing-body-members>

The Governing Body follows the Nolan principles of 'standards of board behaviour' in all that it does, and has a declaration of interests register, which is scrupulously maintained and shared openly. Governing Body meetings are held in public and the CCG endeavours to manage the majority of its clinical commissioning decision-making in public. From the start, the Governing Body has put the patient at the centre of its decision making. Its meetings begin with a patient story, usually presented by one of our clinical members, and at the end of most meetings members reflect on the difference their decision making might have made to that patient.

Governing Body disclosures

The declaration of interests register includes all interests declared by Governing Body members, employees and members of committees or subcommittees (including committees and subcommittees of the Governing Body). It is published on our website: <https://www.newdevonccg.nhs.uk/about-us/governing-body-102039>

In accordance with the CCG's constitution and section 140 of The National Health Service Act 2006, the CCG's accountable officer must be informed of any interest which may lead to a conflict with the interests of the CCG and the public in relation to a decision to be made by the CCG, and that needs to be included in the Register within 28 days of the individual becoming aware of the potential for a conflict. If required, the register is updated regularly (at no more than three-monthly intervals).

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual) include:

- Roles and responsibilities held within member practices
- Directorships, including non-executive directorships, held in private companies or PLCs
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG
- Shareholdings (more than five percent) of companies in the field of health and social care
- A position of authority in an organisation (eg, charity or voluntary organisation) in the field of health and social care
- Any connection with a voluntary or other organisation contracting for NHS services
- Research funding/grants that may be received by the individual or any organisation in which they have an interest or role

Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

Personal data related incidents

During the year 41 incidents were reported relating to security breaches. Of these, 7 were found to be near misses, with the remainder being rated as green. There was one incident reported to the Information Commissioner. (An investigation identified that no breach had occurred.)

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

Devon CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015. It is committed to ensuring that there is no use of modern slavery in its supply chain, and work on this will be redoubled once resources allow CCG personnel to return to their substantive posts from their redeployment into the COVID-19 response.

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 Tapley to be the Interim Accountable Officer of NHS Northern, Eastern and Western Devon CCG, and he has maintained that role after its merger with South Devon and Torbay CCG, forming NHS Devon CCG. The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

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

- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)
- For safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)
- The relevant responsibilities of accounting officers under Managing Public Money
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with 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 net 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 judgments 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 financial statements
- Prepare the financial statements on a going concern basis
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable

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.

A handwritten signature in black ink, appearing to read 'Simon Tapley', with a stylized, cursive script.

Simon Tapley
Interim Accountable Officer
NHS Devon Clinical Commissioning Group
11 June 2021

Annual governance statement

Introduction and context

NHS Devon Clinical Commissioning Group is a body corporate established by NHS England on 01 April 2019 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 2021, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The CCG's membership comprises 124 member practices, working together within 31 primary care networks across Devon. A full list of member practices is included in the Members' Report from page 67.

The membership and attendance record for the Governing Body and its committees are detailed in appendix 1. The Governing Body met 12 times in public during 2020/21.

The Governing Body has six committees reporting to it. Below are details of the three statutory committees of the Governing Body, as outlined in the constitution, and the additional three committees, namely Quality Assurance Committee, Finance and Performance Committee and Commissioning Committee. The Governing Body

committees have each undertaken an annual effectiveness review during 2020/2021. These results were presented to each of the committees of the Governing Body during quarter 1 and the Governing Body received their effectiveness review during quarter 2. In September 2020 an internal audit was undertaken to provide assurance that good governance was being maintained during Covid-19. The outcome showed that streamlined governance arrangements enabled appropriate governance processes to remain in place ensuring that the CCG continued to fulfil its statutory duties and comply with regulators' requirements, whilst at the same time enabling the CCG to provide effective leadership to the Devon System in responding to and managing the pandemic.

Audit Committee – Statutory Requirement	
Chair	Chair Nick Ball, Non-Executive Director/Lay Member, Conflict of Interests Guardian
Terms of Reference	Approved July 2020
Purpose	The purpose of the Audit Committee is to assist the CCG in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide evidence-based assurance to the Governing Body that an appropriate system of internal control is in place to ensure that: • Business is conducted in accordance with the law and proper standards • Public money is safeguarded and properly accounted for • Financial statements are prepared in a timely fashion, and give a true and fair view of the financial position of the CCG for the period in question • Affairs are managed to secure economic, efficient and effective use of resources • Reasonable steps are taken to prevent and detect fraud lead by the Chief Finance Officer and other irregularities Governing bodies can – if they choose – nominate a 'subset' of the Audit Committee to act as the Auditor Panel. If a subset is used, there must be at least three Members with a majority who are independent and non-executive Members of the Governing Body. (HFMA briefing December 2015)

Remuneration and Strategic Workforce Committee – Statutory Requirement	
Chair	Chair Graham Turner, Non-Executive Director/Lay Member, Chair Finance and Performance Committee
Terms of Reference	Approved August 2020
Purpose	The purposes of the Remuneration and Strategic Workforce Committee are to: Part 1 - Make recommendations to the governing body on determinations about pay and remuneration for Very Senior Manager (VSM) employees of the clinical commissioning group and people who provide services to the clinical commissioning group and allowances under any pension scheme it might establish as an alternative to the NHS pension scheme. Part 2 - Provide assurance and oversight of strategic people management and organisational development identifying key issues and risks requiring discussion or decision by the Governing Body The Remuneration and Strategic Workforce Committee has clear delegations for decision making which are set out in the Scheme of Reservation and Delegation.

Primary Care Commissioning Committee – Statutory requirement	
Chair	Judy Hargadon, Non- Executive Director/Lay Member, Chair Primary Care Commissioning Committee
Terms of Reference	Approved August 2020
Purpose	The Committee has been established in accordance with the above statutory provisions to enable the members to make decisions on the review, planning and procurement of primary care services in Devon, under delegated authority from NHS England. In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Devon CCG, which will sit alongside the delegation and terms of reference. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include: Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including: a) the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);

- b) Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- c) Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
- d) ‘Discretionary’ payments (e.g., returner/retainer schemes);
- e) Commissioning urgent care for out of area registered patients.

Planning the primary medical services provider landscape in Devon, including considering and taking decisions in relation to:

- a) The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices.
- b) Approving practice mergers.
- c) Managing GP practices providing inadequate standards of patient care, ensuring patients receive appropriate care.
- d) The procurement of new Primary Medical Services Contracts.
- e) Dispersing the lists of GP practices.
- f) Agreeing variations to the boundaries of GP practices; and
- g) Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

Decisions in relation to the Premises Costs Directions Functions.

The CCG will also carry out the following activities:

- To plan, including needs assessment, primary care services in Devon.
- To undertake reviews of primary care services in Devon.
- To co-ordinate a common approach to the commissioning of primary care services generally.
- To manage the budget for commissioning of primary care services in Devon.

The Primary Care Operational Group will review operational contractual issues impacting on primary care delivery working within approved frameworks and decision-making authority from the Primary Care Commissioning Committee. This includes operational decisions pertaining to the Devon CCG primary medical care commissioning budget and making strategic recommendations to PCCC.

The Primary Care Commissioning Committee is accountable for the management of the Devon CCG primary medical care commissioning budget. A finance report on the financial position of the budget will be submitted to PCCC monthly to inform strategic decision making

Chair	Graham Turner, Non-Executive Director/Lay Member, Chair Finance and Performance Committee
Terms of Reference	January 2021
Purpose	The Finance and Performance Committee is the overarching finance assurance committee. To provide assurance that the commissioning of services is; evidence based, in line with the strategic objectives of the CCG, and inclusive of national and local requirements. Oversee CCG performance against statutory duties and legislation for financial governance, escalating any issues considered to impact on the commissioning of services. To provide assurance to the Governing Body and Audit Committee that the CCG is achieving the commissioning, financial and performance elements of its plan. This is to be achieved through judgement, scrutiny, and independent and objective review. To have oversight of budget, financial plans and any financial recovery plans. Review and approve finance and performance reports prior to submission to the Governing Body. To objectively assess and assure the Governing Body that the internal business support services are operating effectively, are responsive to the business need and offer value for money. Oversee care pathways and services that support the financial plans and vision of the CCG. Consider clinical quality and safety in all commissioned services and make recommendations to the Quality and Assurance Committee or Governing Body as appropriate. Ensure a clear escalation process, including appropriate trigger points, is in place to enable the committee to respond when the CCG is under financial pressure. The committee will meet jointly with the Quality Assurance Committee on a regular basis, as determined in the corporate calendar, to ensure that there are robust and functioning systems in place to commission safe, economical and effective treatment and care for patients, and that the experiences of patients are cost effective and positive.

Quality Assurance Committee	
Chair	Glynis Atherton, Non-Executive Director/Lay Member, Chair Quality Assurance Committee
Terms of Reference	Approved November 2020
Purpose	To quality assure, in an oversight role, the delivery of quality standards within commissioned services and to influence prioritisation of those services commissioned within the context of Devon's strategic plan and NHS long term plan. The Quality Assurance Committee will oversee performance against constitutional standards and statutory duties as well as legislation for clinical governance and escalate to the Governing Body, through the Committee Chair, any issues of concern considered to impact on the commissioning of high quality, safe care. It is the responsibility of the committee to make recommendations to the Governing Body of the CCG on determinations about the assurances received surrounding quality issues for the CCG.

Commissioning Committee	
Chair	Dr Claire Hooper, Strategic Clinical Advisor (Planned Care)
Terms of Reference	Approved September 2020
Purpose	The purpose of the Committee is to - • Ensure the CCG fulfils the functions, duties and responsibilities as set out in the CCG's Constitution in relation to its commissioning function • Co-ordinate operational aspects of the organisation to ensure that the CCG meets its strategic and operational objectives • Ensure that there is clinical input to commissioning decisions.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. We report our corporate governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG and best practice. This governance statement is therefore intended to demonstrate the CCG's compliance with the principles set out in the Code.

Discharge of Statutory Functions

In light of the recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislature and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated

with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power is clearly outlined in the CCG's scheme of reservation and delegation, within the financial limits policy delegations are allocated to a lead director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties. The financial risks in relation to financial sustainability are clearly visible on the assurance framework and corporate risk register. Controls and assurances are reviewed and updated at each monthly Finance and Performance Committee and reported through to the Governing Body no less than four times a year

Risk management arrangements and effectiveness

The CCG is committed to a strategy that minimises risks to the organisation, staff and patients and stakeholders through a comprehensive system of internal controls, while providing maximum potential for flexibility, innovation and best practice in delivery of its strategic objectives. The CCG works to all applicable legislation and NHS guidance, and where risk forms a part of the CCG's work, this is assessed and recorded on the risk register.

The CCG has a comprehensive approach to risk management which has been assessed by internal audit as significant. The CCG maintains a risk register for all identified risks which are linked to the relevant element of the CCG's Corporate Objectives. A 5 x 5 risk scoring matrix is consistently applied to all risks, and the impact and likelihood of all risks are regularly assessed. This ensures that risks across different functions (eg finance, patient safety, data security) are objectively rated and compared on a single register.

All risks recorded on the register are assigned to one of the CCG's directors, a risk owner who is a senior officer within the CCG and are supported by a directorate risk coordinator. A risk assurance checklist is used to ensure that all identified risks are consistently scored in terms of likelihood and impact, and that the controls, assurances, and action plans are recorded. All risks are reviewed at least quarterly, and the length of time a risk has remained at its current risk score is reported. The CCG corporate risk register is reviewed by each of the CCG's committees, either in full or as relevant to the remit of that committee.

The Board Assurance Framework (BAF) has been refreshed to reflect the revised corporate objectives which cover December 2020 to March 2022, and this has been reported to Audit Committee and Governing Body and further embedded throughout the CCG.

The Governing Body has discussed and agreed the CCG's risk appetite. The CCG will ensure high quality, with very limited tolerance of risk regarding patient and public safety. The CCG is eager to be innovative and to choose options offering potentially higher business rewards regarding finance, capacity and capability risks. The CCG is willing to consider all potential delivery options regarding patient and public safety risks.

During 2020 the CCG has introduced team risk registers to record risks identified from directorate /team /individual work plans. This includes risks that have been removed from the corporate risk register for regular review to ensure that the risks

remain in view. Team risks can be escalated to the Corporate Risk Register should the risk change in line with the risk appetite.

During the response to the COVID pandemic the CCG introduced a COVID specific risk register to monitor risks throughout the incident. The COVID risk register has been held by the Governance Team and reported to the Executive team, Senior Leadership Team and relevant committees.

The CCG's risk appetite can be summarised as follows:

The Governing Body of NHS Devon CCG recognises that risk is a natural part of health and social care provision. The CCG will manage and mitigate risk whenever possible, to optimise patient safety. Whenever possible, we will look to take calculated risks where the potential results outweigh the costs.

Risk management is thoroughly embedded in the activity of the CCG, with members of staff engaged as risk owners or risk coordinators.

Risk is an agenda item on all Governing Body assurance committees, any new risk identified through these committees is recorded and appropriate action taken.

Quality and equality impact assessments are integrated into the CCG's core business and form a part of all policies and reports presented to CCG committees and the Governing Body for approval.

The CCG has an incident reporting module through the nursing and quality team and the governance team, where all staff are encouraged to record any incidents arising within the CCG or that relate to the CCG's commissioning work.

ASW Assurance provides an independent counter-fraud service to the CCG. No significant matters of concern have been identified and no investigations have been undertaken.

Capacity to Handle Risk

All CCG staff are involved in risk management – the Executive Director with accountability has responsibility to approve risks onto the CCG corporate risk register and board assurance framework, senior managers as risk-owners with responsibility for ensuring that risks are operationally managed, and administrative staff as risk-coordinators with responsibility for recording and updating controls, assurances and action plans on the CCGs bespoke corporate risk register.

Guidance on risk management and frequency of training is contained in the CCG's risk management framework policy. The CCG has a risk and governance manager to support the Board Secretary and to provide support to the executive team, training and guidance to the risk coordinators and all other staff members. The Governing Body is assured risk management is effective within the CCG by the Audit Committee. The Audit Committee receives regular reports on risk and the Audit Committee Chair includes the discussion and papers in the chairs report to Governing Body

The introduction of team risk registers has further strengthened risk management within the CCG by providing a tool for teams/directorates to record and review operational risks identified from directorate /team /individual work plans. This includes risks that have been removed from the corporate risk register on being approved by the responsible Executive approval must be transferred to the Team Risk Register for regular review to ensure that the risks remain in view. Team risks to be escalated to

the Corporate Risk Register require Executive approval and will result in a risk score change in line with the risk appetite.

Risk Assessment

Risks may be identified at all levels across the CCG, with each being assigned a risk-owner to oversee day-to-day activities, and an executive director to oversee effective management of the risk. Risks are aligned with the CCG's corporate objectives, with an expectation that all parts of the operational plan will have some element of risk associated with them.

Risks are graded according to a standard scoring 5 x 5 matrix, taking account of the CCG's risk appetite. Risks are presented to the relevant committee, the board assurance framework is presented and discussed by the Audit Committee and approved by the Governing Body and included in reports to the executive team.

All relevant risks and their controls are considered during internal audits. The CCG identified 29 new risks and closed a total of 19 risks during the 2020/2021 year, to give a total of 38 open risks remaining as at 31 March 2021. All these risks are reported regularly to the Accountable Officer's Strategic Leadership Team and assurance sought from the Audit Committee prior to a summary being presented to the Governing Body through the Audit Chair's report. Each risk is assigned to a committee of the Governing Body where these committees discuss those risks at each meeting and present their findings to the Governing Body through each committee chair's reports. The CCG's Governing Body papers can be found on the CCG's website. The risks opened during the 2020/2021 year are described in Appendix 2. Risks contained within the board assurance framework at 31 March 2021 and will be carried forward into the new financial year.

Board Assurance Framework (BAF) 2021 to 2022 With sub objectives		Board Assurance Framework Risk Ref	Principle Risks <i>There is a risk that.....</i>
1	Commission high-quality and safe services that reduce health inequalities and improve health outcomes		
We will ensure that we are clear about the outcomes we are commissioning from new and existing		BAF 1a	We do not commission services based on the outcomes that they will achieve
We will work with our partners to reduce health inequalities and deliver on the 8 Urgent Actions		BAF 1b	We do not deliver the CCG contribution to the Phase 3 Inequalities action plan
We will embed the commissioning cycle so that our decision making is based on a strategic evidence base and prioritisation framework		BAF 1c	We do not base our decision making on robust evidence of good practice and strategic intelligence
		BAF 1d	We do not implement a Population Health Management approach throughout the organisation
We will consider the use of new technology during the process of commissioning new services		BAF 1e	We do not make the most of opportunities to use digital technology
We will ensure that patient and public views are sought in everything we do		BAF 1f	Our plans do not reflect the views of patients and the public
2	Improve service performance		
We will ensure that we have robust mechanisms for monitoring progress on delivery of our plans		BAF 2a	The CCG does not meet its statutory requirements and objectives because it does not have effective mechanisms for monitoring progress
		BAF 2b	The System and Locality Care Partnerships do not establish robust mechanisms for performance management
We will work with our partners to ensure delivery of the operational system plan		BAF 2c	We do not have full commitment from system partners to deliver operational system plan so change is not delivered
We will have robust processes in place for identifying and responding to emerging risks		BAF 2d	The system does not have robust mechanisms for identifying and responding to emerging risks
We will deliver the phase 3 restoration plan to maximise planned care during winter and corona virus		BAF 2e	We do not implement the phase 3 restoration plan including maximising planned care during winter and corona virus
3	Achieve financial sustainability		
We will ensure that the CCG delivers a break-even position for 20/21.		BAF 3a	We do not deliver a break-even position for the current financial year.
We will agree a medium-term plan that will deliver against the financial ambition of the LTP		BAF 3b	We cannot agree a medium-term plan that will deliver against the financial ambition of the LTP
		BAF 3c	We do not deliver our agreed efficiency programme for 21/22
We will deliver our agreed efficiency programme for 21/22		BAF 3d	We do not deliver efficiencies from CCG running costs which at least mitigate the cost of inflation and pay progression
4	Be an effective, well-led organisation with an empowered and inclusive workforce		
We will increase staff satisfaction by addressing the issues raised in the staff survey		BAF 4a	We do not address the issues raised in the staff survey
We will support staff through the ICS transitions process		BAF 4b	We do not manage the transition process for CCG to ICS well.
We will achieve an improved NHSE assurance rating		BAF 4c	We do not improve our NHSE Assurance rating
We will grow and develop our staff to meet their potential and the organisation's needs		BAF 4d	We do not grow and develop our staff to meet their potential and the organisation's needs
We will increase the diversity of our staff to reflect that of the Devon population		BAF 4e	We do not increase the diversity of our staff to reflect that of the Devon population
5	Lead the system's response to the coronavirus pandemic		
We will support staff health, wellbeing and morale during the COVID pandemic		BAF 5a	There is a risk that staff will become tired and overworked so we do not have sufficient capacity
We will deliver our Primary Care strategy to increase capacity and capability in Primary Care		BAF 5b	There is insufficient capacity and capability in Primary Care to meet demand
We will maintain robust incident management arrangements		BAF 5c	That we do not deliver our function as a system leader because we do not have robust incident management arrangements

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 CCG allocates all risks to a named executive director, and a risk owner (who is a senior manager), both of which are supported by a directorate risk coordinator. In addition, a member of the governance team holds a CCG wide overview and coordinates compliance with the Risk Management Framework Policy. All risks are reviewed at least quarterly, with high risks being reviewed no less than monthly. The CCG's risk register is reviewed by each of the CCG's Governing Body committees, either in full or as relevant to the remit of that committee. An annual audit of the risk management process is completed by the CCG's internal auditors, who undertake a review of the CCG's Risk Management arrangements and ensure controls are robustly designed and, in the main, are operating as intended.

The introduction of team level risk registers has further supported the management of risk within the CCG by providing a tool to record and monitor operational risk

which does not require escalation to the corporate risk register but does ensure executives are aware of risk within their portfolios.

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

The systems of internal control related to risk management are monitored by the governance team to ensure regular reviews of risk are carried out and reporting any breaches should they occur. The risk reports for Governing Body, Audit Committee, Quality Committee, Finance and Performance Committee, Strategic Leadership Team and Primary Care Committee are produced by the governance team. During 2020/21 no breaches of the policy have been identified.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016/17) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The overall objective of this audit was to evaluate the design and operation of the CCG's arrangements and controls for managing conflicts of interest and gifts and hospitality, ensuring compliance with NHS England's managing conflicts of interest statutory guidance for CCGs.

