NHS
Sunderland
Clinical Commissioning Group

Annual report
and accounts

1 April - 30 June 2022

Contents

PERFOMANCE REPORT[1]

Samantha Allen

Chief Executive for the North East and North Cumbria Integrated Care Board

Accountable Officer

30th June 2023

[1] The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

Performance Overview

Our vision is for Better Health for Sunderland and is delivered through our three key strategic objectives:

Transforming out-of-hospital care

- Through joining up health and social care and enabling seven day working.

Transforming in-hospital care

- Specifically urgent and emergency care (and enabling seven day working).

Enabling self-care and sustainability

- To ensure the NHS can survive and thrive in the future.

In this, our performance overview, we have set out our main areas of work and achievements towards this vision, as well as outlining our business model, organisational structure, and an overview of our local population.

Statement from the Clinical Chair and Accountable Officer

Welcome to NHS Sunderland Clinical Commissioning Group's (CCG) tenth and final annual report covering 1st April 2022 to 30th June 2022. This report provides an insight into our work during our last 3 months as a CCG, ahead of the transition to the North East and North Cumbria Integrated Care Board (ICB) on 1 July 2022.

While it may be unusual to publish an 'annual' report for a three-month period, this underlines the importance of accountability in our NHS which we must abide to as commissioners of local NHS services.

The following overview section describes the CCG, our purpose, our objectives and any risks to achievement of those objectives up to 30th June 2022. We can proudly look back over nine years of hard work and achievements as a CCG that we have achieved with our partners, as well as looking ahead to a new future as part of the ICB.

Out of those nine years, we must acknowledge that the past two years have been the most challenging. However, throughout this period, we saw an incredible level of courage, commitment, and creativity from colleagues across our health and care system as we worked to manage Covid-19 and the vaccine programme, as well as maintaining day-to-day services and working to enhance healthcare in several areas.

The pandemic changed the healthcare landscape and GP practices and patients continue with new ways of providing healthcare including telephone triage, phone and video consultations and increased use of eConsult, at the same time as considering careful infection control measures if needed.

We give our thanks to everyone who has been part of this work – our colleagues, past and present, as well as our partners and our communities. We are incredibly proud of our achievements together so far and under the new system, we will all continue to work for better health and the best possible services.

Dr Neil O`Brien
Accountable Officer

Dr Ian Pattison
Clinical Chair

Statement of Purpose

This section outlines our business model and environment, organisational structure, objectives, and strategies.

About NHS Sunderland Clinical Commissioning Group

NHS Sunderland CCG (the CCG) was the statutory body responsible for planning, purchasing, and monitoring the delivery and quality of most local healthcare and health services for the people of Sunderland. It is made up of doctors, nurses, and other health professionals with management support.

All 38 GP practices in Sunderland are members of the CCG and together they elected GPs to lead the CCG on their behalf, as part of a governing body which also includes local authority representatives, lay members, senior managers, a secondary care clinician and a senior nurse.

The Governing Body and its formal committees were responsible for setting the strategy for health improvement in the city and ensuring the CCG delivered the improvements set out in the strategy whilst maintaining and adhering to good governance principles. The Governing Body worked closely with a range of partners, as part of Sunderland's Health and Wellbeing Board, to improve the overall wellbeing of local people.

Our vision

Our vision remained to achieve Better Health for Sunderland and we use the following seven core values to support the delivery of our vision:

These seven core values were informed through local engagement with member practices, patients and local people and they shape everything we do to deliver our vision.

System principles

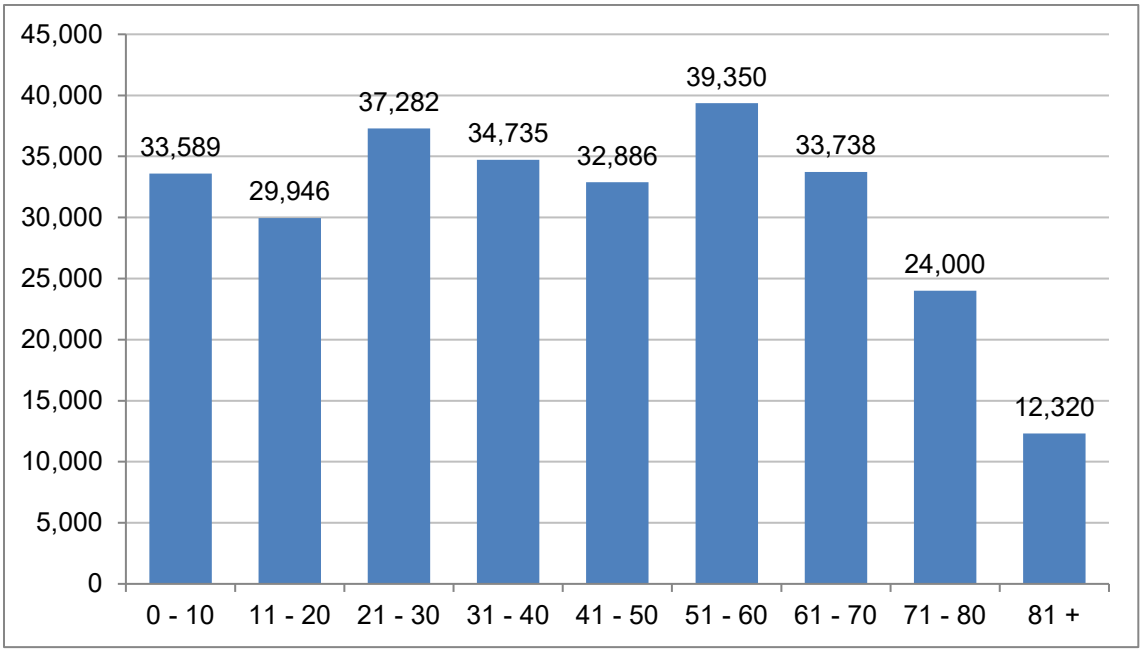
The following system-wide principles underpinned the delivery of all our transformational change programmes:

- Evidence-based
- Effective, safe care and positive patient experience
- Prevention-focused
- Mental and physical health are of equal importance
- 7-day services
- One system for health and social care across Sunderland

Overview of Sunderland

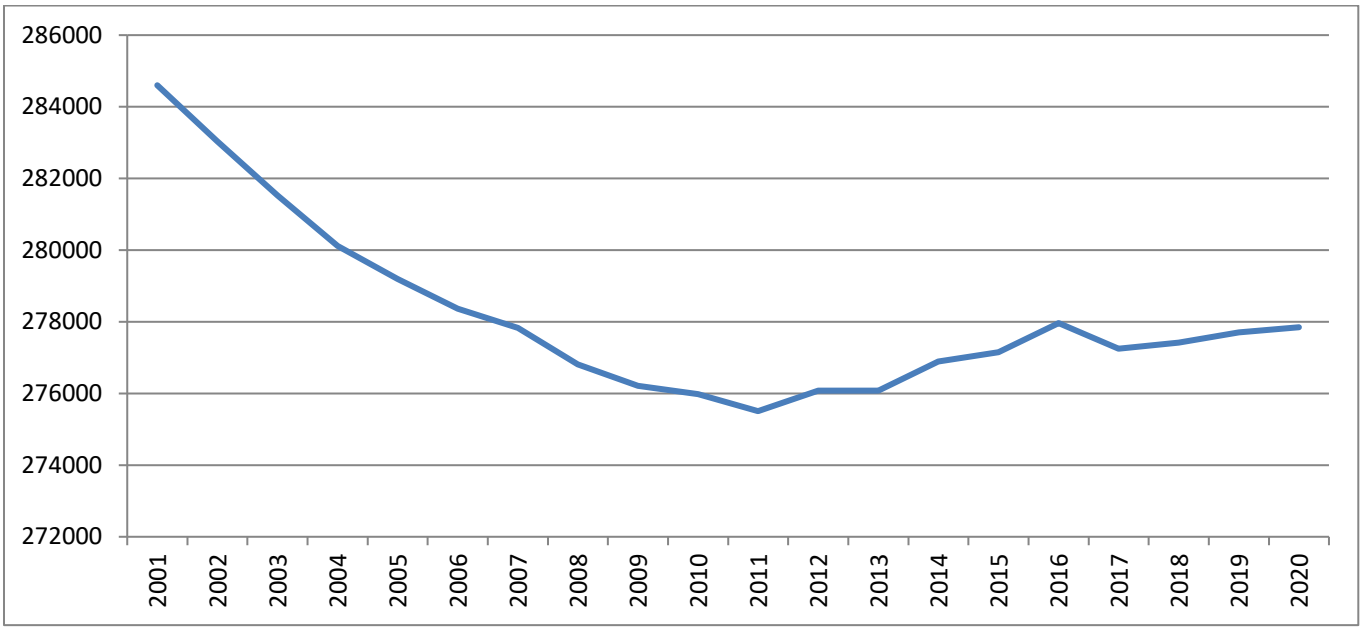
The population of Sunderland was 277,846 (2020 ONS Mid-Year Estimates).

Figure 1: 10-year band age profile for Sunderland (2020 ONS MYE)



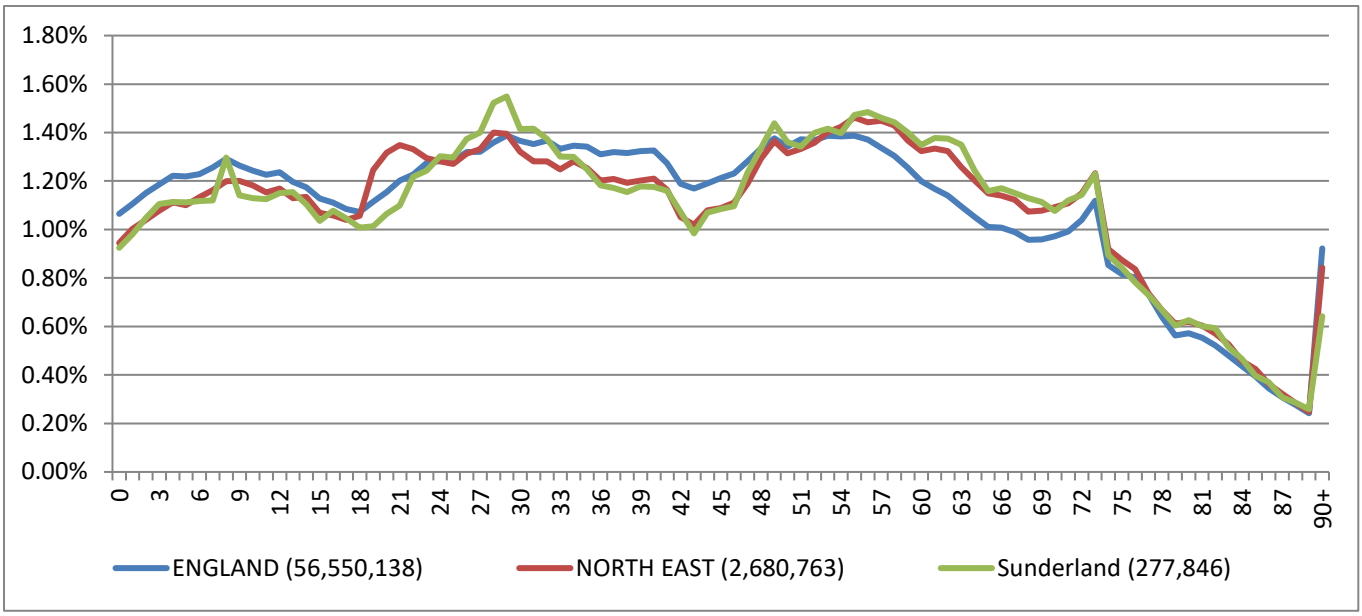
The population for Sunderland fell up until 2011. However, this decline has recently levelled off and the population is forecast to rise over the next 20 years.

Figure 2: Total population for Sunderland 2001 - 2020 (ONS MYE)



Compared to England, the population of Sunderland has a higher proportion of older people, in- line with the North East average. Older people use health and social care services more intensively than any other age group, which Sunderland CCG took into consideration whilst planning services.

Figure 3: Age population for Sunderland, the North East, and England (2020 MYE)



NHS

If **Sunderland** was a village of 1,000 people

Deprivation

227 Living in 'Most Deprived'

4 Living in 'Least Deprived'

Population

488 Male

512 Female

Ethnicity

25	Asian or Asian British
11	Black, African, Caribbean or Black British
6	Mixed or Multiple Ethnic Groups
13	Other Ethnic Group
745	White
201	Unknown

Vaccinations & Screening

Vaccinated/Screened

Not Vaccinated/Screened

Flu (65+ Yrs)	165	34
MMR (2 Doses 2-18 Yrs)	152	37
Cervical Screening (50-64 Yrs)	83	24
Cervical Screening (50-64 Yrs)	120	41

Obesity

86 Obese adults

8 Overweight 10-11 year olds (Inc. obese)

1 Severely obese 10-11 year olds

5 Overweight 4-5 year olds (inc. obese)

1 Severely Obese 4-5 year olds

Physical activity

482 Physically active adults

203 Physically inactive adults

Household

11 Housebound

43 Under 16 in **low income** families

Smoking

159 Smokers aged 15+

151 Smoking at delivery (per 1000 maternities)

Alcohol

0 Alcohol admissions (under 18)

12 Alcohol admissions (all ages)

Frailty

32 Moderately frail

27 Serverely frail

Long Term Conditions*

38 Age 18+ with CVD

36 With cancer

65 Aged 17+ with diabetes

*Data represents at least one long term condition, if someone has numerous long term conditions only one counts towards the data in this instance.

Cardio

171 With hypertension

11 With heart failure

25 With AF

23 Had stroke/ TIA

Respiratory

35 With COPD

68 With asthma

Mental health

116 Age 18+ with depression

8 With dementia

9 With learning disability

10 With serious mental illness

Admissions

21 Emergency admissions

1 Hip fracture aged 65+

Key challenges

The Five Year Forward View identified three key challenges for the NHS:

To improve health and wellbeing:
Health is determined by a complex interaction between individual characteristics, lifestyle, and the physical, social, and economic environment. People in Sunderland are living longer but are at risk of spending their extended years in poor health because of high levels of poverty, deprivation and lack of opportunity which influence behaviours such as poor diet, lack of exercise, smoking and excessive alcohol use. Without greater focus on prevention and the wider determinants of health, these inequalities will widen.

Improve care and quality
The quality of general practice is very good, but pressures are increasing and workforce recruitment and retention in Sunderland and the wider North East has historically been challenging. To ensure safe, sustainable high-quality services in the future, it is important that the issue of duplication in service provision is addressed.

Ensure sustainability
In terms of funding and efficiency, April - June 2022 has been financially challenging for the CCG and we expect this challenge to continue and become more difficult in future years. Rapid delivery of financial and associated efficiencies, alongside increased productivity, will be needed to remain within the available allocations.

Covid-19 pandemic

After the first cases appeared in Sunderland in March 2020, NHS staff, our partners and our local community have continued to make immense contributions in keeping Sunderland as safe as possible through a situation that none of us have experienced before. These efforts have continued throughout 2022.

Frontline health and care staff have continued to work incredibly hard and with great courage, as well as showing immense creativity in quickly finding new ways of working under the pressure of Covid-19. Hospital staff managed winter challenges at the same time as dealing with immense pressure as the pandemic continued to impact on all NHS services. At the same time, GPs and their teams have drastically changed their working models to keep staff and patients as safe as possible.

New ways of working

The Covid-19 pandemic forced GP practices to make major changes to the way they see patients, moving to safer methods like phone, online and video consultations almost overnight, except where patients needed to be seen face to face for clinical reasons.

Many patients welcomed these changes, like cutting out travel and time spent in the waiting room, but they also bring challenges like internet access and the possibility of missing body language that would be more apparent in a face-to-face consultation.

There were clear benefits, for example in more efficient use of staff time, reducing infection risk and enabling patients to be seen quicker, as well as understanding issues like internet access and confidence.

All practices are now providing a mix of face-to-face and remote (telephone, video or eConsult) consultations.

Practices are in the main triaging the patient (usually by telephone) and then if the patient requires further services, they are booked into a consultation slot. The type of appointment slot is determined by clinical need and patient choice.

Covid-19 vaccine programme

Sunderland's Covid-19 vaccine programme continued its efforts to get as many people protected as possible.

Delivered by the Sunderland GP Alliance, the CCG worked closely with the local authority to jointly promote Covid vaccine opportunities within Sunderland, including walk-in clinics, which were added to the national Grab-a-Jab website and the Covid vaccine webpage hosted on Sunderland City Council's website. These were further promoted via social media to get the word out far and wide.

Whilst there was a focus on the Spring Boosters for at-risk groups and first vaccinations for healthy 5–11-year-olds, the programme also opened their 'evergreen' offer to encourage those who were yet to have their first jab to get protected.

The CCG also supported a regional campaign called 'Change of Heart', a North East, region-wide campaign, targeted towards young, vaccine-hesitant people. The purpose of the campaign was to reassure young people that it’s okay to change your mind about getting the Covid-19 vaccine, and ultimately to encourage unvaccinated young people to book their vaccination appointment. The CCG put further funding behind this campaign to increase its impact in Sunderland.

Strategic objectives

To achieve our vision of Better Health for Sunderland our three key strategic objectives and their areas of focus are:

Transforming out-of-hospital care:

- Patient-centred
- Right care, right place, right time
- System-wide approach with one common vision
- Multi-disciplinary teams in localities working together with older people, adults and children with long term conditions / complex needs to improve their lives / meet their needs
- Improved overall quality of care for the elderly
- Reduced variation in primary care
- A system which is simple to navigate
- Reduced emergency admissions to hospital as people are cared for effectively in the community

Transforming in-hospital care, specifically urgent and emergency care:

- Equality of access across the city to urgent care
- 24/7 hub
- More seamless transition between services
- Reduction in emergency admissions

Enabling Self-Care and Sustainability:

- Local people influence and understand the system
- A city that actively supports / enables people to be and stay healthy, well and happy
- Improved public health outcomes
- Managing demand and utilising community assets
- A single Transformation Board to oversee this work
- Working closely with partners in neighbouring CCGs where our patients use services in those areas or where the level of transformation required is on a larger footprint than Sunderland.

Statement of Activities

This section outlines our main areas of work and some of our priorities and achievements during the past year.

All Together Better Sunderland

All Together Better Sunderland (ATB) has been at the forefront of developing truly integrated ways of working since 2015. As the partnership has grown, significant work has taken place to improve how care is delivered. We have developed a genuine culture of collaboration across the entire local health and care system, which was pivotal in our Covid-19 response.

Working together as an alliance means that all partners are equal in standing. Our five Programme Groups focus on doing what is best for the individual person and for the whole health and care system. They are each jointly led by a Senior Responsible Officer and a Senior Responsible Clinician drawn from our partnership organisations.

During 2020/21 ATB published its second operational plan. The plan reaffirmed our vision and values. It also reflected on Covid -19 and agreed a set of principles and behaviours, which all partners signed up to and underpin our alliance way of working. These are:

People-centred	Care and support organised around the person
	Outstanding, safe and compassionate care
	High quality, responsive and effective community services
Integrity	Acting with honesty and transparency
	Deliver what we said we will deliver
	Respect and embrace difference
Collaborative	Working together as one team dedicated to meeting peoples' needs
	Clinical leadership guides our thinking
	Listening and learning from each other
Quality and safety	Quality and safety are implicit in our vision and values and our underpinning governance framework will enable quality and safety to be at the heart of everything we do.

Through workshops and discussions with Senior Responsible Officers (SROs') and Senior Responsible Clinicians (SRC's), we agreed a set of priorities for 2022/23 with three main objectives:

1. To continue to support the development of effective provider collaboration and place-based partnerships, supporting the implementation of North East and North Cumbria Integrated Care System (ICS).
2. ATB will seek to develop Integrated Care Neighbourhoods where teams work together to improve the overall health and wellbeing of their community. With Primary Care Networks as their cornerstone, ATBs vision is to bring together community, social, secondary care, mental health, voluntary and wider services to provide proactive and integrated care to local communities which keeps people well and out of hospital. ATB wants to use neighbourhood working to continue learning about how best to engage with local people about their health and wellbeing, using the assets of each neighbourhood.
3. Our programme groups are focused on providing the best care and support through transforming the delivery of services in local neighbourhoods. A key priority is accelerating the restoration of services post COVID-19 and managing the overall increased demand on services in Sunderland, in line with national guidance (NHS Operational Plan and Long-Term Plan) and local priorities.

ATB is determined to make measurable improvements in population health. Preventing ill health, improving people's wellbeing, reducing health inequalities, and ensuring best use of available resources is at the heart of our approach and the golden thread that runs through all our programme groups and transformation priorities.

We know significant inequalities exist across Sunderland and people are living longer in ill health. By preventing physical and mental ill health and getting to grips with issues before they become bigger problems, people will lead happier, healthier lives.

During 2022, along with the rest of the NHS and care system, the focus has been to support the Covid -19 pandemic, including recovery and "Living with Covid". The foundations of partnership and collaborative working ATB had built proved to be immensely beneficial. The alliance came together at all levels, across all disciplines and across all organisations to do everything possible to help those who needed care and support during one of the most challenging times in living memory. The strength of the relationships developed enabled the alliance to use the available resources to best effect and ensure care could be provided for all those in need.

Some of the key achievements during this unprecedented time that ATB has supported include:

- Our Integrated Discharge Service ensured good patient flow was maintained though the hospital
- Relocated the Urgent Treatment Centre from Pallion to Sunderland Royal Hospital to improve Emergency Department and urgent care performance and quality
- Extended GP access services and the Recovery at Home service provided a positive and proactive support to patients in the community with Covid-19.
- Supported the vaccination of all care home residents and staff in Sunderland. An achievement that was praised by the Prime Minister.

- Business case approved for the Improving Access to Psychological Services which is provided by a partnership of Cumbria, Northumberland and Tyne and Wear NHS Trust, Washington Mind, Sunderland Mind and Sunderland Counselling Service.
- A Discharge Hub pilot provided safe, and reliable discharge medicines processing.
- The development of a virtual ward in the community which has included the use of new Assistive Technology such as Luscii equipment and Oximetry at home pathways.
- The delivery of the Social Prescribing model for Sunderland.

During 2021/22, ATB took a coordinated action to improve health and wellbeing and provide clinically sustainable services, within available resources.

Through our five Programme Groups, ATB will accelerate changing the way we provide community services across Sunderland.

ATB will take action as a provider/commissioner alliance to:

- Reduce health inequalities
- Improve performance on national targets
- Deliver more care in our local neighbourhoods
- Transform Community Mental Health services with the overriding aim of putting mental health care on a level footing with physical health services
- Support implementation of the ICS and new Sunderland Place based arrangements
- Improve access to urgent care
- Improve the hospital discharge process
- Make better use of our collective resources

ATB is a maturing partnership. There is much that has already been achieved, which ATB health and care system partners are proud of. However, there is still so much do, over the last year ATB has revisited it purpose and continues to recognise that together we can make things better for the people of Sunderland.

To find out more about All Together Better, visit www.atbsunderland.org.uk.

Path to Excellence – transforming hospital services across South Tyneside and Sunderland

We continued our partnership with NHS South Tyneside CCG and South Tyneside and Sunderland NHS Foundation Trust on the Path to Excellence programme, a five-year transformation of hospital healthcare provision across South Tyneside and Sunderland.

During April, May and June 2022, the programme continued its pre-consultation processes and involving staff, patients, and stakeholders in helping to assess the working ideas and the continuation development of the pre-consultation business case.

Recognising the disestablishment of the clinical commissioning groups and the establishment of the Integrated Care Board for the North East and North Cumbria, a key element of the programme's focus has been around ensuring continuity of governance and ensuring the programme maintains focus during the transition of commissioning responsibilities.

Joint committee of CCGs and Integrated Care Board for the North East and North Cumbria

A joint committee from NHS County Durham CCG, NHS South Tyneside CCG and NHS Sunderland CCG governing bodies and the incoming Integrated Care Board was established in February to provide the opportunity for members to familiarise themselves with the case for change.

Four meetings were planned so that members could review key elements of the programme to provide challenge and assurance as outgoing and incoming statutory NHS commissioners.

The dates and key agenda items were:

- February 2022: Introduction to Path to Excellence Programme, the options development process, and the current options

- March 2022: A focus on engagement and consultation, including an overview of staff and stakeholder engagement, consultation plans and an early version of a draft consultation document

- April 2022: A focus on impact assessments travel and transport integrated impact assessment and financial impact assessment

A meeting in June 2022 culminated in the Joint Committee to apprise progress achieved to date with the programme, to support work to date and provide assurance on key elements as part of handover arrangements to ICB (Integrated Care Board).

The Joint Committee noted the progress of the programme and the proposals developed under Phase 2 in meeting the best practice checks set out under national guidance for clinical quality and strategic fit, assurance on best practice communications and engagement, integrated impact assessments and NHS England strategic tests.

The Committee expressed appreciation to the programme group and to staff involved for the commendable work achieved to date and foremost supporting the health needs of the population.

North East and North Cumbria Integrated Care System

Over recent years, our CCG has been part of the North East and North Cumbria (NENC) Integrated Care System (ICS), which was a regional partnership between the organisations that meet health and care needs across the area, to coordinate and plan services that improve the health of the people of our region and reduce health inequalities.

The ICS area is the largest in England and is responsible for the health services of more than three million people across 5,313 square miles. It is one of the most geographically diverse areas, from the Lake District in the west to large urban areas in the north east and more rural areas.

We have a strong history of working together across health and care in our region. The quality of some of our health and care services is consistently rated amongst the best in the NHS and we have an abundance of great care delivered by highly committed teams of health and care staff.

Despite this, overall public health faces some of the most significant challenges. Our ambition is to change this by working together. Although there have been many improvements in recent years, for example the number of people dying from cancer or heart disease has decreased, fewer people are smoking, and many are living longer; healthy life expectancy remains amongst the poorest in England.

We have high levels of unemployment, low levels of decent housing, and significant areas of deprivation. These contribute to some of the starkest health inequalities, early death rates and highest sickness levels in England, driving much of the pressure that health and social care struggle to manage.

Health and Care Act (2022)

Shortly after the end of 2021-22, the Health and Care Act received royal assent, confirming that Clinical Commissioning Groups would be replaced by Integrated Care Boards on 1 July 2022. ICBs are now accountable for NHS spending and performance, taking on the planning functions of CCGs.

Putting ICSs on a statutory footing can empower them to better join up health and care services, improve population health and reduce health inequalities.

Each ICS is led by an NHS ICB, an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

Closedown and due diligence assurance arrangements

Due diligence was necessary to enable safe and effective transfer from sending organisations to receiving organisations. The CCG Closedown due diligence process was supported by a

bespoke checklist provided by NHSE specifically designed for the ICS implementation programme. A staff and property transfer scheme was the legal instrument used for the transfer.

CCG accountable Officers were accountable for CCG closedown due diligence. As the accountable persons CCG Accountable Officers agreed to a joint coordinated approach for due diligence, working together / sharing information, as appropriate to prevent duplication.

Joint coordinated approach

A CCG closedown due diligence sub-group was established, and assurance reporting arrangements have been agreed to ensure that the group have oversight and are cited on all risks and issues identified, as part of the due diligence perspective process.

It was recognised that there were opportunities for some of the due diligence areas to be coordinated centrally, while others were identified as being a locally led CCG function.

CCG due diligence assurance was also provided to the ICB Programme Board, ICB Work-stream meetings (monthly) and through CCG local committee arrangements (bi-monthly).

NENC CCGs Closedown Due Diligence Progress and Visibility Reports were shared with shared NHSE in May 2022. The report outlined progress made in relation to the NENC CCGs close-down due diligence activities. The report was split by CCG, with an overview of progress against each due diligence sub-heading, key messages and a summary of outcomes from CCG Check & Challenge Workshops (held in May 2022). The report also highlighted any high risk / shared risks / issues identified by ICS workstreams or individual CCGs.

As part of the NENC CCGs Closedown a Due Diligence Report was also presented to the NENC ICB on 01.07.2022 to provide assurance to the ICB with regards to the NENC CCGs closedown and due diligence process and activities that have taken place over the last six months.

The NENC CCGs Closedown a Due Diligence Report also provided an update of progress against CCG closedown activities and summarises all CCG closedown high level and shared risk/issues and areas of concern expressed to date. As part of the agreed approach to NENC CCGs closedown due diligence, all CCGs were asked to identify local operational transitional risks /issues (via their strategic and corporate risk registers and / or programme / project risk registers / issue logs).

As part of the NHS England stipulated ICB establishment timeline, all NENC CCGs provided formal assurance of CCG closedown due diligence activities to the ICB Chief Executive on 30th June 2022.

It was also recognised that there are several CCG closedown activities that transferred to the ICB (due to time-bound constraints) and the ICB Executive would have oversight of these transitional activities. All CCG closedown transitional activities have been recorded in an action

log and the ownership transferred to the ICB Executive for oversight and monitoring purposes on 1st July 2022.

North East and North Cumbria transition and development

In the North East and North Cumbria ICS, we have been working at three broad areas of scale:

- Place and Neighbourhood
- Four Integrated Care Partnership areas
- Integrated Care System

During 2021/22 we developed our System Development Plan which set out our approach, governance, workstreams and plans to transition to the North East and North Cumbria ICS.

This set out areas such as outcomes and priorities, establishing the ICB and Integrated Care Partnership (ICP), arrangements for Place Based Partnerships, commissioning arrangements, provider collaboratives, data and digital transformation and engagement with system partners.

The North East and North Cumbria ICS established an ICS Development & Transition Programme Board with a series of workstreams to manage this transition. CCG staff were involved in these workstreams, providing valuable expertise in planning for the transition and looking at opportunities for improving ways of working in the future.

Partners were also linked in where appropriate. All workstreams shared the approach of building on what is already working well at place and will be sharing this with wider stakeholders.

We have worked with partners to collectively explore the best way to deliver ICB priorities across the ICS, ensuring we retain and strengthen the very best local, placed based working.

The Integrated Care Partnership (ICP) at NENC level will operate as a statutory committee, bringing together the NHS and local authorities as partners to focus more widely on health, public health and social care. It will include representatives from the ICB, local authorities and other partners such as NHS providers, public health, social care, and voluntary, community and social enterprise (VCSE) organisations.

Our NENC ICP will be responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of the local population will be met.

