NHS
Wirral
Clinical Commissioning Group

Annual Report

QTR 1 2022/23

Foreword

Simon and I are pleased to introduce the NHS Wirral CCG Annual Report for QTR 1 2022/2023.

Welcome to this report which covers a short period between April – June 2022, recognising that NHS Wirral CCG ceased to be a statutory organisation on 30 June 2022. During the first part of the year, we have continued to restore services across our borough, and mindful of the challenges which we face, we continue to work with our system partners with determination and an enthusiasm to deliver seamless, high-quality health and care to the people of Wirral.

Our focus at the start of this year has been to begin the recovery from the COVID-19 Pandemic, delivery of the vaccination programme and addressing the increased pressures on our system. We also progressed a 'due diligence' process to safely and effectively close down the CCG to facilitate the establishment of NHS Cheshire and Merseyside on 1 July 2022.

We have learned much from the COVID pandemic; crucially that integration and innovation are key to how we deliver the best health and care to our residents. As part of the changes brought about by the new Health and Care Act 2022 we have been working to establish our Place Partnership arrangements which represent a significant shift in how we will plan and deliver services in partnership. This new way of working will ensure that we have shared priorities across all partners including the Local Authority, local NHS providers and the Voluntary, Community and Faith Sector.

We acknowledge and applaud the work of our own staff, who have not only risen to the ongoing challenges, but have embraced hybrid working in a positive way. We remain in awe of their tenacity and strength of character.

We would also like to thank our member practices, as well as our partners across health and social care, for their collective support since the establishment of the CCG in 2013.

It has been our great privilege to work with such amazing people within the organisation and across Wirral. We are proud of the achievements of the organisation, but more so in recent years, because despite the global pandemic challenges, we leave the organisation in a positive position, financially and culturally.

And so to the new world of Cheshire and Mersey Integrated Care System, we wish success but know that Wirral Place will thrive because of it's will to do so and because of it's people.

Dr Paula Cowan, Chair

Simon Banks, Chief Officer

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Publication Arrangements

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

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

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

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Introduction

NHS Wirral Clinical Commissioning Group (CCG) commissions health care services for people registered with 47 general practices listed within the CCG area and this aligns with the boundary of Wirral Council.

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

Despite this there are significant inequalities, especially in relation to deprivation which is most prevalent in East Wirral which has some of the most deprived electoral wards in England. This drives poorer health outcomes and, in these areas, more people are likely to smoke, have low levels of physical activity and poor diets. This is further exacerbated by low levels of economic activity and productivity. In addition, Wirral has an older age profile when compared to the national average, especially those aged 65+, one in three of whom live alone. This equates to around 24,000 older people in Wirral living alone.

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

Further details of our GP member practices can be found on page 47 of this report.

Mission and Values

Our Vision

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

Our mission

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

In doing this we:

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

Our Values

Our Objectives

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

- Empower the people of Wirral to improve their physical health, mental health and wellbeing
- Reduce health inequalities across Wirral
- Adopt a health and wellbeing approach in the way services are both commissioned and provided
- Commission and contract services that can;

    - Demonstrate improved person centred outcomes
    - Are high quality and seamless for the patients
    - Are safe and sustainable
    - Are evidence based
    - Demonstrate value for money

Joint Strategic Needs Assessment

Wirral's Joint Strategic Needs Assessment highlights a number of significant challenges to the Health and Social Care System in respect of its resident population.
Further information regarding the Joint Strategic Needs Assessment is available on our website: https://www.wirralintelligenceservice.org/

Health Economy Profile

The overall Wirral population is currently estimated to be 324,011 (ONS 2020 Mid-Year Estimates, 2021) with a gender split of 156,939 (or 48.4%) male residents and 167,072 (or 51.6%) female residents (Office for National Statistics, 2021). Population projections suggest that this is estimated to increase by around 3% between 2020 and 2040 from an estimated 327,400 in 2025 to 334,500 in 2040.

Overall, Wirral has a relatively higher older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole. (Wirral Statistical Compendium, 2021).

The largest percentage increase is expected in the over 90s, where a 74% increase is projected (an increase from around 3,700 people in 2021, to 6,400 people in 2040 (ONS 2018-based Population Projections)*
The biggest decreases could be in those adults in their mid-to-late fifties, where a decrease of around 14% is likely between 2021 and 2040.

Population Health Issues

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

Alcohol consumption

Alcohol consumption is a major issue for Wirral, particularly hospital admissions related to alcohol. For example, the rate of hospital admission episodes for alcohol-specific conditions is almost double the national average (1,052 per 100,000 in Wirral compared to 587 per 100,000 in England in 2020/21 according to data in the Local Alcohol Profiles, 2021.

Hypertension

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

Pregnancy

Teenage conceptions (Under 18s) shows improvement despite a small increase in 2019 and is nearing being comparable with North West and England while Emergency Hospital Admissions for Intentional Self-Harm (10-24 years) levels continue to increase and be significantly higher than North and England.

Smoking

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

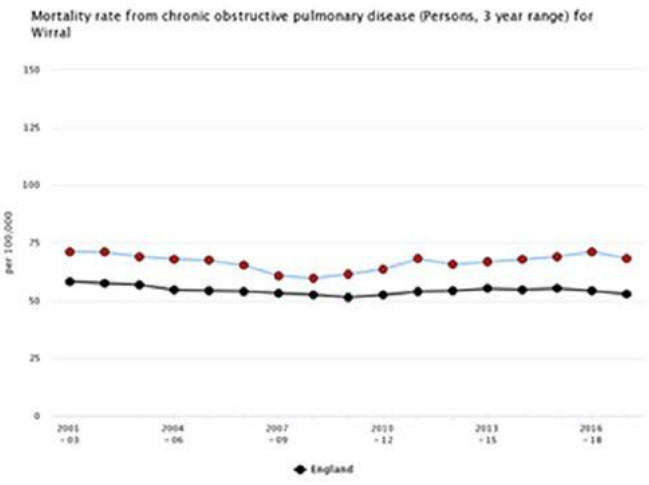
<75 Premature Mortality

Premature mortality (deaths in those aged under 75) remains an issue locally, with significantly higher rates of mortality from almost all the major causes of death (cancer,

* These are the most recently available population projections, but it is important to note they were produced by ONS prior to the COVID-19 pandemic, meaning it is likely when the more recent projections are released later in 2022, there may be some considerable differences with estimates produced prior to 2020

liver disease, heart disease and respiratory disease) in Wirral compared to England (Public Health England, Mortality Profile, 2021)

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



Recent trend: Could not be calculated

Period		Wirral Count	Value	95% Lower CI	95% Upper CI	North West	England
2001 - 03	●	635	71.2	65.8	77.0	74.0	58.3
2002 - 04	●	636	70.9	65.5	76.7	72.1	57.5
2003 - 05	●	626	69.0	63.7	74.6	71.0	56.9
2004 - 06	●	625	68.0	62.7	73.6	67.9	54.5
2005 - 07	●	627	67.3	62.1	72.8	67.2	54.2
2006 - 08	●	612	65.2	60.1	70.6	67.1	54.0
2007 - 09	●	573	60.7	55.8	65.9	65.5	53.2
2008 - 10	●	568	59.7	54.8	64.8	64.6	52.5
2009 - 11	●	592	61.4	56.5	66.5	63.2	51.4
2010 - 12	●	621	63.6	58.6	68.8	64.5	52.4
2011 - 13	●	675	68.0	63.0	73.4	66.4	53.9
2012 - 14	●	662	65.7	60.7	70.9	67.0	54.1
2013 - 15	●	683	66.7	61.8	71.9	68.8	55.1
2014 - 16	●	698	67.8	62.8	73.0	69.0	54.7
2015 - 17	●	720	69.0	64.0	74.2	68.8	55.2
2016 - 18	●	753	71.1	66.1	76.4	67.6	54.1
2017 - 19	●	734	68.2	63.3	73.3	66.2	52.8

Source: Calculated by OHID: Population Health Analysis (PHA) team from the Office for National Statistics (ONS) Annual Death Registrations Extract and ONS Mid Year Population Estimates

Diabetes

Over 20,000 people currently have diagnosed diabetes in Wirral (7.4% of the adult population) and this continues to increase. This does not include an estimated 4,224 people who have diabetes but are not yet diagnosed, putting them at increased risk of complications such as amputations and visual impairment. However, the gap in those who do not know they have diabetes compared to those who are already diagnosed is reducing* (Diabetes Prevalence Estimates for Local Populations (2016)).

Stroke

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

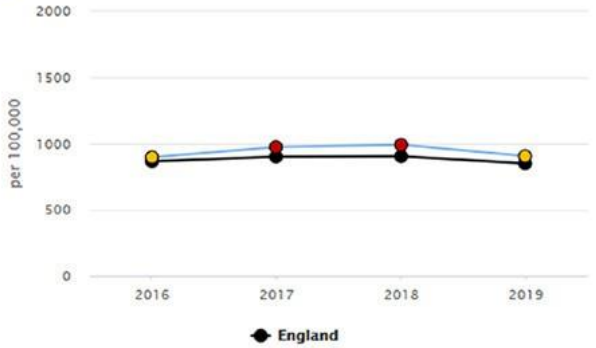
Dementia

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

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

Directly standardised rate - per 100,000

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: –

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

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

Limiting Long Term Illness

Around 38,000 people aged 65 or over reported that they had a Limiting Long- Term Illness, which is projected to increase to over 50,000 by 2040 (POPPI, 2021).

Fall

Data suggests that over 19,300 adults aged over 65 are predicted to have a fall in 2021, with this rising to almost 26,000 per-year by 2040 (POPPI, 2021).

Flu

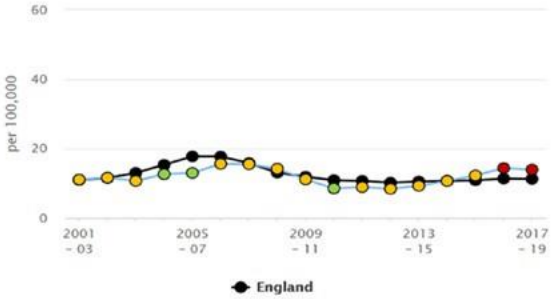
Wirral's flu vaccination rate (aged 65+) for Winter 2020/21 (82.9%) saw the same substantial increase in uptake as both the North West (80.9%) and England (80.9%) compared to previous years, as well as continuing to outperform these areas also. At the same time, mortality from communicable diseases including flu remained higher for Wirral compared to both North West and England (although it should be noted that this was for a previous time period of 2017-19, the latest available mortality date for communicable disease) (Public Health Outcomes Framework, 2021).

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

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

Directly standardised rate - per 100,000

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: –

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

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

Performance Report

Performance Overview

This section aims to give an overview of NHS Wirral Clinical Commissioning Group's (CCG) performance in QTR 1 2022/23 against the key NHS Constitutional Standards and the nationally defined Improvement Assessment Framework (IAF).

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

In support of this, NHS Wirral CCG has developed a strategic plan that describes a move towards outcomes-based commissioning and a greater degree of localism. The latter is described later in this Annual Report within the 'Reducing Health Inequalities' section. Some of the key risks that could present challenges to the commissioning of high-quality services are presented in the Annual Governance Statement section.

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

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

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

NHS Constitution Support Measures	Target	2022/23 Q1 Performance	2022/23 RAG Rating
Referral To Treatment waiting times for non-urgent consultant-led treatment			
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral	92%	65.5%	
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 52 weeks from referral	0	1255	
Diagnostic test waiting times			
Patients waiting for a diagnostic test should be waiting less than 6 weeks from referral	99%	86.9%	
A&E Waits			
Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department (Arrowe Park A&E & Arrowe Park WIC)	95%	63.6%	
Cancer waits – 2 week wait			
Maximum two-week wait for first outpatient appointments for patients referred urgently with suspected cancer by a GP	93%	92.9%	
Maximum two-week wait for first outpatient appointments for patients referred urgently with breast symptoms (where cancer was not initially suspected)	93%	62.5%	
Cancer waits – 28 Day Faster Diagnosis			
Maximum 28 day wait to ensure patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.	75%	77.6%	
Cancer waits – 31 days			
Maximum one month (31 day) wait from diagnosis to first definitive treatment for all cancers	96%	96.9%	
Maximum one month (31 day) wait for subsequent treatment where that treatment is surgery	94%	90.2%	
Maximum one month (31 day) wait for subsequent treatment where that treatment is an anti-cancer drug regime	98%	99.6%	
Maximum one month (31 day) wait for subsequent treatment where that treatment is a course of radiotherapy	94%	99.1%	
Cancer waits – 62 days			
Maximum two month (62 days) wait from urgent GP referral to first definitive treatment for cancer	85%	78.4%	
Maximum two month (62 days) wait from referral from an NHS Screening Service to first definitive treatment for all cancers	90%	75.5%	
Ambulance calls			
Category 1 Life Threatening: ambulance response Mean response time 7 minutes	< 7 mins	00:09:09	
Category 1 Life Threatening: 9 out of 10 times within 15 minutes.	90% < 15 mins	00:14:45	
Category 2 Emergency Calls: ambulance response Mean response team 18 minutes	< 18 mins	00:53:35	
Category 2 Emergency Calls: 9 out of 10 incidents responded to within 40 minutes	90% < 40 mins	01:57:11	

Category 3 Urgent Calls: 9 out of 10 responded to within 120 minutes	90% < 120 mins	07:35:16	
Category 4 Less Urgent Calls: 9out of 10 responded to within 180 minutes.	90% < 180 mins	12:32:05	
Mixed sex accommodation breaches			
Minimise breaches to zero	0	2	
Cancelled operations			
All patients who have operations cancelled on or after the day of admission, for non-clinical reasons to be offered another binding date within 28 days, or the patients treatment to be funded at the time and hospital of the patients choice.	0	15	
Number of last minute elective operations cancelled for non clinical reasons	0	95	
Ambulance Handover			
Average Arrival to Handover Time within 15 minutes	< 15 mins	36:12	
Average Ambulance handover to clear within 15 minutes	< 15 mins	11:24	
Average Ambulance arrival to clear within 30 minutes (turn around)	< 30 mins	46:24	
IAPT			
Total percentage of patient population to access IAPT Services	25%	17.6%	
Patients to be treated within 18 weeks of referral	95%	99.8%	
Patients to be treated within 6 weeks of referral	75%	78.3%	
Patients to be moved to recovery at discharge	50%	37.4%	
Early Intervention Psychosis			
Patients seen within 2 weeks of referral	60%	Not available †	
Healthcare acquired infections			
MRSA	0	0	
Cdiff	33	42	
Delayed Transfer of Care			
Proportion of beds occupied by DTOC	Not available *	Not available *	

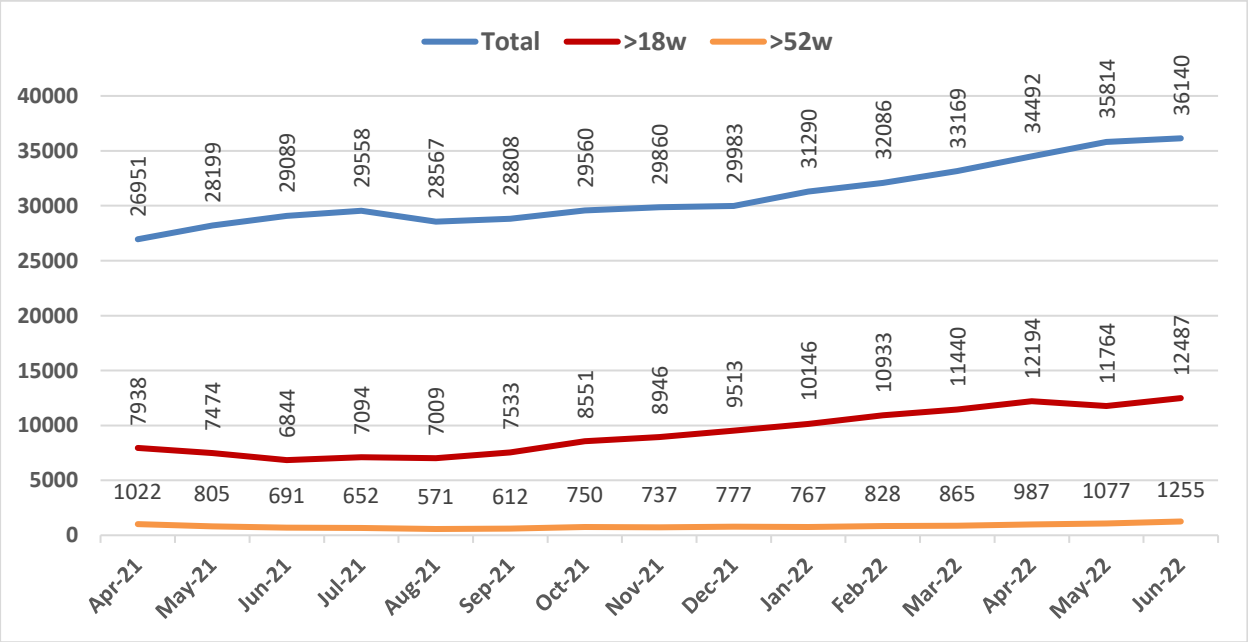
Performance analysis

Referral to Treatment (RTT) (18 week standard)

The following table summarises the performance against the RTT standard for 92% of patients to be seen and treated within 18 weeks when referred into a consultant led elective service during QTR 1 2022/23 (April – June).

	RTT 18 week Performance	RTT 52 week Performance
YTD Average	69.83%	826
Min.	64.65%	987
Max.	67.15%	1,255
Latest month (Jun-22)	65.45%	1,255

Overall, the RTT performance throughout the quarter was showing a downward trend, mainly due to the displacement of elective activities by the COVID-19 pandemic. As a result, various aspects of the Elective Recovery Programme were paused in early 2021 to maintain critical clinical services to manage the continued pandemic response. Consequently, the backlog (number of patients waiting over 18 and 52 weeks) increased significantly. The following graph outlines the challenge now faced by the system to support recovery. This is in terms of the significant step change in the increased size of the 18+ and 52+ week backlogs seen from April 2021, where demand increased at a higher rate than the available capacity at providers, creating longer waiting lists.



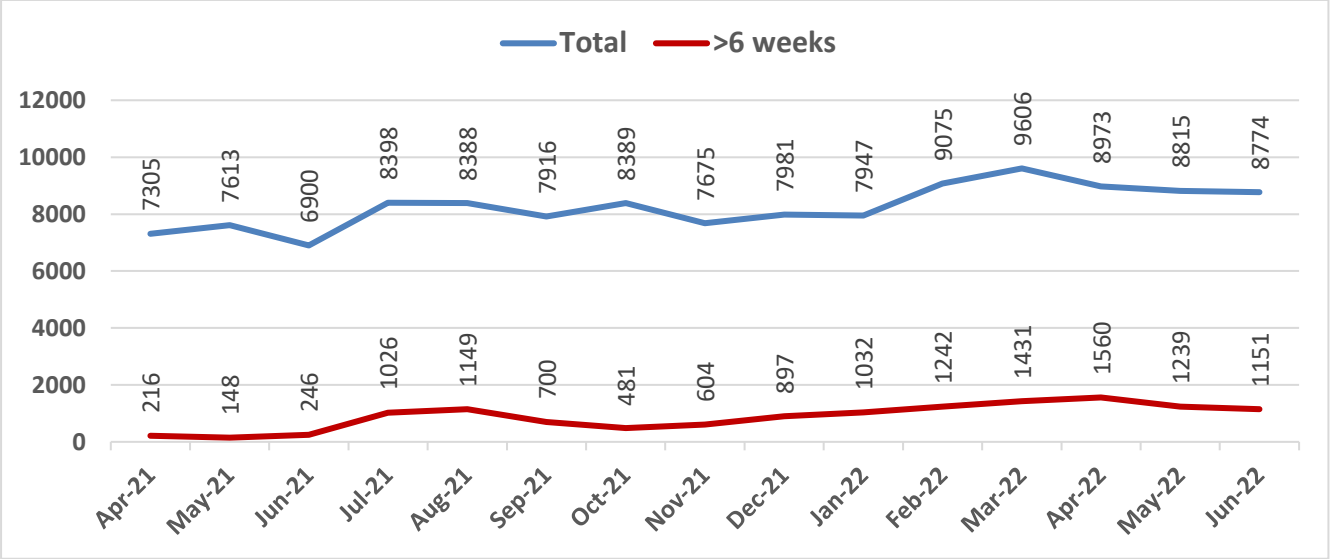
Along with the substantial growth in people waiting longer, the number of long waits has also increased significantly during the pandemic. As a consequence of reduced clinical capacity there has been an increase in waiting times for less urgent treatment as patients are booked in order of clinical priority. All of our providers in Wirral have been impacted by these issues and although the day to day impact of the pandemic has eased, the residual backlog is a significant issue.

Diagnostic Standard

The table opposite summarises the performance against the diagnostic standard that 99% of patients should have their diagnostic test within six weeks of referral during QTR 1 2022/23.

	Diagnostic Performance
YTD Average	85.13%
Min.	82.61%
Max.	86.88%
Latest month (Jun-22)	86.88%

The following graph outlines the challenge now faced by the system to support recovery. This is in terms of the significant step change in the increased size of the 6+ week backlogs (number of patients waiting over 6 weeks) seen from April 2021.



Assurance for 2022/23 regarding long waiting times

- Programmes of work are in place to maximise elective capacity for both Outpatients and Inpatients. Collaboration between the CCG and providers, operating as part of the local system is required to ensure service recovery by making full use of available capacity.
- For all patients who have to wait longer than 52 weeks, clinical harm reviews are undertaken to ensure there have been negative impacts.
- Waiting lists continue to be validated to ensure they align with national guidance.
- Additional clinical staff are rostered wherever possible, particularly at weekends to increase clinics/diagnostics availability.
- Priority use of independent sector providers.
- Trajectories have been set and currently being monitored weekly at Executive level (main provider Wirral University Teaching Hospital).
- In preparation for joining the Cheshire and Merseyside Integrated Care System a Wirral Planned Care Delivery Board has been established, to address capacity issues at system level and the board meets monthly to facilitate assurance discussions between the system partners.
- Working closely with all system partners across the Cheshire and Merseyside region, by facilitating oversight from executive clinical and managerial leadership.

Graham Urwin

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside
29th June 2023

Financial Performance

During the final quarter to 30 June 2022, NHS Wirral Clinical Commissioning Group continued to focus financial strategy and resources on meeting the health needs of the Wirral population whilst emerging from the covid pandemic. The CCG met the majority of its statutory financial performance targets.

Statutory Financial Duties

The CCG achieved most of its financial statutory duties in the quarter end to 30 June 2022. This reflects strong financial management within the CCG and collaborative and integrated working between partner organisations in Wirral.

Revenue Resource Limit

- NHS Wirral CCG has a duty to contain revenue expenditure within its notified revenue resource limit of £166.789m.
- Actual expenditure was £169.382m meaning that the CCG overspent against its national duty to break-even by £2.593m. This was due to a restatement of Primary Care Transformation expenditure for 2021/22.

Running Costs Allocation

- The CCG has a duty to not exceed its running cost allocation via expenditure on administration costs.
- The CCG administration expenditure for the quarter was £1.438m against an allocation of £1.438m thereby meeting this duty.

Capital Resource Limit

- The CCG has a duty to contain any capital expenditure within its notified capital resource limit.
- The CCG received no capital resource during the quarter to 30 June 2022.

Better Payment Practice Code

- The CCG has a best practice policy to pay all valid invoices by their due date or within 28 days of receipt of a valid invoice, whichever is later. The performance standard for this duty is set at 95% of invoices.
- The CCG achieved the policy by paying 98.35% of NHS invoices and 99.68% of non-NHS invoices within the terms of the performance standard. Additionally, NHS Wirral CCG maintained their 7 day payment standard, to support providers and suppliers during and emerging from COVID-19.

Cash Management

- The CCG must ensure that it does not exceed its approved level of cash available within the financial year. The target is for CCGs to hold a maximum 1.25% (circa £0.250m) as a month end cash balance.
- The CCG achieved this target by holding a minimal cashbook balance of £0.072m at the end of the financial year.

Mental Health Investment Standard

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

- The CCG has confirmed achievement of the standard for the quarter end to 30th June 2022, this however will be audited under the Cheshire and Merseyside Integrated Care Board as a 2022/23 financial annual target during 2023/24.

Statutory Duties and Performance Targets

Area	Statutory Duty / Performance Target	M03 Performance Forecast	M03 Performance Restated	
Revenue	Not to exceed revenue resource allocation	●	●	Breakeven Duty
Net Risk (links to revenue above)	All risks to be fully mitigated	●	●	
Running Costs	Not to exceed running cost allocation	●	●	
Capital	Not to exceed capital resource allocation (No Capital Received)	●	●	
Cash	Operate within maximum draw down limit.	●	●	
Business Conduct	Comply with Better Payment Practices Code	●	●	
Efficiencies / QIPP	Achievement of planned qipp	●	●	
Mental Health Investment Standard Financial Performance Target	Requirement to increase (the local) baseline by at least the overall growth in allocations to deliver the 'Mental Health Investment Standard'	●	●	

What funding was available to the CCG in Q1 2022?