The following specific objectives were covered by this audit:

- The CCG has clear governance arrangements in place to manage conflicts of interest
- Declarations of interest and gifts and hospitality registers are appropriately maintained
- Conflicts of Interest are appropriately managed as part of commissioning and contracting arrangements and decisions
- Robust procedures are in place to manage breaches of the conflict of interest policy
- Entries in the CCG's gifts and hospitality register are checked against the Association of the British Pharmaceutical Industries (ABPI) datasets

As part of the audit consideration was given to the impact of COVID-19 and/or any recovery/restoration or transformation changes to processes or procedures in place for the above areas.

Based on the findings of the audit of conflict of interests completed in quarter 3 2020/2021 the CCG was awarded significant assurance that the controls established by the CCG to manage conflicts of interest, and gifts and hospitality, are appropriately designed and are operating effectively. The CCG's arrangements comply with NHS England's updated statutory guidance for managing conflicts of interest.

We consider that the arrangements and controls established by the CCG to manage conflicts of interest, and gifts and hospitality, are appropriately designed and in the majority of cases, operated as intended.

Data Quality

The Governing Body, in addition to its committees and sub-committees (working groups), receives information provided by the CCG business intelligence team that is sourced from national mandatory returns and NHS Digital information. This data is subject to data quality checks from providers prior to submission, from NHS Digital as part of the national collation process and from the CCG as part of its data management processes.

Information is also sourced directly from local providers and this is validated by the CCG business intelligence team on receipt, as well as against national information/guidance when that becomes available. The effectiveness reviews undertaken during 2020/21 do not raise any concerns around quality of data.

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.

Due to the Covid-19 pandemic, the Data Security & Protection Toolkit (DSPT) submission date for 01 April 2019 – 31 March 2020 was extended to 30 September 2020. The requirement for the CCG to submit a baseline submission by 31 October 2020 was deferred until 28 Feb 2021. The baseline publication is not formally reviewed by NHS Digital as the purpose of the baseline is to provide a status of each organisation's DSPT position. It also served not only to ensure organisations were completing their DSPT but also allowed NHS Digital to review responses to evidence items to assess whether further tooltips or guidance were required. The Data Protection Officer (DPO), following approval from both the Senior Information Risk Owner (SIRO) and Caldicott Guardian, submitted its full 2019/2020 submission in September 2020 as 'Standards Met'.

The CCG records all risks relating to data security on a risk register and has taken steps to ensure that all data is held securely, as mandated by the Data Protection Act and NHS requirements.

As a result of continued improvements for safer working, the CCG has further embedded staff training and, as with previous years, the CCG continues to use the NHS Digital IG training modules via the Electronic Staff Record portal and this continues to form part of the mandatory training for all staff.

The CCG regularly reviews its processes in relation to fair processing, subject access requests and incident reporting and investigation and updates its Privacy Notice no more than every six months including a section on Covid-19. During this reporting year, the CCG introduced a new electronic pathway for the reporting of incidents/near misses, utilising the Datix software providing consistency for all staff when reporting incidents whether that be data protection or for example health and safety.

The ongoing reviews and staff engagement ensured awareness surrounding information risk culture throughout the organisation. The CCG continues to work with its member practices via their Data Protection Officers and the Devon Local Medical Committee.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and are developing / have developed information governance processes and procedures in line with the information governance toolkit.

We have ensured all staff undertake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We are developing information risk assessment and management procedures and a programme will be established to fully embed an information risk culture throughout the organisation against identified risks.

The CCG routinely reports any untoward incidents involving personal data to its Data Protection steering group and reports are produced for the Audit Committee. One potential incident was reported to the Information Commissioner's Office (ICO) which, upon a full investigation concluded no breach had occurred. The ICO concurred and no further action was taken or necessary.

The Secretary of State released a Control of Patient Information Notice covering the purposes of sharing information in response to the COVID-19 pandemic. This Notice has subsequently been extended into 2021 as the pandemic continues. In accordance with the Notice, COVID-19 data, such as data privacy impact assessments, are recorded separately from business as usual CCG records.

The Health and Social Care Act 2012 provides NHS Digital with powers to collect personal confidential information. However, the Act does not provide for onward disclosure of identifiable data from NHS Digital. Nationally, a solution was agreed – through a network of Data Services for Commissioners Regional Offices (DSCRO) and supported locally by in house Safe Havens and Controlled Environment for Finance – where only named staff can control access to identifiable data in line with S251. During October 2015, the Health and Social Care (Safety and Quality) Act 2015: Duty to Share Information introduced a new legal duty in which health and adult social care bodies share information where this will facilitate the care of an individual. The CCG has been working with all appropriate bodies to ensure that this is in place and that personal data will only be processed where:

- It is lawful and fair
- Limited to a specific purpose
- Minimal to achieve its purpose
- Accurate and up-to-date
- Retained no longer than necessary
- Appropriate security is in place

The CCG is registered with the ICO ref no: ZA517803

Business Critical Models

An appropriate framework and environment are in place, in line with best practice recommendations of the 2013 MacPherson review, to provide quality assurance of business-critical models – including service planning and provision, budget-setting and allocations. This framework is informed by the role of the Audit Committee and the internal audit programme to review systems of internal control to identify areas for improvement.

Third party assurances

As part of its annual plan, the Audit Committee has a rolling programme to gain assurance in respect of the third party providers to which CCG functions are outsourced.

During 2020/21 it reviewed the effectiveness of the controls in relation to our locally outsourced functions, which are NHS Shared Business Services (Finance and Accounting), NHS Digital (General Practitioners payment), NHS Business Services Authority (Prescription and dental payments), Delt (IT services), SW Commissioning Support Unit, Payroll Services and Electronic Staff Records (ESR); these assurances are summarised in the Head of Internal Audit Opinion on page 100. The CCGs contracting team seeks assurance from providers in relation to all contractual requirements, annually or more often, as required.

Control Issues

A review of the CCG's financial position has been undertaken and it is forecast to result in an overall balanced position.

The occurrence of COVID-19 pandemic has significantly impacted on the operations of the CCG with a shift of resource to incident management and supporting our stakeholders in delivering services to support the incident response.

The CCG has reviewed its objectives and temporarily realigned priorities. This is in line with national guidance.

Where appropriate, staff (especially clinical staff) have been redeployed. The scheme of delegation has been reviewed and only minor changes to operational financial limits have been made where required. Arrangements for the management of potential fraud and for Information Governance have been reviewed to ensure that they are robust.

The CCG continues to maintain its governance processes with the monthly Governing Body taking on some of the activities of the assurance committees. Agendas have been reviewed and reprioritised where appropriate.

A COVID-19 risk register has been developed to ensure that the focus is on the current risks and that the approach to risk management is in line with the rapidly changing environment.

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

The Governing Body ensures that the CCG operates within the corporate governance framework (i.e. its standing orders, scheme of delegations and standing financial instructions) and has established an Audit Committee to assist the Governing Body in delivering its responsibilities for the conduct of public business, and the stewardship of funds under its control, and a Finance and Performance Committee to provide a performance framework that proactively manages the CCG's financial and performance agendas.

The Quality Assurance Committee have in place a quality assurance process which measures quality against the 5 domains of the Care Quality Commission. In addition, there are Quality, equality, inclusion assessments (QEIA) and local key performance indicators in relation to quality and performance.

The Audit Committee provides assurance to the Governing Body that an appropriate system of internal control is in place to ensure that:

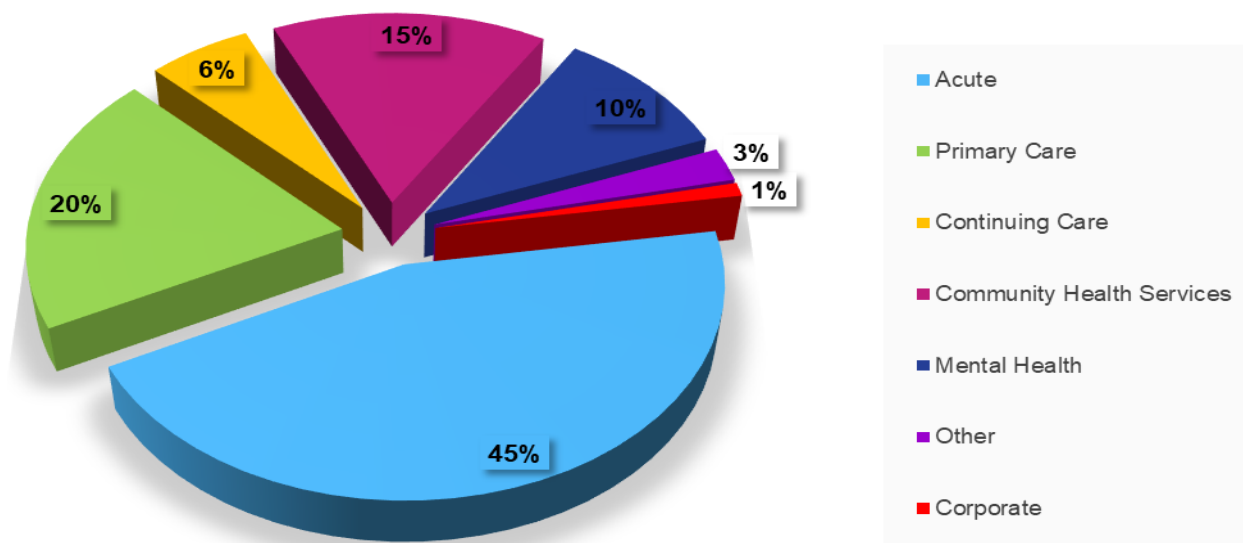
- Business is conducted in accordance with the law and proper standards
- Public money is safeguarded and properly accounted for
- Affairs are managed to secure economic, efficient and effective use of resources
- Reasonable steps are taken to prevent and detect fraud and other irregularities

2020/21 Use of CCG Resources

The CCG is responsible to its members and the public in relation to how it allocates and spends taxpayers' money in each financial year.

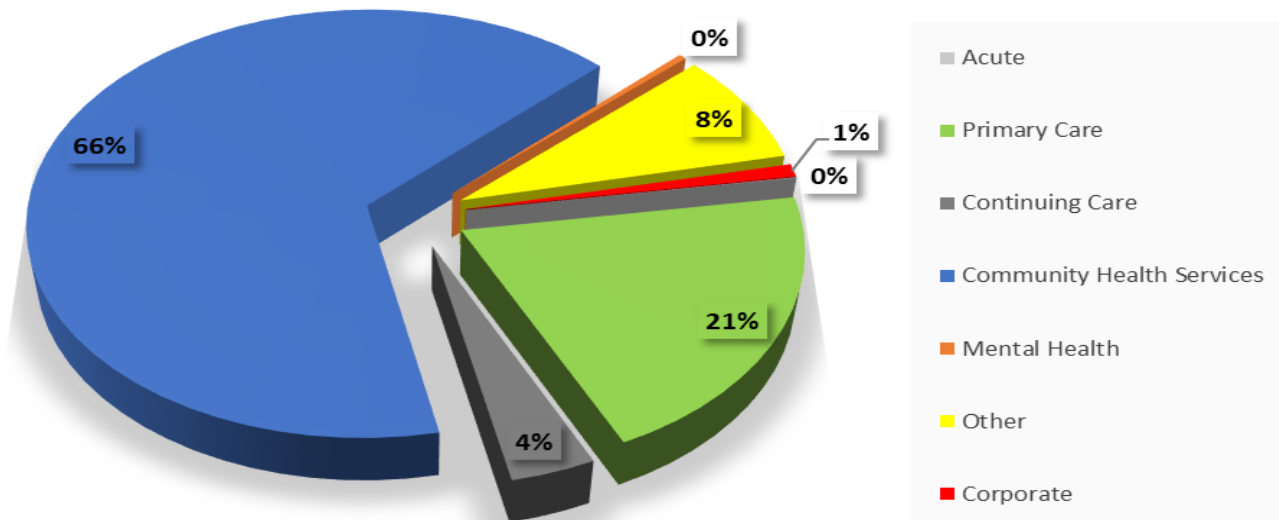
In 2020/21 the CCG budget spend was allocated in the following proportions, which largely reflects historical levels of expenditure, trend in current demand but also the impact of the pandemic. The following pie chart shows the annual expenditure by service type which includes contract and non-contractual expenditure with NHS providers, independent providers, local authorities and the voluntary sector, and shows the running costs for the CCG:

2020/21 Expenditure % by Service Type (£2,220m)



Within the above expenditure the CCG spent £69.5m on COVID-19 related costs. The following pie chart shows the COVID-19 expenditure by service type which includes the additional cost of the hospital discharge programme, prescribing costs, continuing care, GP engagement the additional running costs of the CCG:

2020/21 COVID-19 Expenditure % by Service Type (£69.5m)



Financial performance

The CCG reported a balanced position in 2020/21 against its revenue resource limit as set out below:

Financial Summary	2020/21 £ million
Revenue resource limit	2,220.11
Total net operating cost for the financial year	2,220.11
(Overspend) / Underspend	0

The CCG had purchased capital items totalling £0.24m in 2020/21, in line with its capital resource limit.

The CCG was required to manage its arrangements regarding the following:

- Running costs contained within the agreed allocation –for the CCG this was achieved with reported expenditure of £22.7 million against £24.1 million funding allocated.
- Cash against a forecast, the annual cash drawdown requirement, as set by NHS England.
- Comply with the Prompt Payment Code.

Explanation of going-concern basis

The Governing Body is required to assess, at the time of preparing the financial statements, whether the entity is a going concern. In other words, will the entity continue to operate for the foreseeable future?

Indicators of an uncertain future would include the failure to achieve one or more statutory financial duties – for example, the breach of the resource limit, or operating with negative cash flows.

2020/21 resulted in a balanced position for Devon CCG. To ensure that health services continue to meet the needs of the population and to support the achievement of national performance targets, the 2021/22 CCG plans indicate that it will be a very challenging year.

The 2021/22 plan will have an impact on the cash flow of the CCG. However, overall cash is managed at an NHS England level. Therefore, if the total cash used by NHS England does not breach its cash limit, set by Treasury and the Department of Health, NHS England will have the flexibility to provide cash support to CCGs when needed.

In line with the NHS Long Term Plan the Integrated Care System for Devon was launched 1 April 2021. Integrated care systems are new partnerships between the organisations that meet health and care needs across an area, to coordinate

services and to plan in a way that improves population health and reduces inequalities between different groups. As signalled in the UK Government's white paper, Integration and Innovation: working together to improve health and social care for all, it is expected that the commissioning functions of the CCG will be undertaken by the newly formed statutory body from 1 April 2022.

The Secretary of State has directed that, where Parliamentary funding continues to be voted to permit the relevant services to be carried out elsewhere in the public sector, this is normally sufficient evidence of going concern.

With the above in mind, the Governing Body of Devon CCG has prepared these financial statements on a going concern basis. This is effectively in relation to its intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

Name of external auditor, plus costs

The CCG uses the services of Grant Thornton UK LLP as its external auditor and paid £75,000 (£90,000 including VAT) for the 2020/21 audit. In 2020/21 there is an additional payment of £2,100 (£2,520 including VAT) for 2019/20's audit fee that wasn't accounted for in the 2019/20 accounts. The resultant 2019/20 audit fee was £87,100 (£104,520 including VAT).

The CCG paid Grant Thornton £10,000 (£12,000 including VAT) for the 2019-20 Mental Health Investment Standard review in 2020-21.

Prompt Payment Code

The CCG has signed up to the Government-led initiative called The Prompt Payment Code, through which approved signatories undertake to:

- Pay suppliers on time
- Give clear guidance to suppliers
- Encourage good practice

The initiative helps to increase supplier confidence that invoices will be paid within clearly defined terms and demonstrate the commitment to support local and small businesses as a result. More information on the Prompt Payment Code can be viewed on the following website: www.promptpaymentcode.org.uk.

Basis of accounting

The financial statements contained within this report have been prepared in accordance with the direction given by NHS England under the National Health Service Act 2006 (as amended) and in a format instructed by the Department of Health with the approval of HM Treasury.

The accounts present our results for, and financial position to, the year ended 31 March 2021. They have been prepared under International Financial Reporting Standards (IFRS) using the accounting policies shown in the notes to the accounts,

in accordance with the 2020/21 Group Accounting Manual (GAM) issued by the Department of Health and Social Care. They comprise a Statement of Financial Position, Statement of Comprehensive Net Expenditure, a Statement of Cash Flows, and a Statement of Changes in Taxpayers' Equity, all with related notes.

Losses and 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, and special notation in the accounts to draw them to the attention of Parliament. They are divided into different categories including cash losses, bad debts, extracontractual payments and compensation.

During 2020/21 there was one ex gratia payment of £350 and two outstanding debts that were written off, one for £670 and another for £244.

2021/22 Financial Outlook

Devon CCG has considered the impact COVID-19 has had on our population and services while shaping the 2021/22 operational plan. Although we do not know what the pattern of COVID-19 transmission will look like over the next 12 months, the operational plan seeks to restore services, meet new care demands and reduce the care back logs that are a direct consequence of the pandemic.

The plans are based on the outcome of capacity and service planning reviews, together with the prioritisation of investments and disinvestments in accordance with the NHS Long Term Plan, the strategic plan for Devon CCG, as well as the wider Sustainability and Transformational Partnership (STP) plans.

Due to the impact and uncertainty of COVID-19, the Government has agreed an overall financial settlement for the NHS for the first half of the year which provides an additional £6.6billion for COVID-19 costs above the original mandate. The financial settlement for months 7-12 will be agreed once there is greater certainty around the circumstances facing the NHS going into the second half of the year.

Despite the welcomed extra funding, 2021/22 will be a very challenging year that will require responding to what people need through reallocating resources to better meet the greatest needs of the population by reducing the amount spent on expensive bed-based care, improving efficiency, and reinvesting in less expensive, more innovative and effective integrated care models.

Managing our financial risks

The financial position of the CCG needs to be assured through the continued development of safe and deliverable savings programmes across the health community.

The Devon Health and Social Care community is committed to working collaboratively, both as a local system and as part of the wider Devon STP. The 2021/22 CCG plan carries a level of risk, some of which has been contained with STP partners, through the approach to financial principles and collaborative working but importantly the translation of the financial framework set as part of national planning assumptions.

The plan is dependent on the on-going evaluation and mitigation of a number of broad financial risks through 2021/22:

- Bearing in mind COVID-19, the arrangements for returning to business as usual presents both challenge and opportunity from a financial management perspective. We must ensure the system receives adequate resources to cover the additional costs of the crisis in line with the additional resource commitments for the NHS made by the Government. We will fully assess changes to the cost of commissioned services, both positive and negative, as a result of the changes to service delivery models required through the pandemic that can and should be retained for the foreseeable future.
- Funding provider contracts and commitments into 2021/22 and managing in-year financial risk. This will be particularly challenging given the level of system savings and the scale of transformational change required.
- Managing the Better Care Fund pool. Investment has been made into the Better Care Fund in 2021/22 which will require on-going scrutiny, working with partners to identify and mitigate risks that arise.
- Managing within the reduced running costs allowance. Although there is a risk of unforeseen staffing pressures, plans are in place to ensure that the running costs allowance is adequate to meet our workforce requirements.

The CCG must also play an active role in the mitigation of risk to the overall system position, supporting providers in the delivery of their challenging cost reduction plans through delivering a level of demand management which will support a step change and support a transformational approach to the capacity within the provision sector.

The parties further recognise that the scale of the financial challenge in the local system will no longer be fully resolved by the savings programme identified in the ICS. While work continues to develop further recovery plans with realistic delivery timescales further discussions are required with the combined Regulation system of NHS Improvement and NHS England.

The CCG will only achieve its objectives through effective collaboration with its partners. It continues to work closely with local authorities, primary care services and local hospitals to improve the outcomes and experience of patients. The organisation

seeks the involvement of service-users and members of the public to enhance its understanding of the health needs and experience of the local population.

In addition to those outlined above, there are other risks because of the environment the CCG operates in, with NHS funding principally voted by Parliament. As such, it is reliant on the elected government for its income largely dependent on priorities at the time of voting.

It is not possible for the CCG to mitigate all the risks it faces. Risk is managed within the organisation using a risk register. Risks are scored against the likelihood of occurrence, the potential impact, and the strength of the risk controls in place. Responsibility for managing each risk is assigned to an appropriate individual. The risk register is reviewed periodically by the Audit Committee, the Senior Leadership Team and the Governing Body to ensure that appropriate controls are in place.

Delegation of functions

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

The CCG's Governing Body may also have functions delegated to it by the membership of the CCG. These are set out in the articles of the constitution, scheme of reservation and delegation or the standing orders.

The Governing Body undertakes some of its work through its committees. Each committee has terms of reference, which have been formally approved by the Governing Body. Committee chairs present summaries, through their Chair's report, of the key business conducted at their meetings at subsequent meetings of the Governing Body held in public.

