NHS
North Central London
Clinical Commissioning Group

Annual Report and Accounts Q1 2022/23

Contents

PERFORMANCE REPORT

Accountable Officer's Introduction

When thinking back over what happens in a year for an organisation like NHS North Central London Clinical Commissioning Group (NCL CCG), it strikes me just how much collective effort goes into ensuring excellent health and care is given on a daily basis. This report is for a smaller time period, but no less significant in terms of the challenges faced and our successes.

Between April and June 2022, as an organisation we had a strong focus on our transition from NCL CCG to NHS North Central London Integrated Care Board (NCL ICB) but the day-to-day work continued, and this was a busy time. Throughout the pandemic our services were impacted greatly and care was delivered in different ways. As we continue to recover, we have come together to tackle our waiting lists for elective care, diagnostic tests and outpatient appointments. We continue to seek new ways to provide excellent care for residents of NCL and have continued to build on the relationships strengthened throughout the pandemic.

The wide-ranging reviews of health and care services are now starting to come to fruition and we can now see where we can improve care in some areas to make sure our populations achieve equity and equality. In June, NCL CCG approved a Fertility Policy that will apply to all NCL residents. This policy improves access to fertility for the vast majority of residents, with no one worse off under the expanded policy. As we look forward our focus will continue to be on looking at our populations and commissioning health and care services that will reduce health inequalities across NCL.

Building on good practice and fostering relationships will be crucial to our success, as we work to integrate and localise services where doing so will offer residents improved outcomes and better quality care. Our partners within the voluntary, community and social enterprise (VCSE) sector will play an important role to help us further strengthen our relationship with our communities. If we are to help people living in NCL to start well, live well and age well, we need to hear from them and work together to ensure health and care services are meeting their individual and collective needs.

This is the last Annual Report and Accounts of NHS North Central London CCG, and I would like to take this opportunity to thank Governing Body members, clinical leads, member practice colleagues and all our staff, past and present, for everything they have done – both in our

previous borough form and as a merged organisation. Their dedication to serving our communities and commitment to helping residents and patients to live well and thrive in our boroughs, has been truly remarkable. It has been a privilege to have led NCL CCG through the past two and a half years, facing the challenges we did together. We have learnt so much as individuals, as teams and as a system and I look forward to continuing to work closely with colleagues towards our shared ambitions in the future.

Frances O'Callaghan

Chief Executive Officer

26th June 2023

Performance Overview

The overview section of this report highlights our activities during Q1 of 2022/23. It gives a snapshot of who we are, what we do, the challenges we have faced and how we responded.
North Central London Clinical Commissioning Group (NCL CCG) was formally established in April 2020, bringing together five north London boroughs – Barnet, Camden, Enfield, Haringey and Islington. NCL CCG is a clinically led and member-driven CCG with GP practices across Barnet, Camden, Enfield, Haringey and Islington making up the membership. The statutory commissioning responsibilities involve assessing the health needs of the local population, deciding priorities and strategies, and then buying services from healthcare service providers. This includes primary care services, mental health and learning disability services, community health services, planned hospital care, and urgent and emergency care (including out-of-hours). The aim for NCL CCG is to commission safe, effective and responsive services that meet population health needs, promote wellbeing and reduce inequalities, to deliver the maximum positive impact within the resources available.

In Q1, NCL CCG led the development of a system-level operational plan for activity, finance, performance and workforce for 2022/23 plans and trajectories. NHS England and NHS Improvement (NHSE/I) required systems to submit plans that reflected the objectives set out in the 2022/23 Priorities and Operational Planning guidance. The NCL plan aimed to deliver close to the 104% cost weighted elective activity in 2022/23 compared to 2019/20 baseline, while the 85% cap on outpatient follow-ups remained a challenge for the system. Elective activity plans were underpinned by an extensive Elective Recovery Programme aimed at managing demand, and increasing capacity through productivity, efficiency and innovation. NCL plans also showed compliance against the following national ambitions:

- Elimination of Referral to Treatment (RTT) 104 and 78-week waits by July 2022, and March 2023 respectively;
- The reduction in the number of patients on cancer Patient Tracking Lists (PTLs) waiting over 62 days, back to February 2020 levels;
- Delivery of the cancer Faster Diagnostic Standard, with 75% of patients receiving their diagnosis within 28 days of suspected cancer referral by March 2023;
- Increased access for Children and Young People (CYP) Mental Health services;
- The delivery of health checks for patients with Serious Mental Illness or Learning Disability.

System plans were non-compliant for talking therapies services which will be reviewed after the national consultation on revising the NHS Long Term Plan ambition is concluded. A challenging, yet realistic plan, for reducing inappropriate out of area placements was also submitted. This fell short of the national ambition, due to demand levels exceeding Long Term Plan assumptions - a recovery plan was submitted to regulators in response. The NCL Operating Plan for 2022/23 was submitted to NHSE/I at the end of June 2023.

Across NCL performance in general, there remained a focus on tackling the increasing Emergency Department presentations, and work to manage ambulance handover delays with early clinical review. Reductions in Long Length of Stay (LLOS) patients, and delays in discharge, continued to be vital in the system efforts to improve patient flow. The reduction of long waiting patients in elective surgery and cancer pathways also remained a key objective with the need to continue the recovery of services.

The flow to Emergency Departments was streamlined utilising front door initiatives that were put in place to assess patients as they arrived. Patients were streamed with primary care capacity at NCL sites to redirect attendees into urgent care or primary care pathways, with a range of models implemented across NCL providers.

NCL continued to focus on eliminating 104+ waits and worked collaboratively with providers to ensure that the longest waiting patients were treated, while balancing treating the most clinically urgent patients. This has resulted in the number of 104+ waits reducing from 503 to 8 over twelve months to July 2022. NCL providers prioritised the treatment of urgent patients first, but the focus beyond that was to treat patients in chronological order, concentrating resources on the longest waiting patients. NCL continued its demand smoothing approach aimed at reducing the variation between providers in the system, within which 52-week waits were a key driver for initiating measures. All providers committed to the continuation of regular waiting list validation to assess the clinical urgency of patients waiting for treatment. Clinically urgent cases were prioritised to reduce harm and improve outcomes, and clinical harm review processes were enacted for long waiting patients at all providers.

There continued to be a strong governance structure in place in NCL around long waits, with the weekly system led RTT Delivery Group assisting progress to reduce variation across providers and monitoring the numbers of long waiting patients. As a system, NCL worked to reduce long waiting volumes by supporting mutual aid between providers to optimise existing treatment capacity and ensure equity of access. This involved diverting demand for some services between

providers to even out waiting times across the sector. This has resulted in the equalisation, and overall reduction, of clearance times in targeted specialties (the time between a referral being received and treatment given). NCL also sought to maximise the use of surgical hubs.

LLOS continued to be a challenge into 2022/23 with a continued focus on reducing the number of LLOS patients through the discharge and flow workstreams. Actions included sites boosting their internal discharge functions and medical rotas to level up weekend pathway 0 discharges, embedding criteria led discharge in high impact areas in NCL, and the expansion of step-down virtual wards.

Performance Analysis

Financial performance: Q1 2022/23 financial review

Introduction

This section of the Annual Report sets out a summary of the CCG's financial performance during the final three months of operation for the period 01 April 2022 to 30 June 2022 as NHS North Central London Clinical Commissioning Group (NCL CCG), before becoming the NHS North Central London Integrated Care Board (NCL ICB) on 1 July 2022.

The annual accounts have been prepared under directions issued by NHS England and in accordance with guidance set out in the National Health Service Act 2006. Further detail on the CCG's financial performance can be found in the CCG's 2022/23 accounts at the end of this Annual Report.

Financial duties

During the period 01 April 2022 to 30 June 2022, the CCG received a £773.2m funding allocation from the Department of Health and Social Care, via NHS England, to commission care services for the local population. The CCG's Control Total, the targeted amount of spending NHS England sets for the CCG, was to breakeven for the period of 01 April to 30 June 2022.

The CCG's funding was set by NHS England to enable the CCG to continue to implement additional measures to respond to the COVID-19 pandemic. The CCG worked within the financial allocations set by NHS England and spent £773.2m, meeting the target of breakeven.

The CCG's other financial duties include controlling the amount of spend on the administration function of the organisation. For the period 01 April to 30 June 2022,the CCG spent £7.9m in this area, which is within the planned spending target.

Financial performance

The CCG continued to experience significant financial challenges in Q1 (01 April 2022 to 30 June 2022) to deliver against the agreed targets. The continuation of block contracts with our NHS providers and the additional funding made available for community and primary care services to meet the demands of the pandemic, enabled the CCG to breakeven in 2022/23. In addition, the CCG has a requirement to meet important performance and spending targets in areas such as mental health and primary care, and has continued to work with partner organisations across the health, local authority and third sector to ensure care is provided in the most appropriate setting.

Of the CCG's total £773.2m expenditure 01 April 2022 to 30 June 2022 £419.9m, or 54%, was spent on acute (hospital-based) and integrated care (community-based) services. The vast majority of this spend was on the provision of care services at the CCG's four main acute hospitals: Royal Free London NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, North Middlesex University Hospital NHS Trust and Whittington Health NHS Trust. The CCG's main providers of mental health services, Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust, accounted for 71.2% of the £106.6m spend on mental health services during 01 April to 30 June 2022. Smaller contracts were in place with other NHS, community and voluntary sector providers. The CCG continued to pool resources and work collaboratively with colleagues at the local councils to better align patient health and social care needs.

The following chart illustrates how the CCG spent public funding on the provision of healthcare services for the local population. Children's services are delivered by or in partnership with local councils and incorporated into community services.

Overall spending during Q1, 01 April 2022 to 30 June 2022

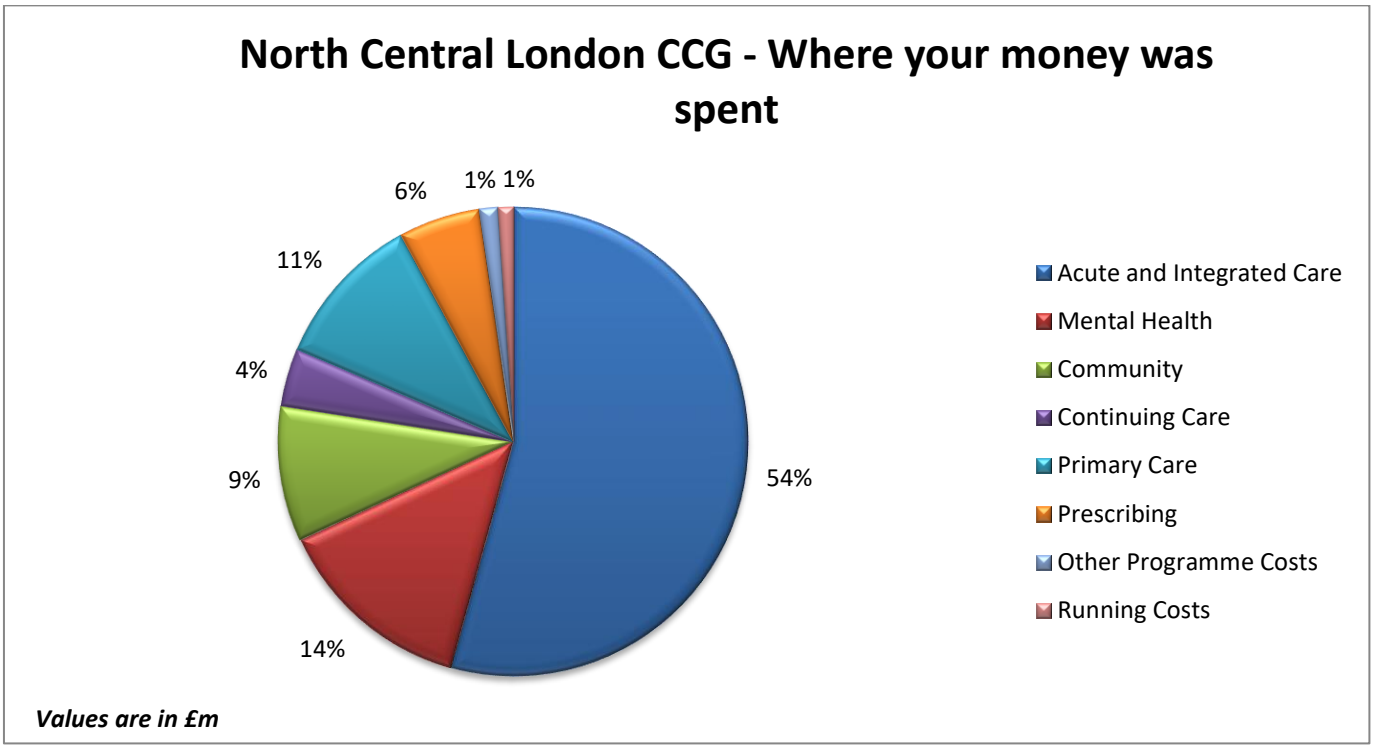


Figure 1: overall spending during 2022/23

The CCG continued its commitment to ensuring that spending on mental health services is in line with physical health services

Non-acute spending includes the CCG's investment in the Better Care Fund. This programme has supported collaborative working in health and social care to support timely discharge from hospital, and the joint management of patient health and social care needs in the community.

North Central London CCG has delegated responsibility from NHS England to commission primary care services for general practice. During Q1 01 April 2022 to 30 June 2022, NCL CCG spent £66.3m in this area, which included payment of GP contracts, quality and outcomes framework (QOF) payments and general practice overheads, such as premises-related costs.

Delivering savings and efficiencies through our Cost Improvement Programme (CIP)

In order to meet financial planning requirements and improve the quality and efficiency of services, the CCG agreed a £30.0m cost improvement programme for 01 April to 30 June 2022. The £30m savings, was largely delivered via efficiencies against the acute, mental health and community contracts. In addition, the CCG delivered further savings by applying efficiencies in Continuing Healthcare Prescribing and other programme costs.

2022/23 planning guidance and financial outlook for the North Central London Integrated Care Board (NCL ICB)

NHS North Central London Integrated Care Board (NCL ICB) became the new commissioning body with effect from 1 July 2022 and will be responsible for allocating NHS budgets and commissioning services. NHS England have allocated funding for the full financial year to cover the combined spend across both the ICB and legacy CCG in 2022/23.

The ICB has produced a financial plan for the period 01 July 2022 to March 2023, which reports a planned surplus of £25.6m against the funding allocation. The wider NCL ICS is experiencing significant pressure in delivering a balanced plan, with a backlog of elective activity adding to the already stretched financial position. Further collaborative working across all partner organisations to mitigate these pressures is ongoing, with the aim of delivering a balanced position by the end of 2022/23. The CCGs and subsequently the ICB planned surplus of £25.6m will contribute towards the delivery of the NCL ICS balanced position.

The block contract arrangements with the providers of acute, mental health and community healthcare services are continuing in 2022/23 in order to reduce transactions and allow cash to flow to front-line services as quickly as possible.

The ICB will continue to be required to meet important performance and spending targets in mental health, community services and primary care during 2022/23.

The ICB will work with system partners in the post-COVID-19 recovery period to identify and deliver savings and efficiency opportunities going forward.

NHS System Oversight Framework

NHS England has a statutory duty to conduct an annual performance assessment of CCGs. The 2021/22 System Oversight Framework (SOF) guidance continued into 2022/23, ahead of the expected release of updated 2022/23 guidance in July 2023. The SOF gave Integrated Care Systems (ICSs), trusts and commissioners clarity on how performance was to be monitored, and also set out how identified support needs to improve standards and outcomes would be co-ordinated and delivered at a system level.

The SOF was built around five national themes (and a local one) that reflect the ambitions of the NHS Long Term Plan. Organisations were placed in 1 of 4 segments that identified the scale and nature of support needs, ranging from (1) consistently high performing across the six oversight themes with streamlined commissioning arrangements in place or on track to be achieved, to (4) very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support. NCL CCG as part of the NCL ICS continued in Segment 2 for Q1 of 2022/23.

For the overall system oversight, NCL CCG played a key role in the collaborative recovery for NCL providers who were placed in Segment 3 - Royal Free London NHS Foundation Trust and North Middlesex University Hospital NHS Trust. Monthly provider performance review meetings led by NCL CCG continued into Q1, with those in respect of Royal Free London NHS Foundation Trust focussing on Urgent and Emergency Care, Referral to Treatment (RTT) and cancer, while those for North Middlesex University Hospital NHS Trust looked mainly at Urgent and Emergency Care and cancer. These meetings focused on the collaborative actions required to deliver sustainable performance improvements, the establishment of exit criteria from SOF3, and the measures that would enable an exit from SOF3.

In February 2022 the Tavistock and Portman NHS Trust was moved into the category 3 in the NHS England System Oversight Framework (SOF), this is defined as “Co-ordinated support package and enhanced oversight required”.

Monthly SOF meetings commenced in March 2022, with an emphasis on the development of workstreams that align with the criteria for SOF3 set by NHS E/I namely, service and quality improvements, governance and finance.

The Trust commissioned an external review of its governance structures in 2021, and have restructured all committees following the recommendations set out in the review, strengthening leadership, governance and accountability to ensure that the Board are sighted on key risks.

As part of the SOF 3 process, we are working closely with both the Trust and National and Regional Colleagues to support the identification of interim solutions for waiting list management. As well as mobilising peer support across the other areas of the SOF criteria. As part of this support, we have identified a Clinical Director of Transformation to provide intensive support to help achieve improvement and service transformation.

We will continue to work closely with the trust to support, coordinate and oversee the programme of improvements in line with these criteria through the coming year.

The acute monthly provider performance review meetings were in support of the joint oversight meeting held quarterly and chaired by the NCL Integrated Care Board (ICB) CEO designate. These quarterly meetings will continue to oversee plans in place to address performance challenges, and the associated risks during 2022/23.

NHS Constitution Targets – Performance Reporting

The NHS Constitution sets out the rights that patients, the public and staff have from their health service, underpinned by a series of pledges. NCL CCG's ability to deliver against these pledges and other operational performance standards continued to experience the after effects of COVID-19 in general - patient safety and the management of clinically urgent cases were prioritised over access targets, to reduce the risk of harm during Q1.

The NCL system worked to reduce the volume of long waiting patients by supporting mutual aid between providers to optimise existing treatment capacity and ensure equity of access. The use of independent sector providers continued to be maximised for high-volume low-complexity procedures, as well as the use of surgical hubs.

NCL System Performance and Recovery

The system experienced bed and workforce pressures into 2022/23 and responded by creating additional capacity, and temporarily reconfiguring services. The NCL Operational Implementation Group oversaw system actions, which continued arrangements for mutual aid and the enacting of clear escalation processes for each hospital in NCL.

Accident & Emergency (A&E) attendances rose slightly at the start of Q1 and in some cases were similar to pre-COVID-19 levels. All providers continued to experience significant pressures due to high acuity patients and staff shortages, which limited the flow through emergency departments. This was exacerbated by a lack of beds stemming from delayed discharges. Various workplans were in place to mitigate the impact of delayed discharge in Q1 of 2022/23 and this includes Directors of Adult Social Services, Public Health Directors and Local Authority leads continuing to work closely to undertake risk assessments for care homes to ensure that capacity was maximised. In addition to ease pressure on patient flow, a national ambition for all ICSs to develop comprehensive plans and deliver virtual ward capacity was progressed - for

NCL this is anticipated to achieve 250 virtual ward “beds” by December 2022, up from the current position of 150 virtual ward beds. These are planned to include higher acuity COVID-19 virtual beds and step-down virtual beds.

Ambulance response times in NCL continue to face difficulties into Q1 of 2022/23 as most categories struggle against operational standards, although Category 1 (life-threatening illnesses or injuries) 90th centile performance continued to reach target in respect of early Q1 data. This was a continuation of its good performance seen throughout 2021/22.

Ambulance handover waits have continued to be high for NCL sites in Q1 due to patient flow challenges from Emergency Departments to wards, and high attendance rates, although there have been improvements seen in recent weeks. Reducing ambulance handover delays remained a key priority for the NCL system. The ICS continued progression of the ambulance handover plan from April 2022 to reduce the proportion of breaches over 15 minutes, manage clinical risk across the wider hospital system and increase discharge flow. Priority actions to improve performance focussed on reconfiguring ambulance reception areas to increase capacity to off-load ambulances, providing additional senior medical staff to proactively support the 15-minute standard, and the further embedding of the direct access Same Day Emergency Care pathway. In addition, a focused campaign of work within the North Middlesex system continued through Q1 to increase referrals from London Ambulance Service (LAS) to Urgency Community Response (UCR) /Rapid Response teams.

Primary care continued to see increases in demand, with patients largely being triaged prior to an appointment using phone, online or video platforms. A face-to-face appointment was still offered to patients where clinically necessary or to take into account their specific needs, while patients were also still signposted to other services where appropriate. Extended access hubs have continued to offer appointments over evenings and weekends, with temporary additional capacity from 111 and extended access services.

The number of patients waiting for treatment/diagnosis on the 62-day backlog for suspected cancer remained challenging for NCL into 2022/23. The Operational Plan trajectory for the 62 backlog has not been achieved in Q1 2022-23, this was due to operational and or staffing capacity constraints in breast, urology and dermatology pathways. Actions taken to-date to improve the capacity included an additional breast radiology capacity provided at North Middlesex Hospital, two breast surgeons returned from extended leave from April 2022 at Whittington Hospital. Additional breast clinic capacity has been secured by University College

Hospital London NHS Foundation Trust and is expected to clear their backlog and support the wider system to reduce median waits for first appointments. North Middlesex University Hospital has also secured additional prostate template biopsy kit, which significantly increases capacity to reduce the urology backlog on a sustainable basis. Plans to increase the workforce have also been reviewed alongside the redesign of pathways to maximise resources and improve patient experience. In addition, capacity increased in skin services at Royal Free London with an additional dermatology consultant in place, and a Straight-to-Test nurse having been appointed in lower GI. At a system level support included demand smoothing interventions to balance capacity across the system, namely mutual aid, sharing indicative waits information with primary care, and deployment of e-Referral Service (eRS) capacity alerts. NCL CCG worked in collaboration with the NCL Cancer Alliance to improve performance across all cancer measures for NCL providers, including a focus on the Faster Diagnosis Standard 28-day target, with all providers expected to meet the 75% target by the end of 2022/23.

The NCL system actively worked to reduce the levels of elective long waiters, in the context of increases to the overall RTT waiting list. NCL CCG continually focused on eliminating occurrences of patients waiting over 104 weeks and worked collaboratively with providers to ensure that the longest waiting patients were treated, while still balancing the need to treat the most clinically urgent patients. NCL providers are on track to eliminate 104-week waiters by the end of July 2022 following significant improvements at challenged providers, with all NCL organisations on track to eliminate 78-week waiters by March 2023. NCL CCG continues to implement enhanced governance and oversight arrangements to ensure appropriate actions are taken to clear the backlog of long waiters.

Imaging activity ran consistently at good levels into 2022/23 with most of the waiting list for imaging continuing to be under six weeks, with the number of patients waiting more than 13 weeks remaining low. The total waiting list numbers increased slightly at the start of Q1, with capacity constraints and workforce changes having an impact, but prioritisation exercises were undertaken to alleviate delays. Extra focus continued on the treatment of long waiting patients through validation and prioritisation exercises, in partnership with acute providers, and NHSE/I London. The system improvement programme continued to be overseen by the NCL Diagnostics Board which supported the system via backlog reduction, through facilitating mutual aid arrangements between providers.

Mental health services in NCL continued to face challenges across the system as the recovery from the effects of COVID-19 continued. CCG programme funding and service development funding continued to help toward the delivery of the Mental Health Investment Standard and Long-Term Plan priorities. Digital technology was utilised alongside virtual appointments, and NCL continued the use of mental health and wellbeing staff resilience hubs to increase support.

Mental health presentations remained high at emergency departments and with bed capacity limited within local mental health providers, mental health-related breaches remained an area of focus. The ICS Mental Health Winter Action Plan was developed to focus on improving emergency department performance and reducing 12-hour breaches, with actions such as the utilisation of the Camden & Islington Mental Health Crisis Assessment Service, increasing the capacity within the Mental Health Liaison Service and Crisis Resolution Home Treatment Teams particularly for North Middlesex and Barnet Hospital, and increased consultant cover at the weekend.

Sustainable development

Our purpose in NCL is to improve outcomes and wellbeing, through delivering equality in health and care services for local people. Our Green Plan helps us to do this. Widening inequalities and growing pressures on the health and care system have prompted questions about the role and responsibility of large public sector organisations in tackling the wider determinants of health. The populations most impacted by health inequalities are often those most impacted by climate crisis and poor air quality.

ICSs were required to sign off Green Plans by the end of March 2022, to detail how they will meet the national NHS net zero target by 2040, using trust plans which were signed off by trust executive boards in January 2022. Our NCL green programme has strong clinical leadership. We have established an inclusive, ambitious programme board, which has overseen the development of this plan. An equality impact assessment (EQIA) and a quality impact assessment (QIA) have been completed, with overall positive impacts for patients.

Local authorities, primary care and trusts across NCL have already made progress in this space; our success in meeting our collective net zero goals relies on strong system commitment, resource to deliver and good partnership working. We have coproduced the ICS Green Plan with trusts, using their plans to inform our plans, and working with their sustainability leads. We have worked closely with voluntary, community and social enterprise (VCSE) partners and will hold

community panels with residents in Edmonton to further inform our action plans. Learning will be shared from the panels and further panels will be held across NCL throughout the year, funding permitting.

Our initial focus is on the work the NHS needs to do to deliver on these commitments. However, the intention is to develop and align wider working across NCL, to deliver maximum benefits for our population and our climate.

NCL's carbon footprint, as calculated by Greener NHS (current 2019/20), is shown in the table below. All values are in tonnes of CO2 equivalent (tCO2e) and are rounded to nearest 10 tCO2e.

Carbon Footprint / Plus	Section	Area	Emissions Scope	Emissions (tCO_2e)
Carbon footprint	Medicines	Anaesthetic gases	Scope 1	10,760
		Metered Dose Inhalers	Scope 3	18,300
	Estates and facilities	Coal	Scope 1	0
		Coal	Scope 3	0
		Electricity	Scope 2	34,970
		Electricity	Scope 3	6,060
		Gas	Scope 1	56,780
		Gas	Scope 3	7,090
		Heat and steam	Scope 2	470
		Oil	Scope 1	1,710
		Oil	Scope 3	320
		Waste	Scope 3	6,010
		Water	Scope 3	1,650
	Travel & transport	Business Travel	Scope 3	27,270
		NHS Fleet	Scope 1	7,360
Carbon Footprint Total				**178,750**
Carbon footprint plus	Supply chain	Business services	Scope 3	98,810
		Food and catering	Scope 3	46,980
		Medicines and chemicals	Scope 3	158,120
		Medical equipment	Scope 3	70,620
		Construction and freight	Scope 3	65,800
		Non-medical equipment	Scope 3	94,920
	Travel & transport	Patient travel	Scope 3	32,930
		Visitor travel	Scope 3	9,620
		Staff commuting	Scope 3	35,110
	Commissioned health services outside NHS	Commissioned health services outside NHS	Scope 3	28,490
Carbon Footprint Plus Total				**820,150**

Table 1: NCL's carbon footprint

- *Greenhouse Gas Protocol (GHGP) scope 1: Direct emissions from owned or directly controlled sources, on site*
- *GHGP scope 2: Indirect emissions from the generation of purchased energy, mostly electricity*
- *GHGP scope 3: All other indirect emissions that occur in producing and transporting goods and services, including the full supply chain.*

In our first year of delivery, we will focus on the areas we know produce the most carbon:

- Medicines – overseen by the Medicines Oversight Committee and the Green and Sustainable Inhalers group;
- Travel – overseen by the Safe and Active Travel work stream;
- Facilities (waste and energy) – overseen by the Non-Pay Programme, working with Estates and other key partners; and

- Supply chain (which includes business services, food, medical equipment) – overseen by the Procurement Anchor Group.

The Greener NCL Programme Board will track overall progress against our Green Plan and will be a space for building a social movement to impact greater change in NCL. Post 1 July, there will need to be consideration about where the Green Plan sits within the Integrated Care Board's (ICB) portfolio.

Throughout 2021, we gathered understanding and built momentum amongst primary and secondary care and in partnership with local authorities and communities. The Green Plan details the actions that will be taken in 2022 and beyond to deliver against our targets.
In an ever-stretched healthcare system, sustainable healthcare aims to achieve 'win wins' for the health of our populations, whilst reducing damage to the environment. We are able to focus on reducing harmful carbon emissions, whilst also creating leaner systems with more effective use of our collective resources.

Across London, air pollution has huge consequences for the health of our patients and staff, causing preventable deaths and impacting those living with long-term conditions such as chronic obstructive pulmonary disease (COPD) and asthma. In addressing and taking action towards cleaner air, we can improve health outcomes for these patients.

We know that for better patient care (with lower carbon emissions), prevention should be prioritised. Focusing on creating healthier environments for our communities, by addressing wider determinants of health, could be beneficial in the long term in reducing admissions. In the long term, focusing on preventative healthcare may also improve the length of stay and period of rehabilitation, reducing dependency on social care and welfare services.

If we do not act now, our failure to intervene will add to the emissions which are destroying safe environments, and increased demand and dependency will see continued year-on-year growth in non-elective care.