We also have a provider collaborative, a partnership arrangement involving our North East and North Cumbria provider trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements. This will work across a range of programmes and help our providers work together to plan, deliver and transform services.

Our region's new ICB assumed its role on 1 July 2022, under the leadership of Professor Sir

Liam Donaldson (Chair) and Samantha Allen (Chief Executive).

Capacity Tracker

Our area is using Capacity Tracker, which was built by our partners at NHS North of England Commissioning Support (NECS) in partnership with NHS England, local authority representatives and care home providers.

Capacity Tracker provides a platform for care homes, in-patient community rehabilitation, substance misuse and hospice providers to make visible their vacancies and other critical information through minimum input to provide rich information across health and social care organisations, to help reduce the time taken to discharge individuals from hospital, PPE to enable rapid response from local/regional teams.

It enables care homes to make their vacancies instantly visible to all discharge teams across England in real-time and is accessible from any desktop or mobile device and is used by 99% of all care homes in England. This helps individuals make the right choice, ensuring they do not stay in hospital any longer than is necessary when discharge to their own home is not possible. The simplified process reduces stress and anxiety for the individual and their families at a time when they need care and support.

Capacity Tracker continues to evolve, thanks to the input from health and social care partners and users of the system. By having close engagement with user groups drawn from local authorities and health care commissioners, this enables the system to meet the changing and ongoing needs and priorities of its users.

Great North Care Record

The Great North Care Record (GNCR) is a way of sharing health and care information between practitioners and with individuals.

GNCR digitally shares patient information from a range of health and social care providers together across the North East and North Cumbria safely and securely, helping to make care better and safer.

GNCR provides access to potentially life-saving patient information at the click of a button, such as diagnoses, allergies, medications, test results, visits and treatments. This means health and social care staff do not have to depend upon a patient's understanding when they are feeling unwell. They also do not need to spend time making a number of phone calls or reaching out to other organisations to pull together a complete view of the patient's history.

- One hundred per cent of primary care data is being shared – this covers 3.2 million

patient records from 413 GP practices

- Out-of-hours providers have access
- Eight acute trusts view GNCR and six trusts contribute data to HIE (health information exchange)
- Both mental health trusts view and one shares data
- Over 200 community services are both viewing and sharing data including Child Health Information Services
- North East Ambulance Service view (crews and service centre) and share crew reports into GNCR
- Five local authorities view GNCR with two also sharing information regionwide
- Across the region, the HIE is now supporting nearly 400,000 patient encounters every month

GNCR is the most-used Cerner HIE in the country with staff in the North East and North Cumbria with access to the system viewing shared records more than 377,000 times a month (as of May 2022) – the highest figure yet.

The next stage, the MyGNCR development, will see GNCR integrate with the NHS App by providing patients with a single digital front door to access secondary care services. It will include appointments and correspondence, which will be sent to the NHS app allowing patients to add these to their calendar and receive reminders.

For more information, please visit www.greatnorthcarerecord.org.uk.

Over-the-counter prescribing campaign

Throughout this period, we continued our public-facing campaign to raise awareness of medicines that can be bought without prescription, and which NHSE recommend are not prescribed.

We worked with the Primary Care Network (PCN) pharmacists to target each condition area, so that the messages given to the public were being reinforced, when they were contacted by their practices, which was invaluable in the success of the campaign.

New areas

We found that other areas in the system needed support/engagement:

- Schools – it was identified that some schools in Sunderland were still asking parents to get a prescription for medication such as paracetamol. We worked with the South Tyneside working group to adopt their recommendation guidance document for managing over the counter medicines.

- Midwifery – communication with the midwifery team was needed to explain what we were doing and how they could help. We have very recently had sign off to include an information leaflet in the bounty packs for expecting mothers, in Sunderland. We also plan to attend locality meetings to see if there are any other barriers from the midwifery team.
- Practice admin teams – we targeted prescribers to help education on what could be bought over the counter. The medicines optimisation team held training sessions for admin staff to explain the over-the-counter campaign, give some guidance on how to deal with patients and show where resources could be located on GP Team Net. After the training, it was identified that admin teams needed their own packs and we have just recently sent these out to practices with a 'your guide to supporting the campaign and helping your practice' guide.

As the campaign developed, we gained more support and feedback from prescribers, positive and negative. In the initial stages of the campaign, we held a monthly working group, which is now more ad hoc.

Key successes

Some of the key successes of this work (based on December 2021 data) are:

- 8% decrease in identifiable patients overall
- A decrease in identifiable patients for hay fever of 17%
- A decrease in identifiable patients for dandruff of 26%
- From December 2020 to December 2021, overall cost has reduced by £34,000 per month

Urgent care

Since 2019, an Urgent Treatment Centre (UTC) was co-located at Pallion Health Centre on the site of Sunderland Royal Hospital.

A decision was made to move the UTC from its current location to an improved location within the main hospital building and adjacent to the adult Emergency Department.

The relocation, which took place in December 2021, and was part of ongoing quality improvement work led by All Together Better (ATB) Sunderland to improve patient experience.

Our UTC clinical model and delivery of urgent care services continues to deliver a high standard of care and service during M1-3 and there are several expected benefits to the co-location of the UTC to the adult ED:

- The ability to stream more patients from the adult ED into the UTC, which frees up capacity in ED for those with serious or life-threatening problems.

- The ability to better join up IT systems and information sharing between ED and the UTC, allowing more patients to be seen more quickly.
- Improved patient experience with:
- less distance to walk if patients do need to move between the UTC and ED or vice versa
- single front door/entry point for urgent and emergency care services at Sunderland Royal Hospital, making it much simpler for the public and making streaming between the services simpler.
- extended opening hours from 8am until midnight, 7 days a week and additional capacity to see more patients. This will help ease the queues that form around 10am and allow streaming from ED later in the evening when attendance levels are higher.
- Improved flexibility of staff to be able to respond to demand and periods of surge across urgent and emergency care services.
- Less pressure on the North East Ambulance Service if patients do need to be transferred between the UTC and ED.

The move was welcomed by city councillors and supports national NHS guidance for Urgent Treatment Centres and Emergency Departments to be co-located as close together as possible to allow better ‘streaming’ of patients into the right service.

Sunderland’s Urgent Treatment Centre cares for minor illnesses and injuries that need urgent attention, but are not life-threatening such as:

- Coughs and colds
- High temperature in child and adults
- Stomach pain
- Being sick (vomiting) and diarrhoea
- Suspected broken bones
- Sprains and strains
- Minor head injuries
- Minor scalds and burns
- Bites and stings
- Cuts and grazes
- Ear and throat infections
- Skin infections and rashes.

Seriously resistant – Sunderland and South Tyneside Evaluation

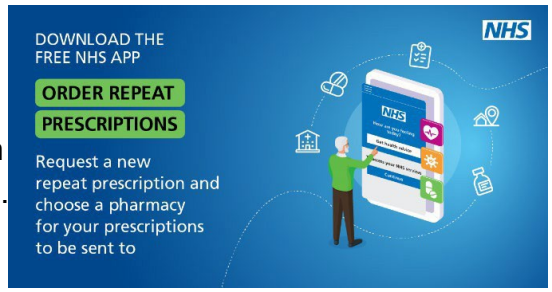
Now into phase three of the campaign, and taking learning from the 2020 'Beat It, #germfest' event, we went full steam ahead with year two. This time we worked closely with a primary school teacher from Washington to develop the programme for the online event. All primary schools were sent an invite to take part and several, including four target schools took part.

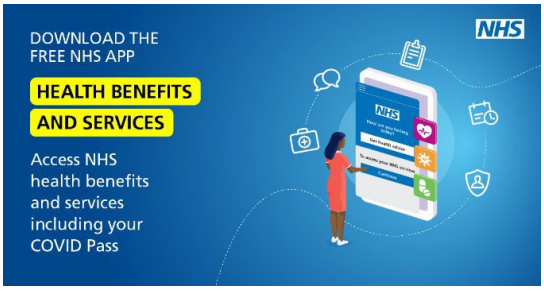
As part of the continued work on educating our younger generation, we have produced a newsletter for schools, directing them to the free resources from the #Beatit event.

We were put in contact with a family learning coordinator, Denise, who works with families across the city to help develop their basic maths and English skills. At present, she is working with 90 hard to reach families. We are in the process of producing a family learning booklet about germs and self-care. The message behind this booklet is to educate families about which illnesses need antibiotics and which do not. Denise's programme is interactive, so we have designed the learning booklet to tie in with this.

We are working with university students to produce messages to promote on social media that will engage with 18-30's.

Digital First Primary Care





The NHS Long Term Plan commits that every patient will have the right to be offered digital-first primary care. The pandemic brought new challenges and forced practices to move to new ways of working to help manage infection rates whilst continuing to provide primary care to patients.

We introduced software enhanced telephones which enabled staff to work from home, easing the pressures our practices were facing with staff infected by the virus or those who were clinically vulnerable.

To reduce the wait times patients were facing on the telephone, Sunderland CCG promoted the use of NHS App for Prescription Requesting via texts. Over 42% of Sunderland patients aged 13+ now use the NHS App, which provides a simple and secure way for people to access a range of NHS services on their smartphone or tablet. Our pilot practices reported on average a 55.5% reduction in prescription-related phone calls, improving access for patients that order via the telephone.

In alignment with NHS Digital Transformation, our practices have digitised historic paper patient records, supporting better care decisions by gaining immediate digital access to a patients' legacy medical records that detail broader health histories.

Electronic health and care record contains vital information which helps us to provide patients with the most appropriate care, more quickly. Sunderland was the first to enable sharing across both health and social care, the Great North Care Record.

Patients across Sunderland can now easily access advice, support, and treatment they need using digital and online tools providing a streamlined experience which aims to direct them quickly and easily to the right digital or in-person service.

Painkillers Don't Exist

Sunderland CCG has continued its commitment to reducing the prescribing rates of opioid medications. This year, Durham CCG joined the campaign and both areas saw a reduction in the number of high strength opioids issued.

Building on the previous years, this year the focus was further promotion of the brand through social media, pavement art (in and around high footfall areas) and packs to GP practices. We also produced a newsletter for distribution across the city and secondary care clinicians asked for copies that they could put out in waiting areas.

Going forward, we are reworking the Painkillers brand to include low dose pain killers. We want to adapt the campaign to include lower dose opioids more explicitly, and those patients who are at risk of becoming chronic users. Work has just begun on this, but it will see a revamp of the website, www.painkillersdontexist.com new case studies and work in GP practices.

'Babies cry, you can cope'

The CCG continued to support a national campaign to help prevent babies from being shaken, something which can have devastating consequences.

Our CCG worked with local partners to promote a programme called ICON, which was developed as an intervention to help reduce the number of babies suffering from Abusive Head Trauma (AHT). Research found that some parents and carers lose control when a baby's crying becomes too much and go on to shake the baby. This can cause life changing injuries and sometimes death. The Interim Named Nurse for Safeguarding Children for NHS Sunderland CCG worked directly with GPs, Midwives and Health Visitors in the city to provide them with the knowledge and skills to support new parents and provide them with information and advice on how to cope with crying babies. This

campaign was also shared with partner agencies including Together for Children, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and the Voluntary Sector including Lads and Dads and More than Grandparents.

Feedback from professionals who undertook the training have been very positive about delivering the message and have reported it has been well received by both parents. A planned review of the programme has been deferred until Autumn 2022 as the Sunderland Safeguarding Children Partnership consider trialling a new approach to reviewing the impact of training.

Learning Disability Annual Health Check

Individuals with learning disabilities have poorer health outcomes than the general population therefore Annual Health Checks (AHCs) were introduced for adults and young people aged 14 plus with a diagnosed learning disability to help them stay well. This is done by talking about their health, finding any problems early and helping them to access the right care at the right time. It is well documented that adults with a learning disability face multiple health inequalities, they die prematurely and that healthcare access for these individuals has been shown to be compromised. By improving primary care learning disability registers and the quality of an AHC they receive, can ensure those with learning disabilities receive the care and support they need to keep them well. NHS Sunderland CCG was selected as 1 of 7 exemplar sites across the whole of the UK in 2020/21. Their exemplar site work commenced in September 2020 and concluded in September 2021. It focussed on six key areas: Flu, Annual Health Checks, Learning Disability Primary Care Registers, Quality Assurance, Reasonable Adjustments and Black, Asian, and Minority Ethnic community. Sunderland CCG appreciate and understand how important it was for an AHC to be completed, however, we are focused and passionate that the quality of an AHC is imperative to ensure its effectiveness. The aims of our exemplar site work were:

- To deliver flu education into local specialist schools and to increase the number of flu vaccines delivered throughout 2020/2021 and 2021/2022 for all those on the practices learning disability registers.
- To support practices to deliver increased number of annual health checks throughout 2020/2021 to reach the 67% target and in 2021/2022 to reach the 75% target.
- To work with specialist schools to educate and raise awareness around eligibility for those aged 14+ with a learning disability attending annual health checks, design and develop a Sunderland Birthday Card for those turning 14 years old. Working to develop and gather reasonable adjustment information for those in schools to be fed into practices to update their learning disability personal profiles.
- To work with the BAME community to raise awareness, improve engagement with practices, develop accessible information, increase identification and the number of BAME individuals on practices learning disability registers. To also improve the number of individuals with a learning disability from the BAME community who receive flu immunisations and annual health checks.

- To work with practices to implement “find missing patient” exercise to increase the number of patients on practices learning disability registers.
- To work with individuals with a learning disability on a sessional basis to carry out secret shopper activities to ensure reasonable adjustments are being made and to ensure the learning informs future work.
- To work with local day resources, schools, and colleges to provide roadshows to increase awareness and gather reasonable adjustment information to feed into practices.

Sunderland CCG achieved and delivered all aspects of their exemplar site work and have continued to drive this agenda forward. This is evidenced in their continued delivery linked to trajectories. They delivered 78.9% of annual health checks by the end of March 2022 which was above the national expectation of 75%. This means that 1,764 AHCs were delivered against a register size of 2,237 across Sunderland. Sunderland's Primary Care Learning Disability registers continue to grow year on year, in this past year they have grown by around a further 150 patients. In this past year alone there were 77 individuals with a learning disability who declined their AHC, primary care continue to work hard to reduce the number of people who decline their annual health checks as they fully understand their importance.

Birthday card invitation

To improve take-up of learning disability annual health checks for those turning 14, the team introduced a bespoke birthday card which is posted to eligible young people for their 14th birthday. As well as wishing them happy birthday, the card also includes an easy read explanation of the health check, why it is important and how to make an appointment.

The front cover of the birthday card was designed by Class 19 at Portland Academy in 2021 as part of the engagement work linked to NHS Sunderland CCG Annual Health Check Exemplar Site Status.

The work undertaken in Sunderland has such a strong focus on the quality of annual health checks, they continue to review and improve this year on year via Sunderland's Annual Health Check Quality Framework. In addition to all the work around Learning Disability AHCs they have also delivered 70.8% of flu immunisations in the past year, 70% of 1st and 2nd doses of covid vaccinations, and 60% of covid booster vaccinations solely focused on reaching those individuals with a learning disability who were at greater risk or those who were hard to reach.

Joint area Special educational needs and disability (SEND) Inspection

In June 2021, Ofsted, and the Care Quality Commission (CQC) conducted a joint inspection of Sunderland to judge the effectiveness of the area in implementing the SEND reforms as set out

in the Children and Families Act 2014.

Following the June 2021 SEND inspection some key strengths were noted in the resulting outcome letter, including:

- Significant developments since Training for Care (TfC) started to work on behalf of Sunderland City Council to deliver children's services in 2017.
- Leaders have a clear ambition for children and young people with SEND in Sunderland. They have a realistic picture of the area's effectiveness in identifying, assessing, and meeting the needs of children and young people with SEND.
- Practitioners in SEND services, school improvement, social care and health are knowledgeable and skilful and make a positive difference to the children, young people, and families they are supporting.
- The timeliness of completing education, health, and care (EHC) plans is above the national average. Applications for EHC plans are administered effectively and EHC assessments gather quality evidence.
- The recruitment of a new designated clinical officer (DCO) has increased capacity within health provision.
- Digital developments over the last three years have helped public health staff to make sure that families only tell their story once.
- However, the inspection also found that area leaders have not ensured that the 2014 reforms have had the full necessary impact on improving provision and outcomes for children and young people with SEND.
- As a result, a Written Statement of Action (WSoA) was given covering the following two areas of significant weakness:
    - Joint commissioning, in a way that demonstrably and quickly improves provision and outcomes for children and young people, is not fully embedded. The information used to inform this process is not comprehensive, and coproduction with children, young people, and families is inconsistent.
    - The support for children and young people at times of transition across all services and age ranges is too variable in quality.

In response to the letter and the WSoA, an action plan was jointly produced by TfC and SCCG to be implemented over the next two years.

Special education needs and disabilities Advice Information and Support Services (SENDIASS)

Sunderland's SENDIASS provides free, impartial, and confidential information, advice and support to children and young people with SEND and their parents. This includes information, advice, and support through the EHC assessment and planning process as well as other

aspects of local policy and practice relating to SEN, health, and social care. Joint funding has been agreed with SCCG and Sunderland City Council to ensure compliance with the Children and Families Act 2014 and National Minimum Standards in relation to joint arrangements for SENDIASS.

Following the retirement of the Designated Medical Officer the SCCG employed a Designated Clinical Officer to ensure that we compliant with our statutory duties within health

- **Mental Health in Schools Team (MHST) -** Sunderland was successful last year in securing monies via NHSE for a Mental Health Support Team which works into eight schools currently to provide emotional and well-being to CYP.
- **Youth Justice** - All Youth Justice service should have a health practitioner in the team, as it is a statutory duty introduced by the Crime and Disorder Act 1998 and current statutory commissioning responsibility to provide a health post in the Youth Justice lies with the CCGs under the Health and Social Care Act 2012. The CCG have commissioned a post via STSFT to provide this requirement into the Youth Justice service.
- **Keyworking** - The Keyworker function is an important response to the NHS Long Term Plan (LTP), which makes a commitment that by 2023/24, children and young people with a learning disability, autism, or both, with the most complex needs will have a designated Keyworker. Keyworking is a new way of working with children, young people, and their families. It aims to improve their lives and mental health, providing additional support and reducing the need for inpatient admission. The aim of the keyworking function is to deliver flexible, personalised and child-centred support, to meet the complex and varying needs of children, young people, and their families. The keyworker role will work directly with children, young people, their families, and clinical teams to ensure we all work together to get the best outcomes. Keyworkers will support families of children/young people who have a learning disability, autism, or both, and who are at risk of admission to inpatient care due to their complex needs. The Keyworker will support young people and their family/carers to get the right support at the right time and contribute towards local systems (health, social care, education etc.) working together to meet local needs. Sunderland have secured a keyworker.
- **Children's Continuing Health Care (CCHC)** - CCHC is a legal requirement for CCGs to provide under the national framework 2016. We have commissioned NECS CCHC team to provide a service into Sunderland. This will provide a resilient, robust, and comprehensive service, with annual reviews, transition planning and sustainability.

CCG Nurse Away Day Celebration

The CCG celebrated The Year of the Nurse by organising a Nurse Away Day conference in June 2022. The event was originally organised in 2020, however had to be postponed due to the Covid-19 pandemic. The CCG encouraged nurses from all backgrounds to attend, to celebrate the resilience and hard work of nurses throughout the biggest health challenge of

their careers. The event had a varied agenda, including interactive educational training sessions, a range of fun games, as well as the opportunity to network.

Nurses in attendance were able to engage and learn a host of new skills, including communications. Key work projects during the pandemic were also highlighted, and best practice learning was shared amongst each other. There was also the opportunity to discover new and more efficient ways of working to help better serve patients.

Key Issues and Risks

The CCG identified the following key risks to the delivery of its strategic objectives in 2022/23:

- Impact of COVID-19 on normal CCG business, both as an employer and as a commissioning organisation.
- Sustainability of IT, workforce and infrastructure within the CCG and general practice.
- Increased health inequalities due to the pandemic.
- Increased demand and waiting times for planned care and cancer treatments due to COVID-19.
- Increased demand on mental health services & Continuing Healthcare.
- Financial pressures within the Local Authority around eligibility for continuing healthcare.
- Potential loss of access to historical cumulative surpluses generated from Sunderland resources as the CCG functions transfer to the Integrated Care Board.
- Implementation of new Menta Capacity Act (amended) 2019 Liberty Protection Safeguards
- Risk to prescribing efficiency schemes – there is a risk that prescribing efficiency target is not met due to the uncertainty impact following BREXIT and COVID (risk 2540)

In addition, because of organisational change across the North East and North Cumbria, there is a risk that staff may not have the level of engagement or capacity to deliver new and existing work objectives. In addition to this, changes to decision makers and decision-making processes may result in delays to approval times for pieces of work while the integrated care board embeds. This could result in a failure to meet existing targets, disruption to existing relationships with stakeholders, partners, and the public leading to a loss of confidence in and reputational damage to place-based delivery and the integrated care system.

Performance analysis

Performance Summary

The COVID-19 pandemic continues to have an impact on access to services and performance.

Challenges remain into 2022/23 because of the impact of COVID-19, staffing pressures and the impact of rising urgent care demands on the system much earlier in the year than usual.

The next few pages highlight performance in quarter one of 2022/23 against the following key pressure areas:

- Urgent, emergency, and intermediate care system
- Accident and Emergency waiting times
- Ambulance Response Times and Integrated Urgent Care
- Planned care system
- Referral to treatment (RTT) waiting times and waiting list volumes
- Diagnostic waiting times
- Cancer waiting times
- Mental health and learning disabilities

Urgent, emergency, and intermediate care system

Accident and Emergency four-hour wait including long stay patients

Delivery of the four-hour wait standard continues to be a challenge, particularly due to the impact of COVID-19 on the urgent and emergency care system and workforce.

Performance continues to be a challenge due to the impact of COVID-19 on flow throughout the system and the impact of staff shortages across the health and care system. Activity levels remain volatile, particularly in the emergency department and the flow from in-hospital to out-of-hospital remains a key challenge and priority for Sunderland. The complexity of patients, bed pressures and the volume of patients in the emergency department has resulted in an increase in long stay patients within the emergency department which is a key area of review in Sunderland. Surge arrangements remain in place because of the pressures and the development of a winter plan for the remaining months of the year are a key focus to help alleviate pressure in the system.

Ambulance Response Times and Integrated Urgent Care (IUC)

The COVID-19 pandemic continues to significantly impact ambulance services due to

increased demand on services and the impact on the workforce. The impact on the workforce has been significant and providers nationally were given additional funding to support and remains a key challenge and priority for the ICB and additional regional and national investment has been provided to NEAS to support additional resilience within the services they provide. This was supported by a robust investment and performance improvement plan which includes additional capacity for ambulance response and integrated urgent care (111).

Referral to Treatment (RTT) waiting times, waiting list volumes and long waiters

The CCG continues to be a high performer for RTT with performance the highest in the ICS. Established processes within Sunderland, supported by ICS elective recovery principles remain in place to maximise the elective capacity within the system and reduce the number of long waiters in-line with national expectations.

Using a combination of local and national funding, providers have secured additional elective capacity to further improve waiting times and reduce long waiters and this will continue throughout 2022/23.

The number of long (over 52-week waiters) and extreme waiters (over 104-week waiters) continues to reduce due to the work locally and regionally around elective recovery and additional capacity secured via local and national funding.

The focus remains on the transformation of elective care using advice and guidance, the implementation of patient-initiated follow ups (PIFU) and the use of virtual consultations. Through this transformation, patients will have improved patient experience, greater convenience and allow clinicians to focus on utilising the capacity to treat patients. The implementation of the waiting well programme across the ICS will also provide additional support to those patients who continue to wait longer for surgery.

Diagnostic waiting times

Diagnostic waiting times continue to improve in Sunderland, but challenges remain in several key modalities such as MRI, CT, and echocardiography. Additional capacity has been commissioned for echocardiography which is impacting positively on performance month on month as the backlog continues to decrease. Radiology pressures remain due to workforce constraints in Sunderland which is impacting access to diagnostics across multiple pathways.

Additional MRI and CT capacity remains in place throughout 2022/23 and work has commenced via ATB around GP access to diagnostic imaging which remains a key pressure in 2022/23.

Cancer Waiting Times

Cancer services continue to work towards delivery of the faster diagnosis standard and prioritise cancer surgery as part of elective recovery programmes. Screening services are now fully recovered and cancer referrals across most tumour groups are higher than pre-pandemic levels because of regional and national cancer awareness campaigns. The impact of diagnostic pressures continues to be a challenge in Sunderland, and this remains a key priority.

The South Tyneside and Sunderland cancer group continues to focus on delivery of the national cancer priorities such as faster diagnostics and the implementation of stratified follow up which is aligned to the Northern Cancer Alliance (NCA) cancer strategy.

The Targeted Lung Health Check (TLHC) programme will be implemented in 2022/23 across Sunderland to improve early diagnosis and survival for those diagnosed with cancer.

Mental Health and Learning Disabilities

Mental health services have continued to see an increase in demand during and following the COVID-19 pandemic, particularly in children and young people's services. In Sunderland, we are working closely with ATB and other partners to implement national strategies such as the Transforming Care agenda, Community Mental Health Transformation (CMHT) and long-term plan commitment. Last year we carried out a significant engagement programme with service users, the public and staff around mental health in Sunderland which provided valuable insight in how we need to support patients and residents of the city to improve and maintain their mental health. Following this engagement and supporting work with key partners across the city, we published our five-year Mental Health Strategy for Sunderland. We are now working on ensuring that our strategy is implemented and that our key deliverables are achieved.

Both last year and into 2022/23, we are focussing on ensuring that those people with the most serious mental illness are supported. We are currently working to deliver the national expectations around health checks for those with serious mental illness and have noted a significant increase in update over the last 12 months.

In late 2021/21 we recruited into our Mental Health Practitioner posts who can provide support at a PCN level, and we continue to explore how best we expand this provision in line with national guidance into 2022/23.

Improving access to psychological therapies (IAPT)

IAPT services continue to focus on supporting adults who are experiencing mental health services. Demand into IAPT services has been at a much lower level than national and local expectations however despite not achieving the national access target, we consistently record positive outcomes relating to recovery and improvement as well as qualitative feedback which demonstrates that a high level of service is being provided.

IAPT services have also been transformed and are now operating as a single point of access (SPoA) between the acute and voluntary sector, this aims to integrated IAPT services in Sunderland

Learning disabilities

Annual health checks (AHC) have continued to be provided during the COVID-19 pandemic by a variety of different methods which include virtual and face to face health checks. At the onset of the pandemic, a risk stratification tool was developed for general practice which helped identify the most clinically vulnerable and highest priority who needed to be seen in person.

In 2022/23, the focus continues on working with practices to deliver an ambitious annual health check programme with support from the CCG.

Children and young people's services (CYPS)

Referrals into children and young people's mental health services continue to be higher than pre-pandemic levels, impacting on waiting times for mental health services.

Children and young people's mental health remains a key priority for the CCG, and we are working closely with partners to develop new pathways in Sunderland which includes the development of a single point of access whilst also continuing to embed the support to schools and communities.

Performance measures

2022/23 Single Oversight Framework Exceptions

2021/22 - Priorities and Operational Standards											
Indicator	Level	Monitoring Frequency	Desired Direction	Latest Period	Target/ standard	Value	Same Period Previous Year	Change from previous period Arrow Key: Deterioration / Improvement	3 period continuous change	Performance latest 12 data points	Trend latest 12 data points
Activity											
Referral to Treatment (RTT)											
18 Week Referral to Treatment Waiting Times - Admitted (adjusted) pathways	SCCG	YTD	↑	2022/05	90%	62.7%	62.9%	↓			
18 Week Referral to Treatment Waiting Times - Non-admitted pathways	SCCG	YTD	↑	2022/05	95%	82.5%	92.2%	↑			
18 Week Referral to Treatment Waiting Times - Incomplete pathways	SCCG	YTD	↑	2022/05	92%	83.0%	84.3%	↑			
RTT waiting list	SCCG	Monthly	↓	2022/04	TBC	31,758	21,656	↑			
Number of 52+ week RTT waits	SCCG	Monthly	↓	2022/04	TBC	203	559	↓	↓		
Urgent and emergency care											
% Patients admitted, transferred or discharged from A&E within four hours											
All Types (YTD)	STS FT	YTD	↑	2022/06	95%	74.3%	88.3%	↑			
Type 1 (YTD)	STS FT	YTD	↑	2022/06	95%	59.2%	82.1%	↑			
Type 2 (YTD)	STS FT	YTD	↑	2022/06	95%	100.0%	100.0%				
Type 3 (YTD)	STS FT	YTD	↑	2022/06	95%	95.5%	99.0%	↑			
All Types (Month)	STS FT	Monthly	↑	2022/06	95%	74.1%	85.3%	↓			
Type 1 (Month)	STS FT	Monthly	↑	2022/06	95%	58.6%	77.8%	↓			
Type 2 (Month)	STS FT	Monthly	↑	2022/06	95%	100.0%	100.0%				
Type 3 (Month)	STS FT	Monthly	↑	2022/06	95%	96.8%	98.5%	↑	↑		
Trolley waits											
No waits from decision to admit to admission (trolley waits) over 12 hours	SCCG	YTD	↓	2022/06	0	2	0	↑			
Diagnostics											
Patients waiting six weeks or more for a diagnostic test	SCCG	YTD	↓	2022/05	1%	25.8%	0.4%				
Cancer waiting times											
2 Week Wait	SCCG	YTD	↑	2022/05	93%	88.8%	88.0%	↑			
2 Week Wait (Breast Symptoms)	SCCG	YTD	↑	2022/05	93%	87.8%	60.8%	↑	↑		
31 Day First Treatment	SCCG	YTD	↑	2022/05	96%	95.9%	98.7%	↑			
31 Day Surgery	SCCG	YTD	↑	2022/05	94%	75.8%	97.6%	↓	↓		
31 Day Drugs	SCCG	YTD	↑	2022/05	98%	99.3%	100.0%	↓			
31 Day Radiotherapy	SCCG	YTD	↑	2022/05	94%	94.9%	98.6%	↑			
62 Day First Treatment	SCCG	YTD	↑	2022/05	85%	73.5%	81.0%	↓			
62 Day Screening	SCCG	YTD	↑	2022/05	90%	94.1%	85.7%	↑	↑		
Learning disabilities and autism											
Learning disability registers and annual health checks delivered by GPs	SCCG	YTD	↑	2022/06		232	196	↑			

Sustainable Development

Introduction

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 we serve. 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 rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition of reducing the carbon footprint of the NHS, public health and social care system. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint. As a region we are focused on preventing ill-health and improving the overall health of communities with NHS organisations, and our partners, working together to deliver our ambition to be the greenest region in England by 2030.