Value for money is assured through procurements which follow national and NHS guidelines. The appropriate legal and professional procurement advice is sought at all times which keeps the appropriate focus on patient safety quality and care as well as value for money.

Led by the Audit Committee, a risk-based audit plan is developed and detailed scrutiny and checking of systems and procedures are undertaken by internal audit and counter fraud services. At a more strategic level external audit also check and provide assurance on a number of key areas as well as the annual accounts.

The Governing Body receive reports from the finance team at each meeting and have devolved detailed scrutiny of all finance issues through the finance and performance committee.

Compliance with NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR)

NHS Devon CCG reported their compliance against the NHS England Core Standards for EPRR to the Governing Body during Q3 on 29 October 2020. NHS Devon CCG was assessed as Fully Compliant. Papers can be found here for full details: <https://devonccg.nhs.uk/documents?wpdmc=meeting-papers-and-minutes>

Counter fraud arrangements

ASW Assurance and their accredited Counter Fraud Specialists provide an independent counter-fraud service to the CCG. No significant matters of concern have been identified and one investigation has been undertaken which is now closed.

The Audit Committee receives regular reports from the Counter Fraud team and provides assurance to the Governing Body that an appropriate system of internal control is in place to ensure reasonable steps are taken to prevent and detect fraud and other irregularities.

Head of Internal Audit Opinion

In conformance with the Internal Audit Charter, Public Sector Internal Audit Standards and the Core Principles for the Professional Practice of Internal Auditing, the Head of Internal Audit is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control).

The Purpose of The Head of Internal Audit Opinion

The purpose of my annual opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the organisation's own assessment of the effectiveness of the organisation's system of internal control. This opinion will in turn assist the Governing Body in the completion of its Annual Governance Statement. The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation.

The opinion is substantially derived from our risk-based plan generated from an organisation-led Assurance Framework that takes into consideration the strategies, objectives and risks of the organisation, the expectations of senior management, the Governing Body and other stakeholders, that has been agreed by management and approved by the Audit Committee. The Opinion concludes on the organisation's governance and control arrangements during the COVID-19 period. This approach provides a reasonable level of assurance, subject to the inherent limitations described in the Opinion.

As such, it is one component that the Governing Body takes into account in making its Annual Governance Statement.

This opinion is provided by Internal Audit, externally assessed as compliant with Public Sector Internal Audit Standards.

COVID-19 Governance Arrangements

The CCG responded rapidly to the global COVID-19 pandemic and the guidance issued by NHS England/NHS Improvement in March 2020. CCG staff were promptly redeployed to the COVID-19 response, business as usual activity was reduced to a minimum, and governance arrangements were reviewed and streamlined.

The following changes to the governance arrangements were approved by the Governing Body on 26th March 2020:

- Once monthly Governing Body/Governance meeting (to be held virtually).
- Any urgent committee business reported through the monthly Governing Body meeting.
- Exception to this is the Primary Care Committee which may meet virtually for issues if required (This is in recognition of the fact that a number of changes (permanent and temporary) have been required in primary care services).

- Decisions needing urgent action will be agreed by the Accountable Officer, Chair, 2 Clinical Reps, and 1 Non-Executive Director. This should be supported by consultation with the wider Governing Body whenever possible.
- Any decisions being made outside of normal process to be logged with Governance Team and either a) ratified at Governance meeting or b) picked up by a committee when business and usual resumes.

The Governing Body agreed that the Chief Financial Officer could make changes to the Scheme of Delegation if required for operational purposes. Minor changes were made to the financial limits in the Nursing and Quality Directorate in relation to Individual Packages of Care.

Reporting and approval processes for capital and revenue COVID-19 expenditure were also agreed by the Governing Body to ensure transparency, prompt procurement and documentation for subsequent re-imbursement.

Financial Targets and Performance

In light of the COVID-19 pandemic the 2020/2021 planning round for the NHS was suspended during March 2020. However, the CCG entered the year with the Governing Body's approval to a draft budget based on the CCG's and the Devon STP's plan submission of the 5th March 2020. This was approved as a working budget at the Governing Body on 30th April 2020. The draft plan was a deficit position of £47.8m with a savings requirement of £22.6m to deliver that position.

In May NHS England (NHSE) put in place a temporary financial regime covering the period 1st April to 30th September, resulting in NHSE re-setting the CCG Allocation for a six-month period. The allocation was based on the CCG's forecast outturn expenditure for 2019/2020 uplifted for NHSE derived growth and inflation assumptions and adjusted for changes made to the NHS and Independent Sector funding arrangements during the COVID-19 emergency period (The NHSE Model).

A revised financial framework was then published for the period October 2020 to March 2021 with the allocation calculation methodology for the CCG being generally consistent with the approach used for the first 6 months, although it included system top-up and COVID-19 allocations, previously paid directly to the System's NHS providers. In addition to this CCGs continue to be reimbursed for eligible costs in relation to the Hospital Discharge Programme (HDP).

NHSE expectation is that providers and CCGs must achieve financial balance within the system funding envelopes. Whilst systems will be expected to break-even, organisations within them are permitted by mutual agreement across their system to deliver surplus and deficit positions.

As reported to the Finance and Performance Committee in March 2021, based on the updated financial framework, at Month 11 the CCG's total allocation was £2,215m. Subject to the CCG being reimbursed for the NHSE approved Hospital Discharge Programme (HDP) costs that the CCG has incurred, a balanced position for the year ended 31st March 2021 is forecast.

NHSE/I Annual Assessment Rating - NHSE/I's Annual Assessment of CCGs for 2019/2020 resulted in the CCG being rated 'Inadequate' primarily due to the financial outturn position of the CCG and the Devon system at the end of 2019/2020. The ratings were formally published in November 2020 with a number of 'required actions' being raised by NHSE/I, one of which being the need for the CCG and the wider system to work with the regional finance team to develop an action plan to support the system to achieve its financial improvement trajectory. The CCG responded to the required actions in December 2020. Delivery plans to address the required actions were shared with the Finance and Performance Committee at the February 2021 meeting and the Committee received a second update on progress against the plans at the March 2021 meeting. A further update, in relation to one of the recommendations relating to System financial reporting was provided to the System Transformation and Efficiency Committee in April 2021.

Overall Opinion

The **basis** for forming my opinion, takes into consideration the context and oversight of the organisation set out above, and the areas below as follows:

1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual opinions arising from risk-based audit assignments contained within the internal audit risk-based plan that have been reported throughout the year. This assessment has taken account of the relative scope and materiality of these areas and management's progress in respect of addressing control weaknesses.
3. Any reliance that is being placed upon third party assurances.

The assurances provided from the work undertaken, which together support this opinion, are set out below. Our work has considered the impact of any changes to relevant systems, processes and/or procedures in response to COVID-19, any limitations in scope of work on account of the pandemic and/or any subsequent restoration and transformation changes.

My overall opinion is that:

Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. Some weaknesses in the design and/or inconsistent application of controls put the achievement of particular objectives at risk. Weaknesses in the design and/or inconsistent application of controls, which put the achievement of particular objectives at risk, are appropriately managed.

The opinion includes two draft reports. The assurance rating for these reports will not change on finalising the reports and do not affect the overall opinion.

The assurances provided from the work undertaken, which together support this opinion, are set out below.

Corporate Governance - Risk Management and Assurance Framework

The table below details the audit and assurance work completed relating to the CCG's Corporate Governance arrangements.

Audit	Assurance Rating
COVID Governance Review – Part One	N/A
Managing Conflicts of Interest	Significant
Assurance Framework and Risk Management Arrangements	Significant
Business Continuity Arrangements	Significant
Desktop review of Governance Arrangements Part Two	N/A

COVID Governance Review Part One – September 2020

The response to the COVID-19 pandemic required NHS organisations to operate their governance arrangements in a way that best meets their needs whilst still ensuring good governance. To support and provide assurance to the CCG that good governance is being maintained during COVID-19, we designed and conducted an overarching review of core governance processes covering the first six months of the year. Our review considered key governance arrangements in respect of the following areas:

- Strategic Governance
- Clinical Governance
- Human Resources
- Informatics

The CCG's streamlined governance arrangements enabled appropriate governance processes to remain in place ensuring that the CCG continued to fulfil its statutory duties and comply with regulators' requirements, whilst at the same time enabling the CCG to provide effective leadership to the Devon System in responding to and managing the pandemic.

In addition to adapting its own governance arrangements, the CCG led the way in promptly establishing formal and well defined governance arrangements and structures around the Devon System's COVID-19 incident management response, as directed by NHSE/I and in accordance with the CCG's Emergency Preparedness, Resilience and Response (EPRR) Policy and Framework. The design and effectiveness of the arrangements were continually reviewed and adapted to ensure they remain effective throughout the response period.

Whilst the operation of controls was not tested as part of our work, based on discussions with senior officers and a review of relevant documentation, we confirmed that sound arrangements had been maintained by the CCG in respect of Strategic, Clinical, HR and Information Governance, throughout the first six month COVID-19 response period reviewed. Management controls were temporarily stepped back/paused in a number of areas, especially at the start of the response period however we considered that this was appropriate and did not adversely impact the management of risk by the CCG during the response period.

We made two medium risk recommendations covering the need for the HR Team to check original ID and right to work documentation, for new starters who have been appointed since the start of the pandemic, and the need for physical checking and reconciliation of IT equipment, currently being used remotely, at the earliest and most practical time.

Governance Arrangements Desktop Review - Part Two- May 2021

The Governing Body continued to receive assurance update reports from the key sub-committees; the Finance and Performance, Quality Assurance, Commissioning, and Primary Care Commissioning Committees as well as receiving locality updates. Through reviewing the Committee structure there has been clear evidence of escalation of key risks and issues faced by the CCG. Although COVID related matters, are still of key importance, over the course of the latter half of the year, the discussions at key Committees, and the Governing Body, have moved towards the creation of the Devon Integrated Care System and the set up of the 2021/2022 Operational Plan and Recovery for the System as a whole. We have also seen, through the Committees, a focus on delivery/recovery and consideration of Provider Performance/quality issues, which have then been escalated to the Governing Body, as required.

Managing Conflicts of Interest – October 2020

The overall objective of this audit was to evaluate the design and operation of the CCGs' arrangements and controls for managing conflicts of interest and gifts and hospitality, ensuring compliance with NHSE's statutory guidance on managing conflicts of interest for CCGs.

Based on the findings of our work, we concluded that the arrangements and controls established by the CCG to manage conflicts of interest, and gifts and hospitality, were appropriately designed and were operating as intended. We considered the completeness of Declarations of Interest by CCG officers and non-executive Committee members as part of this audit during the emergency COVID-19 response period. Although many key decision making officers were redeployed/seconded to other departments during the emergency response period, and non-executive members were also involved in the response effort, we confirmed that Declarations of Interests continued to be reviewed and recorded at all Committee and Governing Body meetings.

Corporate Governance: Assurance Framework and Risk Management Arrangements April 2021

The overarching objective of the audit was to provide assurance as to whether the CCG's Risk Management and Assurance Framework arrangements are robust and embedded. More specifically we sought to provide the following assurances:

- The CCG's Risk Management Framework Policy (RMFP) is robust and is regularly reviewed and appropriately approved.
- The CCG's Corporate Risk Register is robust, up to date, and regularly reported to, and scrutinised by, Committees and the Governing Body.
- Team Risk Registers are in place and are appropriately maintained, reviewed and updated.
- The Assurance Framework is robust and embedded and there is evidence of regular scrutiny and discussion around strategic level risks at Committee and Governing Body meetings.
- Recommendations arising from the 2019/2020 audit of these areas have been addressed in line with the agreed action plan.

We concluded that the CCG's risk management arrangements are appropriately designed and are operating as intended. The CCG has managed the risks identified as a result of COVID-19 through the use of a separate COVID-19 Risk Register, which links to the

Corporate Risk Register. Our review of the Corporate Risk Register confirmed that it is appropriately designed and risks have been updated and monitored at the Governing Body, and the Sub-Committees. The CCG's Risk Management Framework has been updated in line with recommendations made in our previous audit and is fit for purpose.

The CCG's Assurance Framework has been revamped during the year following the revision of the CCG's Strategic Objectives and goals. It is now fit for purpose and identifies key risks to meeting its principal strategic objectives; the document contains an appropriate level of detail to describe the risk and associated controls/assurances. There does however need to be further development of mapping Assurance Framework risks to the Corporate Risk Register, although a good start has been made.

The management of operational and performance risks has improved since the previous audit of this area, with the introduction of Teams Risk Registers. We confirmed that risks that had been removed from the Corporate Risk Register in year were transferred to the appropriate Teams Risk Register. The Risk and Governance Manager now maintains a list of Risk & Issue logs used within the CCG and regularly requests these logs for review, to ensure risks transferred from the Corporate Risk Register are transferred to Teams Risk Registers and that lower level risks are being monitored appropriately.

Consideration should now be given to how the Devon Integrated Care System will manage risk and how assurances on these risks will be sought, including the possible development/need for a system wide Assurance Framework. We suggest that in the future there may need to be some alignment of Risk Management processes, at a high level, between organisations within the Devon Integrated Care System.

Business Continuity – April 2021

The overarching objective of this audit was to provide assurance that the Governing Body has a clear understanding of the state of the CCG's business continuity arrangements, as measured against the ISO standard for Business Continuity Management, and that the CCG meets the specific business continuity assurance requirements of NHSE's Core Standards for Emergency Preparedness, Response and Resilience (EPRR). An annual audit of Business Continuity Arrangements is required by NHSE.

We concluded that the CCG has robust business continuity policies, plans and arrangements in place for managing internal incidents and returning functions and services back to normal as soon as possible. We re-raised two low risk recommendations from last year's report, with regard to enhancements to the Business Continuity Management Framework, which still need to be addressed. We also raised a further six recommendations for consideration to enhance the process and specific Business Continuity Plans.

Due to COVID-19, NHS England only required a Statement of Assurance from each organisation's Accountable Emergency Officer to confirm that the organisation is compliant with NHS England Core Standards for EPRR. The CCG self-assessed itself as fully compliant with the NHS England Core Standards for EPRR for 2020. This outcome was reported to the Governing Body in October 2020.

Financial management assurance

The table below details the audit and assurance work completed on the CCG's Financial Management Systems.

Audit	Assurance Rating
COVID Governance Review - Finance	N/A
Financial Systems Controls	Significant
Financial Management (Draft)	N/A Position Statement

COVID Governance Finance Review – August 2020

This report considered the key financial governance arrangements and core controls in place within the CCG, taking into account any necessary action or changes made in light of the COVID-19 pandemic and the controls required for mitigating the risk of fraud. Our assessment conducted over the first six months of the year, based on a high-level review of the CCG's controls, conducted through discussions with key managers and staff and our review of relevant and available documentation, concluded that the CCG's financial processes and governance arrangements during the COVID-19 pandemic were sound and followed national guidance.

Many processes remained unchanged, and key processes relating to the authorisation of COVID-related expenditure evolved with changing national guidance, and were effectively communicated out to the relevant staff groups. Essential stock items were procured locally early on, which enabled the CCG to manage PPE stock levels for local GP Surgeries and Care Homes. Remote access to financial systems and the required digital equipment enabled Finance staff to carry on completing all standard financial processes. We raised one medium risk recommendation regarding the retention of evidence supporting approval of changes to authorisation limits and key decisions made which has been closed.

Financial Systems Controls – December 2020

This audit evaluated the robustness of the CCG's key financial controls in respect of:

- Scheme of Delegation
- Financial policies and procedures
- Financial ledger
- Access to Oracle
- Creditors
- Debtors
- Cash and bank

Sound financial controls continue to be in operation within all of the key financial systems reviewed, thus ensuring the integrity of those systems. Since our previous audit of this area, control has been strengthened further with the introduction of a set of formally documented financial procedures.

Financial Management – Position Statement Draft – May 2021

The overarching objective of the audit was to provide assurance on the CCG's financial management arrangements, focusing on reporting and delivery arrangements throughout 2020/2021.

The specific objectives of the audit were to establish whether:

- Reporting of the CCG's financial position against plans, to the Finance and Performance Committee and the Governing Body, throughout 2020/2021 was robust.
- The actions and recommendations arising from the finance reviews undertaken in 2019/20/20, by the National Intensive Support Team and PwC, were actively monitored and addressed (in line with actions required by NHSE/I) and progress was reported to the Finance and Performance Committee as planned.
- Current financial risks were effectively managed and mitigating actions identified and implemented in order to deliver a balanced year-end position for 2020/2021.
- Financial plans for 2021/2022 are being developed in line with NHSE/I guidance issued. Robust arrangements for the delivery of savings plans in 2021/222 have been developed and are being embedded.

Throughout 2020/2021 the CCG has maintained good financial reporting and financial risk reporting to the Finance & Performance Committee and the Governing Body. The financial regime in place during 2020/2021, due to COVID, has meant, in effect, there has been no in year savings required. The CCG has continued to work on the recommendations raised in relation to the National Intensive Support Team report from December 2019. Planning has commenced on a system basis for the Devon Integrated Care System, in line with guidance issued by NHSE for 2021/2022; there appears to be a good level of interaction between the CCG and the provider organisations through the work of the System Transformation and Efficiency Committee.

Corporate Assurance

The table below details the audit and assurance work completed relating to the CCG's Corporate Assurance areas.

Audit	Assurance Rating
Restoration and Transformation	N/A- Position Statement
Cyber Security Governance - General Cyber Security Arrangements - Primary Care Cyber Security Arrangements	Satisfactory Limited
Clinical Governance - Serious Incidents	Satisfactory
Primary Care Commissioning - Contract Oversight and Management Functions and Governance	Satisfactory
Primary Care Quality Assurance Follow Up Review (Draft)	Satisfactory

Restoration and Transformation – March 2021

The overarching objective of the review was to provide assurance as to whether appropriate arrangements and controls were in place surrounding the development and submission of the Devon System Restoration and Transformation development plan, focusing on the arrangements and controls established by, and operating within, the CCG. More specifically our work sought to provide assurance that:

- Robust governance arrangements surrounding the development, approval and submission of the plan were established and operated as intended throughout the period up to the final submission date.
- Progress in developing and approving the plan was adequately reported to the CCG's Executive Team and Governing Body.
- The final plan clearly addresses the requirements of NHSE's third phase of response to COVID-19 planning guidance.
- Recovery trajectories in the development plan are aligned to performance and activity trajectory metrics.
- To evaluate progress made in respect of the development of system working/ICS arrangements.

The CCG led the development of the third phase of the NHS response to COVID-19 Plan in collaboration with system partners, putting in place appropriate governance arrangements for the development and monitoring of the Plan. There was a good level of reporting to the Executive Team and Governing Body throughout the process. The final plan met the requirements of the national planning guidance, and the CCG submitted both draft and final plans within the timescales set out by NHS England.

We confirmed that recovery trajectories were aligned to performance and activity metrics when developing the plan.

In respect of performance against the Plan, the February 2021 progress report to the Finance and Performance Committee reported that the System is unlikely to achieve all targets set for three of the 12 priority areas: cancer services, elective care, and health inequalities and mitigation actions have been identified.

In January 2021 the System as "Devon Together" submitted its application for ICS designation. In February the System went through the Region's assurance process and took part in a "Confirm and Challenge" session with the NHSE/I Regional Director. With the support and recommendation of the Region, Devon's application for ICS designation ICS status was granted on the 19th March 2021. The next phase of the ICS development focuses on the System's development needs.

In terms of the ICS structure this is in place in shadow form, shadowing the accountabilities of the individual organisations. At present the final structural/ governance arrangements are yet to be agreed however the recent White paper on the future of ICSs may influence this process. It is clear from the documentation reviewed that organisations within the System are working together, and there are examples of this cited within the documentation reviewed.

Cyber Security Governance – March 2021

The overall objective of the review was to provide assurance as to whether there are suitable overarching governance arrangements in place, within the CCG, to manage and mitigate cyber security risks. In addition, we have assessed the following specific areas:

- Follow-up of the recommendations and agreed actions arising from the previous cyber security related audit report, to assess progress.
- User Access Monitoring and Control.
- CCG oversight and responsibilities in respect of primary care cyber security arrangements, considering system (technical) controls and support provided by Delt and South Devon Health Informatics Service, and non-technical controls and support offered by the CCG.
- The management of any new cyber security risks emerging due to COVID-19, including those in respect of system access and staff working from home.

We concluded that overall the CCG has suitable arrangements in place with regards to Cyber Governance, however they need strengthening which the CCG has recognised and already commenced. Delt as the main supplier of IT Services does seem to be performing well and addressing cyber matters. We highlighted areas of improvement within this review, which if implemented, should strengthen the cyber governance arrangements.