NHS England continued to implement significant temporary changes to the finance regime within which all NHS organisations operate. These changes included:

- CCG allocations based on levels of historic expenditure as opposed to population metrics.
- Contract values between CCGs and NHS Trusts that were nationally mandated and not locally negotiated.

The CCG received £166.789m of allocation in the quarter end to 30 June 2022. The table below confirms that the resources received were wholly deployed within programme (expenditure on patient care) and running costs (administration).

	2022/23			2021/22		
	Resource Allocation £million	Actual Expenditure £million	Variance (surplus) / deficit £million	Resource Allocation £million	Actual Expenditure £million	Variance (surplus) / deficit £million
Programme	165.351	167.944	2.593	681.675	679.912	(1.764)
Running Costs	1.438	1.438	0.000	6.415	5.501	(0.914)
Total	**166.789**	**169.382**	**2.593**	**688.090**	**685.413**	**(2.677)**

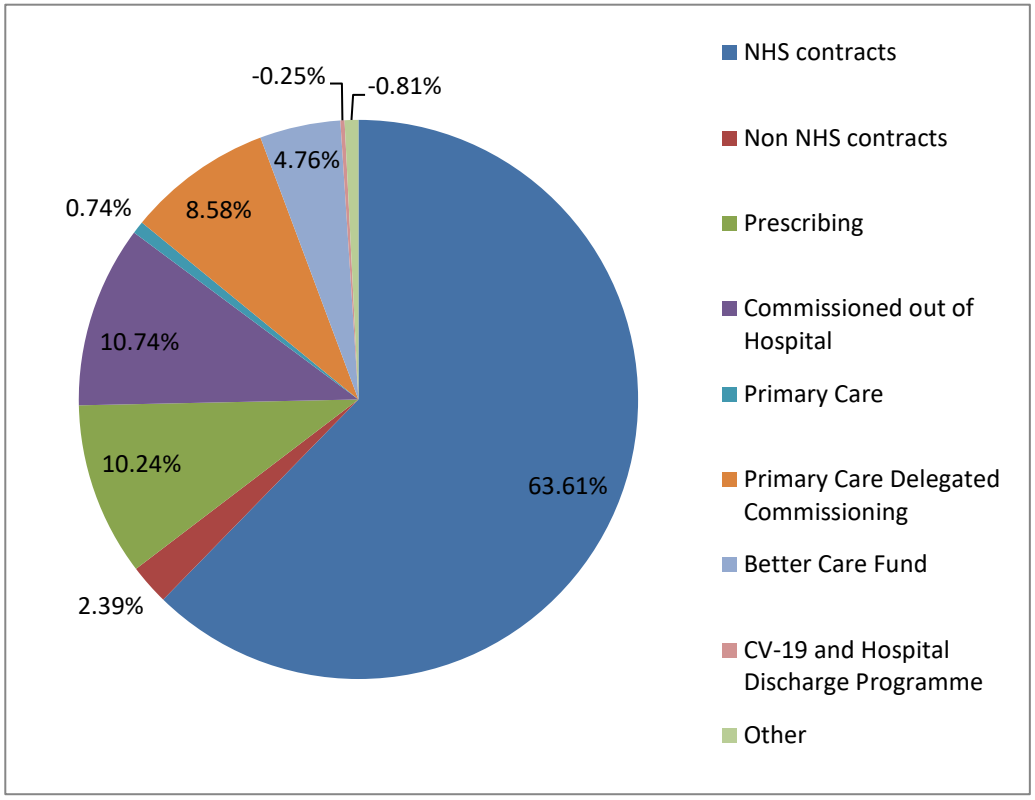
In the quarter end to 30 June 2022 of every £100 that the CCG spent, £99.15 was on commissioned care for the people of Wirral and £0.85 was on administration costs.

How did NHS Wirral Clinical Commissioning Group spend the £167m of Allocations received in QTR 1 2022?

NHS Wirral Clinical Commissioning Group spent its resources during QTR 1 as follows:

Expenditure Area	Q1 2022-23 Planned Expenditure £million	Q1 2022-23 Actual Expenditure £million	Q1 Variance £million
NHS contracts	106.714	106.837	0.123
Non NHS contracts	4.454	4.007	(0.446)
Prescribing	17.268	17.194	(0.073)
Commissioned out of Hospital	17.104	18.034	0.930
Primary Care	2.356	1.244	(1.113)
Primary Care Delegated	14.774	14.402	(0.372)
Better Care Fund	7.997	7.997	0.000
CV-19 and Hospital Discharge Programme	0.000	(0.416)	(0.416)
Other	(5.317)	(1.355)	3.961
Total Programme Expenditure	**165.351**	**167.944**	**2.593**
Running costs	1.438	1.438	0.000
Total	**166.789**	**169.382**	**2.593**

The relative share of expenditure for each category is shown below. The largest area of expenditure remains with NHS contracts at 63.61%, the comparison prior year for 2021/22 was 62.30%. This increase reflects continued additional investment into Mental Health Services.



The expenditure with NHS provider organisations of £106.837 million is shown in the table below:

Provider	Type of Service	£million	22/23 %	21/22 %
Wirral University Teaching Hospital NHS Foundation Trust (WUTH)*	Acute services	71.867	67.27%	66.10%
Wirral Community NHS Foundation Trust (WCFT) *	Community Services	10.528	9.85%	9.38%
Cheshire and Wirral Partnership NHS Foundation Trust (CWP) *	Mental Health and Learning Disability services	11.296	10.57%	10.36%
North West Ambulance Service NHS Trust (NWAS)	Ambulance	3.595	3.37%	3.39%
Non-Wirral 'Acute' / 'Secondary Care' Providers	Various	9.257	8.66%	10.60%
Non-Contracted Activity (NCA)	Various	0.293	0.27%	0.17%
Total NHS Contracts		**106.837**	**100%**	**100%**

*Excludes Better Care Fund expenditure

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

- Insight Healthcare Ltd, Improving Access to Psychological Therapies £1.314m,
- Locally Commissioned Services, Community delivered services such as Audiology, Ophthalmology and Vasectomy £0.723m,
- Spa Medica, Ophthalmology £0.589m,

- St Johns Hospice, Palliative Care £0.434m,
- Spire (Murrayfield and Liverpool), predominantly day case activity for general surgery, ophthalmology, ENT, £0.406m
- Peninsula Health LLP, Dermatology and ENT £0.181m,

Future Financial Outlook

The Cheshire and Merseyside Integrated Care Board was formed on 1 July 2022. Financial plans for the remainder of 2022/23 as an ICB confirm that Wirral as a place plans to contribute a £7.5million surplus position to the overall plan. This is a positive position and reflects the relentless and continued focus on ensuring that available resources are deployed to deliver efficient and effective services for the Wirral population.

Sustainable Development

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

- Recycling paper and plastics
- Use of motion operated lighting and hence when rooms are not utilised, lights automatically switch off
- Staff are actively encouraged to turn off their laptops when not in use
- All procurements require potential bidders to describe their approach to sustainability
- The CCG operates from a single site and partnered with the Local Authority
- Use of laptops for all staff
- Use of MS Teams results in less time for staff travelling to meetings
- Storing scanned documents electronically (where legally appropriate)

Staff have continued to adopt a Hybrid model of working which provides flexibility in working arrangements.

During the first quarter of 2022/23, the CCG moved its business base to the Cheshire Lines Building on Canning Street in Birkenhead.

The Hybrid model of working helps to reduce the amount of travel time for staff and supports their wish to have more autonomy in the way they achieve their goals.

Improve Quality

Clinical Quality Performance Group Meetings (CQPG)

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

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

For all our main contracts these meetings provide robust mechanisms where commissioners and providers work together to identify and strive to meet standards that will serve to deliver services and improve quality.

Throughout QTR 1 these meetings have reduced to bi-monthly with a focused COVID agenda.

Quality Risk Profile (QRP)

This tool enables commissioners, regulators and providers to come together to share and review information when a serious concern about the quality of care has been raised.

This process facilitates rapid collective judgements to be taken, actions agreed and a level of enhanced surveillance implemented effectively.

During QTR 1, there was no requirement to undertake a QRP with any of the commissioned services.

Quality and Performance Committee

This sub-committee of NHS Wirral CCG's Governing Body is chaired by the CCG's Lay Member for Quality and Outcomes became the transition board.

During QTR 1, a Cheshire and Merseyside Quality and Performance Group was established.

Quality Surveillance Group (QSG)

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

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

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

These are to:

- Reduce Healthcare Acquired Infections (HCAI's)
- Eliminate corridor care within the Emergency Department
- Reduce and monitor the incidence of harm due to long waiting times
- Increase the consistency of care across the care home sector

Single Item Quality Surveillance Group (SI QSG)

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

The aim of the meeting is:

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

During QTR 1, there have been no Single Item Quality Surveillance Group undertaken relating to a Wirral provider or in an organisation that has Wirral residents place there.

Safeguarding Boards

The Children's Partnership Board and the Adults Safeguarding Board has continued to meet during this reporting period.

Serious Incidents – Reporting

During this reporting period the CCG has continued to scrutinise all incidents in the Serious Incident Review Group (SIRG) that have met the serious incidents threshold to ensure root causes are identified, actions implemented and lessons have been learnt. A combined Cheshire and Merseyside Serious Incident review group was established for Maternity Incidents which has representation from Wirral. The aim of this group is to review all maternity serious incidents with a view of identifying themes and trends and opportunities for shared learning.

All Age NHS continuing care /complex care

The focus for the reporting period has been on recovery and transformation of NHS all-age continuing care (AACC) and preparing to transition to the Cheshire and Merseyside Integrated Care Board in 2022/2023. The following has been achieved against these priorities.

Deferred assessment backlog from Covid-19 emergency period

All deferred assessments which were outstanding due to the Covid-19 emergency period when the national framework process for AACC was suspended between April and September 2020 have been completed. This meant that outstanding referrals were all addressed in the required timescale and the appropriate action taken regarding clients assessed as eligible for continuing care support.

28 days standard

Considerable effort has been made to address the national AACC performance standards which had lapsed due to the COVID-19 Emergency period. This was a national drive to recover the standard across all CCGs with significant scrutiny from NHSE/I.

The service achieved 81% by the end of QTR 1 2022/23.

Due to the temporary suspension of the process the service has been addressing patients who have been waiting a long time for their assessments of which there were 45. At the end of QTR 1 there was 1 person awaiting a review remaining with a plan in place to complete this is QTR 2.Special Educational Needs and Disability (SEND)

During Q1 progress has continued to be made against the Written Statement of Action. Scrutiny in this area is provided both by the DfE and NHS England.

Engaging People Communities and Staff

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

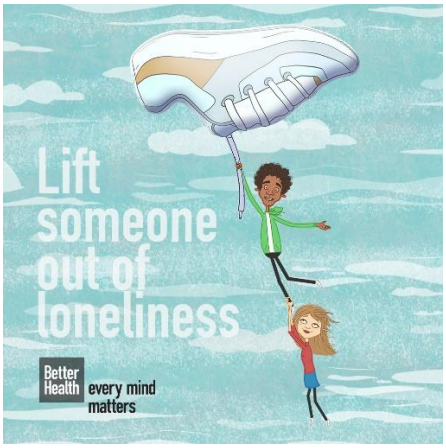
Our stakeholders are wide ranging, including patients currently using services and the wider Wirral community. We aim to be open, honest and transparent and to seek views from as many people as possible. We undertake stakeholder mapping on a regular basis to reach Wirral's diverse population and understand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

All GP practices in Wirral are members of the CCG. We undertake a variety of engagement activities with practices to encourage an open dialogue. This includes the CCG facilitating regular GP Members' meetings, held virtually via MS Teams with a good and representative attendance from colleagues in primary care, quarterly forums for practice managers, a clinical education programme for GPs and nurses and a weekly Primary Care Bulletin. We also have a Lay Member (Patient Champion) on the Governing Body.

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

As the lead for the COVID-19 Vaccination Programme the CCG has continued to keep local people and stakeholders informed and prioritised the promotion of the vaccine to eligible cohorts. Working collaboratively with Wirral Council public health and communications teams, data and local insights have been used to inform delivery plans and the local community outreach and inequalities offer, with pop up clinics being held at convenient community settings.

Throughout QTR 1 we continued to share resources and advice to support and empower people to take charge of their own health and know where they need to go when they need to access healthcare. With several bank holidays close together in April, May and June, the CCG shared a communications toolkit with NHS and Council partners to highlight use of NHS 111 online, community pharmacy and self-care options to local residents. We also promoted national campaigns such as Mental Health Awareness Week and National Breastfeeding Week.



Partnership working with Wirral Council, local NHS providers and Healthwatch Wirral is moving from strength to strength. The Winter Communications Group, set up by the CCG Communications and Engagement team in response to a challenging winter and system pressures, continues to meet on a fortnightly basis and ensures a system wide co-ordinated and informed approach to communications across the borough. The CCG also have a monthly presentation slot at the Healthwatch Bridge Forum with a focus on bringing together representatives from the third sector and PPGs with health and social care organisations to share updates, improve knowledge across both sectors and foster strong networks to enable statutory and community services to work more effectively together.

In QTR 1 work began on the formation of the 'Keep Wirral Well' Communications Collaborative bringing together the collective knowledge, platforms, channels, and campaigns of the wider Wirral health, wellbeing and community partners.

Keep.Wirral.Well.
Communications Collaborative

The consolidation of communication resources and approach under the 'Keep Wirral Well' brand will allow for better planning and execution of health messaging across Wirral place. It will also ensure our campaigns and messaging is joined up, provide shared objectives, avoid information overload for our residents and avoid organisations competing for airtime and space in an already 'noisy' environment.

The CCG consulted with staff about a change of office location from Marriss House to Cheshire Lines. Visits to the new office where arranged and regular information and FAQ updates shared on the process. Work progressed on the closedown of NHS Wirral CCG communications channels which included archiving the CCG website www.wirralccg.nhs.uk and twitter accounts. We also engaged with stakeholders and staff about the formation of the Cheshire and Merseyside Integrated Care Board and the dissolution of NHS Wirral CCG, including what this meant on a practical level for Wirral-based staff, as well as being involved in work to deliver new communications platforms, policies and strategies for the ICB and Place.

Reducing Health Inequalities

Wirral has an established the System Inequalities Group.

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

The group has grown since with representation from across the health and care system, third sector organisation's and most importantly patient representation groups. We have recognised the absolute need for and importance of the input from our residents and their lived experiences.

Over the past year we have used our data, our IMD maps and experience to focus on Alcohol issues, Education, Digital exclusion, Sports and Leisure and libraries. We have had input from experts within Wirral, Professor Chris Bentley and wider, with a session focusing on children's mental health from Professor Harold, Cambridge.

We have incorporated the Health Equity Assessment Tool (HEAT) into our assessments ensuring that equity and inequality are at the forefront of what we do.

We are using the Marmot "Build back fairer" review (Build Back Fairer: The COVID-19 Marmot Review - The Health Foundation) to help to focus our aims and now with the launch of Core 20+5, using this as a template for our aims going forward embedding the 5 key principles into our objectives and delivery.

We appreciate the need to address the wider determinants of health, the impact of social determinants and recognising that education, employment, deprivation, housing and income play a critical role in health and care outcomes and, remembering, always Professor Bentley's advice that "there's no such thing as a single issue struggle, because we do not live single issue lives". So we need to address the question of "why we do we fix people and send them back to the situation which caused the problem in the first place"

This supports why our focus is on our people, and putting them at the centre of all we do.

The Wirral System Inequalities Group will continue to address the very important issue of Health and Care inequalities (those differences in health between different groups of people which are avoidable and unfair meaning they are preventable).

Health and Wellbeing Strategy

The Chief Officer (Accountable Officer) and Chair of the CCG are both members of the Health and Wellbeing Board, a statutory committee of Wirral Council which was set up in line with the Health and Social Care Act 2012. The Health and Wellbeing Board has a core membership but also operates a wider constituency to 'promote' health and wellbeing in Wirral. Full detail of Board meetings can be found at the following link: Browse meetings - Health and Wellbeing Board | Wirral Council.

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

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

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

- Putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- Valuing excellence and professionalism wherever it is found
- Mutual trust and respect – valuing each person as an individual, taking what others have to say, seriously
- Being honest about our point of view and what we can and cannot do
- Creative and innovative solutions to problems
- Removal of barriers to equality of access and opportunity

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

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

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

Key Strategic Developments

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

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

We continue to improve and drive up the quality of the services provided in Wirral.

To date we have achieved the following.

- Continuing to sustain the low numbers of both adult and Children and Young Persons (CYP) admissions and inpatients
- The investment of short breaks and involvement of the third sector
- The strong links with our self-advocate group and establishing links with young people to ensure service design and delivery meets the needs of young people.
- Wirral has now established its keyworker team which is based within the Local Authority. This is in line with the objectives of the Long Term Plan.
- Laying the foundation to be able to deliver an all-age post diagnosis Autism service
- Ensuring that our work is aligned to mental health for both adult and CYP locally and with key commissioning and provider partners.
- Working on the crisis pathway for children and young people and co-produced with young people and their families to ensure that any provision meets their needs.
- Continuing our good work to increase the number of Annual Health Checks that are undertaken.
- Good uptake of COVID vaccinations within this cohort, for both 1st, 2nd and booster doses

This continues to be a difficult time for our local population who have a Learning Disability and or Autism but, despite the challenges, we continue to invest, deliver and sustain a variety of support and services through third sector organisations, and the Local Authority.

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

Mental Health

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

Children and Young Person's (CYP) Mental Health

Transformation of the Wirral CYP Mental Health agenda continues. Some of the key areas of focus for QTR 1 2022/23 were:

- A brand new commission with the third sector organisation Capacity, to create, develop and implement a new model of care for Emotional Health and Wellbeing for our CYP on the Wirral; including a specific Single Point of Access platform, joint commissioning, new clinical model and holistic outcomes framework

- The opening of Café Create in April 2022, a CYP specific alternative to crisis support service with holistic recovery and single session counselling at its core
- The implementation of the CYP Gateway Meeting as part of the Tier 4 New Care Models of delivery. A multi-disciplinary, weekly meeting of system colleagues to discuss and proactively address the concerns of the most complex mental health cases in the Wirral system

Crisis Care

Crisis care remains a priority. We want to ensure people in Wirral have access to immediate, high-quality care and support when in a mental health crisis.

A procurement exercise was recently launched for the Companeros Café to have in place a provider for the forthcoming years for stability and to grow and develop the offer. The opening hours of the service were expanded in April 2022 and are now 10am-10pm

Community Mental Health Transformation

- **Community Mental Health Teams (CMHT)** – We are working closely with our statutory provider and Primary Care Networks (PCN) using transformation funding to ensure greater integration of these services within the Primary Care setting. This will encourage greater collaboration, seamless transition, information sharing and joined up care for individuals cared for in both settings. A Programme Board with specific task and finish Groups is being convened with agreed governance to deliver on this transformation. Investment was awarded to multiple third sector services following a large-scale procurement process to improve integrated working and enhance Community Mental Health in April 2022.

- **Discharges into the Mental Health Intensive Support Team** - there have been a number of discharges since the beginning of 2022 into the MHIST service, with 50% of these being discharged into their own home and supported well in the community.
- NHS Wirral CCG Primary Care performance across all 6 annual health checks for our SMI population has continued to improve into 22-23, with a dedicated third sector contract employing a dedicated worker with the PCN's driving this improvement commencing in post May 2022.

IAPT – Improving Access to Psychological Therapy

Talking Together Wirral provide Wirral's IAPT service and deliver an innovative approach to psychological therapy, working in partnership with Cheshire & Wirral Partnership NHS Foundation Trust (CWP); Age UK Wirral; Involve Northwest; Cruse Bereavement; Open Door Centre and our local GPs.

The focus of the service in QTR 1 2022/23 has been:

- Increasing capacity in the workforce in terms of trainee positions, apprenticeship posts, agency, and affiliate staff, and upskilling current staff via national and local training opportunities.
- Embedding IAPT into long term conditions (LTC) pathways –inroads have been made with regards to integrating with the community and acute respiratory teams.
- Refreshing communication and engagement materials and promoting the service to the local community
- Increased flexibility for patients in terms of how therapy is delivered (face to face or online) and outside of core working hours (weekends/evenings).

Maternity Mental Health

In QTR 1 2022/23 we launched the Maternity Mental Health Service pilot work, bringing together existing Perinatal Mental Health services in hospital and the community and expanding this offer to up to 2 years post- partum, partner support, and wellbeing support for child loss. Wirral are a fast-follower site for this pilot and this service will continue to embed in the existing perinatal offer alongside third sector support for a comprehensive maternal mental health offer.

ADHD

NHS Wirral CCG has led the development of an adult ADHD diagnosis pilot in primary care.

Plans are now in place to launch this initiate in 2022/23 following expressions of interest and training provided to Primary Care for the model in QTR 1.

Dementia

Capacity within CWP's Memory Assessment Service has increased via support from Admiral Nurses affiliated with Age UK Wirral. This arrangement will continue throughout 2022/23 with outcomes monitored and the overall aim of meeting the national dementia diagnosis target.

Wirral's Dementia Strategy Board (which consists of members across statutory and non-statutory organisations) have refreshed Wirral's Dementia Strategy which focuses on the priorities of the Wirral system until 2025.

Qwell

Qwell is a new commissioning in QTR 1 which offers free emotional support including immediate access to online counselling, self-help resources and peer to peer support, accessible to Wirral adults aged 26 and over.

The platform also encourages assigning self-defined goals which can be measured to better understand progress/outcomes. An evaluation of this service so far in 2022/23 has demonstrated a large uptake for such a new contract.

NHS Wirral CCG is pleased that as a borough we offer all age, online, mental health support to our population with both Kooth (11-25 year olds) and Qwell actively available.

Urgent Care

Throughout QTR 1 2022/23, the Urgent and Emergency Care (UEC) system in Wirral has been operating in a challenging environment. The Urgent care system has continued to manage and respond to both covid and non-covid demand.

Hospital discharge has continued to be a significant area of challenge with increasing numbers of patients experiencing delayed discharge. This is due to a number of factors including a shortage in domiciliary care provision and care home closures.

To support the Urgent and Emergency Care system, the following initiatives have been put in place

- **Additional GP capacity in the Urgent Treatment Centre (UTC):** Additional GP hours were supported to boost capacity at peak time periods across various pathways including:
  - GP appointments for self-presenters to the UTC

    GP appointments for patients streamed to the UTC from Accident and Emergency (A&E)
  - GP telephone advice to paramedics to support see and treat pathways
  - GP telephone advice to patients who have contacted NHS 111
  - GP advice to nurses working within the UTC and other community services

- **Community Walk in Centres:** work has been underway to review the pathways and processes within existing walk in centres at Eastham, Miriam and Victoria Central Health Centres to ensure consistent service delivery.
- **Frailty at the front door:** WUTH (Wirral University Teaching Hospital) has recruited additional staff to support frailty at the front door. The service has enabled older patients to be supported to return home from A&E, avoiding a hospital admission.
- **Respiratory at the front door:** WUTH (Wirral University Teaching Hospital) has deployed specialist respiratory clinicians to support within A&E, avoiding hospital admission where possible.
- **Urgent Community Response:** recruitment has been undertaken within Wirral's Community Integrated Response Team to scale up the 2 hour crisis response service. This aims to reduce A&E attendances and hospital admissions through a multidisciplinary response. The team includes nurses, social workers, therapists and paramedics.

- **Enhanced Health in Care Homes:** The service continues to provide weekly ward rounds rolled out to all CQC (Care Quality Commission) registered care homes from summer 2020. This includes Learning Disability homes.
- **Tele triage:** the tele triage team continue to work with care homes to manage patients' urgent healthcare needs and prevent admission. The team has undertaken deep dive work to identify care homes with higher than average hospital admissions to provide proactive support and training.
- **Clatterbridge Intermediate Care Centre (CICC):** 3 Discharge to Assess (D2A) wards at CICC operational to support patients requiring assessment or rehabilitation following a hospital admission or to avoid hospital admission.
- **30 Additional Community Discharge to Assess beds:** 22 nursing beds and 8 residential EMI (Elderly Mentally Infirm) beds have been commissioned from Leighton Court Nursing Home and Daleside Nursing home respectively. Despite some covid related home closures, the additional bed capacity has been valuable

- **Hospice at Home:** Hospice St Johns has redesigned delivery of their hospice at home service to provide a new personal care service to patients who would otherwise have been awaiting a domiciliary package of care. The service has focussed on patients within their last 4 weeks of life.
- **Package Reviews:** In response to the significant challenges around domiciliary care; the domiciliary care sector has supported the identification of patients who may be suitable for a package of care review.
- **Supported Discharge:** Age UK going home service and Healthwatch follow up wellbeing calls in place to support patients on discharge.