The Green Plan was approved by NCL's System Management Board in March 2022, and will run through everything we do. We will continue to look at the Green Plan systematically and ensure we are measuring impact.

Quality Report – Q1

Introduction

The Quality, Continuing Healthcare (CHC) and Safeguarding teams led, delivered and contributed to a number of improvement programmes of work during Q1 of 2022/23, in addition to our continuing regular programmes of work to assure the quality and safety of services provided to our patients. These are explored further in the next sections, however a summary of highlights includes the following;

- Leadership and delivery of the COVID-19 Vaccination Deployment Programme, continues to support operational delivery and administration of COVID-19 vaccines as well as focusing on the restoration and improvement of all routine immunisation programmes.
- Targeted support to our providers following unannounced service inspections by the CQC, and those identified as requiring extra support via the NHS System Oversight Framework (SOF);
- Ongoing Collaboration with the London Shared Service (LSS) Performance Team to develop a Quality Dashboard that reports the quality indicators in the Oversight Framework;
- Worked in leadership, coordination and collaboration with our NCL providers in response to the Ockendon review of maternity services, via the Local Maternity and Neonatal System (LMNS);
- Safeguarding teams continued to work collaboratively and dynamically with healthcare providers, our local statutory Safeguarding Children and Adult Partnership Boards and non-statutory partners, on the development and delivery of the safeguarding business plans across the five NCL boroughs and preparing for transition to the ICB;
- The NCL CCG Safeguarding team has progressed the development and review of safeguarding related policies ahead of the transition to an ICB to help drive improvements in the quality of Primary Care safeguarding services, which is being supported, by the teams review of the safeguarding information available to GPs via the NCL GP website.

COVID-19 vaccination programme

The COVID-19 vaccination deployment programme continues to support operational delivery and administration of COVID-19 vaccines in England. The vaccination programme is now into its second year, having been expanded to include the following:

- 1st and 2nd doses for people aged five years old and over;
- Boosters for people aged 16 years old and over, plus at-risk children aged 12 to 15 years old;
- Spring boosters for people aged 75 years old and over, plus people aged 12 years old and over with a weakened immune system; and
- Additional primary doses for people with a severely weakened immune system aged 12 years old and over.

Delivery model and current performance

The NHS continues to deliver vaccinations in line with the recommendations and prioritisation as advised by the Joint Committee on Vaccination and Immunisation (JCVI). In NCL we continue to deliver vaccinations from a variety of settings, strategically located to ensure that there is adequate provision for our population. The main pillars of delivery continue to be local vaccination sites (primary care networks and community pharmacy), vaccination centres, hospital hubs and community roving and outreach.

For people who may need additional support, NCL is working with local communities. This has included working innovatively to tailor COVID-19 vaccination information, and access to specific groups where needed. Local examples have included:

- Specialist community outreach to people who are homeless, rough sleepers and vulnerable migrants through the Find and Treat service;
- Collaboration with community groups to provide information about vaccinations alongside other health and care information. This has included workshops and community briefings, translated flyers and community led outreach.

Figure 2 details the priority groups, total population within NCL and percentage uptake of first, second, booster and second booster doses:

Priority	Cohort	NCL Population	First Dose	First Dose Uptake	Second Dose	Second Dose Uptake	Booster Eligible	Booster Dose	Booster Dose Uptake	Second Booster	Second Booster Dose Uptake
1	Care Home Residents & Residential Care Workers	3,348	3,196	95.5%	3,147	98.5%	3,099	2,991	96.5%	2,337	78.1%
2	80+ & Health and Social Care Workers	124,686	116,997	93.8%	114,222	97.6%	113,520	97,372	85.8%	31,854	32.7%
3	75-79	35,947	32,027	89.1%	31,465	98.2%	31,312	29,524	94.3%	21,904	74.2%
4	70-74 & CEV	71,867	62,071	86.4%	60,598	97.6%	59,773	52,647	88.1%	4,569	8.7%
5	65-69	51,938	43,594	83.9%	42,543	97.6%	42,435	38,322	90.3%	801	2.1%
6	At-Risk	218,558	162,092	74.2%	153,636	94.8%	152,141	113,821	74.8%	2,182	1.9%
7	60-64	41,048	32,311	78.7%	31,351	97.0%	31,276	27,342	87.4%	158	0.6%
8	55-59	57,929	44,278	76.4%	42,929	97.0%	42,792	35,745	83.5%	134	0.4%
9	50-54	71,642	52,519	73.3%	50,777	96.7%	50,591	40,315	79.7%	139	0.3%
10	40-49	193,615	125,747	64.9%	120,390	95.7%	119,756	87,707	73.2%	162	0.2%
11	30-39	277,403	158,223	57.0%	148,528	93.9%	147,091	98,934	67.3%	143	0.1%
12	18-29	281,791	165,941	58.9%	145,396	87.6%	141,395	83,422	59.0%	287	0.3%
13	12-15 (at-risk)	3,486	1,586	45.5%	1,125	70.9%	871	155	17.8%	0	0.0%
14	12-17 (household contacts of immunosuppressed)	4,121	1,614	39.2%	1,074	66.5%	881	113	12.8%	0	0.0%
15	16-17	32,106	15,598	48.6%	11,817	75.8%	10,281	3,226	31.4%	5	0.2%
16	12-15	70,334	27,104	38.5%	18,325	67.6%	0	62	n/a	2	n/a
17	05-11 (at-risk)	10,142	698	6.9%	106	15.2%	0	0	n/a	0	n/a
18	05-11	119,770	7,871	6.6%	130	1.7%	0	1	n/a	0	n/a
Total		1,669,731	1,053,467	63.1%	977,559	92.8%	947,214	711,699	75.1%	64,677	9.1%

Figure 2: Uptake by cohort (source – Foundry 20/06/2022)

Vaccination uptake in NCL continues to follow the national and regional trends, with higher uptake rates in our older and clinically at-risk populations in comparison to younger individuals.

In order to maintain momentum and engage our younger population, we continue to offer vaccinations through our community outreach teams, specifically targeted to areas with lower uptake and with a higher density of our younger population.

Future delivery

We continue to plan in the context of the Government's Living with COVID-19 strategy and maintain our focus on the restoration and improvement of all routine immunisation programmes and the delivery of COVID-19 and flu. The next steps for COVID-19 vaccination need to be considered in two phases:

- Completion of the Spring Booster campaign and vaccination offer to the end of August;
- Planning for the delivery of an integrated autumn /winter campaign and responding to outbreaks (surge).

To support operational planning, JCVI have provided interim advice, which states: As with the 2021 autumn COVID-19 booster programme, the primary objective of the 2022 autumn booster programme will be to augment population immunity and protection against severe COVID-19 disease, specifically hospitalisation and death, over winter 2022 to 2023. The following advice should be considered as interim and for the purposes of operational planning for autumn 2022. The JCVI's current view is that in autumn 2022, a COVID-19 vaccine should be offered to:

- residents in a care home for older adults and staff working in those homes;
- frontline health and social care workers;
- all those 65 years of age and over; and
- those aged 16 to 64 years in a clinical risk group.

Vaccination of other groups of people remains under consideration within JCVI's ongoing review. Systems are also developing surge plans in order to enable rapid deployment of additional COVID-10 vaccination capacity.

Quality data NHS System Oversight Framework

The NHS System Oversight Framework (SOF) identifies where ICS and NHS organisations may benefit or require support to meet the published standards and ensure sustained improvement across all themes. Below are the reported positions for the providers in NCL:

Oversight Theme	Planning Area	Headline Area	Metric		RFL		NMUH		UCLH		WH		GOSH		MEH		RNOH	
				Reporting Period	Performance	Ranking	Performance	Ranking	Performance	Ranking	Performance	Ranking	Performance	Ranking	Performance	Ranking	Performance	Ranking
Quality, access and outcomes	Restoration of elective and cancer services	Elective	Overall size of RTT waiting list - % change since May 2021 (UCLH values are impacted by mutual aid between providers)	w/e 19 June 22	-2.8%	1/7	33.6%	6/7	36.0%	7/7	21.6%	5/7	2.3%	2/7	17.9%	4/7	13.9%	3/7
			RTT 52 week waiters - % of Total RTT Waiting List	w/e 19 June 22	6.8%	7/7	0.4%	2/7	2.4%	5/7	2.2%	4/7	2.4%	5/7	0.0%	1/7	1.9%	3/7
		Cancer	Cancer - people waiting longer than 62 days as % of cancer PTL (6.4% target)	w/e 19 June 22	6.9%	1/5	17.5%	5/5	10.7%	4/5	7.5%	2/5	N/A	n/a	N/A	n/a	8.8%	3/5
			Cancer - % meeting faster diagnosis standard (75% target)	Apr-22	73.2%	2/6	49.9%	6/6	64.5%	4/6	63.9%	5/6	N/A	n/a	100.0%	1/6	65.1%	3/6
	Implementation of agreed waiting times	UEC	A&E 4-hour wait (95% target)	May-22	67.4%	5/5	67.8%	4/5	67.9%	3/5	75.3%	2/5	N/A	n/a	99.8%	1/5	N/A	n/a
			Ambulance handover delays greater than 30 minutes as % of all conveyances	May-22	22.1%	3/4	54.7%	4/4	21.1%	2/4	16.6%	1/4	N/A	n/a	N/A	n/a	N/A	n/a
	Maternal and children's health	Maternity	Maternity - % women on continuity of care pathway	Dec-21	TBC	n/a	15.8%	Mid quartile	13.0%	Mid quartile	86.9%	Best quartile	N/A	n/a	N/A	n/a	N/A	n/a
	Delivering safe, high quality care overall	Quality & Safety	Summary hospital-level mortality indicator (Ratio: Observed:Expected)	Dec-21	0.8	Best quartile	1.0	Mid quartile	0.8	Best quartile	0.9	Best quartile	N/A	n/a	N/A	n/a	N/A	n/a
			Overall CQC rating (provision of high-quality care)	May-22	2 - Requires Improvement	Mid quartile	2 - Requires Improvement	Mid quartile	3 - Good	Best quartile	3 - Good	Best quartile	3 - Good	Best quartile	3 - Good	Best quartile	3 - Good	Best quartile
			NHS Staff Survey Safety (we are safe and healthy theme). Score out of 10 [6.0 National avg.]	2021	5.8	5/7	5.8	5/7	6.0	4/7	5.8	5/7	6.2	2/7	6.2	2/7	6.4	1/7
			Potential under-reporting of patient safety incidents	Apr-22	0%	1/7	17%	5/7	0%	1/7	0%	1/7	17%	5/7	0%	1/7	33%	7/7
			National Patient Safety Alerts not completed by deadline	May-22	0	1/7	0	1/7	2	7/7	0	1/7	0	1/7	0	1/7	0	1/7
			Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections	Apr-22	0	Best quartile	0	Best quartile	0	Best quartile	0	Best quartile	0	Best quartile	0	Best quartile	0	Best quartile
			Clostridium difficile infections	Apr-22	6	Mid quartile	1	Best quartile	11	Lowest quartile	2	Best quartile	0	Best quartile	0	Best quartile	0	Best quartile
			E. coli blood stream infections	Apr-22	15	Lowest quartile	0	Best quartile	8	Mid quartile	2	Best quartile	1	Best quartile	0	Best quartile	0	Best quartile
			Proportions of patient activities with an ethnicity code	w/e 22 May 22	94%	5/7	100%	1/7	68%	6/7	97%	4/7	100%	1/7	100%	1/7	62%	7/7
Leadership	Leadership	Leadership	CQC well-led rating	May-22	Good	Best quartile	Good	Best quartile	Good	Best quartile	Good	Best quartile	Good	Best quartile	Good	Best quartile	Good	Best quartile

Figure 3: NHS SOF reported positions for NCL providers

NHSE/I published their segmentation decisions for all Integrated Care Systems and NHS trusts (including foundation trusts) in November 2021. Organisations were allocated to one of four segments to indicate the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). Segmentation of NCL organisations is as below:

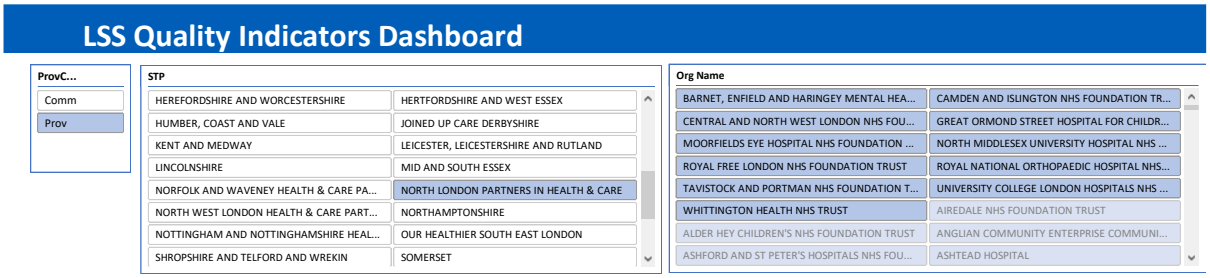
Segment 1: No specific support needs	**Segment 2**: Limited, targeted support requested/ needed	**Segment 3**: Co-ordinated support package and enhanced oversight required	**Segment 4**: Dedicated recovery support package mandated
Moorfields Eye Hospital;	Barnet, Enfield & Haringey; Camden & Islington; Great Ormond Street; Royal National Orthopaedic Hospital; University College London Hospital; Whittington Health; NCL ICS	Royal Free London; North Middlesex; Tavistock & Portman	None

Table 2: Segmentation of NCL organisations

Quality dashboard

Following on from the work started in 2021/22 the Quality and London Shared Service (LSS) Performance Teams continue to develop the quality dashboard that reports the quality indicators in the Oversight Framework demonstrated in figure 4-5. The dashboard has proven to be a beneficial source of quality intelligence that supports the oversight and assurance of the quality, safety and experience our residents are receiving.

Ongoing work and technical guidance to review the staff survey indicators, as these changed last year, will support publication.



Select reporting month: Mar-22

		Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Infection control	**Standard**													
Clostridium Difficile (C Diff)	-	32	33	34	37	43	42	33	32	26	27	13	30	35
Methicillin-Resistant Staphylococcus Aureus (MRSA)	Zero tolerance	2	2	1	1	0	3	3	0	2	3	2	3	3
Klebsiella Spp	-	32	31	30	27	30	29	35	36	40	26	39	17	24
Pseudomonas Aeruginosa (P.aeruginosa)	-	19	8	12	17	16	20	19	14	15	23	9	11	21
Escherichia Coli (E.coli)	-	84	64	88	89	117	74	91	92	77	84	92	81	73
Meticillin-Sensitive Staphylococcus Aureus (MSSA)	-	24	33	22	25	31	23	30	19	27	27	31	19	26
Mixed-Sex accommodation breaches														
MSA	Zero tolerance								2	33	23	26	14	50
Patients Safety Incidents (Degree of Harm)														
No Harm		5,487	3,987	5,520	5,209	4,783	4,822	4,812	4,609	4,484	5,002	3,120	3,925	4,296
Low		1,863	1,452	1,728	1,796	1,266	1,371	1,666	1,826	1,362	1,700	1,098	1,320	1,370
Moderate		209	146	364	153	85	105	276	123	118	131	104	118	118
Severe		25	21	13	23	11	14	30	23	16	19	12	15	19
Death		31	30	24	42	21	9	26	45	13	22	25	15	16
Total Incidents		7,615	5,636	7,649	7,223	6,166	6,321	6,810	6,626	5,993	6,874	4,359	5,393	5,819
Incidents Causing Harm		2,128	1,649	2,129	2,014	1,383	1,499	1,998	2,017	1,509	1,872	1,239	1,468	1,523
% Incidents Causing Harm		27.94%	29.26%	27.83%	27.88%	22.43%	23.71%	29.34%	30.44%	25.18%	27.23%	28.42%	27.22%	26.17%
Summary Hospital-Level Mortality														
Observed Deaths		4160	4265	4405	4485	4535	4480	4545	4620	4670	4770			
Expected Deaths		5070	5200	5365	5440	5495	5470	5485	5495	5540	5605			
SHMI Value		0.83103	0.82948	0.82633	0.83178	0.83460	0.83340	0.84103	0.85280	0.85825	0.86448			
Patient Safety Alerts not completed by deadline														
Patient Safety Alerts						10			13			3		
CQC Ratings														
Overall CQC Rating (provision of high-quality care)		3	3	3	3	3	3	3	3	3	3	3		
CQC well-led rating		3	3	3	3	3	3	3	3	3	3	3		
NHS Staff Survey		2018	2019	2020										
Safety Culture Theme Score		6.7	6.8	6.9										
Health and Wellbeing Theme Score		5.9	5.8	6.1										
Safe Environment - Bullying & Harassment Theme Score		5.9	5.8	6.1										
Staff Engagement Theme Score		7.2	7.2	7.2										
Proportion of staff who report that in the last three months they have come to work despite not feeling well enough to perform their duties		58.18%	58.18%	45.45%										
Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns		55.45%	55.45%	60.91%										
Proportion of staff who agree that their organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age		75.45%	75.45%	73.64%										

Figure 4: NCL Quality Indicators Dashboard

Figure 5: NCL Quality Indicators Dashboard

Part 2: Quality governance in NCL CCG in Q1 of 2022/23

NCL CCG quality assurance model and oversight framework

NCL CCG's remains committed to its core aim; to ensure that every resident and patient in NCL receives high-quality, safe care and an outstanding experience wherever they are cared for in NHS-funded services. We are committed to ensuring that the services we commission are evidence-based and follow best practice. At the heart of our work is our ambition to work with providers of services, and our local population, to improve continually the quality of services we commission for the people of North Central London.

During Q1 of 2022/23 there was further and significant work undertaken to ensure that our assurance, oversight, escalation and improvement model delivers a shared commitment to quality, in line with the National Quality Board's Shared Commitment to Quality in preparation for transition to becoming an Integrated Care Board.

Domain	Purpose
Safe	Minimise errors, maximise doing it right, reduce risk
Effective	Consistent, relevant, address inequalities
Positive Experience	Empowerment, self design, inclusive and equitable
Caring	Compassion, dignity and mutual respect
Well Led	Collective compassionate leadership
Sustainably resource	Optimum outcome, value for money
Equitable	Reducing variation and inequalities

Figure 6: National Quality Board - A shared commitment to quality April 2021

A Draft Quality Vision in preparation for transition reconfirms our shared commitment for our North Central London population ensuring accessibility to high quality care, based on the fundamentals of quality as set out by the National Quality Board (NQB).

This complements the North Central London Integrated Care System purpose to improve outcomes and wellbeing, through delivering equality in health and care services for local people. Empowering people to Start Well, Live Well and Age Well, while supporting the many local people who are employed by health and social care to Work Well. This will be achieved by promoting partnership working and co-designing of services in response to local priorities, needs, experiences and strengths, as part of our Integrated Care System (ICS).

We in NCL believe that poor care can lead to high cost and our focus is on improving quality, safety, effectiveness and experience to provide value for money, demonstrated with the quadruple aim as shown below.

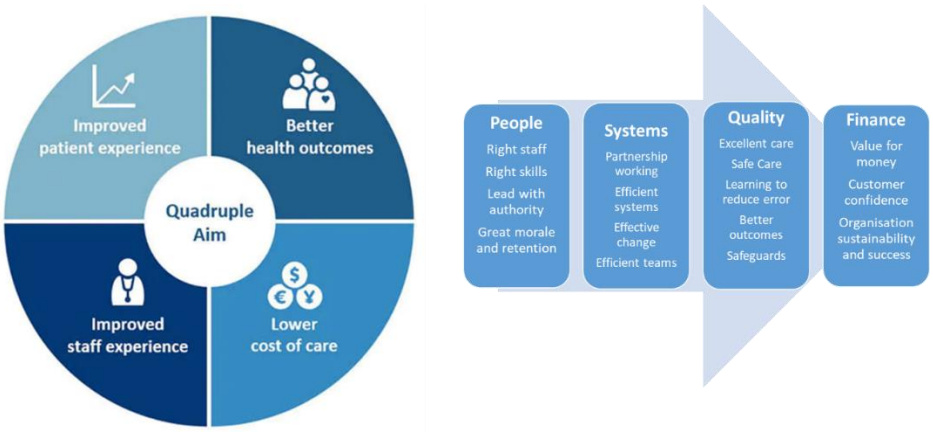


Figure 7: Quality and the quadruple aim for delivering excellent health value (Phillips Professional Healthcare and NCL CCG model)

The Quality Vision focuses on four key ambitions all with the aim to assure that quality is at the heart of all we do.

Figure 8: NCL CCG's Quality vision focuses on four key ambitions

During the transition into Integrated Care Systems NCL CCG quality team remain as key members of the transition due diligence working group. The team continue to provide assurance to the steering group and to NHS England and Improvement in quality requirements for the Readiness to Operate Statement. Therefore, ensuring Quality and Safety systems and functions are ready to take effect from 1 July 2022 including the implementation of a System Quality Group that is relevant to the National Quality Board guidance.

During Q1 the team have ensured that there is system-wide escalation and assurance through the Quality Surveillance Group, where NCL system concerns are discussed and escalated to the Regional Joint Strategic Oversight Group, led by NHS England and NHS Improvement. Further work has been completed to enable the transition of the Quality Surveillance Group to that of the System Quality Group and that the terms of reference are in line with guidance.
Figure 9 indicates the quality oversight framework in place during Q1 2022/23.

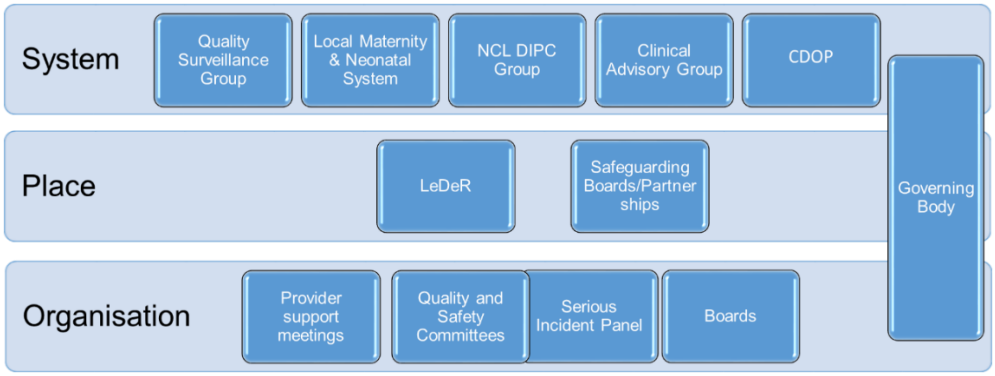


Figure 9: NCL CCG's Quality Framework

The roles and responsibilities of the Quality Directorate now and in the future, are to ensure that there are systems and processes in place to provide assurance to the Quality and Safety Committee, and the CCG's Governing Body/Integrated Care Board.

The Quality team are committed to continue to build on the solid foundations put in place during 2021/22 and Q1 of 2022/23 and will further develop the Quality vision, strategy and framework to support effective quality assurance and oversight in the Integrated Care Board.

Care Quality Commission (CQC)

Table 3 indicates the current CQC overall ratings for the main providers where care is commissioned by NCL CCG. It denotes acute, mental health and community providers. There have been no changes during Q1 of 2022/23

Acute providers

Trust	CQC inspection date	Overall rating
University College London Hospital	December 2018	Good
Royal Free London	May 2019	Requires Improvement
North Middlesex University Hospital	October 2019	Requires Improvement
Whittington Health	March 2020	Good
Moorfields	March 2019	Good
Great Ormond Street Hospital	January 2020	Good
Royal National Orthopaedic Hospital	March 2019	Good

Table 3

For our acute providers, all (with the exception of Moorfields) received a rating of 'Requires Improvement' for the 'Safe' domain, and all were rated 'Good' or 'Outstanding' for the 'Caring' domain.

Mental health providers

Trust	CQC inspection date	Overall rating
Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)	October to December 2021	Good
Camden and Islington Foundation Trust	June 2020	Good
Tavistock and Portman NHS Foundation Trust	November 2018	Good

Table 4

All three providers retained a CQC rating of 'Good', however, focused inspections were undertaken at BEH MHT and Tavistock and Portman that resulted in intensive support from commissioners.

Community providers

Trust	CQC inspection date	Overall rating
Central London Community Healthcare NHS Trust	June 2020	Good
Central North West and London NHS Foundation Trust	June 2019	Good
Whittington Health NHS Trust	March 2020	Outstanding

Table 5

All community providers commissioned by NCL CCG were inspected by the CQC over the last two years and rated 'Good', with the exception of Whittington Health, which was rated 'Outstanding'.

Targeted support

In Q1 of 2022/23, NCL CCG provided targeted support to three of our providers, following unannounced service inspections by the CQC.

Royal Free Maternity Services were inspected on the domains of 'Well Led' and 'Safe' in October 2020 and were rated 'Inadequate'. The Trust developed a large scale improvement plan and targeted support was provided and a further inspection in June 2021 demonstrated improvement in that the trust had comprehensively responded to the regulatory breaches. The targeted support remains in place to ensure improvements are sustained.

Following publication of the North Middlesex University Hospital CQC sickle cell inspection report on 4 February 2022, the CQC action plan has been shared with commissioners and regular progress updates are provided at the NMUH Quality Committee which has commissioner representation. Commissioners also recently met with senior managers in the Medical and Urgent Care Division to discuss progress of the targeted sickle cell improvement work streams. Overall, progress was noted, although recruitment of the specialist medical and nursing workforce was noted as a critical factor to the success of the service and plan. Commissioners acknowledged the work the Trust is undertaking to mitigate these workforce risks and support has been offered via the North Central London Red Cell network.

The Tavistock and Portman continue to work through their action plan, following an announced focused inspection of the Gender Identity Development Service (GIDS) in October and November 2020 by the CQC who rated the service as 'Inadequate'. The GIDS service is directly commissioned by NHS England, who are responsible for monitoring the Trusts progress against the action plan and the transformational work currently underway within the service, supported

by the quality team within NCL CCG. The CQC hosted two Quality Summits, one in May 2021 and the second in October 2021, with the Trust and other key stakeholders, including the specialised commissioning team at NHSE/I, NCL CCG colleagues and the nursing directorate responsible for oversight of quality and patient safety within specialised commissioning. The CQC was satisfied with the work and progress made by the Trust to date and a further quality summit planned for summer 2022.

Primary care

There are 181 GP practices across NCL. The table below outlines the number per borough and the latest CQC ratings.

CQC ratings					
Borough	**Practice No**	**Outstanding**	**Good**	**Requires improvement**	**Inadequate**
Barnet	51	0	49	2	0
Camden	33	0	31	2	0
Enfield	46	0	29	2	0
Haringey	35	1	30	1	2
Islington	32	0	29	2	0

Table 6 Source: June 2022 Primary Care Commissioning Committee report

In NCL 86% of GP practices have been rated as 'Good'. There is one practice rated as 'Outstanding', the first to achieve this status in NCL. Each borough, with the exception of Haringey has two practices that 'Require Improvement' (nine in total across NCL) and Haringey has two that are rated 'Inadequate'.

Practices with a 'Requires Improvement' or 'Inadequate' rating from the CQC are subject to both CQC action and remedial action by the CCG, through the primary care medical services contract. The CCG also provides improvement support to those practices through its medicines management, quality and commissioning and contracting teams. For 'Requires Improvement' practices the CCG undertakes an assessment and determines whether an improvement plan is required or whether to issue a contractual Remedial Notice. For 'Inadequate' practices a Remedial Notice is automatically issued. Once a Remedial Notice has been issued the practice is required to produce, within 28 days, a list of remedial actions it will or has taken. The practices will be held to account for delivery of the plans and actions by the CCG. The CQC will separately

hold the practice to account for delivery of regulated activity. Where a practice fails to resolve the issues the CCG issues further remedial notices. If a practice remains in breach of contract and the CCG has patient safety concerns the matter is referred to the CCG's Primary Care Commissioning Committee to consider further contractual acton and/or termination of the contract.

Hospices

Trust	CQC inspection date	Overall rating
Marie Curie Hampstead	March 2017	Good
North London Hospice	December 2016	Good
St Joseph's	October 2016	Good
Haven House	April 2020	Good
Richard House	September 2016 October 2021 (focus visit)	Good
Noah's Ark	January 2017	Good

Table 7

All of the hospices are currently rated overall as 'Good'.

Termination of pregnancy services (ToPS)

Organisation	CQC inspection date	Overall CQC rating
Marie Stopes	December 2018	Good
British Pregnancy Advisory Service	March 2020	Good
National Unplanned Pregnancy Advisory Service (NUPAS)	Registered December 2018 at Kingston site,	Not yet inspected

Table 8

Care homes

Borough	Number	Outstanding	Good	Requires improvement	Inadequate
Barnet	80	1	69	8	2
Camden	10	0	6	4	0
Enfield	76	2	63	11	0
Haringey	31	0	29	2	0
Islington	16	1	13	2	0

NCL Total	213	4	180	27	2

Table 9 CQC website latest ratings 17 June 2022: Using CQC data | Care Quality Commission

Table 9 above shows the current CQC ratings for all care homes in NCL. The local authorities and NCL CCG work collaboratively to ensure ongoing monitoring and support improvements in poorly performing care homes. This information is available on the CQC website and reflects the latest published ratings as at 17 June 2022. Any provider where there are significant concerns or there is a risk to the health and wellbeing of residents is managed via the local authority's provider concerns processes which the CCG has safeguarding and quality input.