In particular we highlighted that improvements need to be made with regards to IT support for GP Practices to ensure that that agreements are in place which comply with the GP IT Operating Model. More importantly, arrangements need to be strengthened with regards to the support provide to GP Practices by the South Devon Healthcare Informatics Service, as these do not appear to be as well constructed as those provided by Delt to GP Practices in the rest of Devon. We were not able to see all relevant documentation as part of this review, due to COVID-19 and staff availability and, as a result, this did impact the opinion rating we provided.

Clinical Governance Arrangements: Serious Incidents – April 2021

The overarching objective of this high-level review was to provide assurance that the CCG responds to and manages Serious Incidents, in line with the current framework. More specifically the aim of our work was to provide the following assurances:

- The CCG is compliant with its 20-day Serious Incident review timeframe.
- Actions arising from Serious Incident reports are followed up by the CCG and evidence is supplied to demonstrate implementation where appropriate.
- Learning from Serious Incidents is shared across the system and amongst providers.
- Issues emerging from providers regarding the management of their Serious Incidents are appropriately escalated within the CCG and where issues are identified the CCG supports and works with providers to address and learn from the issues promptly.
- Serious Incident risks are adequately documented and managed as part of the CCG's Risk Management Processes.
- Recommendations arising from the CCG's recent review of the Serious Incident process have been/are being implemented in line with an agreed action plan.
- We have also referred to the new national framework as part of our evaluation of the CCG's current arrangements and controls.

We concluded that overall the CCG is managing Serious Incidents in line with the current framework and is appropriately preparing for the roll-out of the National Patient Safety Strategy. The CCG's review of the Serious Incident Process in 2020 recommended some changes to be implemented that include the creation of a task-and-finish group to streamline the approach to monitoring provider Serious Incident actions and reducing the number of

reviewers required to review Root Cause Analysis reports from two to one. The latter has resulted in reviews being undertaken on a timelier manner.

Areas of good practice noted include that Provider Serious Incident issues are appropriately escalated within the CCG and support is given to providers when required to manage their serious incidents, and the majority of Root Cause Analysis reports are reviewed within the required timeframe. One area where improvements could be made is clarifying the CCG's role in monitoring provider actions. Current custom and practice is that specific actions are identified by reviewers for the Patient Safety and Quality team to follow up and assurance regarding these actions can also come from provider meetings attended by the CCG. The process for monitoring actions as part of the wider engagement process should be agreed and documented to ensure there are robust assurance processes in place in line with the National Framework and all assurances received regarding specific provider actions are appropriately recorded, but also to ensure that expectations placed upon the CCG in fulfilling its role are clearly understood by the providers and the CCG.

The CCG is looking ahead to the changes that will need to occur in response to the roll-out of the National Patient Safety Strategy, including supporting providers to ensure appropriate arrangements will be in place for the new framework.

Primary Care Commissioning: Contract Oversight and Management Functions and Governance – April 2021

The *Primary Medical Care Commissioning and Contracting: Internal Audit Framework for Delegated CCGs*, published by NHSE in August 2018, provides the audit framework that should be delivered as a 3 to 4 year programme of work. The key components of the framework are as follows:

- a) Commissioning and procurement of services.
- b) Contract oversight and management functions.
- c) Primary care finance.
- d) Governance arrangements (common to each of areas a-c above).

Our 2020/2021 review focused on contract oversight and management functions and related governance arrangements. With respect to primary care contract oversight and management functions, NHSE's Audit Framework requires consideration of arrangements and the adequacy of control in relation to:

- a) GP Practice opening times and sub-contracted arrangements.
- b) The management of patient lists and registration issues (e.g. list closures, targeted list maintenance, out of area registration and special allocation schemes).
- c) The identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes.
- d) Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).
- e) The overall management of practice: (1) mergers (2) closures.

The Audit Framework also requires consideration of the operation and oversight of the Primary Care Commissioning Committee (PCCC) and any other relevant committees in relation to the above contracting areas.

The CCG's Audit and Assurance Plan for 2020/2021 includes a follow up review of our 2019/2020 Primary Care Quality Assurance Arrangements audit. This follow up review,

focuses on the CCG's arrangements for monitoring the quality of commissioned primary care services and the management of cases where serious quality or safety concerns have been identified. As this directly relates to points c) and d) above, this review only focused and reported on points a), b) and e), together with the internal monitoring and reporting arrangements for these three areas. Our 2020/2021 Primary Care Quality Assurance Arrangements follow-up work provides assurance in respect of b) and c) and related governance arrangements.

In respect of objectives a, b and e, we concluded that overall, the CCG has appropriate processes in place for exercising its delegated responsibilities in respect of the primary care contracting management and oversight functions considered within this review. Related governance arrangements were also found to be appropriate.

We reported that the CCG's controls and arrangements could be enhanced by:

- Obtaining robust assurance of the proposed SLA when essential services are sub-contracted to another provider.
- Enhancing the level of assurance sought and reported on in respect of practices' compliance with contractual requirements.
- Ensuring consistency in the provision of advice regarding out of area patient registrations.
- Supporting practices, where possible, through targeted list maintenance to identify higher risk areas of over or under stating patient numbers.
- Ensuring that clear assurance is provided to the Primary Care Commissioning Committee in respect of the financial implications considered as part of any proposed practice mergers.

As noted in the scope of the review, the NHSE's Internal Audit Framework for Delegated CCGs requires that a number of general control objectives are evaluated as part of each year's audit. Whilst the controls operated by the CCG were found to be in line with NHSE guidance, we recommended that the policies and supporting documentation in place in the areas reviewed is strengthened.

Primary Care Quality Assurance Follow-up Review – April 21 (Draft)

COVID-19 has had an impact on both the Nursing and Quality and Primary Care Teams, with staff being redeployed to different roles or having competing priorities such as supporting practices with infection control or assisting with the roll out of the COVID-19 vaccine. This has resulted in delays in the development of the softer support mechanisms for GP Practices such as providing newsletters on common trends/themes and learning and training to practices. However, the pandemic has had positive outcomes, including good working relationships being forged with practices and strengthening working relationships with the Care Quality Commission; with the CQC sitting on a number of the CCG's working groups/cells to offer advice and expertise. This will also be beneficial to the CCG moving forward in its ability to monitor the quality of Primary Care and support practices in developing good principles of clinical governance, if required.

Overall, there have been improvements in the monitoring of the quality of primary care services since our last review. The CCG has developed an Early Warning System to identify GP practices that may require further support and appropriate escalation and monitoring arrangements at committees and contractual levers have been documented. However, COVID-19 and capacity within the Business Intelligence Team has had an impact on the ongoing development of the Early Warning System, as only the top 10 of the 76 quality indicators suggested when the Early Warning system was developed are currently being monitored and as such we are unable to comment on how embedded these monitoring arrangements are.

We have concluded that based on the work undertaken the design of the controls and arrangements operated by the CCG in respect of the identification of practices for contract review to ensure quality, safety and performance and the decisions in relation to the management of poorly performing practices, are overall in line with NHSE guidance.

Third Party Assurances

We summarise below the findings from the following 3rd party assurance reports which we have previously agreed would be included in our Head of Internal Audit Opinion.

ISAE 3402 Third Party Assurance Report in respect of NHS Shared Business Services – Finance & Accounting Services

The CCG purchases certain Finance and Accounting services from NHS Shared Business Services (NHS SBS).

The 2020/2021 Independent Service Auditor's report provided by PWC, dated 21st April 2021, places certain caveats on the intended users and purpose of their report. Subject to this, the assurance report provides reasonable assurance in respect of the services provided by NHS SBS.

PWC identified an exception in the control objectives tested, which indicated that controls relating to the authorisation of manual credits did not operate effectively throughout the period 1 April 2020 to 31 March 2021, and as a result a **qualified opinion** has been issued. SBS has investigated the exception identified within the PWC sample; which was due to human error, and has been retrospectively approved by the client, and process and control training has been provided to all users to prevent a recurrence of this error. SBS are considering whether processes can be automated.

In all material respects, except for the possible effect of the matters described above, the key messages in the Independent Service Auditor's section of the report are as follows:

- The accompanying description in the report **fairly presents** the Finance and Accounting services as designed and implemented throughout the period 1 April 2020 to 31 March 2021.
- The controls related to the control objectives stated in the description were **suitably designed to provide reasonable assurance that the control objectives would be achieved** if the controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and customers applied complementary user entity controls.
- The controls tested **operated effectively** throughout the period from 1 April 2020 to 31 March 2021.

ISAE 3000 Third Party Assurance Report in respect of NHS Digital – General Practitioners Payment Services

The CCG relies upon systems and controls operated by NHS Digital to ensure payments to providers of GP services are accurate and timely. There was a technical change from an ISAE 3402 report to an ISAE 3000 report to reflect NHS Digital's amended role regarding the Calculating Quality Reporting Service during the financial year. For the period from 1 April 2020 to 31 October 2020 the Calculating Quality Reporting Service system was operated by General Dynamics UK Ltd overseen by NHS Digital, and from 1 November 2020 the Calculating Quality Reporting Service transferred to a collaboration of Commissioning Support Units, led by the South, Central and West CSU which rely on and receive data provided by NHS Digital through GP data extraction services.

The 2020/2021 Independent Service Auditor's report provided by PWC, dated 28th April 2021, places certain caveats on the intended users and purpose of their report. Subject to this, the assurance report provides reasonable assurance in respect of the GP payments system operated by NHS Digital.

PWC identified exceptions in relation to a control intended to ensure that NHS Digital Calculating Quality Reporting Service accounts are deactivated when a user no longer requires access, and a control intended to ensure that leavers' access to the Calculating Quality Reporting Service Bureau, Prescription Pricing Division Bureau and Global Sum Bureau applications is removed. These controls did not operate effectively during the periods 1 April 2020 to 31 October 2020 and 1 April 2020 to 31 March 2021, respectively, to provide reasonable assurance that access to systems is controlled and as a result a **qualified opinion** has been issued. The issue identified by PWC related to a line manager not informing IT of a leaver, and as such the access to systems was not terminated when they left. In addition the system used by NHS Digital to identify leavers failed to capture an additional leaver. To mitigate the risk NHS Digital undertake a twice-yearly review of system access rights and through this would remove identified leavers. As the initial process is a manual one, controls will be enhanced in the HR leavers listing checks.

In all material respects, except for the possible effect of the matters described above, the key messages in the Independent Service Auditor's section of the report are as follows:

- The accompanying description in the report **fairly presents** the GP payment services as designed and implemented throughout the period 1 April 2020 to 31 October 2020, and its extraction and processing of GP data services as designed and implemented throughout the period 1 November 2020 to 31 March 2021.
- The controls related to the control objectives stated in the description were **suitably designed to provide reasonable assurance that the control objectives would be achieved** if the controls operated effectively throughout the periods 1 April 2020 to 31 October 2020 and 1 November 2020 to 31 March 2021 and the users of the services applied complementary user entity controls.
- The controls tested **operated effectively** throughout the periods 1 April 2020 to 31 October 2020 and 1 November 2020 to 31 March 2021.

ISAE 3402 Third Party Assurance Report in respect of NHS Business Services Authority – Prescription Payments

The CCG relies on systems and controls operated by NHS Business Services Authority (NHSBSA) in respect of the prescription payments process.

The 2020/2021 Independent Service Auditor's report provided by PWC, dated 30th April 2021, places certain caveats on the intended users and purpose of their report. Subject to this, the assurance report provides reasonable assurance in respect of the prescription payments process operated by NHSBSA.

PWC identified the following exceptions in the control objectives tested throughout the period 1 April 2020 to 31 March 2021:

- Controls surrounding requests to set up new contractors or amend contractor details in MDR(Org) having valid approval were not operating effectively. In relation to one contractor to which this finding related from a sample of 25, NHSBSA have closed the account to prevent the risk of over payments. They

accepted that this was a user error and have subsequently obtained approval to add the contractor from NHSE, who should have been approved in the first place.

- Controls surrounding the completeness of prescriptions scanned against prescriptions declared by pharmacies were not suitably designed. NHSBSA accept that on the 2 occasions the users have not completed the 5% check sheet albeit their work docket does show that the check has been carried out and ultimately the Contractors were paid correctly. Due to the continued increase in EPS utilisation, this control is no longer effective and will be replaced this year.
- Controls surrounding the periodic access review of Database Administrator users were not suitably designed. The NHSBSA will put in place a periodic access review for 2021/2022 onwards to add additional control around DBA user access, involving a review at regular intervals of staff with DBA-level access to ensure the access remains appropriate.

As a result, a **qualified opinion** has been issued.

In all material respects, except for the possible effect of the matters described above, the key messages in the Independent Service Auditor's section of the report are as follows:

- The accompanying description in the report **fairly presents** the prescriptions payments services as designed and implemented throughout the period 1 April 2020 to 31 March 2021.
- The controls related to the control objectives stated in the description were **suitably designed to provide reasonable assurance that the control objectives would be achieved** if the controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and the users of the services applied complementary user entity controls.
- The controls tested **operated effectively** throughout the period from 1 April 2020 to 31 March 2021.

ISAE 3402 Third Party Assurance Report in respect of NHS Business Services Authority – Dental Payments

The CCG relies on systems and controls operated by NHS Business Services Authority (NHSBSA) in respect of the dental payments process.

The 2020/2021 Independent Service Auditor's report provided by PWC, dated 30th April 2021, places certain caveats on the intended users and purpose of their report. Subject to this, the assurance report provides reasonable assurance in respect of the dental payments process operated by NHSBSA.

PWC identified exceptions in relation to the design suitability of controls surrounding the periodic access review of Database Administrator users throughout the period 1 April 2020 to 31 March 2021, and as a result a **qualified opinion** has been issued. The NHSBSA will put in place a periodic access review for 2021/2022 onwards to add additional control around DBA user access, involving a review at regular intervals of the staff with DBA level access to ensure access remains appropriate.

In all material respects, except for the possible effect of the matters described above, the key messages in the Independent Service Auditor's section of the report are as follows:

- The accompanying description in the report **fairly presents** the dental payments process as designed and implemented throughout the period 1 April 2020 to 31 March 2021.
- The controls related to the control objectives stated in the description were **suitably designed to provide reasonable assurance that the control objectives would be achieved** if the controls operated effectively throughout the period 1 April 2020 to 31 March 2021 and the users of the services applied complementary user entity controls.
- The controls tested **operated effectively** throughout the period from 1 April 2020 to 31 March 2021.

ISAE3000 Third Party Assurance report in respect of IT General Controls in respect of the Electronic Staff Record (ESR)

In common with all NHS bodies, the CCG utilises the Electronic Staff Record (ESR) for its HR and payroll functions. This third-party assurance report covers the IT general controls operated by IBM UK in relation to the ESR. Additionally, there are certain controls related to the NHS General Ledger Interface which are the responsibility of the NHS Systems Integration Team.

The 2020/2021 Independent Service Auditor's report provided by PwC, dated 30th April 2021, provides qualified assurance in respect of the IT general controls in relation to the national Electronic Staff Record and the NHS General Ledger Interface.

The audit work conducted by PWC covered the following six areas:

- Change Management
- Logical Security
- Problem Management and Performance and Capacity Planning
- Physical Security and Environmental Controls
- Computer Operations
- Payslip Distribution

The key messages in the overall audit opinion of the Report of the Independent Service Auditor leading to the qualified opinion are, for the period from 1 April 2020 to 31 March 2021, as follows:

1. Exceptions were identified in relation to the controls intended to enforce segregation of duties for changes to the NHS Hub and ensure that any unusual or unauthorised changes to the NHS Hub are detected and investigated. As a result, controls were not suitably designed to achieve Control Objective 1 ("Controls provide reasonable assurance that changes to the system software, hardware, and network components are documented and approved.") during this period.
2. Exceptions were identified in relation to the suitability of the design of controls intended to ensure that access to the development and production areas of the NHS Hub is controlled and appropriately restricted. There were no logical access controls in place (starters, leavers and access review controls) to control access to the development and production area of the NHS Hub. As a result, controls were not suitably designed to achieve Control Objective 2 ("Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access") during this period.

The report appendices identify a number of exceptions where in the auditor's opinion controls had been poorly designed or had not been followed. Management responses

outline changes to controls or procedures to be made or added further information to explain why despite the exceptions being identified the risk remained minimal.

Except for the matters referred to in the paragraph above, the controls were suitably designed and operating effectively throughout the period 1 April 2020 to 31 March 2021.

Other Work

Data Security and Protection Toolkit (DSPT)

We planned to complete an assessment on the compliance status of the CCG's NHS Digital Toolkit, using the Auditors guidance provided by NHS Digital. The CCG is due to submit its DSPT submission to NHS Digital at the end of June 2021. As at the time of writing this opinion we have not been provided with all the evidence needed to complete such a review.

Payroll Service Operated by Torbay and South Devon NHS Foundation Trust

The CCG outsources its payroll function to Torbay and South Devon NHS Foundation Trust (TSDFT). ASW Assurance undertakes an annual audit of TSDFT's payroll arrangements and controls. These included controls in respect of:

- Starters and leavers
- Change in circumstances
- Payroll processing and validation processes
- Statutory deductions
- Travel and subsistence claims

Based on the work undertaken, we concluded that arrangements in place for the effective operation of TSDFT's payroll systems were working effectively and were appropriately documented, and our overall assurance opinion on the design and operation of controls was **Satisfactory**.

Follow-Up of Recommendations

In respect of the work undertaken during the year, recommendations have been agreed with management to address gaps in controls and/or assurance. We have monitored the status of these recommendations throughout the year, reporting directly to the Audit Committee on recommendations which remain outstanding.

No significant matters have been reported to the Audit Committee in the year, in respect of the follow-up of recommendations.

Jenny McCall, Director of Audit and Assurance Services, ASW 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 board
- The audit committee
- If relevant, the risk / clinical governance / quality committee
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

In line with the HIAO I can confirm that no significant internal control issues have been identified and that the CCG's risk management arrangements are appropriately designed and are operating as intended in respect of the management and monitoring of strategic and corporate level risks.



Simon Tapley
Interim Accountable Officer
NHS Devon Clinical Commissioning Group
4 June 2021

Remuneration and staff report

Remuneration report

Remuneration committee

The remuneration committee fulfils the remuneration committee functions required by statute, principally to determine remuneration, fees and allowances payable to CCG staff, and make recommendations to the governing body. As well as this, the committee deals with remuneration and terms of service in relation to the governing body and the executive team.

The remuneration committee consists of both executive members and lay members of the governing body. The quorum constitutes of a minimum of four members to include a non-executive director, the Director of Finance, and either a director of commissioning or clinical representative. The committee is advised by the associate director of human resources and organisational development and, where required, the chair and the accountable officer of the CCG.

Statement on policy for remuneration, now and future

Some senior managers are on the NHS Agenda for Change framework, while others are in line with the Department of Health Pay Framework for very senior managers framework.

The remuneration of senior managers is reviewed annually in conjunction with advice and guidance received from NHS Partners and the Department of Health and will include review of the assessment of performance during the relevant financial period including achievement of specific performance targets.

All governing body members have contracts of employment with the CCG, with appropriate notice periods built into each contract. This is in line with guidance received from the Department of Health and HM Revenue and Customs.

Redundancy clauses in each contract match the provisions in the Agenda for Change contract of employment.

Senior managers' performance related pay

Devon CCG does not have performance related pay.

