NHS
Bolton
Clinical Commissioning Group

NHS Bolton Clinical Commissioning Group

Annual Report 2020/21

LET'S MAKE IT...

Better Bolton.

Contents

Member practices' introduction

Since our last annual report we have faced unprecedented challenges. The coronavirus pandemic has had an enormous impact on health and social care in Bolton, and GPs have been in the thick of it.

NHS Bolton Clinical Commissioning Group (CCG) has worked tirelessly to support our 49 member practices during Covid-19. The focus was on ensuring that patients still had access to their GP practice while following social distancing and other measures which were introduced to protect staff and patients.

While there has been a rise in the number of online and telephone appointments, patients have also been able to have a face-to-face appointment when appropriate. Our GP practices have also played an important role in delivering the Covid-19 vaccination programme, the largest mass vaccination scheme in the history of the NHS.

Bolton's nine Primary Care Networks (PCNs) have come to the fore during the pandemic. PCNs are groups of GP practices which work with other health and community services so that patients have better access to specialist healthcare professionals and services closer to where they live.

Our PCNs have delivered the vaccination programme at eight regular vaccination sites across Bolton. They have also run additional pop-up and walk-in clinics in areas where vaccine uptake has been low.

There has been an increase in the use of the Greater Manchester Care Record, which is designed to safely and swiftly share information to ensure the best care for patients. The amount of information on the care record has also expanded. This includes showing if a patient has been diagnosed with Covid, are shielding or have had the vaccination.

Monitoring of the Bolton Quality Contract (BQC), which was introduced by the CCG in 2015 to provide a set of quality standards for our GPs, was suspended in April 2020. This was to enable general practice to cope with the pressures of the Covid-19 pandemic. It is planned to re-introduce the BQC from July 2021 to ensure our GP are all continuing to strive for the same outcomes across the town.

Bolton's GP registered population has increased year on year since 2013 and is now approximately 317,000. There has been an increase in the number of older people, although the rate of increase is slowing.

This will continue to have an impact on the demand for healthcare services in Bolton, and our continued focus on early intervention and prevention will be even more important as we recover from the coronavirus.

Welcome from Su and Wirin

What a year it's been!

It is hard to understate the impact that the coronavirus pandemic has had on every aspect of our lives.

Covid-19 has brought huge and unprecedented challenges not only for individuals, families and our communities, but for our health and care system. Many people have sadly lost their lives, have suffered from Covid-19 or are dealing with the long-term health and social effects of the virus.

Amid this there have been positives and Boltonians have pulled together to support each other, look after our most vulnerable residents, drive down infection rates and protect the NHS.

In challenging circumstances, the CCG has continued to work collaboratively with our partners across Bolton. Many of our efforts have focussed on supporting those who are more vulnerable to the virus, such as older people, our ethnic minority communities, those with disabilities and people living in deprived communities.

Our Covid-19 vaccination programme in Bolton has been hugely successful. Ann Clubley was the first person to be vaccinated on December 15, 2020. Since then tens of thousands of people have had their jab. Thank you to all the staff, volunteers and others who have made this possible. They have worked incredibly hard.
Our Primary Care Networks, groups of GP surgeries who work with other services in their area, have also played a key role in delivering the vaccination programme.
Since our last annual report, we have once again been rated as 'outstanding' by NHS England. This is testament to the hard work and dedication of our staff, partners and GP member practices.

Despite the pressures of coronavirus, we have maintained financial stability and continued to make considerable progress with the integration of health and care in Bolton.

All of this will stand us is good stead as we recover from coronavirus. The next 12 months will continue to be very challenging; there is huge amount to be done to restore services and reduce waiting lists. Over the coming year we also have to implement the Government's reforms to replace CCGs with new structures bringing together NHS, local authority and others to take on collective responsibility for the resources and health of an area.

We already have a strong foundation of joint working in Bolton. We will work to ensure that this new collaborative partnership continues to put the needs of Bolton people first, ensuring the best possible primary care is provided.

Wirin Bhatiani
Clinical Chair

Su Long
Chief Officer

PERFORMANCE REPORT

Su Long

Accountable Officer

11 June 2021

Performance Overview

This report is produced in response to the NHS England requirements, as set out in the Department of Health Group Accounting Manual 2020/2021. It describes how we carry out our role as NHS Bolton Clinical Commissioning Group (CCG).

It summarises our responsibilities and tells the story of our achievements, our performances and the challenges we've faced from 1 April 2020 to 31 March 2021. It is split into the following sections:

- The Performance Report, including a Performance Overview and a Performance Analysis, which include details of how we have dealt with the Covid-19 pandemic.
- The Accountability Report.
- The Annual Accounts.

The purpose of NHS Bolton Clinical Commissioning Group (CCG) is to design, arrange and buy the most effective health services possible for local people, with the NHS funding available. In doing so, we must balance the organisation's triple aim of:

- Improving health outcomes by reducing the gap in life expectancy.
- Improving the quality and experience of care.
- Delivering best value for money.

We are judged by NHS England on whether we improve outcomes for local people and ensure that a range of NHS standards are met, all within a defined budget.

The major risks we have faced this year in achieving this are:

- The impact of Covid-19 on our workforce due to infection, shielding, isolation, redeployment and death rates across the community.
- A perceived and understandable reluctance from the public to access health and care services due to Covid-19, with referral 'waves' following lockdowns and long waiting lists.
- Increased demand for health and care services in specific areas due to Covid-19, and an overall increase in demand that may not be demonstrated at present as our population ages and develops needs that are more complex.
- The financial pressures caused by increasing demand coupled with austerity levels of funding.
- Staffing shortfalls in many professions, affecting the ability of hospitals, community and primary care services to deliver.
- Balancing the need to transform and re-design health and care services, especially due to new infection prevention and control restrictions and the population's reluctance to seek medical attention during the pandemic, while maintaining continuity of service for our patients.

Covid-19 Pandemic

Performance for all areas of commissioning in the CCG has been greatly affected in the last 12 months due to the Covid-19 pandemic. The North West region has been particularly challenged in terms of infection and death rates, and the accompanying lockdowns. This has resulted in a reduction in the volume of elective (non-urgent) activity and an increased focus on an effective urgent response coordinated by all our partners in the health and care system.

In the first national lockdown in March 2020, the majority of non-essential activity was stood down completely to enable this focus on urgent care service delivery. Our providers, including the independent sector, have worked extremely hard to clear any backlog created by this period.

Bolton is extremely proud of the response provided by all our partners. Relationships between providers, the CCG and Bolton Council have been stronger due to the joint efforts in combating this pandemic. Business continuity plans were adapted and multiple changes to service delivery models were made across the locality to enable safe and effective service delivery for local people.

Performance Analysis

Assurance

NHS England has a statutory duty to conduct an annual assessment of CCGs and provide an overall rating, ranging from 'outstanding' to 'inadequate'. Each CCG's performance is measured against the NHS Oversight Framework. It sets out key performance objectives and priorities for CCGs based on four main areas:

- New service models.
- Preventing ill health and reducing inequalities.
- Quality care and outcomes.
- Leadership and workforce.

Progress against the Oversight Framework is presented quarterly to the CCG Executive and Board, with a year-end summary presented following confirmation of the year-end position.

Bolton CCG is currently rated 'outstanding'. Feedback from NHS England said that the CCG has performed to a high standard in several key areas including:

- High quality hospital care
- Early diagnosis of cancer and the experience of cancer patients
- Referring patients from their GP to cancer treatment within 62 days
- Improving access to psychological therapies
- Annual health checks for people with a learning disability
- Physical health checks for people with a severe mental illness
- Dementia care
- Reducing mental health out of area placements
- Appropriate prescribing of broad spectrum antibiotics
- Staff satisfaction

The rating reflects tremendous efforts by member practices and CCG staff, the good performance of NHS providers and our integration efforts with Bolton Council and other partners.

Quarterly CCG assurance is carried out by the Greater Manchester Health and Social Care Partnership (GMHSCP) on behalf of NHS England.

Improve Quality

To improve the quality of care and the experience of care is one of Bolton CCG's organisational aims.

It strives to achieve this by ensuring it complies with the NHS statutory duties as set out in the Oversight Framework.

The following examples have been measured against quality indicators for the most recent available period.

Cancer Care

Maintaining access to cancer diagnosis and treatment has been one of our key priorities during the pandemic. Although our performance this year has been below the national target, we have performed strongly compared to the national average this year, demonstrating that the emphasis we have historically placed on cancer services and our strong relationships in this area have been benefiting patients throughout the pandemic. Referrals into cancer services are now returning the pre-pandemic levels.

- Performance against the national cancer standards continues to be strong in most areas of activity in Bolton despite the challenges facing service delivery.
- Bolton CCG's latest data shows that 82.2% of patients (compared to 82.6 % in 2019/20) waited no more than two months (62 days) from an urgent GP referral to a first definitive treatment for cancer.

Although this is below the national target of 85%, the collaborative Greater Manchester approach to cancer service delivery and the support of the BMI Beaumont (an independent provider) in delivering cancer surgery has assisted in us almost maintaining the previous year's performance despite unprecedented challenges.

Mental Health

Our response to people experiencing a mental health crisis has remained strong this year, with strong links from mental health services into A&E. We also continue to work with a range of providers to expand access to mental health support, including virtually throughout the pandemic.

- The Mental Health Liaison Service (MHLS) performance has continued to achieve better than the national target of 75% of A&E emergency referrals assessed within one hour. According to the latest data, the figure for Bolton is 80.4%.
- Nationally there are set targets to Improved Access to Psychological Therapies (IAPT). This is to help ensure people can access psychological support such as counselling or cognitive behavioural therapy (CBT) for their emotional wellbeing.
- IAPT access performance has declined, with current data showing performance at 18.6%, not meeting the access target of 22.5%, although Bolton remains committed to ensuring more people than ever can access the help and support, they need.
- 93.5% (year to date) of people accessing a psychological therapy are being treated within six weeks of referral against a target of 75%.

Children's, Young People's and Maternity Services

Our long-standing joint working across health and care services and the voluntary and community sector for children's, young people's and maternity services is helping us improve our services in these areas, particularly with regards to offering a range of mental health support to young people.

- Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a year to date position of 92%.
- The percentage of children and young people in Bolton accessing mental health treatment is currently above plan by 48 patients, with a 2020/21 forecast of 36% against the 35% national target. To support an increase in access to specialist child and adolescent mental health services (CAMHS), the following service updates have taken place:
    - Bolton CAMHS and Bolton Together have been developing a single point of contact for all commissioned voluntary and community sector mental health provision in Bolton.
    - Bolton CAMHS is recruiting an engagement lead to work collaboratively with Bolton Council's Youth Voice groups.
    - Bolton's mental health anti-stigma campaign www.bekindtomymind.co.uk is being expanded to have a professionals section from April.
    - Additional CAMHS posts have been recruited to.

Urgent and Emergency Care

A key priority throughout the pandemic has been to manage demand for urgent and emergency care, both from Covid-19 patients and those with other conditions which still require urgent treatment. Maintaining access to urgent and emergency care, as well as quickly adapting our services to keep patients and staff safe, are two key areas we have focused on.

- A&E performance has remained below the agreed trajectory of 95%. Performance year to date is 80.0%. The impact of Covid-19 is affecting the flow out of the A&E department and the need to separate and socially distance patients safely is a challenge. Attendances have been monitored closely throughout the year and several actions and public messages are taking place to ensure that only people who need A&E use the service and others seek help from alternative services such as GP out of hours and NHS 111.
- Ambulance handovers continue to show significant deterioration, with failure to meet the agreed target of fewer than 40 handovers taking more than 15 minutes per month throughout the year.

Elective Care

Elective care experienced significant disruption due to the pandemic and national pause of all non-urgent elective activity. Our priority for 2021/22 is to establish a full recovery programme in line with national guidance to ensure patients are treated as soon as possible and prioritised based on clinical need and vulnerability.

- Clinically urgent and cancer patients were prioritised for treatment in 2020/21, through support mechanisms in place through the Greater Manchester Cancer Alliance and Greater Manchester Health and Social Care Partnership.
- Many specialties experienced decreased staffing levels, due to redeployment, but still saw as many patients as possible, either virtually or physically in clinics. It is to be noted that many administrative and clinical staff also shielded at home which further impacted staffing levels.
- GPs continue to refer patients who are held by providers on waiting lists and managed as per the national PTL (Patient Tracking List) guidance. The re-start of routine elective care is being planned in collaboration across Greater Manchester.
- Performance against the 92% standard for time from referral to treatment being 18 weeks or less shows a year to date figure of 58.9%, which is comparable across the region due to the current pause on non-urgent elective activity.
- Collaboration with the BMI Beaumont and other independent sector providers has enabled elective care for NHS patients to continue more effectively than it would have without their support. The BMI Beaumont has worked particularly closely with Bolton FT, and will continue to do so in 2021/22 to address the elective recovery programme through the sharing of waiting lists and clinical prioritisation to ensure patients are treated in accordance of their clinical need and length of wait.

Quality and Safety Targets

- There have been 48 mixed sex accommodation (MSA) breaches so far this year. This is due to ongoing estates issues at Royal Bolton Hospital and the need for Covid-19 hot and cold wards, although this is still a notable

improvement on the previous year. Patient feedback is sought after every MSA breach and no negative impact on patient experience has been reported.

- There were 45 reported cases of C.Difficile (against a full year target of 32) and five MRSA infections reported year to date. All healthcare associated infections are subject to a case review by both Bolton CCG and the provider, and are reviewed by the Bolton Infection Prevention and Control Collaborative to investigate the root cause, lessons learned and actions to prevent further infections.
- In respect of Covid-19 the number of nosocomial cases has reduced at Bolton FT month on month and continues to do so.

Improving quality, patient safety and CCG incident reporting

We have a good safety culture in Bolton. A GP clinical director oversees the quality of care delivered by our providers, and our GP clinical leads and commissioning leads monitor performance and quality in the following areas:

- children and maternity
- community and integrated care
- cancer and end of life
- elective care and patient pathway development
- mental health and learning disability
- primary care
- prescribing
- safeguarding children
- safeguarding adults

The CCG's incident reporting system and our Patient Advice and Liaison Service (PALS) help to monitor the quality of local health services. In 2020/21 there were 1,500 safety incidents and more than 600 PALS enquiries or complaints logged and reviewed by the CCG. The majority of incidents reported were no harm, near misses or low harm. We have good engagement from all GP practices, nursing homes, CCG staff and our providers to ensure that we learn from incidents and patient feedback and continually improve services.

Our governance and safety team monitor Care Quality Commission (CQC) inspection reports of local hospitals, GPs and nursing homes. The CCG provides support when improvements are required. We also facilitate and share learning from serious incident investigations, HM Coroner reports and seek assurance from our providers when independent safety reports are published or recommendations made by NHS England to improve the quality of care to patients.

In 2020, the CCG and our two main providers of care, Bolton NHS Foundation Trust and Greater Manchester NHS Foundation Trust, each appointed a Patient Safety Specialist. These are experienced clinicians who are undergoing NHS England & Improvement safety training to help deliver the roll out of a new NHS Patient Safety Incident Response Framework in 2022.

Data from incidents, complaints, PALS concerns, CQC inspections and HM Coroner reports can act as an early warning system and helps us to spot potential patient safety issues. What we learn from these are shared with all Bolton GP practices and nursing homes though meetings, newsletters, briefings and events.

In collaboration with partner organisations, including Public Health England, we specifically focussed on the following areas in 2020/21:

- Covid-19 infection prevention and control and management across nursing homes.
- Risk assessments for GPs and support provided to practices to deliver virtual consultations during the pandemic.
- Data from incidents, complaints and PALS enquiries relating to Covid-19 triangulated, routinely reported and oversight maintained.
- Roll out of the learning disability STOMP programme (Stopping Over Medication of People with a learning disability and/or autism) to all Bolton GP practices.
- Joint learning event with partner organisations, including the Local Authority, following a serious incident review. This was chaired by an independent chair from NHS England & Improvement.
- Collaboration with Healthwatch Bolton which shared patient feedback surveys with the CCG and Bolton NHS FT, and individual patient concerns escalated to the CCG to support its local early warning system.

- Quality oversight for ASC Healthcare Ltd Breightmet Centre for Autism and the CCG supporting the pilot for a national Host Commissioner role for CCG's in relation to Learning Disability and Autism Inpatient Units.
- Work with NHS England Greater Manchester team to support GP practices where concerns are identified locally or via CQC inspections.
- Vulnerable adults professionals meetings hosted by the CCG to help safeguard individuals and support staff involved delivering their care.

Information about services we commission is reviewed by the joint Bolton Clinical Standards Board which includes representatives from the CCG, Bolton NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust and primary care. This has led to improvements in a number of services and the development of patient-focussed care pathways which aim to reduce variation in care, improve standards for patients and provide the best value for money.

Sustainable Development

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources.

The CCG is committed to promoting environmental sustainability and to continually improve the quality of their services and their environmental performance. The CCG is committed to further embedding behaviours by staff and other partners, concentrating on the reduction of paper, increased recycling, energy and carbon reduction.

The Greater Manchester Health and Social Care Partnership's (GMH&SCP) pledge is to:-

- Meet and going beyond the national carbon reduction targets set out in the NHS Long Term Plan which include:

    - Work to deliver the Climate Change Act target of net zero by 2050.
    - Cut business mileage by 20% by 2023/24 and working to build a low-emission NHS fleet.
- Engage and empower our staff/patients/communities to take action. The GMHSCP will work to meaningfully engage patients and communities to take environmental action, including through lower carbon health and care choices.
- Work with our partners and stakeholders to support environmental action.