The CCG agreed to sign up to the Sunderland City Council led 'Low Carbon Framework' in 2019/20 which aims to achieve carbon neutrality by 2030 across Sunderland partner organisations. The CCG has developed and approved a detailed organisational action plan to support the aims of the Low Carbon Framework.

Across the North East and North Cumbria as part of the Integrated Care system we are working together to deliver our ambition to be the greenest region in England by 2030 and have contributed to the plan development. Across our region, NHS organisations and our partners are already working to reduce our environmental footprint from how we are reducing waste, supporting active travel, using electric vehicles, re-thinking our supply chain and switching to more sustainable products

In response to the pandemic, and with the adoption of hybrid working across the CCG, we know that we have significantly reduced our use of paper resources and other office utilities.

Policies

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

Area	Is sustainability considered
Travel	Yes
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

We engaged with suppliers to understand, record and track sustainability of services and adherence to related contract requirements via normal contract management mechanisms where contract requirements are monitored.

Climate change brought new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures, and prolonged periods of cold, floods, droughts etc.

We do not currently use the Sustainable Development Assessment Tool (SDAT) tool; however, this will be considered going forward as part of our action plan.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Our organisation clearly contributed to the following Sustainable Development Goals (SDGs).

The CCG had an annual Modern Slavery Act Statement as required under the legislation. The CCG monitored compliance via the safeguarding designated and named assurance group which includes asking providers to confirm they have an MDS statement in place and can provide copies for CCG assurance. In addition, NHS contracts required compliance with the relevant legislation.

Our statement on Public Services (Social Value) Act was: The CCG agreed that it would include scoring for social value in all its procurement evaluations for which it tenders. Processes are under development to monitor compliance.

Travel

We can improve local air quality and improve the health of our community by promoting active travel to our staff and to the patients and public that use our services. Every action counts and we are a lean organisation trying to realise efficiencies across the board for cost and carbon (CO_2e) reductions. We support a culture for active travel to improve staff wellbeing and reduce

sickness. Air pollution, accidents and noise all cause health problems for our local population, patients, staff, and visitors and are caused by cars, as well as other forms of transport. The CCG actively encourages the use of electric vehicles by its staff and has shower facilities to encourage cycling to work. There is also a salary sacrifice scheme for cycling equipment available to staff.

One of the beneficial unintended consequences of the pandemic has been the shift in how we work. Most employees have been working from home for the past year, utilising digital tools such as Microsoft Teams to meet colleagues virtually and to continue to deliver business. This has drastically reduced our travel to work mileage and associated emissions.

Improve quality

Throughout 2022 the Quality and Safeguarding team have continued to maintain the CCGs essential duties and responsibilities. The team have taken forward the learning from our experiences to continually inform our strategy and future ways of working.

Quality is defined as care that is safe, effective and provides as positive an experience as possible for patients. Commissioning high-quality, person-centred healthcare is at the heart of everything we strive to achieve for people across Sunderland.

To achieve this, we work collaboratively with partners and stakeholders to deliver high quality and safe care to patients. As a commissioner we have an important role in gaining assurance on the quality of care delivered by our commissioned organisations.

Quality Strategy 2018-22

Our Quality Strategy underpins our work and reflects the NHS Five Year Forward View, the National Quality Boards '*Shared commitment to quality'* publication and the 2019 national patient safety framework. It describes our responsibilities, approach, governance, and systems to enable and promote quality across the local health economy.

Our strategy retained a focus on both quality assurance and improvement and remains in place while we await further direction from the ICB on future ways of working.

Quality and Safety Committee

The Quality and Safety Committee (QSC) had delegated functions from the Governing Body. This committee includes CCG representatives, lay members, and practice representatives. The purpose of the committee is to ensure appropriate quality governance systems and processes are in place to commission, monitor and ensure the delivery of high quality, safe patient care in commissioned services. This includes Acute and Mental Health Trusts, Care Homes, Ambulance and Community services.

As part of collaborative developments, the committee is run jointly with South Tyneside CCG and enables collaborative working, avoids unnecessary duplication of assurance processes, and ensures a harmonised approach to the monitoring of quality across commissioned services.

Quality and Safety Team

The Quality and Safety team is led by the CCG Executive Director of Nursing, Quality and Safety who, along with the Head of Quality, and Safeguarding Designated Professionals provided strategic and operational leadership for key components of the quality, safety, and safeguarding work streams.

Quality Review Groups

Our interface with providers was through our Quality Review Group meetings (QRGs). These were formal meetings held with our main providers to monitor and discuss all aspects of their quality-of-care delivery; this includes patient experience data, complaints, concerns and the review of themes and trends from incidents. The QRGs allow a transparent and open discussion of issues to take place and for improvements to be monitored. There is also a key focus on ensuring innovation and service improvement across the health and social care sector. Membership includes Executive leads and NHSI, NHSE and CQC colleagues are invited to support a single approach to assurance.

Areas of focus this year have been on mortality and maternity services. Especially following the publication of the Ockenden reports and considering the pressures that are being felt both locally and nationally on maternity services.

Quality Impact Assessments

To assure ourselves that commissioning decisions do not have a detrimental effect on quality, the CCG has a quality impact assessment (QIA) policy, and the process is embedded across the CCG. Commissioning leads review proposed changes to services and assess whether there will be a positive, neutral, or negative effect on safety, patient experience, and effectiveness. This process is managed by the quality team, with the Executive Director of Nursing, Quality and Safety and the CCGs Medical Director reviewing and approving any completed QIAs.

All Together Better (ATB)

The CCG Quality team alongside the CCG Executive Director of Nursing, Quality and Safety have worked collaboratively with ATB colleagues to implement a robust quality governance framework. This has ensured that proportionate quality assurance mechanisms are in place to

support out of hospital work programmes across Sunderland and to ensure services are safe and effective.

The ATB have a Director of Nursing who is responsible for the overall delivery and oversight of ATBs quality governance and assurance arrangements.

Learning from Serious Incidents

Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant a comprehensive response. The occurrence of a serious incident can demonstrate weaknesses in a system or process that need to be addressed to prevent future incidents.

The CCG was responsible for gaining assurance that when a serious incident occurs either within providers or within commissioned services that there are measures in place which safeguard patients.

Robust governance processes are in place to monitor serious incidents through a combined CCG Serious Incident Panel held jointly with NHS South Tyneside CCG. This panel is led by the CCG Executive Directors of Nursing, Quality and Safety who ensure sufficient rigor has been applied to the investigations and that learning has been elicited and embedded into practice. Providers are invited to attend the panel to provide further assurances and clarity around their investigation reports.

Serious incident reports and action plans are reviewed and only signed off during the panel once appropriate assurance had been received. The panel also monitored serious incident themes and trends across the year and work with providers to manage and respond to any emerging themes.

Healthcare Associated Infections

The CCG had in place a commissioned infection prevention and control (IPC) team operating across Sunderland who provide an essential service to primary medical services and the care home sector across the borough. Work has been completed in identifying and training care home champions in IPC to help support the delivery of key messages and ensure ongoing IPC standards. The IPC team continue to play a key role in supporting our care homes with advice and support in outbreak situations and in addressing themes and lessons learned.

The Healthcare Associated Infections (HCAI) Improvement Group was a joint collaborative group that meets quarterly across South Tyneside and Sunderland and includes representation from the two CCGs, provider organisations and Public Health England. The group provides leadership and oversight and ensures a whole system approach to preventing and controlling healthcare associated infections. The HCAI group had robust reporting mechanisms and receives regular assurance reports and updates on key metrics. Any identified quality or patient

safety issues are escalated to the quality review groups or regional IPC forums such as the regional Board.

There was a whole system HCAI joint action plan in place with progress being reported to the HCAI Improvement Group and the QSC. Our plan is reflective of current IPC challenges with infections such as Clostridium Difficile, Methicillin-resistant Staphylococcus aureus (MRSA) and Gram-Negative bacteraemia infections (GNBSI). It also supports delivery of the recommendations outlined in the governments Antimicrobial Resistance (AMR) 5-year plan.

Quality surveillance group (QSG)

The CCG remained an active member of the Cumbria and North East Quality Surveillance Group (QSG) along with other peer colleagues across the North East and key partners and stakeholders.

Quality Surveillance Groups were an important mechanism for sharing and analysing significant information and intelligence about commissioned services. This enables early detection of deteriorating quality and an ‘early warning’ of potential risks to patient safety. Where necessary, the QSG and CCG have conducted enhanced surveillance of providers until evidential assurance of sustained quality improvement is demonstrated.

Quality in Primary Care

The CCG had delegated responsibility from NHS England for the commissioning of general medical services. We support NHS England in relation to our duty to improve the quality of primary medical services through agreements and processes with our member practices regarding quality and safety. The CCG has a well-established Local Quality Group which reports to the Primary Care Commissioning Committee.

Any quality exceptions are also reported formally to the Quality and Safety committee. The LQG meeting occurs quarterly and includes representation from NHS England and CQC as well as a representative from general practice and is where we assess, measure and benchmarking the quality of care within general practice.

General Practice is continually assessed against a range of national and local quality indicators which are triangulated with soft intelligence, complaints, incident data and the outcome of reports following CQC inspection.

Research and Development

To fulfil our statutory duty to ensure research is carried out for benefit of the population we serve; we are committed to ensuring that research activity is undertaken rigorously and ethically under the governance framework established by our Research and Evidence Group.

The findings of our research and information gained from research and evaluation undertaken across the system are used as evidence to inform commissioning decisions. Additionally, findings are presented to the Executive Committee and Governing Body and written up for publication in healthcare journals, lay summaries produced and disseminated to the public and patients to ensure transparency and understanding of research activities.

Patient Experience and Feedback

Improving patient experience has continued to be a key area of focus for the CCG and we triangulate patient experience from National surveys, engagement events and complaints and enquires, addressing any themes and trends. Patient experience is vital in shaping and influencing improvements in the quality of care being provided.

Safeguarding

Executive leadership for safeguarding is provided via the Executive Director of Nursing, Quality and Safety. Other statutory lead roles are delivered by the role of the Designated Nurse Safeguarding Children (combined job share post), the Designated Nurse Safeguarding Adults, the Designated Nurse Cared for Children, the Designated Doctor for Children, the Designated Doctor for Looked after Children, and the Designated Doctor for Child Deaths. The named GP for Adult Safeguarding and Child Safeguarding offer support on a sessional basis. A Safeguarding Children and Adults Nurse provide additional safeguarding nursing capacity within the CCG. The CCG Chief Officer is a member of the Sunderland Safeguarding Adult Board (SSAB) and the Sunderland Children Safeguarding Partnership (SSCP).

The SSCP provided the multi-agency safeguarding arrangements with the CCG as a key statutory safeguarding children partner. The SSCP has continues to oversee performance and quality of arrangements, recovery plans and learning and workforce developments.

The SSAB continued to meet to review recovery plans, performance, quality, learning and workforce. All statutory processes are in place and have continued via virtual meetings throughout the pandemic. This model is still firmly in place for all statutory processes. SSAB subgroups continue to function in a virtual format. A new Independent Chair was appointed to the SSAB in April 2021. SSAB continues to review the impact of the pandemic on adult safeguarding issues and establish clear actions to address issues as they arise. SSAB have now formalised their arrangements for the management of high-risk complex cases in January 2022 and have adopted the CARM (Complex Adult Risk Management) framework for the management and coordination of high-risk cases. This was following actions agreed from the Learning and Improvement in Practice subgroup in January 2021. The new CARM Framework has a triage and panel process, and quarterly reports will be reported to SSAB and Learning and Improvement in practice (LIPP). SSAB continue to develop areas of learning following SAR (Safeguarding Adult Review) reviews and have embedded actions to develop specialist training for complex cases as well as supportive documents for staff guidance.

The Alan SAR action plan (Professional Curiosity) is completed and there were significant actions and leaning included the CARM development, a full review of the Special Allocation

Service (audit) and new multi-agency guidance for dependent drinkers. A new subgroup has been developed for SAR reviews which used to sit in the LIPP group. Following discussion with SSAB and all agencies the SAR panel has now been established as a separate panel/subgroup for all SAR cases. These learning actions from SAR panel will then feed into LIPP.

The SSAB continue to develop and update areas regarding self-neglect which has been an area of concern during the pandemic.

The CCG continued to provide overview and involvement with the statutory processes for Safeguarding Adult Reviews (SAR) Domestic Homicide Reviews (DHR) and Child Safeguarding Practice Reviews (CSPR) supporting organisations with embedding learning and actions from these reviews and identifying themes and trends.

The CCG provided safeguarding leadership and assurance across the health economy via a Joint Designated and Named Assurance Group, which met on a quarterly basis. This group acts as a conduit for all assurance processes including audit, training, and referral rates as well as any key updates on statutory processes. We have well established safeguarding dashboard reporting arrangements across the provider trusts, and this incorporates safeguarding children, safeguarding adults, Mental Capacity Act / DoLS and Prevent. SCCG Safeguarding are part of, and rotate chair responsibilities for, the regional Safeguarding Network Professional Development group which includes Named Professionals and Designate and Named Doctors across the region. This group has superseded the previous Learning and Improvement group and gives all Safeguarding Professionals in the region the opportunity to be part of local, regional, and national learning.

In relation to safeguarding children and adults training, Trusts reported an improvement in year in compliance at level three training compared to restrictive practice in the previous year due to Covid-19. Most Trusts are now using a mixed model of remote training packages and face to face training. and, although some remain slightly under compliance levels, training processes are in place via interactive remote training, which is in line with the Intercollegiate Guidance. One Trust has had issues implementing level three training for safeguarding adults. However, that Trust now has an online training process underway since January 2022 but will take some time to establish required compliance levels.

Sunderland CCG safeguarding team provided quarterly virtual safeguarding training programmes for primary care throughout 2021/2022 at level three as well as delivering the Time in Time Out (TiTo) annual safeguarding primary care programme. The latest TiTO was delivered virtually in March 2022 and included guest speakers. The safeguarding team also provide bespoke training for practices where required and are developing lunch to learn resources for practices. This meets with the Intercollegiate Guidance for all relevant professionals involved with children and adults at risk to have access to level three training which focus on the more complex areas of safeguarding. SCCG safeguarding also support the training provision for domestic abuse for CCG domestic abuse champions and provide self-neglect training at a national level. The Safeguarding team continue to support primary care colleagues as required to meet CQC requirements in relation to safeguarding both children and adults.

Engaging people and communities

NHS Sunderland CCG were committed to collecting the views from a range of Sunderland residents, including patients, the public, and carers. This included listening to the views from protected characteristic groups.

Throughout the Covid-19 pandemic, Sunderland CCG has sought to identify different ways of working, involving, communicating, engaging, and listening to the public, patients, and carers.

This is to ensure that stakeholder voices are included in the services we provided. As the pandemic has evolved, so has the way we involve people, through learning lessons of what has worked well and ensuring a mix of engagement and communication methods are used.

Specialist advice and external benchmarking is obtained from the national Consultation Institute. This support ensures that all engagement and consultation work undertaken by the CCG follow best practice.

The CCG monitored this through regular reports and updates to the Patient and Public Involvement (PPI) Committee, and Governing Body (GB) meetings. The PPI Committee is chaired by the Lay Member for patient and public involvement and reports to the Governing Body. The updates set out our commitment to working with the public, patients, carers and communities and their representatives, to ensure health and social care services are shaped around what people need.

Each project had a specific bespoke communications and engagement plan which sets out objectives, tactics and resources required.

We had a robust process in place to ensure that patients' views are considered when changes to services are being considered. This included a toolkit for staff to use when undertaking service change, and guidance on mechanisms and techniques that can be used to ensure patient views are captured. Advice and guidance are also available from the CCG Involvement Lead.

Involvement Strategy for the NENC ICB

As we move into greater collaborative working arrangements, NHS Sunderland CCG have worked together with involvement leads across the new Integrated Care Board (ICB) footprint to develop stronger partnership arrangements. Through this partnership work, we held conversations with our stakeholders to understand what has worked well for involvement, what could work better, and in an ideal world, how involvement will work once we become the North East and North Cumbria ICB. We have collectively shared this feedback to identify principles for engagement to take forward, and an aspiration for involvement which was built into a strategy for Involvement for the NENC ICB. This strategy was built upon conversations with our stakeholders, and a shared commitment to continue to involve patients, public, carers, and wider stakeholders in shaping, evaluating, and improving the services we commission.

https://northeastnorthcumbria.nhs.uk/get-involved/

Citizens' Panel engagement for the NENC ICB

The North East and North Cumbria Integrated Care Board (NENC ICB) wanted to explore a future enduring Citizen's engagement model, where consideration was given to approaches such as Citizen's panels, juries, and assemblies. An independent research company was commissioned to carry out some research with a range of stakeholders to better understand appropriate citizens engagement for the ICB and to support the work across the ICS. The aim of the research was to:

1. explore the benefits, drawbacks, and resource requirements of differing models of Citizen's engagement.
2. provide recommendations on an approach that will meet the needs of the ICS on an ongoing and enduring basis.

The was conducted in three phases.

Phase one: desk research and horizon scanning. Desk research was conducted to identify engagement models that have been successfully employed both within and out of the health sector. As part of the horizon scanning, interviews were also conducted with individuals identified within the desk research as being involved in areas of best practice. Ultimately, the aim of these conversations was to add further context to any identified case studies.

Phase two: qualitative interviews and surveys with key stakeholders. Building upon phase one, in-depth interviews were conducted with key stakeholders. They sought to understand stakeholder's views about engagement, with specific emphasis on the following:

- the purpose of engagement.
- how they think the ICB should undertake engagement.
- how they perceive rigour and success in engagement.

In addition to the in-depth interviews, a survey was developed that consisted of six open-ended questions that were aligned to ones asked during in-depth interviewing. This approach ensured that a broader sample of stakeholders was involved in the research than would have been facilitated by interviews alone.

The discussion guide employed in the interviews and the survey are detailed within Appendix one and two of this report, respectively,

For both interviews and surveys, stakeholders were identified by the ICB and partner organisations. This approach ensured that involved stakeholders held an interest in citizens engagement and that the research involved those operating in diverse regions across the ICB.

Phase three: synthesis. In this final phase of the research, all strands of evidence (horizon scanning, interviews, and survey) have been brought together to form one cohesive body

evidence. From this, a series of recommendations have been drawn regarding future Citizen's engagement for the ICB.

During analysis it became clear that the was a high degree of consistency in thoughts and opinions from stakeholders undertaking interviews and those completing the survey. For this reason, and to avoid repetition, the findings from phase two have been merged and presented according to emergent theme.

Involvement strategy for NHS Sunderland CCG

An updated Involvement strategy was produced in coproduction with partner organisations in 2021. Based on research with partner organisations, the strategy is based around the following five themes:

- We will reach out to people to involve them in the right way to increase participation.
- We will promote equality and diversity and encourage and respect different beliefs and opinions.
- We will take the time to plan for involvement, including how we can work with partners, and feeding back.
- We will continue to build on our partnership relationships, in particular to ensure knowledge and capability is shared for the future.
- We will use a range of best practice involvement methods including both on-line and off-line methods.

https://sunderlandccg.nhs.uk/get-involved/involving-the-public-in-governance/involvement-strategy/

This strategy ensures that NHS Sunderland CCG has a clear plan in place to meet legal duties to engage and consult the public and pledges set out in the NHS constitution.
The strategy was also produced as an easy read version, and in BSL.

Path to Excellence – the transforming hospital services across South Tyneside and Sunderland

The programme continues to work with The Consultation Institute to follow a best practice pre-consultation and public consultation processes and is committed to open, transparent patient and public involvement.

The programme continues to regularly assess the strategic timeline for consultation, which is interdependent on the availability of capital to finalised options and the completions of the pre-consultation business case to progress to NHS England regulatory assurance.

Democratic engagement also continues with informal sessions with the South Tyneside, Sunderland and County Durham Joint Health Overview and Scrutiny Committee, including sharing of working ideas. Formal sessions would be arranged in line with proposed programme timetable. In addition to this, updates on the programme and information on the working ideas has been provided to all three local authority health and wellbeing boards.

The programme continues to progress impact assessments including travel and transport and equality. Meetings to consider travel and transport impact continue to develop a standalone business case on how travel and transport impacts could be mitigated, to include tangible suggestions.

The communications and involvement plan was developed with partners via the Stakeholder Panel and the communications and engagement task and finish group and builds on the pre-consultation involvement activities and case for change publications and the best practice service change solutions development carried out in 2021/22.

During this three-month period, further work has been done to progress the operational planning elements of the communications and involvement plan, which builds on the learning from Phase One public consultation. Procurements have been carried out to appoint providers for the research and analysis elements of the consultation.

The plan is in line with best practice consultation. It meets legal duties to involve patients, case law on public consultation, legal duties to consult with Health Overview and Scrutiny and legal duties in relation to reducing health inequalities.

The main elements of the plan are highlighted below.

Involvement and research activities

To make it as easy as possible for people to take part in the consultation activities, a blend of different involvement and research activities have been developed with the stakeholder panel and communications and involvement task and finish group. Robust research methods of targeting demographics and sampling, question setting is provided by an independent research organisation appointed via the procurement process as mentioned above.

Main consultation questionnaire

This will be the main way anyone who wishes to take part in the consultation and give their views can do so. It will be hosted both on-line and paper copies will be made available. This method is self-selecting so open to all, including past, current, and future patients. Paper copies include a freepost address and includes the opportunity to provide a telephone response.

Patients with lived experiences survey

Patients who have lived experiences of both planned surgery and emergency surgery at South Tyneside and Sunderland NHS Foundation Trust will be targeted via a sampling method with survey specifically to ask their views on the proposals. Sampling advice is provided by the independent research organisation. The correspondence will include the opportunity to take part in patient experience focus groups.

Patient focus group sessions

Participants recruited via the lived experience patient survey as above will provide the opportunity to explore in depth the findings from the lived experience survey in relation to the proposals. The focus groups will be independently conducted and reported upon.

Public events

There will be a range of public events allowing questions, answers, and feedback. The key issues and themes from each event with be reported on a template so it can be included in the overall feedback.

On street interception survey

The purpose of the on-street interception survey is to reach out to the wider community who may not take the opportunity to participate in the main consultation questionnaire otherwise.

Staff engagement

In advance of the consultation commencing there will be proactive staff engagement activity. This includes specific dedicated sessions and attendance at key meetings and groups across the trust. A video and other communications materials have been prepared and ready to go live

depending on consultation timescales.

The main consultation survey will be available to complete online, on paper or via telephone and promoted extensively. These are all self-selective methodologies and are more likely to be completed by individuals with specific views in relation to any proposed service changes.

By conducting an on-street intercept survey allows to eliminate self-selection bias and engage with a representative sample of the Sunderland, South Tyneside, and North/East Durham populations. This then means the decision makers would be able to consider the results of street inception survey alongside all other research elements of the programme.

Work is ongoing regarding an impact analysis of the proposed options and a decision has been taken to align the on-street intercept survey with the outputs of this work to ensure that the survey reaches those most impacted by the changes.

Voluntary and community sector (VCSO) focus groups and other involvement

The programme very much values the input and support of the voluntary, community and social enterprise sector and has actively engaged with the sector throughout the programme in several ways.

VCSO's are asked to support involvement activities to target people and communities who may be more impacted, in recognition of their abilities to reach further into communities. Mechanisms include events, completing an agreed set number of surveys with service users, running relaxed informal sessions, holding focus groups, or carrying our one-to-one interviews. The programme will provide different tools and resources to help for example:

- Focus group packs, reporting templates, monitoring forms
- Discussion guides, show cards
- Surveys
- Alternative formats as needed (easy read, different languages etc)
- A session with the programme to support your activities (e.g., train the trainer)

It should be noted that VCSOs were also be asked to provide their own organisational response.

Written submissions from stakeholders

Stakeholders and partners will be identified and written to at the start of the consultation and specifically asked to provide an organisational response to the proposals. Key partners such as other local NHS organisations will be invited, and individuals will also be encouraged to take part.

Social media comments

A detailed social media plan to support the promotion of events and all activities will be in place. Public comments made on social media will be collected and included as part of the public feedback.

Publications

- Full public consultation document in progress – once content agreed will be graphic designed etc
- Summary and accessible versions to be developed – including easy read
- FAQs, briefing sheets etc

Communications activities

A range of communications activities will take place in support of the consultation. In addition to the above publications which provide the content of the issues, other plans include

- Set of supportive assets will include animation, graphics, social media etc
- Media briefing and media release
- Supplements in Gazette and Echo
- On-line and paper distribution of surveys
- Promotional materials, posters and leaflets distributed to local venues

Public events

Public events are an important element of the consultation; however, they are one element of a more integrated research methodology being undertaken.

Research methods and reporting public feedback

A research partner has been appointed and the public feedback reporting will include:

- Draft report to programme team
- Finalised draft report made available to the public for final comments before report is finalised through an on-line event
- Final report available

Report should include:

- Executive summary
- Full report with appendices
- Slide set - summary

- Video presentation of the summary findings

Looking to the future

All NHS organisations in England are waiting to hear the outcomes of bids for capital funding from HM Government, once this is known options can then be finalised re future planning needs and the supporting pre-consultation business case be developed.

Patient stories

NHS Sunderland CCG are committed to hearing about the experiences of local health services, both good and bad, to help us shape future services.

The CCG collect patient stories to learn about the experiences and needs of people accessing health services in Sunderland, and to put patients at the heart of service development and decision making. This allows the CCG to identify where systems and processes may need to be improved, as well as sharing areas of good practice, to improve people's experiences and access to health care. These stories are taken to Governing Body meetings.

An animation has been developed to help collect patient stories: https://www.sunderlandccg.nhs.uk/get-involved/your-views-and-experiences/. This has been included on the CCGs website and promoted through social media.

The most recent patient story taken to Governing body can be found below:

Going Digital with healthcare

This story follows the journey of a patient who has diabetes, and many other health concerns. The biggest health issue being the patients lack of hearing throughout their life. Due to covid - 19 there were significant changes made to general practice and the way that healthcare appointments and services were provided. The story champions the changes to GP's working in a new digital way and highlights the benefits of these changes. This story shares how the patient was able to have easier access to appointments, better communication with staff, and extra care given by healthcare professionals following the changes using digital technology.

Nurse Away Day Celebration

The CCG celebrated The Year of the Nurse by organising a Nurse Away Day conference in June 2022. The event was originally organised in 2020, however had to be postponed due to the Covid-19 pandemic.

The CCG encouraged nurses from all backgrounds to attend, to celebrate the resilience and hard work of nurses throughout the biggest health challenge of their careers. A total of 56 people attended the event. The day was planned to have a varied agenda, including interactive educational training sessions, a range of fun games, as well as the opportunity to network.

Nurses in attendance were able to engage and learn a host of new skills, including communications. Certificates in Learning Development and Communication skills were also presented at the event. Key work projects during the pandemic were also highlighted, and best practice learning was shared amongst each other.

There was also the opportunity to discover new and more efficient ways of working to help better serve patients.

Coproduction engagement and toolkit

Sunderland CCG developed co-production training for CCG staff and wider partner organisations. Co-production offers the opportunity for professionals and service users to work together to ensure that service delivery connects to lived experiences and is therefore meaningful and effective for all involved.

The main objective of this work was to deliver training around co-production, and the production of a toolkit which would be a practical, easily understood, and accessible resource for staff and stakeholders to access in the future.

The research had the following key objectives:

- Preliminary research to understand staff thoughts about co-production, any barriers that may exist to its adoption and how they would like training to be delivered.
- Develop and deliver initial training that was cognisant of this understanding, worked to overcome any barriers and was delivered according to staff preferences.
- Evaluate this training with training participants to understand how it could be improved.

- Develop and evaluate the final toolkit. This is a stand-alone resource for co-production that can be iteratively developed by staff and stakeholders to reflect their learnings as co-production becomes embedded in routine practice.

To meet these objectives, the research was conducted in three phases:

1. Phase 1: Initial training development. Preliminary research was conducted with staff in the CCG and partner organisations to understand their views about co-production and how they would like training to be conducted. Within phase one, five interviews and two focus groups (with 10 participants) were conducted with staff and stakeholders to understand thoughts about co-production. The findings of these discussions were organised into three key themes: (1) Initial thoughts on co-production; (2) Barriers to co-production; and (3) Delivery of training. The outcome of this phase was the development of the initial training, which was delivered in phase two.
2. Phase 2: Delivery and evaluation of training. In this phase the initial training was delivered and then evaluated with participating staff.
3. Phase 3: Development and evaluation of a co-production toolkit. In this phase the toolkit was developed, following input from participants in all stages of the research. Whilst phase three is presented as a distinct phase, it is important to acknowledge that building the toolkit was an iterative process that continued throughout the research. All participants were asked what they thought should be within the toolkit and whether they would agree with the suggestions of others. Any issues or concerns mentioned as part of the research were also used as opportunity to develop the toolkit as a source of information that could directly address any barriers to co-production. For example, in the first training session participants struggled with the use of the word ‘power,’ feeling that it referred to a particular group having ownership over co-production. For this reason, the meaning of power (i.e., the issues that can emerge from conscious and unconscious social dynamics within co-production) is explicitly explained in the narrative underpinning the training slides that are included in the toolkit. Further, the need for a practical focus emphasised throughout by participants resulted in the inclusion of several case studies and a co-production checklist within the toolkit.
4. The findings of each phase of the research and how this led to the development of the toolkit. The coproduction toolkit consists of:
    - A document summarising the research and feedback from staff and stakeholders
    - Training slides (Explain Research delivered two training sessions based on these slides), including an audio overlayed presentation to support on-going learning
    - Successful co-production case studies
    - Further information about coproduction, including further reading

Reducing health inequality

Sunderland CCG had a clear commitment to equality, diversity, and inclusion which are guided by the principles of the NHS Constitution, the Equality Act 2010, and the Human Rights Act 1998. In addition, the Health and Social Care Act 2012 states that it is a 'power' of CCGs to arrange services that will *'secure improvement in the prevention, diagnosis, and treatment of illnesses (for those whom it has responsibility)'*

The work undertaken by the All Together Better Alliance has progressed the system working approach to ensure that health and social care teams have one aligned vision in a way that means partners are equal in standing and focussed on providing the best care for the person.