Senior manager remuneration (including salary and pension entitlements) 2020/21 (audited)

Name and Title	Note	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
		£000	£	£000	£000	£000	£000
Darryn Allcorn Chief Nursing Officer	1	115-120				55-57.5	170-175
Gaynor Appleby Lay Member - Allied Healthcare		10-15					10-15
Glynis Atherton Lay Member - Assuring Quality of Services		10-15					10-15
Nick Ball Lay Member - Audit and Assurance		25-30					25-30
Charlotte Burrows Lay Member - Patient and Public Involvement		10-15					10-15
Jayne Carroll Interim Chief Operating Officer	2	80-85				12.5-15	95-100
Alison Davis Associate Non Executive Director		5-10					5-10
John Dowell Chief Finance Officer		140-145	100			30-32.5	170-175
John Finn Interim executive director of commissioning - in-hospital	3	20-25				5-7.5	25-30
David Greenwell Clinical representative (southern)		25-30				5-7.5	30-35
Judith Hargadon Lay Member - Primary Care and Prevention		10-15					10-15
Paul Johnson Chair		125-130				25-27.5	150-155
Nick Kennedy Secondary Care Doctor		55-60					55-60
Simon Kerr Clinical representative (Eastern)		60-65					60-65
Philip King Interim Chief Nursing Officer	4	45-50				10-12.5	60-65
Sonja Manton Accountable Emergency Officer		120-125				35-37.5	155-160
Shelagh McCormick Clinical representative (Western)		85-90	100			0-2.5	90-95
Andrew Millward Director of Communications and HR	5	70-75				22.5-25	95-100
Simon Tapley Interim Accountable Officer		145-150				65-67.5	210-215
Sarah F Thompson Interim Chief Operating Officer	6	55-60				95-97.5	150-155

Jo Turl Director of Commissioning (western) / Director of out-of-hospital commissioning		120-125				67.5-70	190-195
Graham Turner Lay Member - Finance and Remuneration		10-15					10-15
Lorraine Webber Interim Director of Nursing	7	10-15					10-15
John Womersley Clinical representative (Northern)		85-90					85-90
James Wooldridge Associate Non Executive Director		5-10					5-10

Note

- 1 Darryn Allcorn began role on 11th May
- 2 Jayne Carroll began role on 1st August
- 3 John Finn began role on 27th January
- 4 Phillip King began role on 17th March 2020 and ended on 31st August
- 5 Andrew Milward is also Systems Director of Communications & Engagement, only CCG Director of Communications & HR salary disclosed which is 50%
- 6 Sarah F Thompson finished role on 18th September
- 7 Lorraine Webber ended interim role on 12th May

Additional governing body members and attendees not receiving remuneration from Devon CCG

Dr Virginia Pearson is a director of Public Health for Devon County Council and is a co-opted member. No payments are made for attendance

Ruth Harrell is a Director of Public Health for Plymouth and is a co-opted member. No payments are made for attendance

Caroline Diamond was a director of Public Health for Torbay until February 2021 and is a co-opted member. Lincoln Sargeant took over this role in February 2021. No payments are made for attendance

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

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

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

"Factors determining the variation in the values recorded between individuals include but is not limited to:

- A change in role with a resulting change in pay and impact on pension benefits
- A change in the pension scheme itself
- Changes in the contribution rates
- Changes in the wider remuneration package of an individual"

Pension benefits relate to the total employment with Devon CCG even if the member has a split role but are pro rata to time spent in senior management position.

Senior manager remuneration (including salary and pension entitlements) 2019/20 (audited)

Name	Note	Salary and Allowances 2019/20					
		(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) TOTAL (a to e) (bands of £5,000)
		£000	£	£000	£000	£000	£000
Gaynor Appleby – Lay Member, Allied Healthcare	1	5 - 10					5 - 10
Glynis Atherton – Lay Member, Assuring Quality of Services		10 – 15	100				10 - 15
Nick Ball – Lay Member, Audit and Assurance		25 – 30	400				25 - 30
Charlotte Burrows – Lay Member, Patient and Public Involvement		10 – 15	200				10 - 15
Lorna Collingwood-Burke Chief Nursing Officer	2	40 – 45	100				40 - 45
Alison Davis – Lay Member	3	0 – 5					0 - 5
John Dowell – Chief Finance Officer		135 - 140	200			42.5 – 45	180 - 185
Dr David Greenwell – Clinical Representative (Southern)		25 - 30				5 – 7.5	30 - 35
Judith Hargadon – Lay Member, Primary Care and Prevention		10 - 15					10 – 15
Dr Paul Johnson – NHS Devon CCG Chair	4	100 - 105	400			50 – 52.5	155 – 160
Dr Nick Kennedy – Secondary Care Doctor		45 - 50	400				45 - 50
Dr Simon Kerr – Clinical Representative (Eastern)	5	60 – 65				12.5 - 15	75 - 80
Brian Mackness – Lay Member, Finance and Remuneration	6	0 - 5					0 - 5

Dr Sonja Manton – Accountable Emergency Officer		115 – 120	500			12.5 – 15	130 - 135
Dr Shelagh McCormick – Clinical Representative (Western)	7	90 – 95	300			17.5 – 20	100 - 115
Andrew Millward – Director of Communications and HR	8	65 – 70	200			7.5 – 10	75 - 80
Simon Polak – Interim Director of Quality Assurance	9	75 – 80	400			25 – 27.5	105 - 110
Simon Tapley – Accountable Officer		145 – 150	600			42.5 – 45	190 - 195
Sarah F Thompson – Chief Operating Officer	10	15 – 20	300			27.5 – 30	40 - 45
Jo Turl – Director of Commissioning (Western)		120 – 125	600			0	120 - 125
Graham Turner – Lay Member, Finance and Remuneration	11	5 – 10	100				5 - 10
Lorraine Webber – Interim Director of Nursing	12	100 – 105	500			190 – 192.5	290 - 295
Dr John Womersley – Clinical Representative (Northern)	13	85 - 90	500				85 - 90
James Wooldridge – Lay Member	14	0 – 5	100				0 - 5

Note

1 Gaynor Appleby began role on 4th November 2019

2 Lorna Collingwood-Burke retired on 12th July 2019

3 Alison Davis began role on 4th November 2019

4 Dr Paul Johnson - 0.6 wte until 31st August 2019, 0.8 wte from 1st September 2019

5 Dr Simon Kerr has additional duties within the CCG, the salary band as clinical representative is 50 - 55

6 Brian Mackness left role 30th June 2019

7 Dr Shelagh McCormick has additional duties within the CCG, the salary band as clinical representative is 50 - 55

8 Andrew Millward is also Systems Director of Communications & Engagement, only CCG Director of Communications and HR salary disclosed which is 50% of the total

9 Simon Polak began role 15 July 2019, Retired 5th January 2020

10 Sarah F Thompson began role on 11th February 2020, pension figures also relate to prior NHS roles

11 Graham Turner began role on 4th November 2019

12 Lorraine Webber began role 15 July 2019

13 Dr John Womersley has additional duties within the CCG, the salary band as clinical representative is 50 - 55

14 James Wooldridge began role on 25th November 2019

Pension benefits relate to the total employment with Devon CCG even if the member has a split role.

Additional governing body members and attendees not receiving remuneration from Devon CCG

Dr Virginia Pearson is a director of Public Health for Devon County Council and is a co-opted member. No payments are made for attendance

Ruth Harrell is a Director of Public Health for Plymouth and is a co-opted member. No payments are made for attendance

Caroline Diamond was a director of Public Health for Torbay and is a co-opted member. No payments are made for attendance.

Pension benefits – 2020/21 (audited)

Name and Title	(a) Real Increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2020	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Darryn Allcorn Chief Nursing Officer	2.5-5	2.5-5	45-50	90-95	671	51	751	0
Jayne Carroll Chief Operating Officer	0-2.5	0	30-35	90-95	664	20	722	0
John Dowell Chief Finance Officer	2.5-5	0	65-70	100-105	1047	40	1125	0
John Finn Interim executive director of commissioning - in-hospital	0-2.5	0-2.5	20-25	25-30	327	4	370	0
David Greenwell Clinical representative (southern)	0-2.5	0-2.5	5-10	20-25	183	7	197	0
Paul Johnson Chair	0-2.5	0-2.5	25-30	65-70	478	19	529	0
Simon Kerr Clinical representative (Eastern)	0-2.5	0	20-25	45-50	409	0	424	0
Philip King Interim Chief Nursing Officer	0-2.5	0-2.5	0-5	5-10	68	7	84	0
Sonja Manton Accountable Emergency Officer	2.5-5	0-2.5	25-30	35-40	301	17	341	0
Shelagh McCormick Clinical representative (Western)	0-2.5	0	15-20	35-40	320	0	338	0
Andrew Millward Director of Communications and HR	0-2.5	0	45-50	125-130	1021	34	1093	0
Simon Tapley Interim	2.5-5	2.5-5	50-55	115-120	832	57	924	0

Accountable Officer								
Sarah F Thompson Chief Operating Officer	2.5-5	12.5-15	50-55	150-155	0	0	0	0
Jo Turl Director of Commissioning (western) / Director of out-of-hospital commissioning	2.5-5	0-2.5	30-35	60-65	400	35	460	0
Lorraine Webber Interim Director of Nursing	0	0	35-40	85-90	708	0	677	0
Darryn Allcorn Chief Nursing Officer	2.5-5	2.5-5	45-50	90-95	671	51	751	0
Jayne Carroll Chief Operating Officer	0-2.5	0	30-35	30-35	664	30	722	0

Note

NHS Pensions provided updated Cash Equivalent Transfer Values as at 1 April 2020 for Paul Johnson and Jo Turl which have been included in the table above.

No CETV will be shown for pensioners or senior managers over NPA. Age 60 in the 1995 Section, age 65 in the 2008 Section or SPA or age 65, whichever is the later, in the 2015 Scheme.

Pension benefits – 2019/20 (audited)

Name	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 April 2019	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2020	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
John Dowell – Chief Finance Officer	2.5 - 5	0 - 2.5	60 - 65	100 - 105	957	49	1047	0
Dr David Greenwell – Clinical Representative (Southern)	0 - 2.5	0 - 2.5	5 - 10	20 - 25	167	8	183	0
Dr Paul Johnson – NHS Devon CCG Chair	2.5 - 5	2.5 - 5	30 - 35	75 - 80	473	41	544	0
Dr Simon Kerr Clinical Representative (Eastern)	0 - 2.5	0	15 - 20	45 - 50	375	16	409	0
Dr Sonja Manton – Accountable Emergency Officer	0 - 2.5	0	20 - 25	35 - 40	277	1	301	0
Dr Shelagh McCormick Clinical Representative (Western)	0 - 2.5	0	10 - 15	35 - 40	284	16	320	0
Andrew Millward Director of Communications and HR	0 - 2.5	0	45 - 50	120 - 125	963	16	1021	0
Simon Tapley – Accountable Officer	2.5 - 5	0 - 2.5	45 - 50	105 - 110	756	38	832	0
Sarah F Thompson – Chief Operating Officer	0 - 2.5	2.5 - 5	35 - 40	115 - 120	N/A	N/A	N/A	0
Jo Turl – Director of Commissioning (Western)	0	10 - 12.5	20 - 25	60 - 65	321	8	353	0
Lorraine Webber – Interim Director of Nursing	5 - 10	20 - 22.5	35 - 40	95 - 100	517	166	708	0

- Lay members do not receive pensionable remuneration; there are no entries in respect of pensions for lay members.
- Only members with an NHS pension have been included.
- Pension benefits have not been included for those who are currently drawing their NHS pension.

Taxable expenses

No expenses, other than reimbursement of those actually incurred and in support of training and development of Senior Managers, have been paid.

Expenses, all of which relate to mileage claims, give rise to a tax liability and have been disclosed separately as benefits in kind. The tax liability arises as the rate per mile reimbursed by the CCG exceeds that allowed as a tax-free amount by HMRC.

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 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 effectively funded by the employer. It takes account of the increase in accrued pension due to inflation (1.7%), contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Payments on early retirement or for loss of office (audited)

There was no early retirement through ill health during 2020/21, or during 2019/20.

Payments to past senior managers (audited)

There were no awards made to past senior managers in-year.

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 annualised remuneration of the highest paid member of the Governing Body in Devon CCG was £145,000-£150,000 (2019/20 was £140,000-£145,000), the movement of which is due to the increase in base pay. This was 3.61 times (2019/20 3.79 times) the median remuneration of the workforce, which was £40,894 (2019/20 £37,570). The movement is due to salary increments, increase in base pay as well as a reduction in the number of staff members on a lower pay scale.

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.

Staff report

The CCG takes pride in the strength and commitment of its workforce which demonstrates an effective range of skills, abilities and experience across all of our functions. It continues to support and develop its workforce to ensure we are responsive and adaptable to the changing political environment and the continued need to work more closely with system partners across Devon.

1. Staff numbers and costs (audited)

As of 31 March 2021, the CCG employed 541 individuals in a full-time equivalent of 469.11 posts.

Governing Body

As of 31 March 2021, the governing body had a total of 21 members, of which 62 per cent are men (13), and 38 per cent are women (8).

Directors and Senior CCG managers

Pay grade	Contract	Female	Male	Headcount	FTE
VSM	Permanent	2	5	7	7
	Other	2	1	3	2.4
Band 9	Permanent	4	6	10	10
	Other	1	0	1	1
Total		9	12	21	20.4

**Note: Figures above do not include those staff hosted by the CCG who are employed as part of the Devon Sustainability and Transformation Plan (STP)*

All staff

The following table describes the staff composition in terms of banding, contract type and gender.

Pay grade	Contract	Female	Male	Headcount	%	FTE
Band 2	Permanent	7	1	8	1.48	6.8
	Other	8	3	11	2.03	10.53
Band 3	Permanent	76	10	86	15.90	76.71
	Other	0	0	0	0.00	0
Band 4	Permanent	40	6	46	8.50	43.55
	Other	1	0	1	0.18	0.8
Band 5	Permanent	52	7	59	10.91	53.21
	Other	1	0	1	0.18	1
Band 6	Permanent	26	11	37	6.84	34.95
	Other	0	0	0	0.00	0
Band 7	Permanent	49	17	66	12.20	61.61
	Other	5	3	8	1.48	6.74
Band 8 - Range A	Permanent	43	23	66	12.20	60.37
	Other	3	1	4	0.74	3.09
Band 8 - Range B	Permanent	23	10	33	6.10	30.33
	Other	2	0	2	0.37	2
Band 8 - Range C	Permanent	22	10	32	5.91	31.32
	Other	1	0	1	0.18	1
Band 8 - Range D	Permanent	4	6	10	1.85	10
	Other	0	0	0	0.00	0
Band 9	Permanent	5	7	12	2.22	12
	Other	1	0	1	0.18	1
	Permanent	22	14	36	6.65	13.69

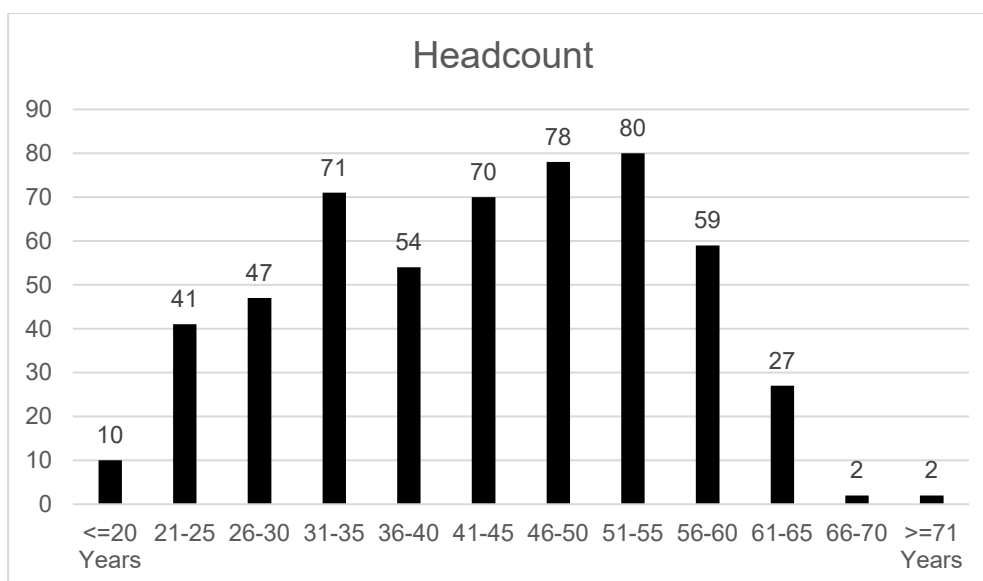
Other non AFC	Other	9	12	21	3.88	8.4
Grand Total		400	141	541	100%	469.11

**Note: Where staff have more than one role across different bands or categories their headcount is duplicated. Figures exclude Non-Executive Directors/ Lay Governing Body Members.*

The tables and charts below illustrate our employee distribution relating to age and gender as of 31 March 2021.

2- Staff age and gender

Age Band	Headcount	FTE
<=20 Years	10	9.93
21-25	41	39.81
26-30	47	44.25
31-35	71	63.27
36-40	54	48.71
41-45	70	54.45
46-50	78	64.69
51-55	80	72.53
56-60	59	49.58
61-65	27	18.78
66-70	2	1.51
>=71 Years	2	1.60
Grand Total	541	469.11



The below table illustrates our distribution of staff by gender identity as of 31 March 2021.

<i>Gender</i>	<i>Headcount</i>	<i>FTE</i>
Staff who identify as female	400	343.80
Staff who identify as male	141	125.31
Grand Total	541	469.11

The table below illustrates our employee distribution relating to staff group as of 31 March 2021.

<i>Staff Group</i>	<i>Headcount</i>	<i>FTE</i>
Add Prof Scientific and Technic	44	38.05
Administrative and Clerical	409	380.74
Allied Health Professionals	4	3.10
Medical and Dental	43	9.90
Nursing and Midwifery Registered	41	37.32

Staff costs (audited)

The table below sets out the breakdown of employee benefits for 2020/21.

2020/21	Total			Admin			Programme		
	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000	Total £000	Permanent Employees £000	Other £000
Salaries and wages	21,892	20,735	1,157	13,085	12,724	361	8,807	8,011	796
Social security costs	2,249	2,249	-	1,480	1,480	-	769	769	-
Employer Contributions to NHS Pension scheme	4,024	4,024	-	3,005	3,005	-	1,019	1,019	-
Other pension costs	5	5	-	5	5	-	0	-	-
Apprenticeship Levy	92	92	-	92	92	-	0	-	-
Other post-employment benefits									
Other employment benefits									
Termination benefits	182	182	0	20	20	0	162	162	0
Gross employee benefits expenditure	28,444	27,287	1,157	17,687	17,326	361	10,757	9,961	796
Less recoveries in respect of employee benefits									
Net admin employee benefits including capitalised costs	28,444	27,287	1,157	17,687	17,326	361	10,757	9,961	796
Less: employee costs capitalised									
Net employee benefits excluding capitalised costs	28,444	27,287	1,157	17,687	17,326	361	10,757	9,961	796

Staff policies (equalities, diversity and inclusion)

The CCG has a range of human resources policies in place to ensure clear, fair and transparent practices that cover all aspects of the CCG. All policies are approved by the Staff Partnership Forum and Executive and are available to all staff on our intranet.

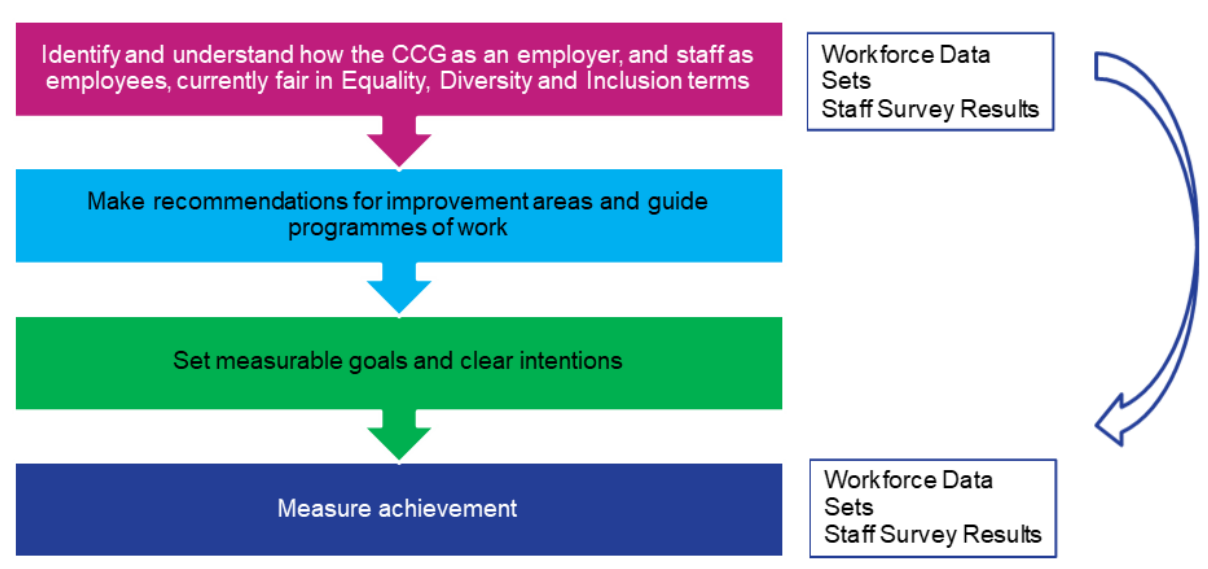
Equalities issues are incorporated into policies covering all aspects of human resources to ensure that individuals are treated equally and fairly, and that decisions on recruitment, selection, training, promotion and career management are based solely on objectives and job-related criteria. The CCG's aims are to promote diversity and equality of opportunity and provide an inclusive working environment in which all staff feel valued and supported.