Quality and safeguarding team priorities in Q1 2022/23

With the transition of the CCG to becoming an Integrated Care Board (ICB) the team continued to focus on the priorities that were agreed within the team and wider partners as in figure 9;

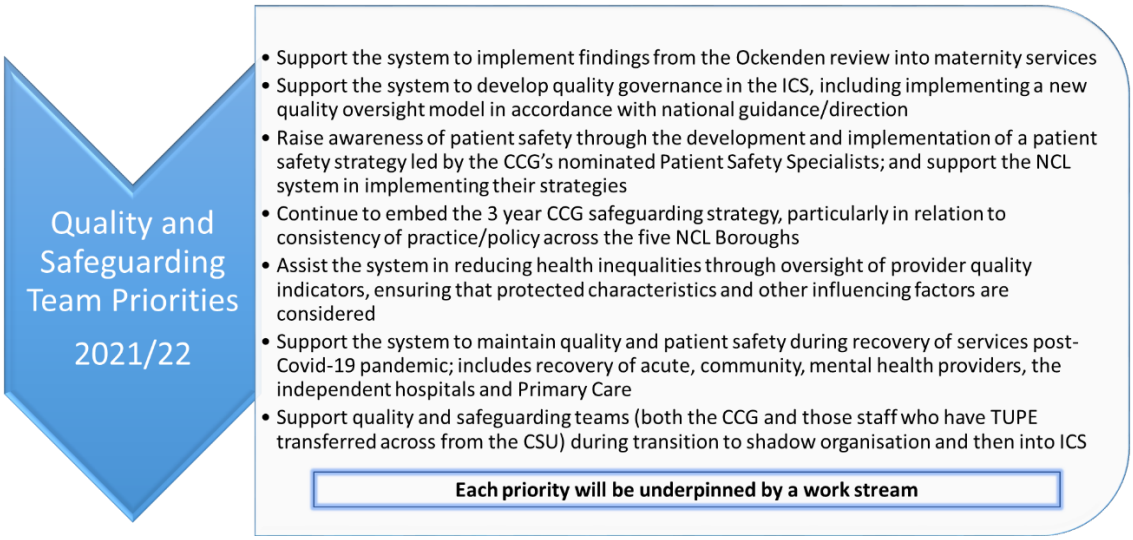


Figure 9: Quality team priorities 2021/22

The key focus has been on the priorities of;

1. Supporting implementation of the findings from the Ockenden Review into Maternity services;
2. Supporting the transition of the CCG to becoming an ICB and ensuring that all required elements are in place; and
3. System implementation of Patient safety strategy.

Priority achievements

Below are key updates for the Quality and Safeguarding team priorities for Q1 of 2022/23; details relating to supporting the system to develop quality governance in the Integrated Care System

(ICS) are included in Part 2: Quality governance in NCL CCG in Q1 of 2022/23 section page 23. The Safeguarding Strategy update is provided in the main safeguarding section from page 39

Maternity – Ockenden review

In Q1 the Local Maternity and Neonatal System (LMNS) team have continued supporting each of our four maternity providers across NCL. All our providers submitted their evidence of compliance against the seven Immediate and Essential Actions (IEAs) set out in the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020 (the Ockenden interim report), to the regional midwifery team at NHSE for peer review.

The regional maternity team within NHSE/I will be undertaking a series of assurance visits to all maternity providers across London from May – September 2022.

The final report into Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published end of March 2022. The report set out 15 Immediate and Essential Actions (IEAs), expanding on the seven IEAs issued in the first report:

1. Workforce planning and sustainability;
2. Safe staffing;
3. Escalation and accountability;
4. Clinical governance –leadership;
5. Clinical governance –incident investigations;
6. Learning from maternal deaths;
7. Multidisciplinary training;
8. Complex antenatal care;
9. Pre-term birth;
10. Labour and birth;
11. Obstetric Anaesthesia;
12. Postnatal care;
13. Bereavement care;
14. Neonatal care; and
15. Supporting families.

The LMNS will continue to support each of our maternity providers to ensure that they are compliant with the extended IAEs in the final report as well as the findings from the Kirkup report into East Kent Maternity Services that is due for publication later this year.
NHS England ongoing equality and diversity incorporated within NCL ICB aims to do the following.

1) Improve the clinical outcomes and experiences of women from a Black Asian Mixed and Minority Ethnic (BAME) background and vulnerable groups.
2) Improve the experience of staff from the BAME population group.

In line with this the LMNS undertook a gap analysis in Q4 of 2021/2022 and is working towards completion of the associated action plan which will be submitted to NHSE/I by September 2022. The LMNS equality and equity action plan is closely aligned with the overarching strategic objectives of the NCL ICB that focus on improving outcomes and reducing health inequalities within the local population. The reduction of maternal and neonatal health inequalities and assurance of equity in NHS service provision is set out in the NCL *Start Well* programme, which aims to respond to the clear calls to action set out in the NHS Long Term Plan and the Ockenden Report.

Locally the NCL LMNS are undertaking the following actions to reduce inequality and promote the experience of women from Black, Asian, Mixed and Minority Ethnic backgrounds and vulnerable groups accessing maternity care.

1) Conducting a maternity CEQUIN linked to the provision of continuous care for women from Black, Asian, Mixed and Minority Ethnic backgrounds and vulnerable groups to improve their outcomes and experiences of local maternity care.
2) NCL LMNS have provided funding and created a role for a Research Midwife to undertake a clinical audit with the support of clinical academic partners in response to increased stillbirth rate in the local Haringey Borough. Haringey had the highest rate of stillbirth with 6.3 per 1,000 population between 2018-20 which is currently highest in London and above the national average.
3) The funded research post will focus on a deep dive into local stillbirth data working closely with NHS Trusts. The work will engage with local communities through focus groups in a bid to seek understanding of their experience of maternity care.
4) The LMNS is also financially supporting local NHS Trusts to ensure the standardisation and implementation of high-quality translation services within maternity services.

Patient safety specialists

The National Patient Safety Specialist Priorities were launched in April 2021 and patient safety specialists have been asked to prioritise the local implementation of the key areas from the NHS Patient Safety Strategy. A number of these are focused on acute care however, NCL Patient Safety Specialists have been working on the following priorities:

- Just culture. We have reviewed the NCL CCG survey results regarding the safety culture and met with the Organisational Development team to discuss how we can be involved as patient safety specialists, for example inputting into the questions in the interim Pulse Surveys. Key to positive responses to the patient safety questions in the staff survey is ensuring staff have the opportunity to understand what patient safety is and how they can be involved, so that these questions can be answered with a solid foundation of knowledge. We delivered a patient safety learning event in May 2022, and are continuing to encourage staff to undertake Patient Safety Syllabus training and make this available on workforce.
- Supporting NCL Primary Care teams' transition from the National Reporting and Learning System (NRLS) to the new 'Learn from patient safety events' (LFPSE) service for recording patient safety events, following the launch in July 2021. We have attended primary care and general practice meetings and provided regular updates and information via the GP website and newsletters. Several GP practices have also reached out to us for advice and support in using and promoting the new system.
- The Patient Safety Incident Response Framework (PSIRF), which will replace the current Serious Incident framework, is expected to be published in June 2022. This will be a significant piece of work for system partners. In preparation for this, and other patient safety activities in 2022, we initiated an NCL Patient Safety Network Forum, which meets every six-weeks. All providers have been invited and attendance has been good, with robust discussions taking place. As agreed by all attendees in February 2022, this forum is led by the CCG and acts as a conduit to disseminate information from the national and regional patient safety teams, as well as to discuss current challenges, concerns and successes.
- As part of implementation of the Framework for Involving Patients in Patient Safety planning is underway to recruit two patient safety partners to join relevant committees of the Integrated Care Board once established.
- Patient safety education and training - Patient Safety Syllabus training levels 1 and 2 went live in December 2021 and we have encouraged all CCG staff and primary care to take up the training via the GP website news, updates and an all staff patient safety event.

- National patient safety improvement programmes - we are working with UCL Partners' patient safety collaborative team to support their work with providers on the national patient safety improvement programmes. The recent announcement that the Patient Safety Collaborative will be providing key support to providers and CCGs in the implementation of PSIRF should also raise the profile of the collaborative role and the support they can offer to trusts. UCL Partners are also members of the NCL Patient Safety Network Forum.

Infection prevention and control

Methicillin-Resistant Staphylococcus Aureus (MRSA)

This bacterium is a strain of *Staphylococcus aureus (S. aureus)* that commonly colonises human skin and mucosa without causing any problems. However, it can also cause disease and severe illness if it enters the body through broken skin or a due to poor practice during an invasive procedure. Resulting illness ranges from mild wound infections to life threatening joint infections and endocarditis.

Most strains of *S. aureus* are sensitive to common antibiotics and infections can be effectively treated. Some *S. aureus* bacteria are more resistant to commonly used antibiotics and, in particular, the antibiotic methicillin. These bacteria are classified as Methicillin Resistant Staphylococcus Aureus (MRSA) and often require different types of antibiotic to treat them. NHS England and NHS Improvement (NHSE/I) set out a national ambition to achieve zero cases of MRSA bacteraemia (blood stream infection) for all CCGs and hospitals. For each case of MRSA bacteraemia, hospitals are required to complete a Post Infection Review (PIR) to identify the possible causes of the infection and associated learning to prevent a recurrence. We continue to work with the infection prevention and control (IPC) teams and system partners to achieve zero cases of MRSA bacteraemia (blood stream infection) across North Central London to implement the learning from these reviews.

The numbers below have been reported (data to Q1 of 2022/23 to 17 June 2022):

Organisation Name	Total number of cases 2020/21	Total number of cases 2021/22	Total number of cases Q1 2022/23
NHS NORTH CENTRAL LONDON CCG	24	18	3

Table 10: MRSA bacteraemia attributed to NCL CCG Q1 2022/23, 21/22, 2020/21

MRSA bacteraemia attributed to acute Trusts within North Central London CCG for period 1 April 2022 to 17 June 2022

Organisation Name	Total No
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	1
ROYAL FREE LONDON NHS FOUNDATION TRUST	0
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	0
WHITTINGTON HEALTH NHS TRUST	0

Table 11: MRSA bacteraemia attributed to acute trusts within NCL Q1 (to 17 June 2022)

Clostridium Difficile (C. diff)

Clostridium difficile, also known as *C.diff*. is a bacterium that can infect the bowel, causing diarrhoea, and can be exacerbated by the use of certain antibiotics. In order to reduce the number of these infections, NHSE/I sets out reduction targets every year for providers and CCGs, measuring how many *C.diff*. infections are diagnosed and attributed to the organisation. NHSE/I did not set *Clostridium difficile* reduction targets for 2020/21. However, the expectation was that all trusts would continue to report all cases of *Clostridium difficile* to the United Kingdom Health Security Agency (UKHSA), formally known as Public Health England, and carry out a Root Cause Analysis (RCA) to establish if a lapse in care had occurred.

The NHS Standard Contract 2022/23 includes quality requirements for NHS trusts and NHS foundation trusts to minimise rates of both *Clostridium difficile* and of Gram-negative bloodstream infections to threshold levels set by NHS England and NHS Improvement. Table 12 below therefore includes thresholds set for our acute providers in NCL. These are for healthcare-associated cases only.

In 2021/22 and Q1 of 2022/23, the figures below have been reported up to June 17 2022. Current trends in C. diff cases Clostridioides es show a reduction in hospital onset cases and an increase in community onset cases. On aggregate, the current rate suggests an increase in the trend compared to the previous year.

Organisation Name	Total no of cases 2020/21	Total no of cases 2021/22	Total number of cases Q1 2022/23
NHS NORTH CENTRAL LONDON CCG	281	218	60

Table 12: Clostridium difficile attributed to NCL Q1 2022/23 and 2020/21 & /2021/22

Organisation Name	Threshold for 2021/22	Total no of cases 2021/22	Total no of cases Q1 2022/23
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	37	17	4
ROYAL FREE LONDON NHS FOUNDATION TRUST	79	56	11
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	78	71	17
WHITTINGTON HEALTH NHS TRUST	10	14	2

Table 13: Clostridium difficile attributed to acute trusts within NCL 2021/22 and Q1 2022/23

COVID-19 infection prevention and control (IPC)

The incidence of Covid-19 reported has continued to decline, resulting in a continued decrease in the numbers of patients with Covid-19 occupying in-patient beds across NCL.

The UK Health Security Agency (UKHSA) published their revised UK Infection Prevention & Control (IPC) guidance in April 2022, setting out key changes in relation to screening, isolation and social distancing. These changes signal a step in the transition back to pre-pandemic IPC measures.

NCL Director of Infection Prevention and Control (DIPC) Forum

The DIPC forum was established in May 2020 and consists of DIPCs from acute, community mental health, independent sector, primary care and directors of Public Health across NCL, and our GP Clinical Lead for IPC. It is chaired by the Chief Nurse of North Middlesex University Hospital, who is the lead for IPC in the NCL Integrated Care System (ICS).

The remit of the group is to keep our local approach under constant review, aligned with the latest national IPC and other guidance, such as antimicrobial stewardship. The NCL Director of Infection Prevention and Control (DIPC) forum meetings continue, focusing on a system approach to implementation of the latest guidance and implementation of other IPC work, such as, antimicrobial stewardship to address global concerns regarding resistance to antibiotics.

In Q1 2022 the DIPC forum:

- Contributed to the London Infection Prevention and Control ('IPC') reference group on the development of the guidance for respiratory infections and agreed a North Central London approach to implementing the guidance;

- Agreed a North Central London wide approach to implementing the April 2022 Government guidance named 'Living Safely with Respiratory Infections, Including Covid-19'. This includes our Acute hospitals undertaking individual risk assessments with the expectation that they would implement the recommendations from the guidance in full;
- Discussed the Monkeypox outbreak declared in May 2022, the guidance on the management of people with Monkeypox and standing up vaccination clinics across North Central London.

Patient safety

Serious incidents and Never Events

NCL CCG strives to ensure that it meets the ambitions and vision for patient safety as stated in the NHS England and NHS Improvement NHS Patient Safety Strategy (July 2019). We aim to ensure that patients will experience harm-free care when they are using NHS-funded services.

According to the Serious Incidents Framework 2015 (NHSE/I), serious incidents are adverse events where the consequences to patients, families and carers, staff or organisations are so significant or the potential for learning is so great, that a heightened level of response is justified. Serious incidents (SIs) include acts or omissions in care that result in: unexpected or avoidable death; unexpected or avoidable injury resulting in serious harm; abuse; Never Events; incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

Never Events (NEs) are defined as serious, largely preventable patient safety incidents that should not occur if available preventative measures and protective barriers have been implemented. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.

The number of serious incidents (SIs) and Never Events declared by providers in the NCL footprint in Q1 22/23 (data correct as of 24 June 2022) is set out in Table 14 below.

	2022/23 Q1		**2021/2022**		**2020/2021**		**2019/2021**	
Provider	**SI**	**NE**	**SI**	**NE**	**SI**	**NE**	**SI**	**NE**

University College London	8	1	24	3	33	3	22	3
Royal Free London	23	1	96	1	82	4	86	6
North Middlesex	11	1	47	4	37	1	37	4
Whittington Health[1]	0	0	26	2	18	1	26	6
Moorfields Eye Hospital	1	0	6	1	3	2	5	2
Barnet Enfield Haringey	10	0	30	0	38	0	46	2
Camden and Islington	4	0	18	0	28	0	30	0
Tavistock & Portman	0	0	4	0	4	0	9	0
Total	**57**	**3**	**251**	**11**	**243**	**11**	**261**	**23**

Table 14: Number of serious incidents (SI) and Never Events (NE) over the past 3 years and Q1 2022/23

In Q1 2022/23, Royal Free reported the highest number of Serious Incidents (23), followed by North Middlesex University Hospital (11) and Barnet, Enfield and Haringey Mental Health Trust (10). There were 3 Never Events reported in Q1 2022/23. It is important to note that providers should not be compared against each other on this raw data, as their number of serious incidents and Never Events relate to factors such as the size of the organisation, bed numbers, the nature of health conditions treated and internal incident governance processes, all of which have a bearing on the numbers declared.

Accordingly, the CCG Quality team monitors metrics, such as the percentage of incidents of low, moderate and severe harm caused including no harm. Similarly, where trends are observed, these are discussed and followed up with providers via existing quality escalation routes.

Whilst the traditional route of quality assurance, via Clinical Quality Review Groups (CQRGs), has been superseded by a new model of quality oversight, the commissioner assurance process around reviewing Serious Incidents and Never Event reports has continued. London Shared Service (LSS), formerly NEL Commissioning Support Unit (NEL CSU), Patient Safety Team are commissioned to provide the quality assurance and oversight of Serious Incidents and Never Events. The CCG Quality team also contributes to this governance process and raises any additional questions or areas of assurance required from the provider.

Key points of the commissioner assurance process include:

- ensuring that the investigations' terms of reference have the right focus, that duty of candour responsibilities have been completed;
- correct identification of root cause and contributory factors;

[1] Includes community services.

- suitable and SMART recommendations and subsequent actions;
- thematic review and learning from previous incidents to prevent reoccurrence; and
- assurance that learning has been embedded.

Quality alerts

Quality alerts are a method of monitoring the quality of provider services and are issued by GPs directly to providers who, in turn, investigate and put remedial actions in place where appropriate. There is no target or benchmarking data available for quality alerts for a number of reasons, including no nationally mandated method for collecting quality alerts, varying thresholds for reporting by clinician and some circumventing of the agreed local process.

The number of quality alerts issued in 2021/22 reduced from a total of 225 in 2020/21 to 170. In Q1 2022-23 this trend continues with 47 alerts issued against 51 in Q1 2021-22.

Borough	**April**	**May**	**June**	**Total**
Barnet	1	14	5	20
Camden	4	7	2	13
Enfield	2	5	3	10
Haringey	1	0	3	4
Islington	0	0	0	0
Grand Total	**8**	**26**	**13**	**47**

Table 15: Number of GP alerts submitted per borough 2021/22

Table 16 below details the alerts per main provider across NCL. Where alerts are attributed to "other", these are for providers outside NCL or for smaller community providers where there have only been a very small number of alerts submitted.

Service provider	**April**	**May**	**June**	**Total**
BEHMHT	1	0	0	1
Inhealth	0	1	0	1
LCW (NHS 111)	0	0	1	1
NMUH	1	3	3	7

Other	0	2	1	3
RFL	2	13	0	15
RNOH	1	0	0	1
UCLH	3	5	4	12
Whittington Health	0	2	3	5
Grand Total	**8**	**26**	**12**	**46**

Table 16: Quality Alerts submitted by provider Q1 2022/23

The CCG continues to monitor and work with providers to resolve issues that arise, escalating to senior management when themes or trends emerge. In Q1 transfer of care and imaging processes are current themes as set out below:

- inappropriate transfer of care from secondary to primary care e.g. units asking GPs to re-refer rather than making consultant to consultant referrals, being asked to prescribe medication inappropriately and organise diagnostics following outpatient appointments; 12 of the 46 alerts in Q1 relate to this; and
- 8 of the 46 alerts relate to delays in imaging reports, results and discharge summaries being sent to GP practices.

Safeguarding

Q1 has seen the commencement in post of the new executive director (ICB Chief Nursing Officer) with responsibility for safeguarding who has supported the safeguarding due diligence work that has been required ahead of the transition to an ICB. To help drive improvements in the quality of safeguarding services within NCL, the CCG Safeguarding team has progressed the development and review of safeguarding related policies.

All NCL NHS provider organisations have maintained a high level of assurance in relation to safeguarding adult and safeguarding children training. Additionally assurance has been provided via reporting to the CCG and the organisations' internal safeguarding committees which have been attended by the relevant designated professionals. These internal committees provide additional assurance in relation to audit activity, safeguarding supervision compliance, the progress of any recommended actions from safeguarding learning reviews and any new cases or emerging safeguarding themes.

The designated professionals and relevant directors have continued to attend the Safeguarding Children Partnerships and Adults Board meetings across NCL and have contributed to all of the annual reports for 2021/22 as well as safeguarding audit, assurance processes and peer reviews.

NCL Safeguarding Designates have contributed to the Liberty Protection Safeguards CCG steering group in response to the government's consultation on the revised Mental Capacity Act Code of Practice. There are plans in place to respond to the consultation within the requested timescale and with the NHSE LPS readiness audit completed.

The NCLCCG safeguarding strategy is well embedded and through the due diligence process, and strategy work stream it is well placed for further development in response to changes. During this quarter there has been progress around trauma informed practice training planning, NCL wide review to Children Looked After service, implementation of specialist safeguarding supervision training to NCL Professionals. Furthermore, planning for the NCL Named GP forum in line with ICB priorities. The implementation of the statutory Child Death Overview Panel (CDOP) guidance remains a focus for the ICB in engaging partners and providers under the leadership of the Lead Nurse and CDOP team.

The safeguarding team have identified new and emerging risks based on the previous safeguarding risk register focussed on COVID lockdowns; risks of social isolation and Hidden Harm. As part of the recovery plans and with a view of business as usual Safeguarding Risks have been dynamically reviewed to understand post pandemic themes and trends.

NCL Safeguarding are embracing the journey into Integrated Care Systems, keeping safeguarding as a focal point in the transition.

LeDeR (Learning from Lives and Deaths - People with a Learning Disability and Autistic People programme)

During Q1 2022/23 the CCG continued to monitor the number of deaths in our boroughs, working with Local Authories and GP networks to share information and produce quality improvement plans to reduce avoidable deaths as a priority. In addition, using data from our local intelligence mechanisms the CCG worked with key partners to ensure better access and reasonable adjustments for people with learning disabilities and autism. The CCG is developing a new LeDeR strategy (which will be taken forward by the ICB) which tackles the key issues idenfied in patient death reviews, supported by clear action plans.

The LeDeR annual report for 2021/22 will be presented to the ICB and our partners during Q2.

Continuing Healthcare (CHC)

The Continuing Healthcare (CHC) service has continued to harmonise and standardise our operating processes across the CCG, to ensure we are delivering the National Framework for CHC and we are providing an equitable service across North Central London.

The CHC team have completed the backlog of CHC assessments which accumulated throughout the COVID epidemic and have also nearly completed all the backlog of appeals, with just 14 (18%) appeals remaining at the final stage to be completed. The team are now focusing on ensuring all patients who require a review of their care are assessed.

As part of ensuring the processes for assessing whether a resident is eligible for CHC are robust and transparent, we welcome complaints regarding process or appeals regarding the assessment outcome. The teams use any learning, to continuously improve the service we offer.

The children's continuing care teams have also commenced a project, with the support of NHSE, to explore how we can improve the transition from children and young people's services to adult services. The learning from this will be shared with other CCG's.

The CHC team continue to play a key role in the discharge of patients from hospitals to ensure people are supported to be cared for at home, or within a care facility. This is important to ensure patients receive the right care at the right time, whilst maximise the use of hospital beds.

Complex Individualised Commissioning

As part of ensuring we are fully discharging our statutory duties for our residents, we established a new Directorate to ensure that all patients who have packages of care purchased for them specifically, have a clear plan of care, the quality of care is good, and meets the individuals needs.

Figure 10

Whilst the service is relatively new, benefits are beginning to be realised both in terms of quality, safety and value for money.

Engaging People and Communities

Introduction and overview

North Central London CCG is committed to listening to and acting upon the voice of our local communities, to ensure residents and patients are the heart of what we do. We know that the services we commission are more effective when they are designed around the needs of the people we serve and we are committed to ensuring there is equitable access for our diverse population.

We recognise that certain communities face specific barriers to accessing health and social care services. Involving patients and the wider public helps to identify and address health inequalities, ensuring that services are accessible to all, thereby delivering value-for-money, as well as better outcomes.

Embedding patient and resident voice in our planning and decision making

Across 01 April to 30 June 2022, we engaged with residents and patients on a range of programmes and topics. This work is summarised below and included:

- NCL Fertility Policy – developing accessible public information to support awareness and understanding of a new single Fertility Policy which will be introduced in July 2022;
- NCL Start Well programme – the North Central London Integrated Care System is delivering the initial phase of a new long-term programme looking at hospital-based children and young people's services, maternity and neonatal services across NCL. The project captured insight from engagement activity as themed analysis for inclusion in the case for change; reports from Healthwatch, maternity voices partnerships (MVPs), national reports such as Better Births, trust patient experience information, evaluation of the paediatric temporary changes, and existing local maternity and neonatal system (LMNS) engagement with birth companions. Additional engagement work included online focus groups with themed discussions around these services, gathering feedback from the Start Well online patient panel and resident advisors to the workstreams, and running insight discussion groups, for Bengali/Syheti speakers with Hopscotch (a charity which supports minoritised ethnic women and their families) and with young people (looked after children);
- NHS111 Integrated Urgent Care (IUC) contract – engagement work to inform the CCG reprocurement of this service included: reviewing reporting patient experience data, a public survey, a broad range of stakeholder meetings including with voluntary, community and social enterprise (VCSE) organisations, and commissioning VCSE groups to run targeted focus groups;
- Long-Term Conditions Locally Commissioned Service development – undertaking a wide range of engagement activity to inform the design of a more consistent approach to long-term conditions care, including the development of a pan-NCL Long-Term Conditions Locally Commissioned Service for patients and practices (NCL LTC LCS). This included speaking at patient participation group (PPG) networks, VCSE events and meeting with provider organisations including Age UK Barnet, Camden Disability Action, Enfield Voluntary Action, MIND in Haringey and Healthwatch Islington;
- Implementation of a programme of work with NCL funding, delivered across all five place-based partnerships, focused on developing strong VCSE partnerships within each borough, raising local communities' voices, and investing in grassroots VCSE, to deliver a community asset-building programme which also tackles health inequalities;
- Working with our five local Healthwatch to develop a community-champions-style programme, supporting communities who face high health inequalities (as part of the Core20 plus5 approach) both to understand the lifestyle factors which cause hypertension, symptoms of hypertension and to support local people into hypertension services and support. We have identified community groups Healthwatch will be working with across each borough,

engagement and outreach methods, as well as training volunteers to undertake blood pressure checks;

- Health inequalities project (Islington) – building on a previous approach in Islington, the health inequalities project is focused on gathering vital insights into our most vulnerable residents' lives and their experiences of accessing health and care services and wellbeing support. The project will navigate and signpost residents to support, and will co-design community interventions with them. Commissioned through eight local, grassroots voluntary and community sector partners, the project will see engagement focus on early cancer diagnosis, chronic obstructive pulmonary disease and other respiratory diseases, as directed by inequalities data;
- Camden's PPG forum met on 30 June 2022 to discuss and feedback to the CCG on the VCSE Alliance and community engagement; the new ICB and Enhanced General Practice Access changes;
- Healthy Neighbourhood programme (Haringey) – tackling health inequalities remains a priority for the borough partnership, and the Healthy Neighbourhoods programme, with investment from the NCL health inequalities fund, is crucial to achieving this. The programme aims to improve the health, wellbeing and life chances of people living in the most deprived and diverse neighbourhoods in east Haringey. A draft participation framework has been developed, led by Public Voice and The Bridge Renewal Trust and co-produced with residents and system partners, which sets out the borough partnership's approach to co-production with residents and underpins the Healthy Neighbourhoods programme; and
- Improving mental health and wellbeing – we have invested over £800k from Public Health England, NHS Charity Foundation and NCL CCG's Inequalities and Healthy Neighbourhood funds to address endemic health inequalities, which includes expanding the role of VCSE organisations in delivering mental health support in Haringey. Initiatives such as Tottenham Talking, a partnership between BEH Mental Health Trust and Bridge Renewal Trust, will support people from BAME communities who experienced a mental health admission, with a view of providing a range of co-produced activities and training with service users to break the cycle of re-admissions.

COVID-19 vaccination programme

The COVID-19 vaccination programme has, to date, delivered over three million vaccinations in NCL. The CCG, working closely with partners, ensured all communications and engagement opportunities were harnessed to drive uptake and promote equality of access for all. This continued during April – June 2022, and delivery highlights included:

- Working closely with Muslim leadership, both in NCL and nationally, to address initial under-representation of Pakistani and Bangladeshi residents in Spring Booster uptake figures. This situation arose following the coincidence of the national offer with Ramadan. NCL CCG produced a letter to Imams, promoting the safety and efficacy of the offer, which was co-signed by leaders of several national representative Muslim bodies. The letter was used nationwide and supported our community-up strategy, which is to use trusted community voices and engage with them at an early stage to co-design the offer, with the aim to increase uptake in communities where we had observed hesitancy. Two pop-up clinics, a co-production between University College London Hospitals (UCLH) and Finsbury Park Mosque, were also successful in promoting community-focused, positive health outcomes by engaging directly with members of the mosque;
- The vaccination of healthy 5-11 year olds began in April 2022 and we continue to produce material for partners who have well-established lines of communication with parents through school leadership. As receiving this vaccine comes down to parental discretion, we will continue, over the coming quarter and beyond, to promote the benefits of the vaccine, expanding locally the regional and national drives to encourage take-up; and
- A pilot project expanding our offer of primary and booster doses to workers on several large construction sites, doing face-to-face engagement on the vaccine and a number of other relevant health matters. With Romanian being the most prominent language spoken at the construction sites, next to English, we had a Romanian healthcare professional on hand to discuss the benefits of vaccination with workers. This resulted in a number of workers being vaccinated and also registering vaccinations they had received abroad on the NHS system.