The following additional initiatives are in development to support throughout 2022/23:

- **Virtual Wards –** respiratory and frailty virtual ward capacity to be created
- **Home First** – new pathways to be established to reduce length of stay in Discharge to Assess beds and increase the proportion of patients discharged home

- **NHS 111 First:** NHS 111 First continues to offer alternatives to patients contacting NHS 111 who would previously have been directed to A&E. For those still requiring A&E, an appointment can be provided.

Urgent Care Performance

The urgent care system has remained significantly challenged throughout QTR 1 2022/23 which is reflected in its performance. The initiatives set out above, are in place to support recovery of this position.

Performance against the National 4 Hour A&E Standard (combined A&E and Urgent Treatment Centre (UTC)) has been consistently below the constitutional standard of 95%. The latest published performance demonstrates 63.69% performance during QTR 1.

The reasons for this performance are multifaceted and include:

- Increasingly high occupancy levels on the Arrowe Park site
- High number of mental health patients who require a mental health bed
- Staff shortages across medical and nursing workforce
- Peaks in demand that exceed capacity
- Potential impact of delayed presentation and higher acuity presentations

Discharge including Long Length of Stay (LLOS – 21 days or more)

The timely discharge of patients including those classified with a Long Length of Stay (21 days or more) is a priority for all healthcare systems as it supports overall hospital flow.

As at 28 June 2022, there were 210 patients in WUTH with a length of stay of 21 days or more.

There are several contributary factors contributing to rising numbers of LLOS patients:

- Patients awaiting assessment to determine onward destination.
- Domiciliary care delays in patients being discharged from hospital and other providers of care

- Reduced capacity across the care home market due to care home closures

In address the factors noted above, the following actions have been taken:

- Appointment of system Discharge Director to lead an overall improvement programme
- Daily discharge meetings have been revised to re-introduce the system discharge cell alongside the operational hub meetings which drill down to patient level
- Packages of care continuing to be reviewed with the aim of reducing packages / supplementing with third sector support
- CHC (Continuing Health Care) team working to identify additional domiciliary care providers to support fast track patients and reduce delays in discharge
- Direct payments offered and promoted to family members to enable them to be funded to support personal care needs
- Additional third sector support continuing to support family carers and bridge gaps in packages of care

Hospital Discharge Fund to be accessed to top up payments allowing homes to be used for spot purchasing above Wirral rate (where no alternative is available)

Ambulance Performance

Performance across the ambulance metrics have also remained significantly challenged during QTR 1 2022/23. The QTR 1 performance is illustrated below.
The latest published data demonstrates all standards being breached with the exception of category 1 90th centile. Hear and Treat performance for June was 9.5% for Wirral calls against an average NWAS (North West Ambulance Service) performance of 11.1%.

29.0% of Wirral patients were supported on 'see and treat' pathways meaning they did not get conveyed to hospital. This is in line with the NWAS average performance for June 2022 of 30.2%.

	Target	Apr-22	May-22	Jun-22
Wirral CCG Cat 1 (mean)	<7mins	00:09:37	00:08:42	00:09:04
Wirral CCG Cat 1 (90th centile)	<15mins	00:15:01	00:14:04	00:14:58
Wirral CCG Cat 2 (mean)	<18mins	01:07:20	00:45:11	00:49:07
Wirral CCG Cat 2 (90th centile)	< 40mins	02:30:13	01:40:45	01:47:24
Wirral CCG Cat 3 (90th centile)	< 120mins	09:21:40	06:37:15	07:30:07
Wirral CCG Cat 4 (90th centile)	< 180mins	13:57:47	10:25:23	11:30:07

The handover position for QTR 1 is consistently challenged with average handover performance consistently breaching the 15 minute standard.

	Target	Apr-22	May-22	Jun-22
Avg Arrival to Handover (Arrowe Park)	<15mins	00:39:33	00:36:22	00:32:49
Avg Handover to Clear Time (Arrowe Park)	<15mins	00:11:30	00:11:14	00:11:30
Avg Overall Arrival to Clear Time all Attends (Arrowe Park)	<30mins	00:50:08	00:45:53	00:43:26

The reasons for this poor performance across the ambulance and handover metrics include:

- High acuity across calls
- Long waits experienced across all categories are resulting in duplicate calls re change in circumstance / request update
- Significant staffing pressures resulting in high staff abstraction rate (combination of staff sickness and annual leave)
- Significant reduction in ambulance fleet on the roads
- Reduction in available private sector shift take ups as private companies experience comparable abstraction challenges
- Increased pressures within A&E leading to reduced physical capacity resulting in corridor care and handover delays
- A high bed Occupancy consistently high reducing flow out of A&E
- Poor estate at WUTH due to the departments layout that other local Trusts do not have capacity to facilitate diverts

Cheshire and Merseyside commissioner leads have worked with the NWAS ambulance service to develop a rapid improvement plan to tackle the issues identified and recover performance. This plan is based on agreed priority areas across NWAS and system partners and will support improvements over the next 12 months. The plan includes key actions to support hospital handover, reducing lost ambulance hours, mental health pathways, directory of services and improved access to alternative services including SDEC (Same Day Emergency Care), Urgent Crisis Response and GP advice and guidance. The latest refresh also targets category 2 performance recovery.

WUTH have taken internal actions within A&E to try and provide clinical cover for each corridor to ensure crews can be released. The delivery of this is variable depending on staff availability.

In QTR 1 2022/23 a major redevelopment of the A&E department has commenced which will provide significant extra capacity and an improved experience for patients.

NHS 111 Performance

NHS 111 Performance has been challenged throughout the year with performance consistently and significantly below standard as illustrated below.

The contributing factors to this position are:

- High volume of calls into the service
- Staff sickness and attrition rates high
- Duplicate calls due to pressure across the wider urgent and emergency care system
- Increase covid related call volume

Cheshire and Merseyside executive leads have worked with NHS 111 to agree a rapid improvement plan focusing on internal and external actions to support recovery. This will be monitored as the system starts to recover following the Omicron surge.

North West	Target	Apr-22	Jun-22	Jul-22
Calls answered within 60 seconds	>=95%	26.8%	45.2%	32.3%
Abandoned calls	<5%	22.2%	13.1%	20.8%
Calls warm transferred	>=75%	15.6%	18.7%	12.9%
Calls backs within 10m	>=75%	5.6%	9.0%	7.7%

Primary Care

Services for patients at Wirral general practices are now restored and all practices continue to manage the increased demand for patient appointments. Use of face to face, telephone and online consultations offer a range of appointments that best meet the needs of patients based upon practices using a "Total Triage" approach to determine clinical need.

Overall appointment levels provided to patients continue to exceed pre-pandemic levels. National data shows the level of face-to-face appointments for Q1 are currently 65.46% of overall appointments. National data shows the level of face-to-face appointments is 64.01% for England.
(Source: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice)

The national Vaccination Programme for COVID-19 continues with a high uptake in QTR 1 2022/23 as part of the Spring Booster Campaign. Preparations are underway for the planned Autumn Booster Campaign.

Patient services

Additional local patient services have been maintained wherever possible with the following services being provided in addition to core general practice services;

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

Primary Care Networks

The five Wirral Primary Care Networks (PCNs) continue to develop patient services at scale for their registered populations; leading on the successful vaccination programme delivery with plans formed for the Autumn booster campaign; adding to their multi-disciplinary teams through recruitment under the Additional Roles Recruitment Scheme (ARRS) establishing roles such as Physician Associates, First Contact Physiotherapists, Clinical Pharmacists, Social Prescribers, Paramedics and Health & Wellbeing Coaches now supporting their general practices with patient demand for services and enhancing the care and support offer to patients.

The PCNs have formed their plans for a new Enhanced Access service to be delivered from October 2022 to support greater access to appointments for patients outside of normal working hours. The new service will offer weekday evenings and Saturdays appointments for patients as well as additional appointments during the normal working day.

Digital

The digital access offer to patients from all practices continues with online and video consultations being available alongside face to face and telephone consultations.

A project is underway to transfer all patient paper medical records held in GP practices into a digitised format. This will enable efficient and safe access to medical information as well as freeing up room space in practices enabling further expansion of care delivery.

Improvements in digital access for patients when visiting their practice include free WIFI and enhancements to the secure IT network ensuring digital records continue to be well-protected. The digital improvements offer all general practices greater scope for collaborative working with each other on the development of patient services across Wirral.

Wirral Primary Care Estates

Wirral has 47 GP practices situated across 56 sites, split across five Primary Care Networks (PCNs), supporting a population of approximately 340,000. The Estates team are working with practices and PCNs to develop plans to achieve a sustainable primary care estates provision to support a Wirral system wide strategy to encourage integrated working with the wider health and care system.

Planned Care

Respiratory Services

To support patients still recovering from COVID, the following initiatives remain in place:

- Delivery of COVID Oximetry @ Home Service (CO@H) provides system wide admission prevention. The service supports identification of silent hypoxia and reassure patients at home by remotely monitoring their vital signs and reported symptom profile. The patient is supported to self-care and to recover at home with self-escalation at the appropriate time. Between April and June 2022 the service received 2450 referrals for patients requiring support.
- Delivery of the COVID Virtual Ward safely monitors those on oxygen and those discharged from hospital for up to 14 days supporting early discharge from hospital.
- Community Respiratory Multi-Disciplinary Team (MDT) meetings are now fully embedded. These include GPs, practice nurses and community matrons who meet to discuss any cases of concern and support system wide approach to patient care. The meetings are overseen by a respiratory consultant.

The 12 month project with Wirral University Teaching Hospital to support Early Supported Discharge and Admission Avoidance continues to improve patient care through:

- Respiratory Nurse linkages with the Emergency Department
- Actively looking for COPD patients in the hospital and reviewing them in hospital and at 72 hours post discharge by telephone
- Supporting patients if they deteriorate in the 42 days post discharge via direct access from the patients or the GPs

Diabetes Services

The National Diabetes Prevention Programme (NDPP) continues to be provided. The programme provides proactive education to patients with pre-diabetes with the aim of reducing their risk of developing diabetes in the future.

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

Diabetes SMART

ThinkSmart ActSmart LiveSmart

Remote and face to face sessions have been developed and patients are able to self-refer. Information is available online through the Diabetes Smart website https://www.wchc.nhs.uk/services/diabetes-smart/

Audiology

Development of an Ear Wax Removal Service with a lead Primary Care Provider to be delivered across the Primary Care Networks ensuring provision across Wirral in relation to the service criteria.

Cancer

Cancer Services in Wirral have continued to be provided as a priority. However, due to COVID-19 fresh challenges such as increased referrals and later presentations has meant that performance against the cancer standards has dropped in Wirral and throughout the Cheshire and Mersey region, and England as a whole.

Working with the Cheshire & Mersey Cancer Alliance (CMCA) has meant that capacity has been maximised across the region, with regional diagnostic hubs being established and private providers supporting services where appropriate. However, the significant increase in referrals, especially in breast cancer, has created pressures on diagnostic and surgical capacity.

Whilst the focus has been on ensuring service continuity and recovery, the Wirral system has come together in order to continually support improvement of cancer services.

- Faecal Immunotherapy Testing (FIT) has been extended in Wirral through the introduction of tests in Primary Care and for a wider range of patients. Between April – June, GPs ordered just under 1500 FIT tests for their patients.

- Prehabilitation for Cancer patients has been offered by One Wirral Community Interest Company in partnership with Wirral University Teaching Hospital and Wirral Leisure Services. This ensures patients are as fit as possible prior to treatment and are in a good position to make a fast recovery following surgery etc
- Referral pathways for GPs have been improved through updated referral forms, on-line education events and email briefings
- Primary Care Networks have worked closely together to improve early identification and safety netting for patients with suspected cancer

The focus for the remainder of 2022/2023 will be on full recovery, tackling inequalities and ensuring Rapid Diagnostic pathways are in place in line with regional recommendations.

Musculoskeletal (MSK) Integrated Triage Service

Work is on-going to improve Pain Management and Rheumatology Services, particularly around patient experience and waiting times. The new multi-disciplinary team structure for the Pain Service is agreed and recruitment has commenced. Improvements should be seen in waiting times and patient experience throughout the year as additional staff come on board and new pathways are implemented.

The service ethos is for collaborative care and empowerment in each consultation, with the key approach being understanding patient goals and needs.

In Rheumatology, new consultants are now in post and redesign work for the service will commence later this year.

Maternity Services

We have worked with local Wirral Maternity Voices Project (MVP) service user group to respond to service users concerns that were raised primarily during the pandemic. Subsequently the MVP has run joint Facebook live question and answer sessions with a senior maternity clinician to help address issues and provide clear answers to women's questions on a variety of topics about their pregnancy including the COVID vaccine in pregnancy. These have been particularly well received and widely shared on social media.

In partnership with Cheshire & Wirral Partnership During Q1 COVID vaccine outreach will be offered to women in the community who haven't previously come forward for the vaccine.

Following a successful funding bid the Cheshire and Merseyside Maternal Mental Health (Silver Birch Hubs) service has provided women with support from the Koala North West offices in Birkenhead, the service held a celebration event at the end of Q1. The regional service also provides training and awareness raising of maternal mental health to practitioners within the local Maternity service and other health and care professionals locally.

Wirral University NHS Foundation Trust (WUTH) maternity service have continued to deliver on its action plan put in place in response to the first Ockenden review of
Maternity Services at Shrewsbury & Telford Hospital Trust (published December 2020). The WUTH action plan addresses the key learning points from the review and progress on implementation is reported to the Cheshire & Merseyside Local Maternity System.

Long / Post-COVID Service

The local post-COVID (Long COVID) service provided by Wirral Community Health and Care NHS Foundation Trust has provided an offer for patients who are experiencing post- COVID symptoms.

This innovative offer brings together GPs, Exercise Physiologists, Occupational Therapy, Citizens Advice Wirral (who provide social prescribing support), with mental health, chronic fatigue, and respiratory services. Patients are assessed and offered service/s that meet their individual support needs. Patient feedback received to date on the service has been positive.

Cardiovascular Disease (CVD)

During Quarter 1 NHS Cheshire and Merseyside commenced work on the development of a CVD prevention strategy for Cheshire & Merseyside region which is due to be published this year. The strategy aims to support people to live longer and healthier lives. 3 areas of key focus have been identified that have the greatest impact on local CVD health:

- Atrial Fibrillation
- Blood Pressure/ Hypertension
- High Cholesterol

We have progressed a lot of work on Wirral on A and B to date to good effect and have plans to improve C over the next year in line with the emerging strategy.

Atrial Fibrillation – The Community Cardiology service have improved access to AF Hot Slots (same day appointments with a Senior Nurse in the community) which help to avoid unnecessary hospital admissions for atrial fibrillation and help to support patients to live well in the Community. Similar hot slots are provided by the service for patients with Heart Failure. Treating AF in the Community reduces the risk of strokes.

The Stroke Association continue to deliver community support for patients recovering from strokes and providing practical support for families who have been affected by stroke. The service has direct links into the Stroke wards and this input has been re-established in Q1 following the disruption of activities from COVID 19.

The Stroke service has provided digital monitoring equipment for stroke patients as another example of innovation in this area.

BP/ Hypertension – More than 1,350 Blood Pressure (BP) monitors under the BP@Home programme have now been distributed across Wirral supporting self-care and improved management of diagnosed hypertension in the community.

BP monitors have been prioritized for patients registered with practices in areas of known deprivation across Wirral. Patients can now text their BP readings into their GP practice and be followed up appropriately supporting patient self-care and improving efficiency of their appointments.

Commencing in Quarter 1 Brighter Birkenhead group of GP Practices is taking forward a Housebound Hypertensive project to better support hypertensive patients with mobility issues. This has been supported by funding successfully bid for from NHS Digital and the BP@Home programme.

We have worked with the Innovation Agency to put in place CVD disease registers in GP Practices (called PBQI registers) that help the practice easily identify at risk patients and support the management of hypertension in primary care which reduces the risk of strokes and more serious conditions. BPQI registers are being rolled out to all practices over the next year with 33% of practices having registers in place by Quarter 1.

High Cholesterol - In partnership with the Innovation Agency and the Community Cardiology service we will progress work on improving the pathway for patients with high cholesterol including familial hypercholesterolemia and take forward this work in line with the emerging Cheshire and Merseyside CVD Prevention strategy this year.

Following a recent recruitment drive Wirral Hospital's Cardiology successfully recruited to remaining Consultant vacancies. This has enabled the team through the current quarter to provide additional specialist capacity in the local CVD pathway and is aiding the elective operations recovery plan for Cardiology.

Financial Review

Financial trend information is tracked by the CCG across both resource allocation and expenditure. The table below shows that for the five-year period from 2017/18 the CCG's resource allocation increased by 33% whilst expenditure increased by 31% and as a result the in-year deficit moved from £6.6m deficit to a surplus of £0.1m by the end of 2021/22. For the quarter ending 30th June 2022 expenditure was matched with a final resource allocation to ensure that the CCG met its statutory duty to break even.

However, following the external audit for the period end 30th June 2023, there was a restatement of Primary Care Transformation expenditure of £2.593m between 2021/22 and Q1 2022/23 under Programme area Primary Care (including Prescribing), illustrated in the table for completeness.

Table 1

Programme	2017/18 £million	2018/19 £million	2019/20 £million	2020/21 £million	2021/22 £million	to 30th June 2022/23 £million	Restated 2021/22 £million	Restated to 30th June 2022/23 £million
Resource Allocation	518.471	534.971	565.902	665.538	688.090	166.789	688.090	166.789
Acute	297.006	304.767	328.687	330.585	345.686	85.683	345.686	85.683
Mental Health	38.798	53.422	60.051	64.266	72.796	18.674	72.796	18.674
Primary Care (including Prescribing)	70.408	70.631	77.161	83.495	82.334	16.783	79.741	19.376
Delegated Primary Care	0.000	0.000	0.000	52.104	57.026	14.402	57.026	14.402
Continuing Care	43.321	33.940	38.527	50.819	49.383	12.479	49.383	12.479
Community	47.043	45.886	46.918	47.879	53.175	14.379	53.175	14.379
Other programme	23.133	18.626	22.739	30.322	22.105	2.951	22.105	2.951
Running Costs	5.447	5.695	5.766	5.507	5.501	1.438	5.501	1.438
Total Expenditure	**525.156**	**532.967**	**579.849**	**664.977**	**688.006**	**166.789**	**685.413**	**169.382**
(surplus) / deficit	6.685	(2.004)	13.947	(0.561)	(0.084)	0.000	(2.677)	2.593

The increase in resource allocations is weighted towards the last two years, mainly because in 2020/21 the CCG became a delegated commissioner for Primary Medical Services. Over and above this, there is additional funding supporting investment in Mental Health and to respond to the COVID-19 pandemic to fund incremental covid costs and supporting hospital discharges.

Excluding delegated commissioning, then there are 3 broad categories that explain the key increases within expenditure:

Mental Health
The increase of reflects the national policy of differentially investing into Mental Health as well as some reclassifications from other areas.

Other Services
Acute, Primary Care, Community and Continuing Care have all seen increases ranging between 13% - 17%.

Running Costs
This is expenditure on the CCG's own administrative costs which have increased by just 1% over the full 5 year period.

The table below shows changes in the CCG's balance sheet (assets and liabilities) over the same period.

Trade and other receivables, which would typically include invoices due to be paid to the CCG, has increased over the period by 93% and this reflects income due in respect of the section 75 Pooled fund, prepayment balances on annual contracts that span over the financial year end, and more recently services that the CCG hosts on behalf of the NHS within Cheshire & Merseyside. These amounts due have been closely monitored by the CCG's Finance and subsequent Transition Committee, there are no causes for concern with all payments made within the agreed timescales.

Trade and Other Payables, which includes invoices due to be paid by the CCG to providers of healthcare, have increased by 36%. This reflects increased expenditure levels shown across Continuing Care, Mental Health, and particularly Delegated Commissioning of GP medical services. The balance reduced at the quarter ending 30th June 2022 due to expenditure matching concept in the period for Primary Care Transformation and hosted services.

NHS Wirral Clinical Commissioning Group - Annual Accounts
Statement of Financial Position as at 31st March

	2018-19 £'000	2019-20 £'000	2020-21 £'000	Restated 2021-22 £'000	30/06/2022 £'000	% increase from 18/19
Non-current assets:						
Property, plant and equipment	105	90	75	60	56	
Current assets:						
Trade and other receivables	7,035	8,394	5,639	8,863	13,653	
Cash and cash equivalents	8	24	25	17	72	
Total current assets	**7,043**	**8,417**	**5,664**	**8,880**	**13,725**	
Total assets	**7,148**	**8,507**	**5,739**	**8,940**	**13,781**	93%
Current liabilities						
Trade and other payables	(29,562)	(38,165)	(48,849)	(45,538)	(40,160)	
Provisions	0	0	0	(3)	(3)	
Total current liabilities	**(29,562)**	**(38,165)**	**(48,849)**	**(45,541)**	**(40,163)**	36%
Assets less Liabilities	**(22,414)**	**(29,658)**	**(43,110)**	**(36,601)**	**(26,382)**	18%
Financed by Taxpayers' Equity						
General fund	(22,414)	(29,658)	(43,110)	(36,601)	(26,382)	
Total taxpayers' equity:	**(22,414)**	**(29,658)**	**(43,110)**	**(36,601)**	**(26,382)**	18%

Accountability Report

Principles of Remedy

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

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

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

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

Lessons learnt from complaints are an important tool to assist quality improvement and responsiveness. Where appropriate, lessons learnt from complaints are reported on a bi-monthly basis to the Quality and Performance Committee and the Governing Body.

From 1 April 2022 – 30 June 2022, NHS Wirral CCG received 25 formal complaints, the number of formal complaints received in the previous year of 2021/22 was 141.

It is through patient feedback that we are able to learn from complaints to monitor and improve services where required, to ensure we meet the needs of our patients in the future. As commissioners of local health services, we monitored the complaints received for trends and took appropriate action to reduce the risk of identified trends happening again and to share learning. NHS Wirral CCG has seen an increase in enquiries that it has received regarding the COVID 19 pandemic, this includes enquiries regarding testing and also the vaccination programme.

Of the complaints received 01 April 2022 – 30 June 2022, one was escalated to the Parliamentary and Health Service Ombudsman (PHSO) for their further investigation into the concerns raised, and to undertake a review of the CCG's initial complaint response provided.

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

Knowing when patients have had a good experience is as important as knowing when things have not gone well. A record of compliments is held and feedback is provided to the service in question. This information is also reported on a bi-monthly basis to the Transition Committee and the Governing Body.

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

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

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

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

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

Each complaint received is entered on to an Integrated Risk Management system (Datix) alongside MP letters, patient enquiries, compliments and incidents, to enable the monitoring of trends and patterns in complaints and concerns raised by patients and healthcare professionals.

This helps us to detect systematic problems early by highlighting
areas for improvement and development.
This information is reported to the Transition Committee and Governing Body on a bi-monthly basis. This provides an analysis of the information and considers any action required, driving improvements to the quality of services commissioned by the CCG and sharing lessons learned.

Emergency Preparedness, Resilience and Response (EPRR)

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

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

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

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

Under the guidance issued by NHS England, CCG's are required to have a system in place to allow their commissioned services to contact them on a 24/7 basis. This 24/7 access will additionally allow the NHS England/ Improvement Team to make contact in emergencies, allowing CCGs to work to support the wider NHS responses to any incident.

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

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

The guidance focusses on planning for emergencies/major incidents and the ability of the NHS to respond to such incidents (i.e. for those incidents that only affect the NHS and those which affect all multi-agency partners).

Selected tasks include:

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

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

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

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

NHS England's EPRR Core Standards 2021/22 set out the minimum requirements which NHS organisations and providers of NHS funded care must meet to demonstrate their ability to respond to emergencies and be able to continue providing safe patient care. NHS Wirral CCG was rated "Fully Compliant" under NHS England's annual EPRR Core Standards assessment for 2021/2022.

Since the advent of the COVID-19 pandemic, the CCG has worked alongside other multiagency partners to manage the response to COVID-19 on behalf of the local health economy. We have continued to respond to the challenges of maintaining business as usual activities and response to the local demands of a global pandemic. This we have done whilst having adopted home working as the principal means of meeting our objectives.

The CCG has been continuing to work in line with its Business Continuity Plan to support remote working for staff members, in response to the COVID-19 pandemic and no significant disruption to CCG business has occurred.

As part of the COVID-19 pandemic, the CCG has proved support to the Primary Care Networks in the delivery of the Vaccination Programme.