We are an accredited "Disability Confident" employer, which ensures all declared disabled applicants are guaranteed an interview if they meet the essential requirements of the person specification of a role. The Recruitment policy and process outlines the requirements for recruiting managers to make reasonable adjustments for disabled candidates and this is reinforced through recruitment training courses run for all staff who are required to sit on recruitment panels. All staff with a declared disability or who become disabled during their employment will have access to appropriate training courses, and career development opportunities, and access to promotional opportunities. Reasonable adjustments are made to support these people with accessing and benefitting from these opportunities.

All our policies that relate to the continued employment and training of disabled staff have been equality impact assessed to ensure they are not detrimental to any staff with protected characteristics, including disabled persons. All policies are developed in line with Agenda for Change Terms and Conditions where applicable.

The 2020 Workforce Race Equality Standard (WRES) report is published on the CCG's website. This report provides statistics and information about the ethnicity of the CCG's workforce. Over the past three years between 1% and 2% of the CCG's workforce has been designated as being from a Black, Asian and Minority Ethnic (BAME) background in our employee records system. The 2011 census reported a 5.1% BAME population in Devon as a whole, so the composition of the CCG's workforce is slightly out of kilter with the wider population of Devon. The 2020 WRES report also includes an action plan which describes the key actions and initiatives that the CCG is taking to address this imbalance. The CCG commissioned the Nous consultancy to identify ways of improving the recruitment and promotion of people from a BAME background. Nous's recommendations are incorporated in a system-wide plan for improvements.

The CCG has also established a staff Equality, Diversity & Inclusion Group to influence and lead change projects within the staff base to increase knowledge and visibility of EDI issues, create a more diverse workforce and improve overall staff wellbeing and satisfaction. The group is a sub-group of the Staff Partnership Forum and is accountable to the CCG Strategic Workforce & Remuneration Committee. The approach applied by the EDI group is illustrated by the below graphic:



In addition, the CCG continues to monitor providers compliance with the workforce race equality standard, the accessible information standard and the new sexual orientation monitoring standard.

Trade Union Facility Time Reporting Requirements

The Trade Union (Facility Time Publication Requirements) Regulations 2017 took effect on 1 April 2017, this means that NHS employers are now required to publish certain information on trade union officials and facility time on their website and within annual reports.

The information provided below is for the relevant period of 1 April 2020 to 31 March 2021. It captures details of employee's time spent on duties carried out for a trade union or as a union learning representative, for example, attending meetings, accompanying an employee to disciplinary or grievance hearing etc. It also applies to, if applicable, training received, and duties carried out under the Health and Safety at Work Act 1974.

It is important to note that the CCG's formal consultation mechanism is through the Staff Partnership Forum. Representatives of the forum are staff members who are not required to be part of a Trade Union or indeed be a representative of a Trade Union and therefore this information does not reflect staff time spent on forum duties.

Table 1: the number of trade union representatives in your organisation

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
0	0

Table 2: the percentage of time spent on facility time

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

Table 3: the amount spent on facility time

First column	Figures
Provide the total cost of facility time	0
Provide the total pay bill	0
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time/total pay bill) x 100	0

Table 4: the percentage of paid facility time spent on paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period/total paid facility time hours) x 100	0
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Other employee matters

Staff health and wellbeing

We are committed to the health and wellbeing of our staff and in addition to the work we do to support absence management. Last year we launched our health and wellbeing programme.

Our aims are to:

- raise awareness and provide useful information & resources
- organise staff events and workshops that encourage colleagues to improve their health and wellbeing
- link initiatives back to our own colleagues and values by sharing personal and team stories

A Wellbeing Guardian has been appointed from the CCG's Board and ten Health and Wellbeing Champions have been selected and trained. This year various initiatives were carried out to support staff during lockdown and the NHS response to the pandemic:

- Workshops on Mental Health First Aider (MHFA), sleep, stress management, and the importance of movement (physiotherapy-related)
- Obtained £10,000 in external funding for wellbeing support for staff. Following a staff vote, procurement of mindfulness and fitness classes is underway with classes due to commence in 2021
- Individual wellbeing check-in conversations with staff carried out by the Health and Wellbeing Champions
- Individual wellbeing check-in conversations with staff carried out by executive directors
- Promotion of staff wellbeing initiatives and personal stories in fortnightly staff briefings led by the Accountable Officer.

Staff policies

The CCG has policies in place to provide guidance to all employees. All human resource policies have been written to ensure equality and diversity is upheld in the workplace. All policies align to Agenda for Change terms and conditions, statutory guidance and HR best practice. Staff turnover figures for the CCG are included in the [NHS workforce statistics](#) reported on the NHS Digital website. Staff absence figures are included in the [NHS sickness absence rates](#) report published on the NHS Digital website.

Employee engagement

The CCG is committed to involving and communicating with staff across a range of matters. This is through a variety of channels such as our weekly staff bulletin and monthly briefings, as well as:

- the Staff Partnership forum
- an annual staff awards event
- the promotion of health and wellbeing, including a monthly newsletter
- a new and improved induction programme

Employee engagement improved at the CCG in 2020. In 2019 the NHS Staff Survey engagement score for the CCG was 6.8 out of 10. In 2020, this score increased to 7.1.

Development of our staff

The Organisational Development team work closely with leaders, clinicians managers and staff to ensure that we meet the development needs of staff and the organisation to deliver the CCG objectives. In 2020/21 we have developed and delivered the CCG People Plan which has included:

- Design, co-production and implementation of CCG objectives
- Supported individual teams to address areas of development highlighted in the 2019/20 Staff Survey
- Trained 10 Health and Wellbeing Champions, appointed the CCG Wellbeing Guardian, delivered a comprehensive wellbeing programme to support all staff during and beyond the pandemic, including HWB check-ins offered to all staff; training; workshops; promoting local and national resources and making these available to staff on a dedicated HWB Intranet page
- Supported nine apprentices across the last 12 months
- Progressed graduate management training scheme partnership arrangements and applications for graduates wanting to work as part of the Devon system
- A talent management approach through its appraisal process to support the development needs of staff, agile working and workforce plans
- Designed, implemented and evaluated CCG mentoring programme and analysed all completed staff appraisals to inform development of coaching and mentoring programmes for 2021/22
- Designed and initiated training offer for all staff on quality improvement, strategic commissioning, and project and programme management
- Identified measures to inform benchmark for CCG Just and Learning Culture and progressed cultural audit
- Governing Body and Executive Director development programmes designed and delivered for non executives, clinicians, and executives
- Revised induction process to include face to face virtual delivery for new starters
- Appraisal plus completion rate for staff appraisals was **76.78%**

The CCG is also committed to ensuring all staff have completed their statutory and mandatory training. The completion rate is currently **84.93%**

Off-payroll engagements

Table 1: Temporary off-payroll worker engagements as at 31 March 2021.

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

	Number
Number of existing engagements as of 31 March 2021	2
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	1
for 4 or more years at the time of reporting	0

The CCG confirms that all existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

Table 2: All temporary off-payroll workers engaged at any point during the year ended 31 March 2021.

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

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021	4
<i>Of which:</i>	
No. determined as in-scope of IR35	0
No. determined as out-of-scope of IR35	4
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: No. of engagements that saw a change to IR35 status following review	0
No. of engagements where the status was disputed under provisions in the off-payroll legislation	0
Of which: No. of engagements that saw a change to IR35 status following review.	0

Table 3: For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2020 and 31 March 2021.

No. of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year (1)	0	
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year.(2). This figure should include both on payroll and off-payroll engagements. (2)	17	

Exit packages, including special (non-contractual) payments

Exit packages are agreements made in year for payments to employees on termination of employment. These include the additional costs where the CCG has agreed early retirements.

The exit packages agreed and paid in 2020/21 are detailed below.

Table 1: Exit packages (audited)

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payment have been made	Cost of special payment element included in exit packages
	Number	£s	Number	£s	Number	£s	Number	£s
Less than £10,000	3	£8,402	1	£1,744	4	£10,146	0	0
£10,000-£25,000	1	£12,000	0	0	1	£12,000	0	0
£25,001-£50,000	0	0	0	0	0	0	0	0
£50,001-£100,000	0	0	0	0	0	0	0	0
£100,001-£150,000	0	0	0	0	0	0	0	0
£150,001-£200,000	1	160,000	0	0	1	£160,000	0	0
>£200,000	0	0	0	0	0	0	0	0
Totals	5	£180,402	1	£1,744	6	£182,146	0	0

Note - Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Terms and Conditions Handbook, NHS Pension Scheme and the NHS Standard contract where applicable. Exit costs in this note are accounted for in full in the year of departure. Where the NEW Devon CCG has agreed early retirements, the additional costs are met by NEW Devon CCG and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Table 2: Analysis of other departures

	Agreements	Total of Agreements
	Number	£'
Voluntary redundancies including early retirement contractual costs	0	0
Mutually agreed resignations (MARS) contractual costs	0	0
Early retirements in the efficiency of the service contractual costs	0	0
Contractual payments in lieu of notice	1	£1,744
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring HMT approval (Special Severance Payments)	0	0
Total	1	£1,744

Note - There were no non-contractual payments made in 2019/20.

Expenditure on consultancy

During 2020/21 the CCG spent £2.455m on external consultancy costs (£1.368m in 2019/20).

Parliamentary accountability and audit report

NHS Devon CCG is not required to produce a Parliamentary Accountability and Audit Report. Included, as notes, are disclosures on contingencies (see page 126) and special payments (see page 96). An audit certificate and report are also included on page 100.

Appendices

Appendix 1

Committee Attendance

Meeting attendance and membership of NHS Devon Clinical Commissioning Group Governing Body 2020/21

			Governing Body	Audit	Finance & Performance	Primary Care	Quality Assurance	Remuneration & Workforce	Commissioning Committee
Total Number of Meetings			11	7	12	12	12	6	15
Voting Member Name	Role	Note	Number of Meetings Attended						
CCG Chair									
Paul Johnson	Clinical Chair	All attendances counted, including non-voting	8		2	6		4	5
Lay Members									
Alison Davis	Associate Non Executive Director		11						
Charlotte Burrows	Non-executive lay member (patient and public involvement)		8			8	8	4	
Gaynor Appleby	Non Executive Lay Member (Allied Healthcare)		8			5	4	1	
Glynis Atherton	Non-executive Lay Member (assuring quality of services)		9			8	9	5	
Graham Turner	Non Executive Lay Member (Finance and Remuneration)		11	7	9			5	

James Woolridge	Associate Non Executive Director		9				2		
Judith Hargadon	Non-executive Lay Member (primary care and prevention)		11	7		10		5	
Nick Ball	Non-executive Lay Member (Financial Management and Audit)	Non-voting attendee of Primary Care Committee	11	6	8	6		3	
Executives									
Andrew Millward	Chief Communications, IT and People Officer		10					5	
Darryn Allcorn	Chief Nurse	From: 11.05.20	10	2		5	9		5
Ginny Snaith	Board Secretary		10	7	1		1	2	2
Jayne Carroll	Interim Chief Operating Officer	From: 01.09.20	7		5				5
Jo Turl	Executive Director of Commissioning - Out of Hospital)		11		1	8	3		9
John Dowell	Chief Finance Officer		10	7	7	2		1	7
John Finn	Acting Director of in Hospital Commissioning	Jan 21 - March 21	4		2				6
Philip King	Interim Chief Nurse	To 11.05.20	3						
Lorraine Webber	Interim Director of Nursing	Associate Director of Commissioning - Community Services	0	1			6		3
Sarah Thompson	Chief Operating Officer	To: 01.09.20	4						
Simon Tapley	Interim Accountable Officer		10						2
Sonja Manton	Incident Director		10						

Locality GPs									
David Greenwell	Clinical representative (southern)		10		7				
John Womersley	Clinical representative (northern)		9	4	7	7			
Shelagh McCormick	Clinical representative (western)		8	1		10	10	5	2
Simon Kerr	Clinical representative (eastern)		10	4					8
Secondary Care GP									
Nick Kennedy	Secondary care doctor		10	3		9	7	4	10
Clinical Leads									
Claire Hooper	Clinical Lead for Planned Care								10
Dafydd Jones	Clinical Lead for Urgent Care								9
External									
Caroline Dimond	Director of Public Health for Torbay	Retired February 2021	6						
Ruth Harrell	Director of Public Health for Plymouth		5			2			
Virginia Pearson	Director of Public Health for Devon	Retired	2			5			
Tracey Polak	Assistant Director of Public Health for Devon	Deputy for VP/left	2						
Tina Henry	Public Health representative, DCC						0		
Penny Harris	Director, Kerr Darnley for Devon CCG		5						8
Steve Brown	Director of Public Health for Devon	Started November 2020	4						

Appendix 2

Open and closed risks 2020-2021

Risk Id	Risk description	Date risk opened	Risk Score	Date closed	Reason for closure
119	There is a risk that the 2020/21 influenza (flu) vaccination programme will be affected by a number of factors, including the ongoing COVID-19 situation	19/06/2020	Low	18 Feb 2021	The flu vaccination programme is now drawing to a close and uptake has been high in all eligible groups
120	There is a risk that COVID-19 outbreak may lead to the possible work transference from secondary care into General Practice, impacting on GP practices ability to undertake routine work	13/07/2020	High		
121	There is a risk that the Mental Health Inappropriate Out of Area trajectory, agreed by MH providers (Devon Partnership Trust and Livewell Southwest), is not met.	13/07/2020	Significant		
122	There is a risk that the Devon CCG LeDer programme have insufficient LeDer reviewers due to system workforce capacity and competing priorities.	06/08/2020	Moderate/medium	21 Jan 2021	Trajectory backlog has now been cleared. New reviewers identified and trained. Processes in place with a weekly sign off panel. Local Area Contact has a dedicated increase in hours to support the programme. Datix now in place enabling detailed information. Nationally LeDeR programme reviewed to inform types of review being recommended. Closed at Quality Committee 21 Jan 2021
123	There is a risk that some carers may be exposed to Covid 19 because their FFP3 masks do not fit correctly. This would occur if the cared for individual were Covid positive and transmitting the virus when aerosol generating procedures were being undertaken. This risk has been identified as there are not enough fit testers available to manage the incoming demand for carer testing.	06/08/2020	High		

124	There is a risk that the CCG will not be able to deliver its agreed control total of break even for the second 6 months of 2020-2021 as a result of the required savings to stay within the pre-Covid rate of expenditure on which the revised NHSE allocation is based. This total may also be affected by a lack of funding for non-covid related overspends and increased costs of service provision due to ongoing impact of Covid in some cases	07/08/2020	Moderate /medium		
125	There is a risk that there is a possibility that some of the excess COVID19 costs over and above the budget set are not funded by NHSE through the top up process leading to an inability to deliver against the temporary financial regime for the period to 31st July 2020. Whilst we have funding to cover the CCG's first two months of COVID19 costs, it is not guaranteed that this arrangement will continue.	07/08/2020	Moderate /Medium	17 Sept 2020	COVID and non COVID overspends to Month 3 have been fully funded. There is potentially a new risk to add regarding the availability of COVID funding after month 6 which will be discussed by the senior finance team Agree to closed by F & P committee 17 Sept 2020
126	There is a risk that the people of Devon will not be able to access NHS 111 services in a timely way (due to inadequate numbers of call handling staff).	03/09/2020	High		
127	There is a risk that Devon CCG may be subject to increased fraudulent activity during and following a pandemic or similar major incident	09/09/2020	Moderate/ Medium		
128	There is a risk that CCG data will be compromised by unauthorised/accidental disclosure due to shared work areas with non-CCG organisations. This may be via data visible on desks and/or screens or telephone conversations. This also includes homeworking where area shared with other persons.	10/09/2020	Moderate/ Medium		

129	There is a risk that a disruption to the availability of staff, IT and/ or telecoms, critical information, premises, supplies or suppliers/ contractors, may prevent the CCG from delivering its essential functions as set out in Directorate BCPs	17/09/2020	Moderate/ Medium		
130	There is a risk that the CCG does not respond effectively to the COVID-19 pandemic.	17/09/2020	High		
131	There is a risk that the CCG will be unable to respond effectively in the event of an emergency or business continuity incident, through not meeting its statutory and policy obligations to be prepared to respond to emergencies and disruptive incidents.	17/09/2020	Moderate/ Medium		
132	There is a risk that until robust reporting processes are embedded in general practice that there will be reduced assurance to fully understand how the learning from incidents will be shared and actions implemented. Additionally, there is an associated risk that until comprehensive and robust systems are in place to monitor quality and patient safety that only limited surveillance will be able to be implemented.	27/10/2020	High		
133	There is a risk that decisions to make changes to services commissioned by the CCG through providers are done so without full cognoscente, clinical oversight and agreement whilst responding to the COVID 19 outbreak and management of capacity and resource	27/10/2020	High		
134	There is a risk that Children and Family Health Devon do not recover the current position of increased waiting times and deteriorating RTT positions for CAMHS; Occupational Therapy; Speech and Language; Autism Assessment services	27/10/2020	Significant		

135	There is a risk that some aspects of our core business of continuing healthcare will be exposed to additional risk as a result of the changes to the emergency framework period guidance and associated financial framework, particularly with the reset in relation to CHC assessments	29/10/2020	Significant		
136	There is a risk that care home placements and care at home could become compromised, due to Covid outbreak risks, lack of Personal Protective Equipment (PPE), staffing and pathway issues	02/11/2020	Significant		
137	There is a risk that the impact of implementation of National Guidance during COVID- 19 may lead to patients who require planned care, including diagnostics, being delayed, deferred or choosing to self-defer, resulting in harm; both safety and experience could be affected	02/11/2020	Significant		
138	There is a risk that NHSE/I and NHS Devon CCG will be unable to deliver the mass COVID-19 vaccination programme. NHSE/I and CCGs are responsible for the planning and resources of a phased programme of vaccination	21/12/2020	High		
139	There is a risk that there is insufficient capacity within the CCG infection control workforce to meet both the duties of the COVID-19 pandemic and those of normal Infection Prevention & Control (IPC) business.	21/12/2020	High		
140	There is a risk to the CCG delivering a financially balanced plan which achieves breakeven within the resources allocated for 2021-22. The high-level view submitted to NHS England as part of the Operational Plan process in response to the long-term plan highlighted that the CCG position would improve with a return to financial balance in 2022-23 and delivery of a small surplus in 2023-24. With the operational planning process suspended for 2020-21 and the emergency financial framework in place it is unclear at present whether any worsening in underlying position will, as a result of the current climate, be mitigated in part or in full with a revised settlement for the CCG and system for 2021-22.	21/12/2020	High		

141	Due to the Covid 19 pandemic there is a risk that the Primary Care Nursing and Quality team, cannot fulfil all their functions in providing assurance on provider quality and safety. The reduction in team capacity is emphasised with members being redeployed to support high intensity workstreams such as PPE / IPC and Vaccination Program resulting in the equivalent of 2 Band 7 FTE posts vacant.	11/01/2021	High		
142	Due to the Covid 19 pandemic there is a risk within the Patient Safety & Quality team and the likelihood of a further reduction in capacity, the team cannot fulfil all their functions in providing assurance on provider quality and safety as well as specialist support within the CCG. The reduction in team capacity is emphasised with members of the team being redeployed to support high intensity workstreams such as PPE / Restoration and Transformation along with staff that are leaving the organisation, resulting in the equivalent of 9 FTE posts being unavailable to do this work.	13/01/2021	High		
143	There is a risk that safety for patients and the workforce is impacted upon by nosocomial (hospital-acquired) COVID-19 infection at Royal Devon & Exeter NHS Foundation Trust	20/01/2021	Significant		
144	There is a risk that the delay to the operational planning process and uncertainty regarding allocation for the population and required financial recovery trajectory for 2021/22 will result in the CCG not being able to contain expenditure within required limits.	25/02/2021	High		
145	There is a risk that there will be insufficient capacity, due in part to redeployment for COVID, both within the CCG contracting team and the primary care commissioning team, to manage the re-procurement of seven contracts that are due to expire during 2021/22.	10/03/2021	High		

146	There is a risk that University Hospitals Plymouth NHS Trust is unable to deliver safe and effective services, due to a lack of robust clinical oversight and risk management in the ED - as highlighted during the CQC inspection (8th March 2021) and subsequent Section 31 letter (15th March 2021).	26/03/2021	Significant		
147	There is a risk due to current vacancies and retirement that NHS Devon will not have the expertise of a designated doctor for safeguarding children and designated doctor for looked after children.	26/03/2021	High		