Winter resilience programme

Throughout 2021/22, the ongoing pandemic meant that local NHS services experienced significant and sustained pressure. As such, a key priority for the CCG was to help residents and patients to remain confident that the NHS was still ‘open’ and here to help. To support this, we ran an integrated, system-wide programme of communications and engagement across the second half of the year (details which can be found in the full 2021/2022 Annual Report and Accounts).

As part of the campaign, the CCG commissioned a lead voluntary and community sector organisation in each borough to support targeted conversations and activities with specific groups and communities who we know experience the most barriers to accessing services. Each

lead provider worked with and sub-contracted other voluntary and community sector groups, including all five NCL Healthwatch organisations, to help deliver this work collaboratively.

Each commissioned organisation collected a range of data to support the evaluation, including the number of people directly engaged with, the number of people successfully supported to get vaccinated, and the number of people signposted to further information and health and wellbeing support or care. Demographic information of those engaged with was also shared, as well as insight about any barriers that communities are experiencing in accessing health care. We have been sharing learnings about how the programme was commissioned so that we can apply those learnings to any future programmes. Insight from the programme is being incorporated into our thinking and commitment to create an NCL insight bank and we are continuing to work with Healthwatch and our VCSE partners to action what we have heard. A full end of campaign evaluation report will be published on our website.

Our Public and Patient Engagement and Equalities Committee

This committee was chaired by our Governing Body Lay Member for Patient and Public Engagement and included Healthwatch representation and two community members (further information on this role is included below). This CCG committee met for the final time in June 2022 and was responsible for assuring the Governing Body that our statutory duties to engage effectively with patients and the public were being met. It oversaw CCG compliance with the Public Sector Equality Duty (PSED) and adherence to Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Equality Delivery System requirements. The Committee met in June 2022 and discussed the future NCL Integrated Care Board strategies – *Working with People and Communities* and *Working with our VCSE.*

Ian Bretman, Governing Body Lay Member – Public and Patient Engagement, and Chair of the committee:

"The support of the Healthwatches in each of our five boroughs, from local authority partners and from patient groups has been invaluable and many of those partners have commended the CCG for its work in reaching out to all parts of the community, engaging pro-actively and earlier in programmes, and listening and responding better to residents and service users.

More importantly, the experience of the past couple of years has laid solid foundations for engagement and involvement to be further strengthened in the new Integrated Care System and borough-based partnerships, as our stakeholders feel that their voices are being heard and that they have real influence in designing the health and care services of the future."

Working together as the North Central London Integrated Care System

The North Central London Integrated Care System (NCL ICS) is committed to supporting residents to start well, live well and age well, and to delivering the ambitions set out in the NHS Long Term Plan (2019). The formation of the ICS provides an opportunity to accelerate and strengthen how we collectively listen to and collaborate with residents, service users, carers, families and local communities, to achieve this. A number of important steps have been taken to ensure resident and communities are heard and that their voices shape future priorities and plans:

Establishing the NCL Community Partnership Forum (CPF)

The Forum has evolved from the existing Engagement Advisory Board for the NCL Sustainability and Transformation Partnership (STP). Membership includes the ICS Chair, VCSE partners and Alliance, local authorities, Healthwatch, public participants, people with lived experience and partners from across the ICS. The Forum will have a critical role in ensuring effective community and citizen participation in the work of the wider ICS. The aim is for it to be an active expert reference group, as well as a forum for discussion and debate on emerging proposals and strategies.

Establishing the NCL VCSE Alliance

The Alliance was formed in 2021/22, with the five VCSE umbrella organisations plus a representative organisation from each borough for mental health, homelessness, disability, deprivation and refugee and migrant communities. We are working with the Alliance to ensure the voice of the VCSE is heard within NCL ICS – to inform our development and act as a facilitator between place-based partnership VCSE and NCL ICB and ICS. Over the last year we have co-developed the Working with our VCSE strategy, which lays out our commitments for working with the sector.

We have taken steps to practically embed the Alliance within the ICB, including meeting monthly and have developed our Terms of Reference. Alongside this, we are taking part in a King's Fund development programme, exploring how we can embed the VCSE in our ICB.

Developing our 'Working with People and Communities', and 'Working with VCSE' strategies

During 2021/22, a co-production approach was taken to developing two strategies for the future Integrated Care Board (ICB) – with CCG commissioners, our five place-based partnerships), joint commissioners, local authorities, and colleagues from VCSE. Drafts were brought to a range of committees and forums, including the five VCSE forums across each borough. Additionally, over the last two years we have had open conversations with local people around what health and wellbeing means to them, what they want from services, and the impact of the pandemic. These conversations have directly informed and fed into the foundations of these strategies.

There is strong support for the aims, principles and approaches set out in both strategies – and for us to be ambitious in our system approach to working with our communities and VCSE partners. The strategies represent a shift towards more community participative and community power approaches, and to taking a more long-term investment approach.

While these set a strategic approach at an NCL level, much of this activity will be delivered at neighbourhood and place level. This will build on existing best practice, in particular the experience of our local authorities, and around the borough partnerships in each borough. The strategies set out ambitions for the long-term. Year 1 delivery plans for 2022/23 are in development and will be aligned with work planned by the five borough partnerships. An important element of the delivery of plans will be setting clear evaluation and outcome measures to demonstrate impact.

Developing an NCL Community Action Research Programme

The CCG-funded Community Action Research Programme is rooted in the principles of raising local communities' voices, and investment in grassroots VCSE and communities, alongside supporting local communities to access the health and wellbeing support they need through key navigation and signposting, and co-designed community interventions.

The programme originated in Islington in 2014, and in 2021/22 work began to develop the model within each borough partnership. Through this model, we will gather vital insight into our communities' lives, and their lived experiences of accessing health and care services and wellbeing support, to underpin ICS and borough partnership priorities and decisions.

The programme will support a systematic approach to working with our local communities and collating and evaluating local communities' experiences. It includes a VCSE partnership in each

borough, with a lead facilitating organisation and a range of other grassroots VCSE organisations. Outcomes for the 2022/23 programme will span:

- Research of the lived experience of our local communities: their needs, skills and assets to inform, shape and design ICS work programmes;
- Upskilling VCSE organisations through peer training on the local NCL health and social care system;
- Navigation: supporting local communities to access statutory services and a range of health and wellbeing borough-based support and information; and
- Community capacity building / co-designing community interventions: offering hands-on interventions so that local communities can access the support that they identify they need. The impact of these interventions is measured via a wellbeing intervention measure (assessing how a person's confidence has increased).

Looking ahead to Q2 of 2022/23

The COVID-19 pandemic has had a significant impact on the health and wellbeing of many living in our boroughs, and has exacerbated health inequalities in under-served communities. However, it has also underlined the power that local people and communities have to support each other, and highlighted the unique and vital role that VCSE organisations play.

The current statutory duties of NCL CCG relating to public involvement will be retained by the NCL Integrated Care Board (ICB) from 1 July 2022 onwards. There is strong commitment to building on the foundations laid by NCL Clinical Commissioning Group (CCG), our local authorities and NHS trusts, to both expand and continue to improve our approach to community engagement. The 'Working with People and Communities', and 'Working with VCSE' strategies set out a variety of mechanisms designed to facilitate community empowerment and support the development of VCSE as a key strategic partner of the ICS.

We are continuing to produce a number of policies and guides to support our commissioning teams and staff when working with our communities. Our engagement and consultation guides are available to all staff and we will shortly be publishing our new Reimbursement Policy to support fair and equitable inclusion of local people and communities in our work. This year we will be offering information and support sessions for staff around engagement, consultation and working well with our VCSE.

The ICB, as a partner within the NCL Integrated Care System, is committed to delivering the ICS aim of helping residents to start, live and age well. This more holistic perspective on communities' lives recognises that a range of wider determinants have a significant impact on individuals' health, wellbeing and life chances, and emphasises the importance of taking a strength-based approach to motivate and support people to make changes themselves, e.g. enabling self-care or being more physically active.

We also know we could do more to encourage some people, often from under-served communities or groups, to access services earlier and before a crisis such as a hospital attendance or admission. The reasons for this are wide-ranging and complex, but we know we need to improve equity of access, outcomes and experience. Through listening to and working with local communities, plus partnering on programmes with our VCSE, we can take a more holistic view of communities' needs and skills and address these needs. This is crucial to building sustainable and thriving communities.

An important focus will be how we work with people and communities within the five place-based partnerships in our five boroughs; Barnet, Camden, Enfield, Haringey and Islington. These partnerships strengthen the role of our key sectors – NHS, local authorities and VCSE - as civic leaders in championing community power: proactively promoting community engagement and involvement and building social capital through a range of mechanisms such as ensuring individuals' voices are heard and listened to, and the co-production of services and solutions.

All partners across the ICS have responsibilities to engage and work with their local residents and patients. We will continue to work in partnership to ensure we make best use of our resources and to align how we engage with our local communities. This work is an integral part of our ongoing commitment to deliver improved health outcomes for North Central London patients and residents.

Reducing Health Inequalities

Work of the NCL Communities Team

At the start of 22/23, the Communities team has been leading a piece of work to improve our approach to digital inclusion. We want to optimise as far as possible the number of people at risk of digital exclusion who are able to successfully and consistently access organisations' digital solutions across NCL and beyond to support their health, well-being, independence and life

chances. This will sometimes mean working with people to improve their general access to, knowledge and skills in a digital environment.

Our objectives in the Organisational Digital Inclusion Workshop were:

- Test an approach to digital inclusion the NCL Digital Board has developed in conjunction with others, including starting to understand the needs of individuals and our response;
- Learn and share what your organisation is already doing or planning to do in response to the challenge of digital exclusion amongst your patients or residents;
- Network with other colleagues facing the same issues and develop solutions together.

This was the first of a set of workshops – we are in the process of setting up Digital Inclusion Resident and Patient Groups to ensure we engage with issues that are important to individuals and groups and test and coproduce solutions with them:

- Our approach is therefore collaborative and included all of our acute, community and NHS Trusts, CCG and Councils in North Central London;
- Our approach and framework to take forward planning to address digital inclusion in a joined up way within individual organisations, across boroughs and NCL was endorsed by participants – and we are on track to develop plans and activities to address digital inclusion during 2022/23.

In Q1 of 2022/23, Wellbeing Connect Services and Edmonton Community Partnership #WhatIf community events (funded by the inequalities fund) have taken place. Three community outreach events are intended to raise awareness about the mental and emotional effects of the Covid 19 pandemic:

- Residents, Community Champions, Young people, IAPT, North Middlesex University Hospital, Barnet Enfield & Haringey Mental Trust, and My Young Mind Enfield joined events across Edmonton, each attended by between 100-200 people. The event promotes physical exercise as a tool for promoting positive mental and emotional well-being by using music such as Pop and Afro-beats.
- In addition, to raising awareness of the impact of stigma on the mental health of individuals and communities alike; we facilitate and enable open discussions about mental health issues in the heart of the community and signposted residents to local mental health support services, where needed.
- The expected outcomes for the overarching partnership between Edmonton Community Partnership and Wellbeing Connect Services #WhatIf project are as follows:

- Increased engagement;
- Improved mental health and well-being;
- Improved relationships;
- Reduced violence;
- Improving behaviour; and
- Improve attainment.

Health and Wellbeing Strategy

During Q1 of 2022/23, NCL CCG continued to be an active member of the five Health and Wellbeing Boards (HWBBs) in North Central London. The first formal meetings, for 2022/23, of the five respective Boards took place between 28 June and 14 July 2022.

The CCG is represented on each of the five boards by the CCG's Executive, two locally elected Governing Body GPs and the local Director of Integration. NHS provider colleagues are also widely represented as voting members and attendees.

Each of the five boroughs has a live health and wellbeing strategy, which covers the key priorities for health and wellbeing in the borough and is endorsed by health partners. Through Q1 of 2022/23, the CCG has continued to work with council officers and elected members to align the objectives in the health and wellbeing strategies, with the plans and priorities being progressed by each local borough partnership. HWBBs have continued to be engaged in the development of the NCL ICS and the role of place-based partnerships.

ACCOUNTABILITY REPORT

Frances O'Callaghan

Chief Executive Officer

26th June 2023

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations. It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during April, May, June 2022, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration policies for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members Report

North Central London CCG is a corporate body (a legal entity) and as at 30 June 2022 there were 181 Member Practices, which are GP Practices in the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington. The practices are organised into primary care networks (PCNs).

Member practices

The CCG's member practices are set out below.

Borough	Practice Name	Primary Care Network
Barnet	Oak Lodge Medical Centre	PCN 1D
Barnet	Jai Medical Centre	PCN 1D
Barnet	Wakeman's Hill Surgery	PCN 1D

Barnet	Mulberry Medical Practice	PCN 1D
Barnet	Colindale Medical centre	PCN 1D
Barnet	Hendon Way Surgery	PCN 1D
Barnet	The Everglade Medical Practice	PCN 1W
Barnet	Watling Medical Centre	PCN 1W
Barnet	Parkview Surgery	PCN 1W
Barnet	Deans Lane Medical Centre	PCN 1W
Barnet	The Clinic (Oakleigh Rd North)	PCN 2
Barnet	St Andrews Medical Practice	PCN 2
Barnet	The Village Surgery	PCN 2
Barnet	The Surgery (Colney Hatch Lane)	PCN 2
Barnet	Friern Barnet Medical Centre	PCN 2
Barnet	East Barnet HC (Monkman)	PCN 2
Barnet	Brunswick Park Medical Practice	PCN 2
Barnet	Lichfield Grove Surgery	PCN 3
Barnet	Squires Lane Medical Practice	PCN 3
Barnet	The Speedwell Practice	PCN 3
Barnet	The Old Courthouse Surgery	PCN 3
Barnet	Cornwall House Surgery	PCN 3
Barnet	Longrove Surgery	PCN 3
Barnet	Torrington Park Group Practice	PCN 3
Barnet	Wentworth Medical Practice	PCN 3
Barnet	Derwent Medical Centre	PCN 3
Barnet	Addington Medical Centre	PCN 3
Barnet	East Finchley Medical Practice	PCN 3
Barnet	Mountfield Surgery	PCN 3
Barnet	Rosemary Surgery	PCN 3
Barnet	Gloucester Road Surgery	PCN 3
Barnet	Woodlands Medical Practice	PCN 3
Barnet	Millway Medical Practice	PCN 4
Barnet	Penshurst Gardens	PCN 4
Barnet	Langstone Way Surgery	PCN 4
Barnet	Lane End Medical Group	PCN 4
Barnet	Greenfield Medical Centre	PCN 5
Barnet	St George’s Medical Centre	PCN 5
Barnet	Pennine Drive Surgery	PCN 5
Barnet	Ravenscroft Medical Centre	PCN 5
Barnet	Phoenix Practice	PCN 5
Barnet	Hillview Surgery	PCN 5
Barnet	Dr Azim & Partners	PCN 5
Barnet	Cricklewood Health Centre	PCN 5
Barnet	Heathfielde	PCN 6
Barnet	PHGH Doctors	PCN 6

Barnet	Supreme Medical Centre	PCN 6
Barnet	The Practice @ 188	PCN 6
Barnet	Adler & Rosenberg (682 Finchley Road)	PCN 6
Barnet	Temple Fortune Health Centre	PCN 6
Barnet	Hodford Road Surgery	PCN 6
Camden	Ampthill Practice	Central Camden
Camden	The Regents Park Practice	Central Camden
Camden	Ridgmount Practice	Central Camden
Camden	Bloomsbury Surgery	Central Camden
Camden	Brunswick Medical Centre (AT Medics)	Central Camden
Camden	Kings Cross Surgery (AT Medics)	Central Camden
Camden	Swiss Cottage Surgery	Central Camden
Camden	Somers Town Medical Centre (AT Medics)	Central Camden
Camden	Camden Health Improvement Practice (CHIP) (AT Medics)	Central Camden
Camden	Primrose Hill Surgery	Central Hampstead
Camden	Grays Inn Road Medical Centre	Central Hampstead
Camden	Fortune Green Practice	Central Hampstead
Camden	Cholmley Gardens Medical Practice	Central Hampstead
Camden	Daleham Gardens Health Centre	Central Hampstead
Camden	Belsize Priory Medical Practice	Central Hampstead
Camden	Prince of Wales Group Practice	Kentish Town Central
Camden	Caversham Group Practice	Kentish Town Central
Camden	Parliament Hill Surgery	Kentish Town Central
Camden	James Wigg Practice	Kentish Town South
Camden	Queens Crescent Surgery	Kentish Town South
Camden	Park End Surgery	North Camden
Camden	Hampstead Group Practice	North Camden
Camden	Adelaide Medical Centre	North Camden
Camden	Brookfield Park Surgery	North Camden
Camden	The Keats Group Practice	North Camden
Camden	Holborn Medical Centre	South Camden
Camden	The Museum Practice	South Camden
Camden	St Philips Medical Centre	South Camden
Camden	Gower Street Practice	West and Central
Camden	Brondesbury Medical Centre	West and Central
Camden	Abbey Medical Centre	West Camden
Camden	West Hampstead Medical Centre	West Camden
Camden	Medicus Select Care (SAS) Bingfield Primary Care Centre	Enfield Unity PCN
Enfield	Keats Surgery	Edmonton PCN
Enfield	Latymer Road Surgery	Edmonton PCN
Enfield	Edmonton Medical Centre	Edmonton PCN
Enfield	Boundary House	Edmonton PCN

Enfield	Angel Surgery	Edmonton PCN
Enfield	Ordnance Unity Centre for Health	Enfield Care Network PCN
Enfield	White Lodge Medical Practice	Enfield Care Network PCN
Enfield	Rainbow Surgery	Enfield Care Network PCN
Enfield	Boundary Court Surgery	Enfield Care Network PCN
Enfield	Grovelands & Grenoble Gardens	Enfield Care Network PCN
Enfield	East Enfield Surgery	Enfield Care Network PCN
Enfield	Chalfont Surgery	Enfield Care Network PCN
Enfield	Evergreen Surgery	Enfield Care Network PCN
Enfield	The Woodberry Practice	Enfield South West PCN
Enfield	Bincote Surgery	Enfield South West PCN
Enfield	North London Health Centre	Enfield South West PCN
Enfield	Morecambe Surgery	Enfield South West PCN
Enfield	Arnos Grove Medical Centre	Enfield South West PCN
Enfield	Gillan House Surgery	Enfield South West PCN
Enfield	Medicus Health Partners	Enfield Unity PCN
Enfield	Eagle House Surgery	Enfield Unity PCN
Enfield	Cockfosters Medical Centre	Enfield Unity PCN
Enfield	SouthgateSurgery	Enfield Unity PCN
Enfield	Highlands Practice	Enfield Unity PCN
Enfield	Bounces Road Surgery Forest PCC	Enfield Unity PCN
Enfield	Nightingale House Surgery	Enfield Unity PCN
Enfield	Oakwood Medical Centre	Enfield Unity PCN
Enfield	Green Cedars Medical Centre	Enfield Unity PCN
Enfield	Medicus Select Care (SAS)	Enfield Unity PCN
Enfield	Abernethy House	West Enfield Collaborative PCN
Enfield	Winchmore Hill Practice	West Enfield Collaborative PCN
Enfield	Town Surgery	West Enfield Collaborative PCN
Haringey	Staunton Group Practice	Haringey - East Central
Haringey	The Surgery (Hornsey Park Surgery)	Haringey - East Central
Haringey	West Green Road Surgery	Haringey - East Central
Haringey	The Old Surgery	Haringey - East Central
Haringey	Bridge House	Haringey - East Central
Haringey	Spur Road Surgery	Haringey - N15/South East Haringey
Haringey	Havergal Surgery	Haringey - N15/South East Haringey
Haringey	The Surgery (Grove Road)	Haringey - N15/South East Haringey
Haringey	JS Medical Practice	Haringey - N15/South East Haringey
Haringey	St Anns Road Surgery (AT Medics)	Haringey - N15/South East Haringey
Haringey	Arcadian Gardens NHS Medical Centre	Haringey - North Central
Haringey	The High Rd Surgery	Haringey - North Central
Haringey	Stuart Crescent Health Centre	Haringey - North Central
Haringey	Bounds Green Group Practice	Haringey - North Central
Haringey	Cheshire Road Surgery	Haringey - North Central

Haringey	The Alexandra Surgery	Haringey - North Central
Haringey	Charlton House Medical Centre	Haringey - North East
Haringey	The Morris House Medical Practice	Haringey - North East
Haringey	Bruce Grove Primary Care Health Centre	Haringey - North East
Haringey	Somerset Gardens Family Health Care	Haringey - North East
Haringey	Westbury Medical Centre (Steinberg/Kirilov)	Haringey - North East
Haringey	Highgate Group Practice	Haringey - North West
Haringey	The Muswell Hill Practice	Haringey - North West
Haringey	Rutland House Surgery	Haringey - North West
Haringey	The Vale Practice	Haringey - North West
Haringey	The Christchurch Hall Surgery	Haringey - South West
Haringey	The 157 Medical Practice	Haringey - South West
Haringey	Crouch Hall Road Surgery	Haringey - South West
Haringey	Queenswood Medical Practice	Haringey - South West
Haringey	Lawrence House	Haringey - Welbourne
Haringey	Tynemouth Road Health Centre	Haringey - Welbourne
Haringey	Fernlea Surgery	Haringey - Welbourne
Haringey	Tottenham Health Centre	Haringey - Welbourne
Haringey	The Surgery (Dowsett Road surgery)	Haringey - Welbourne
Haringey	Tottenham Hale Medical Centre	Haringey - Welbourne
Islington	Roman Way Medical Centre	Central 1 Network
Islington	Islington Central Medical Centre	Central 1 Network
Islington	Mildmay Medical Practice	Central 1 Network
Islington	Mitchison Road Surgery	Central 1 Network
Islington	Highbury Grange Medical Practice	Central 1 Network
Islington	The Medical Centre	Central 1 Network
Islington	Sobell Medical Centre	Central 1 Network
Islington	The Group Practice at River Place	Central 2 Network
Islington	Elizabeth Avenue Group Practice	Central 2 Network
Islington	St Peter's Street Medical Practice	Central 2 Network
Islington	New North Health Centre	Central 2 Network
Islington	The Miller Practice	Central 2 Network
Islington	Goodinge Group Practice	Islington North
Islington	St John's Way Medical Centre	Islington North
Islington	The Northern Medical Centre	Islington North
Islington	The Village Practice	Islington North
Islington	The Andover Medical Centre	Islington North
Islington	Partnership Primary Care Centre	Islington North
Islington	Archway Primary Care Team	Islington North 2
Islington	The Rise Group Practice	Islington North 2
Islington	The Beaumont Practice	Islington North 2
Islington	The Junction Medical Practice	Islington North 2
Islington	Stroud Green Medical Clinic	Islington North 2

Islington	Hanley Primary Care Centre	Islington North 2
Islington	Ritchie Street Group Practice	South Network
Islington	Barnsbury Medical Practice	South Network
Islington	Killick Street Health Centre	South Network
Islington	City Road Medical Centre	South Network
Islington	Clerkenwell Medical Practice	South Network
Islington	Amwell Group Practice	South Network
Islington	Pine Street Medical Practice	South Network

List correct at 30 June 2022

Governing Body

The Governing Body oversees the work of NCL CCG and ensures that decisions about changes to local health services are debated openly and fairly. It sets the strategic direction of the CCG, decides on expenditure and ensures the organisation functions effectively and efficiently by receiving assurance via regular reports on performance, quality, finance and risk.

During the first quarter of the financial year, 2022/23, and as part of the transition and preparation to becoming an Integrated Care Board (ICB), Dr Jo Sauvage stood down as Chair and member of the Governing Body on the 31 March 2022 following her appointment as Chief Medical Officer to the ICB. Following due process, Dr Charlotte Benjamin became the Chair of the CCG and Dr John McGrath the Clinical Vice-Chair. Frances O'Callaghan continued to be the Accountable Officer.

The Governing Body comprised 16 voting members, including nine elected GP posts, two executives (Accountable Officer and Chief Finance Officer), three lay members and two appointed posts (a nurse and a secondary care clinician).

The voting membership of the Governing Body in the first quarter was as follows:

- Dr Charlotte Benjamin - CCG Chair and Barnet Clinical Representative
- Dr John McGrath - Islington Clinical Representative and Clinical Vice Chair
- Karen Trew - Deputy Chair and Lay Member
- Dr Clare Stephens - Barnet Clinical Representative
- Dr Neel Gupta - Camden Clinical Representative

- Dr Kevan Ritchie - Camden Clinical Representative
- Dr Chitra Sankaran - Enfield Clinical Representative
- Dr Nitika Silhi - Enfield Clinical Representative
- Dr Peter Christian - Haringey Clinical Representative
- Dr John Rohan - Haringey Clinical Representative
- Dr Subir Mukherjee - Secondary Care Clinician
- Claire Johnston - Registered Nurse
- Ian Bretman - Lay Member
- Arnold Palmer - Lay Member
- Frances O'Callaghan - Accountable Officer
- Simon Goodwin - Chief Finance Officer

The Governing Body has a number of regular attendees as follows:

- Richard Dale - Executive Director of Transition
- Ian Porter - Executive Director of Corporate Services
- Sarah McDonnell-Davies - Executive Director of Borough Partnerships
- Kay Matthews - Executive Director of Clinical Quality
- Sarah Mansuralli - Executive Director of Strategic Commissioning

Governing Body meetings are also attended by councillors, a Public Health director on behalf of the five local councils and a representative from the five local Healthwatches. Each aforementioned group decides in advance who will represent them at specific meetings.

Register of interests

North Central London CCG maintains and publishes a register of interests online in accordance with NHS England statutory guidance. The register of interests for the following groups are available on the NCL CCG's website at: https://northcentrallondonccg.nhs.uk/about-us/declarations-of-interest/

- Governing Body Members
- Clinical Leads
- Senior staff and managers

Personal data related incidents

There were no serious untoward incidents relating to data security breaches for NCL CCG in Q1 2022/23 and no personal data related incidents reported to the Information Commissioners Office.

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; and
- 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

North Central London Clinical Commissioning Group fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial period ending 30 June 2022 is published on our website at: https://northcentrallondonccg.nhs.uk/about-us/modern-day-slavery-statement/

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 Frances O'Callaghan to be the Accountable Officer of North Central London Clinical Commissioning Group.

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

- The propriety and regularity of the public finances for which the Accountable Officer is answerable;
- 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);
- Safeguarding the Clinical Commissioning Group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities);
- The relevant responsibilities of accounting officers under Managing Public Money;
- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended));
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

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

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

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

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

Frances O'Callaghan

Chief Executive Officer

26th June 2023

Governance statement

Introduction and context

The CCG is a body corporate established by NHS England on 1 April 2020 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 2022, 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.

Constitution

NCL CCG's Constitution sets out the operational arrangements which have been put in place to meet its responsibility as a commissioner of healthcare services for the population of North Central London. The Constitution confirms the CCG's membership and accountability, the Governing Body roles and responsibilities, and the governance structure and decision-making arrangements. The Constitution lists 181 member practices which are split into five boroughs being Barnet, Camden, Enfield, Haringey and Islington. Under the Constitution, member practices have chosen to retain some key decisions which include any changes to the Constitution and the election of the ten elected Clinical Representatives onto the Governing Body.

Governing Body

The Governing Body comprised 16 voting members, including nine elected posts, two executives, three lay members, a registered nurse and secondary care doctor. Under the Constitution, the CCG Chair must be a GP and a lay member must be the Deputy Chair. The Governing Body also has a Clinical Vice-Chair to depute for the Governing Body Chair on clinical matters.

The Governing Body met twice between 01 April and 30 June 2022. The attendance of individual committee members is shown on page 77 onwards.

The highlights of the Governing Body's work include:

- Receiving as standing items the Finance Report, the Performance Report, an update on the transition to an Integrated Care System, the Board Assurance Framework and the agreed minutes of the CCG's Committees;
- Endorsing the NHS North Central London Integrated Care Board Constitution;
- Receiving reports on the keys areas of focus for the Quality Team, the Start Well Programme and the combined NCL results of the Phase 2 NHSE assessment of Ockenden evidence/compliance.

In addition to the formal meetings, there were five Governing Body seminars. These focused on a range of topics, including the NHS 111 Integrated Urgent Care Service re-procurement options, the Oriel Full Business Case, the Start Well programme and the development of the NCL Clinical and Care Leadership Model.

Membership review of own performance

NCL CCG is a clinically-led membership organisation. The main decision making authority at the CCG is our Governing Body, which ensures clinical expertise is at the heart of our decision making. When we plan a new service or make a funding decision we involve local GPs. The CCG has continued to invest in a robust clinical leadership programme through Q1 (01 April to 30 June 2022), 2022/23.