The CCG has continued to play a role in these developments throughout 2020/21, as a main influencer in the commissioning decisions made, to ensure our contracts and procurement processes include all aspects of sustainability.

The CCG also continues to be involved in developments within the locality:-

- Jointly reviewing and updating Sustainability Development Plans and link with action plans developing across Greater Manchester.
- Embed sustainability within contract review processes.
- Our Locality Plan refresh includes commitment to sustainable development and population health.
- Develop work to support and advise on sustainable travel.
- Public engagement across health and social care – using our public events to include a sustainability focus to educate and influence the public further.
- Be a main player in the locality's Climate: Strategic Partners Working Group.

As a CCG:

- Our Chief Officer and Board Secretary continue to lead on the sustainability agenda.
- We are working with our staff to change behaviours and think both individually and as an organisation, how we can contribute to climate change.
- We have started the process of embedding sustainability in all policy reviews.
- We are looking to implement carbon reduction training to all our staff and use GP events to highlight the main messages to develop changes in behaviour in primary care.

- We will also start to review developments on the sustainability agenda with our main providers.

Engaging people and communities

Listening to local people is central to the commissioning of health and care services in Bolton. By engaging with local people in our diverse communities and neighbourhoods, Bolton CCG seeks to understand their needs, concerns and experiences in order to design and deliver the best possible health services.

We understand that positive health outcomes for the people of Bolton can only be achieved if local people remain at the heart of everything we do.

The coronavirus pandemic has brought challenges on how we do this – from being unable to hold our annual summer roadshow during lockdown to creating Covid-safe resources for nurseries!

But it has also brought opportunities to further build on our work with partners to reach those who wouldn't normally get involved.

During Covid-19 we have strengthened our existing relationships with community organisations and groups and developed new ones. This has been essential in informing how we develop and deliver vital health messages and services such as the Covid-19 vaccination.

Highlights during 2020/21 included receiving a top 'green star' rating from NHS England for our patient and community engagement.

The way we have engaged and communicated with communities experiencing racial inequalities during Covid has also been highlighted as best practice by the Cabinet Office.

Below we outline just some of the groups we have engaged with and the difference engagement has made.

Covid-19 crisis communications and community engagement

Understanding the nature of the pandemic has been an important process.

We have adapted and worked collaboratively and quickly to ensure our information about coronavirus, and how people can protect themselves, others and the NHS from the virus, is clear, timely and reaches the right people in a format they can access.

We have continually engaged with a range of community partners throughout the pandemic to understand the behaviours, beliefs and attitudes of Bolton's diverse communities. They include:

- Bolton Council of Mosques
- Bolton Council
- Age UK
- NHS Bolton Foundation trust
- Bolton at Home
- Bolton Hindu Forum
- Bolton Families Information service
- Equalities Target Action Group
- Public Health Bolton
- Libraries
- Bolton Maternity Voices Partnership
- Libraries
- UCAN centres
- LGBT+ groups
- Schools and colleges
- University of Bolton
- BAMER Alliance
- Bolton Interfaith Forum
- Asian Elders
- Community Asset Navigators
- Flowhesion Foundation
- Bolton HealthWatch
- Bolton CVS
- Health and care staff
- Patients, families and carers
- Bolton GP Federation
- Bolton Local Pharmaceutical Committee

- Primary Care Networks
- Bolton Wanderers Community Trust
- Local GPs
- Bolton Faith Leader Forum
- Bolton Deaf Society
- BRASS – a Bolton charity supporting asylum seekers
- Bolton Solidarity Community Association
- Europia – an advocacy charity supporting those without English as their first language with direct links to the eastern European community in Bolton
- Bolton Youth Voices

We have used this engagement work to communicate with people in different ways, supporting the national and regional messaging and addressing emerging themes in Bolton. This is just a small sample:

- 'Be Kind' social media campaigns urging people to think about the consequences of their behaviour during Covid on GPs, pharmacists and others.
- A fortnightly Covid-19 update newsletter sent to approximately 300 community partners collating important messages and resources they can share.
- 'Choose Well' social media campaign highlighting the importance of accessing the most-appropriate NHS service (self-care, pharmacy, GP, A&E) to reduce pressure on our GPs and hospital during Covid.
- 'Covid 19 – I'm doing my best' social media campaign. This highlighted the abuse faced by Bolton NHS staff during Covid to encourage people to change their behaviour.
- A regular newsletter which is sent to every care and nursing home in Bolton.
- Extending the use of our Big Word telephone translation services to support people whose first language is not English.
- Working with Bolton Deaf Society to identify resources and services that can support equitable access for deaf people in response to the increased use of face coverings and PPE.
- 'Still Here for You' social media campaign highlighting how people can contact their GP practice during the pandemic and stressing the importance of

seeking advice for worrying symptoms that could indicate conditions like cancer or stroke.

- A fortnightly column by our chairman published in print and online by the Bolton News.
- Taking part in the Bolton virtual health mela which focussed on living safely with coronavirus.

Spotlight on considered pandemic communications

NHS Bolton Clinical Commissioning Group continues to support those who are more vulnerable or at risk of becoming seriously ill, including:

- People aged over 70 and people with long-term health conditions
- Children and young people
- Communities experiencing racial inequalities

Children and young people

There was a concern early in the pandemic that some vulnerable families would become ‘hidden’ to the services that were there to help them, and that the reduction in face-to-face contact would be detrimental to their progress and development.

There were also concerns about the mental health and wellbeing of these families.

Our response has included:

- A children and young person’s newsletter highlighting the support available.
- Features in The Bolton Family e-magazine (a readership figure of more than 12,000 over four editions) and a guide to mental health and wellbeing for Bolton people during Covid.
- A targeted young people’s Instagram campaign about the consequences of passing Covid on to family members.
- Social media campaigns raising awareness of mental health and wellbeing support for children, young people and families.
- Promoting our Be Kind to Your Mind website which was created by young people for young people.

Over-70s and people with long-term health conditions

Over-70s and people classed as clinically extremely vulnerable are particularly at risk of becoming seriously ill if they contract coronavirus.

These groups were asked to isolate or shield, which meant they had very little – if any – interaction with other people. While a lot of older people are tech-savvy, many still do not have access to the internet or regularly access information online.

Physical and digital exclusion meant we had to engage and communicate with them in different ways.

Our response has included:

- Contributing to printed communications such as Bolton Quarter Turn magazine which is delivered to 4,500 Bolton at Home tenants.
- Local media converge (online, digital and radio) offering reassurance and signposting support available.
- Social graphics communicating the health risks and support available.

Communities experiencing racial inequalities

The coronavirus pandemic has had a higher impact on people experiencing racial inequalities who may be more likely to live in large multi-generational households or are key workers and less likely to work from home.

Our response has included:

- Joint messages developed and shared socially and on partner WhatsApp groups. This included content to dispel myths and rumours and thank the community for their efforts.
- A series of subtitled and transcribed videos.
- Translated display banners with key coronavirus safety messages in areas of high footfall such as Asian supermarkets.
- A radio script including key messages produced for Hindu Radio.

- A reassurance video message by our chairman at Bolton Health Mela and regular re-assurance columns in the Bolton News and on the news section of our website.

Covid-19 vaccine

Led nationally by NHS England and delivered locally by Bolton CCG, the vaccination programme is the biggest our country has ever seen.

Ensuring everyone is vaccinated in the order set out by the Joint Committee on Vaccination and Immunisation (JCVI) is fast-paced, challenging and subject to last-minute changes nationally.

Again, positive and collaborative relationships with partners, stakeholders and the public has been key to our vaccination communications.

Our response has included:

- Our vaccination survey in December had a record 3,183 responses. It gave us an indication that the vaccination would likely be well-received in Bolton and highlighted geographic areas and communities where we would need to focus our communications and engagement work.
- Clear, informative press releases and supporting social media coverage to create vaccination awareness and confidence.
- Video content in different languages featuring local GPs to deliver meaningful and trusted messages.
- Taking part in community engagement webinars.
- Facilitating visits by celebrities Vernon Kay and Sherrie Hewson to our vaccination sites which gained local, national and regional coverage.
- Reaching those who are digitally excluded by producing copy for trusted partner publications such as the Team Bolton magazine which is sent to 121,000 households.
- A 12-page Bolton-specific Covid-19 vaccination booklet addressing key issues that were raised in our communities. This was delivered to every home in the borough and has been translated into five languages. It is also available in Braille

- Briefing notes and communication toolkits with key messages for our partners to disseminate.
- Considered communications to address low confidence and trust in the vaccination within our communities facing racial inequalities, such as developing messages to be shared on community WhatsApp groups, developing partnerships with local mosques and regular slots on Hindu radio.
- Partnership working with Bolton at Home's outreach team, door-knocking tenants in target areas to gauge vaccination hesitancy.

Other communications work

Covid-19 has understandably been the main focus of 2020/21, but we have also carried out other communications and engagement work.

This has included:

- Helping to develop and pilot an innovative NHS schools project to develop pride in the NHS and promote the message of how to access the right treatment at the right time. This has received very positive feedback from teachers and pupils.
- A survey and social media campaign to promote uptake of the flu vaccine.
- Producing a Covid-safe version of our popular Flo the Flu fairy learning resources which are used by nurseries, childminders and early years providers to highlight the free flu nasal spray for two and three year olds and promote uptake.
  Following consultation with early years providers, we produced 'wipe down' versions of the resources which were sent to more than 80 providers.
- A winter campaign supporting the importance of accessing the right NHS service at the right time.

Equality Target Action Group

Our Equality Target Action Group (ETAG) is committed to providing information on a number of services that are accessible to a wide range of individuals in the borough.

ETAG comprises a diverse range of people from different backgrounds: age, gender, carers, disability, gender re-assignment, race, religion/belief and sexual orientation.

We aim to remove any barriers to accessing health services and take steps to help support those who may have difficulties. We are committed to ensuring that Bolton's health services are culturally sensitive, inclusive, accessible, and appropriate for our residents.

The ETAG group is key to achieving this. Members have been unable to meet in person during lockdown but have continued to meet virtually online.

Throughout 2020/21 ETAG members have been involved with, discussed and given feedback on subjects including:

- Talking therapies for older adults and people from minority ethnic communities.
- The CCG's Covid-related communications and engagement plans.
- The Integrated Care Partnership and associated 'Neighbourhood Model'.
- How Bolton's 'health pledge' can be adopted by the voluntary and community sector and made meaningful within communities.
- The CCG's support for vulnerable people during Covid-19.
- Positive experiences and challenges experienced during Covid-19.
- How people identify with the descriptions BAME, BME and BAMER and their use.

Patient Stories

Engaging with people and gathering their stories is another important contribution to improving the quality of services for Bolton residents.

During Covid, we have continued to record people's experiences of our services. The 'Patient Stories' have been presented to our CCG board meeting as videos and written accounts. Patients have also attended our board meetings via Zoom to share their experiences in person.

In the past year our patient stories have included people's experiences of getting the Covid-19 vaccine, our flu vaccination clinics, our NHS schools project and the Bolton Alternate to Transfer Pathway to reduce potential A&E attendances.

BAMER Alliance

The CCG is part of the recently-formed BAMER alliance, a collective of public, voluntary and community organisations that have an interest in engaging with Bolton's communities experiencing racial inequalities (CERI).

The alliance recognises that CERI with high rates of deprivation in Bolton already faced significant inequalities before the pandemic and seeks to understand the additional risks associated with Covid.

It is working to share communications and key messages, pool resources and budgets, develop a deep understanding to respond to need, and develop key learning.

Key achievements include:

- Identifying key members of our CERI and other community leaders to disseminate key messages to their networks as 'Message Champions'.
- Community webinars where a panel of Public Health, NHS Bolton, Bolton CVS and Bolton Council representatives can answer questions.
- Creating and disseminating a series of videos which explain key points.

Bolton Maternity Voices Partnership

A new chairman has been appointed to our Maternity Voices Partnership.

The partnership has shared key messages with parents and parents-to-be during Covid-19 on its social media accounts, through newsletters and at on-line events. This has included information about who can accompany women to their local hospital maternity appointments and visiting information.

Browsealoud

We continue to use Browsealoud to ensure that our website is accessible to everyone.

It reads text to website visitors whose first language isn't English, and allows them to read or have our website read to them in different languages.

Web pages and PDFs can be read aloud in a choice of 45 of the most commonly spoken global languages, with text translation available in a choice of 111 languages.

Web visitors can also magnify text size. Other features include screen masking and a web page simplifier, to cut out peripheral content and help readers focus on specific text.

Most people who used Browsealoud on our website had text read to them. The most common language for translation was Urdu followed by Polish, Spanish, Tajik and Nepalese.

Reducing health inequality in Bolton

Although premature mortality has been falling over the last two decades, unacceptable inequalities in health still persist. Bolton CCG recognises this as a significant issue. The CCG, along with system partners, has committed to closing the gap between the most disadvantaged groups, and those who live in more affluent communities. It is vital we support all Bolton residents to increase their life expectancy – not just living longer, but living a healthy life without the consequences of preventable long term conditions.

Bolton CCG recognises that general practice has a key role to play in tackling health inequality. GPs have access to the heart of communities, and they are well placed to influence the inequalities agenda as practitioners, commissioners and community leaders. While health inequalities are not just about health, it is now acknowledged that GPs should work collaboratively with system colleagues in addressing the wider determinants of health.

The Bolton Quality Contract (BQC), introduced by the CCG in 2015, across all 49 GP practices, contains a programme of work which focuses on those arenas known to exacerbate inequalities which lead to premature mortality. The BQC includes standards which aim to address:

- Better access to general practice
- Improved population health
- Better care and management of chronic ill health

The CCG has supported local GP practices to strive for year-on-year improvements in care, which produce tangible outcomes for patients.

What outcomes have we seen in Bolton so far?

Recent data from Public Health England (2017-2019) indicates an overall trend of improved life expectancy for Bolton:

	2001-03	**2017-19**
Male	74.3	77.7
Female	79.2	81.8

Some of the initiatives commissioned by Bolton CCG which have contributed to this improvement in life expectancy are:

- **Preventing Cardiovascular disease**
    - the NHS Health Check for people aged 40-74 years, every five years.

- **Preventing frailty in later life**
    - Ageing well checks for people aged 65-74 years.

- **Preventing diabetes**
    - Blood sugar screening for people aged 40 years and over, every five years
- **Raising awareness of alcohol harm**
    - Screening for alcohol misuse, and providing education on safe drinking to anyone over the age of 16 years, every two years.
- **Best care for long-term conditions**
    - Annual reviews, and supporting people with chronic health conditions to self-manage.
- **Managing demand**
    - Making sure people receive the right treatment, at the right time.
- **Effective prescribing**
    - Developing a culture of safe prescribing; providing value to patients, and improving their recovery prospects.

Suspension of the BQC - Covid-19

Unfortunately, in April 2020, monitoring of the BQC Standards was suspended. This was to enable general practice to cope with the pressures of the Covid-19 pandemic.

The implications of postponement of the BQC will not be known until the end of year data (March 2021) is analysed. The Clinical Director of Primary Care Development and Health Improvement is now focussing efforts to analyse the latest position, which will show the effects of the suspension on both patient care and health outcomes.

BAME

Evidence suggests that the health impact of belonging to some minority ethnic groups is equivalent to being 20 years older than your actual age (The Lancet Public Health 2020). And Covid-19 has further exposed the inequalities which exist. Black, Asian and minority ethnic groups (BAME) have had higher rates of infection, and higher rates of serious disease, morbidity and mortality. The wider determinants of

health such as occupation, deprivation, household size and access to health care have increased susceptibility to Covid-19, and worsened outcomes following infection.

While we are unable to fully address inequalities at this time, the CCG has recognised that we must industrially scale efforts to provide timely and easy access to the Covid-19 vaccine for these vulnerable groups. There is growing concern about the 'vaccine hesitancy' within minority ethnic groups. The CCG has developed targeted communications to try and increase confidence, while data has been extracted from general practice systems to highlight hot-spot areas of low uptake. Strategies which have been developed include:

- Pop-up clinics in community venues, and faith buildings such as churches and mosques.
- Development of a bank of community volunteer translators.
- Introduction of targeted communications to quell misinformation and myths about the vaccine.
- Commissioning of a roving vaccination bus which can park up in the heart of communities who have been reticent so far to take up the vaccine.

Re-establishing efforts to tackle inequalities in Bolton

It is planned to re-introduce general practice back to a full BQC Contract, as from July 2021.

This will enable the CCG once again to commission for outcomes, and re-introduce prevention on a large scale. It is only by preventing ill health, and enabling better access to health care and services, for our most deprived communities, that health inequalities will be addressed.

Health and wellbeing strategy

In Bolton, the Locality Plan is produced in partnership and sets out our health and wellbeing strategy for the town.

Our joint vision is:

“Bolton will be a vibrant place built on strong cohesive communities, successful businesses and healthy, engaged residents. It will be a welcoming place where people choose to study, work, invest and put down roots. We want our people and our place to prosper and we will make this happen by driving inclusive growth and reforming our services, in partnership, to promote wellbeing for all.”

Since the last annual report, our Locality Plan has been refreshed and sets out our approach for the next few years: Working together for our Bolton: Locality Plan for health and care 2020-2024.

We know that there are health inequalities across our town, and we know that there are several things which have an impact on our health and wellbeing, such as employment, housing, access to good schools and leisure facilities. We also know that we cannot improve things alone. Our refreshed plan sets out how we are expanding our partnership working to include the police, housing providers, education and the voluntary, community and social enterprise sector.