Financial statements

Contents	Page number
The primary statements:	
Statement of Comprehensive Net Expenditure for the year ended 31 March 2021	150
Statement of Financial Position as at 31 March 2021	151
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2021	152
Statement of Cash Flows for the year ended 31 March 2021	152
Notes to the accounts	
Accounting policies	153 - 158
Other operating revenue	159
Disaggregation of Income	159
Employee benefits and staff numbers	160 - 162
Operating expenses	163
Better payment practice code	164
Income generation activities	164
Net gain/(loss) on transfer by absorption	165
Operating leases	165
Property, plant and equipment	166 - 167
Intangible non-current assets	167 - 168
Inventories	168
Trade and other receivables	168
Other financial assets	169
Cash and cash equivalents	169
Trade and other payables	170
Other financial liabilities	170
Provisions	171
Contingencies	171
Financial instruments	171 - 172
Operating segments	172
Joint arrangements - interests in joint operations	173
Related party transactions	174 - 175
Events after the end of the reporting period	176
Financial performance targets	176

**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	-	-
Other operating income	2	(20,653)	(21,628)
Total operating income		(20,653)	(21,628)
Staff costs	4	28,444	26,409
Purchase of goods and services	5	2,209,232	1,974,518
Depreciation and impairment charges	5	864	1,254
Provision expense	5	-	(231)
Other Operating Expenditure	5	2,224	626
Total operating expenditure		2,240,764	2,002,576
Net Operating Expenditure		2,220,111	1,980,948
Net (Gain)/Loss on Transfer by Absorption	8	-	98,450
Total Net Expenditure for the Financial Year		2,220,111	2,079,398
Comprehensive Expenditure for the year		2,220,111	2,079,398

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

		2020-21	2019-20
	Note	£'000	£'000
Non-current assets:			
Property, plant and equipment	10	1,540	2,166
Intangible assets	11	1	3
Other financial assets	14	0	0
Total non-current assets		1,541	2,169
Current assets:			
Inventories	12	748	655
Trade and other receivables	13	18,520	9,475
Total current assets		19,268	10,130
Total assets		20,809	12,299
Current liabilities			
Trade and other payables	16	(149,016)	(130,313)
Cash and cash equivalents	15	(8,586)	(1,778)
Provisions	18	-	-
Total current liabilities		(157,602)	(132,091)
Non-Current Assets plus/less Net Current Assets/Liabilities		(136,793)	(119,792)
Non-current liabilities			
Trade and other payables	16	-	-
Other financial liabilities	17	(85)	(88)
Provisions		-	-
Total non-current liabilities		(85)	(88)
Assets less Liabilities		(136,878)	(119,880)
Financed by Taxpayers' Equity			
General fund		(136,878)	(119,880)
Total taxpayers' equity:		(136,878)	(119,880)

The notes on the following pages form part of this statement

The financial statements on the following pages were approved by the Governing Body on 14 June 2021 and signed on its behalf by:



Simon Tapley
Accountable Officer

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21		
Balance at 01 April 2020	(119,880)	(119,880)
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-
Adjusted NHS CCG balance at 31 March 2021	(119,880)	(119,880)
Changes in NHS CCG taxpayers' equity for 2020-21		
Net operating expenditure for the financial year	(2,220,111)	(2,220,111)
Net Recognised NHS CCG Expenditure for the Financial year	(2,220,111)	(2,220,111)
Net funding	2,203,113	2,203,113
Balance at 31 March 2021	(136,878)	(136,878)
	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20		
Balance at 01 April 2019	-	-
Opening transfers by absorption	8 (98,450)	(98,450)
Adjusted NHS CCG balance at 31 March 2020	(98,450)	(98,450)
Changes in NHS CCG taxpayers' equity for 2019-20		
Net operating costs for the financial year	(1,980,948)	(1,980,948)
Net Recognised NHS CCG Expenditure for the Financial Year	(1,980,948)	(1,980,948)
Net funding	1,959,518	1,959,518
Balance at 31 March 2020	(119,880)	(119,880)

The notes on the following pages from part of this statement

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

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(2,220,114)	(1,980,948)
Depreciation and amortisation	5	864	1,254
(Increase)/decrease in inventories	12	(93)	(255)
(Increase)/decrease in trade & other receivables	13	(9,045)	4,496
Increase/(decrease) in trade & other payables	16	18,529	14,889
Increase/(decrease) in provisions	18	0	(231)
Net Cash Inflow (Outflow) from Operating Activities		(2,209,859)	(1,960,795)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment	10	(62)	(294)
Net Cash Inflow (Outflow) from Investing Activities		(62)	(294)
Net Cash Inflow (Outflow) before Financing		(2,209,921)	(1,961,089)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		2,203,113	1,959,518
Net Cash Inflow (Outflow) from Financing Activities		2,203,113	1,959,518
Net Increase (Decrease) in Cash & Cash Equivalents	15	(6,808)	(1,571)
Cash & Cash Equivalents at the Beginning of the Financial Year		(1,778)	-
Transfer from other public bodies under absorption		0	(207)
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		(8,586)	(1,778)

The notes on the following pages form part of this statement

Notes to the financial statements

1 Accounting Policies

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

1.1 Going Concern

Management is required to assess, at the time of preparing the financial statements, the entity's ability to continue as a going concern. The accounting concept of a going concern refers to the basis on which an organisation's assets and liabilities are recorded and included in the accounts. If an organisation is a going concern it is expected to operate for the foreseeable future, usually 12 months from the date the final accounts have been approved by the Governing Body (in this case 12 months from the end of June 2021). An organisation that was not a going concern would prepare its accounts on a different basis, reflecting their value on the winding up of the entity. Consequently, assets are more likely to be recorded at a much lower break-up value and medium and long-term liabilities would become short-term liabilities. Indicators of an uncertain future would include the failure to achieve one or more statutory financial duties, for example, the breach of the resource limit, or operating with negative cash flows. In 2020/21 the CCG achieved a balanced finance position and operated within the annual cash drawdown requirement.

To ensure that health services continue to meet the needs of the population and to support the achievement of national performance targets, the 2021/22 CCG plans indicate that it will be a very challenging year. The 2021/22 plan will have an impact on the cash flow of the CCG. However, overall cash is managed at an NHS England level. Therefore, if the total cash used by NHS England does not breach its cash limit, set by Treasury and the Department of Health, NHS England will have the flexibility to provide cash support to CCGs when needed.

In line with the NHS Long Term Plan the Integrated Care System for Devon was launched 1 April 2021. Integrated care systems are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. It is expected that the commissioning functions of the CCG will be undertaken by the newly formed statutory body from 1 April 2022. The Department of Health and Social Care Group Accounting Manual 2020-21 states that for non-trading entities in the public sector, the anticipated continuation of the provision of service in the future, as evidenced by inclusion of financial provision of that service in published documents, is normally sufficient evidence of going concern. The 2020-21 Annual Report will discuss and review the CCGs future service plans and aims for their local populations.

With the above in mind the Governing Body of Devon CCG has prepared these financial statements on a going-concern basis. This is effectively in relation to its intention to continue its operations for the foreseeable future and the awareness of any circumstances affecting this in its preparation of these financial statements.

1.2 Accounting Convention

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

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

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

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

1.4 Joint arrangements

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

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

The CCG has entered into five arrangements, four of which has been assessed as joint operations.

The first of which is a joint operation under a Section 75 agreement with Plymouth City Council (PCC) to form the Plymouth Integrated Fund to manage Health and Social Care spending for the population of Plymouth. There are two elements to the integrated fund being 1) pooled funds (including the Plymouth Better Care Fund (BCF)) and 2) aligned funds where they cannot be managed within the pool but can be aligned for inclusion in the risk share arrangements. Under the section 75 agreement the CCG is the host to the pooled element of the fund however PCC remain lead commissioner for their element of spend within the pool. Under a joint operation each entity accounts for its share of the arrangement.

The second of which is a joint operation under a Section 75 agreement with Devon County Council (DCC) to form the Devon BCF. DCC are host to the fund and the CCG is lead commissioner to some of the funds elements. The net cost of the Devon BCF is reported within other programme costs. Under a joint operation each entity accounts for its share of the arrangement.

The third arrangement is with Torbay Council for the Joint Community Equipment Store and the fourth concerns the Better Care Fund with Torbay Council.

The arrangement for Torbay is hosted by the CCG. The CCG accounts for its share of the income and expenditure arising from the activities of the arrangements, identified in accordance with the pooled budget agreements.

If the CCG is involved in a joint venture, the parties that have joint control have rights to the net assets of the arrangement. This must involve a separate vehicle and will need to account for their interest as an investment. Joint ventures are accounted for using the equity method.

Joint ventures that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

The CCG has entered into a joint venture with Plymouth City Council for the provision of IT services through the company DELT Shared Services (DELT). DELT commenced providing services on 1 September 2014. No IT assets transferred from the CCG to DELT. Existing IT assets remain on the CCG's fixed asset register with the exception of GPIT assets which remain on the NHS England's fixed asset register.

The CCG holds a shareholding interest in DELT in respect of 1 A ordinary Share with a nominal total value of £1 being 50% of the total shareholding and 30 B ordinary shares with a total nominal value of £30 being 30% of the total shareholding. This shareholding is held within the CCG's fixed asset register but due to the immaterial value is not visible in the annual accounts.

The CCG has considered the materiality of DELT as an entity and has concluded that the value falls below a materiality threshold and therefore group accounts have not been prepared.

Notes to the financial statements

1.5 Revenue

The CCG receives its main funding through a resource allocation from NHS England. This is drawn down and credited to the general fund.

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

- As per paragraph 121 of the Standard the CCG will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The CCG is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FRM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

Payment terms are standard reflecting cross government principles.

The majority of the income the CCG receives is pass-through funds from organisations, for example from NHS England, as well as refunds for drugs the CCG purchased during the year.

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

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

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

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

1.6.2 Retirement Benefit Costs

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

Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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

Some employees have joined the National Employment Savings Trust (NEST) pension scheme which is a defined contribution scheme and was set up by the government. The contributions the employee makes, along with the level of growth from the investments, will determine the size of the pension available on retirement.

1.7 Other Expenses

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

1.8 Grants Payable (where relevant)

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

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the CCG;
- 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.

1.9.2 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.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Notes to the financial statements

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.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 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.

1.10 Intangible Assets

1.10.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the CCG's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the CCG;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.10.2 Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or the value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

1.10.3 Depreciation, Amortisation & Impairments

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

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

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

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

1.11 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.

1.11.1 The CCG as Lessee

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

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

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.12 Inventories

Inventories are valued at the lower of cost and net realisable value. The CCG's share of the inventory in the Better Care Fund with Devon County Council is disclosed in note 12.

Notes to the financial statements

1.13 Cash & Cash Equivalents

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

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

1.14 Provisions

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

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 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 the CCG 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.

1.15 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the CCG 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 CCG. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the CCG is disclosed in Note 18.

1.16 Non-clinical Risk Pooling

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG 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.

1.17 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 the CCG, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the CCG. 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 the CCG becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

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

1.18.1 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 Financial assets at fair value through other comprehensive income

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

1.18.3 Financial assets at fair value through profit and loss

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

The CCG has no embedded derivatives that are required to be accounted for separately.

The CCG's only financial assets trade receivables which are disclosed in note 20.2. Trade receivables are recognised at the consideration agreed at the date of the transaction.

Notes to the financial statements

1.18.4 Impairment

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

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

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The CCG 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 length bodies and NHS bodies and the CCG 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 the CCG becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.19.1 Financial Guarantee Contract Liabilities

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

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

1.19.2 Financial Liabilities at Fair Value Through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the CCG's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability. The CCG has no embedded derivatives that are required to be accounted for separately.

1.19.3 Other Financial Liabilities

The CCG's other financial liabilities are cash and trade payables. These are disclosed in note 20.3. Trade payables are recognised at the consideration agreed at the date of the transactions. Cash includes current value of cash in bank, less the outstanding payments, as well as the current value of petty cash held.

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

1.21 Foreign Currencies

The CCG's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the CCG's surplus/deficit in the period in which they arise. No significant foreign currency transactions occurred during the year.

1.22 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the CCG has no beneficial interest in them.

1.23 Critical accounting judgements and key sources of estimation uncertainty

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

1.23.1 Critical accounting judgements in applying accounting policies

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

Apart from the accounting treatment of the better care fund budgets mentioned in 1.4 above and those involving estimations (see below), management has made no other critical accounting judgements in the process of applying the CCG's accounting policies that have would have a significant effect on the amounts recognised in the financial statements:

1.23.2 Sources of estimation uncertainty

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

Estimation techniques are used to ensure that the correct levels of income and expenditure relating to current year are included through the inclusion of accruals. These are based on known commitments and local knowledge. Historically the difference between the estimated accruals and actual cost have not been material and it is expected to follow suit this year. The accruals will be carried forward into 2021/22 and matched against the actual costs incurred within the CCG.

For the main acute contracts the year end forecasts are based on the full year effect of the financial framework put in place in 2020/21.

Regarding prescribing costs, the CCG relies on the Business Services Authority's (BSA) forecasting methodology applied to primary care prescribing as well as local factors that fall outside of the national model. Due to the timing of published data the year end position includes an estimate for both February and March's prescribing costs.

Notes to the financial statements

Other estimates and judgements made in applying the CCG's accounting policies relate to the valuation of Property, Plant and Equipment and Intangibles. The nature of the assumptions and carrying value of the assets and liabilities are detailed in note 10 and 11 respectively.

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

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM.

IFRS 16 specifies how an organisation will recognise, measure, present and disclose leases. The standard provides a single lessee accounting model, requiring lessees to recognise assets and liabilities for all leases unless the lease term is 12 months or less or the underlying asset has a low value. This would require the CCG to recognise the current operating leases for its headquarters as non-current assets, currently estimated at a value of £3,246k, with corresponding lease liabilities. This will result in a yearly depreciation and interest charge over the term of the lease, with an income statement expense which is higher than the straight-line rent expense typically recognised under the current standards, falling to a lower cost mid-way through the lease as the interest cost reduces. Under the current and future (IFRS 16) standard the overall cost of the transaction over the life of the lease is the same.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the Financial Reporting Manual (FReM): early adoption is not therefore permitted. This standard will apply to companies that write insurance contracts and as such would have no effect on the CCGs financial position.

2 Other Operating Revenue

	2020-21	2019-20
	Total	Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Education, training and research	-	-
Non-patient care services to other bodies	-	-
Other Contract income	-	-
Recoveries in respect of employee benefits	-	-
Total Income from sale of goods and services	-	-
Other operating income		
Non cash apprenticeship training grants revenue	30	42
Other non contract revenue	20,623	21,586
Total Other operating income	20,653	21,628
Total Operating Income	20,653	21,628

The main CCG funding is not included in this note. Revenue received from NHS England is drawn down directly into the bank account of the CCG and credited to the General Fund.

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

The CCG receives income as part of the joint arrangements with its partner organisations. Income also includes reimbursements for cost of drugs and GP IT that the CCG purchased during the year.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total		2020-21
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	20,735	1,157	21,892
Social security costs	2,249	-	2,249
Employer Contributions to NHS Pension scheme	4,024	-	4,024
Other pension costs	5	-	5
Apprenticeship Levy	92	-	92
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	182	-	182
Gross employee benefits expenditure	27,287	1,157	28,444
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	27,287	1,157	28,444
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	27,287	1,157	28,444

4.1.1 Employee benefits

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	19,369	759	20,128
Social security costs	2,101	-	2,101
Employer Contributions to NHS Pension scheme	3,948	-	3,948
Other pension costs	4	-	4
Apprenticeship Levy	85	-	85
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	143	-	143
Gross employee benefits expenditure	25,650	759	26,409
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	-
Total - Net admin employee benefits including capitalised costs	25,650	759	26,409
Less: Employee costs capitalised	-	-	-
Net employee benefits excluding capitalised costs	25,650	759	26,409

4.1.2 Recoveries in respect of employee benefits

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

4.2 Average number of people employed

	Permanently employed Number	2020-21 Other Number	Total Number	Permanently employed Number	2019-20 Other Number	Total Number
Total	438.40	37.73	476.13	431.53	46.79	478.32

Of the above:

Number of whole time equivalent people engaged on capital projects

-	-	-	-	-	-	-
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4.3 Exit packages agreed in the financial year

	2020-21 Compulsory redundancies		2020-21 Other agreed departures		2020-21 Total	
	Number	£	Number	£	Number	£
Less than £10,000	3	8,402	1	1,744	4	10,146
£10,001 to £25,000	1	12,000	-	-	1	12,000
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	160,000	-	-	1	160,000
Over £200,001	-	-	-	-	-	-
Total	5	180,402	1	1,744	6	182,146

	2019-20 Compulsory redundancies		2019-20 Other agreed departures		2019-20 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	2	8,000	2	8,000
£10,001 to £25,000	-	-	1	18,149	1	18,149
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	1	116,884	-	-	1	116,884
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	1	116,884	3	26,149	4	143,033

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

Analysis of Other Agreed Departures

	2020-21 Other agreed departures		2019-20 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	1	1,744	3	26,149
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	-	-
Total	1	1,744	3	26,149

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

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

No non-contractual payments were made to individuals where the payment value was more than 12 months' of their annual salary.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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.

4.4.2 Full actuarial (funding) valuation

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

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

5. Operating expenses

	2020-21 Total £'000	2019-20 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	648	792
Services from foundation trusts	790,415	721,919
Services from other NHS trusts	580,574	513,627
Services from Other WGA bodies	-	3
Purchase of healthcare from non-NHS bodies	347,352	295,343
Purchase of social care	53,439	39,285
Prescribing costs	214,505	198,534
General Ophthalmic services	-	4
GPMS/APMS and PCTMS	204,343	186,534
Supplies and services – clinical	443	1,289
Supplies and services – general	1,667	3,812
Consultancy services	2,455	1,368
Establishment	8,021	6,976
Transport	68	57
Premises	2,748	3,733
Audit fees	93	102
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	12	4
Other professional fees	1,961	575
Legal fees	176	215
Education, training and conferences	282	304
Non cash apprenticeship training grants	30	42
Total Purchase of goods and services	2,209,232	1,974,518
Depreciation and impairment charges		
Depreciation	862	1,248
Amortisation	2	6
Total Depreciation and impairment charges	864	1,254
Provision expense		
Provisions	-	(231)
Total Provision expense	-	(231)
Other Operating Expenditure		
Chair and Non Executive Members	280	223
Grants to Other bodies	428	394
Clinical negligence	1	1
Research and development (excluding staff costs)	-	3
Expected credit loss on receivables	1,369	(38)
Other expenditure	146	43
Total Other Operating Expenditure	2,224	626
Total operating expenditure	2,212,320	1,976,167

In accordance with SI 2008 no.489, The Companies Regulations 2008, the contract the CCG has with the external auditors, Grant Thornton UK LLP, has a limitation on their liability set at £2m.

The external audit fee, paid to Grant Thornton UK LLP, is £75,000 plus VAT totalling £90,000 for 2020/21. There is also an additional payment in 2020/21 of £2,520 (£2,100 plus VAT) for 2019/20's audit that wasn't accounted for in 2019/20's accounts. 2019/20 audit fee therefore totalled £104,520, including the £2,520.

Other services obtain from Grant Thornton UK LLP is £10,000 plus VAT, totalling £12,000 (2019-20 £3,600), for the Mental Health Investment Standard assurance work,

COVID-19 related costs totalling £69.5m is included in the 2020/21 expenditure. The majority of which is in Purchase of healthcare from non-NHS bodies.

6.1 Better Payment Practice Code

Measure of compliance	2020-21 Number	2020-21 £'000	2019-20 Number	2019-20 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	37,328	612,593	33,470	536,063
Total Non-NHS Trade Invoices paid within target	37,070	590,878	33,074	532,436
Percentage of Non-NHS Trade invoices paid within target	99.31%	96.46%	98.82%	99.32%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,861	1,410,948	5,230	1,258,369
Total NHS Trade Invoices Paid within target	2,759	1,407,407	4,961	1,250,628
Percentage of NHS Trade Invoices paid within target	96.43%	99.75%	94.86%	99.38%

The better payment practice code requires the CCG to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2020-21 £'000	2019-20 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	-	-

7 Income Generation Activities

The CCG undertakes income generation activities with an aim of achieving profit, which is then used in commissioning healthcare services. None of these activities had a full cost which exceeded £1m or was otherwise material.

8. Net gain/(loss) on transfer by absorption

There was no transfers by absorption in 2020/21.

In 2019/20 NHS Northern, Eastern and Western Devon CCG (NEW Devon CCG) and NHS South Devon and Torbay CCG (SDT CCG) merged 1 April 2019 to form NHS Devon CCG.

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs as disclosed in the 2019/20 figures.