Member practices, depending on their location are grouped into five boroughs/ 'Places'. These boroughs are coterminous with the geographic boundaries of the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

North Central London's (NCL) GP Practice Landscape consisted of:

- **GP Practices (181):** independent contractors delivering core general practice services and other locally commissioned services. Providing benefits of continuity of care and personalised services. Providing care to patients with ongoing illnesses and flare-ups of established conditions, undifferentiated or medically unexplained symptoms or health anxieties, who may benefit from an episode of continuity pending diagnosis and effective treatment, or long-term continuity of care with single clinician or a clinical team for an enduring condition.
- **Primary care networks (PCNs - 32):** groups of GP practices working together with other providers around a natural geography. Typically serving populations of 30-50,000. Supporting multidisciplinary working to deliver joined up, local and holistic care for patients. Currently in year 3 of a 5 year PCN contract.
- **GP federations (6):** delivering GP services at scale at a borough level i.e. delivering borough level contracts such as extended access services. Federations also support practices and PCNs with recruitment and training of workforce, and shared quality improvement approaches.

- The **GP Provider Alliance (GPPA - 1):** which brings together General Practice with a unified provider voice to strategically lead, influence and enable primary care provision at the NCL level. A key partner in the ICS - ensuring the system provides the best possible services for NCL communities, optimise health gains and reduce inequalities. Supporting General Practice through transition and change. Includes LCW and LMC.

Member practices have a formal role through elected Governing Body members and contribute directly as clinical leads. Practice staff engage with the CCG on strategic and operational matters, providing a valuable chance to discuss local healthcare needs, challenges, possible solutions and feedback from patients.

Through Q1 of 2022/23 NCL primary care has continued to deliver and build upon key activities. For example to:

- deliver and reshape local vaccination programmes;
- focus on access and improve resilience and capacity;
- support the needs of local populations, by actively engaging with and contributing to transformation programmes e.g. long term conditions locally commissioned services; and
- improve the primary care estate across NCL.

CCG committees

The CCG has established seven committees of the Governing Body. The Audit Committee and the Remuneration Committee are statutory committees and the Quality and Safety Committee, Strategic Commissioning Committee, Primary Care Commissioning Committee, Finance Committee, Public, Patient Engagement and Equalities Committee are non-statutory committees. The membership and attendance of all committees between 1 April and 30 June 2022 is set out on page 77 onwards and their full terms of reference are available on the CCG's website.

CCG organisational chart

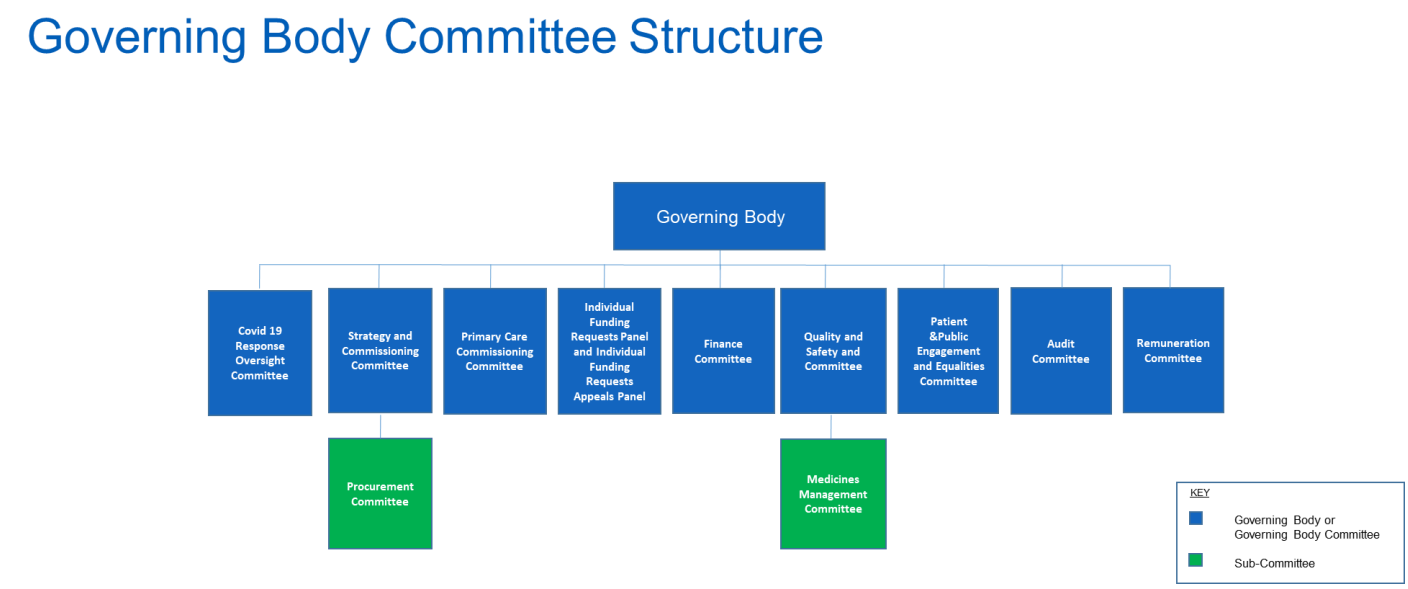


Figure 13: Governing Body committee structure

Audit Committee

The Audit Committee is a statutory committee which provides oversight and scrutiny of the effectiveness and robustness of the governance and assurance processes on which the Governing Body relies. This includes but is not limited to:

- Integrated governance, risk management, internal and external controls;
- Internal and external audit;
- Counter fraud arrangements; and
- Financial reporting.

The Committee met once between 01 April and 30 June 2022. The meeting was quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the CCG's Conflicts of Interest policy.

The Committee oversaw a range of key areas to support the CCG including the approval of the:

- Annual Report and Accounts 2021/22 (on behalf of the Governing Body);
- Local Counter Fraud Annual Report 2021/22;

- Internal Audit Plan 2022/23;
- Local Counter Fraud Services Draft Workplan Plan 2022/23; and
- External Audit Annual Report 2021/22.

And scrutiny and oversight of the:

- Local Counter Fraud update;
- Governance Workplan ;
- Tender Waivers Register; and
- Integrated Care System Governance and Transition.

The Committee membership includes five Governing Body Members. Quoracy requires three voting members; two of whom are lay members. The Committee was chaired by Karen Trew, NCL CCG Deputy Chair and Lay Member for Financial Management, Audit and Governance. The standing attendees are: Community Members, Chief Finance Officer, Executive Director of Corporate Services, Internal Auditors (including Local Counter Fraud Specialists), External Auditors, a representative from NEL Commissioning Support Unit, as required and other directors as and when required to present reports.

Finance Committee

The Finance Committee met five times between 01 April and 30 June 2022. All meetings were quorate and in accordance with its terms of reference. The overall purpose of the Committee is to provide the Governing Body with assurance on financial performance, budgets, investments and associated planning issues; and, Cost Improvement Plans (CIP). The Governing Body is provided with regular exception reports and where appropriate with recommendations for action to ensure financial plans and performance targets are met.

The Committee continued to oversee the following:

- The detailed scrutiny of the financial planning measures and system-wide budgeting, in preparation for the creation of the Integrated Care System. Financial governance arrangements were developed during the year with the creation and embedding of an Integrated Care System (ICS) Finance Oversight Co-ordination Group, which brought

senior finance officers across providers in NCL with the CCG. In particular, focus centred on the iterative financial planning process for 2022/23 for the CCG and as a system, in close dialogue with NHSE/I;

- Development of the ICS Financial Strategy and planning;
- The Cost Improvement Plan (formerly known as the System Efficiency Plan, a standing item whose remit is to identify costs savings whilst maintaining service and clinical quality) across NCL;
- Monthly budget reporting and deep dive on Mental Health and Community Health Investment reviews;
- The management of elective recovery funding to maximise efficiency across the system whilst balancing the system pressures brought about by the ebb and flow of COVID-19 infection rates;
- Risk Register related to finance (a standing item); and
- Strengthening the collaborative approach across NCL by inviting the Chief Finance Officer of University College London Hospital to attend the Finance Committee as well as the continuation of regular Directors of Finance meetings across the system to support the system approach to budgeting and managing costs.

The Committee membership consists of seven members, all of whom are Governing Body Members. Quoracy requires three voting members; a lay member, a clinician and an executive director. The Committee is chaired by Dr Neel Gupta, Elected Governing Body Clinical Representative from the London Borough of Camden. The standing attendees are: Director of Financial Strategy and Contracting, Director of Financial Management, Executive Director of Strategic Commissioning, Director of System Financial Planning and Assurance, and Executive Director of Transition.

Medicines Management Committee

The role of the Committee is to:

- Provide oversight and assurance on the CCG's statutory functions on medicines;
- Provide oversight and assurance on medicines to ensure:
    - Safe and clinically effective use of medicines;

    - Improved clinical outcomes;
    - Best value of medicines use; and
    - The promotion of proper use of medicines.
- Oversee the development and implementation of the CCG's Medicines Management Strategy and procedures; and
- Oversee the arrangements for sponsorship and/or joint working with the pharmaceutical industry.

The Medicines Management Committee met three times in 01 April – 30 June 2022. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy.

Committee decisions in 01 April – 30 June 2022 included approval of the following:

- Clinical Pathways;
- NCL CCG Good Practice Guidelines Homely Remedies For Use in Adult Care Homes;
- NCL Prescribing Quality Scheme (PQS) – Prescribing Guidance Documents;
- NCL Self-Care Pharmacy First (SCPF) Scheme - Update on SCPF and Boosting Integrated Community Pharmacy Capacity;
- NCL Self-Care Pharmacy First (SCPF) Scheme - Extension to SCPF pilot scheme in Camden, Haringey and Islington boroughs to refugees / asylum seekers;
- NCL Clinical Pathways Review – Gastroenterology and Dermatology;
- System Efficiency Plan project and NCL Prescribing Quality Scheme 22/23: Linagliptin to sitagliptin switch

The Committee membership consists of seven members: three elected Clinical Representatives, a Governing Body Registered Nurse, a Governing Body Secondary Care Specialist; one Governing Body Lay Member and the Executive Director of Clinical Quality. Quoracy requires three voting members; the Committee Chair, a clinician and the Chief Operating Officer. The Committee is chaired by Dr Clare Stephens, Elected Governing Body Clinical Representative from the London Borough of Barnet. The standing attendees are two Community Members, the Chief Operating Officer and Heads of Medicines Management across the five boroughs.

Primary Care Commissioning Committee

From April 2018 the CCG has commissioned General Practice (GP) services on NHS England's behalf through a delegated commissioning agreement. Accordingly, the Governing Body has established the Primary Care Commissioning Committee to carry out the functions relating to the Commissioning of Primary Care Services under section 83 of the NHS Act 2006. The Committee makes decisions in relation to the commissioning, procurement and management of primary medical services (GP) contracts. In performing its role, the Committee exercises its management of the functions in accordance with the Delegation and the Delegation Agreement that the CCG has entered into with NHS England.

During Q1 of 2022/23 before transitioning into an ICB on 1 July 2022, the Committee met twice and considered regular reports on finance, quality and performance, and risks for primary care medical services, as well as making a number of decisions relating to GP contracts in North Central London.

Committee decisions included:

- Practice mergers, relocations, changes in control of contract holders, and changes to practice boundaries;
- The addition and retirement of GP partners;
- Changes to practice reimbursements for premises costs, COVID-19 vaccination infrastructure and premises improvement grants;
- Procurement decisions for Alternative Personal Medical Services (APMS) contracts;
- Review of CCG Locally Commissioned Services to ensure there is no overlap with the core GP contract;
- Locally Commissioned Services for Ukranians seeking Asylum;
- QOF Indicators – Protected Income Corrections;
- Practice requests to revert from Personal Medical Services (PMS) contracts to General Medical Services (GMS) contracts; and
- Primary care network composition.

The Committee has also received a series of strategic papers to inform, and as context for, decisions on primary medical services (GP) contracts:

- Estates including a review of Premises Capital and Revenue Financial investment decisions, and supporting principles for investment; and
- Patient Engagement Outcome on Contract Changes.

The Committee was quorate for the two meetings held in April and June 2022 carried out in accordance with its terms of reference.

The Committee membership consists of ten members, of which seven are Governing Body members. Quoracy requires three voting members; a lay member, an officer of the CCG and a non-conflicted clinical representative. The Committee is chaired by Ian Bretman, Governing Body Lay Member for Patient and Public Engagement. The standing attendees are: two Community Members, a Public Health representative, two Healthwatch representatives, a Local Medical Committee representative, Primary Care Contracting and Commissioning Team representatives and Borough Directorate representatives.

Procurement Committee

The Procurement Committee was established as a sub-committee of the Strategy and Commissioning Committee in December 2020 and meets bi-monthly. It met twice in Q1 2022/23. All meetings were quorate and acted in accordance with its terms of reference.

The overall purpose of the Committee is to:

- Provide the Governing Body with assurance and oversight on procurements over £500,000;
- Have scrutiny of procurements and ensure conflicts of interest are managed appropriately throughout the development of business cases, business case approvals and through the procurement process;
- Ensure conflicts of interest are properly managed and that the procurement routes for services are appropriate;

- Ensure procurement processes are proportionate to the cost and complexity of the services to be procured; and
- Review and approve Single Tender Waivers on the Governing Body's behalf where the financial value is in excess of that delegated to the Accountable Officer and Chief Finance Officer under the Standing Financial Instructions.

In Q1 2022/23, the Committee made the following key decisions:

- Approval of Procurement Plans for NHS 111 re-procurement; and
- Approval of Single Tender Waivers ('STW') in relation to the Community & Mental Health Reviews, and Start-Well support.

In addition to the above, the Committee conducted ongoing scrutiny of the Borough Contracts review, the Register of Procurement Decisions, and the Contract Register.

The Committee consists of six voting members, which includes two lay members, a non-conflicted GP, a Governing Body clinician other than a GP, the Chief Finance Officer and the Executive Director of Corporate Services. The Committee is chaired by Karen Trew, Deputy Chair of the Governing Body and Lay Member for Audit and Governance. Quoracy for Committee meetings is three Committee members, which must include the Committee Chair, a clinician and an officer. The standing attendee is a procurement specialist from London Shared Services Commissioning Support Unit.

Public and Patient Engagement and Equalities Committee (PPEE)

The PPEE Committee met two times between01 April and 30 June 2022. Both meetings were quorate and in accordance with its terms of reference.

The role of the Committee is to provide oversight of the CCG's:

- Compliance with statutory duties to engage effectively with patients and the public;
- Strategic approach to, and plans for, engagement with patients and the public and champion best practice;

- Equality, diversity and inclusion strategy, action plan and activity - and to champion best practice; and
- Public sector equality duty and NHS mandatory equality standards.

The Committee's role continued to extend its engagement and equalities work in the extended period of transition to becoming an Integrated Care Board (ICB), overseeing and supporting the innovative ways the CCG engaged with residents and patients across NCL. The Committee was able to fulfil its duty in the following areas:

- Adopting a system-wide approach to engagement, notably addressing the impact of COVID-19 and recovery plans;
- Continuing the work in understanding the health inequalities across NCL which had come to light due to the pandemic, the learning and results of which are helping to shape the CCG's approach to the commissioning of services;
- Developing and addressing inequalities arising from COVID-19 which would result in a review of the CCGs public sector equality duty;
- Supporting resident and community engagement, particularly regarding positive messaging of the vaccination programme, building and encouraging communities that had hitherto been reluctant to engage, to come forward;
- Development of closer working ties with Healthwatch on a range of campaigns (with the Healthwatch report being a standing item for discussion);
- Reviewing the community and engagement elements of the CCG's Annual Report and Accounts 2021/22 prior to its approval;
- Continue to mature ways to work with communities in NCL; supported by the strategies for working with people and communities and for Voluntary Community and Social Enterprise Supporting the now established staff diversity networks within the CCG, providing support to staff and raising the profile of ethnicity, disability and gender in a safe environment;
- Scrutinising the proposal for the Integrated Health and Wellbeing Hub in Wood Green Shopping Mall;
- Examining and commenting on the winter resilience community outreach project; and

- As part of the Equality and Diversity Initiative, the CCG's recruitment processes were reviewed to strengthen the equality aspects and to embed an inclusive culture within the CCG, providing a toolkit for other London ICBs to help them establish Book and Film Clubs and promoting a long term conditions and carers passport for staff to be recognised with system partners in NCL; and
- From the aspect of public and patient engagement, examination of key, system-wide reviews of:
    - Reviewing and standardising an NCL-wide policy on assisted reproduction treatments (Fertility Policy), which was subsequently published in July 2022;
    - Start Well Programme (to support children); and
    - Winter resilience campaign.

During the year, the Committee scrutinised and approved the CCG's:

- Workforce Race Equality Standard (WRES) Report 2021/22; and
- Equality Information Highlight Report 2021/22.

The Committee membership consists of eight members, of which five are Governing Body Members. Quoracy requires three voting members; a lay member, a clinician and an executive director. The Committee is chaired by Ian Bretman, Governing Body Lay Member for Patient and Public Engagement. The standing attendees are: a Senior Equality, Diversity and Inclusion Manager, a Communications and Engagement Lead from NCL CCG, a Communications and Engagement Lead from NCL ICS, a Senior Human Resources representative, a Senior Quality representative, two Community Members and one Healthwatch representative.

Quality and Safety Committee

The purpose of the Quality and Safety Committee is to provide oversight, scrutiny and assurance of the following areas on behalf of the Governing Body and to provide robust recommendations and/or directions for actions:

- The quality and safety of commissioned services;
- The effectiveness of patient care and high quality patient experience;
- Provider service performance; and

- Safeguarding and complaints.

The Quality Committee met two times between 01 April and 30 June 2022. All meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy.

The Committee continued to oversee and scrutinise:

- Trust performance, which included focus on COVID-19 admissions, referral to treatment times, supporting the health of homeless people, urgent and emergency care pathways, mental health services; and
- Quality and safety matters which included regular dialogue with statutory regulators which included Ofsted and the Care Quality Commission, review of the Continuing Health Care operational model to establish a consistent approach across NCL, maternity services.

The Committee reviewed and noted the following:

- Maternity Culture Thematic Review;
- Ockenden Report - Maternity care in England;
- Clinical Supervision Policy; and
- Findings of NCL CCG Safe and Well Reviews of Inpatients with a Learning Disability and / or Autism.

The Committee membership consists of nine members, six of which are Governing Body Members. Quoracy requires four voting members; Committee Chair, Governing Body Secondary Care Doctor or Registered Nurse and an officer. The Committee is chaired by Dr Charlotte Benjamin who was NCL CCG Clinical Vice Chair throughout 2021/22 (note, she is now Chair of NCL CCG). The standing attendees are: two Community Representatives, a Healthwatch Representative, Quality and Safety Representative from NEL Commissioning Support Unit, and the Clinical Quality and Safety Clinical Lead.

Remuneration Committee

The Remuneration Committee is a statutory committee whose purpose is to:

- Approve remuneration policy for Governing Body members, Chair of the Governing Body, senior managers at the Very Senior Manager ('VSM') pay level and clinical leads; and
- Make decisions on behalf of the Governing Body on the appropriate remuneration and terms of service for Governing Body members (including the Chair of the Governing Body) and clinical leads.

The Committee met two times between 01 April and 30 June 2022. Both meetings were quorate and carried out in accordance with its terms of reference. Conflicts of interest are managed robustly and in accordance with the North Central London Conflicts of Interest policy. To ensure conflicts of interest are managed appropriately no member of the Remuneration Committee is involved in decision making on their own pay.

The Committee considered the following items of business:

- Continuation of the sessions for the roles of Chair and Clinical Vice Chair in response to the increased challenges brought about by COVID-19, particularly in the light of the continuing additional work load the pandemic had placed on the Governing Body and wider health care system; and
- Redundancy terms for displaced executive management team members caused by the transition from being a CCG to an ICB

The core membership of the Committee consists of three members, all of whom are Governing Body Members. Quoracy requires two voting members. The Committee is chaired by Arnold Palmer, Governing Body Lay Member with General Portfolio. Two Governing Body clinicians other than the Chair of the Governing Body attend if the business concerns remuneration for the Lay Members. There are no standing attendees, but the Accountable Officer, the Executive Director of Corporate Services and the Director of HR Transition and / or the Deputy Director for HR, Equality Diversity and Inclusion and Organisational Development will typically attend meetings.

Strategy and Commissioning Committee

The purpose of the Strategy and Commissioning Committee is to:

- Oversee the development and delivery of the CCG's commissioning strategy and plans;
- Oversee system-wide strategy, commissioning and implementation; approves the commissioning of services including acute, mental health, community (where required), specialist services delegated to the CCG by NHS England and services not commissioned by the borough-based decision-making structures or by the Primary Care Commissioning Committee;
- Provide assurance to the Governing Body that the CCG is discharging its statutory commissioning functions effectively; and
- Ensure that all of the CCG's strategic commissioning priorities and plans are congruent and aligned across NCL and at borough level.

The Committee met once between 01 April and 30 June 2022. At this meeting the Committee made the following key decisions:

- Agreeing to provide a formal commissioner support letter for the Oriel FBC;
- Approving the NCL Fertility Policy;
- Approving the transition and implementation of the NCL Fertility Policy; and
- Agreeing to form the North London Programme Board with NEL CCG and NWL CCG, with a local governance structure sitting below this.

Other highlights of the meeting include:

- Reflecting on what has worked well over its lifetime, what it would like to work differently beyond June 2022, things it would like to carry forward into the ICS and key risks and issues for the successor committee to be aware of;
- Noting the list of Active Procurements and Service Reviews;
- Noting the Contracts and Activity Report;
- Noting the changes made to the Locally Commissioned Service (LCS) for Asylum Seekers and the extension to those arriving from Ukraine;
- Noting the progress made on the implementation of the NCL Inequalities Fund;
- Noting the Due Diligence Process in advance of the devolution of Specialist Commissioning;
- Noting an update on NCL transition to an ICS; and

- Noting the Risk Register.

The Committee membership consists of nine members, all of whom are Governing Body Members. Quoracy requires five voting members; Committee Chair, a Governing Body Clinician other than the Committee Chair, Lay Member and an officer. The Committee is chaired by Dr Charlotte Benjamin, NCL CCG Chair. The standing attendees are: two Community Members, Executive Director of Strategic Commissioning, Executive Director of Transition, Executive Director of Quality and the Executive Director of Borough Partnerships.

Individual Funding Requests Panel

The purpose of the Panel is to consider funding for a particular treatment or service that is not routinely offered by the NHS. The Panel is chaired by Dr Peter Christian, Elected Governing Body Clinical Representative for London Borough of Haringey. The Panel did not meet during Q1 2022/23.

Individual Funding Requests Appeals Panel

The purpose of the Appeals Panel is to consider Applicants' appeals against decisions made by the Individual Funding Requests Panel and give proper consideration to appeals when determining the outcome; and act with reference to the CCG's Constitution and IFR Policy. The Panel is chaired by Dr Kevan Ritchie, Elected Governing Body Clinical Representative for London Borough of Camden.

Governing Body and Committee Membership

The following table shows the membership of the Governing Body and its committees together with attendance levels.

Attendance Records

Governing Body and Committee Members	Position	GB meeting	Audit Committee	Finance Committee	Medicines Management Committee	Primary Care Commissioning Committee	Procurement Committee	Public Patient Engagement and Equalities	Quality & Performance Committee	Remuneration Committee	Strategic Commissioning Committee
Frances O'Callaghan	Accountable Officer	2/2		3/5						1/2	1/1
Simon Goodwin	Chief Finance Officer	2/2	1/1	5/5		0/2	3/3				1/1
Charlotte Benjamin	GP – Barnet Representative and Chair	2/2							2/2		1/1
Ian Bretman	Lay Member Engagement and Equalities	2/2	1/1			2/2		2/2	2/2	2/2	
Peter Christian	Governing Body Clinical Representative	2/2	1/1			2/2**		2/2			
Neel Gupta	GP - Camden Representative	2/2		4/5	3/3						
Claire Johnston	Nurse Representative	2/2			3/3	2/2		2/2	2/2		1/1
John McGrath	GP – Islington Representative and Clinical Vice Chair	2/2			2/3				2/2		
Subir Mukherjee	Secondary Care Doctor Representative	1/2			3/3	2/2	2/3		2/2		1/1
Arnold Palmer	Lay Member, General Portfolio	2/2	1/1	5/5		1/2	2/3	2/2		2/2	1/1
Kevan Ritchie	GP - Camden Representative	2/2									1/1
John Rohan	GP – Haringey Representative	1/2		4/5							1/1
Chitra Sankaran	GP – Enfield Representative	2/2		5/5							
Nitika Silhi	GP – Enfield Representative	2/2	0/1						2/2		
Clare Stephens	GP – Barnet Representative	2/2			3/3			½			
Karen Trew	Lay Member – Lay Vice Chair, Audit, Finance and Governance	2/2	1/1	5/5	3/3	2/2	3/3			1/2	1/1
Phill Wells	Chief Finance Officer designate, NCL ICB	1/1**		1/1							

Mark Eaton	Director of Delivery		1/1				3/3				
Keith Spratt	Head of Contracts						3/3				
Tessa Newton	Primary Care						2/2				
Shaju Jose	Head of Procurement, NELCSU						3/3				
Sharon Grant	Healthwatch Observer	2/2**									
Kirsten Witters	Director of Public Health, Camden and Islington										
Tamara Djuretic	Director of Public Health, Barnet					1/1**					
Will Mamaris	Public Health Consultant, Haringey Council										
Dudu Sher-Arami	Director of Public Health, Enfield Council	1/1**									
Jonathan O'Sullivan	Director of Public Health, Islington					0/1**					
Cllr Pat Callaghan (until 5 May 22)	Councillor representative Health and Wellbeing Camden					0/1**					
Cllr Anna Wright (from 5 May 22	Councillor representative Health and Wellbeing Camden	1/1**				0/1**					
Cllr Lucia Das Neves	Councillor representative Health and Wellbeing Haringey					1/2**					
Cllr.Caroline Stock (until 5 May 22)	Councillor representative Health and Wellbeing Barnet					1/1**					
Cllr Alison Moore (from 5 May 22	Councillor representative Health and Wellbeing Barnet					0/1**					
Cllr Alev Cazimoglu	Councillor representative Health and Wellbeing Enfield					0/2**					
Cllr Nurullah Turan	Councillor representative Health and Wellbeing Islington	1/1**				½**					
Sarah Mansuralli	Executive Director for Strategic Commissioning	1/2**		5/5		1/2**					1/1**
Sarah McDonnell-Davies	Executive Director for Borough Partnerships	2/2**			3/3	2/2					1/1**
Paul Sinden	Chief Operating Officer (until 30 April 2022)				2/2	1/1			1/1		
Kay Matthews	Executive Director of Quality	0/1**			0/2				0/1		

Sheila O'Shea	Director of Continuing Healthcare								1/1		
Richard Dale	Executive Director of Transition		1/1	2/5				2/2			1/1**
Ian Porter	Executive Director of Corporate Services	2/2**	1/1				2/2	2/3		1/1	
Michelle Chadwick	Director of HR Transition									1/1	
Chris Hanson	Governance Lead		1/1 ***								
Sarah Perrett	Deputy Programme Manager		1/1 ***								
Gary Sired	Director of System Financial Planning and Assurance			4/5							
Rebecca Booker	Director of Financial Management		1/1	3/5							
Anthony Browne	Director of Financial Strategy and Contracting			5/5							
Helena Ndlovu	Assistant Director of Finance		1/1	5/5							
Dominic Roberts	Independent GP Member				0/3		3/3				
Karl Thompson	Assistant Director of Corporate Services		1/1								
Rachael Clark	Assistant Director Medicines Management (Camden)				3/3						
Paul Gouldstone	Head of Medicines Management (Enfield)				3/3						
Amalin Dutt	Head of Medicines Management Islington				3/3						
Efa Mortty	Head of Medicines Management (Haringey)				3/3						
Maninder Kaur Singh	Head of Medicines Management (Barnet)				3/3						
E Y Cheung	Deputy Head of Medicines Management – Camden				3/3						
Caroline Weaver	Senior Prescribing Adviser				2/3						
Charlie Boggis	NCL CSU Non-Acute Finance Lead				3/3						
Barry Subel	Quality and Safety Clinical Lead								1/1		
Jenny Goodridge	Director of Quality and Clinical Services (until 15/05/2022)								1/1		
Chris Caldwell	Chief Nursing Officer designate NCL ICB (from 15/05/2022)	2/2**							2/2		

Deirdre Malone	Interim Director of Quality and Clinical Services								2/2		
Ed Nkrumah	Director of Acute Performance								1/1		
Vince McCabe	Director of Transformation			4/5							
Tim Jaggard	Finance System Lead for ICS and CFO of UCLH			0/5							
Christina Keating	Designated Nurse for Safeguarding Children, Enfield										
Marisa Rose	Director – COVID Vaccination: Quality Improvement										
Emdad Haque	Senior Equality, Diversity and Inclusion Manager							2/2			
Darshna Pankhania	Deputy Director of Huma Resources / Organisational Development							1/2			
Fran McNeil	Assistant Director of Communications and Engagement							2/2			
Chloe Morales Oyarce	Head of Communications							1/2			
Emma Whitby	Healthwatch, Islington							2/2			
Swetlana Wolf	Deputy Director of Quality and Safeguarding							1/1			
Philippa Alston	Quality Assurance Manager and Patient Safety Specialist							1/1			
Vanessa Piper	Head of Primary Care, NCL Primary Care Commissioning & Contracting Team										
Su Nayee	Assistant Head of Primary Care					2/2**					
Anthony Marks	Senior Primary Care Commissioning Manager					2/2**					
Jean Gaffin	Community Member				1/3						
Ian Crouchley	Community Member				3/3						
Kostakis Christodoulou	Community Member					2/2**					
Mark Agathangelou	Community Member					2/2**					
Helena Kania	Community Member								2/2		
Mandeep Kaur	Community Member										1/1**
Lorna Reith	Community Member										1/1**
Mark Wardman	Community Member		0/1								
Jane Kilgannon	Community Member		0/1								

Christine Mackenzie	Community Member								2/2		
Kaltun Adbillahi	Community Member							2/2			
Martha Wiseman	Community Member							2/2			
Nishan Dzhingozyan	Community Member							0/2			
Deborah McBeal	Director of Integration, Enfield					1/2**					
Riyad Karim	Interim Head of Primary Care, Enfield					1/1***					
Rebecca Kingsnorth	Assistant Director of Primary Care, Islington					2/2**					
Clare Henderson	Director of Integration, Islington										
Owen Sloman	Assistant Director of Primary Care, Haringey					1/2**					
Rachel Lissauer	Director of Integration, Haringey Directorate					1/1***					
Sarah Mcilwaine	Director of Transformation, Haringey					2/2**					
Simon Wheatley	Director of Primary and Community Commissioning, Camden					1/2**					
Kamran Bhatti	Assistant Director of Primary Care, Camden Directorate					1/1***					
Colette Wood	Director of Primary Care Transformation, Barnet					0/2**					
Kelly Poole	Assistant Director of Primary Care Transformation					2/2***					
Louise Jones	Healthwatch, Camden					1/2**					
Cathy Winfield	Director of Primary Care, London Wide Local Medical Committee					2/2**					
Sue Dickie	London Wide Local Medical Committee					1/2**					

* deputising for voting member
** non-voting member/regular attendee
*** deputising for non-voting member/regular attendee

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Corporate Governance Code. Nevertheless in the interests of good governance practice the CCG complies with the relevant principles of the code and with NHS England statutory guidance.