Clearly, the Covid-19 pandemic has had further impact on these factors and consideration must be given to how we recover as we ease out of restrictions.

In addition, in light of the emerging proposals for a Health and Care Bill, published in February 2021 (Integration and innovation: working together to improve health and social care for all), we are working with all partners locally – together with colleagues in Greater Manchester – to agree a model that is right for Bolton.

This work will focus on enabling better outcomes for local people, while retaining the skills and knowledge of Bolton CCG staff.

What have we achieved this year - Some of our highlights

Integrating health and care in Bolton

Significant progress has been made with the development of integrating services across the health and care system – not least due to the onset of the Covid-19 pandemic in March 2020.

The Bolton Health and Care Partnership is made up of organisations in the town responsible for health and care.

Bolton Council, Bolton NHS Foundation Trust (FT), NHS Bolton Clinical Commissioning Group (CCG) and the Greater Manchester Mental Health Foundation Trust (GMMH) work collaboratively with the voluntary, community and social enterprise sector to ensure residents have the most appropriate health and care services.

In response to Covid-19, all partners in health and care in Bolton have worked in collaboration to ensure responsiveness and resilience to provide the right care for our residents as consistently and safely as possible in unprecedented and rapidly changing circumstances.

New ways of working have been successfully established due to face-to-face services being limited. This has proved beneficial, and many services can be commissioned to a different delivery model moving forward, making the best use of technology to keep people physically and emotionally well, and with a focus on prevention and early intervention. These new models will be more convenient for many people and will also free up capacity for those who still want or need face-to-face care. We continue to harness learning from the pandemic and will use what has been learned to reduce the wider impact of Covid-19 on our residents and respond effectively to new or changing care needs.

Primary Care

Our primary care team has worked tirelessly in the last year to support the response by GP practices to Covid-19. The focus has been two-fold:

- Ensuring the continuity of primary care services throughout the pandemic as a vital ‘front door’ to health and care for many local people.
- The roll-out the Covid-19 vaccination programme, the largest mass vaccination scheme in NHS history.

Some of the work undertaken by our primary care team to ensure GP practices could continue to provide safe and effective care throughout the pandemic has included:

- Facilitating access to Covid-19 testing for practices.
- Managing a Covid-19 Support Fund, which funded GPs to provide additional capacity, cover sickness absence and fund additional resources needed due to the pandemic such as personal protective equipment (PPE).
- Providing support and advice to GPs around operational matters such as workforce, contracts and performance in a rapidly changing environment.
- Overseeing the successful roll-out of the Covid-19 vaccine programme in Bolton, which has now delivered over 150,000 doses of the Covid-19 vaccine.

Covid-19 vaccination programme

The Covid-19 vaccination programme is the biggest vaccination programme in the UK’s history.

Led nationally by NHS England, it has been implemented locally by NHS Bolton CCG.

The programme has been logistically challenging, fast-paced and often subject to last minute changes due to factors such as vaccine supply, changes to the vaccination priority list set out by the Joint Committee on Vaccination and Immunisation (JCVI) and changes to guidance about the timing between first and second doses.

Dr Helen Wall, Bolton CCG’s clinical director of commissioning, was appointed as the senior responsible officer for the borough’s vaccination programme.

Bolton’s nine Primary Care Networks (PCNs), groups of GP practices who work with other community services in their area, have played a key role and have been responsible for carrying out the vaccinations.

Husband and wife Ann and Michael Clubley were the first people to be vaccinated in Bolton on 15 December, 2020. By 31 March, 2021 approximately 130,000 people registered with a Bolton GP had received their first dose of the Covid-19 vaccine and 22,000 people their second dose.

Highlights of the Bolton Covid-19 vaccination programme include:

- Setting up community vaccination sites cross the borough.
- A pharmacy-operated vaccination site at Bolton Wanderers Football Club led by Hootons Pharmacy.
- The first vaccination of care home residents and staff, which took place at Old Vicarage care home on 30 December, 2020.
- The vaccination of house-bound patients.
- Hitting the milestone of 100,000 first dose vaccinations in March 2021.
- Pop-up and walk-in vaccination clinics in areas with low uptake.
- A vaccination clinic for refugees and asylum seekers at BRASS (Befriending Refugees and Asylum Seekers) Bolton.
- Celebrity visits to our vaccination clinics by TV presenter Vernon Kay and actress Sherrie Hewson.
- Dr Helen Wall receiving the outstanding contribution award at the Bolton News Lockdown Heroes Awards in recognition of her work leading the vaccination programme.

The huge success of Bolton's vaccination programme is testament to the hard work of staff, GPs, volunteers, PCNs and partners.

Plans for 2021/2022 include additional clinics for refugees and asylum seekers and a 'vaccination bus' which will tour the borough. The bus will make it as easy as possible for people to receive their vaccination close to where they live.

Care Homes and Home Care

Similarly to primary care, our priority in care homes and home care has been to ensure that all services in Bolton could continue to provide safe care to their residents and service users, while also minimising the spread of Covid-19 in care

homes. The CCG and council quickly mobilised a range of support from the very beginning of the pandemic which included:

- Jointly providing ongoing timely advice and support to care providers, averaging 200 calls per week advising on government guidance, testing, PPE and vaccination arrangements.
- Adapting Infection Prevention and Control guidance and arranging the fitting and distribution of specialist masks (called FFP3) for personal assistants who were initially overlooked.
- Providing additional support with nursing staffing under national call for retired staff to return to the workforce.

As a result of the support provided by the CCG and council, all nursing homes in Bolton were able to continue caring for their residents without needing to use their business continuity or crisis plans.

Mental Health and Learning Disabilities

Our mental health and learning disabilities commissioning team has progressed a number of service re-design or improvement projects which encompass all levels of care, from prevention and early intervention to those who require more specialist support, such as:

- Establishing a three-year emotional wellbeing programme, working collaboratively with public health and aligning this with existing service provision.
- Progressing the re-development of the Jubilee Day Centre, including a full re-modelling of the activities on offer to adults with disabilities who use the centre.
- Improving integration between mental health services and housing: piloting tenancy support with mental health input through Bolton at Home; securing ongoing funding for a housing officer on mental health inpatient wards at GMMH.
- Expanding the Bolton People's Network which will incorporate the voice of people with lived experience of mental health and learning disabilities into service planning and design.

- Engagement with the Greater Manchester Health and Care Partnership (GMHSCP) to support the development of the new Greater Manchester model for mental health which will ensure delivery of mental health and emotional wellbeing services locally, with improved access to specialist services at a Greater Manchester level.

Children, Young People and Maternity

Working with the voluntary and community sector is a key component of our children's, young people's, and maternity services. This year we have:

- Refined the Thrive Alliance offer to reflect the changing circumstances in the Covid-19 pandemic.
- Commissioned children's and young people's bereavement support through a bereavement practitioner at Bolton Lads and Girls Club who links with other health and care professionals across Bolton.
- Worked with Dad Matters and Bolton FT to provide one-to-one and group support to 125 fathers.

Our multi-agency approach continues to be a success, bringing together health, social care, the voluntary sector and schools to provide wraparound care to children, young people and their families. This has included the self-harming behaviour pathway, parent and infant relationship service to help parents with a child under 2 years old, and Team Around the School which supports children and young people experiencing mental health issues.

Urgent Care

Our priority this year has been responding to Covid-19 to ensure adequate urgent care capacity – both for patients with Covid-19 and those without but still needing to access urgent care. Our approach to this has been:

- Quickly establishing clear and robust incident management structures, including PPE monitoring across all of health and care in Bolton.
- Implementing the national discharge policy. This involves putting processes in place to ensure patients can be discharged from hospital as soon as is safe to

do so and joining up with community and social care services to ensure appropriate support or intermediate care is available away from the hospital.
- Taking part in the 111 First pilot, encouraging patients to use 111 as the first point of contact before attending A&E.

Community Services

In spite of disruption caused by Covid-19, we have successfully delivered a number of improvements to community care in the last 12 months:

- Redesigning our diabetes service to improve access, deliver care closer to home and focus on prevention and early intervention.
- Collaborative co-design of the revised Specialist Weight Management service.
- Evaluating a nutrition and hydration pilot in Bolton (part of the Greater Manchester Population Health Plan) which has resulted in securing funding for the programme to be fully rolled out due to positive outcomes.
- Commissioning the voluntary and community sector to provide remote support technology pilot for around 50 people/carers across Bolton.

Cancer

Cancer remains a key priority for the CCG and we have built on previous years' good work with health and care partners to further improve the services available this year. Key developments include:

- The ongoing commissioning of the Macmillan Information and Support Service, working closely with the team to support to people affected by cancer during Covid-19 and developing more personalised care. This service continues to receive excellent feedback and is valued by patients with cancer and their families in the area.
- Securing ongoing funding for 'Best Timed' pathways for suspected lung, colorectal and prostate cancer which aim to streamline the time from initial presentation to diagnosis to treatment with an aim to improve outcomes and patient experience.
- Working effectively with Bolton FT, Bolton Hospice and other partners to minimise disruption to cancer and end of life care during the pandemic.

Information Technology

The ability of patients to easily seek support and health advice from their GP practice is important at any time, particularly during a pandemic.

The implementation of the Online Consult system started in March 2020 and was live in all of Bolton's 49 GP practices by September 2020 in readiness for wave 2 of Covid-19.

Online Consult allows patients to get support and advice via their surgery at any time, either directly from the practice website or through patient mobile apps. It provides an online portal where patients can self-check their symptoms and receive on the spot medical advice 24/7.

It enables practices to triage patient enquiries so they can receive the right treatment at the right time, deal with many queries remotely and significantly reduce unnecessary appointments.

During the Covid-19 pandemic, all of Bolton's GP practices have also benefited from using AccuRx, a system that allows them to communicate more easily with patients and other health professionals.

Features include video consultations, sending text reminders to patients and enabling patients to self-book and manage their appointments. Practices have also used it to invite patients for their Covid-19 vaccination.

A major part of our Covid-19 response has also been the deployment of more than 200 laptops to allow clinicians and administration staff to work remotely and isolate if necessary.

Greater Manchester Health and Social Care Partnership

NHS Bolton CCG is a partner in the Greater Manchester Health and Social Care Partnership.

In April 2020, we entered the fifth year since Greater Manchester took charge of its health and care spending and decisions. As the year began, we faced an unprecedented challenge from Covid-19. Tragically, many people in Greater Manchester have lost their lives and many more have suffered from the health, social and economic impacts of the pandemic. Unfortunately, we know that those

who are more vulnerable - such as older people, those with disabilities, ethnic minority communities and people living in more deprived areas – have seen the greatest impact. While inequalities within Greater Manchester have been exacerbated, so have those between our city region and the rest of the UK.

In these most testing of circumstances, we have seen an extraordinary effort from everyone working in health and social care in Greater Manchester in our collective response to Covid-19. Every part of the system has contributed, and our 10 localities have been at the forefront of this joint effort.

We have seen partner organisations at both local and Greater Manchester level work collaboratively to find solutions to the difficulties we have faced as a result of the pandemic. This has often been in the form of innovative, digital solutions to make it easier for patients to access services – for example in primary care and mental health. Local systems have rallied round to support care homes.

The Voluntary, Community and Social Enterprise (VCSE) Sector has played a vital role in connecting with communities and providing much needed support at a local level. Our hospitals have supported each other through mutual aid and, working with all localities, focused on safely discharging patients to create capacity for the increase in hospital admissions due to Covid-19.

As we enter 2021/22, we recognise that it will take considerable time for us to recover from the effects of the pandemic but there is a sense of optimism rooted in the strong joined up working we have seen in the last year. There is no better example of this than the Covid-19 vaccination programme. In March 2021, we reached the incredible milestone of over one million people in Greater Manchester receiving their first vaccine dose.

This year we also anticipate some changes in Greater Manchester if the Government's White Paper, 'Integration and innovation: working together to improve health and social care for all', is passed into law. The characteristics and purpose envisaged for statutory integrated care systems correlate with the ambitions for health and social care that we have pursued over the past five years in Greater Manchester, in particular:

- The emphasis on improving population health outcomes and reducing inequalities
- Place-based partnerships

- More streamlined and strategic commissioning
- Provider collaboration

Our focus for the year ahead will be continuing to work with all partners to maximise the opportunity of the white paper to build on the progress we have already made in Greater Manchester.

ACCOUNTABILITY REPORT

Su Long

Accountable Officer

11 June 2021

Corporate Governance Report

Members Report

Member Profiles

The names and responsibilities of the board executive and non-executive directors in 2020/21 were as follows:

Dr Wirin Bhatiani, Clinical Chair (3 year term of office to April 2021, 6 month notice period).
Su Long, Chief Officer (6 month notice period).
Ian Boyle, Chief Finance Officer (6 month notice period) (to September 2020).
Kelly Knowles, Acting Chief Finance Officer (6 month notice period) (from October 2020).
Dr Helen Wall, Clinical Director, Commissioning (6 month notice period).
Dr Stephen Liversedge, Clinical Director, Primary Care and Health Improvement
(6 month notice period).
Dr Jane Bradford, Clinical Director, Governance and Safety (6 month notice period).
Dr Tarek Bahkt, Elected non-executive GP
(3 year term of office from election to April 2022, 6 month notice period).
Dr Dharmesh Mistry, Elected non-executive GP
(1 year term of office from election to April 2022, 6 month notice period).
Dr Niruban Ratnarajah, Elected non-executive GP
(3 year term of office from election to April 2022, 6 month notice period).
Dr Emma Saunders, Elected non-executive GP
(1 year term of office from election to April 2022, 6 month notice period).
Alan Stephenson, Lay Member
(3 year term of office to July 2022, 3 month notice period).
Zieda Ali, Lay Member Public Engagement
(3 year term of office to September 2022, 3 month notice period).
Tony Ward, Lay Member, Governance
(3 year term of office to August 2021, 3 month notice period).

Professor Romesh Gupta, Secondary care Doctor
(1 year term of office to March 2022, 3 month notice period).
Helen Lilley, Board Nurse
(3 year term of office from appointment to June 2022).
Melissa Maguinness, Director of Strategic Commissioning/Deputy Chief Officer (6 month notice period)
Helen Lowey, Director of Public Health was a key attendee of the Board in 2020/21.

Member Practices

There are 49 Member practices which form Bolton Clinical Commissioning Group:

Practice Name	**Address**
3D Medical Centre	3D Medical Centre, 200 Deane Road, Bolton, BL3 5DP
Alastair Ross Medical	Breightmet Health Centre, Bolton BL2 6NT
AlFal Medical Group	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Beehive Surgery	108 Crescent Road, Bolton, BL3 2JR
Bolton Community Practice	Waters Meeting Health Centre, Bolton, BL1 8TU
Bolton General Practice	2-4 Moor Lane, Bolton, BL1 4TH
Bolton Medical Centre	Rupert Street, Great Lever, Bolton, BL3 6RN
Burnside Surgery	Waters Meeting Health Centre, Bolton BL18TU
Cornerstone Surgery	469 Chorley Old Road, Bolton, BL1 6AH
Crompton View Surgery	Crompton Health Centre, 501 Crompton Way, Bolton, BL1 8UP
Dr Counsell & Partners	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Dalefield Surgery	Avondale Health Centre, Avondale Street, Bolton, BL1 4JP
Dr Dakshina-Murthi	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Deane Clinic (Dr Selvarajan)	Deane Clinic, Horsefield Street, Deane, Bolton, BL3 4LU
Deane Medical (Dr Kumar)	155-157 Deane Road, Bolton, BL3 5AH
Dunstan Partnership	Breightmet Health Centre, Bolton, BL2 6NT
Edgworth Medical	Egerton/Dunscar Health Centre, Darwen Road, Bromley Cross, Bolton, BL7 9RG
Dr Earnshaw & Partners	Lever Chambers Centre for Health, Ashburner St, Bolton, BL1 1SQ
Farnworth Family Practice	Farnworth Health Centre, Frederick St, Bolton, BL4 9AH

Practice Name	Address
Fig Tree Medical	Farnworth Health Centre, Frederick St, Bolton, BL4 9AL
Garnet Fold Surgery	374/376 St Helens Road, Bolton, BL3 3RR
Great Lever One (Dr Sidda)	Great Lever Health Centre, Rupert Street, Bolton, BL3 6RN
Dr Hallikeri & Partner	Little Lever Health Centre, Mytham Road, Bolton, BL3 1JF
Harwood Group Practice	Harwood Health Centre, Hough Fold Way, Bolton, BL2 3HQ
Heaton Medical Centre	2 Lucy Street, Heaton, Bolton, BL1 5PU
Dr Hendy & Rizwan	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Dr Jain & Subrumanian	Little Lever Health Centre, Mytham Road, Bolton, BL3 1JF
Dr Jeyam & Jesudas	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Dr Karim & James-Authe	44-46 Wyresdale Road, Bolton, BL1 4DN
Kearsley Medical Centre,	Jackson Street, Kearsley, Bolton, BL4 8EP
Kildonan House Surgery	Ramsbottom Road, Horwich, Bolton, BL6 5NW
Dr Liversedge & Partners	Egerton/Dunscar Health Centre, Darwen Road, Bolton, BL7 9RG
Dr Loomba & Partners	Lever Chambers Centre for Health, Ashburner St, Bolton, BL1 1SQ
Dr Lowe & Partners	Tonge Fold Health Centre, Hilton Street, Bolton, BL2 6DY
Mandalay Medical Centre	933 Blackburn Road, Bolton, BL1 7LR
Olive Family Practice	The Pikes Lane Centre, Deane Road, Bolton, BL3 5HP
Orient House Medical	216 Wigan Road, Deane, Bolton, BL3 5QE
Pike View Medical Centre	Albert Street, Horwich, Bolton, BL6 7AN
Shanti Medical Practice	Shanti Medical Centre, 160 St Helens Road, Bolton, BL3 3PH
Spring House Surgery	Springhouse Surgery, 555 Chorley Old Road, Bolton, BL1 6AF
Spring View Medical	Spring View Medical Centre, Mytham Road, Bolton, BL3 1HQ
Dr Sidda & Partners	Waters Meeting Health Centre, Bolton, BL1 8TU
Stonehill Medical	Stonehill Medical Centre, Piggott Street, Bolton, BL4 9QZ
Swan Lane Medical Centre	Swan Lane, Bolton, BL3 6TQ
Stablefold Surgery	119 Church Street, Westhoughton, Bolton, BL5 3SF
The Oaks Family Practice	Crompton Health Centre, 501 Crompton Way, Bolton, BL1 8UP
Dr Uddin & Partners	The Halliwell Surgery, Lindfield Drive, Bolton, BL1 3RG
Unsworth Group Practice	Peter House Surgery, Captain Lees Road, Westhoughton, Bolton, BL5 3UB
Dr Zarrouk & Partner	65 Bradford Street, Bolton BL2 1HT

Review of the Member Eligibility Policy

A review of the CCG's Member Eligibility Policy is undertaken by the Chief Officer every two years and was completed in December 2020 (next review date due December 2022).