The CCG has consistently demonstrated a commitment to Equality, Diversity and Human Rights (EDHR) in everything we do, ensuring it is the golden thread throughout commissioning services, employing people, developing policies, communicating, consulting, and involving individuals in the communities we serve.

The Sunderland Healthy City Plan, as published in March 2021, states the importance of tackling health inequalities at a system level.

Public Sector Equality Duty (PSED)

As a public authority, we were required under the Public Sector Equality Duty (PSED) which is set out in s149 of the Equality Act 2010, to have due regard to:

- Eliminate unlawful discrimination, harassment, victimisation, and other conduct prohibited by the (Equality) Act
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

We were also required as part of the Specific Duties Regulations 2011 to publish:

- Equality objectives, at least every four years
- Information to demonstrate our compliance with the public sector equality duty

Governance

The Governing Body ensured were are compliant with legislative, mandatory, and regulatory requirements regarding equality and diversity, develops and delivers national and regional diversity-related initiatives within the CCG, provides a forum for sharing issues and opportunities, functions as a two-way conduit for information dissemination and escalation,

monitors progress against the equality strategy and supports us in the achievement of key equality and diversity objectives.

Equality Strategy

Our Equality Strategy for 2021-2024 has been developed. The revised strategy highlights the aims set out within the 'We are the NHS: People Plan 2020/21 – action for us all' and outlines our strategic direction in how we foster a culture of inclusion and belonging, take action to develop a diverse workforce that is representative of the communities it serves, train our people, and work together differently to deliver patient care.

https://sunderlandccg.nhs.uk/wp-content/uploads/2019/02/EDS01-STCCG-and-SCCG-EDI-Strategy-2021-2024.pdf?x91430

We have continued to utilise the Equality Delivery System (EDS2) framework and have been using the tool to support the mainstreaming of equalities into all our core business functions to support us in meeting the Public Sector Equality Duty (PSED) and to improve our performance for the community, patients, carers, and staff with protected characteristics that are outlined within the Equality Act 2010.

We have used the NHS Equality Delivery System 2 (EDS2) to develop and prepare our equality objectives, our action plan and objectives are outlined below:

Objective 1	Continuously improve engagement, and ensure that services are commissioned and designed to meet the needs of patients from at least 9 protected groups.
Objective 2	Ensure processes are in place to provide information in a variety of communication methods to meet the needs of patients, in particular those with a disability, impairment or sensory loss.
Objective 3	Continuously monitor and review staff satisfaction to ensure they are engaged, supported and have the tools to carry out their roles effectively.
Objective 4	Ensure that the CCG Governing Body actively leads and promotes Equality and Diversity throughout the organisation.

Our Staff - Encouraging Diversity

We encourage a diverse range of people to apply to and work for us as we recognise the benefits such diversity brings to the quality of our work and the nature of our organisation.

We continued to offer guaranteed interviews to applicants with a disability who are identified as

meeting the essential criteria for any advertised roles; and reasonable adjustments under the Equality Act 2010 are considered and implemented during the recruitment process and during employment.

By working closely with DWP, we maintained our ‘Level 2 Disability Employer’ status for 2020 - 2022 by demonstrating our commitment to employing the right people for our business and continually developing our people.

Workforce Race Equality Standard

In accordance with the Public Sector Equality Duty and the NHS Equality and Diversity Council’s agreed measures to ensure employees from Black and ethnic minority (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace, the CCG completed the Workforce Race Equality Standard (WRES) reporting on an annual basis to assess itself against the nine WRES indicators. In 2021, the corresponding WRES action plan was implemented across all North-East and North Cumbria CCGs in readiness for bringing the organisations together as an ICB in July 2022.

Equality Impact Assessments

The Equality Impact Assessment (EIA) Toolkit was in place so any potential negative impact on any of the protected groups set out within the Equality Act 2010, can be identified at the start of development for a new, proposed service, policy, or process.

The tool covers all equality groups offered protection under the Equality Act 2010 (Race, Disability, Gender, Age, Sexual Orientation, Religion/Belief, Marriage and Civil Partnership and Gender Re-assignment) in addition to Human Rights and Carers, as well as including prompts for engagement with protected groups the tool also aids compliance with the Accessible Information Standard.

In addition to complying with the Public Sector Equality Duty, the EIA supports the culture of recognising that people are different, and our services should be inclusive for all.

Accessible Information Standard

The Accessible Information Standard aims to make sure that people with a disability or sensory impairment have access to information that they can understand, and access to any communication support they might need.

The CCG had due regard to the standard by obtaining feedback from Patient Reference Groups (PRG's) in relation to how we can improve our communication methods to make them more accessible.

Further information on the standard can be found at:
https://www.england.nhs.uk/ourwork/accessibleinfo/

Health Inequalities

It is widely recognised that Sunderland has some significant health challenges and inequalities. There is cross organisational support for reducing health inequalities to ensure that health services are made accessible and available for everyone, not just the few.

We understand our local population and local health needs, using joint strategic needs assessments (JSNAs) and we collate additional supporting data including local health profiles as well as qualitative data through our local engagement initiatives which aim to engage hard to reach groups.

A range of stakeholders are invited to the CCG's Equality, Diversity and Inclusion Group including providers and Healthwatch. It is this group which oversees all activity for communications and engagement and acts as a 'critical friend.'

When engaging or communicating about project areas, a robust plan is developed to ensure representation is sought from as many areas as possible and stakeholders are demographically mapped. Our efforts are displayed in campaigns the CCG has undertaken this year including 'Sunderland Urgent Care' and the 'Path to Excellence Programme.

As local commissioners of health services, we aimed to ensure that the services that are purchased on behalf of our local population reflect their needs. We appreciated that to deliver this requires meaningful consultation and involvement of all our stakeholders. We aim to ensure that comments and feedback from our local communities are captured and, where possible, giving local people the opportunity to influence local health services and enable people to have their say using a variety of communication methods enabling them to influence the way NHS health services are commissioned.

Further information can be found at:

- Health Profiles: Local Authority Health Profiles

- Public Health England – Local Health: http://www.localhealth.org.uk
- Sunderland JSNA: https://www.sunderland.gov.uk/article/15183/Joint-Strategic-Needs-Assessment-JSNA-
- Sunderland CCG RightCare Health Inequalities Data Pack: https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-ney-sunderland-ccg-dec-18.pdf

Health and wellbeing strategy

The Sunderland Health and Wellbeing Board aimed to reduce health inequalities and improve the health and wellbeing of residents. Working together as partners, including the council and CCG, they are committed to prioritising areas of need and allocating health and social care resources. The "Sunderland Healthy City Plan 2020-2030" is Sunderland's refreshed Joint Health and Wellbeing Strategy. Our Healthy City Plan vision is *"Everyone in Sunderland will have healthy, happy lives, with no one left behind."* Delivery of the plan will take a whole city approach – improving health and reducing health inequalities will require everyone to play their part – addressing the wider determinants of health throughout the life course. In adopting a life course approach, we have applied the six policy objectives set out in the 2010 Marmot Review.

Three Delivery Boards were established in 2021: starting well, living well, and ageing well. The delivery boards have oversight of the workstreams in the Healthy City Plan and provide assurance to the Health and Wellbeing Board on the delivery of the Plan. To support the delivery of the Healthy City Plan the HWB has agreed four health inequalities priorities: better understanding our population; asset-based community development; economic activity, skills, aspirations, and community wealth building; and Health in All Policies.

Over the past year the Health and Wellbeing Board has received assurance from the three delivery boards and has also received updates on other key areas including: Sunderland out of hospital model (All Together Better) with partners including the CCG, Sunderland City Council and a number of key providers; the in-hospital transformation programme (Path to Excellence) in partnership with South Tyneside and Sunderland NHS Foundation Trust and South Tyneside CCG; COVID-19 updates and COVID-19/Winter Resilience Planning; developing the integrated approach to health and social care in Sunderland and wider ICS arrangements; the refreshed Joint Strategic Needs Assessment; the Pharmaceutical Needs Assessment; and future Health Protection Board arrangements.

Financial review

In accordance with NHS England planning guidance for 2022/23, system financial envelopes have been set at an ICB level. The expectation from NHS England is financial balance at an ICB level over the full 2022/23 financial year. Prior to the ICB establishment on the 1st July 2022, CCG financial positions were monitored in aggregate against the overall ICB allocation.

As part of closure of the CCGs accounts for the three-month period 1st April 2022 to 30th June 2022, NHS England have provided an allocation equal to the resource consumed for the period. The ICB on establishment will allocated any remaining funding for the period 1st April 2022 to 30th June 2022 to be utilised over the remaining months of 2022/23. As a result of this arrangement the CCG reported an overall breakeven position for the three-month period 1st April 2022 to 30th June 2022.

ACCOUNTABILITY REPORT[2]

Samantha Allen

Chief Executive for the North East and North Cumbria Integrated Care Board

Accountable Officer

30th June 2023

[2] The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

Accountability Report

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

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 April to 30 June 2022, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

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

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

Corporate Governance Report

The purpose of the corporate governance report is to explain the composition and organisation of the CCG's governance structures and how they support the achievement of our objectives.

Members Report

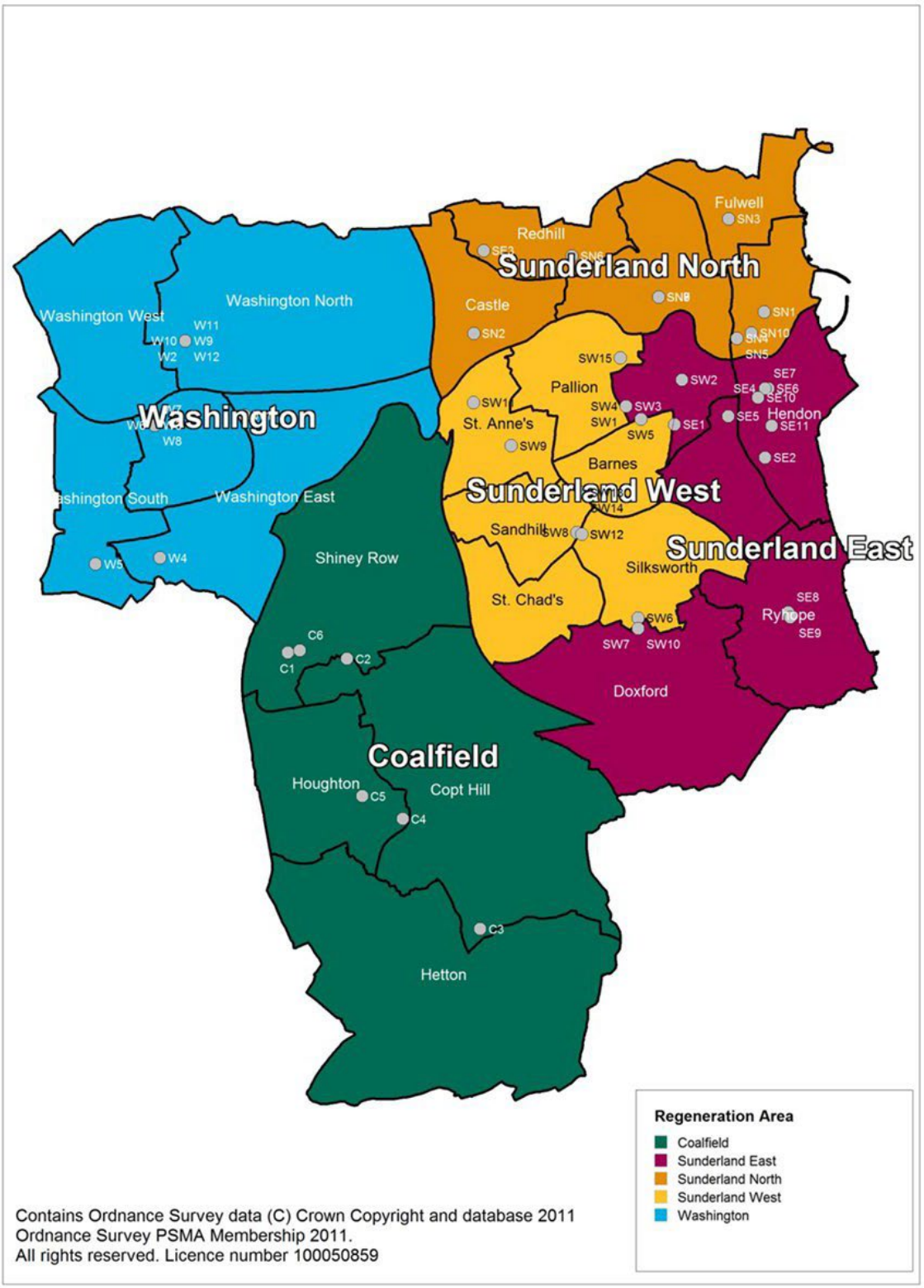
The CCG's Constitution set out the terms by which we, through our appointed members, elected GP executives and governing body, implement all statutory obligations including the commissioning of secondary health care and other services for Sunderland. The Constitution contains the main governance rules of the CCG and Governing Body.

The Constitution was agreed and signed by all member practices in August 2012 as part of the CCG authorisation process and updated in November 2013. A further amendment was made in January 2015 to reflect the changes in relation to additional primary medical care commissioning responsibilities the CCG undertook from 1 April 2015. The CCG has since made minor amendments to the Constitution to ensure it remains up to date and fit for purpose.

Each member practice was within one of five locality regeneration groups and has a lead GP elected by the GPs of Sunderland (who is also a member of the executive committee) as well as an assigned practice manager, practice nurse and a commissioning manager. The locality teams also worked in close partnership with the local authority and local patients.

The CCG covered the whole of the city of Sunderland and details of our localities and member practices as at 30 June 2022 can be found on the following pages:

Sunderland CCG GP - Practice Location by Locality 2012



Governing Body Member profiles

Dr Ian Pattison, Executive GP, and Governing Body Chair

Passionate about ensuring patients receive the best care available, Dr Pattison has been a GP at the Southland Medical Centre in Ryhope since 2001. With previous commissioning experience gained at Wearside Commissioning Group, Ian was elected to the CCG as chair in 2011. He is a member of the Governing Body, Executive Committee and Vice Chair of Sunderland Health and Wellbeing Board.

Dr Fadi Khalil, Sunderland West locality Executive GP and Governing Body Vice-Chair

Dr Khalil is an experienced GP Trainer and partner at The Broadway Medical Practice who has moved to the North East over a decade ago after graduating from Egypt in 2002. He has been part of the team leading on Sunderland's Vanguard Programme and the development of the All Together Better Alliance. He was appointed to the CCG's Governing Body in 2015, and subsequently elected in 2016, and is currently the Clinical Vice-Chair of Sunderland CCG and the Medical Director of ATB. Dr Khalil is passionate about integrated care and providing high quality seamless proactive care to the people of Sunderland. He has led on multiple initiatives such as the establishment of GP federation, development of the enhanced health in care homes programme and the alignment to care homes. He has successively implemented with partners the wound care hubs across the city and has been the clinical lead for primary care within the CCG for several years. He continues to support the various General Practice and PCN initiatives and has spearheaded the primary care response to the COVID-19 pandemic and the successful COVID-19 Vaccination programme. Most recently Dr Khalil is also leading on the Community Mental Health Transformation in Sunderland.

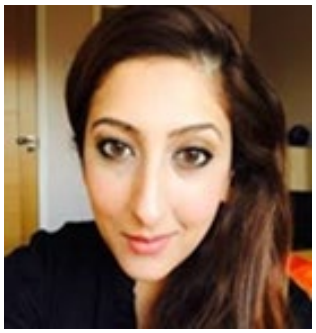
Dr Tracey Lucas, Sunderland West locality Executive GP lead

Dr Lucas moved to the North East after graduating from Glasgow in 1999 to pursue a career in paediatric medicine. After gaining further qualifications in paediatric medicine, Dr Lucas trained and qualified as a GP in 2005. Dr Lucas is now a GP trainer and partner at Deerness Park Practice, and she has been working as a Sunderland GP since 2008. She has been an executive GP for the CCG since 2015 and leads clinically on urgent and intermediate care for Sunderland. She is involved in the All Together Better Alliance as the senior responsible clinician for urgent care (programme four) and is the GP lead for the East locality.

Dr Raj Bethapudi, Washington locality Executive GP lead

Dr Bethapudi has been a GP since 2009 and currently works as a partner at Galleries Medical Practice, Washington. He is a post graduate GP Trainer, appraiser, and local Macmillan GP. After being elected as an executive GP for SCCG, Raj has been a member of the Governing Body since April 2016. He is passionate about devolution of seamless care closer to home and making general practice more sustainable. Effective commissioning of services to improve health outcomes and medical education are his areas of clinical interest. Raj also serves as the Chief Clinical Information Officer (CCIO) for Sunderland CCG a role that helps implement the NHS digital strategy and represents RCGP NE as a faculty board member.

Dr Saira Malik, Coalfield locality Executive GP lead



Dr Malik has been a GP in Sunderland since 2013 and currently works with local GP practices providing clinical stability and support in transitioning practices. She moved back home to the North East after graduating from Bart's and The London and has been working in the local NHS for over 12 years, bringing previous experience of national representative roles in the BMA. Other roles include working with the national GP health programme in supporting doctors in difficulty. She was appointed as a Sunderland CCG GP executive body member in April 2018 and currently leads on mental health and prevention for Sunderland CCG.

Dr Neil O'Brien, Chief Clinical Officer, and Accountable Officer

Dr O'Brien has been a local GP in Chester-Le-Street for over 20 years. He has developed a special interest in cardiology and has previously worked as a GP with special interest in this area. Neil is a practicing clinician, which strengthens his influence with local practices and other clinicians. Neil is also the Clinical Accountable Officer for two other CCGs in Durham and South Tyneside. Neil is a member of the Integrated Care System (ICS) Management Group representing the needs of local populations at the North East and North Cumbria ICS. During the last year Neil has chaired the ICS vaccination board overseeing the roll out of the flu vaccination programme and the COVID-19 vaccination programme, Neil is also a member of the national clinical advisory group advising the national roll out of the COVID-19 vaccination.

Mr David Chandler, Chief Officer, and Chief Finance Officer

David Chandler is the Chief Officer and Chief Finance Officer for Sunderland CCG. He has worked in the NHS at a senior level for over 20 years and has experience in most sectors including acute care, community, mental health, and commissioning within the areas of Gateshead, County Durham, Darlington, and Sunderland. He is also the chair of the Northern Branch of the Healthcare Financial Management Association (HFMA), a trustee of the National and a non-executive director for Northern Saints in the education sector.

Mrs Ann Fox, Executive Director of Nursing, Quality and Safety

Ann is a registered nurse with a long career working in several areas in the NHS since 1984. Ann trained and has lived in Sunderland all her life. Ann has always been an advocate for improving the quality of patient care, their safety, and their overall experience. She has been instrumental in developing new services and clinical pathways in many areas including haematology/oncology and palliative care throughout her career and in her role as Nurse Director for the North of England Cancer Network. During this time Ann was a founder board member of the United Kingdom Oncology Nursing Society, (UKONS). From 2009, Ann was Director of Clinical Care and Patient Safety (Executive Nurse) at the North East Ambulance Service NHS FT. Ann has been the Executive Director of Nursing, Quality and Safety for the CCG since 2013 and is a visiting professor at the University of Sunderland in the department of nursing and health sciences.

Mr Chris Macklin: Lay Member for Audit and Risk and Non-Clinical Vice Chair

Chris has worked in the NHS since 1975 and obtained his first finance director role at the Queen Elizabeth Hospital in Gateshead in 1996. He then became finance director for Sunderland PCT in 2003 before becoming director of finance for NHS South of Tyne and Wear in 2006. He is a governor of Gateshead College and chairs their Audit Committee. In 2009 he was awarded a fellowship by Healthcare Financial Management Association (HFMA) in recognition of his contribution to HFMA and the development of NHS Accounting Standards. Chris retired from his post as Chief Finance Officer at Sunderland CCG at the end of March 2015 and was appointed as Lay Member for Primary Care Commissioning with effect from 1 September 2015, becoming the Lay Member for Audit and Risk and Non-Clinical Vice Chair from July 2017.

Mrs Debbie Burnicle, Lay Member, Patient and Public Involvement

Debbie Burnicle has lived and worked in Sunderland most of her life and has worked for the last 33 years across the voluntary sector, local authority, and NHS, taking early retirement in 2018 to have more time with family. In the last few years of her career as a commissioner, she spent a lot of time supporting General Practice and community services across the city. Debbie has a lot of experience involving the public, service users, carers, and patients in services to support their improvement. As well as becoming a Lay Member for the CCG with a focus on patient and public involvement, since retiring Debbie has become an ambassador for the local Carers Centre and established a relationship with the local Healthwatch. Debbie supports the aims of both organisations, and these connections are also one of the ways she tries to keep in touch with the views of local people about what matters to them in relation to health and social care.

Dr Derek Cruickshank, Secondary Care Clinician

Derek qualified in Aberdeen in 1980 and has worked in Teesside since 1993 as a Consultant at South Tees FT, retiring from clinical practice in 2017. He led the establishment of The Tertiary Gynaecological Cancer Service across Teesside, providing multidisciplinary cancer care for a population of over 1 million. He was appointed the first Head of School for Obstetrics and Gynaecology in the Northern Deanery in 2008 and was the Royal College of Obstetrics and Gynaecology Regional College Advisor in the North East. Derek oversaw the reconfiguration to a standalone midwifery led unit at the Friarage Hospital and was appointed to the Northern England Senate Council from its inception in 2013. Derek was appointed as Secondary Care Clinician for Sunderland CCG in June 2017.

Regular non-voting attendees and participants in Governing Body meetings

Dr Claire Bradford, Medical Director

Originally from North London, Dr Bradford trained at Nottingham University and worked in Nottingham and Plymouth prior to moving (and staying) in the North East in 1989. She has worked in the NHS since 1984 as a haematologist after junior doctor posts. Since 1994 Claire has been a public health physician as DPH in Newcastle Primary Care Trust, Health Protection Agency, North East Public Health Observatory and NHS England. During her public health career, her achievements have included leading teams to develop the English health profiles, European health profiles and the National Library for Public Health.

Mr Scott Watson, Director of Contracting, Planning, and Informatics

Scott was born and raised in Sunderland and has spent over twenty-five years working for local health and care services across the North East of England. Having joined the CCG's director team six years ago, he is currently the CCG's lead director on the transformation of local hospital services via the Path to Excellence programme and provides leadership for strategic planning across County Durham, Sunderland, and South Tyneside CCGs. Recently, Scott has also taken on a wider role leading on the recovery of elective services alongside key system partners across the North East and North Cumbria ICS.

Scott is a qualified health informatician, with postgraduate and masters' qualifications in information management. He is also a graduate of the NHS Leadership Academy where he gained an award in Executive Healthcare Leadership. Scott is married and has three young children. When not working, he likes to spend time with his family and is heavily involved in local grassroots sports within County Durham.

Mr Eric Harrison, Executive Practice Manager

Born in Durham 1961, Eric joined the forces in 1977 and saw active service in Falklands and Northern Ireland before becoming transport manager for Durham Constabulary. Eric joined Deerness Park Medical Group in 2002 and became a partner in September 2016. He has an MBA, first class honours degree in business and management, qualified accountant CIPFA and post graduate diploma in advanced NHS commissioning.

Ms Deborah Cornell, Head of Corporate Affairs

Deborah has over 20 years' experience of working in the public sector. She started her career in HM Prison Service in London in 1997, moving to the Home Office in 1999 and then back to the North East in 2001 to join the NHS. Deborah has held several senior level corporate governance roles within the NHS and has been the Head of Corporate Affairs in Sunderland CCG since 2013 and is now undertaking this role for South Tyneside CCG as well since November 2020. She has also been an affiliated member of the Institute of Chartered Secretaries and Administrators since 2016.

Mrs Clare Nesbit, Director of People and Primary Care

Clare has lived and worked across the North East all her life and worked in the NHS for over 20 years. Clare is an experienced Director of Organisational Development and Primary Care with a history of working in both commissioner and provider organisations. Clare has a background in strategic partnership working, HR, training and development, Primary Care, reform and transformation and culture change. Clare has also worked for the private sector as a qualified engineer in production management and lean working. As a senior OD leader Clare recognises that its people are the most valuable asset an organisation can have. When not travelling, Clare enjoys cooking and planning the next family adventure.

Mrs Pat Harle MBE, Lay Member Primary Care Commissioning and Quality, Safety Committee Chair

Pat has over 40 years NHS experience, in acute, community, teaching hospital, and consultancy, the last 20 years at board level in NHS commissioning and provider services and is passionate about ensuring high quality services. Pat has held several national offices, and was awarded an MBE, a 'Probe Lifetime achievement award 'and presented with a Medal of Distinction from the British Dental Association.

Ms Gerry Taylor, Executive Director of Public Health, and Integrated Commissioning

Gerry returned to her native North East in November 2020, becoming Executive Director Public Health and Integrated Commissioning for Sunderland. She had worked as a Director of Public Health since 2008 in the South East and has been a registered PH consultant since 2006. Gerry also has significant experience of commissioning and adult social care, have led integrated commissioning teams across health and social care. Gerry has a strong focus on tackling inequalities and evidence-based practice.

Mrs Fiona Brown, Executive Director of Neighbourhoods

Fiona has several years' experience in local government and health, especially in health and social care integration, events and designing new forms of service delivery vehicles. All her career has been spent in the North east, working for several local authorities and acute health trusts. She is particularly known for her work on strategic commissioning and creating innovative community solutions for independent living. Fiona is an active member of several associations.

Member practices

Practices in the Coalfields area	
Hetton Group Practice	DH5 9EZ
Herrington Medical Centre	DH4 4LE
Kepier Medical Practice	DH4 5EQ
Houghton Medical Group	DH4 4DN
Grangewood Surgery	DH4 4RB
Westbourne Medical Group	DH4 4RW

Practices in the Sunderland East area	
Deerness Park Medical Group	SR2 8AD
The New City Medical Centre	SR1 2QB
Ashburn Medical Centre	SR2 8JG
Villette Surgery	SR2 8AX
Southlands Medical Group	SR2 0RX
Park Lane Practice	SR2 7BA
Dr Bhate and Dr El-Shakankery Practice	SR1 2HJ

Practices in the Sunderland North area	
Red House Medical Centre	SR5 5PS
Fulwell Medical Centre	SR6 8DZ
St.Bede Medical Centre	SR6 0QQ
Bridge View Medical Group (Southwick Health Centre)	SR5 2LT
Castletown Medical Centre	SR5 3EX
Dr Gellia and Balaraman - Monkwearmouth Health Centre	SR6 0AB

Practices in the Washington area	
Dr Stephenson & Partners	NE37 2PU
Galleries Medical Practice	NE38 7NQ
Concord Medical Practice	NE37 2PU
Monument Surgeries	NE38 7NQ
Rickleton Medical Centre	NE38 9EH
Harraton Surgery	NE38 9AB
New Washington Medical Group	NE37 2PU

Practices in the Sunderland West area	
Wearside Medical Practice	SR4 7XF
Pallion Family Practice	SR4 7XF
Village Surgery	SR3 2AN
The New Silksworth Medical Practice	SR3 2AN
Millfield Medical Group	SR4 7AF
Old Forge Surgery	SR4 6QE
The Broadway Medical Practice	SR3 4HG
Springwell Medical Group	SR3 4HG
Hylton Medical Group	SR4 7ZF
Happy House Surgery	SR3 4BY
South Hylton Surgery	SR4 0LS
Chester Surgery	SR4 7TU

Composition of Governing Body

The Governing Body was made up of the following members (voting):

- Executive GP chair (elected)
- Executive GP vice chair (elected)
- Executive GP x4 (elected)
- Accountable Officer
- Chief Officer/Chief Finance Officer

- Executive Director of Nursing, Quality and Safety
- Lay Member, Audit and Non-Clinical Vice Chair
- Lay Member, Patient and Public Involvement
- Secondary Care Clinician

In addition to the above members, the following are regular non-voting attendees and participants in Governing Body meetings:

- Lay Member, Primary Care Commissioning and Quality
- Medical Director
- Director of Contracting, Planning, and Informatics
- Executive Practice Manager
- Head of Corporate Affairs
- Director of People and Primary Care
- Executive Director of Public Health and Integrated Commissioning, Sunderland City Council

Committee(s), including Audit Committee

Details of the CCG's committees can be found in the governance statement of this annual report.

Register of Interests

The CCG's register of interests is available on our public website and can be found by using the following link: http://www.sunderlandccg.nhs.uk/?s=register+of+interests

The CCG carried out an annual audit of conflicts of interest and received a rating of Substantial from the CCG's internal auditors, AuditOne in June 2022. The CCG continued to operate with the same controls as during 2021/22 and no breaches have been identified during the period covered by this report.

Personal data related incidents

The CCG has not had any serious incidents or serious information breaches during the period 1 April 2022-30 June 2022.

Principles of Remedy

The CCG complaints policy and procedure has been developed and updated in line with current legislation and statutory requirements and best practice. This includes adopting the principles as outlined in the Parliamentary and Health Service Ombudsman's principles of good complaints handling, principles of good administration and principles of remedy.

Emergency Preparedness, Resilience and Response

The CCG had a business continuity plan in place which is fully compliant with NHS England's Emergency Preparedness Framework. The plan sets out the necessary process for staff to follow in the event of a business continuity incident and includes key contacts to support this. In addition, the CCG has completed business impact analysis for all its key functions and used these to prioritise which activities would need to be continued in the event of such an incident. The CCG is also a member of the Local Health Resilience Forum, however, as a category 2 responder, is not required to have a major incident plan.

Modern Slavery Act

NHS Sunderland CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. The CCG is not formally required to produce an annual Slavery and Human Trafficking Statement as a supplier of goods and services as set out in the Modern Slavery Act 2015 but does produce an annual statement as a matter of best practice.

Whistleblowing arrangements

The CCG had in place an effective system for the raising of concerns. The CCG had a dedicated Freedom to Speak Up Policy, which is promoted to staff and is also available on the CCG's public-facing website. This Policy identifies how concerns can be raised with the Freedom to Speak Up Guardian.

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 Sunderland 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 situation 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 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.