Discharge of statutory functions

In light of recommendations of the 1983 Harris Review, North Central London CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that North Central London CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions. Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk management arrangements and effectiveness

Financial year 2021/22 and the first quarter of Financial Year 2022/23 was a challenging period for the CCG and for its management of risk. Since the establishment of NHS North Central London Clinical Commissioning Group (CCG) on 1 April 2020, the CCG and the NHS as a whole was faced with the unprecedented task of responding to the national emergency caused by the COVID-19 global pandemic. This response and its consequences continued into 2021/22 and the first quarter of 2022/23.

During this period the CCG successfully maintained a comprehensive and robust risk management framework to assist the CCG in dealing effectively with its key risks, including the COVID-19 pandemic. The framework was developed in accordance with Management of Risk best practice guidance issued by the Office of Government Commerce, part of the Cabinet Office, and built upon the strong foundations inherited from the legacy Clinical Commissioning Groups in North Central London.

The framework includes the Risk Management Strategy, an organisational risk appetite agreed by the Governing Body, the Risk Management Policy and Process Guide and comprehensive risk registers with the most serious organisational risks being overseen by the Governing Body and/or its committees.

In 2021/22 the CCG had its second risk management audit which showed that the CCG had again achieved a 'substantial' (green) assurance rating. This was a really positive achievement and maintained the 'substantial' assurance rating from financial year 20/21 and each of the five legacy Clinical Commissioning Groups. The CCG's approach to risk management continued into the first quarter of 2022/23.

The CCG's robust approach to risk management supports the organisation and its staff in taking risks in a measured, considerate and appropriate way to meet its objectives for the overall benefit of our patients. The aims of the risk management approach are to:

- Promote organisational success and help achieve the CCG's objectives;
- Have grip of key risks at all levels of the organisation;
- Empower staff to manage risks effectively;
- Promote and support proactive risk management;
- Help create a culture that recognises uncertainty and supports considered, measured and appropriate risk taking and effective risk management;
- Support new ways of working and innovation;
- Provide clear guidance to staff;
- Have a consistent, visible and repeatable approach to risk management;
- Support good governance and provide internal controls; and
- Evidence the importance of risk management to the CCG.

The CCG views good risk management as a tool that supports and empowers staff by enabling them to identify, assess and control risks in a way that is visible, consistent and repeatable. Staff are supported in this by a comprehensive training programme, a robust Corporate Risk Register, comprehensive risk management processes and procedures and a specialist Governance and Risk Team.

Staff are encouraged to proactively identify, manage and control negative risks (threats) to help ensure they are dealt with before they become issues. The Governing Body has overall responsibility for risk management and sets the organisation's risk appetite. This risk appetite informs the CCG's decision making. The Governing Body agreed its risk appetite scores in September 2021, ensuring that the risk appetite levels were appropriate.

The CCG ensures that Equality Impact Assessments are integrated into its core business and is supported in doing so by the CCG's Senior Equality, Diversity and Inclusion Manager. The CCG visibly demonstrates its commitment to robust Equality Impact Assessments by requiring staff to identify these, as appropriate, on the coversheets for all Governing Body and Governing Body committee reports.

The CCG actively involves a range of key stakeholders in managing risks that impact on them through wider engagement, formal meetings, briefings and engaging with formal representatives.

Capacity to handle risk

There is a robust oversight and reporting structure, and effective leadership of risk management in the CCG. This includes:

- An open, honest and transparent risk management culture;
- Staff being trained and empowered to manage risks appropriate to their authority and duties with solid reporting lines to management;
- All teams within the directorates being required to meet regularly to discuss their risks. Risks are reviewed by executive directors, directors, managers and their teams;
- All risks within a directorate being owned by the relevant executive director, with each directorate having its own risk register that captures the key risks in the directorate;
- Key risks from the directorate risk registers that are assessed at the corporate level to have a current risk score of 8 or higher are escalated to the Corporate Risk Register. This is reviewed regularly by the senior management team and the Governance and Risk Team;

- The risks on the Corporate Risk Register that score 12 or higher are also escalated to the appropriate Governing Body committee at each meeting. These committees provide oversight and scrutiny of these risks and hold the senior management team to account for the management of risks;
- Risks on the Corporate Risk Register with a current risk score of 15 or higher are reported to both the Governing Body and the appropriate Governing Body committee to ensure that there is the highest level of oversight of these risks; and
- In addition to the above, every Governing Body and Governing Body committee report must identify its key risks in the report coversheet. This enables the organisation to have oversight and control of its key risks at all levels.

The systems and processes that the CCG has in place ensures that there is timely and accurate information to assess risks at all levels. This includes risks to compliance with the CCG's statutory obligations.

Staff are trained and empowered to manage risks appropriate to their authority and duties. There are solid reporting lines to management and all risks have a risk owner who is accountable for the risk and a risk manager who is responsible for the day to day management of the risk.

The risk management strategy and policy is based on best practice Management of Risk (MOR) principles. Each directorate has a risk lead to support and empower staff to manage their risks effectively, learn from each other and share best practice. They are also supported by the Governance and Risk Team that has oversight of the Governing Body risk reporting and provide training and advice to staff.

Risk assessment

At the CCG risks are assessed continually throughout the year and have appropriate oversight as set out above. There were three major governance, risk management and internal control risks over the reporting period:

Risk	Mitigating Actions
Failure to Establish Appropriate and Effective Arrangements for the New ICS Organisation at Pace (Threat) **CAUSE:** If the CCG does not establish appropriate and effective arrangements for the new statutory ICS organisation at pace to meet to expected 1st July 2022 deadline; **EFFECT:** There is a risk that the benefits of moving to an ICS organisation are not maximised, that unnecessary barriers to system working and decision making are created, that staff feel disenfranchised, that there are gaps in oversight of functions and difficult relationships with system partners; **IMPACT:** This may result in wasted resources, disruption to smooth and effective operations, increased cost, system-wide frustration at slow and difficult decision making, reputation damage and increased barriers to implementing the NHS Long Term Plan for the benefit to patients.	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • CCG teams in place to cover all aspects of statutory organisation design (Strategy Directorate and Corporate Services) including a specialist Governance and Risk Team to lead on the governance design work; • There is extensive guidance from NHS England outlining the requirements for the new organisation including the ICS Design Framework and model Constitution; • The pre-existing Integrated Care System is in place, with existing relationships being built upon; • Executive Director of Transition and the Head of Governance and Risk attended a number of national Policy Design Workshops to inform national guidance. This includes both governance and the Clinical and Professional Leadership Framework; • A Transition Programme Management Office team and a transition programme has been established to operationally support the establishment of the new organisation and the transition from the CCG to the new organisation; • Strategic forums to support the development of the new organisation and the ICS have been established. These include the ICS Steering Committee, the Partnership Council and the Community Engagement Partnership; • The Chair, Chief Executive and Executive Team of the new statutory organisation have been appointed; • A standing item is included at each CCG Governing Body seminar on ICS transition which includes a focus on the governance arrangements through transition; • A standing item on ICS transition is included for the regular meetings the CCG has with lead local authority councillors for health and social care;

	• A pan London CCG governance leads network as well as a pan NCL CCG and provider governance leads network have been established. Both met for the first time in September 2021; • The role of the Audit Committee in overseeing the development of the governance arrangements for the new organisation has been strengthened, with reports being provided at each Audit Committee meeting; • A Transition due diligence group was established; • A Community Engagement Partnership Forum was established; • NCL ICB Constitution received formal approval from NHSE.
Failure to base CHC and CIC commissioning cycle and service on reliable data (Threat) **CAUSE:** If the CCG fails to source and process reliable data for the commissioning, management, and development of CHC and CIC services **EFFECT:** There is a risk that the CCG will not commission appropriate services (packages of resources) and not identify potential improvements for existing packages **IMPACT:** This may result in a negative impact on patient care and financial sustainability.	The CCG put a number of robust controls into place and took a number of actions to mitigate this risk. These include: • Plans to address issues raised within previous audits have been developed by CCG boroughs; • First phase of standardised protocol and training in place; • Roles reprioritised to focus on data and invoicing; • Workforce focus on data and invoicing; • Improvement programme; • Caretrack platforms merged and data cleansed as part of this process; • Caretrack Business Intelligence Module procured and implemented for CHC performance reporting; • Standardised package authorisation process.

Failure to implement the findings of February 2021 CHC internal audit (Threat) **CAUSE:** If the CCG fails to implement the wide-ranging findings of the February 2021 Continuing Health Care (CHC) internal audit, including the need for reform of CHC Leadership, operating model and policy, contractual and funding arrangements, data quality, brokerages, Personal Health Budgets (PHBs), Invoicing, and Quality **EFFECT:** There is a risk that the CCG is unable to deliver services in accordance with the national framework and meet its statutory duties, and the Governing Body will continue to receive no assurance in relation to CHC. **IMPACT:** This may result in the CCG facing ongoing financial unsustainability, reputational damage and legal directions. This may also negatively impact provider sustainability, and patient care.	The CCG put a number of robust control into place and took a number of actions to mitigate this risk. These include: • The RSM internal audit report (February 2021) to establish baseline; • Established, though interim, directorate leadership; • A remedial action plan; • Finance Committee, Quality and Safety Committee and Audit Committee scrutiny; • Robust quality and performance provider assurance; • Amendments to the CCG's Standing Financial Instructions to support strong governance and packages of care; • New contracts being agreed with providers, and data entry via brokerage process. Any Qualified Provider (AQP) contracts in place. Non AQP providers receive individual package contract; • The completion of training and implementation of aligned and best practice in managing Caretrack data; • The CCG has developed a series of risks to support the addressing of specific areas of the Internal Audit report; • An advisory internal audit report conducted in Financial Year 21/22 showed good progress made against the identified actions.

Other sources of assurance

Internal control framework

A system of internal control is the set of processes and procedures in place in the Clinical Commissioning Group to ensure it delivers its policies, aims and objectives. It is designed to

identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

In addition to our risk management system the CCG has policies, procedures and processes in place to ensure smooth, safe and sustainable business operations and to empower and support the CCG to meet its objectives for the benefit of our patients.

Whistleblowing

The CCG has effective speaking up and whistleblowing arrangements in place. These include:

- A supportive culture that recognises the benefits of speaking up and whistleblowing, values and provides protection to staff who speak up or whistle blow;
- A comprehensive and clear Speaking Up (Whistleblowing) Policy: https://northcentrallondonccg.nhs.uk/wp-content/uploads/2021/10/Speaking-Up-Whistleblowing-Policy-Oct21-2.pdf;
- Two Freedom to Speak Up Guardians (Guardians) who are both Executive Directors. One for clinical matters and one who is for non-clinical matters. They act as independent sources of advice to staff on speaking up and whistleblowing. The Guardians have access to everyone in the organisation (including the Accountable Officer) and, where necessary, outside of the organisation. Staff can contact the Guardians at any stage. The Guardians also have a wider role to help protect patient safety and the quality of care, improve the experience of workers and improve learning and improvement by ensuring that workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement;
- Two Speak Up Ambassadors (Ambassadors). Our Ambassadors are staff volunteers who have been trained to be a point of contact for any CCG worker who wishes to speak up or find out more information about the process. They listen to concerns, help guide staff

through the process, sign post to the right place and/or people and provide impartial support. They work closely with the Guardians and can escalate concerns to them where appropriate.

- The Head of Governance and Risk provides operational oversight of the Speaking Up/ Whistleblowing framework and support to the Freedom To Speak Up Ambassadors;
- Comprehensive training for Freedom To Speak Up Guardians and Freedom To Speak Up Ambassadors; and
- Training for all staff across the CCG on speaking up and whistleblowing.

Internal and external auditors

To ensure that the CCG's internal control mechanisms are effective they are subject to regular targeted review by RSM, our internal auditors, and by KPMG, our external auditors. This ensures that:

- Our internal control mechanisms are subject to external assessment by expert and independent third parties;
- We are not overly reliant on our own assessment of the effectiveness of our control mechanisms; and
- We can incorporate lessons learned from other organisations into our internal control mechanisms to make them more effective.

Peer review

The CCG has a Corporate Services Directorate which includes a highly-experienced team of board secretaries and a specialist corporate governance and risk team. These professional governance colleagues regularly work together, with subject matter experts and with key stakeholders to develop new policies, systems and practices and ensures that colleagues from the wider commissioning system add their collective perspective, expertise and challenge.

Constitution

The CCG's Constitution is the organisation's primary governance document, which sets out how the organisation is governed. Member practices and the Local Medical Committee are engaged extensively on any proposed constitutional changes. NHS England must also give its approval

to any proposed changes and carries out its own assurance process on any changes prior to approval.

Key stakeholders and representatives are standing attendees at Governing Body meetings. This helps to ensure that colleagues from the wider system, including social care, influence Governing Body decisions using their collective perspective, expertise and challenge.

The CCG is regulated by NHS England and regularly provides assurance through the CCG assurance framework and annual reporting.

The system of internal control has been in place in the CCG for the periodending 30 June 2022 and up to the date of approval of the Annual Report and Accounts.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework. The annual internal audit of conflicts of interest was published in February 2022. The audit included a review of the governance arrangements, declarations of interest (including gift and hospitality), statutory registers, policies, decision making and staff training.

The audit found that taking account of the issues identified, the Governing Body can take substantial (green) assurance that the controls upon which the organisation relies to manage the identified area are suitably designed, consistently applied and operating effectively.

The audit made some recommendations on how to build upon the CCG's approach to conflicts of interest and an action plan has been put into place in this regard.

Data quality

The CCG ensures the information and data quality used by Governing Body members are of high standards. The Governing Body members are satisfied with the quality of the data provided by the CCG.

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 a Data Security and Protection Toolkit (DSPT) and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG submitted the NHS Data Security and Protection Toolkit for 2021/22 on 28 March 2022 and has achieved a score of standards exceeded. The 2022/23 submission will be submitted by the new NHS North Central London Integrated Care Board, which is rated as a category 1 organisation and will have additional requirements to meet.

The CCG places high importance on ensuring there are robust information governance systems and processes, with a focus on cyber security, in place to help protect patient and corporate information. The CCG has established information governance processes and procedures in line with the DSPT, ensure that all staff undertake annual information governance training and all information governance policies are available on the staff intranet. This is 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. In terms of significant data breaches, there have been no incidents requiring reporting to the Information Commissioners Office or SIs requiring reporting via the DSPT for Q1 of Financial Year 2022/23.

Business critical models

The key business critical models that the Governing Body relies on are in-year financial forecasts, medium-term financial planning and financial evaluation and forecasting. These models are the responsibility of the Chief Finance Officer.

London Shared Service (formerly NEL CSU) supplies the CCG's ICT (Information and Communication Technology) and business intelligence functions. Business critical models in use within ICT are subject to a number of quality assurance processes which link into the overall framework and management commitment to quality.

Business critical models in use within business intelligence include processes which support the identification and maintenance of a list of all business critical models and a schedule for periodic review. These processes are subject to review by internal audit, who review management information data and process owners, and external audit whose work covers the quality assurance processes of financial models.

Third party assurances

London Shared Service (formally NEL Commissioning Support Unit) provides a wide range of commissioning support services including human resources, finance, contract management, business support services, business intelligence services and clinical services. The third party services provided have been assured through contract review meetings, monthly scores to indicate effectiveness and periodic audits are undertaken by RSM, our internal auditors.
London Shared Service dissolved on the 30th of June 2022 and relevant staff identified were Tupe'd to North Central and other London ICB's.

Control issues

In financial year 2020/21 the CCG identified Continuing Healthcare (CHC) as a significant control issue. The CCG took a number of actions in financial years 2020/21 and 2021/22 which robustly addressed this which include:

- Establishing a comprehensive action plan to address each area of concern;

- The action plan being led by the Executive Director of Clinical Quality and the Director of CHC. All actions have been completed;
- Robust Audit Committee oversight and scrutiny including a progress report being presented at each meeting;
- Reports on CHC financial controls being presented to the Finance Committee;
- Key CHC risks on CHC being overseen by the Governing Body and its committees; and
- The CCG's internal auditors completing an advisory audit, finding in March 2022 that 'good progress' had been made.

Given the progress made, at the end of financial year 2021/22 the CCG no longer considers CHC to be a significant control issue. However, the CCG remains committed to ensuring a robust system of controls is maintained. No control issues were identified in Q1 of 2022/23.

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

The Governing Body has overarching responsibility for ensuring the CCG carries out its activities effectively, efficiently and economically. To ensure this:

- The Governing Body receives a finance report from the Chief Finance Officer at each of its meetings;
- The Governing Body has established the Finance Committee, which receives regular finance reports and provides scrutiny and oversight of financial planning, budgets, costs and financial performance;
- The Audit Committee receives regular reports on financial governance, monitors the internal audit programme and reviews the draft and final annual accounts;
- The CCG has a programme of internal audits that provides assurance to the Governing Body and Executive Management Team of the effectiveness of its internal processes;
- The CCG's annual accounts are reviewed by the Audit Committee and audited by our external auditors. Following completion of the planned audit work, our external auditors will issue an independent and objective opinion on the CCG's arrangements for securing economy, efficiency and effectiveness in the use of resources;
- The CCG has a System Efficiency Plan in place to deliver cost and efficiency savings;

- The CCG has a robust risk management system in place with key risks being reviewed by the Governing Body and its committees at every meeting; and
- The CCG has robust and appropriate policies in place.

Delegation of functions

The CCG has solid arrangements in place regarding the exercise and oversight of any delegated functions. This includes:

- The Primary Care Commissioning Committee which oversees and makes decisions on the commissioning of primary medical care services;
- An Audit Committee which provides oversight and scrutiny of the CCG's system of integrated governance, risk management, and internal controls;
- Committees are supported by clear terms of reference, with regularly scheduled meetings. Each committee's approved minutes are also reported to Governing Body meetings;
- A robust corporate governance framework with a strong system of internal controls. In 2021/22 the internal auditors undertook a review of the CCG's conflicts of interest management. It was rated as having 'substantial assurance' (green);
- A robust risk management framework and risk management processes. In 2021/22 the internal auditors undertook a review of the CCG's risk management framework and rated it as having 'substantial assurance' (green);
- Best practice conflicts of interest management and risk management continued into Q1 2022/23;
- A single suite of corporate governance policies which includes:
    - Risk Management Strategy and Policy;
    - Conflicts of Interest Policy;
    - Standards of Business Conduct Policy;
    - Counter Fraud, Bribery and Corruption Policy;
    - Sponsorship and Joint Working with the Pharmaceutical Industry Policy;
    - Speaking Up (Whistleblowing) Policy;
    - Procurement Policy; and
    - Any Qualified Provider Policy.

- Robust internal audit and counter fraud arrangements and plans. These are overseen by the Audit Committee in Common; and
- An Executive Management Team to ensure efficient and effective operations of delegated functions.

Counter fraud arrangements

The CCG is committed to reducing fraud and bribery against the NHS to a minimum. We have appointed a team of accredited Local Counter Fraud Specialists (LCFS) through RSM our internal auditors, who work to a risk-based annual plan which has been agreed by the Chief Finance Officer and the Audit Committee. The plan is designed around the Government Functional Standard:013 Counter Fraud, and NHS Counter Fraud Authority's NHS Requirements designed to implement these for the NHS. Compliance with these Requirements is reported to the Audit Committee on an annual basis.

We work closely with our LCFS and the NHS Counter Fraud Authority to implement any actions arising from quality assurance reviews and to ensure that our anti-fraud and bribery arrangements remain sufficiently robust. Training is provided as appropriate. The CCG's Counter Fraud, Bribery and Corruption Policy is reviewed annually and updated to be fully compliant with the NHS Counter Fraud Requirements.

Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the clinical commissioning group, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the clinical commissioning group's system of risk management, governance and internal control. The Head of Internal Audit concluded, taking into consideration the framework in place up to and including 30 June 2022 and the Internal Auditor's cumulative knowledge of the CCG that: *"The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."*

During the three months from 1 April to 30 June 2022, Internal Audit issued the following audit reports:

Area of Audit	Level of Assurance Given
Secure Remote Working, Information Security and Operational Resilience	Reasonable Assurance
Integrated Care Systems	Advisory

Based on the work undertaken on the CCG's system of internal control, the CCG concluded that no issues identified required reporting as significant control issues within the governance statement. The CCG has agreed appropriate plans and actions to address any recommendations arising from the internal audits. These actions will continue to be implemented within the new NHS North Central London Integrated Care Board from 1 July 2022.

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. In addition, 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.

Conclusion

No significant internal control issues have been identified. However, where there are further enhancements to the framework of risk management, governance and internal control to ensure it remains adequate and effective these are being addressed, as set out earlier in this report, through action plans. The action plans will transfer as appropriate to the new NHS North Central

London Integrated Care Board. With the exception of these less significant internal control points the review confirms that the CCG has a generally sound system of internal control, which supports the achievements of its policies, aims and objectives.

Remuneration and Staff Report

Remuneration Report

Introduction

The NHS has adopted the recommendations outlined in the Greenbury Report in respect of the disclosure of senior managers' remuneration and the manner in which it is determined.

Senior managers are defined as those persons in senior positions having authority or responsibility for directing or controlling major activities within the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments.

This section of the report outlines how those recommendations have been implemented by the CCG during the reporting period 01 April to 30 June 2022.

Remuneration Committee

Members of the CCG Remuneration Committee during the reporting period 01 April to 30 June 22 were:

Members	Role
Arnold Palmer	Appointed Lay Member, General Portfolio (including Equality, Diversity and Inclusion and the annual Quality, Innovation, Productivity and Prevention (QIPP) programme)
Ian Bretman	Appointed Lay Member - Patient and Public Engagement and Involvement portfolio
Karen Trew	Appointed Deputy Chair/Lay Member - Financial Management, Audit and Governance portfolio

The CCG operates the principle that no one should decide their own pay. Therefore, when the Remuneration Committee is considering Lay Member pay the members of the Committee are:

Members	Role
Dr Jo Sauvage	Elected Governing Body Chair/Clinical Representative from the London Borough of Islington
Dr Kevan Ritchie	Elected Governing Body Clinical Representative from the London Borough of Camden
Dr Chitra Sankaran	Elected Governing Body Clinical Representative from the London Borough of Enfield

Percentage change in remuneration of highest paid director – subject to audit

Reporting bodies are required to disclose pay ratio information and detail in relation to percentage change in remuneration concerning the highest paid director.

01 April to 30 June 2022 (annualised)	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	18%	N/A
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	0%	N/A

See below the full year comparative ratio information

2021/22	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	8%	N/A
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	12%	N/A

Pay ratio information – subject to audit

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

down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director/member in NHS NCL CCG in the reporting period 01 April to 30 June 2022 (annualised) was £255k-260k (2021/22: £215k-220k). The relationship to the remuneration of the organisation's workforce is disclosed in the below tables.

01 April to 30 June 2022 (annualised)	**25th percentile**	**Median**	**75th percentile**
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£43,108	£68,587	£92,806
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£34,443	£54,223	£72,761

Prior year comparative table for the full year:

2021/22	**25th percentile**	**Median**	**75th percentile**
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£45,864	£66,746	£92,045
Salary component of 'all staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	£35,961	£52,762	£72,225

Year	**25th percentile total remuneration ratio**	**25th percentile salary ratio**	**Median total remuneration ratio**	**Median salary ratio**	**75th percentile total remuneration ratio**	**75th percentile salary ratio**
01 April to 30 June 22	6.02	5.85	3.79	3.72	2.80	2.77
2021/22	4.79	4.79	3.29	3.26	2.39	2.38

During the reporting period 01 April to 30 June 2022, no employee (2021/22, nil) received remuneration in excess of the highest-paid director/member.

During the period 01 April to 30 June 2022, remuneration ranged from £0k-5k to £255k-260k (2021/22: £0k-5k to £215k-220k) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). 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.

Policy on the remuneration of senior managers

Our Remuneration Committee approves the remuneration policy for Governing Body members (including the Chair), Very Senior Managers ('VSM') and clinical leads. It also makes decisions on behalf of the Governing Body on the appropriate remuneration and terms of service for Governing Body members (including the Chair) and clinical leads.

NCL CCG does not operate a system of performance-related pay for Very Senior Managers or senior management posts.

NCL CCG senior managers' remuneration is in line with Agenda for Change terms and conditions. This falls outside of the remit of the Remuneration Committee.

Remuneration of Very Senior Managers

During the reporting period 01 April to 30 June 2022, one Very Senior Manager is forecasted to be paid more than £150,000 per annum, calculated on a pro-rated basis (2021/22, one)

Remuneration disclosed for GP members with a contract for services includes employers pension contributions, which should be excluded from this assessment. Consequently no GP members have been paid more than £150,000 per annum (calculated on a pro-rated basis) during the reporting period 01 April to 30 June 2022 (2021/22, nil).

Senior manager remuneration (including salary and pension entitlements) – subject to audit

Salaries and allowances of senior Managers: 01 April to 30 June 2022		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Board Members				
Dr Charlotte Benjamin[1&2]	Chair and Barnet Clinical Representative	30-35		30-35
Ms Karen Trew	Deputy Chair and Lay Member	5-10		5-10
Dr Clare Stephens[1]	Barnet Clinical Representative	10-15		10-15
Dr Neel Gupta[1]	Camden Clinical Representative	15-20		15-20
Dr Kevan Ritchie[1]	Camden Clinical Representative	10-15		10-15
Dr Chitra Sankaran[1]	Enfield Clinical Representative	15-20		15-20
Dr Nitika Silhi[1]	Enfield Clinical Representative	20-25		20-25
Dr Peter Christian[1]	Haringey Clinical Representative	10-15		10-15
Dr John Rohan[1]	Haringey Clinical Representative	10-15		10-15
Dr John McGrath[1]	Clinical Vice-Chair and Islington Clinical Representative	30-35		30-35
Dr Subir Mukherjee	Secondary Care Clinician	5-10		5-10
Ms Claire Johnston	Registered Nurse	5-10		5-10
Mr Ian Bretman	Lay Member	5-10		5-10
Mr Arnold Palmer	Lay Member	5-10		5-10
Ms Frances O'Callaghan	Accountable Officer	50-55	72.5-75	125-130
Mr Simon Goodwin[5]	Chief Finance Officer	35-40	0	35-40
Executive Management Team				
Mr Paul Sinden[3] (End date 30 April 22)	Chief Operating Officer	10-15	2.5-5	15-20
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships	30-35	7.5-10	40-45
Mr Ian Porter	Executive Director of Corporate Services	30-35	7.5-10	40-45
Ms Kay Matthews	Executive Director of Quality	30-35	15-17.5	45-50
Mr Richard Dale [4]	Executive Director of Transition	30-35	12.5-15	45-50
Ms Sarah Mansuralli	Executive Director of Strategic Commissioning	35-40	22.5-25	60-65
Other committee voting members				
Dr Dominic Roberts	Independent GP	20-25	5-7.5	25-30

Notes

[1]GP members with a contract for services and disclosed under payroll engagements. Salaries include employer's contribution to GP pensions.

[2]Appointed into role as CCG Chair commencing 01 April 2022.

[3]Appointed into secondment role as Managing Director with the GP Provider Alliance commencing 01 May 2022.

[4]Appointed into designate role as ICB Executive Director of Performance and Transformation commencing 01 April 2022.