Serious Incidents

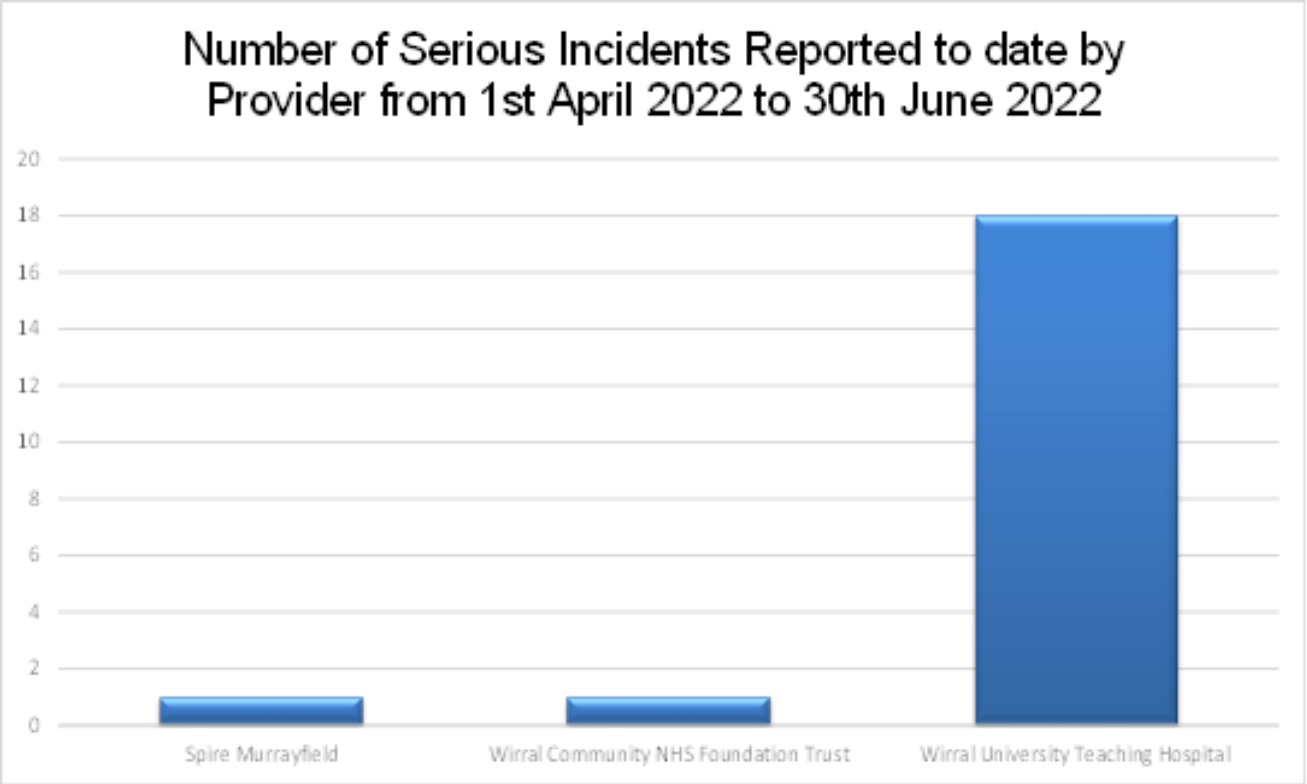
A Serious Incident Review Group is held on a monthly basis within NHS Wirral Clinical Commissioning Group (CCG) to review all Root Cause Analysis (RCA) reports and action plans, and monthly updates were also provided to the Transition Committee, a sub committee of the Governing Body. Each incident and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

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

There were 20 serious incidents reported between 1 April 2022 – 30 June 2022, of which, one incident was reported as a never event.

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

The chart below details the number (18) of serious incidents reported on to the Strategic Executive Information System (StEIS) within the period of 1 April 2022 – 30 June 2022, which is split by each reporting provider organisation


Number of Serious Incidents Reported to date by Provider from 1st April 2022 to 30th June 2022
20
18
16
14
12
10
8
6
4
2
0
Spire Murrayfield
Wirral Community NHS Foundation Trust
Wirral University Teaching Hospital

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 the three month period in 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 polices 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

Member Practices

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

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

Composition of Governing Body

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

a. Four GP Executive Leads:

- One GP Executive Lead – Urgent Care
- One GP Executive Lead – Planned Care
- One GP Executive Lead – Long Term Conditions
- One Medical Director (who also acts as the Assistant Clinical Chair of the Governing Body)

b. Three Lay Members:

- One Lay Member – Audit and Governance, to lead on audit, governance, remuneration and conflict of interest matters (who also acts as the Deputy Chair of the Governing Body)
- One Lay Member – Patient Champion, to lead on patient and public participation matters
- One Lay Member – Quality and Outcomes, to lead on quality and outcomes of commissioned patient services

c. One Director of Quality and Safety

d. One Membership Council Representative

e. One Registered Nurse

f. One Director of Primary Care and Corporate Affairs* (Vacant)

g. One Director of Commissioning

h. One Secondary Care Doctor

i. The Accountable Officer

j. One Chair of the Governing Body

k. One Chief Financial Officer**

* Paul Edwards, Director of Primary Care and Corporate Affairs left the CCG on 2 January 2022. The responsibilities of the role were subsequently divided between the Associate Director for Primary Care (Iain Stewart) and Associate Director for Communications & Corporate Affairs (Michael Chantler), both attending the Governing Body and committees of the CCG as appropriate.

** Mark Chidgey, Chief Financial Officer left the CCG on 31 May 2022. The responsibilities of the role were undertaken by Louise Morris who acted as the Interim Chief Financial Officer from 1st June – 30th June 2022

At an overall level, responsibility for governance is held with the Governing Body. The Governing Body is accountable for ensuring that the right culture, systems and procedures are in place to enable appropriate governance, including establishing committees of the Governing Body, as required.

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

In November 2021, the Governing Body approved delegations to the Joint Committee of CCGs for Cheshire and Merseyside as part of the transition process to establish the Integrated care Board (ICB).

The Joint Committee of CCGs also established three sub committees for Finance & Resources, Quality and Performance. The Joint Committee and its sub committees have representation from all CCGs across Cheshire and Merseyside. As a result, the CCG committees for Finance and Quality & Performance were stood down in November 2021 and along with the approval for further delegations to the Joint Committee, the CCG Governing Body also approved the establishment of the Transition Committee to oversee the Closedown and Transfer Due Diligence process and legacy areas that were previously reported to the Finance and Quality & Performance Committees.

Following the delegations in November 2021, the CCG Governing Body has received reporting from the Joint Committee if CCGs as part of the Accountable Officers regular report.

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

Committee(s), including Audit Committee

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

Audit Committee

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

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

The Audit Committee comprises:

Voting Members:

- Lay Member Governance and Audit (Chair)
- 3 Lay Audit Members (these are recruited specifically to sit on the committee)

Attendees:

- Chief Financial Officer (* As per note on page 48 - In post until 31/5/22)
- Mersey Internal Audit Agency Manager/ Client Lead
- External Audit Manager
- Director of Primary Care and Corporate Affairs (* As per note on page 48 - In post until 02/01/22)
- Local Counter Fraud Specialist
- Minute Taker

The Audit Committee met twice in QTR 1 2022/23. One of these was an extra ordinary meeting (April 2022), to support the Closedown and Transfer of the CCG to the ICB, and in June 20022 to sign off the 2021/22 Annual Report and Accounts under delegation from the Governing Body.

Formal minutes were produced and an action log maintained of open and closed actions.

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

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

- Integrated Governance, Risk Management and Internal Control

- Financial Reporting
- Internal Audit

- External Audit
- Counter Fraud

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

During 2021/22 and QTR 1 2022/23 items received and reviewed by the committee included:

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

Remuneration Committee

The Remuneration Committee (the Committee) is established in accordance with NHS Wirral Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation.

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

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

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

Membership

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

The Chair of the Committee is the Lay Member (Audit and Governance)

Transition Committee

The Transition Committee was established in accordance with NHS Wirral Clinical Commissioning Group's (CCG) Constitution, Standing Orders and Scheme of Delegation. This committee replaced the Finance Committee and Quality and Performance Committee (as described above) following the increased delegations approved to the Joint Committee of CCGs and its associated sub committees. Its remit is limited to legacy issues or functions that cannot be delegated to the Joint Committee of CCGs and are specific to NHS Wirral CCG or the Wirral Health and Care system.

The Governing Body has directed that, in the period between formal Board meetings, the Transition Committee can exercise the functions of the Governing Body on a delegated basis. Any decisions made on this basis will be reported to the next Governing Body meeting.

The members of the Transition Committee are:

- CCG Chair
- CCG Chief Officer
- Chief Financial Officer (* As per note on page 48 - In post until 31/5/22)
- Director of Quality & Safety
- Director of Commissioning and Transformation
- Associate Director – Communications & Corporate Affairs
- Associate Director – Primary Care and Partnerships
- Lay Member – Audit & Governance
- Lay Member – Quality and Outcomes
- Lay Member - Registered Nurse
- One GP from Governing Body
- MIAA representative

The Transition committee is chaired by the Lay Member for Governance and Audit; the Vice-Chair is the Lay Member for Quality and Outcomes.

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

- Deputy Director of Quality and Safety
- Corporate Affairs Manager
- Assistant Director for Performance
- Other individuals as appropriate

The Transition Committee is a subcommittee of the Governing Body. The minutes of the Committee are formally recorded by the Committee Secretary and submitted to the Governing Body for information and oversight. The Chair of the committee also provides a monthly update on the committee's work to the Governing Body.

The following areas are within the remit of the committee:

- Legacy risks (specific to Wirral)
- Exception reporting from the Sub Committees of and the Joint Committee of CCGs
- HR (People) Reporting
- SEND (Special Educational Needs)
- WRES
- CCG specific policies
- Annual Plan & Budget (H2 2021/22)
- Business case reviews (H2 2021/22)
- Section 75 Pooled Fund & BCF Reporting
- Transfer & Close Due Diligence Reporting
- All Age Continuing Care
- Area Prescribing Committee Report

- Finance, Performance and Quality items

The list of duties, and the associated committee workplan will be regularly reviewed and amended (if required) to reflect additional residual functions of the CCG, as identified and approved by the committee.

The final public meeting of the Governing Body took place on the 10 May 2022. The Governing Body agreed to delegate any further decisions of the CCG to the Transition Committee. The Transition Committee continued to have oversight the Closedown and Transfer Due Diligence process and approved the formal sign off of this process by the Accountable Officer on 1 June 2022.

Primary Care Commissioning Committee

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

The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under Section 83 of the NHS Act and associated agreement entered into between NHS Wirral CCG and NHS England. To note, responsibilities relating to individual GP performance management are reserved for NHS England.

The key functions of the committee are to:

a. Provide assurance to the Governing Body regarding the implementation of the General Practice Forward View via Wirral's Primary Care Transformational Plan 2016-2020/21, and more recently the Investment & evolution: A five year framework for GP contract reform to implement the NHS Long Term Plan and Primary Care Networks
b. Oversee the monitoring of GP contracts such as GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, taking contractual actions such as issuing breach/remedial notices and removing a contract)
c. Approve newly designed services including Local Incentive Schemes, Primary Care Quality Scheme or alternatives to the Quality of Outcomes Framework (QOF)
d. Provide oversight and decision making in terms of Primary Care Estates Strategy and subsequent estates development
e. Design and approve delivery of out of hospital services within primary care
f. Decision making on whether to establish new GP practices in an area
g. Approve practice mergers
h. Decision making on 'discretionary' payment (e.g. returner/retainer schemes)
i. Review, approve and be assured on all budgetary and financial matters on local primary care investment as set out in point c)
j. Promote quality within General Practice
k. Receive updates from the Primary Care Operational Group on issues considered, actions taken and/or recommendations for approval by the PCCC
l. Oversee the renewal, variation, or the award of new primary medical services, ensuring compliance with public procurement regulations, and are in line with NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, with statutory guidance on conflicts of interest

The Primary Care Commissioning Committee comprises of:

Voting members:

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

- Director of Primary Care and Corporate Affairs, NHS Wirral CCG (* As per note on page 48 - In post until 02/01/22)
- Chief Finance Officer, NHS Wirral CCG
- GP and Medical Director, NHS Wirral CCG
- GP and Members Council Chair, NHS Wirral CCG
- Director of Quality & Safety, NHS Wirral CCG

Non-voting members:

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

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

Attendance at Governing Body and Committees

	In attendance
	Apologies
	Not Present
	Meeting Cancelled
F	Formal
IF	Informal

Governing Body

	Apr-22	May-22
Attendees	**Informal**	**Formal**
Alan Whittle		
Graham Hodkinson		
Ian Huntley		
Julie Webster		
Lax Ariaraj		
Lesley Doherty		
Lorna Quigley		
Mark Chidgey		
Nesta Hawker		
Paula Cowan		
Saket Jalan		
Sian Stokes		
Simon Banks		
Simon Delaney		
Sylvia Cheater		
Bennett Quinn		
Karen Duckworth		
Evan Moore		
Other Attendees		
Karen Prior	N/A	
Baha Ali	N/A	
Michael Chantler		
Iain Stewart		

Audit Committee

Attendees		Apr-22	Jun-22
		Extra Ordinary	Including A/C's sign off
Alan Whittle			
Bernard Halley			
Dilys Quinlan			
Mark Chidgey			
Mike Chantler			
Laura Leadsom			
Other Attendess			
Chelsea Hardman			
Louise Morris			
Ann Ellis			
Laura Teaney			
Michael Green			
Helen Stevenson			
Matt Phillips			
Julie Birchall			
Slyvia Cheater			
Alun Gordan			
Emma Edwards			
Simon Banks			
Paula Cowan			

Remuneration Committee

Attendees		Jun-22
Alan Whittle		
Sylvia Cheater		
Paula Cowan		
Other Attendees		
Chelsea Hardman		
Michael Chantler		
Gareth James		

Primary Care Commissioning Committee

In attendance	May-22	June-22 ExtraOrdinary
Sylvia Cheater		
Alan Whittle		
Nesta Hawker		
Lorna Quigley		
Simon Delaney		
Dr Bennett Quinn		
Sara Smith		
Iain Stewart		
Steve Cocks		
Sarah Boyd-Short		

	In attendance
	Apologies
	No longer in post
	Did not attend

Transition Committee

Attendees		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
Alan Whittle								
Ann Ellis								
Dr Paula Cowan								
Dr Simon Delaney								
Gareth James								
Iain Stewart								
Ian Huntley								
Jackie Roycroft								
Kieron Donlon								
Laura Leadsom								N/A
Lesley Doherty								
Lorna Quigley								
Louise Morris		N/A	N/A	N/A	N/A			
Mark Chidgey								
Michael Chantler								N/A
Nesta Hawker								
Simon Banks								
Stephen Cocks								
Other Attendees								
Karen Duckworth								
Emma Edwards		N/A		N/A	N/A	N/A		N/A
Richard Crockford		N/A		N/A		N/A		N/A
Saket Jalan		N/A	N/A		N/A	N/A	N/A	N/A
Natalie Young Calvert		N/A	N/A		N/A	N/A	N/A	N/A
Elaine Mooney		N/A	N/A		N/A	N/A	N/A	N/A
Grace Price-Jones		N/A	N/A	N/A		N/A	N/A	N/A
Rob Hebdon		N/A	N/A	N/A	N/A	N/A		
Kevin Valentine		N/A	N/A	N/A	N/A	N/A		
Dave Appleton		N/A	N/A	N/A	N/A	N/A		

	In attendance
	Apologies
	Not present

Register of Interests

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

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

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

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

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

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

So far as the member is aware, that there is no relevant audit information of which the Clinical Commissioning Group's external auditory and is unaware; and, that the member has taken the steps they ought to have taken as a member in order to make them self- aware of any relevant audit information and to establish that the Clinical Commissioning Group's auditor is aware of that information.

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

Personal data related incidents

The NHS Information Governance (IG) Framework provides a framework for the processes and procedures by which the NHS handles information about patients and employees, in particular in relation to the handling of personal identifiable information. The NHS Information Governance Framework is supported by submission to the Data Security and Protection Toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Wirral CCG's Data Security and Protection Toolkit (DSPT) was submitted as Standards Met on 30 March 2022 with approval from Mark Chidgey (Chief Finance Officer), as Senior Information Risk Owner (SIRO). This is therefore now completed as part of Annual Compliance but also as part of Due Diligence requirements for Transition and Closedown.

The responsibilities of the Senior Information Risk Owner (SIRO) were transferred to Michael Chantler, Associate Director – Communications and Engagement between 1/6/22 and 30/6/22.

During 2021/22, the CCG provided IG training and has reached a 100% compliance target for this year.

NHS Wirral CCG place high importance on ensuring there are robust Information Governance systems and processes in place to help protect data and information and to ensure it is used for appropriate purposes and in appropriate ways and remain registered with the Information Commissioners Office (ICO). NHS Wirral CCG is supported by the Information Governance Team of Midlands and Lancashire Commissioning Support Unit (CSU) in relation to all aspects of Information Governance throughout the organisation.

NHS Wirral CCG has continued to update and review our systems and processes to ensure compliance against the Data Protection Act (2018), ensuring compliance in all of our processing activities. We issued a suite of policies, entitled the IG and Data Security and Protection Policies, which has been communicated with to all staff and a copy uploaded onto the public-facing website. NHS Wirral CCG also issued a IG Staff Handbook for staff to use as a support tool, and a new IG Staff Code of Conduct which pertains to staff understanding their own personal responsibilities in relation to data handling. The CCG's Privacy Notice was also updated in line with the COVID-19 response.

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

During QTR 1 2022/23, there was one information governance incident reported by NHS Wirral Clinical Commissioning Group, which following risk assessment, 0 were reportable to the Information Commissioners Officer. However, the incident was adequately investigated, lessons learnt were put in place where required, and the Senior Information Risk Owner (SIRO) was also notified with regards to this incident.

Statement of Disclosure to Auditors

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

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

Modern Slavery Act

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

Graham Urwin

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside
29th June 2023

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Simon Banks to be the Accountable Officer of NHS Wirral Clinical Commissioning Group.

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

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

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

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

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

for determining that it is fair, balanced and understandable.

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

As the Accountable Officer, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. 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.

Graham Urwin

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside
29th June 2023

Governance Statement

Introduction and context

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

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

As at 1 April 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.

Further information in relation to the CCG's Committee Structure and Committee attendance is included on pages 58 to 68 of this report.

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

The Committee Structure (as referenced above) supports the CCG's approach to Integrated Governance which is defined as 'systems processes and behaviours by which the CCGs lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service and in which they relate to

patients and carers, the wider community and partner organisations'. Some of those objectives have been impacted by COVID-19, and committees have taken this into account when looking into, for example, performance, planning and financial matters.

The CCG is committed to ensuring its continued high performance through robust systems and processes. The CCG works continuously to deliver high quality safe care and to minimise risk and improve quality at all levels and across all services in the organisation. That said, the CCG has been mindful of the impact of COVID-19 on its health and care partners and has worked collaboratively with partners in Wirral and at Cheshire and Merseyside level to continue to retain quality and minimise risk in the context of national suspension and re-opening of services.

UK Corporate Governance Code

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

Discharge of Statutory Functions

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

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

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

Risk management arrangements and effectiveness

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

Lead Officer	Risk Area
Chief Financial Officer	Financial Information Governance Senior Information Risk Owner (SIRO)
Director of Primary Care and Corporate Affairs (*1 As per note on page 48 - In post until 02/01/22)	Corporate Governance Legal and Statutory compliance Communications Patient and Public Engagement Complaints Management Business Continuity, Emergency Preparedness, Resilience and Response HR, Workforce and Organisational Development
Director of Quality and Safety	Quality Improvement Clinical Policy Incidents and Serious Incidents Continuous Improvement Process Patient Safety Safeguarding
Director of Commissioning and Transformation	Commissioning Performance Delivery Contracting System Transformation Service Redesign
Medical Director	Caldicott Guardian Leadership of the Clinical Senate and engagement with the clinical community and Medical Directors in Provider Organisations

The Transition Committee has oversight of the CCG's Risk Management Strategy and Policy.

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

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

There is a systematic process for the identification of risk throughout the organisation which is then documented in the corporate risk register and assurance framework. The risk register is reviewed monthly at the Transition Committee to ensure risks are being managed effectively and in accordance with the Risk Management Strategy and Policy.

The deterrence of risk is mitigated through a number of processes including Counter Fraud arrangements.

The risk evaluation model is based on a grading of impact and likelihood. Risks are then scored against impact and likelihood and either managed locally or raised to the Corporate Risk Register and Assurance Framework, which is reviewed and monitored, as detailed above. This is maintained by the CCG's Corporate Affairs Manager.

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

The Assurance Framework and Risk Register can be viewed as part of the Governing Body Public Agenda on 15 May 2022

The Governing Body and its reporting Sub Committees also consider quality and equality related risks pertinent to specific decisions being made via a process of impact assessment. This details any impact, mitigations and where appropriate engagement or consultation that has taken place to inform decision making.

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

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

Capacity to Handle Risk

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

The Risk Management Policy provides staff with the framework and guidance to manage risks appropriate to their authority and duties and any updates to the policy are made available to staff via internal communications and on the CCG website.

The Assurance Framework, together with the Risk Register, provides me with evidence that the effectiveness of controls that manage the risks to the CCG achieving its principle objectives have been reviewed. The system of internal control is designed to manage risks to a reasonable level rather than to eliminate all risks of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The Assurance Framework and Risk Register has been reviewed by the Governing Body in May 2022 and monthly at the Transition Committee (Apr – Jun 2022).

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

a. Identify and prioritise the risks to the achievement of the policies, aims and objectives of NHS Wirral CCG, and

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

Risk Assessment

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

NHS Wirral CCG's Assurance Framework sets out the strategic and principal risks which could impact on the delivery of the organisation's objectives. In 2021/22 and QTR 1 2022/23, the majority of areas of the CCG's Assurance Framework were affected by the ongoing COVID-19 pandemic. In the early stages of the pandemic in 2020, there was an expectation that the pandemic may have been a short-lived phenomenon, with 'normal' health and care services being restored within months. At this early stage, the CCG's Risk Register was adapted to create a specific section on COVID-19 to more immediate risks such as:

- The impact on primary care resilience of COVID-19, with the mitigations to manage this such as the establishment of GP Care Hubs to enable safe face-to-face contract for COVID-19 symptomatic patients and investment in/deployment of remote consultation technologies.

Following this, it became clear that COVID-19, coupled with the continued delays in relation to access to treatment and some front-line services such as elective care, would have a longer term impact on the CCG's strategic aims related to improving health. As a result, some of the CCG's risk scores were raised to reflect this.

This included the impact on risks related to:

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

As part of the Closedown and Transfer due diligence process a review of risks was undertaken by the Transition Committee in May 2022 and June 2022 with a number of risks being removed due to the improved COVID-19 pandemic position.

There were no risks identified during QTR 1 2022/23 that would affect the ability of the CCG to fulfill its governance, risk management and internal control requirements.

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.

The Risk Management Strategy and Policy provides an overview of the risk management processes and controls to ensure risks are managed as outlined above.

Annual audit of conflicts of interest management

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

This audit was undertaken by Mersey Internal Audit Agency (MIAA) in 2021/22.

The outcome report highlighted a small number of issues which are being addressed through an agreed action plan and monitored via the CCG's Audit Tracker document. These related to compliance with Conflicts of Interest training and timeliness of conflicts being declared by CCG staff members.

Data Quality

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

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

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information.

The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Wirral CCG's Data Security and Protection Toolkit (DSPT) was submitted as Standards Met on 30 March 2022 with approval from Mark Chidgey, as SIRO. This is therefore now completed as part of Annual Compliance but also as part of Due Diligence requirements for Transition and Closedown.

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

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

Business Critical Models

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

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

Third party assurances

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

(MLCSU) including:

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

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

The CCG has received Service Auditor bridging letters for key control systems operated on its behalf by third parties, which has provided independent assurance, and any necessary actions to address system weaknesses will be followed up in liaison with other local CCGs.

Control Issues

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. As set out in the letter from NHS England and Improvement of 25 May 2021, directions applied in the previous financial year, which were primarily as a result of the CCG's financial position, were subsequently removed on 6 May 2021.

No other control issues were reported in QTR 1 2022/23.

The CCG also completed the Due Diligence process to closedown the CCG and transfer its people, assets and functions to the Integrated Care Board from 1/7/22. Governance arrangements were put in place to monitor the Due Diligence process, including the identification and management of risks and reporting to the Transition Committee under delegation from the Governing Body.

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

During QTR 1 2022/23 the Transition Committee met monthly and regularly assessed the effective use of resources. This was completed by reviewing performance and activity data to ensure this was closely scrutinised by internal staff and Lay Members.

Finally, the CCG receives an opinion from the Head of Internal Audit (Page 80 of this report) on use of resources and value for money, together with additional views via the External Audit Opinion.