Outcome of the Review

Number of exits received from GP practices (for the period 2016 to 2018).	Termination of 5 APMS contracts (terminated 30 June 2017) from: • Bolton Medical Centre. • Bolton General Practice. • Great Lever Practice. • Olive Family Practice. • Bolton Community Practice. Termination of 1 GMS contract (terminated 18th July 2018) from: • Drs Prasad and Hanif (Shanti Medical Centre).
Number of applications received for GP practices to become members of NHS Bolton CCG (for the period 2016 to 2018).	Reprocurement of 4 APMS contracts (1st July 2017) for: • Bolton Medical Centre. • Bolton General Practice. • Olive Family Practice. • Bolton Community Practice. To note Great Lever Practice (SSP) ceased to exist from 1st July 2017 as this contract merged with Bolton Medical Centre and was re-procured as Bolton Medical Centre. Commencement (19th July 2018) of an interim contract with the GP Federation at Shanti Medical Centre.
Number of exits received from the GP practices (for the period 2018 to 2020)	Termination of 1 interim APMS contract with the GP Federation at Shanti Medical Centre (terminated 31st May 2020).
Number of applications received for GP practices to become members of NHS Bolton CCG (for the period 2018 to 2020).	Reprocurement of 1 APMS contract (1st June 2020). • Shanti Medical Centre. SSP was awarded the contract.

Composition of Governing Body

From 1 April 2020 to 31 March 2021, NHS Bolton CCG was led by a board, which was legally accountable to the people of Bolton for the work of the organisation. The constitution of the Board ensured that there was a majority of GPs, headed by a Clinical Chair. The Chair, Dr Wirin Bhatiani, and Chief Officer, Su Long, have held their positions throughout the 2020/21 year.

The CCG is designed to be clinically led, with:

- A majority of Board members being clinicians,
- CCG Directorates led by Clinical Directors and
- decision making informed by engagement with CCG membership and with a Clinical Standards Board formed from primary and secondary care clinicians.

The CCG Board sets strategic direction and holds accountability for delivery. The CCG Board has Executive members who have responsibility for operational delivery and implementation of Board decisions.

The other Board members play a non-executive role, scrutinising and challenging proposals, and chairing sub committees of the Board to ensure that co commissioning responsibilities, audit and finance, and conflicts of interest are managed effectively.

The CCG Board receives reports monthly to monitor how the organisations accountabilities and objectives are met.

Committee(s), including Audit Committee

The members of the Audit Committee during 2020/21 were:
Tony Ward (Chair)
Niruban Ratnarajah
Tarek Bakht
Alan Stephenson

The Chief Finance Officer and Deputy Chief Finance Officer were also invited to attend audit committee meetings.

Further detail on the CCGs sub-committees, membership and attendance can be found on pages 56-59.

Register of Interests

NHS Bolton CCG has appropriate policies and procedures in place to record conflicts of interests and these can be found on the website. The Registers of Interests and Gifts & Hospitality are reviewed by the Audit Committee and Conflicts of Interests Committee at each meeting.

They are regularly updated and available on the CCG website via the following link: Declarations of Interest

Personal data related incidents

NHS Bolton CCG has reported no Serious Untoward Incidents constituting significant data breaches to the Information Commissioners Office for the financial year 2020/21.

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 Bolton CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2020 is published on our website at: https://www.boltonccg.nhs.uk/media/6672/modern-slavery-statement-2021.pdf

Statement of Accountable Officer's Responsibilities

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

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

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

Under the National Health Service Act 2006 (as amended), NHS England has directed each Clinical Commissioning Group to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction.

The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Clinical Commissioning Group and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

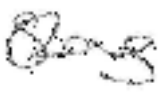
In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

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

To the best of my knowledge and belief, and subject to the disclosures set out below (eg. directions issued, s30 letter issued by internal auditors), I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

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



Su Long
Accountable Officer
11June 2021

Governance Statement

Introduction and Context

NHS Bolton Clinical Commissioning Group is a body corporate established by NHS England on 1st 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 1st April 2020, the clinical commissioning group is not subject to directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Bolton CCG commissions healthcare for a registered GP population of approximately 317,000 with the engagement of patients, GP practices, Bolton Council, the local Active, Connected and Prosperous Board, Bolton NHS Foundation Trust and other healthcare providers, Healthwatch Bolton, Voluntary Sector providers and NHS England, including specialist commissioning.

Our mission is:
"To commission services that improve the health of the population, ensures best care for patients; delivers services that demonstrate value for money and high levels of positive patient experience. We will commission for outcomes and focus on whole patient pathways from prevention to end of life care".

Our 5 Year vision is to have clinically and financially sustainable services that:

- improve health outcomes through reducing life expectancy;
- improve quality of care and experience of care;
- deliver best value for money.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The CCG will undertake a review the Audit Committee's effectiveness and adequacy of its terms of reference, work plans, forums of discussion and communication in September 2021, the review is deferred this year due to the pandemic.

There are structures and systems in place to ensure appropriate governance is applied across the organisation.

These include:

- The CCG Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies and delegation arrangements which specifically address governance; the role of the board and its sub-committees; the role of the chairman, chief executive and senior staff; accountability arrangements; and partnership working arrangements.
- Open meetings of the board and the publication of board meetings and related board reports (held virtually on-line from 2020)
- The publication and dissemination of performance reports, annual report and accounts, annual audit letters, equality and diversity strategy, joint strategic needs assessments, service strategies and other key documents, many of which are produced jointly with partners.
- The monitoring and accountability arrangements between Bolton CCG and Greater Manchester Health and Social Care Partnership are exercised by the monitoring of the CCG Assurance Framework formal mid-year and year-end reviews between to review performance and development issues.
- Regular meetings between the Greater Manchester Health and Social Care Partnership and the accountable officer that include regular review of performance. In 2020/21 Bolton CCG was rated as an 'Outstanding' CCG by NHS England and performance levels were maintained.
- The CCG accounts for its contribution to the health economy through strategic partnerships, public meetings and the publication of documents such as CCG Board papers and the Annual Report available on its website.
- Collaboration with CCGs across a wider footprint and with Greater Manchester Health & Social Care Partnership to respond to the Level 4 pandemic incident, ensure specialist services provided on a Greater Manchester basis are fit for purpose and reflect the needs of the Bolton population.
- Reporting to Bolton Active, Connected and Prosperous Board and Bolton Council Cabinet.
- Membership of the Bolton Safeguarding Children Partnership and Adult Safeguarding Board
- Membership of the Bolton Health Protection Board and Health Economy Resilience Group (HERG) established in response to the Covid-19 pandemic
- Membership of Greater Manchester & Sector Partnership Groups.

Responsibilities of CCG Directors and the Terms of Reference of the Board and its sub-committees are outlined in the Constitution and can be found at: CCG Constitution

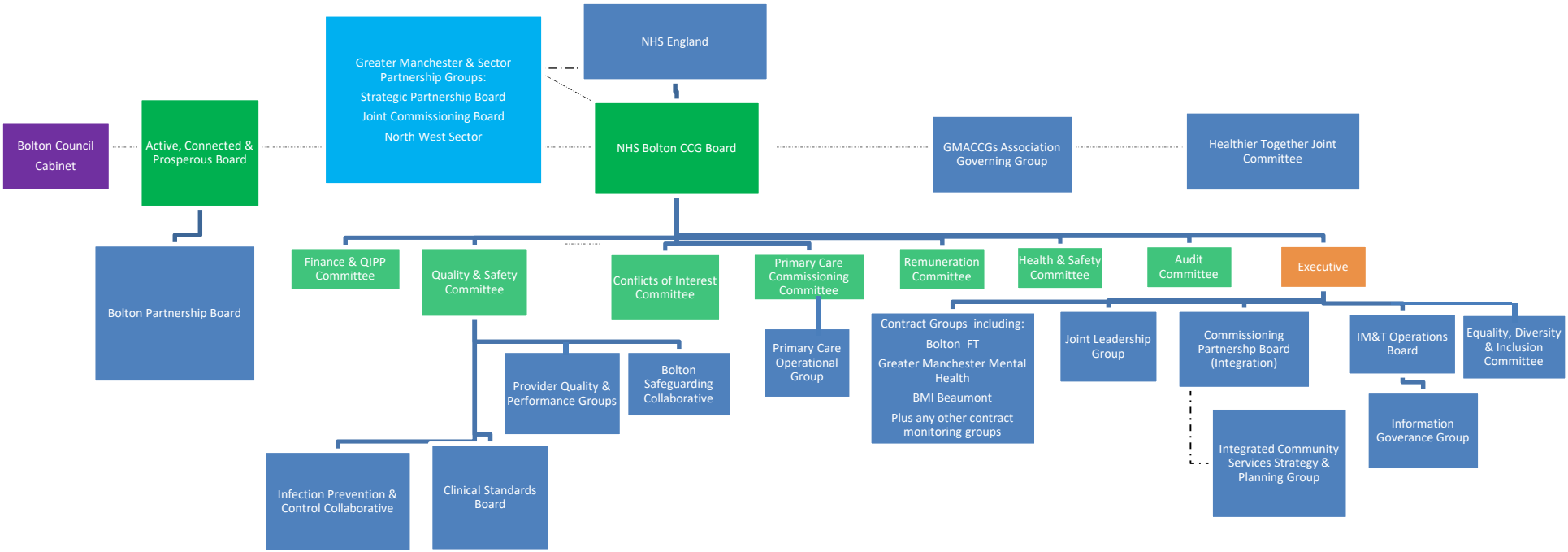
Bolton CCG website contains the minutes of the Board, Sub-committees and Joint Committees at: Board Meetings and Sub-Cttees

The governing body has met throughout the year as summarised below:

- Monthly public Board meetings
- Monthly Board Development meetings

All meetings were held online due to coronavirus restrictions.

Local Governance/Committee Structure (as at March 2021)



Key

CCG Board and formal sub-committees reporting to the Board

Other CCG sub-committees and groups (operational)

CCG Executive (Management Team)

Bolton Council

GM and Sector Partnership Groups – North West Sector

Members of the Board and their attendance at the Board and formal sub-committee meetings from April 2020 to March 2021 is shown below:

Member	Governing Body (11 meetings)	Audit Committee (5 meetings)	Remuneration Committee (4 meetings)	Quality & Safety Committee (6 meetings)	Finance & QIPP Committee (11 meetings)	Conflicts of Interest Committee (3 meetings)	Primary Care Commissioning Committee (6 meetings)
Dr Wirin Bhatiani, Chair	10	N/A	3	N/A	N/A	N/A	N/A
Zieda Ali, Lay Member Public Engagement	9	N/A	3	5	N/A	1	N/A
Tony Ward, Lay Member, Governance	11	5	4	N/A	11	3	N/A
Alan Stephenson, Lay Member	11	5	4	N/A	11	N/A	6
Dr Stephen Liversedge, Clinical Director, Primary Care & Health Improvement	9	N/A	N/A	N/A	N/A	N/A	3
Dr Jane Bradford, Clinical Director, Governance & Safety	10	N/A	N/A	5	N/A	N/A	N/A
Dr Helen Wall, Clinical Director, Commissioning	10	N/A	N/A	N/A	N/A	N/A	N/A
Dr Dharmesh Mistry, GP Board Member	8	N/A	2	N/A	N/A	N/A	N/A
Dr Niruban Ratnarajah, GP Board Member	11	5	N/A	N/A	11	N/A	N/A
Dr Emma Saunders, GP Board Member (from Jan 21)	3 out of 3	N/A	N/A	N/A	N/A	N/A	N/A
Dr Tarek Bakht, GP Board Member	10	5	N/A	N/A	N/A	N/A	N/A
Su Long, Chief Officer (*as CCG CO attends 1 Audit Committee meeting a year)	11	1(*)	4	N/A	N/A		5
Ian Boyle, Chief Finance Officer (to Sept 20)	6 out of 6	3 out of 3	N/A	N/A	4 out of 5	1 out of 1	3 out of 3

Kelly Knowles, Acting Chief Finance Officer (from Oct 20)	5 out of 5	2 out of 2	2	N/A	6 out of 6	2 out of 2	5
Helen Lilley, Board Nurse	11	N/A	N/A	5	N/A	N/A	N/A
Romesh Gupta, Secondary Care Specialist	9	N/A	3	N/A	N/A	3	N/A
Melissa Maguinness, Director of Strategic Commissioning/Deputy CO	11	N/A	N/A	N/A	N/A	N/A	3 out of 3

UK Corporate Governance Code

We are not required to comply with the UK Corporate Governance Code. 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 CCG and best practice.

Leadership

- A Board is in place, which is clinically led and made up of 15 voting members, including a mix of GPs, managers, 3 lay members and non GP clinicians. Collectively, the Board ensures the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically.
- There is a clear division of responsibilities between the running of the Board and the CCG Executive responsibility for the running of the organisation. No one individual has unfettered powers of decision.
- The Chair is responsible for leadership of the board and ensuring its effectiveness on all aspects of its role.
- Non-executive members constructively challenge and help develop proposals on strategy.

Effectiveness

- The Board and its committees draw their membership from a broad pool of lay members, non-executive GP members, GP clinical leads, and NHS senior managers and staff providing the appropriate balance of skills, experience, independence and knowledge of the organisations to enable them discharge their respective duties and responsibilities effectively.
- There is a formal, rigorous and transparent procedure for the appointment of new members the Board.
- All members are able to allocate sufficient time to discharge their responsibilities effectively.
- All members and directors receive induction on joining the Board and regularly update and refresh their skills and knowledge.

- The Board is supplied in a timely manner with information in a form and of a quality appropriate to enable it to discharge its duties.
- The Board has reviewed its own performance and that of its committees via the regular Board Development meetings and via the formal governance, finance, performance and quality reports presented to Board meetings. Individual Directors are subject to formal assessment and appraisal processes.

Remuneration

- Levels of remuneration are sufficient to attract, retain and motivate directors of the quality required to run the organisation successfully. This process is overseen by the Remuneration Committee.
- There is a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. No director is involved in deciding his or her own remuneration. This is managed by the Remuneration Committee.

Accountability

- The Board presents a balanced and understandable assessment of the organisation's position and prospects via a number of routes including:
    - Publication of a Bolton Health and Care Locality Plan – which includes a number of system wide strategic redesign programmes
    - Papers presented to the Governing Body e.g. Finance, Corporate Performance and QIPP Programme, Locality Plan delivery and reports and the Board Assurance Framework.
    - Publication of a Compliments, PALS and Complaints Policy that complies with the statutory framework for complaints handling.
    - Working in partnership with Bolton Council to develop joint strategic needs assessments and joint health and wellbeing strategies.
    - Complying with the Freedom of Information Act 2000.
    - Providing information to NHS England as required.
    - Complying with local authority health overview and scrutiny requirements.

- Holding an Annual General Meeting (AGM) in public and inviting member practices. The purpose of the meeting is to publish and present its annual report and accounts and provide updates on progress on key strategies.
- Producing annual accounts in respect of each financial year which must be externally audited.

- The Board is responsible for determining the nature and extent of the significant risks it is willing to take in achieving its strategic objectives. The Board has maintained sound risk management and internal control systems as described in the risk management arrangements and effectiveness section below.

- The Board has established formal and transparent arrangements for considering how it should apply the corporate reporting and risk management and internal control principles and for maintaining an appropriate relationship with the CCG's auditor. The Audit Committee leads on this area of work, with regular feedback and reporting to the main Board and a regular ongoing dialogue in place between the CCG and its internal and external auditors.

Relations with Stakeholders (described as shareholders in the UK Corporate Governance Code)

- There is a dialogue with stakeholders including patients, public, GP members practices, Bolton CVS, Healthwatch, Bolton, BAMER Alliance and partner organisations including North West Sector and GM Health & Social Care Partnership, local and national Public Health departments, Bolton Council) based on the mutual respect and a commitment to effective communication and engagement.
- The Board as a whole has responsibility for ensuring that a satisfactory dialogue with stakeholders takes place.
- Engagement events with the public and GP member practices.
- Taking account of the communication needs of the public and patients to adopt styles of engagement so as not to disadvantage minority groups working with the BAMER Alliance and other supporting organisations.