As the Accountable Officer, I confirm that there was adequate and sufficient handover from the previous Accounting Officer to provide me with the assurances required to make these statements. I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Audit One auditors are aware of that information. As far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

Introduction and context

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

The NHS Sunderland Clinical Commissioning Group 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 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.

Between 1 April 2022 and 30 June 2022, the clinical commissioning group was not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

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

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

Governance arrangements and effectiveness

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

The CCG's Constitution set out the terms by which the CCG, through its appointed members, elected GP executives and Governing Body, implements all statutory obligations including the commissioning of secondary health care and other services in Sunderland. The Constitution contains the main governance rules of the CCG and Governing Body.

The Constitution was agreed and signed by all member practices at the inception of the CCG

and has been reviewed and updated on a regular basis to ensure it remains fit for purpose and considers any subsequent guidance.

The Constitution complies with the elements of the self-certification checklist, including:

- specifying the arrangements made by the CCG for the discharge of its functions
- specifying the arrangements made by the CCG for the discharge of the functions of the governing body
- the procedures to be followed by the CCG in making decisions
- the arrangements it has made to secure those individuals to whom health services are being or may be provided pursuant to its commissioning arrangements are involved
- arrangements made by the CCG for discharging its duties in respect of registers of interests and management of conflicts of interests
- arrangements made by the CCG for ensuring that there is transparency about the decisions of the group and the way they are made.

Throughout 1 April to 30 June 2022, the CCG continued to take a locality approach across Sunderland and each member practice is in one of five localities (Coalfields, Sunderland East, Sunderland North, Sunderland West, and Washington).

Each of the localities had a lead GP who is an elected executive and a member of the Governing Body and executive committee as well as an assigned practice manager and practice nurse. The locality teams also work in close partnership with the local authority and local patients.

The CCG met regularly with all its member practices as part of the ‘time in time out’ clinical educational sessions which are held on a regular basis, moving these to virtual meetings from May 2020 due to the impact of the COVID-19 pandemic. Through these sessions, we kept our members up to date on key developments both nationally and locally across the CCG, as well as obtaining their views and feedback on key issues, improvements, and future developments.

Due to the transition of CCGs to ICB from July 2022, we will shared our key achievements during the year with member practices and the public via this annual report.. We will include an overview of the CCG’s financial performance to demonstrate we had met our statutory duties in relation to these.

The NHS Operational Planning and Contracting Guidance 2020/21 set out the requirement for practices to work as part of local primary care networks. Primary care networks (PCNs) are based on GP registered lists, typically serving natural communities of around 30,000 to 50,000, being small enough to provide the personal care valued by both patients and GPs but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

The CCG had six PCNs covering the localities within Sunderland. Due to the size of the

population within the Sunderland West locality, two PCNs had been established to ensure the benefits for patients could be maximized. Each of the other localities within Sunderland has one PCN coterminous with its local area. The PCNs continue to build on the core of current primary care and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

Governance Framework

We used our governance framework to lead and manage the achievement of our vision for '*Better Health for Sunderland.'* We also used governance to lead and manage through our core values (and the public sector values of accountability, probity, and openness) and our systems (such as governance structures and risk management systems). Details of our strategic objectives and core values can be found in the performance report section of CCG's annual report.

We also used governance as the system of control, accountability, and decision-making at the highest level of the organisation. The CCG governance framework comprised of the systems and processes and culture and values by which the CCG was directed and controlled. It enables us to monitor the achievement of our strategic objectives and ensure we deliver our vision of commissioning appropriate, cost-effective services for the residents of Sunderland.

The CCG's system of internal control was a significant part of the governance framework and was designed to manage risk to a reasonable level. While it could not eliminate all risk of failure to achieve policies, aims and objectives and therefore could only provide reasonable and not absolute assurance of effectiveness.

Our system of internal control was based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of policies, aims and objectives
- Evaluate the likelihood of those risks materialising and the impact should they materialize
- Manage risks efficiently, effectively, and economically.

The CCG governance framework was in place in the CCG until 30 June 2022

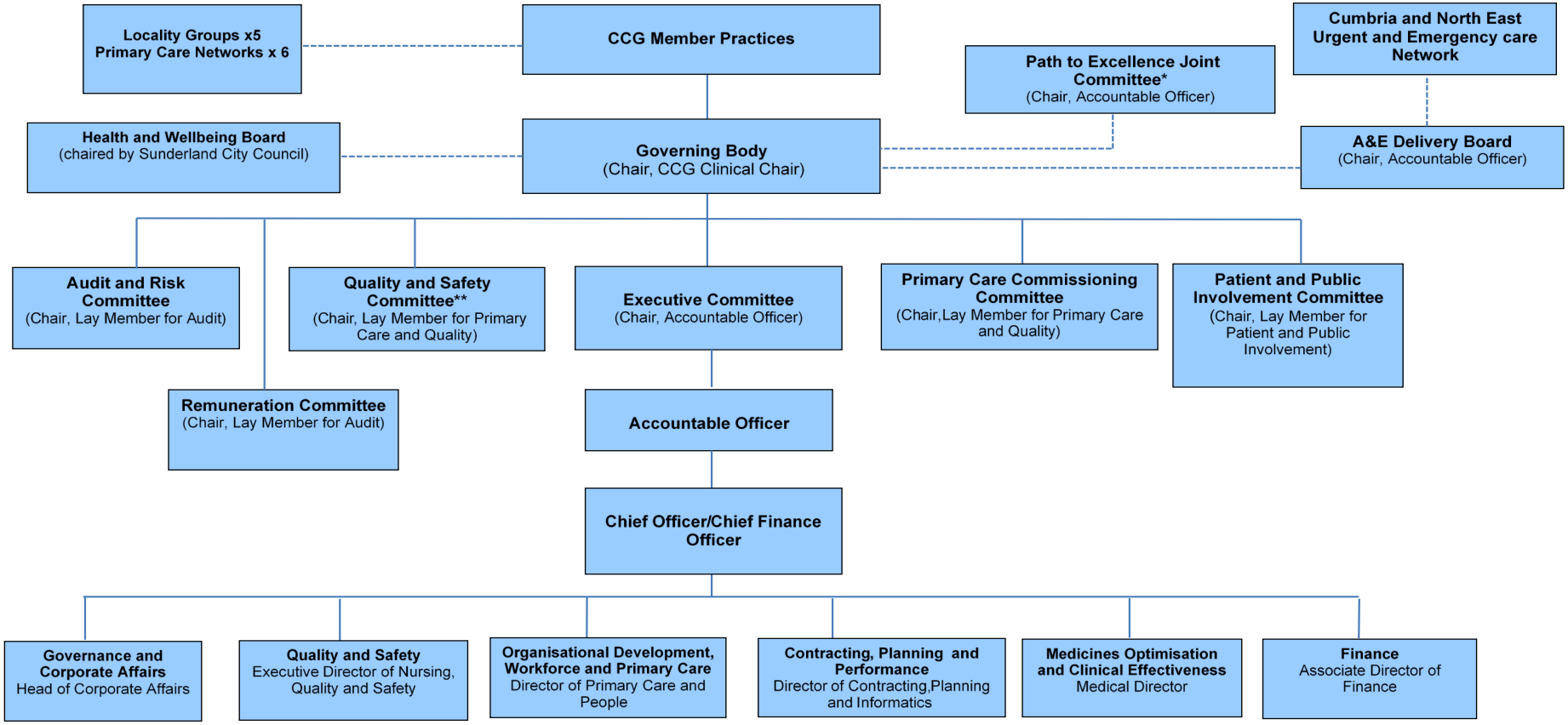
To ensure effective governance arrangements were in place within the CCG, the Governing Body and its sub-committees operate in such a way as to ensure it discharges its functions appropriately and all the functions are managed effectively. The Governing Body and committee agendas were structured to ensure key risks and issues were addressed and ensure continued delivery of our corporate objectives and priorities throughout the pandemic.

The Governing Body had an agreed assurance framework in place (described in more detail in the control mechanisms section of this statement) which is supported by clear risk management processes to place for identifying, analysing, evaluating, controlling, monitoring, and

communicating risk. The Audit and Risk Committee provided oversight of the risk management function on behalf of the Governing Body.

The Governing Body used its assurance framework to ensure delivery of the corporate objectives and has received regular updates on progress for assurance. The Audit and Risk Committee also supported this work and undertook regular reviews of the framework and process associated with it to ensure it remained robust throughout the year.

Governing Body and Committee Structure



*Joint Committee with NHS County Durham and South Tyneside CCGs
**Joint Committee with NHS South Tyneside CCG

In the first quarter of 2022/23, the Governing Body met on one occasions via virtual meetings which was streamed live to the public.

The Governing Body membership is set out in the members report of this annual report.

The Governing Body's committee structure reflects guidance and best practice and includes an Executive Committee, Audit and Risk Committee, joint Quality and Safety Committee with NHS South Tyneside CCG, Primary Care Commissioning Committee, Patient and Public Involvement Committee, Remuneration Committee and a joint Committee with NHS County Durham and South Tyneside CCGs for the Path to Excellence acute transformation programme.

Each committee had agreed terms of reference to outline their key areas of responsibility and accountability to the Governing Body. These terms of reference are reviewed on a regular basis to ensure they remain relevant and reflect the committee's role and responsibilities.

Agendas are structured to deal with strategic, performance, quality, assurance, risk, and governance issues, as well as patient experience via patient stories at public governing body meetings. These arrangements meet the requirements of best practice guidance in respect of risk management and ensure that a robust assurance framework is in place and consistently reviewed. They also reflect the public service values of accountability, probity and openness and specify, as Accountable Officer, my responsibility for ensuring these values are met within the CCG.

Governing Body and Committee Attendance Record 1.04.22 to 30.06.22

Member Role	Governing Body	Executive Committee	Audit and Risk Committee	Quality and Safety committee	Primary Care Commissioning Committee	Patient and Public Involvement Committee	Remuneration Committee
Mrs Debbie Burnicle Lay member, Patient and Public Involvement*	3/3			2/2	1/2	1/1	0/0
Mr Chris Macklin Lay Member, Audit/ Governing Body Non-Clinical Vice Chair*	3/3		2/2				0/0
Mrs Pat Harle Lay Member, Primary Care Commissioning and Quality	1		2/2	2/2	2/2		
Mr Neil Weddle Independent member, Audit and Risk Committee			2/2				
Mr Derek Cruickshank Secondary Care Clinician*	11			1/2			
Dr Ian Pattison Executive GP/Governing Body Clinical Chair *	3/3	3/3			2/2	1/1	0/0
Dr Raj Bethapudi Executive GP*	2/3	2/3					
Dr Tracey Lucas Executive GP*	3/3	3/3					
Dr Karthik Gellia left Executive GP*		0		0			
Dr Fadi Khalil Executive GP*	2/3	2/3					
Dr Saira Malik* Executive GP	2/3	3/3		2/2			
Dr N O'Brien Accountable Officer*				0			
Mrs Ann Fox Director of Nursing, Quality and Safety*	3/3	2/3		2/2	2/2	1/1	

Member Role	Governing Body	Executive Committee	Audit and Risk Committee	Quality and Safety committee	Primary Care Commissioning Committee	Patient and Public Involvement Committee	Remuneration Committee
Mr David Chandler Chief Officer/Chief Finance Officer *	2/3	2/3	2/2		2/2		
Dr Claire Bradford Medical Director	1	1		1/2			
Mr Scott Watson Director of Contracting, Planning and Informatics	1/3	3/3					
Mrs Clare Nesbit Director of People and Primary Care	1	1			2/2		
Mrs Joanne Hilton Strategic Practice Nurse *(from September 2020)*		1/3					
Mr Eric Harrison – left April 2022. Executive Practice Manager							
Dr Geoff Stephenson Primary Care Advisor, Primary Care Commissioning Committee					2/2		
Ms Gerry Taylor Director of Public Health and Integrated Commissioning, Sunderland City Council *(from November 2020)*		3/3		0			
Ms Fiona Brown – Executive Director of Peoples Services, Sunderland City Council					0/2		

denotes does not attend Committee / Governing Body

* *denotes voting right on the Governing Body*

Despite the significant pressure placed on Executive GPs as a result of COVID-19, their attendance at both Governing Body and Committee meetings during the year continued to reflect their commitment to the work of the CCG.

Joint Committee Arrangements

The CCG had joint and collaborative arrangements in place to make commissioning decisions through delegation arrangements. These are as follows:

- Sunderland City Council Health and Wellbeing Board
- Sunderland City Council (section 75) agreement and partnership governance arrangements for joint commissioning and the management of the Better Care Fund
- Joint Committee with NHS County Durham and South Tyneside CCGs to manage the Path to Excellence acute transformation programme
- Collaborative arrangements with the other North East and North Cumbria CCGs with regards to commissioning arrangements for contracts with NHS healthcare providers across the North East and Cumbria
- Joint arrangements with the North East CCGs to determine commissioning for health gain policies and to review and approve individual funding requests, including conducting an appeals process
- Joint arrangements with the North East CCGs to advise upon and make recommendations to CCGs on high-cost cancer drugs and high-cost treatments
- Joint arrangements with the North East CCGs to provide a partnership forum to work together with trade union and professional organisation representatives to discuss issues relating to employment matters affecting their employees

The groups identified above have an agreed governance structure in place with specific roles, responsibilities and accountabilities or are covered by individual CCGs' governance arrangements where appropriate and agreed. Any investments and decisions made by these groups were formally documented and reviewed regularly as part of the CCG contracting and performance arrangements.

In addition, we continued to work closely with our partner organisations in the local health community. A significant part of this partnership working continues to be with Sunderland City Council in the delivery of the Better Care Fund (BCF). The BCF combines a resource of £259m in 2021/22 between health and social care and is enabling us to make much needed changes to improve services across both sectors whilst making maximum use of the combined resources. Robust governance arrangements were in place around the BCF and demonstrate the strength of the links that we have with the Council.

The CCG has worked in partnership with Sunderland City Council and other key stakeholders across the city for several years to transform the delivery of care across Sunderland as part of the commitment set out in the Five Year Forward View. As a partnership, we established the ‘All Together Better’ Alliance following the securing of national vanguard funding to help strengthen connections between local health services

and social care services. The Alliance has worked together to support the development and delivery of our integrated teams, recovery at home and enhanced primary care work as part of our out of hospital transformation model and avoid delays in delivering care to patients.

Robust and transparent governance arrangements are in place for the Alliance to monitor delivery against agreed objectives and timescales.

The CCG and All Together Better are progressing this work further and looking to look at ways of securing this care model for the longer term and continue bringing services together to work collaboratively to look after people's physical and mental health (including GPs, nurses and other health professionals, the voluntary sector and healthcare managers) to plan and deliver a new form of integrated care designed to bring about better health outcomes for the local population.

The CCG has also continued to maintain close links with NHS England, the approach to the 2020/21 assessment of the CCG by NHS England and Improvement was simplified due to COVID-19 and the change in priorities for the NHS in England. The approach meant that CCGs were no longer given an overall rating, instead replaced by a narrative assessment of CCG performance based on operational priorities set for the NHS.

Governance During COVID-19 Pandemic

As a result of the COVID-19 pandemic and now as we are "Living with Covid" and the national guidance on how NHS organisations need to respond is changing rapidly, the CCG needed to adapt its internal decision making and assurance processes to ensure it could respond quickly and appropriately whilst still ensuring good governance.

Emergency powers and urgent decisions

The Standing Orders contained within the CCG Constitution allow for emergency powers and urgent decisions to be taken. These arrangements were contained within the CCG's Standing Orders and apply also to formal sub-committees within the CCG's committee structure. These powers also allow a chair's action(s) to be taken outside of a formal meeting structure to allow for urgent decisions to be taken (where circumstances demanded it), with the resulting action and decision recorded and ratified at the next meeting of the relevant committee. These include Executive Committee, Audit and Risk Committee, Primary Care Commissioning Committee, the Joint Quality and Safety Committee and Patient and Public Involvement Committee.

Assessment of the Governing Body Effectiveness

We have reported on our corporate governance arrangements by drawing upon best

practice available. The Governing Body has continuously reviewed its effectiveness through constructive challenge and contributions beyond member disciplines, behaviour, pace, and enthusiasm.

We continuously monitor our process for managing conflicts of interest to ensure any actual or potential interests are managed effectively and robustly. The CCG was not required to submit quarterly assurance returns to NHS England and Improvement during April 2022 – June 22 as this process was stepped down due to the impact of the pandemic. However, the CCG has continued to manage conflicts of interest during this period and has not had any breaches at the time of writing this statement. Our register is publicly available on the CCG's website.

The Governing Body has held regular virtual development session during this reporting period, to continuously review, develop and enhance its effectiveness. The sessions covered a range of key topics such as:

- Continued COVID-19 response and recovery
- System-wide development of the integrated care systems and partnerships
- Strategic commissioning, planning and priorities
- All Together Better Alliance (out of hospital reform) development
- Phase two of the Path to Excellence transformation programme
- Place based development - primary care networks and joint commissioning with the local authority

Having reviewed the effectiveness of the Governing Body's governance framework and associated guidance, I consider that the organisation has followed and applied the principles and standards of best practice.

UK Corporate Governance Code

As an NHS body we are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing on best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the clinical commissioning group and best practice.

For the period April - June 2022, and up to the date of signing this statement, we had regard to the provisions set out in the code and applied the principles of the code.

Discharge of Statutory Functions

The arrangements put in place by the CCG and explained within the corporate governance framework were developed with extensive expert external legal input, to ensure compliance with all relevant legislation. That legal advice also informed the matters reserved for membership body and Governing Body decision and the scheme of delegation.

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

Responsibility for each duty and power was allocated to a lead director. The director teams have confirmed that their structures provide the necessary capability and capacity to undertake all the CCG's statutory duties.

Risk Management Arrangements and Effectiveness

Effective risk management was an integral part of the work of the CCG in delivering against its corporate objectives and strategic priorities in the stewardship of public funds. The Governing Body had the responsibility to maintain a strategic view of the organisation's risk appetite, as set out in the CCG's risk management framework, and to set boundaries to guide staff on the limits of risk they could accept in the pursuit of achieving its organisational objectives.

The CCG risk management framework considered current guidance on risk management as well as established best practice. The framework set out the CCG's approach to risk and the management of risk in the fulfilment of its overall objective to commission high quality and safe services. In addition, the adoption and embedding of an effective risk management framework and processes helped to ensure that the reputation of the CCG was maintained and enhanced, and its resources were used effectively to reform services through innovation, large-scale prevention, improved quality, and greater productivity.

Key elements of the framework included:

- Clear statements on the responsibilities of the Governing Body and its sub committees as well as individual accountability for delivery of the framework
- Clear principles, aims and objectives of the risk management process
- Clear processes for the management of risk in commissioned services, partnership working and the delivery of the quality, innovation, productivity, and

prevention programme

- A clearly defined process for assessing and managing risks, including implementation and dissemination of the framework to all staff
- Details of the approach to be undertaken to assess and report risks, including incident reporting, serious incidents and safeguarding
- Confirmation of the arrangements for reporting of and managing risks through the risk register process
- Arrangements for monitoring and review of the framework

Risk management was embedded in the activity of the CCG through:

- The risk management framework and its supporting policies and procedures
- The committee structure described earlier in this statement
- A risk management group, including directors and the senior team
- The management processes (e.g., a risk-based approach to help prioritise strategic planning, identify risks to the achievement of organisational objectives and the delivery of work programmes)
- The Governing Body assurance framework
- Risk management skills training, including risk assessments of various types and the mandatory and statutory training programme for all staff
- A robust incident reporting system through which staff are actively encouraged to report incidents to help identify risks
- A clear policy and process in place for staff to raise any concerns in relation to potential fraud risks

Understanding, monitoring, and mitigating risks are fundamental tasks in a successful organisation, as well as basic aspect of good governance. As such, it was the responsibility of the Governing Body to determine the best place for risk management to be positioned ensuring effective management and assurance processes are in place. The overall risk management approach ensured that the framework was coordinated across the whole organisation.

As a formal sub-committee of the Governing Body, the Audit and Risk Committee provided the Governing Body with an independent and objective view of the CCG's financial systems, financial information, and compliance with laws, regulations and directions governing the CCG in so far as they relate to finance. The Committee also provided assurance to the Governing Body that systems were in place and operating effectively for the identification, assessment, and prioritisation of risks, potential and actual, and to report on any major strategic issues and any associated financial implications to the Governing Body and other external agencies as appropriate.

The Committee's specific responsibilities relating to risk management were to:

- Oversee the risk management system and obtain assurances that there is an effective system operating across the CCG
- Report to the Governing Body any significant risk management issues

The Committee also reviewed the Governing Body assurance framework (GBAF) to ensure the Governing Body received assurances that effective controls were in place to manage all strategic risks aligned to the corporate objectives. It provided assurance with regards to risks to the services being commissioned as well as overall risks to the organisation's strategic and operational plans.

The Risk Management Group was part of the business cycle of the director and senior team meetings and provides assurance to the Audit and Risk Committee on the management of risk. In particular, the Group supports the Committee to embed the CCG's risk management policy and framework, with a particular focus on the risk register system and process. The Group reviews the corporate risk register and any high-level risks and reports to the Committee on any significant risk management and assurance issues.

The Risk Management Group met regularly throughout the year to maintain a robust focus on risks. This included a review of all risks, supported by a rolling programme of in-depth reviews of each individual director's risks. This has enabled further scrutiny and challenge on the assurances and mitigating actions identified in the risk register and GBAF.

The Executive and Quality and Safety Committees reviewed and managed any strategic or operational risks pertaining to the committee's area of focus on a regular basis.

Capacity to Handle Risk

The responsibility for risk management was identified at all levels across the CCG, from Governing Body members, directors and to all managers and staff.

As Accountable Officer, I had overall responsibility to ensure the implementation of the framework with supporting risk management systems and internal control. I also ensured an appropriate committee structure is in place to meet all the statutory requirements and ensure positive performance towards the achievement of the CCG's strategic priorities. Day to day responsibility for risk management was delegated to the Head of Corporate Affairs.

The Chief Officer/Chief Finance Officer provided expert professional advice to the Governing Body on the efficient and economic use of the CCG's financial resources.

This included ensuring the CCG has appropriate arrangements in place for audit and identifying risks and mitigating actions in the delivery of quality improvement programmes.

Each director of the CCG had a responsibility to:

- Co-ordinate operational risk in their specific areas in accordance with the risk management framework
- Ensure that all areas of risk are assessed appropriately, and action taken to implement improvements
- Ensure staff under their management are aware of their risk management responsibilities in relation to the risk management framework
- Incorporate risk management as a management technique within the performance management arrangements for the organisation
- Promote risk management processes with the CCG's member practices.

All senior leaders within the CCG had a responsibility to incorporate risk management within all aspects of their work in line with the requirements set out in the risk management framework. Appropriate training has also taken place over the year to enable senior leaders to undertake their risk management duties appropriately and enable them to share best practice. The Risk Management Group helped support risk management learning / ongoing development, the sharing of best practice / lessons learnt, and its membership includes all heads of service.

The structure within the CCG to manage risk is detailed as follows:

Committee	Responsibility for Risk Management	Role
Governing Body	Maintains oversight of the internal control and risk management frameworks	Seek assurance on behalf of the CCG membership that risks are being managed appropriately within delegated limits, with specific objectives and robust action plans to ensure the CCG meets its statutory duties and functions.

Committee	Responsibility for Risk Management	Role
Audit and Risk Committee	Main committee with responsibility for oversight of the risk management	Receives regular information on risks and provides assurance to the Governing Body progress is being made towards mitigating these. Reviews the Governing Body Assurance Framework and provides assurance to the Governing Body that the CCG is discharging its functions appropriately.
Risk Management Group	Supports the Audit and Risk Committee in managing risk across the CCG.	Provides assurance to the Audit and Risk Committee on the embedding of the CCG's risk management policy and framework, with a particular focus on the risk register system and process.
Other formal sub-committees	Review risks and key issues on an exceptional basis (relevant to each committee's terms of reference).	Undertakes this role for additional scrutiny when required.

Risk Assessment

The CCG has ensured that its risk management processes are embedded throughout the organisation and provide a clear process for identifying, analysing, evaluating, managing, controlling, monitoring, and communicating risk. The types of risks the CCG faces include corporate (accountability to the public), clinical (associated with our commissioning responsibilities), reputational and financial risks.

The CCG continued to use a standard matrix methodology in the application of a risk rating to ensure a consistent approach to the prioritisation of risks and effective targeting of resources. Risks were assessed using the consequence and likelihood of that risk occurring, giving an overall rating of high, moderate, or low. This rating is recorded against the identified risk and managed via a serious of controls and actions and progress is monitored via the CCG's governance processes. The financial impact of the identified risk is also assessed and included on the register.

Each director team had its own risk register, aligned to the CCG's corporate objectives and assurance framework, to identify existing or potential risks to the organisation. These registers were supported by a corporate register, which focused on the high risks that have been identified to the delivery of the CCG's strategic objectives and a

strategic risk register which supported the GBAF (as described in the controls mechanisms section). In addition, risks were identified through our strategic planning process and monitored via our performance management system that rates all objectives for risk to delivery.

The CCG service line agreement with NECS also included further support, advice, and training in relation risk assessment.

By using the risk register framework this enabled the CCG to maintain a continued focus on those risks with a potential greater impact on the organisation at both committee and Governing Body level. The CCG identified some high risks during the year and mitigating action plans were put in place to address these. Progress has been monitored closely by the Risk Management Group, Audit and Risk Committee and Governing Body.

Additional risk management support

The CCG had a service line agreement in place with the North of England Commissioning Support Service (NECS) to provide specialist support and advice in relation to risk management in conjunction with the Head of Corporate Affairs. This support included the management of the Safeguard Incident and Risk Management System which is the system the CCG uses to record and analyse all identified risks.

Other risk management processes

The equality and quality impact assessment processes were well established within the CCG and staff receive regular training and updates to ensure any risks associated with these were identified and managed. The Governing Body and committee report cover sheets also include reference to both processes to demonstrate compliance with this duty and highlight any potential issues.

The CCG involves key stakeholders and the public in the management of risks through its public Governing Body meetings. The risk register was a regular item on the public agenda and there is an opportunity for questions to be asked on the register as a whole or any specific risks during the meeting. In addition, key stakeholders and the public are invited to specific events such to discuss issues and topics in detail, which includes identifying and assessing relevant risks.

There was also the opportunity through the CCG's involvement and engagement activities, Sunderland Involvement Partnership, and collaborative working across the health economy to discuss risks openly and to help identify ways in which they should be managed. By working in an inclusive way with the public, this ensures the CCG considers the views of the public and key stakeholders. Any such views form a crucial

part of developing robust mitigating action plans for any identified risks.

Risk Appetite

Risk appetite was the organisation's unique attitude towards risk as it is the amount of risk that the organisation is prepared to accept, tolerate or to be exposed to at any point in time. It can be influenced by personal experience, political factors, and external events. Risks were considered in terms of both opportunities and threats and not confined to money.

The CCG aimed to reduce risks to the lowest level reasonably practicable. Where risks could not reasonably be avoided, every effort is made to mitigate the remaining risk. However, an understanding of the organisation's risk appetite ensured the CCG supported a varied and diverse approach to commissioning, to work proactively and to improve quality, efficiency, and value.

In line with best practice, the Governing Body reviewed all its corporate objectives and set the risk appetite for each one individually. It was recognised that the risk appetite may differ for each objective depending on the nature of the objective and the required actions necessary to deliver that objective. The Governing Body used the Good Governance Institute risk appetite matrix for NHS organisations to determine the level of risk appetite.

The Governing Body concluded that the CCG's overall organisation and individual risk appetites are:

- Overall appetite – significant (seek): eager to be innovative and to choose options offering potentially higher rewards (despite greater inherent risk)
- Individual corporate objective appetites:

Risk Appetite Matrix	
Objective	Risk Appetite
CO1: Develop and support system transformation and ensure a well-led organisation	High (open)
CO2a: Maintain financial control and performance	High (open)
CO3: Maintain and improve the quality of CCG commissioned services	Significant (seek)
CO4: Identify and deliver the CCG's strategic priorities	Significant (seek)
CO5: Covid -19 Response and Recovery	Significant (seek)

Other Sources of Assurance

Internal control framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise risks, to evaluate the likelihood of those risks materialising and the impact should they materialise, 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 assurances of effectiveness. The system of internal control has been in place in the CCG for 1 April – 30 June 2022.

The committee structure within the CCG ensured there was robust reporting mechanisms and clear lines of accountability in place to provide assurance to the Governing Body, and ultimately our members, that the CCG is discharging its activities and functions effectively.

The scheme of delegation and reservation set out the responsibilities of the membership, Governing Body and its sub-committees, the Accountable Officer, and other directors to ensure the CCG discharges its functions appropriately. The scheme was explicit in defining where the responsibilities lie in delivering each of these key functions and provides a framework by which the Governing Body, on behalf of the members, could seek assurance these are being done so appropriately.

The controls identified within the GBAF (described earlier in this governance statement) were assessed as the key elements needed to mitigate risks to delivery of the corporate objectives as far as possible, act as a deterrent to risks occurring and provided a structured approach by which identified risks can be managed. The GBAF and risk management framework both supported the delivery of the corporate objectives and form part of the internal control framework.

The CCG financial framework also formed part of the internal control framework and included several approved policies and procedures as well as a financial scheme of delegation. This ensured these individuals have a clear framework in place within which they could make financial decisions. Compliance with the scheme was monitored by the Audit and Risk Committee and Governing Body to ensure delegated limits were being adhered to. The limits set out within the scheme had been reviewed by the Audit and Risk Committee and Governing Body during the year to ensure these remain appropriate and reflect individual levels of responsibility.

The CCG had delegated authority for primary medical care commissioning from NHS England and Improvement and had robust control mechanisms in place to ensure the CCG delivers the requirements of the delegated function appropriately. A signed

delegation agreement between the CCG and NHS England and Improvement was in place and sets out the roles and responsibilities of each organisation. The Primary Care Commissioning Committee was responsible for overseeing this function as set out in the CCG's Constitution.

In relation to the Better Care Fund, the CCG had a signed agreement in place with Sunderland City Council to set out the roles and responsibilities for each organisation and the delivery requirements for the programme. Delivery of this is monitored through the Health and Wellbeing Board and through regular reporting to the Governing Body.

Control Mechanisms

The CCG's corporate objectives were reviewed by the Governing Body and did not change during April 2022- June 2022.