Delegation of functions

As detailed within the 'Third Party Assurances' section above, NHS Wirral Clinical Commissioning Group (CCG) delegated some of its support functions to a Commissioning Support Unit (CSU), Midlands and Lancashire CSU.

In QTR 1 2022/23, the CCG had regular Key Performance Indicator (KPI) reports and

contract performance/monitoring meetings to ensure effective and efficient services.

Local Counter fraud arrangements

All commissioners and providers of NHS Services are required to put in place arrangements to tackle fraud, bribery and corruption. NHS Wirral Clinical Commissioning Group (CCG) contracts Anti-Fraud Specialist (AFS) services from Mersey Internal Audit Agency. The CCG's Chief Finance Officer (CFO) oversees these arrangements and the AFS has executive and strategic support to counter fraud led by the CFO and further supported by the Anti-Fraud champion. The Anti-Fraud champion's activities have included a blog during fraud awareness month and supporting the AFS across the year.

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

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

During the financial year 2021/22, the AFS completed a range of work across all the main key areas of activity as outlined by NHS Counter Fraud Authority Standards for Commissioners and agreed within the work plan by the Audit Committee. The plan has been delivered and good progress made on further embedding the national anti-fraud agenda. This has included introducing virtual and online awareness products and evaluating staff awareness which significantly improved in the year. MIAA has introduced fraud prevention checks and notices to safeguard the CCG from cyber enabled fraud such as phishing / smishing fraud attempts, particularly in the area of supplier bank account request changes. The key achievements are shown below:

- Fraud risks have been recorded, managed, and updated in line with the CCG Risk Management policy and included on the appropriate departmental risk register. The CCG has identified six fraud risks across three fraud type areas which are in line with NHS CFA risk methodology and scored under the CCG risk management policy. Fraud proofing work has taken place in the last year to reduce the fraud risk.
- All twelve NHS CFA fraud standards are now assessed as Green.
- To increase fraud awareness the CCG has put in place an anti-fraud online E-learning product. By March 2022 this was achieving an 87% compliance rate, which is above the national average. Fraud awareness is supported by an annual virtual fraud awareness month that features blogs, a staff newsletter, an online fraud quiz which 42 staff completed, a significant improvement in participation on the previous year. The majority of CCG staff scored above 80% with a high percentage of staff correctly naming the anti-fraud policy, the managing declarations of interest policy and local counter fraud arrangements. The promotion of three you-tube videos covered counter fraud team general awareness, working while sick fraud and cyber enabled fraud. Each of the videos is available to staff to view on the CCG intranet and MIAA you-tube channel and had good uptake.
- To prevent and deter fraud during the year,

the AFS issued 33 fraud prevention checks to the finance functions to prevent bank account mandate change fraud attempts. All the attempts being successfully prevented.

Head of Internal Audit Opinion

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

The overall opinion for the period 1 April 2021 to 30 June 2022 provides **Substantial Assurance***, that that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.*

During QTR 1 2022/23 Internal Audit issued the following audit reports:

Area of Audit	Assurance Opinion Given
Data Security & Protection Toolkit (DSPT) CCG to ICS Handover Review	Substantial
Compliance with Statutory Functions	Compliant
CCG Transition System Support	Not applicable
CCG Transition Local Support	Not applicable

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

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

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

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

- The Governing Body
- The Audit Committee
- The Finance Committee (until November 21)
- The Quality and Performance Committee (until November 21)
- The Transition Committee (from December 21)

- The Closedown and Transfer Meeting and Due Dilligence Checklist
- Internal audit
- Other explicit review/assurance mechanisms.

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

Conclusion

I recognise that there have been, and continue to be, significant challenges facing the CCG and the wider Wirral health and care system, largely following the COVID-19 pandemic, during this reporting period.

I am confident that the CCG has acted both prudently and responsively in response to the pandemic, being mindful of the CCG's governance arrangements throughout. I can confirm that following this review, that no significant internal control issues have been identified.

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

Graham Urwin

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside
29th June 2023

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

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

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

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

During QTR 1 2022/23, the Remuneration Committee of NHS Wirral Clinical Commissioning Group met twice and provided minutes and assurance to the Transition Committee.

Further details relating to the attendance and frequency at meetings can be found within pages 65 and 66 of this report.

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

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

Policy on the remuneration of senior managers and very senior managers

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

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

Senior manager remuneration (including salary and pension entitlements)

(AUDITED)

Salaries and allowances for senior employees of NHS Wirral Clinical Commissioning Group (from 1 April 2022 to 30 June 2022)

	(a)	(b)	(c)	(d)	(e)	(f)
Name and Title	Salary & Fees (bands of £5,000) £000	Expense payments (taxable) to nearest £100* £	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension related benefits (bands of £2,500) £000	TOTAL (bands of £5,000) £000
Dr P Cowan - Chair *	25 - 30	0	0	0	0	25 - 30
Mr S Banks - Accountable Officer	30 - 35	0	0	0	12.5 - 15	40 - 45
Mr M Chidgey - Chief Finance Officer **	20 - 25	0	0	0	25 - 27.5	45 - 50
Mrs L Quigley - Director of Quality & Safety	20 - 25	0	0	0	10 - 12.5	30 - 35
Mrs L Morris - Acting Chief Finance Officer ***	5 - 10	0	0	0	2.5 - 5	10 - 15
Mrs N Hawker - Director of Commissioning & Transformation	20 - 25	0	0	0	0	20 - 25
Dr S Delaney - Medical Director	15 - 20	0	0	0	2.5 - 5	20 - 25
Dr L Ariaraj - GP Lead - Planned Care	5 - 10	0	0	0	0 - 2.5	5 - 10
Dr S Stokes - GP Lead - Long Term Conditions	5 - 10	0	0	0	0 - 2.5	5 - 10
Dr S Jalan - GP Lead Unplanned Care	10 - 15	0	0	0	22.5 - 25	30 - 35
Mrs L Doherty - Registered Nurse	0 - 5	0	0	0	0	0 - 5
Mr A Whittle - Lay Member - Governance & Audit	0 - 5	0	0	0	0	0 - 5
Mrs S Cheater - Lay Member - Patient Champion & Public In	0 - 5	0	0	0	0	0 - 5
Mr I Huntley - Lay Member - Quality & Outcomes	0 - 5	0	0	0	0	0 - 5
Mr B Quinn - Chair Members Council	0 - 5	0	0	0	0	0 - 5
Mr E Moore - Secondary Care Doctor	0 - 5	0	0	0	0	0 - 5

Board Member notes:

* Dr P Cowan - Chair - additional sessions undertaken (1 April to 30 June 22)

** Mr. M Chidgey - Chief Finance Officer - left 31 May 2022

*** Mrs. L Morris - Acting Chief Finance Officer - 1 June to 30 June 2022

Salaries and allowances for senior employees of NHS Wirral Clinical Commissioning Group (from 1 April 2021 to 31 March 2022)

Salaries & Allowances for Senior Employees of Wirral CCG (from 1 April 2021 to 31 March 2022)

	(a)	(b)	(c)	(d)	(e)	(f)
Name and Title	**Salary & Fees (bands of £5,000) £000**	**Expense payments (taxable) to nearest £100* £**	**Performance pay and bonuses (bands of £5,000) £000**	**Long term performance pay and bonuses (bands of £5,000) £000**	**All pension related benefits (bands of £2,500) £000**	**TOTAL (bands of £5,000) £000**
Dr P Cowan - Chair *	85 - 90	0	0	0	17.5 - 20	105 - 110
Mr S Banks - Accountable Officer	120 - 125	0	0	0	20 - 22.5	140 - 145
Mr M Chidgey - Chief Finance Officer	115 - 120	0	0	0	7.5 - 10	125 - 130
Mrs L Quigley - Director of Quality & Safety	85 - 90	0	0	0	10 - 12.5	100 - 105
Mr P Edwards - Director of Primary Care & Corporate Affairs	65 - 70	0	0	0	7.5 - 10	75 - 80
Mrs N Hawker - Director of Commissioning & Transformation	85 - 90	0	0	0	10 - 12.5	100 - 105
Dr S Delaney - Chair	75 -80	0	0	0	27.5 - 30	105 -110
Dr L Ariaraj - GP Lead - Planned Care	30 - 35	0	0	0	75 - 77.5	110 - 115
Dr S Stokes - GP Lead - Long Term Conditions	30 - 35	0	0	0	5 - 7.5	40 - 45
Dr S Jalan - GP Lead Unplanned Care	50 - 55	0	0	0	0	50 - 55
Mrs L Doherty - Registered Nurse	5 - 10	0	0	0	0	5 - 10
Mr A Whittle - Lay Member - Governance & Audit	10 - 15	0	0	0	0	10 - 15
Mrs S Cheater - Lay Member - Patient Champion & Public Inv	5 - 10	0	0	0	0	5 - 10
Mr I Huntley - Lay Member - Quality & Outcomes	5 - 10	0	0	0	0	5 - 10
Mr B Quinn - Chair Members Council	5 - 10	0	0	0	0	5 - 10
Mr E Moore - Secondary Care Doctor	0 - 5	0	0	0	0	0 - 5

Board Member Notes:

* Dr P Cowan - Chair - additional session undertaken due to Covid 19 (1 April to 30 June 21)

** Mr P Edwards -Director of Primary Care & Corporate Affairs left 2 Jan 2022

Pension Benefits as at 30 June 2022 (AUDITED)

Pension Benefits for senior employees at NHS Wirral Clinical Commissioning Group for the period

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 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	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 30 June 2022	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£00
Dr P Cowan - Chair	0 - 2.5	0	10 - 15	5 - 10	195	0	197	0
Mr S Banks - Accountable Officer	0 - 2.5	0 - 2.5	45 - 50	40 - 45	648	10	668	0
Mr M Chidgey - Chief Finance Officer *	0 - 2.5	0 - 2.5	45 - 50	90 - 95	813	29	847	0
Mrs L Quigley - Director of Quality & Safety	0 - 2.5	0 - 2.5	40 - 45	90 - 95	830	12	851	0
Mr L Morris - Acting Chief Finance Officer **	0 - 2.5	0 - 2.5	15 - 20	30 - 35	198	12	211	0
Mrs N Hawker - Director of Commissioning & Transformation	0 - 2.5	0	40 - 45	90 - 95	868	0	878	0
Dr S Delaney - Medical Director	0 - 2.5	0	25 - 30	65 - 70	509	1	517	0
Dr L Ariaraj - GP Lead - Planned Care	0 - 2.5	0	20 - 25	35 -40	335	0	339	0
Dr S Stokes - GP Lead - Long Term Conditions	0 - 2.5	0	20 - 25	45 - 50	347	0	351	0
Dr S Jalan - GP Lead Unplanned Care	0 - 2.5	0	15 - 20	35 -40	261	11	277	0

Board Member notes:

* Mr. M Chidgey - Chief Finance Officer - left 31 May 2022

** Mrs. L Morris - Acting Chief Finance Officer - 1 June to 30 June 2022

Pension Benefits as at 31 March 2022

Pension Benefits for senior managers at NHS Wirral Clinical Commissioning Group 2021/22

Pension Benefits for Senior Employees at NHS Wirral Clinical Commissioning Group 2021/22

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and Title	Real increase (decrease) in pension at pension age (bands of £2,500)	Real increase (decrease) in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age as 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 as at a 1 April 2021	Real increase (decrease) in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value as at 31 March 2022	Employer's contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£00
Dr P Cowan - Chair	0 - 2.5	0	10 - 15	10 - 15	173	9	195	0
Mr S Banks - Accountable Officer	0 - 2.5	0	45 - 50	40 - 45	609	18	648	0
Mr M Chidgey - Chief Finance Officer	0 - 2.5	0	40 - 45	85 - 90	786	10	813	0
Mrs L Quigley - Director of Quality & Safety	0 - 2.5	0	40 - 45	85 - 90	795	19	830	0
Mr P Edwards - Director of Primary Care & Corporate Affairs	0 - 2.5	0	30 - 35	65 - 70	575	17	604	0
Mrs N Hawker - Director of Commissioning & Transformation	0 - 2.5	0	40 - 45	90 - 95	832	19	868	0
Dr S Delaney - Chair	0 - 2.5	0 - 2.5	25 - 30	65 - 70	468	27	509	0
Dr L Ariaraj - GP Lead - Planned Care	2.5 - 5	0	20 - 25	35 - 40	279	50	335	0
Dr S Stokes - GP Lead - Long Term Conditions	0 - 2.5	0	15 - 20	45 - 50	330	11	347	0
Dr S Jalan - GP Lead Unplanned Care	0 - 2.5	0	15 - 20	35 - 40	261	0	261	0

Board Member Notes:

* Mr P Edwards - Director of Primary Care & Corporate Affairs left 2 Jan 2022

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 of for loss of office

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

Payments to past directors

There has been no award payments to past directors.

Fair Pay Disclosure (SUBJECT TO AUDIT)

Percentage change in remuneration of highest paid director

	Q1 2022/23 Salary and allowances	Q1 2022/23 Performance pay and bonuses	2021/22 Salary and allowances	2021/22 Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	0%	0%	0%	0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	0%	0%	3%	0%

There is no change in the remuneration of the highest paid director. The CCG does not remunerate staff for performance pay or bonuses. The 0% average percentage increase for salaries and allowances is reflective of the national agenda for change pay inflation.

Pay ratio information

Reporting bodies are required to disclose the relationship between the total 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 of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in NHS Wirral CCG in the financial year 2022-23 for the period ending 30th June 2022 was £30,000 - £35,000 (Annualised this would be no change to 2021/22: £120,000-£125,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2022-23 Q1 period to 30th June 2023	25th percentile	Median	75th percentile
Total remuneration (£)	£5,444	£9,757	£12,494
Salary component of total remuneration (£)	£5,444	£9,757	£12,494
Pay ratio information	6.0:1	3.3:1	2.6:1
2021-22			
Total remuneration (£)	£22,244	£40,057	£54,764
Salary component of total remuneration (£)	£22,549	£40,057	£54,764
Pay ratio information	5.5:1	3.1:1	2.2:1

In 2022-23, no employees received remuneration in excess of the highest-paid director / member for the period ending 30th June 2022 (2021-22, 0). Remuneration ranged from £343 to £30,709 (+/- 0% annualised against 2021/22: £2,627 to £122,836).

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

Staff Report

(AUDITED)

The tables in the report are based on staffing at 30 June 2022.

	TOTAL			ADMIN			PROGRAMME		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Salaries and wages	850	67	916	772	67	839	78	-	78
Social security costs	96	-	96	89	-	89	7	-	7
Employer contributions to the NHS Pension Scheme	154	-	154	147	-	147	7	-	7
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	1	-	1	1	-	1	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**1,101**	**67**	**1,167**	**1,009**	**67**	**1,076**	**91**	**-**	**91**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-			-	-	-	-	-	-
Net employee benefits expenditure including capitalised costs	**1,101**	**67**	**1,167**	**1,009**	**67**	**1,076**	**91**	**-**	**91**
Less: Employee costs capitalised	-			-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**1,101**	**67**	**1,167**	**1,009**	**67**	**1,076**	**91**	**-**	**91**

Staff composition (including number of senior managers)

Pay Band	Headcount
Apprentice	0
Band 1	0
Band 2	1
Band 3	4
Band 4	8
Band 5	4
Band 6	8
Band 7	14
Band 8 - Range A	7
Band 8 - Range B	11
Band 8 - Range C	3
Band 8 - Range D	2
Band 9	0
Medical	7
VSM	11
Gov Body (off payroll)	0
Grand Total	**80**

Staff Analysis

Staff analysis by gender based on staffing at 30 June 2022

	Headcount by Gender		
Staff Grouping	**Female**	**Male**	**Totals**
Governing Body	7	10	**17**
Other Senior Management (Band 8C+)	2	4	**6**
All Other Employees	38	19	**57**
Grand Total	**47**	**33**	**80**

	% by Gender	
Staff Grouping	**Female**	**Male**
Governing Body	41.2%	58.8%
Other Senior Management (Band 8C+)	33.3%	66.7%
All Other Employees	66.7%	33.3%
Grand Total	**58.75%**	**41.25%**

Sickness absence data

Staff sickness absence 2022	2022 Number
Total Days Lost	174.96
Total Staff Years	68.22
Average Working Days Lost	2.56

The sickness absence data for the CCG in 2022 was whole time equivalent (WTE) days available of 15349.5 and WTE days lost to sickness absence of 174.96 and average working days lost per employee was 2.56 which was managed through the absence management policy.

Staff turnover percentages

CCG Staff Turnover 2022-23	2022-23 Number
Average FTE Employed 2022-23	66.15
Total FTE Leavers 2022-23	5.15
Turnover Rate	7.79%

The CCG Staff Turnover Rate for 2022-23 has been calculated by dividing the total FTE Leavers in-year by the average FTE Staff in Post during the year. The CCG's Total FTE Leavers in year was 5.15. The CCG's Average FTE Staff in Post during the year was 66.15. The CCG Staff Turnover Rate for the year was 7.79%

Staff engagement

NHS Wirral CCG has a range of policies in place to support equal treatment in employment and occupation (see list in section below). The CCG has introduced a range of wellbeing support offers to all staff and continues to have regular staff briefings.

In June 2022, the CCG held a final celebration event with staff to recognise our achievements and to look forward to new opportunities as part of NHS Cheshire and Merseyside.

Staff policies

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

- HR001 Attendance Management Policy
- HR002 Annual Leave Policy
- HR003 Disciplinary Policy
- HR004 Grievance and Disputes Policy
- HR005 Performance Management Policy
- HR006 Career Break Policy
- HR007 Equality and Diversity Policy
- HR008 Family Leave Policy
- HR009 Harassment and Bullying Policy
- HR010 Learning and Development Policy
- HR011 Recruitment and Selection Policy
- HR012 Retirement Policy
- HR013 Secondment Policy
- HR014 Flexible Working and Special Leave Policy
- HR015 Travel and Expenses Policy

- HR016 Whistleblowing Policy
- HR017 Work Experience Policy
- HR018 Professional Registration Policy
- HR019 Management of Organisational Change Policy
- HR020 Pay Protection Policy
- HR021 Shared Parental Leave Policy
- HR023 Alcohol and Substance Misuse Policy
- HR024 Staff Volunteering Policy
- HR025 Lone Worker Policy
- HR026 Appraisal and Pay Progression Policy
- HR027 Job Matching and Rebranding Policy
- HR028 Health and Wellbeing Policy

Exit packages agreed in the financial year

NHS Wirral Clinical Commissioning Group did not agree any exit packages or other agreed departures during the three month period ending 30th June 2022.

Trade Union Facility Time Reporting Requirements

NHS Wirral CCG is wholly supportive of partnership working and as such is part of the Staff Partnership Forum facilitated by NHS Midlands and Lancashire Commissioning Support Unit. The CCG can utilise this forum as a vehicle and mechanism to support proactive staff engagement, consultation and, where appropriate, negotiation. The CCG does not employ anyone who undertakes relevant union official duties as outlined in the Trade Union (Facility Time Publication Requirements) Regulations 2017 and therefore no time is released from this employer in relation to official duties (though the facility time is supported). The CCG can liaise and work with Commissioning Support Unit Trade Union representatives and area/regional representatives from those recognised unions, when appropriate, whose time will be recorded with their employing authority.

Equality and Inclusion

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

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

The three arms of the PSED are to:

- Eliminate unlawful discrimination
- Advance equality of opportunity
- Promote good relations between different groups

The CCG uses an Equality Impact and Risk Assessment tool, which provides a framework for undertaking health inequality analysis, and human rights screening. This enables the CCG to ensure that all requirements around equality, human rights

and privacy are given advanced consideration before the CCG's Governing Body or Senior Managers make any policy decisions.

The CCG Chair and Governing Body take the embedding of Equality and Human Rights seriously and ensure that managers and Governing Body members are informed about equality duties and responsibilities. All staff undertake mandatory equality training, this includes considering the nine protected characteristics and issues such as low income, homelessness and alcohol and substance misuse. In 2021/22 we exceeded our target and our Equality and Inclusion mandatory training rate is 86%

Health Inequalities

We have established a Health Inequalities working group which has representation from Health Watch, our hospitals, and services.

The group considers the inequalities that we know about and discusses areas of inequality that newly emerge. Over the past year we have acknowledged disproportionate health outcomes for people from specific equality protected groups and have focused our understanding and resources upon these priorities. Subject areas for discussion have included:

- Alcohol and substance misuse (and reasons behind this). We have promoted the Alcohol Awareness app and consider the data within our plans
- Mental Health
- Our ageing population and the impact of isolation
- Respiratory Services, including our promotion of the advantages of people being 'smoke free'
- Maternity services
- Cardiac Services

The Health Inequalities group will continue as we move forward to an Integrated Care System so that we are able to meet the challenges and support our patients, communities, and staff.
Our Equality Impact Assessment Process now includes assessing Health Inequalities to ensure that our decisions support our commitment to addressing Health Inequalities, Equality, Diversity, and Inclusion remain at the heart of our work, and this will enable a healthier Wirral, where people and families can reach their full potential without prejudice and be supported in managing their health and wellbeing.

Expenditure on consultancy

The total expenditure on consultancy for NHS Wirral Clinical Commissioning Group during the three month period to 30th June 2022 was £1,976.84.

Off-payroll engagements

Off-payroll engagements / senior official Engagements

There are no off-payroll engagements of Board members and / or senior officials with significant financial responsibility between 01 April 2022 and 30th June 2022

Exit packages, including special (non-contractual) payment

NHS Wirral Clinical Commissioning Group did not agree any exit packages, including special non contractual payments or other agreed departures during the three month period to 30th June 2022.

Parliamentary Accountability and Audit Report

NHS Wirral Clinical Commissioning Group (CCG) is not required to produce a Parliamentary Accountability and Audit Report.

An audit certificate and report is also included in this Annual Report at pages 137 to 143. The auditor's report is in respect of the matters described in that report and hyperlinks included in the report and accounts are not audited by the auditors (Grant Thornton) unless expressly stated.