- Making available to the public key planning and commissioning documents and policies.
- Monthly Board meetings and the AGM, together with a wide range of other initiatives, are used to communicate with stakeholders and to encourage their participation.

Discharge of Statutory Functions

In light of the 2013 Harris Review, the clinical commissioning group 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.

The CCG operated under a command and control arrangement with NHS England due to the Level 4 incident declared due to the coronavirus pandemic.

Responsibility for each duty and power was 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

The CCG's Risk Management Strategy set out the responsibilities of individuals, the governing body and its sub-committees of the Board for managing risks associated with meeting the clinical commissioning group's strategic aims and operational objectives.

The Head of Internal Audit Opinion issued in April 2021 provided:-

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

Through the proactive and reactive management of risks, Bolton CCG was able to provide a continuous quality improvement process for the systematic identification and analysis of risks.

Risk assessments and monitoring

Risks or issues associated with specific projects or work streams are routinely included in reports considered by CCG Executive, it sub-committees or other internal working groups. Key risks are included in the CCG corporate risk register if a risk is deemed to score 9 or above in accordance with the organisation's Risk Management Strategy and in the Board Assurance Framework if a risk is scored 15 or higher and deemed to be a high risk against the CCG not meetings agreed objectives. Quarter 1 and Quarter 2 Board Assurance Framework included a specific risk relating to the coronavirus pandemic and issues facing the health and social care economy. This risk was closed down in September 2020 following discussion at Board Development and Executive Committee and risks from the pandemic embedded into the ongoing strategic risks.

The CCG has in place arrangements to involve the public in the design of services, and undertakes a proactive role in consulting with patient/public stakeholders. The organisation has effective relationships with Bolton CVS, Healthwatch Bolton, Active Connective and Prosperous Board, Bolton Council Cabinet and Equality Target Action Groups (ETAG)s, Bamer Alliance.

Public stakeholders are involved in managing risk that impacts upon them. For example, the Communication and Engagement team always ensure patient and public involvement for new commissioning proposals and service re-design.

The Executive Committee reviewed a Board Assurance Framework (BAF) dashboard of key risks every month during 2020/21 and reviewed full risk details every quarter prior to submission to the Governing Body.

Capacity to handle risk

The Risk Management Strategy was updated in October 2020 and defines the responsibilities of Committees and accountability of individuals including the Chief Officer, Chief Finance Officer and Executive Committee.

The Associate Director of Governance & Safety is responsible for overseeing the implementation of the Risk Management Strategy, supported by the Patient Safety & Governance Lead who administers the corporate risk register and Board Assurance Framework and ensures that procedures described in the strategy are in place and there are appropriate mechanisms available for staff and partner organisations to report incidents to the CCG.

Staff are trained or equipped to manage risk in a way appropriate to their authority and duties. Risk management training is covered at induction for new employees and e-training was provided in 2020/21 as part of the CCG's ongoing mandatory training programme for all staff.

Learning from incidents reported is shared with staff via our staff bulletin Staff Focus and the Health & Safety Committee. Due to the pandemic emergency declared in 2020 the Health & Safety Committee did not meet in 2020/21, however the Chief Officer and Board Secretary continued to have oversight of health and safety issues affecting CCG staff throughout the year. Covid-19 risk assessments were completed for each member of staff and discussed with their line managers to help support safe, remote working from home. For the few staff that had no option but to work on NHS premises during the national lockdown restrictions, measures were put in place to ensure they had a safe environment, with face masks, hand sanitizers and social distancing

guidelines fully adhered to. For incidents relating to Member GP practices, learning was discussed at the virtual GP Clinical Leads monthly meetings, articles included in the GP Practice Bulletin, GP Learning & Development Newsletters and updates shared by the CCG GP clinical leads.

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 CCG's Standing Orders and Scheme of Reservation and Delegation and prime financial policies outline the control mechanisms in place during 2020/21 and can be found in the Constitution.

The Board Assurance Framework and corporate risk register are reviewed by CCG Executive Committee. Significant and high level risks were reported to the Audit Committee and high level risks included were reported to the governing body in August, November 2020 and in February and May 2021 via the Board Assurance Framework. In addition to routine reporting of risks, the governing body received individual reports on specific risk or improvement initiatives for example, Covid-19 Reducing Community Risk, New BAMER Alliance, Cancer Care updates, Living with Covid, Safeguarding, Inequalities/BAME group updates, Learning Disability Mortality Review annual report, Phase 3 Restart, Mental Health Investment Standard Compliance.

A monthly Corporate Performance Report indicating performance of the priorities against which CCGs would normally be measured against (performance monitoring of Providers suspended in 2020 due to pandemic) was submitted to the governing body in 2020/21. A dashboard of risks contained in the Board Assurance Framework was reviewed by the CCG Executive Committee on a monthly basis.

Copies of the Corporate Performance reports and the quarterly Board Assurance Framework can be found with the board papers on the CCG website.

Annual Audit of Conflicts of Interest Management

The revised statutory guidance on managing conflicts of interest for CCGs 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.

In November 2020, our internal auditors published a report into its review of the conflicts of interest processes within the organisation during 2019/20. The report established partially compliance with some minor recommendations.

Data Quality

The CCG has rigorous data quality routines in place for all datasets that flow into the organisations data warehouse. Reports on the data are used to feedback to providers to improve the quality of the data received and then reported upon. These data quality checks are usually on how complete and how valid the data is. CCG analysts using the data then also report on whether the data meets business rules and feed back to the provider.

The CCG works closely with other organisations who supply datasets to ensure that data used for analysis and reporting is as complete and accurate as possible. During 2020/21 the CCG has increased collaboration with providers, focusing on

problem solving and improvements to data provision. The CCG also make data available to member practices who are able to feed back any concerns.

Information Governance

Information Governance (IG) is the way in which the NHS handles information, in particular personal and confidential information relating to patients and employees. It is a legal framework which ensures that information is shared and processed lawfully.

The framework is directed by Data Protection legislations, in particular the General Data Protection Regulation (GDPR) and Data Protection Act 2018.

The GDPR is essentially a set of rules which relate to the protection of living individuals with regards to the processing of their personal data. Failure to abide by these rules could result in action being taken by the UK's Supervisory Authority set up to uphold the rights of individuals and their personal data, the Information Commissioner's Office (ICO).

As a CCG we place high importance on ensuring there are robust IG systems and processes in place to help protect personal, confidential and even corporate information. We have established an internal IG management framework which is reviewed annually and have developed IG processes and procedures in line with the GDPR and the Data Security Protection Toolkit (formally the IG toolkit).

In line with GDPR the CCG has appointed an Information Governance Manager whose main role is to oversee the CCG's IG strategy / framework and its implementation to ensure compliance with all relevant GDPR requirements. The CCG, like many NHS organisations, has had to have an IG agenda and framework in place for many years and been required to complete the Data Security and Protection Toolkit annually to demonstrate compliance. The Toolkit is revised annually and now incorporates the GDPR and National Data Guardian's (NDG) Data Security Standards.

As part of our Toolkit evidence we have ensured all staff undertake annual IG training and have implemented a staff IG handbook to ensure staff are aware of their IG roles and responsibilities, along with this staff receive regular communications keeping them up to date with their rights on personal data and how to process personal data.

A suite of IG policies and procedures have been produced which are reviewed in line with their review date or if changes occur in the law. These can be found on the CCG's website.

A key policy is 'Incident Reporting' and investigation of serious incidents, which must be reported to the ICO within 72 hours if an incident is deemed to be a high risk. In addition we have developed information risk assessment and management procedures and a programme is established to fully embed an information risk culture throughout the organisation against identified risks.

The Data Security and Protection Toolkit's annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

The CCG has successfully completed the Toolkit for 2020/21 and there were no CCG IG incidents that required reporting to the ICO during the year.

To provide assurance that the evidence collected for the Toolkit is of a good standard, it is reviewed by our Internal Auditors, Mersey Internal Audit Agency (MIAA). Following the audit review undertaken during March 2021, MIAA reported a 'Substantial Assurance' opinion.

Data Security

We successfully submitted the data security and protection toolkit assessment. The CCG's IT Partner Bolton NHS Foundation Trust act in collaboration with NHS Digital to act upon and remove security threats which are monitored through the GM Cyber Security Group and the CareCert Cyber Security Network.

There were no data security SIRIs that needed to be reported to in 2020/21.

Business Critical Models

The CCG is supported in delivering its statutory functions through the engagement of support provided by:

- Bolton NHS Foundation Trust, which provide IM&T support, a human resources function which includes staff recruitment and personnel advice and payroll provision.
- NHS GMSS (Greater Manchester Shared Service)/GM Corporate Services Delivery Vehicle (CSDV) which is overseen by the Greater Manchester Joint Commissioning Board. The NHS GMSS/CSDV provide support for Effective Use of Resource Policies (GM wide), Individual Funding Requests, Resilience/Emergency Planning, Procurement, Registration Authority, Graphnet/EDT, GM Care Record, GM Medicines Management Group (GMMMG) for safe and effective prescribing, Data Quality Facilitators in primary care member practices
- NHS shared business service (SBS) Finance and accounting system
- NHS Business Services Authority (BSA) Prescribing data
- Capita – GP payment function

Oversight of GMSS performance is provided by the Greater Manchester Chief Finance Officers who meet on a monthly basis. No major control issues exist and performance is satisfactory. Oversight is maintained of service delivery, including Executive Committee updates. We are likely to see some changes as a review of GMSS/CSDV is currently ongoing, linked to the wider NHS reforms.

Third Party Assurances

NHS Bolton Clinical Commissioning Group reports to NHS England on a quarterly basis and in November 2020, NHS England again rated Bolton CCG as outstanding. The CCG has maintained a log of External Reports relating to Bolton CCG and its

providers since April 2019 which is reviewed by the Quality & Safety Committee and Audit Committee.

The CCG received positive assurance from auditor reports covering a number of our third party providers in respect of the governance, risk management and internal control arrangements and no major issues were identified.

The CCG has received third party assurance from NHS Greater Manchester Shared Services (GMSS) through the Final Head of Internal Audit's Annual Report for 2020/21. This report provides positive assurance in respect of the governance, risk management and internal control arrangements operated by GMSS.

The Internal Audit arrangements in 2020/21 were well established and audit coverage was approved through the GMSS Governance Committee. The reviews within the service have concluded that, as an entity, robust internal controls are operating in respect of GMSS. In addition, the follow up of audit recommendations confirmed good progress being made in implementing previously agreed actions.

GMSS provide a number of support services to NHS Bolton CCG. During 2020/21 GMSS have had a number of internal audits and advisory pieces of work undertaken including People's Services, Key Financial Controls, Organisational Development & Learning and ICT Asset Management. These contribute to the substantial assurance given in respect of governance, risk management and internal control arrangements operated by GMSS.

Control issues

There were no major control issues identified by Internal Audit or by the Audit Committee within the clinical commissioning group for 2020/21.

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

Bolton CCG has well developed systems and processes for managing its resources including the following:

- NHS Constitution.
- Standing Orders.
- Scheme of Reservation and Delegation.
- Prime Financial Policies.
- Strict controls on vacancy management, recruitment and use of agency staff.
- Devolved budget management throughout the CCG.
- The CCG Executive is responsible for reviewing and agreeing proposed schemes, and subsequent monthly monitoring, with oversight by the CCG's Finance and QIPP Committee.

The governing body gains assurance on the delivery of its financial duties from the Finance and QIPP Committee and Executive on a monthly basis following their review of detailed financial and performance information. Included in the monthly CFO Finance Report which is reported to the Executive Committee and the governing body, are updates on performance against targets, contract performance and spend against the CCG Allocation for Running Costs.

The CCG has developed a budgetary control and monitoring policy which was approved by the CCG Executive Committee and the governing body and this is reviewed on an annual basis.

Assurance is also provided to the governing body via the Audit Committee, which receives regular reports from both Internal and External Audit to ensure that controls are operating effectively and to advise on areas for improvement, this includes a full review of action plans in place where limited assurance has been received.

Internal Audit Reports relating to finance functions have reported high assurance during the year. The CCG's routine audit programme will provide on-going assurance to the Board.

Delegation of functions

The CCG has a section 75 agreement in place with Bolton Council who act as the lead commissioner for pooled budgets, which includes NHS funding for the Learning Disability and Autism service which the Council manage on the CCG's behalf.

The CCG works in conjunction with Bolton Council's finance and commissioning teams to ensure oversight of activity, quality, governance and maintain oversight of individual patient placements. The Section 75 pooled budget arrangement is governed by the Joint Commissioning Committee.

Counter Fraud Arrangements

The CCG has a Local Anti-Fraud, Bribery and Corruption Policy, Conflicts of Interests Policy and a Gifts, Hospitality and Commercial Sponsorship Policy in place to help reduce the risk of fraud, bribery and/or corruption.

Reminders to all CCG staff, Board and Clinical Leads were issued via the staff bulletin, staff briefings and email during 2020/21.

An Accredited Counter Fraud Specialist is contracted to undertake counter fraud work proportionate to identified risks. The CCG Audit Committee receives a report against each of the Standards for Commissioners at least annually. There is executive support and direction for a proportionate proactive work plan to address identified risks. The Chief Finance Officer is a member of the executive board and is proactively and demonstrably responsible for tackling fraud, bribery and corruption.

Appropriate action is also taken regarding any NHS Counter Fraud Authority quality assurance recommendations.

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:

Executive Summary

This annual report provides the 2020/21 Head of Internal Audit Opinion for NHS Bolton Clinical Commissioning Group, together with the planned internal audit coverage and outputs during 2020/21 and MIAA Quality of Service Indicators.

Key Area	Summary
Head of Internal Audit Opinion & the role of Internal Audit during the Pandemic.	The overall opinion for the period 1st April 2020 to 31st March 2021 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. The Internal Audit Standards Advisory Board (IASAB) issued guidance regarding conformance with the Public Sector Internal Audit Standards (PSIAS) during the coronavirus pandemic (May 2020). All our work has continued to be delivered in full compliance with the PSIAS. MIAA adopted a pragmatic approach to the delivery of your Internal Audit Service during 20/21, with the focus on the delivery of your Head of Internal Audit Opinion. This again, was in line with the IASAB guidance. We supported you through the provision of a wide range of briefings, updates and benchmarking materials focused on helping you manage the challenges of COVID-19. We also supported the wider NHS systems across MIAA's client base / geographies through the redeployment of our staff to maintain the effective delivery of services.

Planned Audit Coverage and Outputs	The 2020/21 Internal Audit Plan has been delivered with the focus on the provision of your Head of Internal Audit Opinion. This position has been reported within the progress reports across the financial year. The impact on the organisation of COVID-19 required us to review your internal audit risk assessment and plan for 2020/21 on a regular basis, in liaison with yourselves. As part of this assessment we took account of the following: • How the organisation has implemented NHSE/I guidance, issued to support them in responding to COVID-19, whilst still discharging their stewardship responsibilities; • Any revisions to the organisation's strategic priorities as well as liaising with you to review areas for internal audit focus; • Independent assurance requirements on how COVID-19 costs are captured and claimed across a range of areas; and • Mandated review requirements and audits which from a professional internal audit perspective are pre-requisite to ensuring sufficient coverage for a robust Head of Internal Audit Opinion. Therefore review coverage has been focused on: • The organisation's Assurance Framework • Core and mandated reviews, including follow up; and • A range of individual risk based assurance reviews.

During 2020/21, Internal Audit issued the following audit reports:

Area of Audit	**Level of Assurance Given**
Governance & Leadership	
Board Assurance Framework (BAF) Opinion	NHS requirement met and BAF clearly reflects the risks discussed by the Governing Body. BAF is visibly used by the organisation, although could be greater visibility of use by the Governing Body.
Conflicts of Interest	4 Fully Compliant area 1 Partial compliance – minor recommendation
Follow-up MIAA reviews	Good progress made by CCG
Financial Performance & Sustainability	
Primary Medical Care Services Commissioning and Contracting	Full Assurance
Financial Systems., Reporting and Integrity & QIPP	High Assurance – all areas
Information & Technology	
Data Protection and Security Toolkit Assessment - veracity of the self-assessment	Substantial Assurance
Data Security & Protection Toolkit Assessment – 10 national data guardian standards	Moderate Assurance
Quality	
Incident Reporting	Substantial Assurance

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

As Chief Officer, 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 principle objectives have been reviewed.

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

- Governing Body
- Audit Committee
- Finance & QIPP Committee
- Primary Care Commissioning Committee

The CCG had systems and processes in place to support good governance across the organisation and help prevent the risks occurring and the risk of fraud, bribery and/or corruption. Further details can be found in the CCGs Prime Financial Policies, Whistleblowing (Raising Concerns at Work) Policy and Procedure, Conflicts of Interest Policy, Local Anti-Fraud, Bribery and Corruption Policy, Compliments, PALS and Complaints Policy Complaints. The organisation received support from Internal Audit and External Audit in monitoring compliance with its systems and processes.

The CCG's operational risk registers record risks identified, risk rating and actions being taken in mitigation. Risks relating to CCG functions and work streams were routinely reviewed by the Executive Committee during 2020/21.

Risks rated 12 (significant) or above were included in the corporate risk register, reported to the Audit Committee and those assessed 15 (high) or higher reported to the governing body.