The Governing Body maintained oversight of the internal control and risk management frameworks and seeks assurance that these are being managed within appropriate delegated limits, with specified objectives and robust action plans. Whenever risks to the achievement of the CCG's objectives were identified, an assessment is undertaken to ensure the appropriate controls were put in place (using any existing strategic risks identified on the risk register and aligning these to the corporate objectives).

Supporting action plans would also be identified and implemented to mitigate these risks materialising as far as possible. Several controls and assurances, along with associated gaps in assurance and controls, were also identified and together these form the Governing Body Assurance Framework (GBAF).

The GBAF was reviewed by the Audit and Risk Committee which provided the Governing Body with assurance on the adequacy and effectiveness of the GBAF.

Specific risks relating to the reporting period GBAF are detailed in the performance section of this annual report.

Some gaps in assurance and controls were identified as part of the GBAF review process. These have been monitored by the appropriate Committee and Governing Body to ensure progress was being made to address these.

Due to the nature of the shorter reporting period for the closure of CCG accounts at 30th June 2022 it has not been possible for suppliers to commission service auditor reports or internal audit assurances for this period only. As a result, third party suppliers have requested to provide bridging letters to provide assurance on the continued effectiveness of controls. In addition, CCG internal controls continued to operate throughout this period.

The CCG's commissioning plans described the long-term vision for health and social care of Sunderland. Risks to delivery of this plan have been systematically identified

and quantified for all the investment and disinvestment initiatives as part of the detailed planning process and in collaboration with all relevant partners, using a risk-based assessment of likelihood and consequence.
Using a risk-based approach, the CCG's financial framework was developed to ensure a balanced financial plan year on year. Contingencies are normally identified within the financial framework to ensure high level financial risks can be addressed. Within a more normal year the CCG uses local prioritisation process to enable the balance of investments and disinvestments to be robustly assessed and reviewed.

The North East and North Cumbria (NENC) geographical area has been established as an integrated care system (ICS). The NENC ICS aim is to develop and work towards a shared local vision regarding care both inside and outside our hospitals underpinned by better integration with local authority services in respect of prevention, early intervention, and social care.

We are part of the South Tyneside and Sunderland Partnership leading the Path to Excellence programme which includes NHS South Tyneside CCG and South Tyneside and Sunderland NHS Foundation Trust. This is a transformational programme in relation to acute (in hospital) services across South Tyneside and Sunderland. Further information on this work programme can be found on the Path to Excellence website (https://pathtoexcellence.org.uk/).

As a CCG, we had a duty to work with partners to improve the health of the local population. Partnerships can involve high levels of risk due to their complexities making robust risk management an essential element of partnership governance. We have ensured that any work carried out across the health and social care economy adhered to the CCG's principles of robust risk management, focusing on those areas considered to be of highest risk and undertaking appropriate risk assessments and mitigating action plans, as necessary.

Annual Audit of Conflicts of Interest Management

The statutory guidance on managing conflicts of interest for CCGs requires an annual internal audit of conflicts of interest management to be undertaken. The CCG has carried out an annual audit of conflicts of interest and received a rating of Substantial from the CCG's internal auditors, AuditOne in June 2022. The CCG continued to operate with the same controls as during 2021/22 and no breaches have been identified during the period covered by this report.

Data Quality

The Governing Body and Member Practices were aware of the importance of maintaining high standards of information governance and securing confidentiality of

patients' information. As the Accountable Officer, I receive assurance from the Director of Contracting and Informatics as Senior Information Risk Owner (SIRO) and the Medical Director as Caldicott Guardian that this function is discharged appropriately, with the Executive Committee maintaining oversight of this. Both are supported in their roles by the Head of Corporate Affairs and via a service line agreement with NECS to provide specialist advice, support, and training on information governance issues.

The Governing Body and member practices were satisfied with the quality of data used to inform decision-making and planning to deliver the commissioning agenda and to ensure the CCG meets its statutory requirements.

Information Governance and Data Security

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

The Data Security and Protection Toolkit (DSPT) has been provided by NHS Digital to support performance monitoring of progress on Information Governance in the NHS. The CCG has undertaken a self-assessment against the specified assertions within the toolkit and assessed ourselves as being fully compliant by 31st March 2022.

NECS IG team and IT team supported CCGs with their Toolkits; this included collecting evidence and uploading this to the CCG Toolkits ready for final publication by 30 June 2022. The CCG reported a 'Standards Met' performance and published on time. Due to the abolition of the CCGs on 1st July 2022, NHS Digital made the requirement for internal audit optional.

A new DSPT has been set up for the NENC ICB for 2022/23. NECS IG team will be continuing to provide support to the ICB in collation of evidence and quality checking.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. The CCG's information governance strategy and framework were in place and reviewed annually. These ensure all staff were aware of their information governance roles and responsibilities and that they were embedded into everyday practice.

Our information governance processes and procedures were in place in line with the information governance toolkit requirements. These processes include incident reporting and investigation of serious incidents and a programme of mandatory training for information risk management and incident management.

We have ensured all staff undertake annual information governance training and have a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities. The handbook was reviewed on an annual basis to ensure it remains up to date and relevant.

NECS as the provider of IT services to the CCG has a range of controls in place to ensure data security. Control objectives include physical access, logical access, segregation of duties, data transmissions, data centre environmental controls, IT processing, data integrity and backups, change management procedures, network security measures, data migration, problem and incident resolution, system recovery and disaster recovery pans.

I can confirm the CCG has had no serious information governance breaches during 1st April – 30th June 2022.

Business Critical Models

I can confirm that an appropriate framework and environment was in place to provide quality assurance of business-critical models, in line with the recommendations in the Macpherson report.

Third Party Assurances

The CCG contracted with a number of external organisations for the provision of back-office services and functions and as such has established an internal control system to gain assurance from these. These external services included:

- The provision of Oracle financial system and financial accounting support from NHS Shared Business Services. The use of NHS Shared Business Services is mandated by NHS England for all CCGs and is fundamental in producing NHS England group financial accounts using an integrated financial ledger system
- The provision of financial accounting services from the North of England Commissioning Support Unit
- The provision of payroll services from Northumbria Healthcare NHS Foundation Trust
- The provision of the ESR payroll systems support from IBM
- The provision of practice payment services via the Exeter system processed by NHS England

Each financial year assurance on the effectiveness of the controls is received in part from annual service audit reports and internal audit assurance reports from the relevant service providers as well as additional testing of controls by the CCG's internal auditors.

The outcome from these audits was reported to the Audit and Risk committee and subsequently the Governing Body via the committee's minutes. Due to the nature of the shorter reporting period for the closure of CCG accounts at 30th June 2022 it has not been possible for suppliers to commission service auditor reports or internal audit assurances for this period only. As a result, third party suppliers have requested to provide bridging letters to provide assurance on the continued effectiveness of controls. In addition, CCG internal controls have continued to operate throughout this period.

Control Issues

Significant control issues are those issues that might prejudice the achievement of priorities, undermine the integrity or reputation of the CCG and/or wider NHS, made it harder to resist fraud or other misuse of resources, have a material impact on the accounts or put national security of data integrity at risk.

The CCG had in place a robust system of internal control and there are no significant internal control issues currently facing the CCG. The CCG has assurances from the Head of Internal Audit and from other sources to support this assessment.

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

Following the publication of finance and contracting arrangements for 2022/23 published by NHS England it was confirmed that system financial envelopes would be set at an ICB level. NHS England has set out an expectation that financial balance is achieved at an ICB level of the full 2022/23 financial year and prior to the establishment of the ICB CCG financial positions have been monitored in aggregate against the overall ICB allocation.

The arrangements for 2022/23 have seen a reset to move CCGs (and subsequently ICBs) back towards a fair distribution of resource i.e. pre-pandemic allocation approach. System envelopes will continue to be the key unit for financial planning purposes with collaboration across CCGs/ICBs and FTs. System envelopes have been set at an ICB level and disaggregated to areas to complete financial plans. The 'central' area has encompassed NHS County Durham CCG, NHS South Tyneside CCG, NHS Sunderland CCG, County Durham and Darlington NHS Foundation Trust and South Tyneside and Sunderland NHS Foundation Trust.

A Memorandum of Understanding (MoU) was agreed by Durham, South Tyneside, and Sunderland CCG Governing Bodies in a meeting in common on the 5th April 2022 to cover the 2022/23 financial year This MoU set out the financial management principles across the three CCG areas and agreement on how system level funding would be allocated. The majority of the system funding envelope was already identified at an

individual organisational level with the remaining 'system funding' agreed to be distributed to the Foundation Trusts.

As part of closure of the CCGs accounts for the three-month period 1st April 2022 to 30th June 2022, NHS England have provided an allocation equal to the resource consumed for the period. The ICB on establishment will allocated any remaining funding for the period 1st April 2022 to 30th June 2022 to be utilised over the remaining months of 2022/23. As a result of this arrangement the CCG reported an overall breakeven position for the three-month period 1st April 2022 to 30th June 2022.

Announced allocations for 2022/23 have not included cumulative historic surpluses of the CCG. NHS England has outlined in the planning guidance for 2022/23 that they will aggregate the net position of each constituent CCG at an ICB level and then adjust for the 1% cumulative historical surplus requirement (i.e. removal of this requirement to hold one and the associated surplus) to provide an adjusted opening cumulative position for each ICB. It has been outlined that where ICBs deliver a breakeven position over 2022/23 and 2023/24 there will be no outstanding obligation in relation to historic opening deficits.

In addition to the above any historical agreements guaranteeing CCG drawdown will be honoured through transfer of the original agreement to the relevant ICB. The expected cumulative surplus brought forward prior to the interim financial regime during the COVID pandemic for Sunderland CCG is £20.2m. This includes the historic 1% surplus requirement of £5.8m leaving a residual retained cumulative surplus of £14.4m.

It should be noted that Sunderland CCG has an historical agreement in writing from NHSE/I to drawdown £9m of this cumulative surplus over two years and the drawdown panel of the CCG has overseen the development of plans to utilise this resource in line with already approved principles. The surplus that is guaranteed was generated from Sunderland CCG resources. This relates to expenditure not utilised for the people of Sunderland and protected for future use. It is welcomed that the guarantee has been provided for the people of Sunderland and looking forward to the ICB honouring this commitment and reporting back to the people of Sunderland on the use of the resources. The CCG Governing Body met on the 28th June 2022 to agree a recommendation to the ICB on the plans to utilise the available resources to benefit the people of Sunderland.

AuditOne has undertaken a review during the 2021/22 financial year of the CCG's financial planning and financial systems. The CCG achieved an outcome rating of substantial assurance for financial planning and substantial assurance for financial systems. For the period 1st April 2022 to 30th June 2022 the CCG has continued to operate with the same financial controls.

Under the new VFM external audit approach applying from 2020/21 onwards, the external auditors (Mazars) are required to be satisfied that the body "has made proper

arrangements for securing economy, efficiency and effectiveness in its use of resources" and report any significant weaknesses in arrangements in its Annual Auditor's Report. No significant weaknesses in arrangements have been identified to date.

Delegation of Functions

NHS Shared Business Services

NHS Shared Business Services provided the Oracle financial system and financial accounting support to the CCG. NHS England has mandated the use of this service by all CCGs as it is fundamental in producing NHS England group financial accounts using an integrated financial ledger system.

For 2021/22 the CCG received an ISA3402 report to provide assurance on the services provided to the CCG by NHS Shared Business Services. When reporting on the internal control and control procedures, PWC issued a qualified opinion due to one control objective not operating effectively throughout the period in relation to the test of a generator not operating effectively. The CCG has undertaken a review and confirmed that other financial and governance control systems that mitigated the control exception identified were in place throughout the reporting period. These in-house controls were audited by internal audit as part of the financial systems audit in 2021/22 gaining substantial assurance.

For the period 1st April 2022 to 30th June 2022 NHS Shared Business Services has been unable to provide a specific ISA3402 report and as such, have provided a bridging letter to provide assurance on the continued operation of controls. The CCG has continued to operate mitigating controls during the reporting period.

Primary Care Delegated Functions

NHS England delegated authority to the CCG to exercise primary medical care commissioning functions from April 2015 (often referred to as 'level 3 delegated co-commissioning').

For 2021/22 the following sources of assurances relating to the financial reporting with the CCG's accounts are as follows:

- ISAE3000 report - NHS Digital – this report provides assurance in relation to processes used to maintain demographic data on populations used to calculate GMS / PMS payments for the period 2021/22
- ISAE3402 report - NHS Shared Business Services (SBS) ISFE service auditor report - this report covers financial processes operated by NHS SBS, including

controls on the National Health Applications and Infrastructure Services (NHAIS) interface between Exeter and the ISFE ledger

- ISAE3402 report – Capita service auditor report – this report covers the services of all primary care support in 2021/22
- CCG controls - control mechanisms that are in place to review and approve recharges posted into the CCG ledger by CCG senior officers
- Financial reporting – regular review of financial reporting against budget by the Primary Care Commissioning Committee

The ISAE3402 report from Capita and the ISAE3000 report from NHS Digital were both qualified during the reporting period. As the CCG has received qualified reports in previous financial years it has ensured compensating controls were in place during 2021/22. These in house controls were audited by internal audit as part of the financial systems audit in 2021/22 gaining substantial assurance.

For the period 1st April 2022 to 30th June 2022 service providers have been unable to provide a specific Service Auditor Reports and as such, have provided a bridging letter to provide assurance on the continued operation of controls. The CCG has continued to operate mitigating controls during the reporting period.

NHS Business Services Authority (NHS BSA)

NHS Business Services Authority (BSA) provides the Electronic Staff Record (ESR) system to the CCG. The ESR system is a single payroll and Human Resources (HR) management system that has been implemented across the whole of the NHS in England and Wales.

For 2021/22 the CCG received a ISAE 3000 Type 2 report to provide assurance on the services provided by NHS BSA in relation to the ESR system. This report was qualified due to control failures in relation to changes to the NHS Hub. The CCG has implemented several compensating controls to ensure mitigation of risks associated with these control failures. These in house controls were audited by internal audit as part of the financial systems audit in 2021/22 gaining substantial assurance.

For the period 1st April 2022 to 30th June 2022 the BSA have been unable to provide a specific ISAE 3000 report and as such, have provided a bridging letter to provide assurance on the continued operation of controls. The CCG has continued to operate mitigating controls during the reporting period.

North of England Commissioning Support Service (NECS)

The CCG contracts with NECS for the provision of several commissioning support functions such as human resources, information technology and some finance services.

The CCG has established an internal control system to gain assurance from NECS on these functions.

Service auditor reports from NECS provided assurance on the internal controls and control procedures operated by this service organisation to its customers and their auditors. A finance and payroll Service Auditor Report (SAR) has been received from NECS covering the period 1 April 2021 to 31 March 2022. NHS England and NECS appoint Deloitte LLP to undertake the SAR on their behalf.

The SAR has been prepared in accordance with the guidance set out in the International Standards on Assurance Engagements 3000 (revised) and 3402 (ISAE 3000 and 3402) and the Institute of Chartered Accounts in England and Wales Technical Release AAF 01/06 (AAF 01/06). The SAR provides the CCG with assurance over the suitability of the design and operating effectiveness of controls to achieve the related control objectives of the services provided by NECS.

When reporting on the internal controls and control procedures, Deloitte issues a qualified opinion and noted four control exceptions. Following publication of the SAR, NECS has reviewed these control exceptions and formulated actions to ensure compliance in future periods.

All the control exceptions were applicable to the CCG and related to accuracy and processing of credit notes, user access controls for the Oracle system and amendments carried out in the ESR system. Following a review by the CCG of these control exceptions, it has been confirmed that the CCG had in place other financial and governance control systems that mitigated the control exceptions identified within NECS. These in house controls were audited by internal audit as part of the financial systems audit in 2021/22 gaining substantial assurance.

For the period 1st April 2022 to 30th June 2022 the NECS have been unable to provide a specific Service Auditor report and as such, have provided a bridging letter to provide assurance on the continued operation of controls in line with the reported performance for 2021/22 noted above. The CCG has continued to operate mitigating in house controls during the reporting period.

Counter Fraud arrangements

The CCG's counter fraud activity played a key part in deterring risks to the organisation's financial viability and probity. An annual counter fraud plan was agreed by the Audit and Risk committee, which focuses on the deterrence, prevention, detection, and investigation of fraud.

The CCG adheres to NHS Counter Fraud Authority Standards for NHS Commissioners: Fraud, Bribery and Corruption. A comprehensive counter fraud service, including an

accredited Counter Fraud Specialist, is commissioned through our internal auditors (AuditOne) to undertake counter fraud work proportionate to identified risks.

The CCG's counter fraud work plan generally runs from 1 April 2021 to 31 March 2022. This period was extended to take into account the upcoming formation of the NENC ICB on 1 July 2022. This extension ensured that the CCG continued to receive Counter Fraud Services as well as updates at the Audit and Risk Committee.

The CCG continued to operate in line with the Counter Fraud and Bribery Policy, which clearly articulates NHS requirements and expectations for the management of fraud, bribery and corruption in government organisations, including the NHS Standard Contract

Counter-fraud requirements and regulations have been specifically discussed during the year to cement their knowledge and understanding of counter-fraud arrangements, with all employees also required to complete e-learning training. In addition, notifications and briefings regarding actual and potential fraud are circulated to key staff to ensure counter-fraud vigilance is maintained and enable payment systems to be reviewed for emerging risks.

Any issue relating to tackling fraud, bribery and corruption was managed in accordance with the Counter-Fraud Policy would report such incidents to the Audit & Risk Committee.

Head of Internal Audit Opinion

Following completion of the planned audit work for the period 1 April 2021 to 31 March 2022 for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control. The Head of Internal Audit concluded that:

From my review of your systems of internal control, I am providing substantial assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives and that controls are being consistently applied.

Overall Opinion

From my review of your systems of internal control, I am providing substantial assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives and that controls are being consistently applied

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

Area of Audit	Commentary
Audit Coverage	Internal Audit coverage in Quarter 1 2022/23 focused on: • Assurance Framework & supporting processes • Transition Programme • Outstanding Audit Recommendations and Risk
Design and operation of the Assurance Framework and supporting processes	The Governing Body Assurance Framework and Strategic Risk Register was presented to both the Audit and Risk Committee and the Governing Body. The Governing Body Assurance Framework was last presented to the Audit and Risk Committee the Governing Body on 24 May 2022. The Governing Body Assurance Framework is based on the CCG's strategic objectives and an analysis of the principal risks to achieving those objectives. It continued to reflect the impact of the transition to an ICB and managing the Covid-19 pandemic in alignment with the CCG's corporate objectives. The key controls that have been put in place to manage the risks have been documented, and the sources of assurance for individual controls have been identified. The Governing Body Assurance Framework therefore provides the CCG with a comprehensive mechanism for the management of the principal risks to meeting its strategic objectives and supports the compilation of the Annual Governance Statement. The CCG has developed risk management processes that are operating within the

Area of Audit	Commentary
	organisation. Oversight of the risk management agenda rests with the Audit and Risk Committee, which reports into the Governing Body. In this way, the Governing Body received assurances on the systems and processes by which the organisation leads, directs and controls its functions in order to achieve its strategic objectives.
Transition Programme	AuditOne continued to have involvement during the transition period through: • Attendance at two weekly ICS steering group meetings and liaison with NECS who provided project support. • Attendance at a checkpoint meeting with lead officers at the CCG (2 nd March 2022) and a further, more formal check and challenge session covering Sunderland and South Tyneside CCGs which was held on 21st April 2022. Through attendance and receipt of supporting papers, it was observed that risks and issues were being reported through the project groups supported by NECS. No concerns were raised around completion of the activities required to sign off on due diligence process. • It could be confirmed that the outcome of the CCG Closedown Due Diligence process was reported to the Audit and Risk Committee on the 24thMay 2022, and the Committee recommended the Governing Body approve the completed due diligence checklists and action plans in relation to the transition and CCG closedown and that the Accountable Officer be authorised to sign the relevant declarations confirming completion of the due diligence requirements.
Brought forward Internal Audit assurances	The Head of Internal Audit Opinion given for the year ended 31st March 2022 gave a level of assurance of 'substantial'. There were no material issues identified to be brought forward for consideration in this opinion statement.
Response to Internal Audit recommendations	The implementation of internal audit recommendations is a key indicator of the organisation's engagement with ourselves and the importance it places on the recommendations we have made and have been agreed to be implemented. The Audit and Risk Committee receives updates on the progress of agreed actions for all high and medium issues raised, but it does not require updates in relation to low priority issues, so these are not subject follow-up by AuditOne. At 30th June 2022, there were only two outstanding audit recommendations, both were medium priority and neither had passed the target date for implementation. One related to mechanisms for raising awareness of the need to declare interests in a timely manner and upon the conclusion of the CCG will be superseded. The remaining recommendation continues to be relevant and will be passed to the ICB as part of the due diligence process. This demonstrates that the CCG has continued to have a positive approach to internal audit recommendations, which improves the strength of its system of internal control, risks and governance.
	While the Head of Internal Audit Opinion provides the CCG with assurances in relation to the areas covered by the internal audit plan, it is only one of the sources of

Area of Audit	Commentary
Significant factors outside the work of internal audit	assurance available to the CCG. As the CCG outsourced many of its functions, assurances from third parties are equally as important when the CCG draws up its Governance Statement. Assurances are provided on an annual basis therefore nothing is available at this time for the Q1 period

Recommendation and assurance definitions

Key

Head of Internal Audit Opinion Levels	
Substantial	I am providing substantial assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives. Controls are being consistently applied.
Good	I am providing good assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives. Controls are generally being applied consistently.
Reasonable	I am providing reasonable assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives. Controls are not applied in a consistent manner.
Limited	I am providing limited assurance that there is a sound system of internal control, governance and risk management designed to meet the organisation's objectives. Controls are not applied and immediate and fundamental remedial action is required.

Review of effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG 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 reports.

Our Governing Body assurance framework itself provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principles have been reviewed. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by:

- Governing Body
- Audit and Risk Committee
- Joint Quality and Safety Committee
- System of internal control mechanisms
- Internal Audit

The Governing Body, Audit and Risk Committee and Joint Quality and Safety Committee have concluded through their annual review processes that the CCG has effective governance, risk management and internal control mechanisms in place to ensure the CCG to meet its statutory duties.

The internal control section earlier in this statement describes in detail the process that has been applied in maintaining and reviewing the effectiveness of the CCG's system of internal control.

Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control. The Head of Internal Audit Opinion has been included in the previous section.

Conclusion

No significant internal control issues have been identified.

Remuneration and Staff Report

The remuneration and staff report gives details of CCG staff and remuneration. It sets out the CCGs remuneration policy for directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managements and where relevant the link between performance and remuneration.

Remuneration Report

Remuneration Committee

The Remuneration Committee was established to advise the Governing Body about pay, other benefits and terms of employment for the chief officer and other senior staff. The Committee had delegated authority from the Governing Body to make recommendations on determinations about pay and remuneration. Further details of the membership and roles and responsibilities of this committee can be found in the corporate governance report of this annual report.

Policy on the remuneration of senior managers

The policy for remuneration of very senior managers within the CCG is in line with the national Very Senior Managers (VSM) pay framework, taking into account Sunderland is a medium sized CCG at a level 2.

All senior manager contracts, specifying terms and conditions of service are in line with the VSM pay framework or Agenda for Change as appropriate. The medical director terms and conditions of service are in line with the medical consultant contract. All other senior managers are remunerated in line with Agenda for Change requirements.

The remuneration for senior managers for current and future financial years is determined in accordance with relevant guidance, best practice, and national policy. Continuation of employment for all senior managers is subject to satisfactory performance. Performance in post and progress in achieving set objectives is reviewed annually. This is in accordance with standard NHS terms and conditions of service and guidance issued by the Department of Health and Social Care.

Contracts of employment in relation to all senior managers employed by the CCG on VSM are permanent in nature and subject to six months' notice of termination by either party.

Termination payments are limited to those laid down in statute and those provided for within NHS terms and conditions of service and under the NHS Pension Scheme Regulations for those who are members of the scheme. No payments have been made

during the year.

Remuneration of Very Senior Managers

Reporting bodies are required to disclose where the salary of senior managers is in excess of the prime minister's salary of £150,000 on a pro rata basis. There were seven senior officers who received a salary in excess of the prime minister's salary in Month 1-3 2022/23 on a pro rata basis (2021/22: seven in excess of the prime minister's salary of £150,000 on a pro rata basis). The pro rata basis represents the full-time salary for individuals who work part time. No individual in the CCG earned more in total in 2022/23 (2021/22: 0) than the prime minister's salary of £150,000. The agreement of reasonable pay and conditions for very senior managers is considered by the CCG's Remuneration Committee, which is chaired by the Lay Member responsible for Audit and Risk.

Senior manager remuneration (including salary and pension entitlements)

NHS Sunderland Clinical Commissioning Group Senior Officers Salaries & Allowances 2022/23 Month 1-3 – 'subject to audit'

Name	Title	2022/23 Month 3						2021/22					
		Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £10 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) (Note 4) £000	Total Remuneration (bands of £5,000) £000	Salary (bands of £5,000) £000	Expense payments (taxable) to nearest £10 £00	Performance pay and bonuses (bands of £5,000) £000	Long term performance pay and bonuses (bands of £5,000) £000	All pension-related benefits (bands of £2,500) £000	Total Remuneration (bands of £5,000) £000
Ian Pattison	Clinical Chair	15 - 20	-	-	-	-	15 - 20	65 - 70	-	-	-	15.0 - 17.5	80 - 85
Neil O Brien **Note 2**	Accountable Officer	10 - 15	4	-	-	0 - 2.5	10 - 15	50 - 55	17	-	-	12.5 - 15.0	70 - 75
David Chandler	Chief Officer and Chief Finance Officer	30 - 35	37	-	-	-	35 - 40	125 - 130	148	-	-	40.0 - 42.5	180 - 185
Claire Bradford	Medical Director	10 - 15	7	-	-	-	10 - 15	90 - 95	49	-	-	10.0 - 12.5	105 - 110
Ann Fox **Note 1**	Director of Nursing, Quality and Safety	20 - 25	19	-	-	-	20 - 25	85 - 90	57	-	-	-	90 - 95
Dr Fadi Khalil	Executive GP	10 - 15	-	-	-	-	10 - 15	50 - 55	-	-	-	50.0 - 52.5	100 - 105
Dr Saira Malik	Executive GP	5 - 10	-	-	-	-	5 - 10	30 - 35	-	-	-	-	30 - 35
Dr Tracey Lucas	Executive GP	5 - 10	-	-	-	-	5 - 10	30 - 35	-	-	-	5.0 - 7.5	40 - 45
Dr Raj Bethapudi	Executive GP	5 - 10	-	-	-	-	5 - 10	30 - 35	-	-	-	7.5 - 10.0	40 - 45
Dr Karthik Gellia	Executive GP							5 - 10	-	-	-	0.0 - 2.5	10 - 15
Eric Harrison **Note 1**	Executive Practice Manager Representative **(until 30/4/2022)**	0 - 5	-	-	-	-	0 - 5	20 - 25	-	-	-	-	20 - 25
Joanne Hilton **Note 1**	Strategic Practice Nurse	0 - 5	-	-	-	-	0 - 5	15 - 20	-	-	-	-	15 - 20
Debbie Burnicle **Note 1**	Lay Member, Public Patient Involvement (PPI)	0 - 5	-	-	-	-	0 - 5	10 -15	-	-	-	-	10 - 15
Chris Macklin **Note 1**	Lay Member, Vice Chair And Chair Of The Audit Committee	0 - 5	-	-	-	-	0 - 5	15 - 20	-	-	-	-	15 - 20
Pat Harle **Note 1**	Lay Member Primary Care Committee	0 - 5	-	-	-	-	0 - 5	10 - 15	-	-	-	-	10 - 15
Neil Weddle **Note 1**	Independent Audit Support	0 - 5	-	-	-	-	0 - 5	0 - 5	-	-	-	-	0 - 5
Derek Cruickshank **Note 1**	Secondary Care Clinican	0 - 5	-	-	-	-	0 - 5	15 - 20	-	-	-	-	15 - 20
Scott Watson **Note 1**	Director of Contracting, Planning and Informatics	25 - 30	22	-	-	-	25 - 30	105 - 110	80	-	-	-	115 - 120
Clare Nesbit	Director of People and Primary Care	25 - 30	18	-	-	-	25 - 30	105 - 110	73	-	-	25.0 - 27.5	140 - 145
Tarryn Lake	Associate Director of Finance	25 - 30	20	-	-	-	25 - 30	90 - 95	77	-	-	30.0 - 32.5	125 - 130
Matt Thubron	Head of Contracting, Performance and Business Intelligence	15 - 20	3	-	-	-	20 - 25	75 -80	12	-	-	20.0 - 22.5	100 - 105
Wendy Thompson	Head of Primary Care	15 - 20	-	-	-	-	15 - 20	65 - 70	-	-	-	35.0 - 37.5	105 - 110
Helen Steadman	Head of Strategy, Planning and Reform **(until 15/02/2022)**							5 - 10	-	-	-	50.0 - 52.5	55 - 60
Philip Foster	Managing Director - All Together Better	25 - 30	-	-	-	-	25 - 30	105 - 110	-	-	-	240.0 - 242.5	345 - 350
Dr Martin Weatherhead **Note 1**	Chair - All Together Better	10 - 15	-	-	-	-	10 - 15	45 - 50	-	-	-	-	45 - 50
Deanna Lagun **Note 1**	Deputy Director of Nursing, Quality and Safety **(until 14/04/2021)**							0 - 5	-	-	-	-	0 - 5

Notes

Note 1	C Bradford, A Fox, E Harrison, J Hilton, D Burnicle, C Macklin, P Harle, N Weddle, D Cruickshank, S Watson, Dr M Weatherhead are not in the NHS Pension Scheme.
Note 2	N O'Brien 66% of WTE is spent working for County Durham CCG and South Tyneside CCG. Pension remuneration reported relates to full WTE. Full salary for 2022/23 is in the £165k - £170k band.
All Pension Related Benefits	All pension related benefits in formation for 3 months to June have been estimated using full year information provided by NHS Pensions
Expense Payments	Expense payments include lease car allowances and mileage claims.