Appendix A - Declaration of Interests

Name	Current position(s) held in the CCG	Interests to Declare	Date CoI Form received	Type of Interest to declare	Description of Interest	Date of interest from	Date of interest to	Is this interest direct or indirect?	Actions to be taken to mitigate risk
Albanese, Carmelo	Employee	No interests declared							
Ariaraj, Laxman	Governing Body Member	Yes	20/3/18	Financial Interest	GP - Paxton Medical Group	2004	Ongoing	Direct	Declared in line with conflicts of interest policy
			20/3/18	Financial Interest	Employed by WUTH in Gastroenterology	2004	Ongoing	Direct	
			20/3/18	Financial Interest	Own the practice premises & host organisations who provide health & social care. The organisations are sometimes discussed at meetings	2007	Ongoing	Direct	
			7/8/18	Indirect Interest	Wife is GP partner at Spital Surgery	2004	Ongoing	indirect	
			20/3/18	Financial Interest	GP Practice is a member of Primary Care Wirral Federation	2016	Ongoing	Direct	
Baker, David Dr	Employee	Yes	16/02/22	Financial Interest	Salaried GP at Heatherland Medical Centre (5 sessions)	01/10/15	Present	Direct	Declared in line with conflicts of interest policy
				Financial Interest	Salaried GP at Whetstone Medical Centre (3 sessions)	01/03/21	Present	Direct	
				Financial Interest	CCG Hypertension Clinical Lead	01/10/21	Present	Direct	
				Financial Interest	Wirral LMC Member	01/06/21	Present	Direct	
Banks, Simon	Governing Body Member	Yes	26/2/18	Indirect Interest	Partner is an employee of Halton CCG	4/4/2017	Ongoing	Indirect	Declared in line with conflicts of interest policy
			5/3/21	Indirect interest	Son is Apprentice Paralegal with Stephensons Solicitors LLP working in clinical negligence team.	1/3/2021	Ongoing	Indirect	
			15/6/20	Indirect interest	Sister in Law is employed by Leso Digital Health, a provider of online Cognitive Behavioural Therapy (CBT) to the NHS	15/6/2020	Ongoing	Indirect	Interest declared and would be managed if conflict arose
Birks, Darren	Employee	No interests declared							

Borrington, Susan	Employee	No interests declared							
Boyd-Short, Sarah	Employee	No interests declared							
Bradburn, Joanne	Employee	Yes	9/12/19	Indirect Interest	Cousin works for Endoscopy Department - Wirral University Teaching Hospital NHS Foundation Trust	4/1/18	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Cousin works for Radiology Department - Liverpool Heart and Chest Hospital	4/1/18	Ongoing	Indirect	
Bradshaw, Sarah	Employee	Yes	4/1/2021	Indirect interest	Cousin is a GP partner at Sunlight Medical Centre	4/1/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
Brown, Fiona	Employee	No interests declared							
Burgess, Kim	Employee	No interests declared							
Cairney, Alison	Employee	Yes	28/11/19	Indirect Interest	Husband is an anaesthetist at WUTH	1/2/19	Ongoing	Indirect	No action required as roles not directly related
				Indirect Interest	Sister in law works for Mersey Care District Nursing Out of Hours service	Feb-19	Ongoing	Indirect	
Chantler, Michael	Employee	No interests declared							
Cheater, Sylvia	Governing Body Member	Yes	27/1/21	Indirect interest	Daughter-in-law Gastroenterology ST5, Aintree University Hospital	1/9/20	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Non-financial professional interest	Treasurer/Trustee, Institute of Health Promotion and Education	1/1/17	Ongoing	Direct	
Chidgey, Mark	Governing Body Member	Yes	22/3/22	Financial Professional Interest	Accepted an employment offer as Chief Finance Officer for Wirral University Teaching Hospitals NHS Foundation Trust.	18/3/22	31/5/22	Direct	Withdraw from all discussions, negotiations and decisions in relation to services provided by WUTH. These responsibilities will transfer to Louise Morris with immediate effect. Disclosure of this interest will be given at all relevant meetings.
Clark, Nicola	Employee	No interests declared							
Clarke, Julie	Employee	Yes	11/2/20	Indirect Interest	Mother and Sister in Law - Employees at Earlston & Seabank Medical Centre	1/11/16 7/6/21	Ongoing	Indirect	None
Cocks, Steve	Employee	No interests declared							

Cowan, Paula Dr	Governing Body Member	Yes	14/2/20	Financial Interest	GP Partner - Eastham Group Practice	Feb-03	Present	Direct	Declared in line with conflicts of interest policy
				Indirect Interest	Husband - Consultant in Critical Care, Wirral University Teaching Hospital	Apr-02	Present	Indirect	
				Financial Interest	Practice is Member at PCW Federation and Healthier South Wirral PCN	Jan-16	Ongoing	Direct	
				Non financial interest	Council member of North West Clinical senate.	Jun-21	Ongoing	Direct	
			29/3/22	Financial Interest	Joint Clinical Lead NW NHS@Home programme	Oct-21	Ongoing	Direct	
Coyle, Anna	Employee	Yes	15/1/20	Indirect	Sister is a Pharmacy Dispenser in Tesco Pharmacy, Heswall	Jan-14	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect	Daughter is a Volunteer Mental Health Mentor at the Open Door Centre, Birkenhead	Jan-06	Ongoing	Indirect	
Crockford, Richard	Employee	Yes	25/9/19	Indirect Interest	Wife works for Wirral Community Health and Care NHS Foundation Trust in the Rapid Response Service	Jul-19	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Step-daughter works for Wirral University Teaching Hospital NHS Foundation Trust in Emergency Department	Jul-19	Ongoing	Indirect	
				Direct Interest	Patient of Townfield Health Centre	Jul-19	Ongoing	Indirect	
			8/4/22	Direct Interest	Has been offered and accepted a role at Wirral University Teaching Hospital NHS FT as Deputy Director of Quality Governance.	6/4/22	8/6/22	Direct	
Currie, Norma	Employee	No interests declared							
Dakin, Tracey	Employee	Yes	9/2/2018	Financial Interest	Novo Nordisk UK - Providing a commissioning perspective on diabetes care	9/2/2018	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Financial Interest	BD - Providing a commissioning perspective on diabetes care	9/2/2018	Ongoing	Indirect	
			12/10/21	Indirect Interest	Mother resident of Daleside Nursing Home – one of WHCC D2A providers	1/8/21	Ongoing	Indirect	Declare interest in all associated meetings and exclude myself from any commissioning decision making processes relating to this service.
				Indirect Interest	Granddaughters mother is an employee for WCHC CICC	1/10/21	Ongoing	Indirect	

Daniels, Deborah	Employee	Yes	27/1/21	Indirect	Daughter - Sister at Alder Hey Children's Hospital HDU	19/11/20	Ongoing	Indirect	Declared in line with conflicts of interest policy
Davis, Ian	Employee	No interests declared							
Delaney, Simon	Governing Body Member	Yes	6/2/2020	Financial Interest	GP Partner - Sunlight group Practice	1/7/04	Ongoing	Direct	Declared in line with conflicts of interest policy
				Non-Financial Professional Interests	NHS England employee	1/8/10	Ongoing	Indirect	
				Indirect Interest	Wife - Employee of Clatterbridge Cancer Care Centre	1/6/21	Ongoing	Indirect	
Doherty, Lesley	Governing Body Member	Yes	9/10/19	Indirect Interest	Strasys Consulting Ltd - Executive coach role on NHS contracts outside of NW	Jan-15	Present	Indirect	No involvement with NHS consulting delivery for the CCG's providers/ contractors or CCG
Duckworth, Karen	Employee	No interests declared							
Edwards, Emma	Employee	No interests declared							
Evans, Martin	Employee	No interests declared							
Falconer-Flint, Clare	Employee	No interests declared							
Fletcher, Anita	Employee	No interests declared							

Fraser, Mark Dr	Employee	Yes	23/3/18	Financial Professional Interest	GP Partner - Claughton Medical Centre	Jul-14	Present	Direct	Disclosed
				Non -Financial Professional Interest	Medical Director and Board Member - Primary Care Wirral Community Benefits Society	Oct-17	Present	Direct	
				Non -Financial Professional Interest	Clinical Investigator and Appraiser - NHS England	Jul-15	Present	Direct	
				Non -Financial Professional Interest	Minor Surgery Provider - SSP Health, Wigan and St Helens	Jul-18	Apr-18	Direct	
				Financial Professional Interest	Director and Owner - Artemis Medical Solutions	Jul-15	Present	Direct	
				Non-Financial Professional Interest	Deputy Medical Referee - Wirral Borough Council	Apr-16	Present	Direct	
			25/4/22	Financial Professional Interest	Clinical Director for urgent care, Wirral Community Health and Care Community Trust	Dec-21	Present	Direct	
Galle, Jenn (Maternity Leave)	Employee	Yes	5/2/20	Indirect interest	Partner works at WUTH in the radiology/PACs department	8/2/21	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy
George, Siju	Employee	No interests declared							
Gillett, Carole	Employee	Yes	10/3/22	Indirect Interest	Daughter – Practice Nurse, Prenton and Woodchurch Medical Centre	17/1/21	Ongoing	Indirect	Maintain confidentiality
				Indirect Interest	Daughter - Nurse at Alder Hey Children's Hospital	4/6/2020	Ongoing	Indirect	
				Indirect interest	Sister-in-Law – Employed by CWP	Sep 05	Ongoing	Indirect	
Gilmore, Matthew	Employee	Yes	7/4/22	Indirect Interest	ICS 'Lean-In' Business Intelligence Mental Health Lead - Cheshire & Merseyside	Dec-21	Ongoing	Indirect	Declared in line with Conflicts of Interest Policy
				Indirect Interest	Wife is Mental Health co-ordinator at Healthier South Wirral PCN	Nov-21	Apr-22	Indirect	
Halley, Bernard	Audit Lay Member	No interests declared							
Hamlet, Jane	Employee	No interests declared							
Hardman, Chelsea	Employee	No interests declared							
Harrington, Heather	Employee	No interests declared							

Hastewell, Heather	Employee	Yes	6/7/20	Indirect Interest	Daughter is employed by WUTH - Admin in Booking Office	1/10/18	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister in Law is employed by WUTH (Gynaecology nurse)	1/4/17	Ongoing	Indirect	
				Indirect Interest	Good Friend is employed by Autism Together (Director of Finance)	1/1/18	Ongoing	Indirect	
				Indirect Interest	Sister is employed by Eastham Group Practice - Admin Officer	1/2/20	Ongoing	Indirect	
Hawker, Nesta	Governing Body Member	Yes	12/2/20	Indirect Interest	Husband is Accountable Officer at Morecambe Bay CCG	1/9/2018	Ongoing	Indirect	Shared in meetings as necessary
Hill, Debra Dr	Employee	Yes	9/4/22	Indirect Interest	GP Partner Miriam Medical Centre	1992	Ongoing	Indirect	Declared in line with conflicts of interest policy.
				Indirect Interest	GP Appraiser	Onset of appraisal	Ongoing	Indirect	
Hodkinson, Graham	Employee (Director of Adult Care and Health / Deputy Chief Officer, Wirral Health and Care Commissioning)	No interests declared							
Hopkinson, Richard	Employee	Yes	23/9/21	Indirect Interest	Patient of St Georges Medical Centre	18/9/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
Houghton, Kieran	Employee	No interests declared							
Huntley, Claire	Employee	No interests declared							
Huntley, Ian	Governing Body Member	Yes	1/3/20	Financial Interest	Member of Faculty for a charity: Staff College: Leadership in Healthcare which provides leadership development training to the NHS. In this capacity I have been employed to run development programs for hospitals and other health organisations in the northwest and south of England. I could therefore be thought to have a conflict of interest were the CCG to consider commissioning leadership development training.	Mar-16	Mar-20	Indirect	I would deliberately absent myself from any discussions concerning which organisations would be best placed to deliver leadership development training to the CCG

Jalan, Saket Dr	Governing Body Member	Yes	14/1/20	Financial Professional Interest	GP Partner - Hoylake Medical Centre	Jan-12	Ongoing	Direct	Declared in line with conflicts of interest policy
				Financial Professional Interest	GP Appraiser	Jan-15	Ongoing	Direct	
				Financial Professional Interest	Clinical Assistant (Dermatology) - Wirral University Teaching Hospitals NHS Foundation Trust	Jan-14	Ongoing	Direct	
				Non-Financial Professional Interest	Board Member - GPwFed	Jan-17	Ongoing	Direct	
				Non-Financial Professional Interest	Practice Member of Moreton PCN	Jan-19	Ongoing	Direct	
				Non-Financial Professional Interest	Dermatology Provider - Provider of PCN Community dermatology service	Jan-19	Ongoing	Direct	
			23/3/21	Indirect interest	Wife: Dental Practice Owner	Jul-19	Ongoing	Indirect	
			21/4/22	Direct Interest	Director Apollo Healthcare pvt ltd providing locum medical/ dental services/ Appraisals Wife is another director	Jan-12	Ongoing	Direct	
John, David	Employee	No interests declared							
Joinson, Catherine	Employee	Yes	27/2/20	Indirect Interest	Daughter is employee of Finance Team in NHS Wirral CCG	10/2/20	Ongoing	Indirect	Declared in line with conflicts of interest policy
Kelly, Sarah	Employee	Yes	27/3/18	Indirect Interest	Relative works for WCFT within the Corporate Affairs Team	1/6/16	Ongoing	Indirect	Declared in line with conflicts of interest policy
Kent, Martyn	Employee	Yes	20/9/21	Indirect Interest	Sister works as a Dietician for St Helens and Knowsley NHS FT	Mar-21	Ongoing	indirect	Declared in line with conflicts of interest policy
Kirkham, Lee	Employee	Yes	8/9/21	Indirect Interest	Son is employee of Wirral University Teaching Hospitals NHS Foundation Trust (Sterile Services Department)	Jan-20	Ongoing	Indirect	Declared in line with conflicts of interest policy
Lawton, Chloe	Employee	No interests declared							
Leadsom, Laura	Employee	Yes	1/7/20	Indirect Interest	Father is employee of Royal Liverpool University Hospital	Jan-13	Ongoing	Indirect	Declared in line with conflicts of interest policy
Lewis, Hannah (Maternity Leave)	Employee	No interests declared (Currently on maternity leave)							

Lynch, Sarah	Employee	Yes	27/9/19	Indirect Interest	Sister is employee of Wirral Council - Department of Adult Social Services	Jun-16	Present	Indirect	Declared in line with conflicts of interest policy
Majid, Usman	Employee	No interests declared							
McKenna, Martin	Employee (Apprentice)	No interests declared							
McNee, Louise	Employee	Yes	8/9/21	Indirect Interest	Auntie works in Fracture Clinic at WUTH	5/2/18	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Cousin works in the Linda McCartney Centre (The Royal)	5/2/18	Ongoing	Indirect	
				Indirect Interest	Cousin works in haematology and transfusion at WUTH	5/2/18	Ongoing	Indirect	
Mooney, Elaine	Employee	No interests declared							
Morris, Louise	Employee	Yes	8/9/21	Indirect Interest	Sister in Law is employed by Barnsley District General Hospital within the Radiology Department	1/8/20	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Brother is employed by Sheffield Hospital within the Radiology Department	1/4/13	Ongoing	Indirect	
				Indirect interest	Husband is employed by Manchester FT in finance department	15/6/21	Ongoing	Indirect	
				Indirect interest	Sister in Law is employed by the Clatterbridge Cancer Centre in the finance department	1/4/13	Ongoing	Indirect	
				Indirect Interest	Nephew employed by Wirral Community Health & Care FT in finance department	1/8/21	Ongoing	Indirect	
Morgan, Lucy	Employee	No interests declared							
Murray, David	Audit Lay Member	Yes	20/3/18	Direct Interest	Primary Employment is Director of Finance and Corporate Services at the Health and Safety Executive	Nov-17	Ongoing	Direct	Declared interest and if necessary, at Audit Committee, would exclude myself from any discussion
Pearce, Simon	Employee	No interests declared							
Parry, Kathryn	Employee	Yes	7/2/20	Indirect Interest	Mother works at Upton group Practice	Jan-08	Ongoing	Indirect	Declared in line with conflicts of interest policy
Phillips, Matthew	Employee	No interests declared							

Grace Price-Jones (On Secondment to NHSE / I)	Employee	Yes	1/2/21	Indirect Interest	Mother is an employee of The Clatterbridge Cancer Centre	Jan-20	Present	Direct	Declared in line with conflicts of interest policy
Pye, Daryl	Employee	Yes	12/4/22	Financial Interest	Bank work with NHS Professionals	Jan-15	Present	Direct	Declared in line with conflicts of interest policy
				Non Financial Personal Interest	Patient at Arrowe Park Hospital	Jan-13	Present	Direct	
				Non Financial Personal Interest	Patient at Spire and Spire Liverpool	Jan-16	Present	Direct	
				Non Financial Personal Interest	Patient at Royal Liverpool Hospital	Jan-16	Present	Direct	
				Non Financial Personal Interest	Patient at The Walton Centre	Jan-20	Present	Direct	
				Non Financial Personal Interest	Patient at Prenton Medical Centre (my GP surgery)	Jan-13	Present	Direct	
				Financial Interests & Non-Financial Professional Interests	Bank work at Arrowe Park Accident & Emergency Department, Clatterbridge Vaccination Centre and as a Clinical Facilitator at Arrowe Park and Clatterbridge Hospitals – all via NHS Professionals	Jan-15	Present	Direct	
				Non-Financial Personal Interests	Previous volunteer large event manager, clinical lead, operational and tactical commander and clinical event nurse with St John Ambulance	Jan-02	Present	Direct	
				Non-Financial Personal Interests	Student with LJMU	Jan-21	Present	Direct	
				Non-Financial Personal Interests	Visiting Lecturer with University of Chester	Jan-20	Present	Direct	

Quigley, Lorna	Governing Body Member	Yes	27/1/21	Indirect Interest	Supporter of the Labour Party	Apr-13	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Non-Financial Professional Interests	Trustee of the Northwest Baptist Association	May-19	May-22	Direct	
			20/10/21	Indirect Interest	Son employee of Wirral University Teaching Hospital	Jan-18	Ongoing	Indirect	
Quinlan, Dilys	Audit Lay Member	Yes	31/3/22	Non Financial Personal Interest	Voluntary Independent Advocate to Looked After Children for Sefton MBC (Voluntary role)	Sep-12	Ongoing	Direct	Declared in line with conflicts of interest policy.
				Non Financial Personal Interest	Director, Healthwatch St Helens (a Company Limited by Guarantee) (Voluntary role)	1/2/19	Ongoing	Direct	
				Non Financial Personal Interest	Official Prison Visitor (OPV), HMP Liverpool (Voluntary role) supporting HMP Liverpool Chaplaincy Team	23/4/19	Ongoing	Direct	
				Non Financial Professional Interest	Governing Body Lay Member NHS Halton CCG and NHS Warrington CCG – paid appointment.	15/11/19	Ongoing	Direct	
				Non Financial Professional Interest	Trustee, Merseyside Society for Deaf People (a registered charity and a company limited by guarantee) - (voluntary role)	27/1/22	27/2/22	Direct	
Redwood, Christopher	Employee	Yes	10/3/22	Indirect interest	Wife is on secondment to Wirral Hospice St Johns (from Merseycare NHS FT)	1/3/22	28/2/23	Indirect	Declared in line with conflicts of interest policy
Scanlon, Joseph	Employee	Yes	3/12/19	Indirect Interest	Wife - HR Officer at Wirral Borough Council	2017	Current	Indirect	No action required as roles not directly related
				Indirect Interest	Daughter - Operating Department Practitioner at Alder Hey Children's Hospital	May-19	Current	Indirect	No action required as roles not directly related
Shaw, Jenny	Employee	No interests declared							
Shepherd, Shelby	Employee	No interests declared							
Spratt, Christopher	Employee	Yes	21/2/19	Indirect Interest	Brother works as a paramedic for East of England Ambulance Trust	1/2/19	ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Sister-in-law works as a Nurse for Queen Elizabeth Hospital Kings Lynn NHS Trust	1/219	Ongoing	Indirect	Declared in line with conflicts of interest policy

Stewart, Iain	Employee	Yes	10/1/22	Indirect Interest	Spouse is Contracts and Service Procurement Manager, Estates & Capital Planning at WUTH	1/5/22	Ongoing	Indirect	Exclude self from WUTH contract related meetings
				Indirect Interest	Son-in-law works for Fylde CCG	1/11/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Daughter works for Egton Medical Information Systems	10/1/22	Ongoing	Indirect	
				Indirect Interest	Partner Governor at Cheshire Wirral Partnerships NHS FT Council of Governors (on behalf of CCG)	1/4/18	Ongoing	Indirect	
St Lawrence, Kirsty	Employee	Yes	8/11/21	Indirect Interest	Friend - Associate Director of service Improvement at WUTH	1/1/18	Ongoing	Indirect	Declared in line with conflicts of interest policy
Stokes, Sian Dr	Governing Body Member	Yes	26/2/20	Financial Interest	GP Partner - The Village Medical Centre	Apr-08	Ongoing	Direct	Declared in line with conflicts of interest policy
				Financial Interest	Director of Limited Company which provides orthopaedic and medicolegal services	Apr-10	Ongoing	Direct	
				Indirect Interest	Spouse is Consultant Orthopaedic Surgeon working at WUTH and Spire Murrayfield	Nov-06	Ongoing	Indirect	
				Financial	GP Practice is a member of Primary Care Wirral Federation	Mar-17	Ongoing	Direct	
Teale, Stacey	Employee	Yes	28/3/22	Indirect Interest	Partner- Prevention and Control Officer at Wirral Borough Council	20/9/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
Thompson, Andrea	Employee	No interests declared							
Troy Andrew	Employee	Yes	21/2/19	Indirect Interest	Mother is employee at Spire, Liverpool	10/1/19	ongoing	indirect	Declared in line with conflicts of interest policy
Tsintzos, Dimitris	Employee	Yes	28/11/19	Indirect Interest	Spouse is employed by Midlands and Lancs CSU	1/4/19	ongoing	indirect	Declared in line with conflicts of interest policy
Varnham, Alyce	Employee	Yes	11/2/20	Indirect Interest	Friend works for Morton and Meols PCN	20/2/21	Ongoing	Indirect	Declared in line with conflicts of interest policy
				Indirect Interest	Mother is employee of Commissioning Team	10/2/20	Ongoing	Indirect	

Webster, Julie (Director of Public Health) Wirral Council Non-voting member of Wirral CCG Governing Body)	Employee	Yes	4/12/19	Non-financial personal interest	Sister is employed by Wirral Community NHS Foundation Trust	1/4/19	Ongoing	Indirect	To declare at any appropriate meetings
				Non-financial personal interest	Niece is employed by Wirral Community NHS Foundation Trust	1/4/19	Ongoing	Indirect	
Whittle, Alan	Governing Body Member	Yes	29/11/19	Non-Financial Professional Interest	Independent Member of Audit Committee for NHS St Helens CCG	May-17	Ongoing	Direct	Discuss and agree actions in the event of any potential issues with Chair and/ or Director of Corporate Affairs
Wood, Barry	Employee	No interests declared							

Appendix B - Governing Body Member Profiles

Simon Banks,
Chief Officer

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

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

Simon's experience in the voluntary sector came through working as a Patient Advocate with the Citizens' Advice Bureau in Ashworth Hospital. He then worked for Age Concern Cheshire in roles that encompassed information and advice, lobbying and campaigning. Simon joined the NHS in July 2000 as Chief Officer, Warrington Community Health Council before moving to work in Warrington Community Healthcare NHS Trust and 5 Boroughs Partnership NHS Trust, which were NHS provider organisations and in which he held roles that supported the Trust Board and Executive Team.

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

Dr Paula Cowan,
Chair

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

Dr Cowan has been involved in Wirral CCG activity since 2010, as Executive Board member for Wirral Health Commissioning Consortium, and also as Urgent Care lead for Wirral Health Commissioning Consortium from 2012-2015. She was an active Wirral LMC committee member and held the position of vice chair from 2007-2013.

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

She continued partnership and system working and lead on many projects including the Digital Programme as Medical Director, a post which she held from November 2016 until her recent appointment as Chair NHS Wirral CCG on July 1st 2019.

Through the COVID-19 pandemic Dr Cowan has led NHS Wirral Clinical Commissioning Group, working with partners across health and care, third sector organisations and Elected Members in supporting the Wirral System Response.

In addition, she has engaged with colleagues across the North West region in supporting system innovative change in many areas including Digital Platforms and interoperability, addressing system health and care inequalities along with the establishment of and actively

participating in the role out and delivery of the COVID Vaccination Programme.

Mark Chidgey, Chief Financial Officer

Mark was appointed to the Chief Finance Officer at NHS Wirral CCG in April 2020; he is a qualified accountant who joined the NHS in 1990, initially working within the acute sector at Central Manchester and The Christie Foundation Trusts before moving into commissioning in Stockport.

The majority of Mark's experience at board level is as a finance leader but his responsibilities have also included Quality, Safeguarding, Commissioning and Performance.

Mark has worked at a national level on the development and implementation of innovative systems for the payment and contracting of New Models of Care.

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

With more than 30 years' experience, both within the NHS and voluntary sector, Lorna is passionate about ensuring the population receives high quality, safe health and care when they need it.

Lorna joined the NHS in 1985, qualified as a Registered Nurse in 1988 and since then held a variety of roles within the voluntary sector and NHS within Nursing leadership, Clinical and General Management, in both Acute Hospital Trusts, Primary Care Trusts and now NHS Wirral Clinical Commissioning Group.

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

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

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

Nesta Hawker, Director of Commissioning

Nesta joined the NHS 34 years ago as a student mental health nurse in North Wales. Since completing her nurse training Nesta has had a variety of roles within the NHS including various nursing roles, general management with a multi-agency substance misuse team and commissioning both on a regional and national basis.

She completed her Masters in Health Service Management in South Wales in 2007. Nesta was appointed as Director of Commissioning in July 2015.

Her current responsibilities include leading on the development of the strategic and commissioning plan of the Clinical Commissioning Group by reviewing the needs of the people of Wirral and by working with partners to deliver the health services to meet these needs. She is involved in the planning, delivery, agreement and monitoring of the majority of the health services and their outcomes received by the population of the Wirral.

Nesta is the executive lead for tackling health inequalities for the CCG and she is committed to working with patients, carers, member practices and partner organisations to improve patients' experience and outcomes of health care and to ensure that services are effective for patients.

Dr Simon Delaney, Medical Director

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

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

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

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

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

He is currently the Chair of Healthy Wirral Clinical Senate and the Planned Care Board and is the Caldicott Guardian for Wirral Health and Care Commissioning.

Dr Sian Stokes, GP Lead Long Term Conditions

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

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

Dr Laxman Ariaraj, GP Lead Planned Care

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

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

In May 2015, Dr Ariaraj took up the post as NHS Wirral CCG Clinical Lead for Planned Care. He sits on several committees including the Planned Care Board, Clinical Senate the WHCC Governing Body. He is particularly interested in primary and secondary care integration, clinical systems innovation and the reduction of health inequality.

Dr Saket Jalen, GP Lead Urgent Care

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

Dr Jalan has special interest in Dermatology, Minor Surgery and Urgent care. He has recently attained fellowship of the Royal College of GPs. He worked as GP lead for the Wirral GPOOH

service from 2014 to 2018. Dr Jalan was also the prescribing lead for WHCC from May 2015 to Oct 2019.

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

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

Dr Evan Moore, Secondary Care Doctor

Dr Evan Moore is a Graduate of Queens University Belfast and has been a Consultant Anaesthetist since 2002. In addition to his clinical anaesthetic practice he has been Executive Medical Director of Wirral University Teaching Hospitals and Betsi Cadwaladr University Health Board.