The CCG Executive monitored progress against the organisation's 2020/21 strategic objectives which were rolled forward from 2019/20 due to the pandemic emergency and it reviewed the Board Assurance Framework prior to submission to the Audit Committee and governing body. A summary of the year end position is outlined below.

Performance and Board Assurance Framework

The CCG's vision sets out our triple aim to:

- Improve health outcomes, reducing inequalities within Bolton.
- Improve quality of care and experience of care.
- Deliver best value for money.

Below is how the CCG has delivered the objectives for 2020/21 despite the NHS pause in non clinically urgent services

Objective 2020/21	Year End Position	Comments
Deliver outcomes in the Bolton Locality Health & Care Plan: Formal joint decision making for larger pooled budget between CCG & Council focused on outcomes. Support Integrated Care Partnership to prioritise development of neighbourhoods as core care model for GM Integrated Care System Ensure Neighbourhoods work as whole team, joining up community, primary care, & VCSE capacity. Continue to develop Primary Care Networks to support Integrated Care Provider model.		**On track with managing associated risks** **Refreshed Bolton Locality Plan in 2020 with focus on population outcomes**

Work with Bolton FT to modernise out-patient services and continued use of alternative methods for delivery of health care Support Greater Manchester Improving Specialist Care Programme.		
Ensure compliance with the NHS statutory duties and NHS Constitution Review Urgent Care Pathways and resource. Improve waiting times for mental health services. Manage providers to deliver commissioned specifications.		**As reported in the performance section of the Annual Report, with the exception of cancer targets, Provider KPIs were not achieved due to the Covid-19 pandemic and pause in NHS services during 2020**
Deliver financial balance Jointly manage system savings and re-investment with partners. Use non-recurrent investments to transform services.		**Achieved in year**

There were seven high level risks with a score of 15 or above at the end of the financial year:

Risk Ref	Description	Risk Score
R2	Failure of Bolton Health Economy to consistently meet NHS Constitutional targets	**20**
R3	Lack of resilience and capacity within community services and general practice	**16**
R4	Loss of local services due to system wide workforce shortages	**16**
R5	Estates configuration does not support new models of care	**16**
R6	Quality of care and increase in complaints and incidents due to deteriorating performance	**16**
R7	Joint system governance does not deliver Integrated Care Provider or strategic commissioning function	**16**
R8	Lack of clarity of GM/local responsibilities	**16**
R9	Joint system governance does not achieved planned health and wellbeing outcomes	**16**

External risks identified by the CCG as having a significant impact on the achievement of its objectives. High external risks are shown below:

Risk Ref	Description	Risk Score
247	A&E resilience and failure to meet 4 hour 95% target	**20**
248	NWAS response times and ambulance handover targets not met for 2020/21	**20**

All incidents, complaints, Patient Advice & Liaison Service (PALS) enquiries from patients and potential claims were reported via the CCG's Safeguard Reporting System. In 2020/21 we saw an increase in the number of patients raising concerns about NHS providers and the vaccine programme roll out. The reporting of these concerns, learning points and the outcomes of improvements has been via the CCG's Quality and Safety Committee.

The CCG has a system in place to performance manage Serious Incidents (SIs) that occur in Provider organisations such as hospitals or nursing homes and also serious safeguarding incidents that take place within the Bolton locality. All SI's are reported via the Strategic Executive Information System (StEIS) which is centrally managed by NHS England. This will be replaced by the NHS England's Patient Safety Incident Response Framework (PSIRF) in 2022 and work is being undertaken by Provider to embed the changes to the way in which safety issues and themes will be reviewed and investigated to achieve improvements in the care and delivery of services.

SIs are investigated internally by provider organisations or via the framework agreed by the Bolton Safeguarding Board and these reports are shared with the CCG for review and assurance. There were no SIs attributable to Bolton CCG during 2020/21.

The Quality and Safety Committee receive regular performance reports and minutes from quality meetings from commissioned Providers.

The Governance & Safety Team monitor themes from SIs, incidents, complaints and risks. Lessons learned from reviews are shared with clinical governance leads from each of our 49 member GP practices at monthly meetings and also via Learning and Development Newsletters is disseminated to GPs, Practice Managers and Practice Nurses.

Risks associated with the CCG's Quality Improvement Productivity & Prevention (QIPP) Programme which aims to improves productivity and eliminate waste while focusing on clinical quality were regularly reviewed by the CCG Executive Committee and reported to the Board. The Finance & QIPP Committee monitors progress and associated risks and reports directly to the governing body.

In 2020/21, the NHS financial regime determined the levels of organisational expenditure to ensure that they were prepared to respond to the COVID-19 pandemic. The QIPP Programme was largely paused to allow the focus to be placed on providing safe patient care. Recurrent QIPP delivered in 2020/21 has been the result of early planning and decision making before the pandemic which has supported the CCG objectives to improve the quality of care and patients' experience of care and to improve efficiency and value for money.

The CCG Executive reports to the governing body every month. Minutes of the Quality & Safety Committee, Primary Care Commissioning Committee, Audit Committee and QIPP reports are routinely submitted to the Board. They can be found on the CCG website.

Conclusion

No significant internal control issues were identified during 2020/21 and as Accountable Officer, I am satisfied that Bolton Clinical Commissioning Group has properly discharged its responsibilities and complied with its statutory duties under the Health and Social Care Act 2012.

I am also satisfied that the organisation has a sound system of internal control embedded within the organisation that supports the organisation meet its objectives and statutory obligations.

Su Long

Accountable Officer

11 June 2021

Remuneration and Staff Report

Remuneration Report

Remuneration Committee

The Remuneration Committee determines the pay of the Governing Body members and the most senior executives within the organisation in line with national guidance; no performance related pay is made. Details of membership, the number of meetings held throughout the year and each member's attendance is detailed in the Governance Statement.

Policy on the remuneration of senior managers

The Chair and four elected GP Board Members were appointed to the Governing Body following an election process according to the process and tenure laid out in the CCG Constitution. The Executive Governing Body members' contracts are subject to a notice period of 6 months. All board members are appointed in accordance with the CCG Constitution. There are no provisions for compensation for loss of office, nor were there any payments for performance related pay and bonuses.

Remuneration of Very Senior Managers

Please see table on the attached page.

Senior manager remuneration *(subject to audit)*

2020-21					
Name and Title	**Salary (bands of £5,000)** **£000**	**Other Salary payments (For non - Board post held) Bands of £5,000** **£000**	**Expense Payment (taxable) Rounded to the nearest £100** **£000**	**All Pension Related Benefits Bands of £2,500** **£000**	**Total Bands of £5,000** **£000**
Dr Wirin Bhatiani Chair	105 - 110	0	0	0	105 - 110
Susan Long Chief Officer	125 - 130	0	0	30 - 32.5	155 - 160
Ian Boyle Chief Finance Officer to 30.09.20	55 - 60	0	0	42.5 - 45	100 - 105
Kelly Knowles Acting Chief Finance Officer from 01.10.20	50 - 55	0	0	17.5 - 20	65 - 70
Dr Stephen Liversedge Clinical Director	60 - 65	45 - 50	0	0	110 - 115
Dr Helen Wall Clinical Director from 01-08-20	40 - 45	40 - 45	0	22.5 - 25	110 - 115
Dr Helen Wall GP Board Member to 31.07.20	5 - 10	0	0	0	5 - 10
Dr Jane Bradford Clinical Director	60 - 65	0	0	20 - 22.5	85 - 90
Dr Tarek Bakht GP Board Member	20 - 25	70 - 75	0	15 - 17.5	110 - 115
Dr Dharmesh Mistry GP Board Member	20 - 25	0	0	0	20 - 25
Dr Emma Saunders GP Board Member from 01.01.21	5 - 10	5 - 10	0	0	10 - 15
Tony Ward Lay Member	10 - 15	0	0	0	10 - 15
Alan Stephenson Lay Member	5 - 10	0	0	0	5 - 10
Zieda Ali Lay Member	5 - 10	0	0	0	5 - 10
Prof Romesh Gupta Secondary Care Specialist Board Member	10 - 15	0	0	0	10 - 15
Dr Niruban Ratnarajah GP Board Member	20 - 25	30 - 35	0	0 - 2.5	50 - 55
Melissa Maguiness Director of Strategic Commissioning/Deputy CO	110 - 115	0	0	82.5 - 85	195 - 200
Helen Lilley Chief Nurse	10 - 15	0	0	0	10 - 15

The 2019-20 table is included for comparative purposes:

2019-20					
Name and Title	**Salary (bands of £5,000)** **£000**	**Other Salary payments (For non - Board post held) Bands of £5,000** **£000**	**Expense Payment (taxable) Rounded to the nearest £100** **£000**	**All Pension Related Benefits Bands of £2,500** **£000**	**Total Bands of £5,000** **£000**
Dr Wirin Bhatiani Chair	105 - 110	0	0	0	105 - 110
Susan Long Chief Officer	125 - 130	0	0.8	27.5 - 30	150 - 155
Ian Boyle Chief Finance Officer	110 - 115	0	0	22.5 - 25	135 - 140
Dr Stephen Liversedge Clinical Director	60 - 65	45 - 50	0	0	105 - 110
Dr Barry Silvert Clinical Director	60 - 65	0	0	0	60 - 65
Dr Jane Bradford Clinical Director	60 - 65	0	0	10 - 12.5	75 - 80
Dr Tarek Bakht GP Board Member	20 - 25	70 - 75	0	0 - 2.5	95 - 100
Dr Charles Hendy GP Board Member (until 30-4-19)	0 - 5	0	0	0	0 - 5
Dr Niruban Ratnarajah GP Board Member (from 1-5-19)	20 - 25	25 - 30	0	10 - 12.5	60 - 65
Dr Dharmesh Mistry GP Board Member	20 - 25	5 - 10	0	0	25 - 30
Dr Helen Wall GP Board Member	20 - 25	40 - 45	0	7.5 - 10	75 - 80
Tony Ward Lay Member	10 - 15	0	0	0	10 - 15
Alan Stephenson Lay Member	5 - 10	0	0	0	5 - 10
Zieda Ali Lay Member	5 - 10	0	0	0	0 - 5
Prof Romesh Gupta Secondary Care Specialist Board Member	10 - 15	0	0	0	10 - 15
Helen Lilley Board Nurse (from 1-7-19)	10 - 15	0	0	0	10 - 15

Salary includes actual remuneration for governing body members. Other remuneration includes salaries for non-governing body roles held within the CCG in addition to the governing body roles. Expense payments (taxable) are the benefit in kind arising from the provision of a lease car. There were no payments made to former senior managers during the financial year, and there was no provision for compensation for early termination of contracts at the year end.

All pensions' related benefits are calculated as the increase in estimated pension and pension lump sum at the start of the year, adjusted for inflation, compared to the estimate at the end of the year, as provided by NHS Pensions Agency, and multiplied by a factor of 20 in accordance with NHS Pensions guidance. Officers new to the post will show an increase in the first year of employment and is based on the whole time equivalent for the post and total pensionable service.

Pension benefits as at 31 March 2021 *(subject to audit)*

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 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Cash Equivalent Transfer Value at 31 March 2020	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000	£000	£000
Susan Long Chief Officer	0 - 2.5	0 - 2.5	35 - 40	75 - 80	578	620	25	0
Tarek Bakht GP Board Member	0 - 2.5	0	20 - 25	40 - 45	348	370	11	0
Jane Bradford Clinical Director	0 - 2.5	0 - 2.5	15 - 20	30-35	273	300	18	0
Ian Boyle Chief Finance Officer to 30.09.21	0 – 2.5	2.5 - 5	45 - 50	95 - 100	703	797	38	0

Helen Wall GP Board Member	0 - 2.5	0 - 2.5	15 - 20	35 - 40	200	222	9	0
Niruben Ratnarajah GP Board Member	0 - 2.5	0	10 - 15	25 - 30	158	163	1	0
Melissa Maguinness Director of Strategic Commissionining/ Deputy CO	2.5 – 5	5 – 7.5	30-35	55-60	430	501	65	0
Kelly Knowles Interim Chief Finance Officer (from 1.10.20)	0 – 2.5	0 – 2.5	10 – 15	20 – 25	136	169	6	0
Emma Saunders GP Board Member	0 - 2.5	0	10 - 15	0	86	93	0	0

Cash equivalent transfer values

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

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

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in

the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

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

Compensation on early retirement or for loss of office *(subject to audit)*

There were no payments for compensation on early retirement or for loss of office.

Payments to past members *(subject to audit)*

There were no payments to former members.

Fair Pay Disclosure *(subject to audit)*

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

The banded remuneration of the highest paid director/member in NHS Bolton Clinical Commissioning Group in the financial year 2020/21 was £175k - £180k (2019/20: £175 - £180k). This was 4.38 times (2019/20: 4.57) the median remuneration of the workforce, which was £41k (2019/20: £39k).

In 2020-21, no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £20k - £179k (2019/20: £19k - £177k). 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

Number of senior managers

The number of senior managers (at Board and Executive level) is listed below:-

Board 7

Executive 11

Staff numbers and costs *(subject to audit)*

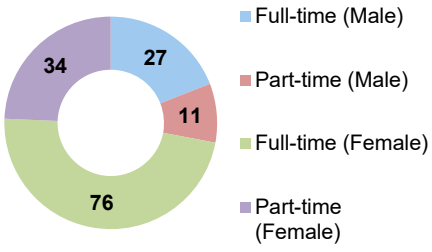
The average number and cost of people employed is calculated as the whole time equivalent number of employees, is disclosed in note 4.2 and 4.1 of the annual accounts respectively.

Staff composition

The breakdown of staff by gender and working time split (as at March 2021) is detailed below:-

Gender Profile (In Month)

	Headcount	%	Category	Headcount	%
Male	38	25.68%	Full-time (Male)	27	71.05%
			Part-time (Male)	11	28.95%
Female	110	74.32%	Full-time (Female)	76	68.33%
			Part-time (Female)	34	30.91%



The breakdown of Governing Body members by gender is also detailed below:-

Male	Female
8	8

The breakdown of staff by sexual orientation (as at March 2021) is detailed below:-

Sexual Orientation	Headcount	CCG%
Bisexual	2	1.34%
Gay or Lesbian	3	2.01%
Heterosexual	115	77.18%
Not Disclosed	29	19.46%
Total	**149**	**100%**

Sickness absence data

Sickness absence data can be found via the NHS Digital publication series on NHS Sickness Absence Rates.

Staff turnover data

Staff turnover data can be found via the NHS Digital publication series on NHS Digital's NHS Workforce Statistics.

Staff Policies

Recruitment

The CCG has a Recruitment & Selection Code of Practice Policy which provides guidance to recruiting managers. All applications are available to managers with personal details withheld so that they are shortlisted fairly on the information that the applicant has provided about their skills and experience. In addition the CCG follows the Positive about Disability guidance and where candidates have identified themselves as disabled and meet the essential criteria they will be offered an interview. Applicants are also asked if they require any support or adjustments to facilitate their attendance and participation in the interview process.

Training

All managers have the opportunity to attend Management development training which covers Equality and Diversity including guidance around providing support and making adjustments for existing and new employees and Attendance Management which provides guidance to managers to ensure sickness absence is managed fairly. The CCG EDDHR Steering group is also currently looking at priorities for

future training for all staff and partners. Managers work closely with Occupational Health and people service in consultation with employees to ensure the appropriate adjustments are put in place where required. The Attendance Management Policy is used to support managers where employees have been off sick to discuss adjustments and seek advice from Occupational Health and Access to work if appropriate. A range of adjustments and support have been put in place for current employees which have included phased returns after long term absence, adjustments in working hours and duties and provision of adaptations/equipment.

In addition the CCG Flexible Working Policy is available to all employees and outlines the process for making a request to work flexibly for any reason which may include supporting an employee with a long term medical condition/disability to remain in work.

Requests for training and development are considered following the guidance set out in the Education, Training & Development Policy. The policy requires that the allocation of available funding for courses and conferences will be: transparent, equitable and fair. In addition, all requests for funding from the Learning & Development budget are required to be reported to the Chief Officer to monitor fair and consistent application of the policy.

Expenditure on consultancy

Consultancy expenditure in 2020-21 was £10k. This can be compared to expenditure in 2019-20 of £46k. The prior year figure was in relation to the Personalisation and Person Centred Approaches programme on behalf of the Greater Manchester Health and Social Care Partnership.

Off-payroll engagements

1: Off-payroll engagements longer than 6 months

There were no off-payroll engagements as at 31 March 2021, for more than £245 per day and that last longer than six months.

2. New off-payroll engagements

There were no new off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245 per day and that last longer than six months:

3. Off-payroll engagements/senior official engagements

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

For all off-payroll engagements as of 31 March 2021, for more than £245(1) per day:

	Number
Number of existing engagements as of 31 March 2021	**1**
Of which, the number that have existed:	
for less than one year at the time of reporting	**1**
for between one and two years at the time of reporting	**0**
for between 2 and 3 years at the time of reporting	**0**
for between 3 and 4 years at the time of reporting for 4	**0**

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

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

For all off-payroll engagements between 1 April 2020 and 31 March 2021, for more than £245(1) per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2020 and 31 March 2021	**1**
Of which...	
No. not subject to off-payroll legislation(2)	**0**
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	**1**
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	**0**
No. of engagements reassessed for compliance or assurance purposes during the year	**0**
Of which: no. of engagements that saw a change to IR35 status following review	**0**

Exit Packages and other departures (*subject to audit*)

There were no exit packages or other departures agreed between 1st April 2020 and 31st March 2021.