[5]The Pensions Related Benefits calculations includes using the member's current and prior year pension and lump sum figures. Where there has been only a small increase in benefits current year compared to previous year, the formula can potentially generate a negative figure. NHS Pensions Greenbury guidance states a zero should be submitted for negative figures.

The table above includes GP remuneration for non-Governing Body work as follows:

- Nitika Silhi – £5-10k;
- John McGrath - £5-10k.
- Dominic Roberts - £15-20k.

'All pension-related benefits' applies to senior managers who are members of the NHS Pension Scheme.

The amount included here comprises all pension-related benefits, including: the cash value of payments (whether in cash or otherwise) in lieu of retirement benefits, and, all benefits in year from participating in pension schemes. The value of these benefits accrued during the year is calculated as: the real increase in the 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 intended to convey to the reader an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the benefits accruing to the individual.

Senior manager remuneration (including salary and pension entitlements) – prior year comparatives – subject to audit

Salaries and allowances of senior managers 2021/22 (12 months)		**Salary** (bands of £5,000)	**All pension related benefits** (bands of £2,500)	**Total** (bands of £5,000)
		£'000	**£'000**	**£'000**
Board Members				
Dr Josephine Sauvage[1]	Chair and Islington Clinical Representative	160-165		160-165
Dr Charlotte Benjamin[1]	Clinical Vice-Chair and Barnet Clinical Rep	90-95		90-95
Ms Karen Trew[1]	Deputy Chair and Lay Member	20-25		20-25
Dr Clare Stephens[1]	Barnet Clinical Representative	55-60		55-60
Dr Neel Gupta[1]	Camden Clinical Representative	60-65		60-65
Dr Kevan Ritchie[1]	Camden Clinical Representative	40-45		40-45
Dr Chitra Sankaran[1]	Enfield Clinical Representative	60-65		60-65
Dr Nitika Silhi[1]	Enfield Clinical Representative	90-95		90-95
Dr Peter Christian[1]	Haringey Clinical Representative	55-60		55-60
Dr John Rohan[1]	Haringey Clinical Representative	55-60		55-60
Dr John McGrath[1]	Islington Clinical Representative	90-95		90-95
Dr Subir Mukherjee	Secondary Care Clinician	25-30		25-30
Ms Claire Johnston	Registered Nurse	25-30		25-30
Mr Ian Bretman	Lay Member	20-25		20-25
Mr Arnold Palmer	Lay Member	20-25		20-25
Ms Frances O'Callaghan [2]	Accountable Officer	170-175	172.5-175	345-350
Mr Simon Goodwin	Chief Finance Officer	145-150	32.5-35	180-185
Executive Management Team				
Mr Paul Sinden	Chief Operating Officer	125-130	50-52.5	180-185
Ms Sarah McDonnell-Davies	Executive Director of Borough Partnerships	120-125	27.5-30	150-155
Mr Ian Porter [3]	Executive Director of Corporate Services	115-120	27.5-30	145-150
Ms Kay Matthews	Executive Director of Quality	125-130	0	125-130
Ms Sarah Mansuralli [4]	Executive Director of Strategic Commissioning	135-140	30-32.5	165-170
Mr Richard Dale [5]	Executive Director of Transition	115-120	75-77.5	190-195
Other committee voting members				
Dr Dominic Roberts	Independent GP	80-85	32.5-35	115-120

Notes

[1]GP members with a contract for services and disclosed under payroll engagements. Salaries include employer's contribution to GP pensions.

[2]Appointed into role as Chief Executive Officer commencing 1 December 2021.

[3]Appointed into role as Executive Director of Corporate Affairs commencing 1 March 2022.

[4]Appointed into role as Chief Development and Population Health Officer commencing 1 March 2022.

[5]Appointed as member of the Executive management team commencing 26 April 2021.

The table above includes GP remuneration for non-Governing Body work as follows:

- Jo Sauvage - £35-40k;
- Nitika Silhi – £25-30k;
- John McGrath - £25-30k.
- Dominic Roberts - £20-25k.

Pension benefits as at 30 June 2022

Pensions

Most staff, including executive senior managers, are eligible to join the NHS pension scheme. The NHS scheme's employer's contribution for the period was 20.68% of the individual's salary as per the NHS Pensions regulations. Employee contribution rates for CCG officers and practice staff during the period were as follows (annual figures):

Member contribution rates before tax relief (gross):

Annual pensionable pay	Gross contribution rate
Up to £15,431.99	5.00%
£15,432 to £21,477.99	5.60%
£21,478 to £26,823.99	7.10%
£26,824 to £47,845.99	9.30%
£47,846 to £70,630.99	12.50%
£70,631 to £111,376.99	13.50%
£111,377 and over	14.50%

Scheme benefits are set by NHS Pensions and applicable to all members. Past and present employees are covered by the provisions of the NHS pension scheme. Full details of how pension liabilities are treated are shown in the annual accounts.

Salary and pension entitlements of directors and senior managers

The following table discloses further information regarding remuneration and pension entitlements. There are no entries in the cases of members with non-pensionable remuneration or GP members with a contract for services – subject to audit

Pension entitlements 01 April to 30 June 2022	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 30 June 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000)	Cash equivalent transfer value at 1 April 2022 £'000	Real increase in cash equivalent transfer value £'000	Cash equivalent transfer value at 30 June 2022 £'000
Board members							
Ms Frances O'Callaghan	2.5 - 5	7.5-10	60-65	150-155	1,135	69	1,222
Mr Simon Goodwin[2]	(5)-(2.5)	(2.5)-0	55-60	110-115	1,103	0	1,107
Executive Management Team							
Mr Paul Sinden	0-2.5	(2.5)-0	40-45	80-85	813	4	821
Ms Sarah McDonnell-Davies[1]	0-2.5	0	5-10	0	79	2	86
Mr Ian Porter[1]	0-2.5	0	10-15	0	149	4	159
Ms Kay Matthews[2]	0-2.5	0-2.5	50-55	105-110	1,006	0	1,007
Ms Sarah Mansuralli	0-2.5	0-2.5	45-50	80-85	805	24	841
Mr Richard Dale[1]	0-2.5	0	20-25	0	218	5	230
Other voting committee members							
Dr Dominic Roberts	0-2.5	(2.5)-0	25-30	40-45	394	4	403

Notes

[1]No mandatory lump sum as advised by the NHS Pensions Agency

[2]No current year closing CETV provided by the NHS Pensions Agency due to the fact that individual took their pension in the 2022/23 financial year, post the June 22 reporting period. An estimation for the 3 months have been calculated which resulted in a negative real increase. Real increase movement therefore restated to nil as per Greenbury Guidance.

The CCG was only able to obtain confirmation of the movement in the cash equivalent transfer values for the directors' pension entitlements for the period from 1 April 2022 to 31 March 2023. As a result the CCG has apportioned the movement on a straight line basis to estimate the cash equivalent transfer value at 30 June 2022. This is considered to be a reasonable approximation of the movement in the value of the entitlements during the year.

Cash equivalent transfer value (CETV) figures are calculated using the guidance on discount rates for calculating unfunded public service contribution rates that was extant on 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023/24 CETV figures.

The below is the prior year comparatives remuneration and pensions table.Note that is it for the full 12 months reporting period 1st of April 2021 to 31 March 2022 – subject to audit

Pension entitlements 21.22 (12 months)	**Real increase in pension at pension age (bands of £2,500)**	**Real increase in pension lump sum at pension age (bands of £2,500)**	**Total accrued pension at pension age at 31 March 2022 (bands of £5,000)**	**Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)**	**Cash equivalent transfer value at 1 April 2021 £'000**	**Real increase in cash equivalent transfer value £'000**	**Cash equivalent transfer value at 31 March 2022 £'000**
Board members							
Ms Frances O'Callaghan	7.5-10	17.5-20	55-60	145-150	945	155	1,135
Mr Simon Goodwin	2.5-5	0	55-60	110-115	1,038	38	1,103
Executive Management Team							
Mr Paul Sinden	2.5-5	0-2.5	40-45	80-85	741	49	813
Ms Sarah McDonnell-Davies	0-2.5	0	5-10	0	56	4	79
Mr Ian Porter	0-2.5	0	10-15	0	118	13	149
Ms Kay Matthews	0-2.5	0	50-55	100-105	986	0	1,006
Ms Sarah Mansuralli	2.5-5	0	40-45	75-80	751	31	805
Mr Richard Dale	2.5-5	0	20-25	0	170	27	218
Other voting committee members							
Dr Dominic Roberts	0-2.5	0	25-30	40-45	359	24	394

Cash equivalent transfer values

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

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

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

Real increase in CETV

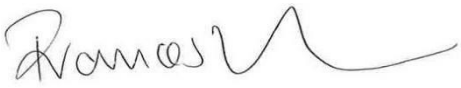
This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office – subject to audit

No Payments were made during the reporting period 01 April to 30 June 2022 (2021/22, nil).

Payments to past directors – subject to audit

No payments were made to past directors during the reporting period 01 April to 30 June 2022 (2021/22, nil).



Frances O'Callaghan

Chief Executive Officer

26th June 2023

Staff Report

Number of senior managers

At the 30 of June 2022, there were 12 individuals on a Very Senior Manager grade in NCL CCG.

Senior Managers information

At the 30 of June 2022, there were 27 Senior Managers on Band 9.

Staff numbers and costs (for staff numbers see Note 4.2 of accounts) – subject to audit

01 April to 30 June 2022	Admin			Programme			Total		
	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	2,748	1,100	**3,848**	4,323	1,648	**5,971**	7,071	2,748	**9,819**
Social security costs	363	-	**363**	584	-	**584**	947	-	**947**
Employer contributions to the NHS Pension Scheme	768	-	**768**	635	-	**635**	1,403	-	**1,403**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	38	-	**38**	-	-	**-**	38	-	**38**
Other post-employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**3,917**	**1,100**	**5,017**	**5,542**	**1,648**	**7,190**	**9,459**	**2,748**	**12,207**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**3,917**	**1,100**	**5,017**	**5,542**	**1,648**	**7,190**	**9,459**	**2,748**	**12,207**
Less: Employee costs Capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised Costs	**3,917**	**1,100**	**5,017**	**5,542**	**1,648**	**7,190**	**9,459**	**2,748**	**12,207**

Staff numbers and costs (prior year comparatives)

2021-22 (12 months)	Admin			Programme			Total		
	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits									
Salaries and wages	9,675	1,969	**11,644**	16,588	7,074	**23,662**	26,263	9,043	**35,306**
Social security costs	1,235	-	**1,235**	1,905	-	**1,905**	3,140	-	**3,140**
Employer contributions to the NHS Pension Scheme	2,756	-	**2,756**	2,171	-	**2,171**	4,927	-	**4,927**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	138	-	**138**	-	-	**-**	138	-	**138**
Other post-employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment Benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**
Less: Employee costs Capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised Costs	**13,804**	**1,969**	**15,773**	**20,664**	**7,074**	**27,738**	**34,468**	**9,043**	**43,511**

Staff composition

*Gender breakdown of NCL CCG Governing Body members at 30 June 2022:

	Male	Female	Total
Elected	5	4	9
Appointed	3	2	5
Non-Voting	N/A	N/A	N/A
Total	**8**	**6**	**14**

*Gender breakdown of all staff including Senior Managers and managers at Very Senior Managers grade as at 30 June 2022:

Pay Group	Female	Male	Total
Band 2	0	1	1
Band 3	22	3	25
Band 4	6	3	9
Band 5	31	10	41
Band 6	38	15	53
Band 7	50	16	66
Band 8a	58	30	88
Band 8b	55	22	77
Band 8c	46	24	70
Band 8d	26	22	48
Local Salary*	4	1	5
Senior Managers (Band 9 and above inclusive of VSM)	23	16	39
Grand Total	359	163	522

*These figures only include those who have declared their Gender, through Equality, Diversity and Inclusion monitoring.

To note: staff on outward secondment are not included in the staffing information in the above table.

Staff on a Local salary are staff who TUPE transferred into the CCG on Non Agenda for Change Pay terms.

Sickness absence data

Sickness absence data is available from the NHS Digital publication series on NHS Workforce Statistics

Local ESR data shows the sickness figures for NCL CCG for the period 01 April to 30 June 2022 as follows:

Absence FTE %	Absence Days	Absence FTE	Available FTE
1.78%	**743**	**722.45**	**40,564.49**

Staff turnover percentages

Staff turnover data is available from the NHS Digital publication series on Workforce Statistics.

Local ESR data shows the staff turnover figures for NCL CCG for the period 01 April to 30 June 2022 as follows:

Turnover Rate (01 Apr-30Jun 2022)	Percentage
Turnover Rate	**3.3%**

Staff engagement scores

NCL CCG took part in the annual NHS staff survey, which ran from October-November 2021. The Staff Survey Results for the CCG are published on the **NHS Staff Survey Results Website**.

No survey was run for the period 01 April 2022 to 30 June 2022

Staff engagement scores are calculated for key questions from the NHS Staff survey, grouped into three categories.

Category	Question from Staff Survey	Overall Score
Advocacy	• Would recommend organisation as place to work • If friend/relative needed treatment would be happy with standard of care provided by organisation • Care of patients/service users is organisation's top priority	6.4
Involvement	• Able to make suggestions to improve the work of my team/dept • Opportunities to show initiative frequently in my role • Able to make improvements happen in my area of work	7.0
Motivation	• Often/always look forward to going to work	6.8

	• Often/always enthusiastic about my job • Time often/always passes quickly when I am working	
Overall Score		6.7

The maximum possible score is 10 and the lowest possible score is 0**.** The engagement score for each category is an average of its three respective question scores. The overall staff engagement score is the average of the scores for all categories. The overall engagement score for NCL CCG in the 2021 NHS Staff Survey was 6.7.

Staff policies

NCL CCG is committed to advancing equality of opportunity for all employees regardless of their protected characteristics or backgrounds. The way the CCG demonstrates this is by ensuring the robustness of effective implementation of its employment practices, policies and procedures, which ensure that no employee, or potential employee receives less favourable treatment on the grounds of their protected characteristics, as required by the Equality Act 2010 and the CCG policies. All our Human Resource (HR) policies reflect the public sector equality duty and the need to show 'due regard' to it.

The impacts of HR policy/organisational change are subject to an equality impact assessment (EQIA) to ensure 'due regard' to the public sector equality duty and NHS good practice recommendations. The CCG is committed to ensuring the EQIA is carried out in a robust and effective way and the outcomes, including any recommendations or actions, are followed to ensure that no staff should be unfairly treated or discriminated against on the grounds of their protected characteristics or their association with someone with a protected characteristic. Any adverse impact identified through EQIAs for any staff within a protected characteristic group is either eliminated or minimised by the actions identified within the relevant equality impact assessment.

The CCG has in place an open, fair and transparent system for recruiting staff, clinical leads and Governing Body Members, which places emphasis on individuals' skills, abilities and experience. This enables the CCG to ensure that the diversity of our workforce represents the local community it serves.

The CCG's Recruitment and Selection Policy and Procedure explicitly states that managers will consider and make appropriate reasonable adjustments if an applicant declares themselves as disabled or as having a health condition that requires adjustments. Reasonable steps are taken accordingly to ensure all applicants are treated fairly, which includes making adjustments in terms of interviewing venue, selection and aptitude tests. The selection criteria contained within the job descriptions and person specifications are reviewed prior to commencing recruitment to ensure that they are consistent and commensurate with duties and responsibilities, and are essential for the effective performance of the role. In turn, the selection criteria used do not unfairly discriminate directly or indirectly any potential candidates.

The CCG is committed to organisational improvement through organisational, team and personal development. This means that all employees need to continually develop their skills and expertise so that they are able to carry out their role efficiently and effectively and can fully contribute to the success of the CCG. Staff have access to learning and development opportunities in accordance with the CCG's Learning and Development Policy.

The Appraisal Policy and Procedure provides a framework for maximising the effectiveness and potential of each employee so that they can contribute successfully to the achievements of the CCG's objectives. It also helps staff and managers to develop objectives by ensuring links to team/service objectives and ensures the right support, tools and mechanisms are in place to achieve the objectives. The Workforce System has the necessary functions to help staff and mangers to plan and complete their appraisals and also monitor and record progress.

The CCG continues to review how we positively support staff with their health and wellbeing whilst in employment. During 2020/21 the CCG introduced a Health and Wellbeing Programme which continued through 2021/22. This included programmes such as weekly mindfulness sessions and mental health wellbeing sessions, delivered by experts from a local NHS mental health provider organisation, and the recruitment of Mental Health and Wellbeing Champions.

Trade Union Facility Time Reporting Requirements

The table below represents activity for the reporting period 01 April to 30 June 2022

Reference	Question	Figures
Table 1 Relevant union officials	Number of employees who were relevant union officials during the relevant period	5.00
	Full-time equivalent employee number	5.00
Table 2 Percentage of time spent on facility time	**Percentage of time**	**Number of employees**
How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?	0	0.00
	1-50%	5.00
	51%-99%	0.00
	100%	0.00
Table 3 Percentage of pay bill spent on facility time	Total cost of facility time	£1,335
	Total pay bill	£10,387,000
	Provide the percentage of the total pay bill spent on facility time	0.01%

Other employee matters

Employee consultation

NCL CCG continues to strengthen staff engagement with our diverse workforce through our Diversity and Inclusion Steering Group, Staff Networks (BAME, Disability and Carers and LGBTQ+), Engaging our People Forum and Joint Partnership Group. The CCG continues to use these platforms to have open and honest conversations with our staff, to help the CCG to:

- Review and strengthen the CCG's policies and practices so that they are carried out fairly and equitable in order to thrive as a diverse and inclusive workforce;
- Develop the CCG's workforce priorities that will make the CCG the best place to work;
- Address areas of improvement identified from the national staff survey;
- Shape the CCG's health and wellbeing programme; and
- Promote best practice in engaging, consulting and supporting the workforce during transition, minimising disruption and uncertainty for staff.

Equality and diversity

NCL CCG recognises employees as its greatest asset and it wants to continue attracting, developing and retaining staff from diverse backgrounds. In accordance with the CCG's Equality and Diversity policy, all staff will be treated equitably, fairly and with respect. Selection for employment, promotion, training or any other benefit will be on the basis of aptitude and ability. All employees will be helped and encouraged to develop their full potential and the talents and resources of the workforce will be fully utilised to maximise the efficiency of the organisation. The CCG is committed to:

- Achieving the best clinical outcome and reduce health inequalities for patients;
- Advancing workforce equality and fairness to ensure that all our staff feel the organisation is fair and inclusive;
- Compliance with all statutory and mandatory equality, diversity and inclusion requirements
- Reflecting in its workforce the diversity of the population it serves;
- Undertaking annual equality reviews by examining workforce data against protected characteristics;
- Continuously refresh its induction and equality information for staff and external stakeholders to raise awareness;
- Ensure that each manager will work to create an environment in which individual differences and the contributions of all our staff are recognised and valued;
- Ensure all staff are aware of the policy, and the reasons for the policy; and
- Support the completion of the annual equality audit and the review of findings.

The CCG's Diversity and Inclusion Strategy demonstrates our commitment to move beyond the minimum statutory and mandatory compliance requirements and reflects the CCG's pledge to continue to give our staff and patients a true sense of belonging, through engagement and collaboration. Our diversity and inclusion objectives focus on two critical areas that are underpinned by a number of outcomes:

- Tackling health inequalities and strengthening the system approach to population/place-based health and care management; and
- Recruiting to a reflective workforce at all levels with a fair and just organisational culture.

Expenditure on consultancy

01 April to 30 Jun 22			31-Mar-22 (12 months)
Admin £'000	**Programme £'000**	**TOTAL £'000**	**TOTAL £'000**
-	3	3	1,711

Off-payroll engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as at 30 June 2022 for more than £245[(1)] per day:

	Number
Number of existing engagements as of 30 June 2022	53
Of which, the number that have existed:	
for less than one year at the time of reporting	17
for between one and two years at the time of reporting	29
for between 2 and 3 years at the time of reporting	4
for between 3 and 4 years at the time of reporting	3
for 4 or more years at the time of reporting	0

Where off-payroll engagements are used, we undertake risk based assessments as to whether assurance is required that the individual is paying the right amount of tax.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 01 April and 30 June 2022, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April and 30 June 2022	93
Of which:	
No. not subject to off-payroll legislation[(2)]	0
No. subject to off-payroll legislation and determined as in-scope of IR35[(2)]	58

No. subject to off-payroll legislation and determined as out of scope of IR35[(2)]	35
the number 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

[(1)] The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

[(2)] A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April and 30 June 2022

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

Note

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

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

Exit packages, including special (non-contractual) payments – subject to audit

Table 1: Exit Packages

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s	WHOLE NUMBERS ONLY	£s
£10,000 - £25,000			1	• £11,988.49	1	• £11,988.49		
TOTALS			**1**	**£11,988.49**	**1**	**£11,988.49**		

Redundancy and other departure cost have been paid in accordance with the provisions of NHS Agenda for Change terms and conditions. Exit costs in this note are accounted for in full in the year of departure. Where North Central London CCG has agreed early retirements, the additional costs are met by the North Central London 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 Value of agreements
	Number	**£000s**
Voluntary redundancies including early retirement contractual costs	N/A	
Mutually agreed resignations (MARS) contractual costs	N/A	
Early retirements in the efficiency of the service contractual costs	N/A	
Contractual payments in lieu of notice*	1	£11,988.49
Exit payments following Employment Tribunals or court orders	N/A	
Non-contractual payments requiring HMT approval**	N/A	
TOTAL	**1**	**£11,988.49**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note tables 1 and 2 which will be the number of individuals.

*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

**includes any non-contractual severance payment made following judicial mediation, and X (list amounts) relating to non-contractual payments in lieu of notice.

Zero non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary. The Remuneration Report includes disclosure of exit packages payable to individuals named in that Report.

Parliamentary Accountability and Audit Report

NHS North Central London CCG is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on losses and special payments, gifts, and fees and charges in this Accountability Report. An audit certificate and report is also included in this Annual Report at page 129.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE BOARD OF NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD IN RESPECT OF NHS NORTH CENTRAL LONDON CLINICAL COMMISSIONING GROUP

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of NHS North Central London Clinical Commissioning Group ("the CCG") for the three month period ended 30 June 2022 which comprise the Statement of Comprehensive Net Expenditure, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 30 June 2022 and of its income and expenditure for the three month period then ended; and
- have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State on 22 June 2022 as being relevant to CCGs in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

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

Emphasis of matter – going concern

We draw attention to the disclosure made in note 1.1 to the financial statements which explains that on 1 July 2022, NHS North Central London CCG was dissolved and its services transferred to NHS North Central London Integrated Care Board. Under the continuation of service principle the financial statements of the CCG have been prepared on a going concern basis because its services will continue to be provided by the successor public sector entity. Our opinion is not modified in respect of this matter.

Going concern

The Accountable Officer of the ICB ("the Accountable Officer") has prepared the financial statements on the going concern basis as the CCG has been dissolved and its services transferred to another public sector entity, the ICB, and the Accountable Officer has not been informed by the relevant national body of the intention to cease the services previously provided by the CCG. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Accountable Officer's conclusions, we considered the inherent risks associated with the continuity of services provided by the CCG and transferred to the ICB over the going concern period.

Our conclusions based on this work:

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

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the services provided by the CCG will continue to be provided by the successor body.

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management, the Audit Committee of the successor ICB and internal audit as to the CCG's high-level policies and procedures to prevent and detect fraud, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes of the CCG.
- Using analytical procedures to identify any unusual or unexpected relationships.

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

As required by auditing standards, we performed procedures to address the risk of management override of controls, in particular the risk that CCG management may be in a position to make inappropriate accounting entries.

On this audit we did not identify a fraud risk related to revenue recognition because of the nature of funding provided to the CCG, which is transferred from NHS England and recognised through the Statement of Changes in Taxpayers' Equity.

We did not identify any additional fraud risks.

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted by specific individuals and self-approved journals.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias

Identifying and responding to risks of material misstatement related to compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the Board of the CCG and ICB (as required by auditing standards), and discussed with the directors the policies and procedures regarding compliance with laws and regulations.

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

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

Firstly, the CCG is subject to laws and regulations that directly affect the financial statements including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the CCG is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: health and safety, data protection laws, anti-bribery, and employment law, recognising the nature of the CCG's activities. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of the directors and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

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

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

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

Other information in the Annual Report

The Accountable Officer is responsible for the other information, which 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, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

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

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

Annual Governance Statement

We are required by 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") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared, in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Accountable Officer's responsibilities

As explained more fully in the statement set out on page 63, the Accountable Officer of the ICB is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the CCG or dissolve the CCG without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

We are required to report on the following matters under Section 21(4) and (5) of the Local Audit and Accountability Act 2014.

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

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

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

We have nothing to report in this respect.

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

As explained more fully in the statement set out on page 63, the Accountable Officer is responsible for ensuring that the CCG exercises its functions effectively, efficiently and economically. We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

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

We planned our work and undertook our review in accordance with the Code of Audit Practice and related statutory guidance, having regard to whether the CCG had proper arrangements

in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

We have nothing to report in this respect.

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

This report is made solely to the Members of the Board of NHS North Central London Integrated Care Board in respect of NHS North Central London 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 Board of the ICB, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members of the Board of the ICB, as a body, for our audit work, for this report or for the opinions we have formed.

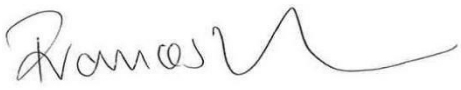
CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS North Central London CCG for the three month period ended 30 June 2022 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Joanne Lees
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square
London
E14 5GL

28 June 2023

ANNUAL ACCOUNTS



Frances O'Callaghan

Chief Executive Officer

26th June 2023

CONTENTS

Statement of Comprehensive Net Expenditure for the period ended 30 June 2022

	Note	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Income from sale of goods and services	2	(9,173)	(24,144)
Other operating income	2	-	(25)
Total Operating income		**(9,173)**	**(24,169)**
Staff costs	4	12,207	43,511
Purchase of goods and services	5	769,711	3,318,557
Depreciation and impairment charges	5	240	134
Provision expense	5	-	(237)
Other operating expenditure	5	236	996
Total Operating expenditure		**782,394**	**3,362,961**
Net Operating Expenditure		**773,221**	**3,338,792**
Finance expenses	7	8	-
Net Expenditure for the period		**773,229**	**3,338,792**
Total Net Expenditure for the financial period		**773,229**	**3,338,792**
Comprehensive Expenditure for the period		**773,229**	**3,338,792**

The accompanying Notes forms part of these Financial Statements

Statement of Financial Position as at 30 June 2022

	Note	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Non-current assets			
Right-of-use assets	8	3,406	-
Total non-current assets		**3,406**	**-**
Current assets			
Trade and other receivables	9	23,770	31,319
Cash and cash equivalents	10	-	153
Total current assets		**23,770**	**31,472**
Total assets		**27,176**	**31,472**
Current liabilities			
Trade and other payables	11	(319,154)	(365,979)
Lease liabilities	8	(718)	-
Borrowings	12	(5,752)	-
Total current liabilities		**(325,624)**	**(365,979)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(298,448)**	**(334,507)**
Non-current liabilities			
Lease liabilities	8	(2,623)	-
Provisions	13	(953)	(953)
Total non-current liabilities		**(3,576)**	**(953)**
Assets less Liabilities		**(302,024)**	**(335,460)**
Financed by taxpayers' equity			
General fund		(302,024)	(335,460)
Total taxpayers' equity		**(302,024)**	**(335,460)**

The accompanying Notes forms part of these Financial statements

The financial statements were approved by the Audit Committee under delegated authority from the Board of Members on the 17th of May 2023 and signed on its behalf by:

Frances O'Callaghan

Chief Executive Officer

Statement of Changes In Taxpayers' Equity for the period ended 30 June 2022

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2022-23		
Balance at 01 April 2022	(335,460)	**(335,460)**
Changes in NHS CCG taxpayers' equity for 30 June 2022		
Net expenditure for the financial period	(773,229)	**(773,229)**
Net Recognised NHS CCG expenditure for the financial period	**(773,229)**	**(773,229)**
Net funding	806,665	**806,665**
Balance at 30 June 2022	**(302,024)**	**(302,024)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April 2021	(256,778)	**(256,778)**
Adjusted NHS CCG balance at 01 April 2021	**(256,778)**	**(256,778)**
Changes in NHS CCG taxpayers' equity for 31 March 2022		
Net operating expenditure for the financial year	(3,338,792)	**(3,338,792)**
Net Recognised NHS CCG expenditure for the financial year	**(3,338,792)**	**(3,338,792)**
Net funding	3,260,110	**3,260,110**
Balance at 31 March 2022	**(335,460)**	**(335,460)**

The accompanying notes forms part of these Financial Statements

The statement of changes in taxpayers' equity analyses the cumulative movement on reserves. The net funding represents the main actual cash funding requested during the year.

Financial Performance:
During the reporting period 1 April to 30 June 2022, NHS North Central London CCG received Revenue Resource Limit funds of £773,229,000 and incurred expenditure of £773,229,000. A breakeven position is reported for this period.