Evan brings many years of experience as a Medical leader in primary and secondary care, including working at board level in both England and Wales.

Dr Bennett Quinn, Members Council Representative

Dr Bennett Quinn was appointed Chair of Wirral GP Members' Group and Member of NHS Wirral Clinical Commissioning Group Governing Body in April 2019.

Additionally, he is a member of the Healthy Wirral Digital Accelerator Group, and the Wirral System Inequalities Group.

He graduated from University College Dublin in 1979 and has been a general practitioner in Wirral since 1983. He is a GP trainer for Health Education Northwest, a GP appraiser for NHS England (Cheshire & Merseyside), and a member of Wirral Local Medical Committee.

He has previously participated in two NICE committees, PH35 "Preventing type 2 diabetes – population & community interventions", and the NICE Quality & Outcomes Framework Advisory Group (2010 to 2014).

Dr Quinn is a Fellow of the Royal College of General Practitioners. He was awarded a PhD in December 2021 by the University of Chester for his research into the diagnosis of mental health disorders in primary care, details of which have been presented at primary care and psychiatry conferences internationally.

Lesley Doherty, Registered Nurse

Lesley qualified as an RN in 1979 and RM in 1980. She became a Director of Nursing in 1998 and undertook a secondment to the DH leading on nursing recruitment and retention.

Moving to Bolton Hospitals NHS Trust as Director of Nursing in 2003 she became CEO in 2010 developing a national and internal reputation for lean in healthcare.

Lesley has held national roles as Chair of the Neonatal Nursing Association, regional lead for the National Leadership Programme, a member of the DH's National HCAI Prevention Advisory Group and one of the Clinical Advisors on the NHS Constitution.

Since 2013 Lesley has worked in healthcare consultancy and coaching support, in 2021/22 she has returned to clinical practice supporting the COVID-19 response. She was a Board member of Ireland East Health Board completing her tenure in December 21 and is the Lay Member / Registered Nurse for NHS Wirral CCG.

Alan Whittle,
Lay Member – Audit and Governance

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

He retired from the position of Chief Executive at an NHS Foundation Trust in Essex in 2013 after 10 years in post. Before that he was Finance Director at the same Trust for 13 years.

His key skills and interests are in financial management, corporate governance, business strategy, board development and regulatory compliance.

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

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

Ian Huntley,
Lay Member Quality and Outcomes

Ian Huntley is an independent leadership, defence and security consultant and an executive coach. He primarily helps to develop the leadership skills of individuals and organisations, and is currently working with the NHS, police, MOD and industry.

Formerly in the Royal Marines, he spent the last four years of his service as the head of the MOD's leadership centre. His operational experience, mainly with 3 Commando Brigade, includes tours in Northern Ireland, Iraq and Afghanistan. He has also worked in Whitehall, in the MOD and the Cabinet Office.

Sylvia Cheater MBE,
Lay Member – Patient Champion

Sylvia has a background working in public health and dental public health, at both local and regional levels.

Her previous roles include Regional Food and Nutrition Lead for the Department of Health NW, where she was responsible for the implementation and evaluation of public health programmes to reduce inequalities.

She holds a Masters degree in Health Promotion and Education and postgrad qualifications in health and social care management and nutrition. She is a trustee of the charity Institute of Health Promotion and Education www.ihpe.org.uk.

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

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

Graham Hodkinson,
Director of Care and Health (Wirral Council)

Graham is a Social Worker by background and has a career in social care spanning over 30 years. Graham was born and grew up in Wirral. He moved away in 1990 to pursue a career in Social Work. Building on a successful career he moved back to Wirral with his family in 2012 to take on the role of Director of Adult Social Services.

He has led programmes of work to ensure that Adult Social Care is improving outcomes for people across the Borough and that social care and health care plan and work together effectively, in order to offer people the Right

Care, in the Right Place at the Right Time. He is committed to ensuring that Wirral's health and care providers and commissioners continue to work together as a place-based system to continue to improve people's experience of health and care and to reduce inequality across the borough.

Graham is responsible for ensuring that strategic plans across Wirral's health and care system are properly joined up to deliver improved outcomes for the people of Wirral, and that resources are used effectively in this aim. He is specifically responsible for health and care place-based planning for people aligned to broader outcomes, community services and housing for vulnerable people, oversight and assurance of the business plan through a single Programme Management Office.

Graham is the system lead for Living Well in Our Communities under the Healthy Wirral Programme and leads People Services within the Council. Graham holds the statutory responsibility of Director of Adult Social Services on behalf of Wirral Council, and is the lead Director for Safeguarding ADASS North West.

Julie Webster, Director for Public Health

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

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

She has a particular interest in the use of insight to develop public health interventions and is a strong advocate for social justice and the role of the citizen in local services. She has led the local public health response to the COVID-19 pandemic.

Dr Evan Moore, Secondary Care Doctor

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

Annual Accounts

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Statement of Comprehensive Net Expenditure for the 3 months ended 30 June 2022

	Note	Three months ended 30 June 2022 £'000	Restated Year 2021-22 £'000
Income from sale of goods and services	2	-	-
Other operating income	2	-	-
Total operating income		**-**	**-**
Staff costs	4	1,167	4,684
Purchase of goods and services	5	168,169	680,558
Depreciation and impairment charges	5	4	15
Provision expense	5	-	3
Other Operating Expenditure	5	42	154
Total operating expenditure		**169,382**	**685,413**
Net Operating Expenditure		**169,382**	**685,413**
Finance income		-	-
Finance expense		-	-
Net expenditure for the period		**169,382**	**685,413**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial period		**169,382**	**685,413**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of right-of-use assets		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Total other comprehensive net expenditure		**-**	**-**
Comprehensive Expenditure for the period		**169,382**	**685,413**

Statement of Financial Position as at 30 June 2022

	Note	Three months ended 30 June 2022 £'000	Restated Year 2021-22 £'000
Non-current assets:			
Property, plant and equipment	13	56	60
Right-of-use assets	13a	-	-
Intangible assets	14	-	-
Investment property	15	-	-
Trade and other receivables	17	-	-
Other financial assets	18	-	-
Total non-current assets		56	60
Current assets:			
Inventories	16	-	-
Trade and other receivables	17	13,653	8,863
Other financial assets	18	-	-
Other current assets	19	-	-
Cash and cash equivalents	20	72	17
Total current assets		**13,725**	8,880
Non-current assets held for sale	21	-	-
Total current assets		**13,725**	8,880
Total assets		**13,781**	8,940
Current liabilities			
Trade and other payables	23	(40,160)	(45,538)
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Lease liabilities	13a	-	-
Borrowings	26	-	-
Provisions	29	(3)	(3)
Total current liabilities		**(40,163)**	(45,541)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(26,382)**	(36,601)
Non-current liabilities			
Trade and other payables	23	-	-
Other financial liabilities	24	-	-
Other liabilities	25	-	-
Lease liabilities	13a	-	-
Borrowings	26	-	-
Provisions	30	-	-
Total non-current liabilities		-	-
Assets less Liabilities		**(26,382)**	(36,601)
Financed by Taxpayers' Equity			
General fund		(26,382)	(36,601)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(26,382)**	(36,601)

The notes on pages 108 to 136 form part of this statement

The financial statements on pages 104 to 107 were approved by the Board of NHS Cheshire & Merseyside ICB on 29th June 2023 and signed on its behalf by:

Graham Urwin

Graham Urwin
Chief Executive, NHS Cheshire and Merseyside

Statement of Changes In Taxpayers Equity for the 3 months ended 30 June 2022

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 3 months 2022-23				
Balance as at 31 March 2022 as previously reported	(39,194)	0	0	**(39,194)**
Prior Year adjustment	2,593			**2,593**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Balance as at 31 March 2022 Restated	**(36,601)**	**0**	**0**	**(36,601)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2022-23				
Total transition adjustment for initial application of IFRS 16	0			**0**
Net operating expenditure for the financial period	(169,382)			**(169,382)**
Net gain/(loss) on revaluation of property, plant and equipment		0		**0**
Net gain/(loss) on revaluation of right-of-use assets		0		**0**
Net gain/(loss) on revaluation of intangible assets		0		**0**
Net gain/(loss) on revaluation of financial assets		0		**0**
Total revaluations against revaluation reserve		**0**		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial period	**(169,382)**	**0**	**0**	**(169,382)**
Net funding	179,601	0	0	**179,601**
Balance at 30 June 2022	**(26,382)**	**0**	**0**	**(26,382)**

	Restated General fund £'000	Restated Revaluation reserve £'000	Restated Other reserves £'000	Restated Total reserves £'000
Changes in taxpayers' equity for year 2021-22				
Balance at 01 April 2021	(43,110)	0	0	**(43,110)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(43,110)**	**0**	**0**	**(43,110)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22				
Net operating costs for the financial year	(685,413)			(685,413)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of right-of-use assets		0		
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(685,413)**	**0**	**0**	**(685,413)**
Net funding	691,922	0	0	691,922
Balance at 31 March 2022	**(36,601)**	**0**	**0**	**(36,601)**

The notes on pages 108 to 136 form part of this statement

Statement of Cash Flows for the 3 months ended

30 June 2022	Note	**Three months ended 30 June 2022**	Restated Year 2021-22
		£'000	£'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial period		(169,382)	(685,413)
Depreciation and amortisation	5	4	15
Impairments and reversals	5	0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	17	(4,790)	(3,224)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	23	(5,378)	(3,311)
Increase/(decrease) in other current liabilities		0	0
Provisions utilised	29	0	0
Increase/(decrease) in provisions	29	0	3
Net Cash Inflow (Outflow) from Operating Activities		**(179,546)**	(691,930)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(179,546)**	(691,930)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		179,601	691,922
Other loans received		0	0
Other loans repaid		0	0
Repayment of lease liabilities		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		**179,601**	691,922
Net Increase (Decrease) in Cash & Cash Equivalents	20	**55**	(8)
Cash & Cash Equivalents at the Beginning of the Financial period		**17**	25
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**72**	17

The notes on pages 108 to 136 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

The Health and Care Act was introduced into the House of Commons on 6 July 2021 and received royal assent on 28th April 2022. The Act allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). From 1st July 2022, ICBs took on the commissioning functions of CCGs. As a result, the functions, assets and liabilities of NHS Wirral Clinical Commissioning Group transferred to NHS Cheshire and Merseyside Integrated Care Board.

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.
When the clinical commissioning group ceased to exist on 30 June 2022, the services continued to be provided (using the same assets, by another public sector entity) from 1 July 2022 by NHS Cheshire and Merseyside Integrated Care Board. Accordingly, the CCG has determined that the going concern basis of preparation for the financial statements is appropriate. The financial statements of the CCG for the three months ended 30 June 2022 have therefore been prepared 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 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Joint arrangements

Arrangements over which NHS Wirral Clinical Commissioning Group has joint control with one or more other entities are classified as joint arrangements. Joint control is the contractually agreed sharing of control of an arrangement. A joint arrangement is either a joint operation or a joint venture.

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

1.5 Pooled Budgets

NHS Wirral Clinical Commissioning Group has entered into a pooled budget arrangement with Wirral Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for health and social care activities and note 34.1 provides details of the income and expenditure.
The pool is hosted by Wirral Borough Council. NHS Wirral Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.6 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within NHS Wirral Clinical Commissioning Group.

1.7 Revenue

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

1.8 Employee Benefits

1.8.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.
The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements continued

1.8.2 **Retirement Benefit Costs**

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

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

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

1.9 **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.

1.10 **Grants Payable**

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

1.11 **Property, Plant & Equipment**

1.11.1 **Recognition**

Property, plant and equipment is capitalised if:

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

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

1.11.2 **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.

1.11.3 **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.

Notes to the financial statements continued

1.12 **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 clinical commissioning group assesses whether a contract is or contains a lease, at inception of the contract.

1.12.1 **The Clinical Commissioning Group 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 remeasured in the 2022 calendar year under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
-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 remeasured, 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.

1.13 **Cash & Cash Equivalents**

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of NHS Wirral Clinical Commissioning Group's cash management.

1.14 **Provisions**

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

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 0.47% (2021-22: -0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 0.70% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 0.95% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 0.66% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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

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

1.15 **Clinical Negligence Costs**

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

1.16 **Non-clinical Risk Pooling**

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

Notes to the financial statements continued

1.17 **Carbon Reduction Commitment Scheme**

The Carbon Reduction Commitment scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. NHS Wirral Clinical Commissioning Group is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

Allowances acquired under the scheme are recognised as intangible assets.

1.18 **Contingent liabilities and contingent assets**

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

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

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

1.19 **Financial Assets**

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

Financial assets are classified as :
· Financial assets at amortised cost.

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

1.19.1 **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.

1.19.2 **Impairment**

For all financial assets measured at amortised cost, lease receivables and contract assets, NHS Wirral Clinical Commissioning Group recognises a loss allowance representing the expected credit losses on the financial asset.

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

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

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

1.20 **Financial Liabilities**

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

Notes to the financial statements continued

1.20.1 **Other Financial Liabilities**

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

1.21 **Value Added Tax**

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

1.22 **Third Party Assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since NHS Wirral Clinical Commissioning Group has no beneficial interest in them.

1.23 **Losses & Special Payments**

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

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

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

In the application of NHS Wirral Clinical Commissioning Group's accounting policies, management is required to make various judgements, estimates and assumptions. Management considers that there are no areas of estimation uncertainty. There is continual review to consider whether there are areas where estimation uncertainty might arise.

1.24.1 **Critical accounting judgements in applying accounting policies**

NHS Wirral Clinical Commissioning Group made no critical judgements in the process of applying its accounting policies.

1.25 **Gifts**

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

1.26 **Prior year adjustments**

Prior period errors are misstatements that arise from a failure to use information available at the time the financial statements were issued ,and which could have been reasonably expected to be taken into account at that time, that lead to errors or omissions in figures in the financial statements. During the year, the Clinical Commissioning Group noted one such error and details of the error are given in Note 41.

Notes to the financial statements continued

1.27 **Adoption of new standards**

On 1 April 2022, the clinical commissioning group 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 group will recognise a right-of-use asset representing the group'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 group will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

Impact assessment

The clinical commissioning group 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 group 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.

NHS Wirral CCG has one lease for Marris House (CCG Headquarters) which expires on 31st July 2022, and will not be renewed. It does not fall within the scope of IFRS16. Other options for the office accommodation are being explored. The lease transferred to NHS Cheshire & Merseyside ICB on the demise of the CCG.

As of 1 April 2022, the group recognised £nil m right-of-use assets and lease liabilities of £nil m . The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £nil m impact to tax payers' equity.
The group 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 group's operating lease obligations at 31 March 2022, disclosed in the group'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	28
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	0
Operating lease commitments discounted used weighted average IBR	28
Add: Finance lease liabilities at 31 March 2022	0
Add: Peppercorn leases revalued to existing value in use	0
Add: Residual value guarantees	0
Add: Rentals associated with extension options reasonably certain to be exercised	0
Less: Short term leases (including those with <12 months at application date)	(28)
Less: Low value leases	0
Less: Variable payments not included in the valuation of the lease liabilities	0
Lease liability at 1 April 2022	**0**

1.28 **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	3 months 2022-23 Total £'000	Year 2021-22 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	-
Non-patient care services to other bodies	**-**	-
Total Income from sale of goods and services	**-**	**-**
Other operating income		
Other non contract revenue	**-**	-
Total Other operating income	**-**	**-**
Total Operating Income	**-**	**-**

3 Contract Income Recognition

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

NHS Wirral Clinical Commissioning Group did not generate contract income from the sale of goods and services that requires reporting here.

3.2 Transaction price to remaining contract performance obligations

NHS Wirral Clinical Commissioning Group is not impacted by transaction price considerations in respect of its contract income.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	3 months ended 30 June 2022		
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	850	66	916
Social security costs	96	-	96
Employer Contributions to NHS Pension scheme	154	-	154
Other pension costs	-	-	-
Apprenticeship Levy	1	-	1
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	1,101	66	1,167
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**
Total - Net admin employee benefits including capitalised costs	1,101	66	1,167
Less: Employee costs capitalised	**0**	**0**	**0**
Net employee benefits excluding capitalised costs	**1,101**	**66**	**1,167**

4.1.1 Employee benefits

	Year		2021-22
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,528	90	3,618
Social security costs	392	-	392
Employer Contributions to NHS Pension scheme	668	-	668
Other pension costs	-	-	-
Apprenticeship Levy	7	-	7
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
Gross employee benefits expenditure	4,594	90	4,684
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	4,594	90	4,684
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	4,594	90	4,684

4.1.2 Recoveries in respect of employee benefits

NHS Wirral Clinical Commissioning Group did not receive any recoveries in respect of employee benefits during the period ending 30th June 2022 (2021/22 £nil).

4.2 Average number of people employed

	3 months ended 30 June 2022			Year 2021-22		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**65.80**	**5.33**	**71.13**	**72.80**	**2.14**	**74.94**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

4.3 Exit packages agreed in the financial year

NHS Wirral Clinical Commissioning Group did not agree any exit packages or other agreed departures during the period to 30 June 2022 (2021-22 £nil).

4.4 Employee benefits and staff numbers

4.4.1 Employee benefits

	3 months ended 30 June 2022 Admin			3 months ended 30 June 2022 Programme			3 months ended 30 June 2022 Total		
	Permanent Employees £'000	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**
Employee Benefits									
Salaries and wages	773	66	**839**	78	-	**78**	850	66	**916**
Social security costs	89	-	**89**	7	-	**7**	96	-	**96**
Employer contributions to the NHS Pension Scheme	147	-	**147**	7	-	**7**	154	-	**154**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	1	-	**1**	-	-	**-**	1	-	**1**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**1,010**	**66**	**1,076**	**91**	**-**	**91**	**1,101**	**66**	**1,167**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**1,010**	**66**	**1,076**	**91**	**-**	**91**	**1,101**	**66**	**1,167**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**1,010**	**66**	**1,076**	**91**	**-**	**91**	**1,101**	**66**	**1,167**

4.4.2 Employee benefits

	Admin			Programme			Year 2021-22 Total		2021-22
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits									
Salaries and wages	3,285	90	**3,375**	243	-	**243**	3,528	90	**3,618**
Social security costs	352	-	**352**	40	-	**40**	392	-	**392**
Employer contributions to the NHS Pension Scheme	623	-	**623**	45	-	**45**	668	-	**668**
Other pension costs	-	-	**-**	-	-	**-**	-	-	**-**
Apprenticeship Levy	7	-	**7**	-	-	**-**	7	-	**7**
Other post-employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Other employment benefits	-	-	**-**	-	-	**-**	-	-	**-**
Termination benefits	-	-	**-**	-	-	**-**	-	-	**-**
Gross employee benefits expenditure	**4,267**	**90**	**4,356**	**328**	**-**	**328**	**4,594**	**90**	**4,684**
Less recoveries in respect of employee benefits (note 4.1.2)	-	-	**-**	-	-	**-**	-	-	**-**
Total - Net admin employee benefits including capitalised costs	**4,267**	**90**	**4,356**	**328**	**-**	**328**	**4,594**	**90**	**4,684**
Less: Employee costs capitalised	-	-	**-**	-	-	**-**	-	-	**-**
Net employee benefits excluding capitalised costs	**4,267**	**90**	**4,356**	**328**	**-**	**328**	**4,594**	**90**	**4,684**

4.5 Pension costs

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

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

4.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 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.

4.5.2 Full actuarial (funding) valuation

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

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

The 2016 funding valuation 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

	Three months ended 30 June 2022 Total £'000	Restated Year 2021/22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	568	2,136
Services from foundation trusts	106,459	424,152
Services from other NHS trusts	3,914	15,646
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies	20,928	84,115
Purchase of social care	3,809	16,269
General Dental services and personal dental services	-	-
Prescribing costs	16,896	67,109
Pharmaceutical services	10	38
General Ophthalmic services	37	109
GPMS/APMS and PCTMS	15,887	62,076
Supplies and services – clinical	-	-
Supplies and services – general	(118)	9,018
Consultancy services	2	75
Establishment	(456)	(968)
Transport	-	0
Premises	23	203
Audit fees	71	71
Other non statutory audit expenditure		
· Internal audit services	-	42
· Other services	3	12
Other professional fees	111	362
Legal fees	21	56
Education, training and conferences	4	38
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	-
Total Purchase of goods and services	**168,169**	**680,558**
Depreciation and impairment charges		
Depreciation	4	15
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of right-of-use assets	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**4**	**15**
Provision expense		
Change in discount rate	-	-
Provisions	-	3
Total Provision expense	**-**	**3**
Other Operating Expenditure		
Chair and Non Executive Members	42	151
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	-	-
Expected credit loss on receivables	-	1
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure	-	2
Total Other Operating Expenditure	**42**	**154**
Total operating expenditure	**168,215**	**680,729**

The auditors liability for external audit work carried out for the financial year 2022/23 is limited to £2,000,000.

The audit fees for 2022/23 are for the statutory audit for the period ending 30th June 2022. Other non statutory other services is the Mental Health Investment Standard (MHIS) audit. The £3k relates to additional costs relating to the 2021/22 MHIS audit fee.

Establishment and Supplies and services – general are negative values due to anticipated expenditure for primary care transformation schemes at the period end that has still not been incurred to the period ending 30th June 2022.

6.1 Better Payment Practice Code

Measure of compliance	Three months ended 30 June 2022 Number	Three months ended 30 June 2022 £'000	Year 2021-22 Number	Year 2021-22 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	4,351	46,671	15,831	179,687
Total Non-NHS Trade Invoices paid within target	4,337	46,592	15,745	179,234
Percentage of Non-NHS Trade invoices paid within target	**99.68%**	**99.83%**	**99.46%**	**99.75%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	121	113,423	458	448,559
Total NHS Trade Invoices Paid within target	119	113,415	454	448,554
Percentage of NHS Trade Invoices paid within target	**98.35%**	**99.99%**	**99.13%**	**100.00%**

6.2 The Late Payment of Commercial Debts (Interest) Act 1998

NHS Wirral Clinical Commissioning Group did not incur any interest on the late payment of commercial debts during the period ending 30 June 2022 (2021/22 £nil).

7 Income Generation Activities

NHS Wirral Clinical Commissioning Group did not undertake any income generating activities during the period ending 30 June 2022 (2021/22 £nil).

8. Investment revenue

NHS Wirral Clinical Commissioning Group did not generate any investment revenue during the year period 30 June 2022 (2021/22 £nil).

9. Other gains and losses

NHS Wirral Clinical Commissioning Group did not incur any other gains or losses during the period ending 30 June 2022 (2021/22 £nil).

10.1 Finance costs

NHS Wirral Clinical Commissioning Group did not incur any finance costs during the period ending 30 June 2022 (2021/22 £nil).

10.2 Finance income

NHS Wirral Clinical Commissioning Group did not generate any finance income during the period ending 30 June 2022 (2021/22 £nil)

11. Net gain/(loss) on transfer by absorption

NHS Wirral Clinical Commissioning Group did not incur any gains or losses on transfer by absorption during the period ending 30 June 2022 (2021/22 £nil).

12. Operating Leases - N/A covered under Note 13a

13 Property, plant and equipment

For the period ending 30 June 2022	Information technology £'000	Total £'000
Cost or valuation at 01 April 2022	120	120
Addition of assets under construction and payments on account		-
Additions purchased	-	-
Additions donated	-	-
Additions government granted	-	-
Additions leased	-	-
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Cost/Valuation at 30 June 2022	**120**	**120**
Depreciation 01 April 2022	60	60
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Charged during the period	4	4
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Depreciation at 30 June 2022	**64**	**64**
Net Book Value at 30 June 2022	**56**	**56**
Purchased	56	56
Donated	-	-
Government Granted	-	-
Total at 30 June 2022	**56**	**56**
Asset financing:		
Owned	56	56
Held on finance lease	-	-
On-SOFP Lift contracts	-	-
PFI residual: interests	-	-
Total at 30 June 2022	**56**	**56**

Revaluation Reserve Balance for Property, Plant & Equipment

	Information technology £'000	Total £'000
Balance at 01 April 2022	-	-
Revaluation gains	-	-
Impairments	-	-
Release to general fund	-	-
Other movements	-	-
Balance at 30 June 2022	**-**	**-**

13 Property, plant and equipment cont'd

For the period ending 31 March 2022	Information technology £'000	Total £'000
Cost or valuation at 01 April 2021	120	120
Addition of assets under construction and payments on account		-
Additions purchased	-	-
Additions donated	-	-
Additions government granted	-	-
Additions leased	-	-
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Cost/Valuation at 31 March 2022	**120**	**120**
Depreciation 01 April 2021	45	45
Reclassifications	-	-
Reclassified as held for sale and reversals	-	-
Disposals other than by sale	-	-
Upward revaluation gains	-	-
Impairments charged	-	-
Reversal of impairments	-	-
Charged during the year	15	15
Transfer (to)/from other public sector body	-	-
Cumulative depreciation adjustment following revaluation	-	-
Depreciation 31 March2022	**60**	**60**
Net Book Value at 31 March 2022	**60**	**60**
Purchased	60	60
Donated	-	-
Government Granted	-	-
Total at 31 March 2022	**60**	**60**
Asset financing:		
Owned	60	60
Held on finance lease	-	-
On-SOFP Lift contracts	-	-
PFI residual: interests	-	-
	-	-
Total at 31 March 2022	**60**	**60**

Revaluation Reserve Balance for Property, Plant & Equipment

	Information technology £'000	Total £'000
Balance at 01 April 2021	-	-
Revaluation gains	-	-
Impairments	-	-
Release to general fund	-	-
Other movements	-	-
Balance at 31 March 2022	**-**	**-**

13 Property, plant and equipment cont'd

13.1 Additions to assets under construction

NHS Wirral Clinical Commissioning Group did not hold any Assets under Construction as at 30 June 2022 or as at 31 March 2022.