The Trade Union (Facility Time Publication Requirements) Regulations 2017

The statutory instrument requires relevant public sector employers to publish, on an annual basis, a range of data in relation to their usage and spend on trade union facility time.

NHS Bolton CCG does not have any Trade Union representation and therefore has no information to report on usage and spend on trade union facility time.

Parliamentary Accountability and Audit Report

NHS Bolton Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of the Annual Accounts. An audit certificate and report is also included in pages 3 to 7 of the Annual Accounts.

ANNUAL ACCOUNTS

Su Long

Accountable Officer

11 June 2021

NHS
Bolton
Clinical Commissioning Group

NHS Bolton Clinical Commissioning Group

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

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

In our opinion the financial statements:

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

Basis for opinion

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

Going concern

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

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

Our conclusions based on this work:

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

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

Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

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

- Enquiring of management and the Audit Committee, review of Internal Audit reports through the year including Counter Fraud reports to Audit Committee and inspection of policy documentation as to the CCG's high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the CCG's channel for "whistleblowing", as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported expenditure as a result of the need to achieve statutory targets delegated to the CCG by NHS England.
- Reading Governing Body and Audit Committee minutes.
- Using analytical procedures to identify any usual or unexpected relationships.
- Reviewing the CCG's accounting policies.

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

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

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

We performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journal entries made to unrelated accounts linked to the recognition of expenditure and other unusual journal characteristics.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.
- Assessing the completeness and accuracy of recorded expenditure through specific testing over the purchase of healthcare from non-NHS bodies and Non-NHS accruals during periods 12 and 13.

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

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

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

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

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

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

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

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

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

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

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

Other information in the Annual Report

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

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

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

Annual Governance Statement

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

Remuneration and Staff Reports

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

Accountable Officer's responsibilities

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

Auditor's responsibilities

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Opinion on regularity

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

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

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

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

We have nothing to report in this respect.

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

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

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

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

Statutory reporting matters

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

We have nothing to report in this respect.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of NHS Bolton CCG for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Timothy Cutler
for and on behalf of KPMG LLP,
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE

17th June 2021

Foreword to the Accounts

NHS Bolton Clinical Commissioning Group

The clinical commissioning group was licensed from 1 April 2013 under provisions enacted in the Health & Social Care Act 2012, which amended the National Health Service Act 2006.

These accounts for the year ended 31 March 2021 have been prepared by NHS Bolton Clinical Commissioning Group under section 17 of schedule 1A of the National Health Service Act 2006 (as amended) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The National Health Service Act 2006 (as amended) requires clinical commissioning groups to prepare their Annual Report and Annual Accounts in accordance with Directions issued by NHS England.

Statement of Comprehensive Net Expenditure for the Year Ended 31st March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	(262)	(190)
Other operating income	2	(67)	(139)
Total operating income		**(329)**	**(329)**
Staff costs	4	7,450	7,637
Purchase of goods and services	5	505,545	485,389
Depreciation and impairment charges	5	119	109
Provision expense	5	248	433
Other Operating Expenditure	5	248	267
Total operating expenditure		**513,610**	**493,835**
Net Operating Expenditure		**513,281**	**493,506**
Finance income		0	0
Finance expense		0	0
Net expenditure for the year		**513,281**	**493,506**
Net Gain/(Loss) on Transfer by Absorption		0	0
Total Net Expenditure for the year		**513,281**	**493,506**
Other Comprehensive Expenditure		0	0
Comprehensive Expenditure for the year ended 31 March 2021		**513,281**	**493,506**

The notes on pages 13 to 44 form part of this statement.

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Non-current assets:			
Property, plant and equipment	8	128	247
Total non-current assets		**128**	**247**
Current assets:			
Trade and other receivables	9	773	2,618
Cash and cash equivalents	10	100	4
Total current assets		**873**	**2,622**
Total assets		**1,001**	**2,869**
Current liabilities			
Trade and other payables	11	(32,567)	(33,269)
Provisions	12	(1,190)	(1,390)
Total current liabilities		**(33,757)**	**(34,659)**
Non-Current Assets plus/less Net Current Assets/Liabilities		**(32,756)**	**(31,790)**
Non-current liabilities			
Provisions	12	(202)	0
Total non-current liabilities		**(202)**	**0**
Assets less Liabilities		**(32,958)**	**(31,790)**
Financed by Taxpayers' Equity			
General fund		(32,958)	(31,790)
Total taxpayers' equity:		**(32,958)**	**(31,790)**

The notes on pages 13 to 44 form part of this statement.

The financial statements on pages 9 to 12 were approved by the governing body on 11 June 2021 and signed on its behalf by:

Su Long

Accountable Officer

11th June 2021

Statement of Changes in Taxpayers' Equity for the Year Ended 31 March 2021

	General fund £'000	Revaluation reserve £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21			
Balance at 01 April 2020	**(31,790)**	0	**(31,790)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21			
Net operating expenditure for the financial year	(513,281)	0	(513,281)
Total revaluations against revaluation reserve	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(513,281)**	**0**	(513,281)
Net funding	512,113	0	512,113
Balance at 31 March 2021	**(32,958)**	**0**	**(32,958)**

	General fund £'000	Revaluation reserve £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20			
Balance at 01 April 2019	**(27,470)**	0	**(27,470)**
Net operating costs for the financial year	(493,506)	0	(493,506)
Total revaluations against revaluation reserve	**0**	**0**	**0**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(493,506)**	**0**	**(493,506)**
Net funding	489,186	0	489,186
Balance at 31 March 2020	**(31,790)**	**0**	**(31,790)**

The notes on pages 13 to 44 form part of this statement.

Statement of Cash Flows for the Year Ended 31 March 2021

	Note	**2020-21 £'000**	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year	9	(513,281)	(493,506)
Depreciation	5	119	109
(Increase)/decrease in trade & other receivables	11	1,845	296
Increase/(decrease) in trade & other payables	12	(674)	3,522
Provisions utilised		(246)	0
Increase/(decrease) in provisions	5	248	433
Net Cash Inflow (Outflow) from Operating Activities		**(511,989)**	**(489,146)**
Net Cash Inflow (Outflow) from Investing Activities		**0**	**0**
(Payments) for property, plant and equipment		(28)	(63)
Net Cash Inflow (Outflow) before Financing		**(512,017)**	**(489,209)**
Cash Flows from Financing Activities			
Grant in Aid Funding Received		512,113	489,186
Net Cash Inflow (Outflow) from Financing Activities		512,113	489,186
Net Increase (Decrease) in Cash & Cash Equivalents	10	**96**	**(23)**
Cash & Cash Equivalents at the Beginning of the Financial Year		**4**	**27**
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**100**	**4**

The notes on pages 13 to 44 form part of this statement.

Notes to the Financial Statements

1. Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis

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

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

In 2020/21, in response to the Covid-19 pandemic, all detailed financial planning was suspended and the requirement for CCGs to agree annual contracts with providers was removed. Instead, all CCGs made regular 'block' payments to NHS providers in line with guidance. This mechanism is currently confirmed to the end of September 2021.

The Government has issued a mandate to NHS England for the continued provision of services in England in 2021/22 and CCG allocations have been set for April 2021 to September 2021. While these allocations may be subject to minor revision as a result of the COVID-19 financial framework, the guidance has been clarified to inform CCGs that they will be provided with sufficient funding for the year. DHSC guidance confirms that it is reasonable to assume funding will continue to flow on the same basis for 2021/22.

The CCG has considered the government's white paper for NHS reorganisation in 2022 and is satisfied that the CCG's functions will transfer into the new ICS NHS body subject to legislation, based on this position, the CCG believes that it remains appropriate to prepare the accounts 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.

1.6 Joint arrangements

Arrangements over which the 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 the clinical commissioning group is a joint operator it recognises its share of, assets, liabilities, income and expenses in its own accounts.

1.7 Pooled Budgets

The clinical commissioning group has entered into a pooled budget agreement with Bolton Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, funds are pooled for Strategic Commissioning Function and note 28 to the accounts provides details of the revenue and expenditure.

The agreement is considered a joint operation in accordance with IFRS 11 Joint Arrangements and the Government Accounting Manual (GAM). The clinical commissioning group accounts for the assets, liabilities, revenue and expenditure relating to its interest in the joint operation.

1.8 Operating Segments

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

1.9 Revenue

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

• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7 (a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

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

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government's apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.10 Employee Benefits

1.10.1 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 where this is material.

1.10.2 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 the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

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

1.11 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.

1.12 Grants Payable

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

1.13 Property, Plant & Equipment

1.13.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the 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.

1.13.2 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.

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

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.13.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.14.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

1.15 Inventories

Inventories are valued at the lower of cost and net realisable value.

1.16 Cash & Cash Equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management. Cash, bank and overdraft balances are recorded at current values.

1.17 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the 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.

A restructuring provision is recognised when the 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.

1.18 Clinical Negligence Costs

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

1.19 Non-clinical Risk Pooling

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

1.20 Contingent liabilities and contingent assets

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

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future

events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

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

1.21 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred and the clinical commissioning group has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

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

1.21.1 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.

1.21.2 Financial assets at fair value through other comprehensive income

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

1.21.3 Financial assets at fair value through profit and loss

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

1.21.4 Impairment

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

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

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

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between

the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.22 Financial Liabilities

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

1.22.1 Financial Guarantee Contract Liabilities

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

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

1.22.2 Financial Liabilities at Fair Value through Profit and Loss

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

1.22.3 Other Financial Liabilities

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

1.23 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.24 Foreign Currencies

The clinical commissioning group's functional currency and presentational currency is pounds sterling and amounts are presented in thousands of pounds unless expressly stated otherwise. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the clinical commissioning group's surplus/deficit in the period in which they arise.

1.25 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the clinical commissioning group has no beneficial interest in them.

1.26 Losses & Special Payments

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

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

1.27 Critical accounting judgements and key sources of estimation uncertainty

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

1.27.1 Critical accounting judgements in applying accounting policies

There are no critical judgements, apart from those involving estimations (detailed below), that management has made in the process of applying the clinical commissioning group's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

1.27.2 Sources of estimation uncertainty

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

1.27.2.1 Prescribing expenditure

The clinical commissioning group receives financial information from NHS Business Services relating to the costs of drugs prescribed by clinical commissioning group's prescribers (member GP Practices). The information available for actual drug costs prescribed in the year is 2 months in arrears, therefore the actual data received at the Statement of Financial Position date is to 31st January 2021 only, and estimates for February and March are required. These estimates have been calculated using forecast information provided by NHS Business Services with adjustments for local knowledge, note 11 refers.

1.27.2.2 Provisions for dilapidations and transition costs

The charging methodology issued by NHS Property Services includes charging tenants for dilapidation costs of leased buildings. An estimate has been included in the financial statements for dilapidation and transition costs of the headquarter building of the clinical commissioning group, note 12 refers.

1.28 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022-23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 as adapted and interpreted by the FReM. The CCG has a limited number of operating leases

which would require re-consideration on the adoption of IFRS 16. The impact on the financial statements is not considered likely to be material to the CCG.

- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2021.

2. Other Operating Revenue

	2020-21 Total £'000	2019-20 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**0**	0
Non-patient care services to other bodies	**185**	190
Prescription fees and charges	**0**	0
Other Contract income	**40**	0
Recoveries in respect of employee benefits	**37**	0
Total Income from sale of goods and services	**262**	**190**
Other operating income		
Charitable and other contributions to revenue expenditure: non-NHS	**9**	77
Non cash apprenticeship training grants revenue	**0**	5
Other non-contract revenue	**58**	57
Total Other operating income	**67**	**139**
Total Operating Income	**329**	**329**

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

	Source of Revenue		
	2020-21 NHS £'000	2020-21 Non NHS £'000	2020-21 Total £'000
Non-patient care services to other bodies	0	185	**185**
Other contract income	0	40	**40**
Recoveries in respect of employee benefits	37	0	**37**
Total Income from sale of goods and services	**37**	**225**	**262**

4. Employee Benefits & Staff Numbers

4.1 Employee benefits

Employee Benefits	2020-21 Permanent Employees £'000	2020-21 Other £'000	2020-21 Total £'000
Salaries and wages	**5,614**	**260**	**5,874**
Social security costs	**574**	**0**	**574**
Employer Contributions to NHS Pension scheme	**989**	**0**	**989**
Other pension costs	**0**	**0**	**0**
Apprenticeship Levy	**13**	**0**	**13**
Termination benefits	**0**	**0**	**0**
Gross employee benefits expenditure	**7,190**	**260**	**7,450**
Less recoveries in respect of employee benefits (note 4.1.2)	**(37)**	**0**	**(37)**
Net employee benefits	**7,153**	**260**	**7,413**

Employee Benefits	2019-20 Permanent Employees £'000	2019-20 Other £'000	2019-20 Total £'000
Salaries and wages	5,772	262	6,034
Social security costs	608	0	608
Employer Contributions to NHS Pension scheme	956	0	956
Apprenticeship Levy	15	0	15
Termination benefits	24	0	24
Gross employee benefits expenditure	**7,375**	**262**	**7,637**
Less recoveries in respect of employee benefits (note 4.1.2)	0	0	0
Net employee benefits	**7,375**	**262**	**7,637**

4.1.2 Recoveries in respect of employee benefits

Employee Benefits	2020-21 Permanent Employees £'000	2020-21 Other £'000	2020-21 Total £'000	2019-20 Total £'000
Salaries and wages	**(29)**	0	**(29)**	0
Social security costs	**(4)**	0	**(4)**	0
Employer Contributions to NHS Pension scheme	**(4)**	0	**(4)**	0
Total recoveries in respect of employee benefits	(37)	0	(37)	0

4.2 Average number of people employed

	2020-21 Permanent employees Number	2020-21 Other Number	2020-21 Total Number	2019-20 Total Number
Total	**124**	**4**	**128**	140

There were no employees engaged on capital projects.

Ill-health retirement costs are met by the NHS Pension Scheme. There were no ill-health retirements during the 2020-21 financial year (2019-20, 1 £12k).

4.3 Exit packages and severance payments agreed in the financial year

There were no exit packages and severance payments agreed during 2020-21 (2019-20 1 compulsory redundancy £24k was transacted agreed in 2018-19).

4.4 Pension costs

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This

utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.5.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

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

any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5 Operating Expenses

Purchase of goods and services	2020-21 Total £'000	2019-20 Total £'000
Services from other CCGs and NHS England	568	686
Services from foundation trusts	304,756	297,652
Services from other NHS trusts	14,907	14,996
Services from Other WGA bodies	0	0
Purchase of healthcare from non-NHS bodies	79,734	71,349
Prescribing costs	50,421	48,477
General Ophthalmic services	22	41
GPMS/APMS and PCTMS	49,139	44,403
Supplies and services – clinical	3	3
Supplies and services – general	1,502	2,954
Consultancy services	10	46
Establishment	2,070	2,006
Premises	1,987	2,442
Audit fees	72	47
Other non-statutory audit expenditure		
· Other services	12	21
Other professional fees	205	189
Legal fees	16	9
Education, training and conferences	121	63
Non cash apprenticeship training grants	0	5
Total Purchase of goods and services	**505,545**	**485,389**
Depreciation and impairment charges		
Depreciation	119	109
Total Depreciation and impairment charges	**119**	**109**
Provision expense		
Provisions	248	433
Total Provision expense	**248**	**433**
Other Operating Expenditure		
Chair and Non-Executive Members	248	265
Grants to Other bodies	0	0
Other expenditure	0	2
Total Other Operating Expenditure	**248**	**267**
Total operating expenditure	**506,160**	**486,198**

6 Better Payment Practice Code

6.1 Measure of compliance

The Better Payment Practice Code requires the clinical commissioning group to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

	2020-21 Number	2020-21 £000	2019-20 Number	2019-20 £000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	11,655	129,919	11,264	130,706
Total Non-NHS Trade Invoices paid within target	11,489	128,640	10,880	128,117
Percentage of Non-NHS Trade invoices paid within target	**98.58%**	**99.02%**	**96.59%**	**98.02%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	1,214	330,713	2,744	317,920
Total NHS Trade Invoices Paid within target	1,190	330,311	2,644	316,098
Percentage of NHS Trade invoices paid within target	**98.02%**	**99.88%**	**96.36%**	**99.43%**
Total percentage of invoices paid within target	**98.52%**	**99.64%**	**96.54%**	**99.02%**

7 Operating Leases

7.1 As lessee

The clinical commissioning group has an arrangement with NHS Property Services Ltd which convey the right for the clinical commissioning group to use the St Peters House to August 2020 and Lever Chambers Centre for Health from June 2020. Although there is no formal leases in place this arrangements contain leases and as such are accounted for in accordance with IAS17 as an operating lease. The CCG had entered into a new lease arrangement

The minimum lease payments comprise the payments made to NHS Property Services Ltd during the 2020-21 financial year for the lease rental value only. Prior year's figures have been restated* for consistency where appropriate.

Subsidy and void costs of buildings used for the provision of healthcare in the community are also in place in the previous commissioning framework prior to April 2013 when the clinical commissioning group was formed. Those properties are managed by NHS Property Services Ltd and Community Healthcare Services Ltd, the CCG does not have control of those assets and as such does not recognise these

arrangements as leases in accordance with IFRIC4, prior year figures have been restated.