Please note that the Pension Related Benefits include all benefits accruing to senior managers from membership of the NHS Pensions Scheme, which is a defined benefit scheme where annual pension entitlements for retired individuals are based on their final salary. The disclosed amounts represent the increase in pension entitlement upon retiring for individuals and do not represent a cash payment made to individuals in the financial year.

Please note that bandings utilised in the table for each area of remuneration differ in line with national guidance

Staff sharing arrangement for senior manager remuneration for the 3 months to 30 June 2022

Dr Neil O'Brien is employed by County Durham CCG and works for South Tyneside CCG and Sunderland CCG as part of a staff sharing arrangement.

The total remuneration earned for all work across all CCGs for the 3 months to 30 June 2022 is shown below:

Sunderland CCG staff sharing arrangement at 30 June 2022 (this has been subject to audit)

Name	Title	Salary (bands of £5,000) £ 000	Expense payments (taxable) (to nearest £100) £00	**TOTAL** (bands of £5,000) £ 000
Dr Neil O'Brien	Chief Clinical Officer and Accountable Officer	40-45	13	40-45

Pension benefits as of 30 June 2022

NHS Sunderland Clinical Commissioning Group Senior Officers Pension Benefits 2022/23 'subject to audit'

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at pension age at 30 June 2022 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 30 June (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2022 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 30 June 2022 £000	Employer's contribution to stakeholder pension £000
Ian Pattison	Clinical Chair	-	-	20 - 25	35 - 40	352	-	353	-
Neil O Brien **Note 2**	Accountable Officer	0.0 - 2.5	-	25 - 30	15 - 20	356	-	372	-
David Chandler	Chief Officer and Chief Finance Officer	-	-	40 - 45	85 - 90	800	-	800	-
Claire Bradford	Medical Director	-	-	-	-	-	-	-	-
Ann Fox **Note 1**	Director of Nursing, Quality and Safety	-	-	-	-	-	-	-	-
Dr Fadi Khalil	Executive GP	0.0 - 2.5	-	15 - 20	25 - 30	233	-	240	-
Dr Saira Malik	Executive GP	-	-	10 - 15	30 - 35	258	-	193	-
Dr Tracey Lucas	Executive GP	-	-	25 - 30	50 - 55	394	-	406	-
Dr Raj Bethapudi	Executive GP	-	-	10 - 15	25 - 30	192	-	194	-
Dr Karthik Gellia	Executive GP	-	-	-	-	-	-	-	-
Eric Harrison **Note 1**	Executive Practice Manager Representative	-	-	-	-	-	-	-	-
Joanne Hilton **Note 1**	Strategic Practice Nurse **(from 01/09/2020)**	-	-	-	-	-	-	-	-
Debbie Burnicle **Note 1**	Lay Member, Public Patient Involvement (PPI) **(from 01/06/2019)**	-	-	-	-	-	-	-	-
Chris Macklin **Note 1**	Lay Member, Vice Chair And Chair Of The Audit Committee	-	-	-	-	-	-	-	-
Pat Harle **Note 1**	Lay Member Primary Care Committee	-	-	-	-	-	-	-	-
Neil Weddle **Note 1**	Independent Audit Support	-	-	-	-	-	-	-	-
Derek Cruickshank **Note 1**	Secondary Care Clinican	-	-	-	-	-	-	-	-
Scott Watson **Note 1**	Director of Contracting, Planning and Informatics	-	-	-	-	-	-	-	-
Clare Nesbit	Director of People and Primary Care	-	-	30 - 35	60 - 65	641	-	661	-
Tarryn Lake	Associate Director of Finance	-	-	20 - 25	30 - 35	251	-	258	-
Matt Thubron	Head of Contracting, Performance and Business Intelligence	-	-	15 - 20	30 - 35	247	-	253	-
Wendy Thompson	Head of Primary Care	0.0 - 2.5	-	15 - 20	25 - 30	278	-	288	-
Helen Steadman	Head of Strategy, Planning and Reform	-	-	-	-	-	-	-	-
Philip Foster	Managing Director - All Together Better	-	-	65 - 70	-	1,093	-	1,116	-
Dr Martin Weatherhead **Note 1**	Chair - All Together Better	-	-	-	-	-	-	-	-
Deanna Lagun **Note 1**	Deputy Director of Nursing, Quality and Safety (from 01/04/2020 - 14th April 2021)	-	-	-	-	-	-	-	-

Notes

Note 1

C Bradford, A Fox, E Harrison, J Hilton, D Burnicle, C Macklin, P Harle, N Weddle, D Cruickshank, S Watson, Dr M Weatherhead are not in the NHS Pension Scheme.

Note 2

N O'Brien 66% of WTE is spent working for County Durham CCG and South Tyneside CCG. Pension remuneration reported relates to full WTE. Full salary for 2021/22 is in the £170k - £175k band.

NHS Sunderland Clinical Commissioning Group Senior Officers Pension Benefits 2021/22 'subject to audit'

Name	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 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5.000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
Ian Pattison	Clinical Chair	0.0 - 2.5	-	20.0 - 25.0	35.0 - 40.0	328	23	352	-
Neil O Brien **Note 2**	Accountable Officer	2.5 - 5.0	0.0 - 2.5	20 - 25	15 - 20	303	28	356	-
David Chandler	Chief Officer and Chief Finance Officer	2.5 - 5.0	0.0 - 2.5	40.0 - 45.0	90.0 - 95.0	741	56	800	-
Claire Bradford	Medical Director	0.0 - 2.5	2.5 - 5.0	50.0 - 55.0	150.0 - 155.0	-	-	-	-
Ann Fox **Note 1**	Director of Nursing, Quality and Safety	-	-	-	-	-	-	-	-
Dr Fadi Khalil	Executive GP	2.5 - 5.0	2.5 - 5.0	15.0 - 20.0	25.0 - 30.0	191	41	233	-
Dr Saira Malik	Executive GP	-	-	15.0 - 20.0	40.0 - 45.0	270	-	258	-
Dr Tracey Lucas	Executive GP	0.0 - 2.5	-	20.0 - 25.0	50.0 - 55.0	378	15	394	-
Dr Raj Bethapudi	Executive GP	0.0 - 2.5	-	10.0 - 15.0	25.0 - 30.0	181	10	192	-
Dr Karthik Gellia	Executive GP	0.0 - 2.5	-	15.0 - 20.0	35.0 - 40.0	253	8	262	-
Eric Harrison **Note 1**	Executive Practice Manager Representative	-	-	-	-	-	-	-	-
Florence Gunn	Strategic Practice Nurse **(until 31/07/2020)**	-	-	-	-	-	-	-	-
Joanne Hilton **Note 1**	Strategic Practice Nurse **(from 01/09/2020)**	-	-	-	-	-	-	-	-
Debbie Burnicle **Note 1**	Lay Member, Public Patient Involvement (PPI) **(from 01/06/2019)**	-	-	-	-	-	-	-	-
Chris Macklin **Note 1**	Lay Member, Vice Chair And Chair Of The Audit Committee	-	-	-	-	-	-	-	-
Pat Harle **Note 1**	Lay Member Primary Care Committee	-	-	-	-	-	-	-	-
Neil Weddle **Note 1**	Independent Audit Support	-	-	-	-	-	-	-	-

Name	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 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5.000)	Cash Equivalent Transfer Value at 1 April 2021	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
		£000	£000	£000	£000	£000	£000	£000	£000
Derek Cruickshank **Note 1**	Secondary Care Clinican	-	-	-	-	-	-	-	-
Scott Watson **Note 1**	Director of Contracting, Planning and Informatics	-	-	-	-	-	-	-	-
Clare Nesbit	Director of People and Primary Care	0.0 - 2.5	-	30.0 - 35.0	60.0 - 65.0	597	41	641	-
Tarryn Lake	Associate Director of Finance	0.0 - 2.5	0.0 - 2.5	20.0 - 25.0	30.0 - 35.0	224	26	251	-
Matt Thubron	Head of Contracting, Performance and Business Intelligence	0.0 - 2.5	0.0 - 2.5	15.0 - 20.0	30.0 - 35.0	226	19	247	-
Wendy Thompson	Head of Primary Care	0.0 - 2.5	0.0 - 2.5	15.0 - 20.0	25.0 - 30.0	240	37	278	-
Helen Steadman	Head of Strategy, Planning and Reform	2.5 - 5.0	0.0 - 2.5	20.0 - 25.0	5.0 - 10.0	248	50	299	-
Philip Foster	Managing Director - All Together Better	12.5 - 15.0	-	65.0 - 70.0	-	882	206	1,093	-
Dr Martin Weatherhead **Note 1**	Chair - All Together Better	-	-	-	-	-	-	-	-
Deanna Lagun **Note 1**	Deputy Director of Nursing, Quality and Safety (from 01/04/2020 - 14th April 2021)	-	-	-	-	-	-	-	-

Notes

Note 1 A Fox, E Harrison, J Hilton, D Burnicle, C Macklin, P Harle, N Weddle, D Cruickshank, S Watson, Dr M Weatherhead are not in the NHS Pension Scheme.

Note 2

N O'Brien 66% of WTE is spent working for County Durham CCG and South Tyneside CCG. Pension remuneration reported related to full WTE. Full salary for 2021/22 is in the £170k - £175k band.

Expense Payments Expense payments include lease car allowances and mileage claims.

Benefits and related Cash Equivalent Transfer Values do not allow for any potential adjustment arising from the McCloud judgment

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).

The method used to calculate CETVs has changed to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If an individual was entitled to a GMP, this will affect the calculation of the real increase in CETV which has been reported. This is more likely to affect individuals who are members of the 1995 Section and 2008 Section of the NHS Pension Scheme.

Fair Pay Disclosure 'subject to audit'

As at 30 June 2022, remuneration ranged from £20,330 to £169,212 (+0.95% against 2021/22: £18,546 - £169,212) based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Remuneration of the CCG staff is shown in the table below:

	25th percentile	Median	75th percentile
'All staff' remuneration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	27,055	47,126	67,064
Salary component of 'all staff' renumeration based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff)	32,934	48,526	67,064

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

The banded remuneration of the highest paid director/member in the CCG in the financial year 2022/23 Month 1-3 was £140,000 - £145,000 (+0% against 2021/22: £140,000 - £145,000) and the relationship to the remuneration of the organisation's workforce is disclosed in the table below:

Year	25th percentile total remuneration	25th percentile salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration	75th percentile salary ratio
2022 / 23	5.27	4.02	3.02	2.73	2.12	1.98
2021 / 22	4.52	4.61	3.11	2.89	2.17	2.04

In 2022/23, 0 (2021/22, 0) employees received remuneration in excess of the highest-paid director/member.

In 2022/23, 0 (2021/22, 0) employees received performance related pay or bonuses.

Staff Report

Number of senior managers

The CCG had a total of 26 senior managers during 2022/23 (2021/22: 25).

- 7 (directors/exec) 1 shared accountable officer

Staff numbers and costs

Staff numbers and costs 2022/23 (£'000) 'subject to audit'

Staff Costs 2022/23	Total		
	Permanent Employees	Other	Total
Salaries and wages	1,042	53	1,095
Social security costs	138	-	138
Employer contributions to the NHS Pension Scheme	190	-	190
Apprenticeship Levy	3	-	3
Total Employee Benefits Expenditure	**1,373**	**53**	**1,426**

Staff numbers and costs 2021/22 (£'000) 'subject to audit'

Staff Costs 2021/22	Total		
	Permanent Employees	Other	Total
Salaries and wages	4,871	116	4,987
Social security costs	536	-	536
Employer contributions to the NHS Pension Scheme	852	-	852
Apprenticeship Levy	11	-	11
Total Employee Benefits Expenditure	**6,270**	**116**	**6,386**

Average number of people employed (Number) 'subject to audit'

	2022/23			2021/22		
	Permanent Employees	Other	Total	Permanent Employees	Other	Total
Total Staff	90	3	**93**	95	3	**98**

Staff composition

The CCG staff gender profile is given in the table below. This reflects our gender representation of all CCG staff.

Category of staff 2022	Total number of staff / members	Number of male staff / members	Number of female staff / members
Governing Body members	11	7	4
Senior officers	8	4	4
All other employees	81	18	74
Total employees (WTE)	93 (Head count 110)	29	81

Sickness absence data

The CCG had an agreed policy on the management of staff absence which ensures all staff are treated fairly and equitably, with the relevant support from line managers and HR advisors. The CCG also had access to occupational health services.

The CCG sickness absence rate was 3.67%

Staff turnover percentages

The staff turnover for NHS Sunderland CCG was 3.83%

Staff engagement percentages

Since Sunderland CCG was established in 2013 our organisation has participated in the NHS Annual Staff Survey and 2021/22 was no exception. The survey is distributed to all

staff and we had a response rate of 82% .

Staff policies

The CCG had a suite of staff policies in place. The CCG has took positive steps throughout the reporting period to maintain and develop the provision of information to, and consultation with employees, including:

- Providing employees systematically with information on matters of concern to them as employees
- Consulting employees and their representatives on a regular basis so that the views of employees can be considered in making decisions which are likely to affect their interests
- Encouraging the involvement of employees in the CCG's performance
- Taking actions throughout the year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the CCG
- Membership of the North East Partnership Forum, where staff representatives and CCG managers from across the region meet together
- The promotion of equality and diversity is actively pursued through these policies and ensures that employees receive fair, equitable and consistent treatment and ensure that employees, and potential employees, are not subject to direct or indirect discrimination.

The CCG's policies are publicly available on the former website: https://sunderlandccg.nhs.uk/corporate/policies/

Trade Union Facility Time Reporting Requirements

As set out in the Trade Union (Facility Time Publication Requirements) Regulations 2017, the CCG is required to publish the number of employees who were trade union officials during this period and any information about paid facility time and trade union activities.

No TU facility time was recorded for Sunderland CCG employed staff for the period 1 April – 30 June 2022.

Other employee matters

The CCG was committed to equality of opportunity for all employees and is committed

to employment practices, policies and procedures which ensure that no employee, or potential employee, receives less favourable treatment on the grounds of gender, race, colour, ethnic or national origin, sexual orientation, marital status, religion or belief, age, trade union membership, disability, offending background, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or any other personal characteristic.

Diversity is viewed positively and, in recognising that everyone is different, the unique contribution that everyone's experience, knowledge and skills can make is valued equally.

Expenditure on consultancy

The CCG spent a total of £0 on consultancy during the period 1 April 22 to 30 June 22. (2021/22: £56,411.50).

Off-payroll engagements

Table 1: Length of all highly paid off-payroll

For all off-payroll engagements as at 30 June 2022 for more than £245* per day:

	Number
Number of existing engagements as of 30 June 2022	16
Of which, the number that have existed:	
for less than one year at the time of reporting	5
for between one and two years at the time of reporting	3
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	3
for 4 or more years at the time of reporting	4

*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 2022 and 30 June, for more than £245[(1)] per day:

	Number
No. of temporary off-payroll workers engaged between 1 April 2022 and June 2022	5

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]	0
No. subject to off-payroll legislation and determined as out of scope of IR35[2]	5
the number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between1 April 2022 and 30 June 2022 :

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during reporting period[1]	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility,” during the reporting period. This figure should include both on payroll and off-payroll engagements. [2]	23

Exit packages, including special (non-contractual) payments

No exit packages including special (non-contractual) payments were made in the 3 months to 30 June 2022.

Parliamentary Accountability and Audit Report

Sunderland CCG is not required to produce a Parliamentary Accountability and Audit Report

The CCG has no disclosures on remote contingent liabilities, loses and special payments, gifts and fees and charges

An audit certificate and report is also included in this annual report from page 151.

ANNUAL ACCOUNTS

NHS Sunderland CCG - Annual Accounts 01 April 2022 to 30 June 2022

CONTENTS **Page Number**

The Primary Statements:

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

	Note	**3 months to 30 June 2022 £'000**	12 months to 31 March 2022 £'000
Income from sale of goods and services	2	(122)	(490)
Other operating income	2	0	(290)
Total operating income		**(122)**	(780)
Staff costs	3	1,425	6,386
Purchase of goods and services	4	140,848	573,335
Depreciation and impairment charges	4	24	0
Provision expense	4	0	(493)
Other operating expenditure	4	38	157
Total operating expenditure		**142,335**	579,385
Contract and other receivables	4	1	0
Net expenditure for the period		**1**	0
Comprehensive expenditure for the period		**142,214**	578,605

Statement of Financial Position as at 30 June 2022

	Note	30 June 2022 £'000	31 March 2022 £'000
Non-current assets:			
Right-of-use assets	7	212	0
Total non-current assets		**212**	0
Current assets			
Contract and other receivables	8	892	690
Contract and other receivables	9	0	105
Total current assets		**892**	795
Total assets		**1,104**	795
Current liabilities			
Trade and other payables	10	(31,483)	(37,136)
Lease liabilities	7	(94)	0
Borrowings	11	(333)	0
Total current liabilities		**(31,910)**	(37,136)
Assets less Current Liabilities		**(30,806)**	(36,341)
Non-current liabilities			
Lease liabilities	7	(120)	0
Total non-current liabilities		**(120)**	0
Assets less Liabilities		**(30,925)**	(36,341)
Financed by Taxpayers' Equity			
General fund		(30,925)	(36,341)
Total Taxpayers' Equity:		**(30,925)**	(36,341)

The notes on pages 131 to 150 form part of this statement

The financial statements on pages 127 to 150 were approved and authorised for issue by the Board on 27th June 2023 and signed on its behalf by:

Samantha Allen
Chief Executive for the North East and North Cumbria Integrated Care Board
Accountable Officer
30th June 2023

The ICB Chief Executive was not the Accountable Officer of the CCG, however as per the NHS England annual report and accounts guidance, is the required signatory for this report.

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

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for the three months to 30 June 2022:		
Balance at 01 April 2022	(36,341)	**(36,341)**
Changes in CCG taxpayers' equity for the three months to 30 June 2022		
Net operating expenditure for the period	(142,214)	**(142,214)**
Net recognised CCG expenditure for the period	**(142,214)**	**(142,214)**
Net Parliamentary funding	147,630	**147,630**
Balance at 30 June 2022	**(30,925)**	**(30,925)**

	General fund £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22		
Balance at 01 April 2021	(37,477)	(37,477)
Changes in CCG taxpayers' equity for 2021-22		
Net operating costs for the financial year	(578,605)	(578,605)
Net recognised CCG expenditure for the financial year	(578,605)	(578,605)
Net Parliamentary funding	579,741	579,741
Balance at 31 March 2022	(36,341)	(36,341)

Statement of Cash Flows for the period ended 30 June 2022

	Note	**3 months to 30 June 2022 £'000**	12 months to 31 March 2022 £'000
Cash flows from operating activities			
Net operating expenditure for the period		(142,214)	(578,605)
Depreciation and amortisation	4	24	0
(Increase)/decrease in trade & other receivables	8	(204)	1,968
Increase/(decrease) in trade & other payables	10	(5,651)	(2,737)
Increase/(decrease) in provisions	12	0	(493)
Net cash outflow from operating activities		**(148,045)**	(579,867)
Net cash outflow before financing		**(148,045)**	(579,867)
Cash flows from financing activities			
Net funding received		147,630	579,741
Repayment of lease liabilities	7	(24)	0
Non-cash movements arising on application of new accounting standards	7	1	0
Net cash inflow from financing activities		**147,607**	579,741
Net increase / (decrease) in cash & cash equivalents	9	**(438)**	(126)
Cash & cash equivalents at the beginning of the period		**105**	231
Cash & cash equivalents at the end of the period		**(333)**	105

The CCG completed a BACS payment run on 30 June 2022 which was due to clear the bank account 4 July 2022 to enable it to clear balances owed to suppliers prior to the merger of the clinical commissioning group into the Integrated Care Board. This resulted in the CCG having a credit ledger cash position of £333k as cash was cleared from the clinical commissioning group bank account prior to the merger. This is acceptable and only reflects a timing difference between the cash drawdown process with NHS England and cash being available in the bank account on 1 July 2022. This is a technical adjustment only.

Notes to the financial statements

1 **Accounting Policies**

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

1.1 **Going Concern**

These accounts have been prepared on a going concern basis.

The Health and Care Act 2022 gained royal ascent on 28th April 2022. The Bill allows for the establishment of Integrated Care Boards (ICB) on 01 July 2022 across England and abolished CCGs on 30 June 2022. ICBs will take on the commissioning functions of CCGs including all assets and liabilities which will therefore transfer to an ICB.

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

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

1.2 **Accounting Convention**

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

1.3 **Joint arrangements**

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

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

1.4 **Pooled Budgets**

The CCG has entered into two pooled budget arrangements with Sunderland City Council in accordance with section 75 of the NHS Act 2006. The first arrangement funds are pooled for the Better Care Fund, and in the second arrangement funds are pooled in relation to Childrens Preventative Care. Note 15 provides details of the income and expenditure.

Contract The pool is hosted by Sunderland City Council. The CCG accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.5 **Operating Segments**

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

1.6 **Revenue**

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

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

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

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

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

The CCG receives revenue in respect of jointly commissioned services. Details are included in note 2.

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

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

Payment terms are standard reflecting cross government principles.

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

1.7 **Employee Benefits**

1.7.1 **Short-term Employee Benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Notes to the financial statements

1.7.2 **Retirement Benefit Costs**

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

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

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

1.8 **Grants Payable**

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

1.9 **Leases**

Under IFRS16, the distinction between finance leases and operating leases is only applicable where the CCG is lessor. 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.

1.9.1 **The CCG as Lessee**

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

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

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

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

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

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

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

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

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

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

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

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

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

1.10 **Cash & Cash Equivalents**

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

Notes to the financial statements

1.11 **Provisions**

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

All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:
• A nominal short-term rate of 3.27% (2021-22: 0.47%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
• A nominal medium-term rate of 3.20% (2021-22: 0.70%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
• A nominal long-term rate of 3.51% (2021-22 0.95%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
• A nominal very long-term rate of 3.00% (2021-22: 0.66%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

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

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

1.12 **Clinical Negligence Costs**

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

1.13 **Non-clinical Risk Pooling**

The CCG participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the CCG pays an annual contribution to 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.

1.14 **Financial Assets**

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

Financial assets are classified into the following categories:
- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

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

1.14.1 **Financial Assets at Amortised cost**

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.14.2 **Impairment**

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

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

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

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

1.15 **Financial Liabilities**

Financial liabilities are recognised when the CCG becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been extinguished – that is, the obligation has been discharged or cancelled or has expired.

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability.

Notes to the financial statements

1.16 **Losses & Special Payments**

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

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

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

In the application of the CCG's accounting policies, management is required to make various judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associates assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods. These are regularly reviewed.

1.17.1 **Critical accounting judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the CCG's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.
- None

1.17.2 **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.

The assumption applied in the estimation of prescribing liabilities not yet billed as at the Statement of Financial Position date. Nationally derived phasing profiles from the NHS Business Services Authority provided for forecasting the likely prescribing outturn has been utilised in deriving the estimated liability of costs not yet billed for the CCG. This was estimated at £8,255,837 as at the Statement of Financial Position date (for the period 31st March 2022 the full value included in the financial statements totalled £8,537,584).

1.18 **Adoption of new standards**

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

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

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

Impact assessment

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

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

The CCG has utilised three further practical expedients under the transition approach adopted:
a) The election to not make an adjustment for leases for which the underlying asset is of low value.
b) The election to not make an adjustment to leases where the lease terms ends within 12 months of the date of application.
c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

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

As of 1 April 2022, the CCG recognised £0.2m of right-of-use assets and lease liabilities of £0.2m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an £0m impact to tax payers’ equity.

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

1.19 **Accounting Standards That Have Been Issued But Have Not Yet Been Adopted**

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2022-23. These Standards are still subject to HM Treasury FReM adoption and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

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

2 Other Operating Revenue

	3 months to 30 June 2022			12 months to 31 March 2022		
	Admin	**Programme**	**Total**	Admin	Programme	Total
	£'000	**£'000**	**£'000**	£'000	£'000	£'000
Income from sale of goods and services (contracts)						
Non-patient care services to other bodies	0	1	**1**	0	7	7
Other contract income	0	121	**121**	0	483	483
Total Income from sale of goods and services	**0**	**122**	**122**	0	490	490
Other operating income						
Non cash apprenticeship training grants revenue	0	0	**0**	0	1	1
Other non contract revenue	0	0	**0**	0	289	289
Total other operating income	**0**	**0**	**0**	0	290	290
Total operating Income	**0**	**122**	**122**	0	780	780

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

3. Employee benefits and staff numbers

3.1 Employee benefits	Total Permanent Employees £'000	Other £'000	3 months to 30 June 2022 Total £'000	Total Permanent Employees £'000	Other £'000	12 months to 31 March 2022 Total £'000
Employee benefits						
Salaries and wages	1,042	53	1,095	4,871	116	4,987
Social security costs	138	0	138	536	0	536
Employer contributions to NHS Pension scheme	190	0	190	852	0	852
Apprenticeship levy	2	0	2	11	0	11
Gross employee benefits expenditure	**1,372**	**53**	**1,425**	6,270	116	6,386

3.2 Average number of people employed

	3 months to 30 June 2022			12 months to 31 March 2022		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**90**	**3**	**93**	95	3	98

None of the above people were engaged on capital projects (2021-22: None).

3.3 Ill Health Retirements

No staff member has retired on ill health retirement within the period. (2021-22: One staff member retired on ill health retirement within the financial year. The additional pension liabilities borne by the relevant pension scheme is estimated to be £11k).

3.4. Exit packages agreed in the financial period

No exit packages have been agreed in the period (2021-22: None).

3.5 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

3.5.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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.

3.5.2 Full actuarial (funding) valuation

Contract and other receivables

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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

4. Operating Expenses Notes

4.1. Operating expenses

	3 months to 30 June 2022			12 months to 31 March 2022		
	Admin	**Programme**	**Total**	Admin	Programme	Total
	£'000	**£'000**	**£'000**	£'000	£'000	£'000
Purchase of goods and services						
Purchase of healthcare from NHS and DHSC bodies: Services from other CCGs and NHS England	243	535	778	881	1,480	2,361
Purchase of healthcare from NHS and DHSC bodies: Services from foundation trusts	0	96,926	96,926	0	359,066	359,066
Purchase of healthcare from NHS and DHSC bodies: Services from other NHS trusts	0	65	65	0	0	0
Services from Other WGA bodies	0	0	0	0	133	133
Purchase of healthcare from non-NHS bodies	0	15,838	15,838	0	102,108	102,108
Purchase of social care	0	2,529	2,529	0	9,637	9,637
Prescribing costs	0	12,216	12,216	0	50,306	50,306
GPMS/APMS and PCTMS	0	11,683	11,683	0	47,094	47,094
Supplies and services – general	8	2	10	3	675	678
Consultancy services	0	0	0	9	48	57
Establishment	39	37	76	171	377	548
Transport	2	0	2	11	0	11
Premises	50	559	609	361	697	1,058
Audit fees	62	0	62	62	0	62
Other non statutory audit expenditure						
· Other services	0	0	0	0	0	0
Other professional fees	16	18	34	64	56	120
Legal fees	7	1	8	3	3	6
Education, training and conferences	12	0	12	87	2	89
Non cash apprenticeship training grants	0	0	0	0	1	1
Total purchase of goods and services	**439**	**140,409**	**140,848**	1,652	571,683	573,335
Depreciation and impairment charges						
Depreciation	18	6	24	0	0	0
Total depreciation and impairment charges	**18**	**6**	**24**	0	0	0
Provision expense						
Provisions	0	0	0	0	(493)	(493)
Total provision expense	**0**	0	0	0	(493)	(493)
Other operating expenditure						
Chair and Non Executive Members	38	0	38	157	0	157
Total other operating expenditure	**38**	**0**	**38**	157	0	157
Total operating expenditure	**495**	**140,415**	**140,910**	1,809	571,190	572,999

In 2021/22 not all spend with foundations trusts came from Sunderland CCG. As part of the revised financial regime COVID recovery expenditure that would have previously been paid by Sunderland CCG under the previous financial regime was instead paid by the Central ICP lead CCG. In 2021/22 the lead CCG for the Central ICP was County Durham CCG.

2021/22 included within Premises is £145k for rentals under operating leases paid to NHS Property Services and RTC North Limited. Following the implementation of IFRS16 operating leases meeting the definition of right-of-use assets have been disclosed in note 7 and depreciation of £24k included in the operating expenses for the period.

External audit fees and non audit services are inclusive of VAT. Non-audit services are in respect of Mental Health Investment Standard assurance that NHSE requires CCGs to obtain from an independent reporting accountant, to demonstrate their investment in mental health expenditure rises at a faster rate than their overall published programme funding. The final Mental Health Investment Standard assurance 2021/22 fee was £9k (including VAT), however as the 2020/21 work did not take place as per the instruction of NHSE/I the reversal of last years expected cost has resulted in a nil reported cost in 2021/22. For the period 30 June 2022 there are no audit services in respect the Mental Health Investment Standard expected.

Included within Other professional fees is £16k for the reporting period (2021-22: £64k) for internal audit services.

4.2. Analysis of non NHS healthcare operating expenditure

	3 months to 30 June 2022				
	Total	**Independent / Private**	**Voluntary / Not-for-**	**Local Authorities**	**Devolved Administration**
	£000s	**£000s**	**£000s**	**£000s**	**£000s**
Total primary healthcare purchased	(472)	(472)	0	0	0
Purchase of secondary healthcare					
Social care (learning difficulties)	0	0	0	0	0
Mental health	3,767	496	102	3,169	0
Maternity	38	0	38	0	0
General and acute	1,121	959	136	21	5
Accident and emergency	0	0	0	0	0
Community health services	5,986	3,942	275	1,769	1
Continuing care incl different types of NHS funded care provided on continuous basis	8,314	166	0	8,148	0
Total secondary healthcare purchased	**19,226**	**5,563**	**551**	**13,107**	**6**
Social care	2,530	0	0	2,530	0
Total non NHS healthcare operating expenditure	**21,284**	**5,091**	**551**	**15,637**	**6**

Total primary healthcare purchased includes reversals of prior year accruals unused.