13.2 Donated assets

NHS Wirral Clinical Commissioning Group did not hold any Donated Assets as at 30 June 2022 or as at 31 March 2022.

13.3 Government granted assets

NHS Wirral Clinical Commissioning Group did not hold any Government Granted Assets as at 30 June 2022 or as at 31 March 2022.

13.4 Property revaluation

NHS Wirral Clinical Commissioning Group did not hold any Properties that required revaluation in either 2022 or 2021/22.

13.5 Compensation from third parties

NHS Wirral Clinical Commissioning Group received no compensation from third parties for assets impaired, lost or given up, that are included in the Statement of Comprehensive Net Expenditure during the period up to 30 June 2022 and the period to 31 March 2022.

13.6 Write downs to recoverable amount

NHS Wirral Clinical Commissioning Group had no assets written down to recoverable amounts or any reversals of previous write-downs during the period up to 30 June 2022 or the period to 31 March 2022.

13.7 Temporarily idle assets

NHS Wirral Clinical Commissioning Group held no temporarily idle assets as at 30 June 2022 or as at 31 March 2022.

13.8 Cost or valuation of fully depreciated assets

NHS Wirral Clinical Commissioning Group held no fully depreciated assets as at 30 June 2022 or as at 31 March 2022.

13.9 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	0	0
Transport equipment	0	0
Information technology	4	4
Furniture & fittings	0	0

13a Leases

Leases are recognised under the newly adopted leasing standard IFRS 16, applied on the 1 April 2022. Under IFRS 16 leases are recognised as a right of use asset with a corresponding lease liability on the Statement of Financial Position. Each lease payment is allocated between a reduction of the liability and the interest expense. The interest expense is charged to the Statement of Comprehensive Net Expenditure over the lease period. The right of use asset is depreciated over the shorter of the asset's useful life and the lease term on a straight line basis. The CCG has applied the exemption for short-term leases (less than 12 months) In this case, the lease payments associated with them are recognised as an expense in the Statement of Comprehensive Net Expenditure.

NHS Wirral CCG has one lease for Marris House (CCG Headquarters) which expires on 31 July 2022, and will not be renewed. It does not fall within the scope of IFRS16. Other Options for the office accommodation are being explored. The lease transferred to NHS Cheshire & Merseyside ICB on the demise of the CCG.

13a.1 Amounts recognised in Statement of Comprehensive Net Expenditure

2022-23	**Three months ended 30 June 2022 £'000**	Restated Year 2021-22 £'000
Depreciation expense on right-of-use assets	-	-
Interest expense on lease liabilities	-	-
Expense relating to short-term leases	21	-
Expense relating to leases of low value assets	-	-
Expense relating to variable lease payments not included in the measurement of the lease liability	-	-
Income from sub-leasing right-of-use assets	-	-
Gain/(loss) from sale and leaseback transactions	-	-
Gain/(loss) resulting from COVID-19 related rent concessions	-	-

14 Intangible non-current assets

NHS Wirral Clinical Commissioning Group did not hold any intangible non-current assets as at 30 June 2022 or as at 31 March 2022.

15 Investment property

15.1 Investment property

NHS Wirral Clinical Commissioning Group did not hold any investment property as at 30 June 2022 or as at 31 March 2022.

16 Inventories

NHS Wirral Clinical Commissioning Group did not hold any inventory as at 30 June 2022 or as at 31 March 2022.

17.1 Trade and other receivables

	Current Three months ended 30 June 2022 £'000	**Non-current Three months ended 30 June 2022 £'000**	Current 31st March 2022 £'000	Non-current 31st March 2022 £'000
NHS receivables: Revenue	348	-	228	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	30	-	-	-
NHS accrued income	5,438	-	2,298	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue	55	-	190	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	3,239	-	1,984	-
Non-NHS and Other WGA accrued income	4,098	-	4,096	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	90	-	68	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	354	-	-	-
Total Trade & other receivables	**13,653**	**-**	**8,863**	**-**
Total current and non current	**13,653**		**8,863**	
Included above:				
Prepaid pensions contributions	-		-	

17.2 Receivables past their due date but not impaired

	Three months ended 30 Jun DHSC Group Bodies £'000	**months ended 30 June Non DHSC Group Bodies £'000**	31st March 2022 DHSC Group Bodies £'000	31st March 2022 Non DHSC Group Bodies £'000
By up to three months	87	36	84	147
By three to six months	-	4	4	16
By more than six months	-	-	-	-
Total	**87**	**40**	**88**	**163**

17.3 Loss allowance on asset classes

	Trade and other receivables - Non DHSC Group Bodies	**Other financial assets**	**Total**
	£'000	**£'000**	**£'000**
Balance at 01 April 2022	-	-	**-**
Lifetime expected credit loss on credit impaired financial assets	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	-	-	**-**
Lifetime expected credit losses on trade and other receivables-Stage 3	-	-	**-**
Credit losses recognised on purchase originated credit impaired financial assets	-	-	**-**
Amounts written off	-	-	**-**
Financial assets that have been derecognised	-	-	**-**
Changes due to modifications that did not result in derecognition	-	-	**-**
Other changes	-	-	**-**
Total	**-**	**-**	**-**

18 Other financial assets

NHS Wirral Clinical Commissioning Group did not hold any Other Financial Assets as at 30 June 2022 (2021/22 £nil).

19 Other current assets

NHS Wirral Clinical Commissioning Group did not hold any Other Current Assets as at 30 June 2022 (2021/22 £nil).

20 Cash and cash equivalents

	Three months ended 30 June 2022 £'000	31st March 2022 £'000
Balance at 01 April 2022	17	25
Net change in year	55	(8)
Balance at 30 June 2022	**72**	**17**
Made up of:		
Cash with the Government Banking Service	72	17
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**72**	**17**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 30 June 2022	**72**	**17**
Patients' money held by the clinical commissioning group, not included above	-	-

21 Non-current assets held for sale

NHS Wirral Clinical Commissioning Group did not have any non-current assets held for sale as at 30 June 2022 nor as at 31 March 2022.

22 Analysis of impairments and reversals

NHS Wirral Clinical Commissioning Group did not have any impairments or reversals during the year ending 30 June 2022 (2021/22 £nil).

23 Trade and other payables	Current Three months ended 30 June 2022 £'000	Non-current Three months ended 30 June 2022 £'000	Restated Current 31st March 2022 £'000	Restated Non-current 31st March 2022 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	96	-	1,158	-
NHS payables: Capital	-	-	-	-
NHS accruals	4,590	-	334	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	850	-	3,915	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	31,808	-	27,428	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	54	-	53	-
VAT	-	-	-	-
Tax	44	-	45	-
Payments received on account	-	-	-	-
Other payables and accruals	2,717	-	12,604	-
Total Trade & Other Payables	**40,160**	**-**	**45,538**	**-**
Total current and non-current	**40,160**		**45,538**	

Other payables include £527k outstanding pension contributions at 30 June 2022 (2021/22 £676k)

24 Other financial liabilities

NHS Wirral Clinical Commissioning Group did not have any Other Financial Liabilities as at 30 June 2022 (2021/22 £nil).

25 Other liabilities

NHS Wirral Clinical Commissioning Group did not have any Other Liabilities as at 30 June 2022 (2021/22 £nil).

26 Borrowings

NHS Wirral Clinical Commissioning Group did not have any borrowings as at 30 June 2022 (31 March 2022 £nil).

27 Private finance initiative, LIFT and other service concession arrangements

NHS Wirral Clinical Commissioning Group has not entered into any PFI or NHS LIFT arrangements during the period ended 30 June 2022 (2021/22 £nil).

28 Finance lease receivables

As at 30 June 2022, NHS Wirral Clinical Commissioning Group has not entered into any finance lease arrangements as a lessor.

29 Provisions

	Current Three months ended 30 June £'000	**Non-current Three months ended 30 June £'000**	Current 31st March 2022 £'000	Non-current 31st March 2022 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	-	-	-	-
Redundancy	-	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	3	-	3	-
Continuing care	-	-	-	-
Other	-	-	-	-
Total	**3**	**-**	**3**	**-**
Total current and non-current	**3**		**3**	

	Pensions Relating to Former Directors £'000	**Pensions Relating to Other Staff £'000**	**Restructuring £'000**	**Redundancy £'000**	**Agenda for Change £'000**	**Equal Pay £'000**	**Legal Claims £'000**	**Continuing Care £'000**	**Other £'000**	**Total £'000**
Balance at 01 April 2022	**-**	**-**	**-**	**-**	**-**	**-**	**3**	**-**	**-**	**3**
Arising during the 3 month period	-	-	-	-	-	-	-	-	-	**-**
Utilised during the 3 month period	-	-	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	-	-	-	-	-	-	-	**-**
Unwinding of discount	-	-	-	-	-	-	-	-	-	**-**
Change in discount rate	-	-	-	-	-	-	-	-	-	**-**
Transfer (to) from other public sector body	-	-	-	-	-	-	-	-	-	**-**
Transfer (to) from other public sector body under absorption	-	-	-	-	-	-	-	-	-	**-**
Balance at 30 June 2022	**-**	**-**	**-**	**-**	**-**	**-**	**3**	**-**	**-**	**3**
Expected timing of cash flows:										
Within one year	-	-	-	-	-	-	3	-	-	**3**
Between one and five years	-	-	-	-	-	-	-	-	-	**-**
After five years	-	-	-	-	-	-	-	-	-	**-**
Balance at 30 June 2022	**-**	**-**	**-**	**-**	**-**	**-**	**3**	**-**	**-**	**3**

NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before 1 April 2013, the date on which NHS Wirral Clinical Commissioning group was established. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of NHS Wirral Clinical Commissioning group at 30 June 2022 is £nil (2021/22 - £nil).

30 Contingencies

As exp[lained in Note 1.1, the NHS restructured on 1st July 2022. The NHS has provided an employment guarantee for staff and expressed its intent to retain Board level talent. Accordingly, no provision for restructuring is required or contingent liability can be quantified.

Legal claims are calculated from the number of claims currently lodged with NHS Resolution and the probabilities provided by them. There was no legal claim lodged against NHS Wirral Clinical Commissioning Group during the quarter ended 30 June 2022 (2021/22 - £3k). NHS Resolution hold a £287k provision in their accounts in respect of Clinical Negligence against NHS Wirral CCG as at 30th June 2022 (2021/22 £287k).

31 Commitments

NHS Wirral Clinical Commissioning Group did not have any capital or other commitments as at 30 June 2022 (2021/22 £nil).

32 Financial instruments

32.1 Financial Risk management

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

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

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

32.1.1 Currency risk

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

32.1.2 Credit risk

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

32.1.3 Liquidity risk

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

32.1.4 Financial Instruments

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

32 Financial instruments cont'd

32.2 Financial assets

Three months ended 30 June 2022	Financial Assets measured at amortised cost 30th June 2022 £'000	Equity Instruments designated at FVOCI 30th June 2022 £'000	Total 30th June 2022 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	4,297		4,297
Trade and other receivables with other DHSC group bodies	5,587		5,587
Trade and other receivables with external bodies	409		409
Other financial assets	-		-
Cash and cash equivalents	72		72
Total at 30 June 2022	**10,366**	**-**	**10,366**
Total Non -financial assets at 30 June 2022	3,359		3,359
Total currents assets at 30 June 2022	**13,725**		**13,725**

2021-2022	Financial Assets measured at amortised cost 31st March 2022 £'000	Equity Instruments designated at FVOCI 31st March 2022 £'000	Total 31st March 2022 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	2,491		2,491
Trade and other receivables with other DHSC group bodies	4,130		4,130
Trade and other receivables with external bodies	190		190
Other financial assets	-		-
Cash and cash equivalents	17		17
Total at 31 March 2022	**6,828**	**-**	**6,828**
Total Non -financial assets at 31 March 2022	2,052		2,052
Total currents assets at 31 March 2022	**8,880**		**8,880**

32 Financial instruments cont'd

33.3 Financial liabilties

Three months ended 30 June 2022	Financial Liabilities measured at amortised cost 30th June 2022 £'000	Other 30th June 2022 £'000	Total 30th June 2022 £'000
Loans with group bodies	-		**-**
Loans with external bodies	-		**-**
Trade and other payables with NHSE bodies	374		**374**
Trade and other payables with other DHSC group bodies	4,312		**4,312**
Trade and other payables with external bodies	35,376		**35,376**
Other financial liabilities	-		**-**
Private Finance Initiative and finance lease obligations	-		**-**
Total at 30 June 2022	**40,062**	**-**	**40,062**
Total Non-financial liabilities at 30 June 2022	101		101
Total current liabilities at 30 June 2022	**40,163**		**40,163**

2021-2022	Restated Financial Liabilities measured at amortised cost 31st March 2022 £'000	Restated Other 31st March 2022 £'000	Restated Total 31th March 2022 £'000
Loans with group bodies	-		**-**
Loans with external bodies	-		**-**
Trade and other payables with NHSE bodies	652		**652**
Trade and other payables with other DHSC group bodies	826		**826**
Trade and other payables with external bodies	43,961		**43,961**
Other financial liabilities	-		**-**
Private Finance Initiative and finance lease obligations	-		**-**
Total at 31 March 2022	**45,439**	**-**	**45,439**
Total Non-financial liabilities at 31 March 2022	102		**102**
Total current liabilities at 31 March 2022	**45,541**		**45,541**

33 Operating segments

International Financial Reporting Standards (IFRS) require financial performance to be analysed across key decision making segments. NHS Wirral Clinical Commissioning Group only has one segment: Commissioning of Healthcare services.

34 Joint arrangements - interests in joint operations

NHS Wirral Clinical Commissioning Group is required to disclose information in relation to joint arrangements in line with the requirements in IFRS 12 - Disclosure of interests in other entities. See note 34.1

34.1 Interests in joint operations

			Amounts recognised in Entities books ONLY Three months ended 30 June 2022			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Better Care Fund Pooled Budget	NHS Wirral CCG and Wirral Borough Council	Commissioning service for the provision of health and social care	4,096	2,500	0	7,997

			Amounts recognised in Entities books ONLY Year 2021-22			
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Assets**	**Liabilities**	**Income**	**Expenditure**
			£'000	**£'000**	**£'000**	**£'000**
Better Care Fund Pooled Budget	NHS Wirral CCG and Wirral Borough Council	Commissioning service for the provision of health and social care	4,096	2,801	0	30,209

34.2 Interests in entities not accounted for under IFRS 10 or IFRS 11

NHS Wirral Clinical Commissioning Group did not have interests in entities not accounted for under IFRS 10 or IFRS 11 for the period ended 30 June 2022.

35 Related party transactions

Details of related party transactions with individuals are as follows:

Three months ended 30 June 2022

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Paula Cowan (Chair) - Eastham Group Practice.	499	0	-3	0
Dr Simon Delaney (Medical Director) - Sunlight Group Practice.	531	0	39	0
Dr Lax Ariaraj (Clinical Lead) - Claughton Medical Centre.	651	0	128	0
Dr Sian Stokes (Clinical Lead) - The Village Medical Centre.	249	0	11	0
Dr Saket Jalan (Clinical Lead) - Hoylake Road Medical Centre.	174	0	6	0

Details of related party transactions with individuals are as follows:

Twelve months ended 31 March 2022

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Paula Cowan (Chair) - Eastham Group Practice.	1,617	0	21	0
Dr Simon Delaney (Medical Director) - Sunlight Group Practice.	1,978	0	75	0
Dr Lax Ariaraj (Clinical Lead) - Claughton Medical Centre.	2,206	0	169	0
Dr Sian Stokes (Clinical Lead) - The Village Medical Centre.	981	0	62	0
Dr Saket Jalan (Clinical Lead) - Hoylake Road Medical Centre.	613	0	24	0

NHS Wirral Clinical Commissioning Group were delegated the responsibility for commissioning GP Medical Services from NHS England on 1 April 2020. The transactions include contractual payments in relation to General or Primary Medical Services for GP's, in addition to locally enhanced services, practice transformation & network developments, and prescribing reimbursements.

All transactions are subject to prior approval through NHS Wirral Clinical Commissioning Group approvals committee.

The Department of Health and Social Care is regarded as a related party. During the year NHS Wirral Clinical Commissioning Group has had significant number of material transactions with entities which the Department is regarded as the parent.

NHS England (including commissioning support units);
NHS Foundation Trusts;(those > £7.5million Wirral University Teaching Hospital NHS Foundation Trust, Wirral Community Health and Care NHS Foundation Trust, and Cheshire & Wirral Partnership NHS Foundation Trust)
NHS Trusts;(North West Ambulance Service)
NHS Business Services Authority.

In addition NHS Wirral Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies, mainly Wirral Borough Council.

36 Events after the end of the reporting period

The Health and Care Act 2022 received Royal Assent on 28 April 2022. As a result of this, the CCG demised on 30 June 2022. The assets, liabilities, operations and services of the CCG transferred to NHS Cheshire and Merseyside Integrated Care Board on 1 July 2022 as summarised below:

Amounts transferred to NHS Cheshire and Merseyside Integrated Care Board from 1 July 2022

	£'000
Non-current Assets	56
Current Assets	13,725
Current Liabilities	(40,163)
Non-current Liabilities	-
Net Assets/Liabilities	**(26,382)**

There were no further events after the end of the reporting period that would have a material effect on the financial statements of NHS Wirral Clinical Commissioning Group.

Due to the demise of the CCG on 30 June 2022, these financial statements have been prepared for the three-month period 1 April 2022 to 30 June 2022. Comparative figures within the financial statements are for a full year and therefore not truly comparative with this shortened accounting period.

37 Third party assets

NHS Wirral Clinical Commissioning Group did not hold any third party assets as at 30 June 2022 nor as at 31 March 2022.

38 Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases Three months ended 30 June 2022 Number	**Total Value of Cases Three months ended 30 June 2022 £'000**	Total Number of Cases Year 2021-22 Number	Total Value of Cases Year 2021-22 £'000
Administrative write-offs	-	-	1	1
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	-	-
Total	**-**	**-**	**1**	**1**

Special payments

	Total Number of Cases Three months ended 30 June 2022 Number	**Total Value of Cases Three months ended 30 June 2022 £'000**	Total Number of Cases Year 2021-22 Number	Total Value of Cases Year 2021-22 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	-	-	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	-	-	1	2
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Special Severance Payments	-	-	-	-
Total	**-**	**-**	**1**	**2**

39 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	Three months ended 30 June 2022 Target	**Three months ended 30 June 2022 Performance**	Year 2021-22 Target	Restated Year 2021-22 Performance
Expenditure not to exceed income	166,789	169,382	688,090	685,413
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	166,789	169,382	688,090	685,413
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	1,438	1,438	6,415	5,501

40 Analysis of charitable reserves

NHS Wirral Clinical Commissioning Group does not administer or hold any charitable funds or reserves.

41 Prior Year adjustment

41,1 Nature of the prior year error

During the three months ended 30 June 2022, it became apparent that the Clincal Commissioning Group had accrued for Primary Care Transformation expenditure at 31 March 2022 in error. Procurement delays meant that intended expenditure had not been incurred, but was treated as accrued in the year, and consequently expenditure reported in the year ended 31 March 2022 was overstated by £2,593k. In these accounts, comparative figures relating to 31 March 2022 have been restated to correct this error. The amount of the correction for each financial statement line affected, and the amount of the correction at the beginning of the prior year is shown below:

Adjustment relating to 2021-2022

	Reported at 31-Mar-22 £'000	Adjustment relating to 2021/2022 £'000	**Restated at 31-Mar-22 £'000**
Payables	(48,131)	2,593	(45,538)
Reserves	(39,194)	2,593	(36,601)
Impact on Statement of Comprehensive Net Expenditure			
Purchase of healthcare from non-NHS bodies (Note 5)	84,170	(55)	84,115
Supplies and services – general (Note 5)	9,856	(838)	9,018
Establishment (Note 5)	732	(1,700)	(968)
Comprehensive Expenditure for the year	688,006	(2,593)	685,413

Independent Auditor's Report to the Members of the Governing Body of NHS Wirral Clinical Commissioning Group

Independent auditor's report to the members of the Board of NHS Cheshire and Merseyside Integrated Care Board in respect of NHS Wirral Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on financial statements

We have audited the financial statements of NHS Wirral Clinical Commissioning Group (the 'CCG') for the period ended 30 June 2022, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 30 June 2022 and of its expenditure and income for the period then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006, as amended by the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2020) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – Demise of the organisation

In forming our opinion on the financial statements, which is not modified, we draw attention to note 1.1 to the financial statements, which indicates that the Health and Care Act allowed for the establishment of Integrated Care Boards (ICBs) and abolished Clinical Commissioning Groups (CCGs). The functions, assets, and liabilities of NHS Wirral CCG transferred to NHS Cheshire and Merseyside ICB on 1 July 2022. When NHS Wirral CCG ceased to exist on 30 June 2022, its services continued to be provided by NHS Cheshire and Merseyside ICB from 1 July 2022.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the Accountable Officer's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the CCG's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2022-23 that the CCG's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the CCG. In doing so we have had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2022) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the CCG and the CCG's disclosures over the going concern period.

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Accountable Officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by NHS England or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022-23; and
- based on the work undertaken in the course of the audit of the financial statements the other information published together with the financial statements in the annual report for the financial period for which the financial statements are prepared is consistent with the financial statements.

Qualified opinion on regularity of income and expenditure required by the Code of Audit Practice

In our opinion, except for the effects of the matter described in the basis for qualified opinion on regularity section of our report, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Basis for qualified opinion on regularity

The CCG reported expenditure of £169.382 million against income of £166.789 million and a deficit of £2.593 million in its financial statements for the period ended 30 June 2022. The CCG thereby breached two of its duties under the National Health Service Act 2006, as amended, to ensure that annual expenditure does not exceed income and revenue resource use does not exceed the amount specified by direction of NHS England.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 22 June 2023 we referred a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to NHS Wirral CCG's breach of its breakeven duty and revenue resource limit for the period ending 30 June 2022.

Responsibilities of the Accountable Officer

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

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the CCG and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as amended by the Health and Social Care Act 2012 and interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2022-23).
- We enquired of management and the audit committee, concerning the CCG's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the CCG's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls. We determined that the principal risks were in relation to:
  - Large and unusual journal entries, particularly those entered around or after the period-end or reducing expenditure.
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a focus on large and unusual items and those falling within identified risk criteria including; journals posted by senior management, period-end journals, journals posted after 30 June 2022, period-end accruals and journals reducing expenditure at the period-end;
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of prescribing;
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- The team communications in respect of potential non-compliance with relevant laws and regulations, including the potential for fraud in expenditure recognition, and the significant accounting estimates related to the prescribing accrual.

- Our assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the CCG operates
  - understanding of the legal and regulatory requirements specific to the CCG including:
    - the provisions of the applicable legislation
    - NHS England's rules and related guidance
    - the applicable statutory provisions.

- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The CCG's operations, including the nature of its other operating revenue and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The CCG's control environment, including the policies and procedures implemented by the CCG to ensure compliance with the requirements of the financial reporting framework**.**

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

Report on other legal and regulatory requirements – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the CCG made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the period ended 30 June 2022.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources were operating effectively during the three-month period ended 30 June 2022.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the CCG plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the CCG ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the CCG uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the CCG has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there were significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS Wirral Clinical Commissioning Group in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Board of NHS Cheshire and Merseyside Integrated Care Board, as a body, in respect of NHS Wirral CCG, 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 NHS Cheshire and Merseyside Integrated Care Board those matters we are required to state to them in an auditor's report in respect of the CCG and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than NHS Cheshire and Merseyside Integrated Care Board and the CCG and the members of the Governing Body and Board of both entities, as bodies, for our audit work, for this report, or for the opinions we have formed.

Michael Green

Michael Green, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Manchester

29 June 2023