7.1.1Payments recognised as an expense

	Buildings £000	Other £000	2020-21 Total £000	2019-20 Total £000
Payments recognised as an expense				
Minimum lease payments	184	0	**184**	***181**
Contingent rents	0	0	**0**	**0**
Sub-lease payments	0	0	**0**	**0**
Total	**184**	**0**	**184**	***181**

7.1.2 Future minimum lease payments

	Buildings £000	Other £000	2020-21 Total £000	2019-20 Total £000
Payable:				
No later than one year	253	0	**253**	***64**
Between one and five years	931	0	**931**	**56**
After five years	452	0	**452**	**0**
Total	**1,636**	**0**	**1,636**	***120**

8. Property Plant and Equipment

2020-21	**Information technology £'000**	**Furniture & fittings £'000**	**Total £'000**
Cost or valuation at 01 April 2020	281	75	356
Additions purchased	0	0	0
Cost/Valuation at 31 March 2021	**281**	**75**	**356**
Depreciation 01 April 2020	84	25	109
Charged during the year	94	25	119
Depreciation at 31 March 2021	**178**	**50**	**228**
Net Book Value at 31 March 2021	**103**	**25**	**128**
Purchased	**103**	**25**	**128**
Total at 31 March 2021	**103**	**25**	**128**
Asset financing:			
Owned	**103**	**25**	**128**
Total at 31 March 2021	**103**	**25**	**128**

8.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Information technology	3	5
Furniture & fittings	3	5

9. Trade & Other Receivables

	Current 2020-21 £000	Non-current 2020-21 £000	Current 2019-20 £000	Non-current 2019-20 £000
NHS receivables: Revenue	497	0	451	0
NHS prepayments	19	0	857	0
NHS accrued income	0	0	414	0
Non-NHS receivables: Revenue	139	0	518	0
Non-NHS prepayments	77	0	169	0
Non-NHS accrued income	3	0	152	0
VAT	39	0	57	0
Other receivables & accruals	0	0	0	0
Total Trade & other receivables	**774**	**0**	**2,618**	**0**
Total current and non-current	**774**		**2,618**	

The great majority of trade is with NHS England. As NHS England is funded by Government to provide funding to clinical commissioning groups to commission services, no credit scoring of them is considered necessary.

9.1 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	184	73	241	329
By three to six months	0	3	0	172
By more than six months	0	5	7	1
Total	**184**	**81**	**248**	**502**

The clinical commissioning group did not hold any collateral against receivables outstanding at 31 March 2021 (31 March 2020, nil). None of the amount above has subsequently been recovered post the statement of financial position date.

10 Cash & Cash Equivalents

	2020-21 £000	2019-20 £000
Balance at 01 April 2019	4	27
Net change in year	96	(23)
Balance at 31 March 2021	**100**	**4**
Made up of:		
Cash with the Government Banking Service	100	4
Cash in hand	0	0
Cash and cash equivalents as at 31st March 2021	**100**	**4**

No patients' money is held by the clinical commissioning group.

11 Trade & Other Payables

	Current 2020-21 £000	Non-current 2020-21 £000	Current 2019-20 £000	Non-current 2019-20 £000
NHS payables: revenue	46	0	5,514	0
NHS payables: Capital	0	0	0	0
NHS accruals	1,291	0	2,218	0
Non-NHS and WGA payables: revenue	8,920	0	3,005	0
Non-NHS and WGA payables: capital	0	0	28	0
Non-NHS and WGA accruals	21,494	0	21,339	0
Non-NHS and WGA deferred income	140	0	463	0
Social security costs	89	0	85	0
Tax	85	0	81	0
Other payables and accruals	502	0	536	0
Total Trade & Other Payables	**32,567**	**0**	**33,269**	**0**
Total current and non-current	**32,567**		**33,269**	

There are no liabilities included above that are due in future years under arrangements to buy out the liability for early retirement over 5 years (31 March 2020, nil).

Other payables include £410k outstanding pension contributions at 31 March 2021 (31 March 2020, £361k).

Non NHS accruals and deferred income includes estimates for prescribing costs (including oxygen) for February and March of £8,686k (2019-20, £8,971k), and £1,125k (2019-20, £949k) for the Bolton Quality Contract, a local enhanced primary care service aimed to address the growing demand and rise in pressure on health services.

12 Provisions

	Current 2020-21 £000	Non-current 2020-21 £000	Current 2019-20 £000	Non-current 2019-20 £000
Continuing care	594	0	13	0
Other	596	202	1,377	0
Total	**1,190**	**202**	**1,390**	**0**
Total current and non-current	**1,392**		**1,390**	

Other provisions includes £546k (2019-20, £664k) for dilapidations and stranded costs relating to the closure of buildings.

NHS Resolution, an arm's-length body of Department of Health and Social Care, held no liabilities in respect of Liabilities to Third Parties Scheme (LTPS) of the clinical commissioning group (31 March 2020 £2k). There were no liabilities held in respect of clinical negligence liabilities of the clinical commissioning group in its provisions as at 31 March 2021 (31 March 2020, nil).

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group that were previously identified by the former Bolton Primary Care Trust. However, the legal liability remains with the clinical commissioning group. The total value of legacy NHS continuing healthcare provisions accounted for by NHS England on behalf of the clinical commissioning group at 31 March 2021 is £48k (31 March 2020 £48k). In addition, the clinical commissioning group has accounted for further claims totaling £538k for previously un-assessed periods of care arising after 31st March 2013, (2019-20, £56k).

	Continuing Care £000s	Other £000s	Total £000s
Balance at 01 April 2020	**56**	**1,334**	**1,390**
Arising during the year	538	352	890
Utilised during the year	0	(246)	(246)
Reversed unused	0	(642)	(642)
Balance at 31 March 2021	**594**	**798**	**1,392**
Expected timing of cash flows:			
Within one year	594	596	1,190
Between one and five years	0	0	0
After five years	0	202	202
Balance at 31 March 2021	**594**	**798**	**1,392**

13 Contingencies

The clinical commissioning group had no contingent assets or liabilities not otherwise included in these financial statements as at 31 March 2021, (31 March 2020, nil).

14 Financial Instruments

14.1 Financial risk management

International Financial Reporting Standard 7: Financial Instrument: Disclosure 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 the clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

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

14.1.1 Currency risk

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

14.1.2 Interest rate risk

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

14.1.3 Credit risk

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

14.1.4 Liquidity risk

The clinical commissioning group is required to operate within revenue and capital resource limits agreed with NHS England, which are financed from resources voted annually by Parliament.

The clinical commissioning group draws down cash to cover expenditure from NHS England as the need arises, unrelated to its performance against resource limits. The clinical commissioning group is not, therefore, exposed to significant liquidity risks.

14.1.5 Financial instruments

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

14.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	334	0	334
Trade and other receivables with other DHSC group bodies	163	0	163
Trade and other receivables with external bodies	141	0	141
Other financial assets	0	0	0
Cash and cash equivalents	100	0	100
Total at 31 March 2021	**738**	0	**738**

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	26	0	26
Trade and other payables with other DHSC group bodies	10,656	0	10,656
Trade and other payables with external bodies	21,571	0	21,571
Other financial liabilities	0	0	0
Total at 31 March 2021	**32,253**	0	**32,253**

15 Operating Segments

The clinical commissioning group has only one segment: commissioning of healthcare services.

16 Pooled Budgets

On 1st April 2015 Bolton Clinical Commissioning Group and Bolton Council entered into a pooled budget arrangement under section 75 of the NHS Act 2017, known as the Better Care Fund (BCF). On 1st April 2019 the pooled budget arrangement was extended to further integrate commissioning of health and social care under the Bolton Strategic Commissioning Function (SCF), which has continued into 2020/21. The aim of the SCF is to ensure improved effectiveness in system leadership, population understanding, system performance, structural redesign and repositioning of whole pathways or major services, supports the agreed Bolton locality aim of moving away from expenditure on hospital and residential care services and towards increasing investment in prevention and early intervention services.

The operation of the Strategic Commissioning Function is set out in a formal section 75 agreement which confirms the spending plan and risk sharing agreement of the Fund, which is hosted by Bolton Clinical Commissioning Group.

Memorandum of Account

Funding provided to the Pool	**Total**
	£'000
Bolton Clinical Commissioning Group	93,365
Bolton Council	77,401
Total Pooled Budget	**170,766**

Expenditure met by the pool	**Bolton Clinical Commissioning Group**	**Bolton Council**	**Total**
Commissioning Area	**£'000**	**£'000**	**£'000**
Integrated Community Services (Adults)	27,018	20,586	47,604
Learning Disabilities	822	25,691	26,513
Mental Health (Adults)	7,777	11,375	19,152
Care Services	17,645	60,813	78,458
Total Pooled Budget	**53,262**	**118,465**	**171,727**

Whilst the section 75 agreement between the parties does constitute a 'joint operation' under IFRS 11, the substance of the commissioning transactions related to the Fund's spending plan indicates that each party is acting as a single entity. Therefore, each organisation accounts for its own transactions without recognising its interest in its share of total assets, liabilities, revenue and expenditure that relate to the whole Fund.

Funding provided to the pool is defined as each organisation's contribution from their budgets to the pooled arrangement. The Expenditure met from the pool is the expenditure incurred by each organisation on behalf of the pool. The difference between the funding provided to the pool and the expenditure met from the pool for the clinical commissioning group is in respect of services commissioned from the Council and therefore the council has incurred the expenditure to provide the service. The deficit identified from April to September 2020 was shared by both parties. Due to the challenging financial climate, it was agreed that the risk share would then be paused from October 2020 onwards.

Strategic Commissioning Fund expenditure reflected in the accounts of Bolton Clinical Commissioning Group is the funding provided to the pool of £93,365k (2019-20, £78,132k), this is reported as part of programme expenditure against the appropriate subjective heading in note 5.

Strategic Commissioning Fund liabilities of £5,847k (2019-20, £3,326k) are reported as part of the trade payables in note 16.

17 Related Party Transactions

The Department of Health is regarded as a related party. During the year the clinical commissioning group has had a significant number of material transactions with entities for which the Department is regarded as the parent Department. For example:

- NHS England (including commissioning support units);
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority; and,
- NHS Business Services Authority.

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with Bolton Council.

Governing body members and staff are required to declare any interest and related party in other organisations that seek to undertake business with the clinical commissioning group. The register of these interests can be found on the clinical commissioning group's website http://www.boltonccg.nhs.uk/about-us/declarations-of-interest.

Details of the transactions with these declared related party interests are detailed in the table below. Payments to the GP practices in which governing body members have an interest are in respect of the Bolton Quality Contract and contractual GP payments under the delegated commissioning arrangements for primary care.

2020-21 Material Transactions with entities for which the Department of Health is regarded as the parent department	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Bolton NHS Foundation Trust	234,587	(294)	1,213	(60)
Manchester University Foundation Trust	12,337	0	0	0
GM Mental Health NHS Foundation Trust	40,230	(112)	46	26
North West Ambulance Service NHS Trust	12,050	0	0	0
Salford Royal NHS Foundation Trust	15,819	(98)	6	(114)
Wrightington, Wigan & Leigh NHS Foundation Trust	2,117	0	10	0
Wrightington, Wigan & Leigh Teaching NHS Foundation Trust	4,270	0	0	0
Total	321,410	(504)	1,275	(148)

Other Government Departments				
Bolton Council	38,407	(1,899)	6,201	(63)

Governing Body Member	Related Party	Nature of Relationship	£'000	£'000	£'000	£'000
Dr W Bhatiani	Bolton Lads & Girls Club	Board Member	233	0	0	0
Dr S Liversedge	Dr Liversedge, McCurdie, Wong & Yoxall	Partner	788	0	0	0
Dr H Wall	Dr Kirby & Partners	Partner	964	0	0	0
Dr T Bakht	Dr Kirby & Partners	Salaried GP				
	Dr Leach	Salaried GP	719	(5)	0	0
Dr J Bradford	Dr Coleman & Partners	Partner	1,762	0	0	0
Dr D Mistry	Heaton Medical Centre	Partner	1,436	0	0	0
Dr N Ratnarajah	Dr Silvert & partners	Partner	1,989	0	0	0
Dr E Saunders	Dr Lowe & Partners	Partner	912	0	0	0
Total			8,803	(5)	0	0

Staff Member						
Dr L Natha	Kearsley Medical Centre	Partner	1,694	0	0	0
Dr G Ogden	Kearsley Medical Centre	Partner				
	Bolton GP Partnership Ltd	Chair	2,666	(234)	132	0
Dr A Lyon	Dr Lyon & Partners	Partner	822	0	0	0
Dr J Tabor	Dr Tabor & Partners	Partner	2,120	0	0	0
Dr S McLoughlin	Dr Lowe & Partners	Partner	912	0	0	0
Dr S Pillon	Dunstan Partnership	Salaried GP	1,856	(4)	0	0
Dr S Whittaker	Dunstan Partnership	Partner				
Dr S Kiely	Garnet Fold Practice	Salaried GP	870	0	0	0
Dr B Matta	Dr Nagle & partner	Partner	2,625	0	0	0
Total			13,565	(238)	132	0

2019-20 Material Transactions with entities for which the Department of Health is regarded as the parent department	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Bolton NHS Foundation Trust	223,747	0	3,738	912
Manchester University Foundation Trust	11,792	1	106	0
GM Mental Health NHS Foundation Trust	36,855	0	2,176	43
North West Ambulance Service NHS Trust	11,415	0	6	20
Salford Royal NHS Foundation Trust	14,742	0	103	186
Wrightington, Wigan & Leigh NHS Foundation Trust	6,066	0	90	74
Total	304,617	1	6,219	1,235

Other Government Departments				
Bolton Council	27,656	180	968	252

Governing Body Member	Related Party	Nature of Relationship	£'000	£'000	£'000	£'000
Dr W Bhatiani	Bolton Lads & Girls Club	Board Member	69	0	0	0
Dr S Liversedge	Dr Liversedge, McCurdie & Wong	Partner	765	0	0	0
Dr B Silvert	Dr Silvert & Partners	Partner	1,936	0	0	0
Dr H Wall	Dr Kirby & Partners	Partner	984	0	0	0
Dr T Bakht	Dr Kirby & Partners	Wife is Salaried GP				
	Edgworth Medical Centre	Salaried GP	585	50	0	5
Dr J Bradford	Dr Coleman & Partners	Partner	1,764	0	0	0
Dr D Mistry	Heaton Medical Centre	Partner	1,319	0	0	0
Dr N Ratnarajah	Bolton GP Federation	Clinical Lead	1,546	198	102	245
Dr C Hendy	Dr C Hendy & Partners	Partner	591	0	0	0
Total			9,559	248	102	250

Staff Member						
Dr B Hunt	Bolton Hospice	Trustee	1,492	0	0	0
Dr L Natha	Kearsley Medical Centre	Partner	1,619	0	0	0
Dr A Lyon	Dr Lyon & Partners	Partner	851	0	0	0
Dr J Tabor	Dr Tabor & Partners	Partner	1,999	0	0	0
Dr S McLoughlin	Dr Lowe & Partners	Partner	1,014	0	0	
Dr E Saunders	Dunstan Partnership	Salaried GP				
Dr S Pillon	Dunstan Partnership	Salaried GP	1,737	41	0	4
Dr S Whittaker	Dunstan Partnership	Partner				
Dr S Kiely	Garnet Fold Practice	Salaried GP	902	0	0	0
Total			9,614	41	0	4

18 Events after the Reporting Period

There were no events after the reporting period.

19 Losses & Special Payments

The clinical commissioning group had no losses (2019-20, nil) and made no special payments during 2020-21 (2019-20, nil).

20 Financial Performance Duties

Clinical commissioning groups have a number of financial duties under the National Health Service Act 2006 (as amended).

The clinical commissioning group's performance against those duties was as follows:

	2020-21 Target £'000	**2020-21 Performance £'000**	**2020-21 Duty Achieved? Y/N**	2019-20 Target £'000	2019-20 Performance £'000	2019-20 Duty Achieved? Y/N
Expenditure not to exceed income	513,610	513,610	Y	493,835	493,835	493,835
Capital resource use does not exceed the amount specified in Directions	0	0	Y	28	28	28
Revenue resource use does not exceed the amount specified in Directions	513,281	513,281	Y	493,506	493,506	493,506
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	Y	0	0	0
Revenue resource use does not exceed the amount specified in Directions	0	0	Y	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	5,881	5,881	Y	6,631	6,057	6,631

In accordance with these financial duties, the clinical commissioning group was allocated £513,281k (2019-20, £493,506k) with a target in year control total of zero (2019-20 zero). The in-year revenue allocation is calculated on the basis of the total allocation, adjusted for the historic financial surplus of the CCG.

The clinical commissioning group is also required to keep administration costs below £5,881k (2019-20, £6,631k).

In response the COVID-19 pandemic the COVID Financial Framework was introduced, in months 1 to 6 the CCG allocations were amended and retrospective allocations were provided via the COVID support fund (CSF) of £11,164k. £7k of these retrospective allocations was in relation to running cost expenditure in addition to the running cost allocation of £5,881k. This had the effect of increasing the running cost budget to £5,888k.

The clinical commissioning group's achievement of these duties is as follows:

	2020-21	2019-20
	£'000	£'000
In year allocation	513,281	493,506
Total net expenditure	513,281	493,506
In year control total	**0**	**0**
of which:		
Administration allowance (running costs)	5,881	6,631
Covid Support Fund	7	
Less Net expenditure on administration	5,888	6,057
Surplus	**0**	**574**
Registered Population ('000)	317	316
Net expenditure on administration	5,888	6,057
Administration expenditure per head of registered population	**£18.57**	**£19.17**