Statement of Cash Flows for the period ended 30 June 2022

	Note	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial period		(773,229)	(3,338,792)
Depreciation and amortisation	5	240	134
(Increase)/decrease in trade & other receivables	9	7,549	17,915
Increase/(decrease) in trade & other payables	11	(46,825)	60,670
Provisions utilised	13	-	(18)
Increase/(decrease) in provisions	13	-	(237)
Net Cash Inflow (Outflow) from Operating Activities		**(812,265)**	**(3,260,328)**
Cash Flows from Investing Activities			
Interest paid/received		8	-
Non-cash movements arising on application of new accounting standards		(66)	-
Net Cash Inflow (Outflow) from Investing Activities	8	**(58)**	**-**
Net Cash Inflow (Outflow) before Financing		**(812,323)**	**(3,260,328)**
Cash Flows from Financing Activities			
Net Funding Received		806,665	3,260,110
Repayment of lease liabilities	8	(247)	
Net Cash Inflow (Outflow) from Financing Activities		**806,418**	**3,260,110**
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(5,905)**	**(218)**
Cash & Cash Equivalents at the Beginning of the financial period		**153**	**371**
Cash & Cash Equivalents (including bank overdrafts) at the End of the financial period		**(5,752)**	**153**

The accompanying Notes forms part of these Financial Statements

The statement of cash flows analyses the cash implication of the actions taken by the CCG during the financial period. The operating activities (total operating costs for the year adjusted for payables and receivables working balances) are netted off by the actual cash funding received from NHS England, resulting in a period-end cashbook balance of -£5,752k. The overdrawn cashbook is a result of the CCG releasing a BACS to clear all payable invoices on the 30th of June before closure and transfer to the new ICB. The ICB received cash funding on the 1st of July 2022 to cover this BACS payment.

Notes to the financial statements

1 Accounting policies

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

1.1 Going concern

These accounts have been prepared on a going concern basis.

As at 30 June 2022 the CCG had net liabilities of £302,024,000.

The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish clinical commissioning groups (CCG). ICBs will take on the commissioning functions of CCGs. The CCG functions, assets and liabilities will therefore transfer to an ICB.

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

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up at 30 June 2022 on a going concern basis.

1.2 Accounting convention

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

1.3 Pooled budgets

The CCG has entered into pooled budget arrangements under Section 75 of the NHS Act 2006 with the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budgets, identified in accordance with the pooled budget agreements.
Details are disclosed in the pooled budgets note.

1.4 Operating segments

Income and expenditure are analysed in the operating segments note and are reported in line with management information used within the CCG.

1.5 Revenue

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

- As per paragraph 121 of the Standard the CCG will not disclose information regarding the 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 the value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the CCG to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

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

Payment terms are standard, reflecting cross-government principles.

The value of the benefit received when the CCG accesses funds from the Government's apprenticeship service is 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.

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

1.7 Other expenses

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

1.8 Property, plant & equipment

1.8.1 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.

1.8.2 Measurement

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

1.8.3 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.

1.8.4 Depreciation & impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment 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 (ranging from 2-5 years) and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis

At each reporting period end, the CCG checks whether there is any indication that any of its property, plant and equipment 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.

1.9 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The CCG assesses whether a contract is or contains a lease, at inception of the contract.

1.9.1 The CCG as lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being re-measured in the 2022 calendar year under IFRS 16.

Lease payments included in the measurement of the lease liability comprise of:

- Fixed payments;
- Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
- The amount expected to be payable under residual value guarantees;
- The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
- Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is re-measured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.10 Cash & cash equivalents

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

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

1.11 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.

1.12 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.

1.13 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 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.

1.14 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 Financial Instruments and is determined at the time of initial recognition.

1.14.1 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.

1.14.2 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 lengths 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.

1.15 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.

1.15.1 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.

1.16 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.

1.17 Losses & special payments

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

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

1.18 Critical accounting judgements and key sources of estimation uncertainty

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

1.18.1 Critical accounting judgements in applying accounting policies

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.

1.18.2 Sources of estimation uncertainty

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

Accruals

For goods and/or services that have been delivered but for which no invoice has been received/sent, the CCG makes an accrual based on the contractual arrangements that are in place and its legal obligations.

Prescribing liabilities

NHS England actions monthly cash charges to the CCG for prescribing contracts. These are issued approximately 6-8 weeks in arrears. The CCG uses a forecast provided by the NHS Business Authority to estimate the full year expenditure.

1.19 Adoption of new standards

On 1 April 2022, the CCG adopted IFRS 16 ‘Leases’. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.

Under IFRS 16 the CCG will recognise a right-of-use asset representing the CCG’s right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

In addition, the CCG will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the CCG will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The CCG has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances.

IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The CCG has utilised three further practical expedients under the transition approach adopted:

a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure on operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 April 2022, the group recognised £3,646m of right-of-use assets and lease liabilities of £3,646m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was a nil impact to tax payers' equity.

The CCG has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the CCG's operating lease obligations at 31 March 2022, disclosed in the CCG's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total
	£'000
Operating lease commitments at 31 March 2022	(4,096)
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	39
Operating lease commitments discounted used weighted average IBR	**(4,057)**
Less: Short term leases (including those with <12 months at application date)	29
Less: Variable payments not included in the valuation of the lease liabilities	382
Lease liability at 1 April 2022	**(3,646)**

1.20 New and revised IFRS Standards in issue but not yet effective

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

2. Other Operating Revenue

	2022-23 30-Jun-22 Total £'000	2021-22 31-Mar-22 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	-	1,033
Non-patient care services to other bodies	5,107	20,011
Other contract income	4,066	3,100
Total Income from sale of goods and services	**9,173**	**24,144**
Other operating income		
Other non-contract revenue	-	25
Total Other operating income	**-**	**25**
Total Operating Income	**9,173**	**24,169**

Income does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG.

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

	Non-patient care services to other bodies £'000	Other Contract income £'000
Source of Revenue		
NHS	293	1,244
Non NHS	4,814	2,822
Total	**5,107**	**4,066**

	Non-patient care services to other bodies £'000	Other Contract income £'000
Timing of Revenue		
Point in time	5,107	4,066
Total	**5,107**	**4,066**

4. Employee benefits and staff numbers

4.1.1 Employee benefits	Total		2022-23 30-Jun-22
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	7,071	2,748	9,819
Social security costs	947	-	947
Employer contributions to NHS Pension scheme	1,403	-	1,403
Apprenticeship Levy	38	-	38
Gross employee benefits expenditure	**9,459**	**2,748**	**12,207**

4.1.1 Employee benefits	Total		2021-22 31-Mar-22
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	26,263	9,043	35,306
Social security costs	3,140	-	3,140
Employer contributions to NHS Pension scheme	4,927	-	4,927
Apprenticeship Levy	138	-	138
Gross employee benefits expenditure	**34,468**	**9,043**	**43,511**

4.2 Average number of people employed

	2022-23 30-Jun-22		
	Permanently employed Number	Other Number	Total Number
Total	505.08	105.01	**610.09**

	2021-22 31-Mar-22		
	Permanently employed Number	Other Number	Total Number
Total	463.16	96.44	**559.60**

4.3 Exit packages agreed in the financial period

	2022-23 30-Jun-22 Other agreed departures		2022-23 30-Jun-22 Total Exit Packages		2022-23 30-Jun-22 Special payment included in Exit Packages	
	Number	£	Number	£	Number	£
£10,001 to £25,000	1	11,988	1	11,988	-	-
Total	**1**	**11,988**	**1**	**11,988**	**-**	**-**

	2021-22 31-Mar-22 Other agreed departures		2021-22 31-Mar-22 Total Exit Packages		2021-22 31-Mar-22 Special payment included in Exit Packages	
	Number	£	Number	£	Number	£
Less than £10,000	2	3,580	2	3,580	-	-
£10,001 to £25,000	2	24,629	2	24,629	1	12,500
Total	**4**	**28,209**	**4**	**28,209**	**1**	**12,500**

Analysis of other agreed departures

	2022-23 30-Jun-22 Other agreed departures		2021-22 31-Mar-22 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	1	11,988	3	15,709
Exit payments following employment tribunals or court orders	-	-	1	12,500
Total	**1**	**11,988**	**4**	**28,209**

These tables report the number and value of exit packages agreed in the financial period. The expense associated with these departures may have been recognised in part or in full in a previous period.
Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Terms & Conditions.
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

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.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. From 2019-20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

4.4.1 Accounting valuation

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

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

4.4.2 Full actuarial (funding) valuation

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

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

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

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

5. Operating expenses

	2022-23 30-Jun-22 Total £'000	2021-22 31-Mar-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	5,666	19,720
Services from foundation trusts	298,396	1,365,023
Services from other NHS trusts	256,851	1,034,366
Purchase of healthcare from non-NHS bodies	81,700	408,145
Purchase of social care	1,656	1,643
Prescribing costs	47,853	186,987
Pharmaceutical services	6	21
GPMS/APMS and PCTMS	69,666	267,476
Supplies and services – clinical	379	1,302
Supplies and services – general	4,644	17,475
Consultancy services	3	1,711
Establishment	410	3,542
Transport	4	22
Premises	1,015	5,650
Audit fees	206	204
Other non-statutory audit expenditure		
· Internal audit services	46	180
· Other services	-	24
Other professional fees	1,080	3,996
Legal fees	52	450
Education, training and conferences	78	620
Total Purchase of goods and services	**769,711**	**3,318,557**
Depreciation and impairment charges		
Depreciation	240	134
Total Depreciation and impairment charges	**240**	**134**
Provision expense		
Provisions	-	(237)
Total Provision expense	**-**	**(237)**
Other Operating expenditure		
Chair and Non-Executive Members	236	890
Grants to other bodies	-	3
Expected credit loss on receivables	-	18
Other expenditure	-	85
Total Other Operating expenditure	**236**	**996**
Total Operating expenditure	**770,187**	**3,319,450**

The fee payable to the CCG's external auditors, KPMG LLP for the audit of the Q1 2022/23 accounts is £172,000 excluding VAT of £34,400

In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements)

Regulations 2008, the CCG is required to disclose the limit of its auditor's liability. The contract signed states that the liability of KPMG LLP, its members, partners and staff (whether in contract, negligence, or otherwise) shall in no circumstances exceed £1m, aside from where the liability cannot be limited by law. This is in aggregate in respect of all services.

6.1 Better Payment Practice Code

Measure of compliance	2022-23 30-Jun-22 Number	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 Number	2021-22 31-Mar-22 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the period	11,816	187,675	47,306	698,136
Total Non-NHS Trade Invoices paid within target	10,887	148,660	42,400	584,060
Percentage of Non-NHS Trade invoices paid within target	**92.14%**	**79.21%**	**89.63%**	**83.66%**
NHS Payables				
Total NHS Trade invoices paid in the period	245	570,370	1,422	2,389,839
Total NHS Trade Invoices paid within target	217	570,648	1,239	2,385,513
Percentage of NHS Trade invoices paid within target	**88.57%**	**100.05%**	**87.13%**	**99.82%**

The BPPC requires the CCG to pay 95% of all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.
No payments were made during the period in relation to claims under the Late Payment of Commercial Debts (Interest) Act 1998.

7. Finance costs

	2022-23 30-Jun-22 £'000	2021-22 31-Mar 22 £'000
Interest		
Interest on lease liabilities	8	-
Total interest	**8**	**-**
Total finance costs	**8**	**-**

8. Leases

8.1 Right-of-use assets

	2022-23 30-Jun-22 Buildings excluding dwellings Total £'000	2022-23 30-Jun-22 Of which: Leased from other DHSC Group bodies £'000	2021-22 31-Mar-22 Total £'000
Cost or valuation at 01 April 2022	-	-	-
IFRS 16 Transition adjustment	3,646	1,632	-
Cost or valuation at 30 June 2022	**3,646**	**1,632**	-
Depreciation 01 April 2022			
Charged during the period	240	109	-
Depreciation at 30 June 2022	**240**	**109**	**-**
Net Book Value at 30 June 2022	**3,406**	**1,523**	**-**

Carrying value of Right-of-use assets split by counterparty

	2022-23 30-Jun-22 Total £'000	2021-22 31-Mar-22 Total £'000
Leased from other DHSC Group bodies	1,523	-
Leased from other bodies externally	1,883	-
Total	**3,406**	**-**

8.2 Lease liabilities

	2022-23 30-Jun-22 Total £'000	2022-23 30-Jun-22 Of which: Leased from other DHSC Group bodies £'000	2021-22 31-Mar-22 Total £'000
Lease liabilities at 01 April 2022	-	-	-
IFRS 16 Transition adjustment	(3,646)	(1,632)	-
Interest expense relating to lease liabilities	(8)	(4)	-
Repayment of lease liabilities (capital and interest)	247	111	-
Other	66		-
Lease liabilities at 30 June 2022	**(3,341)**	**(1,525)**	**-**

Carrying value of Lease liabilities split by counterparty

	2022-23 30-Jun-22 Total £'000	2021-22 31-Mar-22 Total £'000
Leased from other DHSC Group bodies	(1,525)	-
Leased from other bodies externally	(1,816)	-
Total	**(3,341)**	**-**

8.3 Lease liabilities – Maturity analysis of undiscounted future lease payments

	2022-23 30-Jun-22 Total £'000	2022-23 30-Jun-22 Of which: Leased from other DHSC Group bodies £'000	2021-22 31-Mar-22 Total £'000
Within one year	(740)	(332)	-
Between one and five years	(2,655)	(1,219)	-
After five years	(5)	-	-
Balance at 30 June 2022	**(3,400)**	**(1,551)**	**-**
Effect of discounting	**59**	**26**	**-**
Included in:			
Current lease liabilities	(718)	(322)	**-**
Non-current lease liabilities	(2,623)	(1,203)	**-**
Balance at 30 June 2022	**(3,341)**	**(1,525)**	**-**

The Right-of-use asset and Lease liability from other DHSC Group bodies consist of office accommodation in Euston Road, London, leased from University College London NHS Foundation Trust.

8.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Depreciation expense on right-of-use assets	240	-
Interest expense on lease liabilities	8	-
Expense relating to short-term leases	20	-
Expense relating to leases of low value assets	2	-

8.5 Amounts recognised in Statement of Cash Flows

	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Total cash outflow on leases under IFRS 16	247	-
Total cash outflow for lease payments not included within the measurement of lease liabilities	58	-

9. Trade and other receivables

	Current 2022-23 30-Jun-22 £'000	Current 2021-22 31-Mar-22 £'000
NHS receivables: Revenue	5,650	6,021
NHS accrued income	761	3,099
Non-NHS and Other WGA receivables: Revenue	12,285	12,728
Non-NHS and Other WGA prepayments	1,101	76
Non-NHS and Other WGA accrued income	4,619	9,274
Expected credit loss allowance-receivables	(1,960)	(1,960)
VAT	1,313	2,081
Other receivables and accruals	1	-
Total Trade & other receivables	**23,770**	**31,319**
Total current and non-current	**23,770**	**31,319**

9.2 Receivables past their due date but not impaired

	2022-23 30-Jun-22 DHSC Group Bodies £'000	2022-23 30-Jun-22 Non DHSC Group Bodies £'000	2021-22 31-Mar-22 DHSC Group Bodies £'000	2021-22 31-Mar-22 Non DHSC Group Bodies £'000
By up to three months	2,621	112	763	9,630
By three to six months	404	8,662	1,712	34
By more than six months	2,247	2,817	541	2,813
Total	**5,272**	**11,591**	**3,016**	**12,477**

9.3 Loss allowance on asset classes	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 01 April 2022	(1,960)	**(1,960)**
Allowance for credit losses at 30 June 2022	**(1,960)**	**(1,960)**

10. Cash and cash equivalents

	2022-23 30-Jun-22 £'000	2021-22 31-Mar-22 £'000
Balance at 01 April 2022	153	371
Net change in period	(5,905)	(218)
Balance at 30 June 2022	**(5,752)**	**153**
Made up of:		
Cash with the Government Banking Service	-	153
Cash and cash equivalents as in statement of financial position	**-**	**153**
Bank overdraft: Government Banking Service	(5,752)	-
Total bank overdrafts	**(5,752)**	**-**
Balance at 30 June 2022	**(5,752)**	**153**

11. Trade and other payables

	Current 2022-23 30-Jun-22 £'000	Current 2021-22 31-Mar-22 £'000
NHS payables: Revenue	12,582	14,900
NHS accruals	18,468	29,769
Non-NHS and other WGA payables: Revenue	99,762	110,635
Non-NHS and other WGA accruals	182,678	202,741
Social security costs	600	528
Tax	528	519
Other payables and accruals	4,536	6,887
Total Trade & Other Payables	**319,154**	**365,979**
Total current and non-current	**319,154**	**365,979**
Other payables include outstanding pension contributions	2,577	2,091

12. Borrowings

	Current 2022-23 30-Jun-22 £'000	Current 2021-22 31-Mar-22 £'000
Bank overdrafts:		
- Government banking service	5,752	-
Total overdrafts	**5,752**	**-**
Total Borrowings	**5,752**	**-**

12.1 Repayment of principal falling due

	Other 2022-23 30-Jun-22 £'000	Total 2021-22 31-Mar-22 £'000
Within one year	5,752	-
Total	**5,752**	**-**

13. Provisions

	Non-current 2022-23 30-Jun-22 £'000	Non-current 2021-22 31-Mar-22 £'000
Legal claims	740	740
Other	213	213
Total	**953**	**953**
Total current and non-current	**953**	

	Legal Claims £'000	Other £'000	Total £'000
Balance at 01 April 2022	**740**	**213**	**953**
Balance at 30 June 2022	**740**	**213**	**953**
Expected timing of cash flows:			
Between one and five years	740	213	**953**
Balance at 30 June 2022	**740**	**213**	**953**

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of this CCG at 30 June 2022 is £0 (£0 at 31st March 2022).

14. Financial instruments

14.1 Financial risk management

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

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

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

14.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

14.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

14.1.3 Credit risk

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

14.1.4 Liquidity risk

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

14.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

14.2 Financial assets

	Financial Assets measured at amortised cost 2022-23 30-Jun-22 £'000	Total 2022-23 30-Jun-22 £'000
Trade and other receivables with NHSE bodies	5,568	5,568
Trade and other receivables with other DHSC group bodies	5,462	5,462
Trade and other receivables with external bodies	12,286	12,286
Total at 30 June 2022	**23,316**	**23,316**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2022-23 30-Jun-22 £'000	Total 2022-23 30-Jun-22 £'000
Loans with external bodies	5,752	5,752
Trade and other payables with NHSE bodies	3,777	3,777
Trade and other payables with other DHSC group bodies	29,305	29,305
Trade and other payables with external bodies	288,287	288,287
Total at 30 June 2022	**327,121**	**327,121**

15. Operating segments

The CCG has elected not to split its net expenditure by operating segment, as it only has one segment: Commissioning of Healthcare Services.

16. 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.

16.1 Interests in joint operations

Name of arrangement	Parties to the arrangement	Description of principal activities	Amounts recognised in Entities books ONLY 2022-23 30-Jun-22 Income £'000	2022-23 30-Jun-22 Expenditure £'000	2021-22 31-Mar-22 Income £'000	2021-22 31-Mar-22 Expenditure £'000
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Barnet	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	9,215	-	35,146
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Camden	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(2,219)	14,750	(8,705)	57,206
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Enfield	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	7,162	-	26,981
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Haringey	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	(2,032)	20,951	(7,853)	81,763
Section 75 Pooled Budget	NHS NCL CCG & London Borough of Islington	Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services. This power allows a local authority to commission health services and NHS commissioners to commission social care	-	8,514	-	37,915
			(4,251)	60,592	(16,558)	239,011

17. Related party transactions

Details of related party transactions with individuals are as follows:

Related party transactions – 30 June 2022

Employees of NHS North Central London CCG are required to disclose any relevant and material interests they may have in other organisations (related parties). This is recorded in the Register of Interests.

The transactions listed below are payments made to the related parties declared by NHS North Central London CCG's Governing Body members (other than payments to practices, other NHS bodies, and other government departments):

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Barnet Federated GPs Ltd	2,068	0	419	0
Camden Health Evolution Ltd	164	0	44	0
Enfield Healthcare Co-operative Ltd	4,407	0	6,228	0
Enfield One Ltd	411	0	780	0
Federated4Health Ltd	3,945	0	2,481	0
Islington GP Group Ltd	2,024	0	1,073	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS North Central London CCG's Governing Body during the period 1 April to 30 June 2022. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

Dowsett Road Surgery	161	0	0	0
Hillview Surgery	64	0	0	0
Keats Group Practice	453	0	0	0
Lawrence House Surgery	704	0	119	0

Medicus Health Partners	3,617	0	2	0
Mildmay Medical Practice	301	0	0	0
Muswell Hill Practice	424	0	0	0
Park Lodge Medical Centre	1	0	1	0
St George's Medical Centre	334	0	1	0
The Bloomsbury Surgery	252	0	0	0
Tottenham Hale Medical Practice	135	0	0	0
Winchmore Practice	855	0	0	0

The Department of Health is regarded as a related party. During the period 1 April to 30 June 2022 NHS North Central London CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

Barnet, Enfield & Haringey Mental Health NHS Trust	53,122	(75)	187	(131)
Barts Health NHS Trust	7,189	0	556	0
Camden & Islington NHS Foundation Trust	31,567	0	4,083	0
Central & North West London NHS Foundation Trust	9,861	0	85	0
Central London Community Healthcare NHS Trust	13,711	0	2,364	(13)
Chelsea And Westminster Hospital NHS Foundation Trust	1,019	0	6	0
Community Health Partnerships	621	0	1,114	0
Great Ormond Street Hospital for Children NHS Foundation Trust	2,527	0	607	(36)
Guy's & St Thomas' NHS Foundation Trust	4,367	0	183	0
Homerton University Hospital NHS Foundation Trust	4,576	0	187	0
Imperial College Healthcare NHS Trust	5,298	0	0	(6)
London Ambulance Service NHS Trust	19,766	0	2,663	0
London North West Healthcare NHS Trust	4,216	0	0	(8)
Moorfields Eye Hospital NHS Foundation Trust	6,594	0	287	0
NHS England – London Regional Office	(28)	0	442	(5,383)
NHS NEL CSU	4,908	0	1,350	0
North Middlesex University Hospital NHS Trust	70,819	0	1,275	(13)
Royal Free London NHS Foundation Trust	135,057	0	2,833	(8)
Royal National Orthopaedic Hospital NHS Trust	7,516	0	612	0

Tavistock & Portman NHS Foundation Trust	3,621	0	0	0
University College London Hospitals NHS Foundation Trust	94,677	0	6,893	(179)
Whittington Health NHS Trust	73,038	0	672	(206)

During the period 1 April to 30 June 2022 NHS North Central London CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

Barnet London Borough Council	1,960	(76)	23,860	(1,178)
Camden London Borough Council	8,900	(2,676)	17,637	(2,939)
Enfield London Borough Council	6,100	0	30,603	(212)
Haringey London Borough Council	2,723	(1,997)	27,491	(11,442)
Islington London Borough Council	2,773	(65)	15,101	(165)

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties are also deemed to be related parties of the CCG. Below are the transactions from the related parties within NCL CCG declared by DHSC Ministers and Senior Officials.

Leeds Teaching Hospitals NHS Trust	19	0	0	0

17.1 Prior year Related party transactions contd.

Details of related party transactions with individuals are as follows:

Related party transactions - 2021-22

Employees of NHS North Central London CCG are required to disclose any relevant and material interests they may have in other organisations (related parties). This is recorded in the Register of Interests.

The transactions listed below are payments made to the related parties declared by NHS North Central London CCG's Governing Body members (other than payments to practices, other NHS bodies, and other government departments):

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Barnet Federated GPs Ltd	9,795	0	0	0
Camden Health Evolution Ltd	52	0	30	0
Enfield Healthcare Co-operative Ltd	3,221	0	5	0
Enfield One Ltd	2,252	0	0	0
Federated4Health Ltd	10,804	(71)	185	0
Islington GP Group Ltd	10,192	0	145	0

The transactions listed below are payments made to those practices where one of the GPs of that practice is or has been a member of NHS North Central London CCG's Governing Body during 2021-22. These payments include GMS/PMS contract and ad hoc payments, but exclude prescribing payments:

City Road Medical Centre	1,419	0	63	0
Dowsett Road Surgery	714	0	119	0
Hillview Surgery	251	0	9	0
Keats Group Practice	1,853	0	145	0
Lawrence House Surgery	2,766	0	283	0
Medicus Health Partners	14,521	0	780	0

Mildmay Medical Practice	1,065	0	45	0
Muswell Hill Practice	1,625	0	57	0
Park Lodge Medical Centre	0	0	9	0
St George's Medical Centre	1,405	0	101	0
The Bloomsbury Surgery	863	0	27	0
Tottenham Hale Medical Practice	428	0	51	0
Winchmore Practice	3,274	0	217	0

The Department of Health is regarded as a related party. During 2021-22 NHS North Central London CCG has had a significant number of material transactions (expenditure more than £1m) with the Department, and with other entities for which the department is regarded as the parent department, and NHS England the parent entity, including:

Barking, Havering & Redbridge University Hospitals NHS Trust	1,045	0	1	0
Barnet, Enfield & Haringey Mental Health NHS Trust	190,547	(635)	1,200	(43)
Barts Health NHS Trust	26,381	0	252	0
Camden & Islington NHS Foundation Trust	126,689	0	4,697	0
Central & North West London NHS Foundation Trust	42,189	0	585	(25)
Central London Community Healthcare NHS Trust	51,926	0	1,757	(13)
Chelsea And Westminster Hospital NHS Foundation Trust	3,720	0	0	(41)
Community Health Partnerships	3,485	0	1,003	0
East & North Hertfordshire NHS Trust	1,317	0	0	0
East London NHS Foundation Trust	1,022	0	653	(5)
Great Ormond Street Hospital for Children NHS Foundation Trust	59,265	0	1,346	(36)
Guy's & St Thomas' NHS Foundation Trust	16,149	0	43	0
Health Education England	0	(1,033)	0	(23)
Homerton University Hospital NHS Foundation Trust	16,954	0	40	0
Imperial College Healthcare NHS Trust	20,321	0	0	0
King's College Hospital NHS Foundation Trust	2,705	0	272	0
London Ambulance Service NHS Trust	65,566	0	32	0
London North West Healthcare NHS Trust	16,594	0	106	0
Moorfields Eye Hospital NHS Foundation Trust	44,033	0	1,019	0
NHS England – London Regional Office	302	(2,037)	291	(5,397)

NHS NEL CSU	18,101	0	3,158	(6)
NHS North of England CSU	891	0	1,151	0
North East London NHS Foundation Trust	3,039	0	121	(8)
North Middlesex University Hospital NHS Trust	292,358	0	0	(2,850)
Royal Free London NHS Foundation Trust	627,931	0	10,805	(8)
Royal National Orthopaedic Hospital NHS Trust	53,794	0	658	0
South London & Maudsley NHS Foundation Trust	1,649	0	0	0
St George's University Hospitals NHS Foundation Trust	1,483	0	122	0
Tavistock & Portman NHS Foundation Trust	15,160	0	313	0
The Princess Alexandra Hospital NHS Trust	1,350	0	0	0
University College London Hospitals NHS Foundation Trust	402,293	0	12,327	(179)
West Hertfordshire Hospitals NHS Trust	1,821	0	5	0
Whittington Health NHS Trust	311,561	0	2,356	(136)

During 2021-22 NHS North Central London CCG has had a number of material transactions with other government departments and other central and local government bodies. The material transactions have been with:

Barnet London Borough Council	25,326	(108)	24,165	(920)
Camden London Borough Council	42,430	(10,665)	20,516	(2,519)
Enfield London Borough Council	25,079	(18)	22,303	(212)
Haringey London Borough Council	13,413	(7,853)	35,762	(17,100)
Islington London Borough Council	34,677	(394)	21,399	(46)

The individuals and entities that the Department of Health and Social Care identifies as meeting the definition of Related Parties are also deemed to be related parties of the CCG. The transactions below are payments made to the related parties within NCL CCG declared by DHSC Ministers and Senior Officials.

Partnering Health Limited	6	0	0	0

18. Events after the end of the reporting period

On 28 April 2022 the Health and Care Act received Royal Assent. This confirmed the establishment of Integrated Care Boards in England. As a result of this the CCG have wound up on 30 June 2022 and NHS North Central London Integrated Care Board were formed on 1 July 2022. As explained in note 1.1, the CCG's accounts are still prepared on a going concern basis due to the continued provision of the CCG's commissioning functions by the ICB.

19. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties were as follows:

	2022-23 30-Jun-22				2021-22 31-Mar-22			
	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved	Target £'000	Performance £'000	Surplus/ (Deficit) £'000	Duty Achieved
Expenditure not to exceed income	782,402	782,402	0	Yes	3,366,259	3,362,961	3,298	Yes
Revenue resource use does not exceed the amount specified in Directions	773,229	773,229	0	Yes	3,342,090	3,338,792	3,298	Yes
Revenue administration resource use does not exceed the amount specified in Directions	7,944	7,944	0	Yes	30,629	30,609	20	Yes

20 Losses and special payments

Special payments

	Total Number of Cases 2022-23 30-Jun-22 Number	Total Value of Cases 2022-23 30-Jun-22 £'000	Total Number of Cases 2021-22 31-Mar-22 Number	Total Value of Cases 2021-22 31-Mar-22 £'000
Compensation payments	0	0	1	13
	0	**0**	**1**	**13**