The table below identifies the Statement of Financial Position in 2019/20 as at 1 April 2019 for NHS Northern, Eastern and Western Devon CCG and NHS South Devon and Torbay CCG. The corresponding net debit reflecting the loss is recognised within income and expenses as disclosed within the Statement of Comprehensive Net Expenditure, but outside of operating activities.

	Total 1 April 2019 £'000
Transfer of property plant and equipment	3,119
Transfer of intangibles	10
Transfer of inventories	400
Transfer of cash and cash equivalents	(207)
Transfer of receivables	13,970
Transfer of payables	(115,511)
Transfer of provisions	(231)
Net loss on transfers by absorption	(98,450)

9. Operating Leases

9.1 As lessee

The CCG occupies and commissions services in properties owned and managed by NHS Property Services Ltd, Devon County Council, Linsu Ltd and Plymouth County Council. The costs incurred are shown in the note below. Other leases are for printers and the car park at Pomona House.

9.1.1 Payments recognised as an Expense

	Land £'000	Buildings £'000	Other £'000	2020-21 Total £'000	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000
Payments recognised as an expense								
Minimum lease payments	-	543	14	557	-	518	16	534
Contingent rents	-	-	-	-	-	-	-	-
Sub-lease payments	-	-	-	-	-	-	-	-
Total	-	543	14	557	-	518	16	534

The CCG has operating leases with terms of between 0 and 8 years. The building lease figure is related to a number of properties where the CCG does not have the option to purchase the buildings or lease below market rent at the expiry of the lease period.

From 1 April 2019 the CCG has delegated responsibility for primary care commissioning and has entered into certain financial arrangements involving the use of GP Premises. Under:

- IAS 17 Leases
- SIC 27 Evaluating the substance of transactions involving the legal form of a lease
- IFRIC 4 Determining whether an arrangement contains a lease

The CCG has determined that those operating leases must be recognised, but, as there is no defined term in the arrangements entered into, it is not possible to analyse the arrangements over financial years. The financial value included in the Operating Expenses for 2020/21 is £12.096m.

9.1.2 Future minimum lease payments

	Land £'000	Buildings £'000	Other £'000	2020-21 Total £'000	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000
Payable:								
No later than one year	-	473	14	487	-	548	14	562
Between one and five years	-	1,719	45	1,764	-	1,999	55	2,054
After five years	-	1,005	-	1,005	-	1,411	5	1,416
Total	-	3,197	59	3,256	-	3,958	74	4,032

Future minimum lease payments of the property assumes that the leases will be terminated as per the current agreement terms.

10 Property, plant and equipment

2020-21	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2020	-	208	-	-	1,861	-	8,795	674	11,538
Additions purchased	-	-	-	-	-	-	236	-	236
Additions donated	-	-	-	-	-	-	-	-	-
Additions government granted	-	-	-	-	-	-	-	-	-
Cost/Valuation at 31 March 2021	-	208	-	-	1,861	-	9,031	674	11,774
Depreciation 01 April 2020	-	95	-	-	1,472	-	7,297	508	9,372
Charged during the year	-	12	-	-	123	-	678	49	862
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2021	-	107	-	-	1,595	-	7,975	557	10,234
Net Book Value at 31 March 2021	-	101	-	-	266	-	1,056	117	1,540
Purchased	-	101	-	-	266	-	1,056	117	1,540
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2021	-	101	-	-	266	-	1,056	117	1,540
Asset financing:									
Owned	-	101	-	-	266	-	1,056	117	1,540
Total at 31 March 2021	-	101	-	-	266	-	1,056	117	1,540
Revaluation Reserve Balance for Property, Plant & Equipment									
Balance at 01 April 2020	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31 March 2021	-	-	-	-	-	-	-	-	-

10 Property, plant and equipment cont'd

10.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2020-21 £'000	2019-20 £'000
Land	-	-
Buildings excluding dwellings	-	-
Dwellings	-	-
Plant & machinery	958	585
Transport equipment	-	-
Information technology	5,513	5,127
Furniture & fittings	169	161
Total	6,640	5,873

10.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	4	10
Dwellings	-	-
Plant & machinery	-	5
Transport equipment	-	-
Information technology	-	5
Furniture & fittings	-	8

11 Intangible non-current assets

	Computer Software: Purchased £'000	Computer Software: Internally Generated £'000	Licences & Trademarks £'000	Patents £'000	Development Expenditure (internally generated) £'000	Total £'000
2020-21						
Cost or valuation at 01 April 2020	322	-	-	-	67	389
Additions purchased	-	-	-	-	-	-
Additions internally generated	-	-	-	-	-	-
Additions donated	-	-	-	-	-	-
Cost / Valuation At 31 March 2021	322	-	-	-	67	389
Amortisation 01 April 2020	322	-	-	-	64	386
Disposals other than by sale	-	-	-	-	-	-
Charged during the year	-	-	-	-	2	2
Cumulative amortisation adjustment following revaluation	-	-	-	-	-	-
Amortisation At 31 March 2021	322	-	-	-	66	388
Net Book Value at 31 March 2021	-	-	-	-	1	1
Purchased	-	-	-	-	1	1
Donated	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-
Total at 31 March 2021	-	-	-	-	1	1

Revaluation Reserve Balance for intangible assets

	Computer Software: Purchased £'000	Computer Software: Internally Generated £'000	Licences & Trademarks £'000	Patents £'000	Development Expenditure (internally generated) £'000	Total £'000
Balance at 01 April 2020	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-
Impairments	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-
Other movements	-	-	-	-	-	-
Balance at 31 March 2021	-	-	-	-	-	-

11 Intangible non-current assets cont'd

11.1 Cost or valuation of fully amortised assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2020-21 £'000	2019-20 £'000
Computer software: purchased	322	322
Computer software: internally generated	-	-
Licences & trademarks	-	-
Patents	-	-
Development expenditure (internally generated)	58	58
Total	380	380

11.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Computer software: purchased	-	-
Computer software: internally generated	-	-
Licences & trademarks	-	-
Patents	-	-
Development expenditure (internally generated)	0	1

12 Inventories

	Drugs £'000	Consumables £'000	Energy £'000	Work in Progress £'000	Loan Equipment £'000	Other £'000	Total £'000
Balance at 01 April 2020	-	583	-	-	-	72	655
Additions	-	93	-	-	-	-	93
Inventories recognised as an expense in the period	-	-	-	-	-	-	-
Write-down of inventories (including losses)	-	-	-	-	-	-	-
Reversal of write-down previously taken to the statement of comprehensive net expenditure	-	-	-	-	-	-	-
Transfer (to) from -Goods for resale	-	-	-	-	-	-	-
Balance at 31 March 2021	-	676	-	-	-	72	748

Inventories relate to the CCG's share of inventories held within the Devon Better Care Fund managed by Devon County Council as host of the pooled fund.

13.1 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	12,284	-	1,830	-
NHS prepayments	-	-	3,170	-
NHS accrued income	145	-	182	-
Non-NHS and Other WGA receivables: Revenue	3,644	-	2,903	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	2,403	-	1,473	-
Non-NHS and Other WGA accrued income	1,363	-	98	-
Expected credit loss allowance-receivables	(1,692)	-	(323)	-
VAT	366	-	124	-
Other receivables and accruals	7	-	18	-
Total Trade & other receivables	18,520	-	9,475	-
Total current and non current	18,520	-	9,475	-

As at 31 March 2021 there were no non-current trade and other receivables (none as at 31 March 2020).

There are no prepaid pensions contributions as at 31 March 2021 (none as at 31 March 2020).

The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to CCG's to commission services, no credit scoring of them is considered necessary.

13.2 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	614	1,014	39	437
By three to six months	249	18	384	82
By more than six months	72	743	18	1,619
Total	935	1,775	441	2,138

£1,447k of the amount above has subsequently been recovered post year end as at 22 April 2021.

The CCG did not hold any collateral against receivables outstanding at 31 March 2021.

Receivables past their due date are stated at the consideration agreed at the date of the transaction and the carrying amount and terms have not been renegotiated.

	Trade and other receivables - Non DHSC Group Bodies £'000	Other financial assets £'000	Total £'000
13.3 Loss allowance on asset classes			
Balance at 01 April 2020	(323)	-	(323)
Lifetime expected credit loss on credit impaired financial assets	-	-	-
Lifetime expected credit losses on trade and other receivables-Stage 2	(1,369)	-	(1,369)
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	-
Credit losses recognised on purchase originated credit impaired financial assets	-	-	-
Amounts written off	-	-	-
Financial assets that have been derecognised	-	-	-
Changes due to modifications that did not result in derecognition	-	-	-
Other changes	-	-	-
Total	(1,692)	-	(1,692)

14 Other financial assets

14.1 Non-Current: capital analysis

The CCG holds a shareholding interest in DELT in respect of 1 A ordinary Share with a nominal total value of £1 being 50% of the total shareholding and 30 B ordinary shares with a total nominal value of £30 being 30% of the total shareholding. Due to the immaterial value it is not visible in the annual accounts.

15 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	(1,778)	(207)
Net change in year	(6,808)	(1,571)
Balance at 31 March 2021	(8,586)	(1,778)
Made up of:		
Cash with the Government Banking Service	(8,587)	(1,779)
Cash with Commercial banks	-	-
Cash in hand	1	1
Current investments	-	-
Cash and cash equivalents as in statement of financial position	(8,586)	(1,778)
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	-	-
Balance at 31 March 2021	(8,586)	(1,778)

Patients' money held by the clinical commissioning group, not included above - -

The (£8,587k) is made up of a cash balance of £718k in its Government Banking Service bank account with £9,305k of payments to clear in April 2021.

16 Trade and other payables	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	4,330	-	11,782	-
NHS payables: Capital	-	-	-	-
NHS accruals	674	-	8,851	-
NHS deferred income	26	-	50	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	8,962	-	7,200	-
Non-NHS and Other WGA payables: Capital	174	-	-	-
Non-NHS and Other WGA accruals	78,845	-	48,362	-
Non-NHS and Other WGA deferred income	264	-	72	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	307	-	315	-
VAT	-	-	-	-
Tax	318	-	307	-
Payments received on account	-	-	183	-
Other payables and accruals	55,116	-	53,191	-
Total Trade & Other Payables	149,016	-	130,313	-
Total current and non-current	149,016		130,313	

Other payables and accruals include those for Primary Care, Placements, Mental Health Services, Acute Care and Community Services that are not part of Whole Government Accounts (WGA).

17 Other financial liabilities	Current 2020-21	Non-current 2020-21	Current 176.03033	Non-current 2019-20
Amortised cost	-	85	-	88
Total	-	85	-	88
Total current and non-current	85		88	

Amortised cost is operating costs amortised on a straight line basis. The CCG had no other liabilities as at 31 March 2021.

18 Provisions

Under the Accounts direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the CCG. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare accounted for by NHS England on behalf of this CCG at 31 March 2021 is £307k (£1,096k 31 March 2020).

£ 3k is included in the provisions of NHS Resolution as at 31 March 2021 (£3k 31 March 2020) in respect of liabilities to third parties.

19 Contingencies

There are no contingent liabilities or assets to report in 2020/21 (none in 2019/20).

20 Financial instruments

Financial instruments are disclosed at fair value. Due to the short term nature of the transactions, fair value for cash is recognised at its sterling value; trade receivables, trade payables, other financial assets and liabilities are stated at the consideration agreed at the date of the transaction, hence the carrying value is considered to be a reasonable approximation to fair value.

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

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

20.1.1 Currency risk

The CCG is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The CCG has no overseas operations. The CCG and therefore has low exposure to currency rate fluctuations.

20.1.2 Interest rate risk

The CCG borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The CCG therefore has low exposure to interest rate fluctuations.

20.1.3 Credit risk

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

20.1.4 Liquidity risk

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

20 Financial instruments cont'd

20.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	1,941	-	1,941
Trade and other receivables with other DHSC group bodies	14,489	-	14,489
Trade and other receivables with external bodies	1,014	-	1,014
Other financial assets	-	-	-
Cash and cash equivalents	-	-	-
Total at 31 March 2021/2020	17,444	-	17,444

20.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	501	-	501
Trade and other payables with other DHSC group bodies	7,135	-	7,135
Trade and other payables with external bodies	140,465	-	140,465
Other financial liabilities	85	-	85
Cash and cash equivalents	8,586	-	8,586
Total at 31 March 2021/2020	156,772	-	156,772

20.4 Maturity of financial liabilities

	Payable to DH 2020-21 £'000	Payable to Other bodies 2020-21 £'000	Total 2020-21 £'000
In one year or less	-	156,690	156,690
In more than one year but not more than two years	-	7	7
In more than two years but not more than five years	-	42	42
In more than five years	-	33	33
Total at 31 March 2021/2020	-	156,772	156,772

21 Operating segments

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

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	2,240,764	(20,653)	2,220,111	20,809	(157,687)	(136,878)

Wherever possible the CCG manages resources and commissioning on a locality basis. Whilst this covers gross expenditure, which is reported using segmental analysis, this is not sufficient to necessitate a full reanalysis of the CCG's spend within these accounts.

22 Joint arrangements - interests in joint operations

CCGs should disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities.

22.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY				Amounts recognised in Entities books ONLY			
			2020-21				2019-20			
			Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000	Assets £'000	Liabilities £'000	Income £'000	Expenditure £'000
Devon Better Care Fund	Devon County Council	Provision of integrated care	748	-	26,423	58,091	655	-	25,110	55,233
Plymouth Integrated Fund	Plymouth City Council	Provision of integrated care	-	-	12,657	180,027	-	-	7,915	147,509
Joint Community Equipment Store	Torbay Council	Provision of community equipment	-	-	-	747	-	-	-	660
Better Care Fund Torbay	Torbay Council	Provision of integrated care services	-	-	-	11,800	-	-	-	11,218

22.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

Name of entity	Description of principal activities	Basis for treatment eg materiality
DELT Shared Services Ltd	IT Services	Materiality

23 Related party transactions

2020/21

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon CCG.

Details of related party transactions are as follows:

	2020-21 Payments to Related Party £'000	2020-21 Receipts from Related Party £'000	2020-21 Amounts owed to Related Party £'000	2020-21 Amounts due from Related Party £'000
Delt Shared Services Ltd	9,390	(135)	264	-
Devon County Council	125,774	(2,888)	19	(220)
Devon Doctors Ltd	34,236	(17)	100	(55)
Plymouth City Council	83,458	(15,421)	-	(3,325)
Torbay Council	4,258	(92)	-	(22)

The CCG has responsibility for GP primary care commissioning and therefore management of the payments made to GP surgeries payable under the Primary Medical Services (PMS) and General Medical Services (GMS) contracts. As such some of the GP Governing Body members and senior management will be partners within GP practices that receive payments from the CCG for medical services rendered. These payments have not been disclosed as the medical contract, including the financial payments are predominantly agreed at a national level.

The majority of the GP members of the Governing Body and GP senior management, who are also GP partners at practices, will have a voting share of Devon Doctors Ltd. Devon Doctors Ltd is a social enterprise organisation that provide out-of-hours GP care.

The Department of Health and Social Care is regarded as a related party. During the year, the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the CCG were with the following:

Devon Partnership NHS Trust
NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Northern Devon Healthcare NHS Trust
Plymouth Hospitals NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust

In addition, the CCG has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and Plymouth County Council, details of which are included above.

The CCG has made a provision of £508k for doubtful debts in relation to the above related parties.

23 Related party transactions

2019/20

During the year, apart from the following transactions none of the Department of Health Ministers, leadership or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Devon CCG.

Details of related party transactions are as follows:

	2019-20 Payments to Related Party £'000	2019-20 Receipts from Related Party £'000	2019-20 Amounts owed to Related Party £'000	2019-20 Amounts due from Related Party £'000
Delt Shared Services Ltd	6,627	(128)	644	-
Devon County Council	99,302	(2,877)	-	(624)
Devon Doctors Ltd	30,563	(114)	1,316	(13)
Livewell Southwest	97,300	(80)	7,984	(78)
Plymouth City Council	48,088	(14,077)	1,485	(1,958)
Torbay Council	3,832	(1,434)	-	(38)

From 1 April 2019 the CCG has responsibility for GP primary care commissioning and therefore management of the payments made to GP surgeries payable under the Primary Medical Services (PMS) and General Medical Services (GMS) contracts. As such some of the GP Governing Body members and senior management will be partners within GP practices that receive payments from the CCG for medical services rendered. These payments have not been disclosed as the medical contract, including the financial payments are predominantly agreed at a national level.

The majority of the GP members of the Governing Body and GP senior management, who are also GP partners at practices, will have a voting share of Devon Doctors Ltd. Devon Doctors Ltd is a social enterprise organisation that provide out-of-hours GP care.

The Department of Health and Social Care is regarded as a related party. During the year, the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. The most significant transactions for the CCG were with the following:

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NHS England
NHS Property Services Ltd
North Bristol NHS Trust
Northern Devon Healthcare NHS Trust
Plymouth Hospitals NHS Trust
Royal Brompton & Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Devon and Exeter NHS Foundation Trust
South Western Ambulance NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
Torbay and South Devon NHS Foundation Trust
University College London Hospitals NHS Foundation Trust
University Hospitals Bristol and Weston NHS Foundation Trust

In addition, the CCG has had a number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions have been with Torbay Council, Devon County Council and

The CCG has not made any provision for doubtful debts in relation to any of the above related parties.

24 Events after the end of the reporting period

Coronavirus (Covid-19)

For the last 12 months Covid-19 has been affecting countries around the world. Unprecedented measures have had to be put in place to seek to reduce the spread across the country. The virus has put considerable pressure on individuals, businesses and organisations including health and care services. The NHS continues to redirect staff and resources to combat Covid-19.

There is uncertainty of the long term effect of Covid-19 on the country, however it is clear that the NHS has been and is a necessary and a vital part of the solution to keep the population healthy.

Integrated Care System

In line with the NHS Long Term Plan the Integrated Care System for Devon was launched 1 April 2021.

Integrated care systems are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. As signalled in the UK Government's white paper, Integration and Innovation: working together to improve health and social care for all, it is expected that the commissioning functions of the CCG will be undertaken by the newly formed statutory body from 1 April 2022.

Financial Statements

The financial statements were approved by the Governing Body and authorised for issue on 10 June 2021.

The above mentioned post balance sheet events have no material effect on the 2020/21 financial statements of the CCG.

25 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

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NHS Clinical Commissioning Group performance against those duties was as follows:

	2020-21 Target	2020-21 Performance	2019-20 Target	2019-20 Performance	2020-21 Duty Achieved?
	£'000	£'000	£'000	£'000	
Expenditure not to exceed income	2,241,000	2,241,000	1,936,370	2,002,870	Y
Capital resource use does not exceed the amount specified in Directions	236	236	294	294	Y
Revenue resource use does not exceed the amount specified in Directions	2,220,111	2,220,111	1,914,448	1,980,948	Y
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	n/a
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-	n/a
Revenue administration resource use does not exceed the amount specified in Directions	24,111	22,696	26,577	22,237	Y

The CCG met the requirement for spend not to exceed the capital and overall revenue resources received during the year. The CCG's overall expenditure equals the income and revenue resource received during the year resulting in a balanced position (deficit of £66,500k in 2019/20).

Independent auditor's report

Report on the Audit of the Financial Statements

Opinion on financial statements

We have audited the financial statements of NHS Devon 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 Annual 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 Annual 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 Audit Committee 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. 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. We determined that the principal risks were in relation to:
 - Journals, management estimates and transactions outside the course of business.
- 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 unusual and high risk journals;
 - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing;
 - 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.
- 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 Annual 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 Devon 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.

Alex Walling

Alex Walling, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

14 June 2021

Independent auditor's report to the members of the Governing Body of NHS Devon 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 except on 14 September 2021, we identified two significant weaknesses:

Financial sustainability – The CCG has a persistent failure to meet its statutory breakeven duty and has no clear plans to address its historic underlying deficit. As at 31 March 2021 the CCG had a significant accumulated deficit position of £251.5m. (The expenditure of the CCG in 2020-21 was £2,241 million.) It achieved break-even in 2020-21 however this was due to the additional Covid-19 funding received by the NHS. Our key recommendation in respect of financial sustainability is that the CCG should have a robust financial framework in place to ensure that financial sustainability is achieved in future years.

Governance – During our audit of the financial statements we noted that two S258 agreements (totalling £20 million) had been entered into during the financial year ended 31 March 2021. The CCG did not follow its own CCG's governance processes when entering into these arrangements nor were they discussed with external auditors. Our key recommendation in respect of governance is that the Governing Body and Audit Committee have appropriate oversight on significant financial and budgetary control measures and that these are also raised in advance with the External Auditors.

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 Devon 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.

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.

Alex Walling

Alex Walling, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Bristol

16 September 2021