	12 months to 31 March 2022				
	Total	Independent/ Private	Voluntary / Not-for-Profit	Local Authorities	Devolved Administrations
	£000s	£000s	£000s	£000s	£000s
Total primary healthcare purchased	1,871	1,871	0	0	0
Purchase of secondary healthcare					
Social care (learning difficulties)	0	0	0	0	0
Mental health	16,415	4,510	839	11,066	0
Maternity	121	0	121	0	0
General and acute	7,476	5,322	379	1,559	216
Accident and emergency	1	1	0	0	0
Community health services	37,398	17,719	2,647	17,032	0
Continuing care incl different types of NHS funded care provided on continuous basis	38,826	2,322	0	36,504	0
Total secondary healthcare purchased	100,237	29,874	3,986	66,161	216
Social care	9,637	0	0	9,637	0
Total non NHS healthcare operating expenditure	111,745	31,745	3,986	75,798	216

5. Better Payment Practice Code

5.1 Measure of compliance	**3 months to 30 June 2022 Number**	**3 months to 30 June 2022 £'000**	12 months to 31 March 2022 Number	12 months to 31 March 2022 £'000
Non-NHS payables				
Total Non-NHS Trade invoices paid in the period	1721	38,812	7778	159,126
Total Non-NHS Trade Invoices paid within target	1699	38,497	7739	158,672
Percentage of Non-NHS Trade invoices paid within target	**98.72%**	**99.19%**	99.50%	99.71%
NHS payables				
Total NHS Trade invoices paid in the period	195	94,020	833	362,846
Total NHS Trade invoices paid within target	195	94,020	832	362,770
Percentage of NHS Trade invoices paid within target	**100.00%**	**100.00%**	99.88%	99.98%

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

6. Finance Costs

	3 months to 30 June 2022 £'000	12 months to 31 March 2022 £'000
Interest		
Interest on lease liabilities	1	0
Total interest	**1**	0

Following implementation of IFRS16 the CCG has identified a right-of-use asset in relation to a lease liability for which recognition of interest costs has been required.

7. Leases

7.1. Right-of-use assets

3 months to 30 June 2022	Buildings excluding Dwellings £'000	Total £'000
Cost or valuation at 01 April 2022	0	0
IFRS16 transition adjustment	236	236
Cost/Valuation at 30 June 2022	**236**	**236**
Depreciation 01 April 2022	0	0
Charged during the period	24	24
Depreciation at 30 June 2022	**24**	**24**
Net book value at 30 June 2022	**212**	**212**
Revaluation reserve balance for right-of-use assets		
Other movements	0	0
Balance at 30 June 2022	**0**	**0**

7.2 Lease liabilities

	30 June 2022 £'000
Lease liabilities at 01 April 2022	0
IFRS16 Transition Adjustment	236
Interest expense relating to lease liability	1
Repayment of lease liability (capital and interest)	(24)
Lease liabilities balance at 30 June 2022	**213**

Following implementation of IFRS16 on 1 April 2022 the CCG has recognised a right of use asset for an operating lease held with NHS Property Services for its headquarters.

7.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	30 June 2022 £'000
Within one year	(94)
Between one and five years	(120)
Total	**(214)**
Included in:	
Current lease liabilities	(94)
Non-current lease liabilities	(120)
Total	**(214)**

8.1 Contract and other receivables

	Current 30 June 2022 £'000	Current 31 March 2022 £'000
NHS receivables: revenue	153	411
NHS prepayments	6	6
Non-NHS and Other WGA receivables: revenue	96	50
Non-NHS and Other WGA prepayments	590	139
Non-NHS and Other WGA accrued income	0	3
VAT	46	75
Other receivables and accruals	1	4
Total contract and other receivables	**892**	688
Total current	**892**	688

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

8.2 Receivables past their due date but not impaired

	30 June 2022 DHSC Group Bodies £'000	**30 June 2022 Non DHSC Group Bodies £'000**	**30 June 2022 Total £'000**	31 March 2022 DHSC Group Bodies £'000	31 March 2022 Non DHSC Group Bodies £'000	31 March 2022 Total £'000
By up to three months	1	0	1	8	10	18
By three to six months	0	0	0	0	0	0
By more than six months	0	0	0	0	0	0
Total	**1**	**0**	**1**	8	10	18

9. Cash and cash equivalents

	30 June 2022 £'000	31 March 2022 £'000
Balance at beginning of the period	105	231
Net change in year	(438)	(126)
Balance at end of the period	**(333)**	105
Made up of:		
Cash with the Government Banking Service	0	105
Cash and cash equivalents as in statement of financial position	**0**	105
Bank overdraft: Government Banking Service	(333)	0
Total bank overdrafts	**(333)**	
Balance at end of the period	**(333)**	105

The CCG completed a BACS payment run on 30 June 2022 which was due to clear the bank account 4 July 2022 to enable it to clear balances owed to suppliers prior to the merger. This resulted in the CCG having a credit ledger cash position of £333k as cash was cleared from the CCG bank account prior to the merger. This is acceptable and only reflects a timing difference between the cash drawdown process with NHS England and cash being available in the bank account on 1 July 2022. This is only a technical adjustment.

The CCG held no cash and cash equivalents at 30 June 2022 on behalf of patients (31 March 2022 : £0)

10. Trade and other payables	Current 30 June 2022 £'000	Current 31 March 2022 £'000
NHS payables: revenue	48	122
NHS accruals	4,003	148
Non-NHS and Other WGA payables: revenue	4,500	8,530
Non-NHS and Other WGA accruals	22,050	26,201
Social security costs	82	77
Tax	68	69
Other payables and accruals	732	1,987
Total trade & other payables	**31,483**	37,134
Total current	**31,483**	37,134

At 30 June 2022, the CCG had no liabilities due in future years under arrangements to buy out the liability for early retirement over 5 years (31 March 2022: £0).

11. Borrowings	Current 30 June 2022 £'000	Current 31 March 2022 £'000
Bank overdrafts:		
· Government banking service	333	0
Total overdrafts	**333**	0
Total borrowings	**333**	0
Total current	**333**	0

The CCG completed a BACS payment run on 30 June 2022 which was due to clear the bank account 4 July 2022 to enable it to clear balances owed to suppliers prior to the merger. This resulted in the CCG having a credit ledger cash position of £333k as cash was cleared from the CCG bank account prior to the merger. This is acceptable and only reflects a timing difference between the cash drawdown process with NHS England and cash being available in the bank account on 1 July 2022. This is only a technical adjustment.

12. Provisions

	Current 30 June 2022 £'000	Current 31 March 2022 £'000
Other	0	0
Total	**0**	0
Total current	**0**	0

	Other £'000	Total £'000
Balance at 01 April 2022	**0**	**0**
Reversed unused	0	0
Balance at 30 June 2022	0	0
Expected timing of cash flows:		
Within one year	0	0
Balance at 30 June 2022	**0**	**0**

	Other £'000	Total £'000
Balance at 01 April 2021	493	493
Arising during the year	0	0
Reversed unused	(493)	(493)
Balance at 31 March 2022	0	0
Expected timing of cash flows:		
Within one year	0	0
Balance at 31 March 2022	0	0

The CCG had previously included a provision relating to a potential sustainability issue with a provider organisation. The issue was resolved and as the provision was not required it was reversed unused in 2021/22.

13. Contingencies

The clinical commissioning group has no contingent liabilities as at 30 June 2022 (31 March 2022: None).

The clinical commissioning group had no contingent assets as at 30 June 2022 (31 March 2022: None).

14. Financial instruments

14.1 Financial risk management

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

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

Treasury management operations are carried out by the finance department, within parameters defined formally within the CCG standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the CCG and internal auditors.
Contract and other receivables

14.1.1. Credit risk

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

14.1.2. Liquidity risk

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

14.1.3. 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 Financial instruments cont'd

14.2 Financial assets

	Financial Assets measured at amortised cost 30 June 2022 £'000	**Total 30 June 2022 £'000**
Contract and other receivables with NHSE bodies	88	**88**
Contract and other receivables with other DHSC group bodies	90	**90**
Contract and other receivables with external bodies	73	**73**
Cash and cash equivalents	0	**0**
Contract and other receivables	**251**	**251**

	Financial assets measured at amortised cost 31 March 2022 £'000	Total 31 March 2022 £'000
Contract and other receivables with NHSE bodies	285	285
Contract and other receivables with other DHSC group bodies	150	150
Contract and other receivables with external bodies	33	33
Cash and cash equivalents	105	105
Total at 31 March 2022	573	573

14.3 Financial liabilities

	Financial Liabilities measured at amortised cost 30 June 2022 £'000	**Total 30 June 2022 £'000**
Loans with external bodies	333	**333**
Trade and other payables with NHSE bodies	164	**164**
Trade and other payables with other DHSC group bodies	4,297	**4,297**
Trade and other payables with external bodies	27,085	**27,085**
Total at 30 June 2022	**31,879**	**31,879**

	Financial liabilities measured at amortised cost 31 March 2022 £'000	Total 31 March 2022 £'000
Trade and other payables with NHSE bodies	147	147
Trade and other payables with other DHSC group bodies	263	263
Trade and other payables with external bodies	36,580	36,580
Total at 31 March 2022	36,990	36,990

Loans with external bodies at 30 June 2022 relate to timing difference between cash drawdown process with NHS England and cash being available in the bank account to pay monies owed to suppliers prior to the CCGs merger into the North East and North Cumbria Integrated Care Board. This represents a technical adjustment only.

15. Operating segments

The CCG has considered the definition of an operating segment contained within IFRS 8 in determining its operating segments, in particular considering the internal reporting to the CCG's governing body, considered to be the 'chief operating decision maker' of the CCG, which was used for the purpose of resource allocation and assessment of performance.

All activity performed by the CCG relates to its role as a commissioner of healthcare for its relevant population. As a result, the CCG considers that it has only one operating segment, being the commissioning of healthcare services.

16. Joint arrangements - interests in joint operations

The CCG has entered into two pooled budget arrangements with Sunderland City Council. Both pools are hosted by Sunderland City Council.

The CCG's shares of the income and expenditure handled by the pooled budget in the financial period were:

16.1 Interests in joint operations

			Amounts recognised in entities books 3 months to 30 June 2022		Amounts recognised in entities books 12 months to 31 March 2022	
Name of arrangement	**Parties to the arrangement**	**Description of principal activities**	**Income £'000**	**Expenditure £'000**	Income £'000	Expenditure £'000
Better Care Fund	NHS Sunderland CCG and Sunderland City Council	Better Care Fund	0	(41,136)	0	(167,748)
Children's Preventative Care	NHS Sunderland CCG and Sunderland City Council	Children's Preventative Care and improving commissioning initiatives	121	(451)	482	(3,006)

17. Related party transactions

During the three month period to 30 June 2022 the CCG has undertaken transactions with the following CCG Governing Body members or key management staff, or parties related to any of them:

Details of related party transactions with individuals are as follows:

Name	Title	Declaration	Related Party	Expenditure with Related Party	Income from Related Party	Amount owed to Related Party	Amounts due from Related Party
				£'000	£'000	£'000	£'000
Ian Pattison	Governing Body Chair	GP Partner at Southlands Medical Group	Southlands Medical Group	343	0	19	0
Ian Pattison	Governing Body Chair	GP Appraiser	NHS England	0	96	0	88
Ian Pattison	Governing Body Chair	Wife is a Portfolio GP	NHS England	0	96	0	88
Neil O'Brien	Accountable Officer	Working as Accountable Officer/Chief Clinical Officer	NHS County Durham CCG	18	186	0	0
Neil O'Brien	Accountable Officer	Working as Accountable Officer/Chief Clinical Officer	South Tyneside CCG	12	124	0	0
Neil O'Brien	Accountable Officer	Wife works at County Durham and Darlington NHS Foundation Trust	County Durham and Darlington NHS Foundation Trust	2,034	0	12	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	Friends with Assistant Finance Director income and Contracting, Newcastle Hospitals NHS Foundation Trust	Newcastle Hospitals NHS Foundation Trust	3,200	0	5	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	Friends with Head of Finance and Business Development - South Locality, Cumbria, Northumberland Tyne & Wear NHS Foundation Trust	Cumbria, Northumberland Tyne and Wear NHS foundation Trust	15,111	0	93	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	Wife is Assistant Director of Finance – Costing & Contracting at Gateshead Health NHS Foundation Trust	Gateshead Health NHS Foundation Trust	5,727	0	0	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	Sister is a nurse in ITU unit South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Contract and other receivables	Chief Finance Officer and Deputy Chief Officer	HFMA Northern Branch Chair	HFMA	4	0	0	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	HFMA Commissioning Faculty Forum Vice Chair	HFMA	4	0	0	0
David Chandler	Chief Finance Officer and Deputy Chief Officer	HFMA Trustee	HFMA	4	0	0	0
Ann Fox	Director of Nursing, Quality and Safety	Honorary title from University of Sunderland	University of Sunderland	1	0	0	0
Scott Watson	Director of Contracting and Informatics	Sister is employed by Ward Hadaway solicitors	Ward Hadaway Solicitors	3	0	0	0
Scott Watson	Director of Contracting and Informatics	Friends with Director	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Tarryn Lake	Deputy Chief Finance Officer	Friends with Divisional Finance Manager	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Claire Bradford	Medical Director	Deputy Chairman of Northern Cancer Alliance (hosted by NHS England)	NHS England	0	96	0	88
Philip Foster	Managing Director, All Together Better	Step-son is an Advanced Nurse Practitioner in Bridge View Medical Group	Bridge View Medical Group	641	0	35	0
Philip Foster	Managing Director, All Together Better	Son is a Community Pharmacist employed by Sunderland GPA	Sunderland GP Alliance	4,716	15	1,641	15
Philip Foster	Managing Director, All Together Better	Son's partner is a pharmacist employed by Cumbria, Northumberland Tyne and Wear NHS foundation Trust	Cumbria, Northumberland Tyne and Wear NHS foundation Trust	15,111	0	93	0
Raj Bethapudi	Executive GP	GP Partner, Galleries Medical Group	Galleries Medical Group	396	0	35	0
Raj Bethapudi	Executive GP	Brother is a consultant radiologist at County Durham and Darlington NHS Foundation Trust	County Durham and Darlington NHS Foundation Trust	2,034	0	12	0
Raj Bethapudi	Executive GP	Brother is GP Partner in a practice in Durham which falls under Durham CCG	NHS County Durham CCG	18	186	0	0
Fadi Khalil	Executive GP	GP Partner at Broadway Medical Practice	The Broadway Medical Practice	265	0	23	0
Fadi Khalil	Executive GP	Shareholder in Sunderland GP Alliance	Sunderland GP Alliance	4,716	15	1,641	15
Fadi Khalil	Executive GP	GP Partner at Hylton Medical Group	Hylton Medical Group	14	0	14	0
Tracey Lucas	Executive GP	GP Partner at Deerness Park Medical Group	Deerness Park Medical Group	551	0	110	0
Saira Malik	Executive GP	GP Partner at Sunderland GP Alliance	Sunderland GP Alliance	4,716	15	1,641	15
Saira Malik	Executive GP	Brother is a Doctor at South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Saira Malik	Executive GP	Father Electee public governor South Tyneside and Sunderland NHSFT	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Eric Harrison	Executive Practice Manager	Managing Partner at Deerness Park Medical Group	Deerness Park Medical Group	551	0	110	0
Clare Nesbit	Director of People and Primary Care	Ex daughter-in-law is employed by Gateshead Health NHS FT	Gateshead Health NHS Foundation Trust	5,727	0	0	0
Clare Nesbit	Director of People and Primary Care	Sister employed by Gateshead Health NHS Foundation Trust as the integration agenda lead.	Gateshead Health NHS Foundation Trust	5,727	0	0	0
Clare Nesbit	Director of People and Primary Care	Sister in law employed as Breast Screening Nurse at Gateshead NHSFT	Gateshead Health NHS Foundation Trust	5,727	0	0	0
Pat Harle	Lay Member PCCC	Lay member of South Tyneside CCG	South Tyneside CCG	12	124	0	0
Pat Harle	Lay Member PCCC	Appointed member of council of governors for South Tyneside and Sunderland NHS FT	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0
Matt Thubron	Head of Contracting and Performance	Sister-in-law is employed by STSFT	South Tyneside and Sunderland NHS Foundation Trust	62,364	0	102	0

17. Related party transactions (Continued)

During the year 2021-22 the CCG has undertaken transactions with the following CCG Governing Body members or key management staff, or parties related to any of them:

Details of related party transactions with individuals are as follows:

Name	Title	Declaration	Related Party	Expenditure with Related Party	Income from Related Party	Creditors owed to Related Party	Debtors due from Related Party
				£'000	£'000	£'000	£'000
Ian Pattison	Governing Body Chair	GP Partner at Southlands Medical Group	Southlands Medical Group	1,268	0	77	0
Ian Pattison	Governing Body Chair	GP Appraiser	NHS England	133	725	0	86
Ian Pattison	Governing Body Chair	Wife is a Portfolio GP	NHS England	133	725	0	86
Neil O'Brien	Accountable Officer	Working as Accountable Officer/Chief Clinical Officer	NHS County Durham CCG	73	690	0	0
Neil O'Brien	Accountable Officer	Working as Accountable Officer/Chief Clinical Officer	South Tyneside CCG	121	440	0	18
Neil O'Brien	Accountable Officer	Wife works at County Durham and Darlington NHS Foundation Trust	County Durham and Darlington NHS Foundation Trust	8,282	0	11	0
David Chandler	Chief Officer and Chief Finance Officer	Friends with Assistant Finance Director income and Contracting, Newcastle Hospitals NHS Foundation Trust	Newcastle Hospitals NHS Foundation Trust	12,081	5	5	0
David Chandler	Chief Officer and Chief Finance Officer	Friends with Head of Finance and Business Development - South Locality, Cumbria, Northumberland Tyne & Wear NHS Foundation Trust	Cumbria, Northumberland Tyne and Wear NHS Foundation Trust	59,020	0	0	0
David Chandler	Chief Officer and Chief Finance Officer	Wife is Assistant Director of Finance – Costing & Contracting at Gateshead Health NHS Foundation Trust	Gateshead Health NHS Foundation Trust	21,312	0	0	2
David Chandler	Chief Officer and Chief Finance Officer	Sister is a nurse in ITU unit South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Contract and other receivables	Chief Officer and Chief Finance Officer	HFMA Northern Branch Chair	HFMA	10	0	1	0
David Chandler	Chief Officer and Chief Finance Officer	HFMA Commissioning Faculty Forum Vice Chair	HFMA	10	0	1	0
David Chandler	Chief Officer and Chief Finance Officer	HFMA Trustee	HFMA	10	0	1	0
Ann Fox	Director of Nursing, Quality and Safety	Honorary title from University of Sunderland	University of Sunderland	176	0	0	0
Scott Watson	Director of Contracting, Planning and Informatics	Step mother is member of Sunderland City Council	Sunderland City Council	76,775	1,040	11,365	4
Scott Watson	Director of Contracting, Planning and Informatics	Friends with Director	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Tarryn Lake	Associate Director of Finance	Friends with Divisional Finance Manager	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Claire Bradford	Medical Director	Deputy Chairman of Northern Cancer Alliance (hosted by NHS England)	NHS England	133	725	0	86
Philip Foster	Managing Director, All Together Better	Step-son is an Advanced Nurse Practitioner in Bridge View Medical Group	Bridge View Medical Group	2,265	0	112	0
Philip Foster	Managing Director, All Together Better	Son is a Community Pharmacist employed by Sunderland GPA	Sunderland GP Alliance	15,088	160	1,622	0
Philip Foster	Managing Director, All Together Better	Son's partner is a pharmacist employed by Cumbria, Northumberland Tyne and Wear NHS Foundation Trust	Cumbria, Northumberland Tyne and Wear NHS Foundation Trust	59,020	0	0	0
Martin Weatherhead	Chair, All Together Better	GP Partner, Dr Weatherhead and Associates	Dr Weatherhead and Associates	2,265	0	112	0
Chris Macklin	Lay Member	Non Executive Director North Tees and Hartlepool NHS Foundation Trust	North Tees and Hartlepool NHS Foundation Trust	138	0	0	0
Raj Bethapudi	Executive GP	GP Partner, Galleries Medical Group	Galleries Medical Group	1,378	0	80	0
Raj Bethapudi	Executive GP	Brother is a consultant radiologist at County Durham and Darlington NHS Foundation Trust	County Durham and Darlington NHS Foundation Trust	8,282	0	11	0
Raj Bethapudi	Executive GP	Brother is GP Partner in a practice in Durham which falls under Durham CCG	NHS County Durham CCG	73	690	0	0
Karthik Gellia	Executive GP	GP Partner, Dr Gellia and Dr Balaraman	Dr Gellia and Dr Balaraman	665	0	43	0
Fadi Khalil	Executive GP	GP Partner at Broadway Medical Practice	The Broadway Medical Practice	1,068	0	46	0
Fadi Khalil	Executive GP	GP Partner at New Silksworth Medical Practice (Sunderland GP Alliance)	Sunderland GP Alliance	1,537	0	67	0
Fadi Khalil	Executive GP	Shareholder in Sunderland GP Alliance	Sunderland GP Alliance	15,088	160	1,622	0
Fadi Khalil	Executive GP	GP Partner at Hylton Medical Group	Hylton Medical Group	806	0	92	0
Tracey Lucas	Executive GP	GP Partner at Deerness Park Medical Group	Deerness Park Medical Group	1,898	0	749	0
Saira Malik	Executive GP	GP Partner at Sunderland GP Alliance	Sunderland GP Alliance	15,088	160	1,622	0
Saira Malik	Executive GP	Brother is a Doctor at South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Saira Malik	Executive GP	Father Electee public governor South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Eric Harrison	Executive Practice Manager	Managing Partner at Deerness Park Medical Group	Deerness Park Medical Group	1,898	0	749	0
Clare Nesbit	Director of People and Primary Care	Ex daughter-in-law is employed by Gateshead Health NHS Foundation Trust	Gateshead Health NHS Foundation Trust	21,312	0	0	2
Clare Nesbit	Director of People and Primary Care	Sister employed by Gateshead Health NHS Foundation Trust as the integration agenda lead.	Gateshead Health NHS Foundation Trust	21,312	0	0	2
Clare Nesbit	Director of People and Primary Care	Sister in law employed as Breast Screening Nurse at Gateshead NHS Foundation Trust	Gateshead Health NHS Foundation Trust	21,312	0	0	2
Debbie Burnicle	Lay Member PPI	Voluntary role at Carers Centre	Sunderland Carers Centre	75	0	0	0
Pat Harle	Lay Member PCCC	Lay member of South Tyneside CCG	South Tyneside CCG	121	440	0	18
Pat Harle	Lay Member PCCC	Appointed member of council of governors for South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Matt Thubron	Head of Contracting and Performance	Sister-in-law is employed by South Tyneside and Sunderland NHS Foundation Trust	South Tyneside and Sunderland NHS Foundation Trust	240,748	20	2	18
Helen Steadman	Head of Strategy and Planning	Brother is Estates Officer at Newcastle Hospitals NHS Foundation Trust	Newcastle Hospitals NHS Foundation Trust	12,081	5	5	0

17. Related party transactions (Continued)

The CCG is a membership organisation. The GP Practices of Sunderland are all members of the CCG. The table below lists therelated party transactions with the Member Practices of Sunderland for the period 01 April 2022 to 30 June 2022. In addition, the CCG works with the Sunderland GP Alliance who are part of a collaboration agreement with practices in Sunderland. The table below outlines the transactions with this organisation and outlines the practices who are members of each GP alliance.

Details of related party transactions with individuals are as follows:

Related Party	Expenditure with Related Party £'000	Income from Related Party £'000	Creditors owed to Related Party £'000	Debtors due from Related Party £'000
Ashburn Medical Centre*	172	0	6	0
Bridge View Medical Group* 1 - Dr Weatherhead and Cloak	641	0	35	0
Castletown Medical Centre*	117	0	26	0
Chester Surgery*	113	0	15	0
Colliery Medical Group 4	52	0	52	0
Concord Medical Practice	192	0	8	0
Deerness Park Medical Group*	551	0	110	0
Dr Bhate & El-Shakankery (Riverview Health Centre)* 2	34	0	34	0
Dr Gellia and Dr Balaraman * (formerly Roker Family practice)	129	0	17	0
Dr Stephenson & Partners*	542	0	33	0
Contract and other receivables	35	0	35	0
Forge Medical Practice - Old Forge Surgery*	312	0	1	0
Fulwell Medical Centre*	391	0	47	0
Galleries Medical Practice - The Galleries Medical Group (formerly Dr Dixit Practice)*	396	0	35	0
Grangewood Surgery*	274	0	3	0
Happy House Surgery	257	0	42	0
Herrington Medical Centre*	266	0	15	0
Hetton Group Practice*	476	28	0	28
Houghton Medical Group*	318	0	29	0
Hylton Medical Group	14	0	14	0
IJ Healthcare - Harraton Surgery	162	0	16	0
Kepier Medical Practice*	377	0	28	0
Millfield Medical Group*	517	0	21	0
New Silksworth Medical Practice (GP Alliance)	390	0	52	0
New Washington Medical Group * 3	284	0	43	0
Pallion Family Practice*	54	0	54	0
Park Lane Practice*	146	0	8	0
Redhouse Medical Centre*	9	0	9	0
Rickleton Medical Centre*	75	0	4	0
South Hylton Surgery* (GP Alliance)	217	0	6	0
Southlands Medical Group*	343	0	19	0
Springwell Medical Group*	226	0	8	0
St. Bede Medical Centre*	358	0	23	0
Sunderland GP Alliance	4,716	15	1,641	15
The Broadway Medical Practice*	265	0	23	0
The New City Medical Group	222	0	7	0
Vilette Surgery* (Dr Bringham & Partners)	229	0	13	0
Village Surgery* (Joshi)	176	0	34	0
Wearside Medical Practice* (Dr Shetty)	314	0	32	0
Westbourne Medical Group*	254	0	4	0

* Member Practice of Sunderland GP Alliance http://www.sunderlandgpalliance.co.uk/member-practices/

[1]Dr Wheatherhead merged with Bridge View Medical Group on 1st April 2020

[2]Dr Nathan merged with Drs Bhate & El-Shakankery (Riverview Health Centre) on 01 April 2018.

[3]Dr Thomas, Drs Bhatt and Ben, and Dr Ray merged on 2 May 2018 to form New Washington Medical Group.

[4] Church View Practice (owned by City Hospitals Sunderland NHS Foundation Trust) and Colliery Medical Group merged in June 2017 to form New Silksworth Medical Practice. Transactions shown for Colliery Medical Group relate to reconciling balances prior to the merger; transactions relating to New Silksworth Medical Practice are shown within the transactions for Sunderland GP Alliance.

The Department of Health and Social Care is regarded as a related party as the CCG's parent Department. During the reporting period the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.

Department of Health and Social Care Entity
South Tyneside and Sunderland NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Gateshead Health NHS Foundation Trust
North East Ambulance Services NHS Foundation Trust

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies in the reporting period 01 April 2022 to 30 June 2022. Most of these transactions have been with Sunderland City Council as outlined below.

Other Government Bodies	Expenditure with Related Party £000	Income from Related Party £000	Creditors owed to Related Party £000	Debtors due from Related Party £000
Sunderland City Council	17,611	0	8,832	27

The Annual Report sets out details of the Sunderland All Together Better Alliance in place from 1 April 2019, which is an 'alliance' of providers and commissioners, working together to join up out of hospital health and care services and improve health outcomes. The main partners are already listed in this disclosure note, being Sunderland Council, the CCG itself, the Sunderland GP Alliance, STSFT and CNTW (value of All Together Better Alliance transactions for period ending 30 June 2022 being £54,534k).

17. Related party transactions (continued)

The CCG is a membership organisation. The GP Practices of Sunderland are all members of the CCG. The table below lists the 2021-22 related party transactions with the Member Practices of Sunderland. In addition, the CCG works with the Sunderland GP Alliance who are part of a collaboration agreement with practices in Sunderland. The table below outlines the transactions with this organisation and outlines the practices who are members of each GP alliance.

Details of related party transactions with individuals are as follows:

Related Party	Expenditure with Related Party £'000	Income from Related Party £'000	Creditors owed to Related Party £'000	Debtors due from Related Party £'000
Ashburn Medical Centre*	761	0	0	0
Bridge View Medical Group* 1 - Dr Weatherhead and Cloak	2,265	0	112	0
Castletown Medical Centre*	452	0	32	0
Chester Surgery*	385	0	29	0
Concord Medical Practice	743	0	44	0
Deerness Park Medical Group*	1,898	0	749	0
Dr Bhate & El-Shakankery (Riverview Health Centre)* 2	886	0	120	0
Dr Gellia and Dr Balaraman * (formerly Roker Family practice)	665	0	43	0
Dr Stephenson & Partners*	1,649	0	116	0
Forge Medical Practice - Old Forge Surgery*	1,266	0	83	0
Contract and other receivables	1,319	0	75	0
Galleries Medical Practice - The Galleries Medical Group (formerly Dr Dixit Practice)*	1,378	0	80	0
Grangewood Surgery*	980	0	48	0
Happy House Surgery	966	0	72	0
Herrington Medical Centre*	1,214	0	67	0
Hetton Group Practice*	1,872	0	50	0
Houghton Medical Group*	1,042	0	60	0
Hylton Medical Group	806	0	92	0
IJ Healthcare - Harraton Surgery	594	0	38	0
Kepier Medical Practice*	1,231	0	83	0
Millfield Medical Group*	1,867	0	112	0
New Silksworth Medical Practice (GP Alliance)	1,537	0	67	0
New Washington Medical Group * 3	968	0	104	0
Pallion Family Practice*	1,440	0	155	0
Park Lane Practice*	500	0	41	0
Redhouse Medical Centre*	729	0	64	0
Rickleton Medical Centre*	281	0	33	0
South Hylton Surgery* (GP Alliance)	772	0	45	0
Southlands Medical Group*	1,268	0	77	0
Springwell Medical Group*	899	0	41	0
St. Bede Medical Centre*	1,212	0	66	0
Sunderland GP Alliance	15,088	160	1,622	0
The Broadway Medical Practice*	1,068	0	46	0
The New City Medical Group	849	0	0	0
Vilette Surgery* (Dr Bringham & Partners)	830	0	46	0
Village Surgery* (Joshi)	626	0	42	0
Wearside Medical Practice* (Dr Shetty)	1,164	0	88	0
Westbourne Medical Group*	839	0	81	0

* Member Practice of Sunderland GP Alliance http://www.sunderlandgpalliance.co.uk/member-practices/

[1]Dr Wheatherhead merged with Bridge View Medical Group on 1st April 2020

[2]Dr Nathan merged with Drs Bhate & El-Shakankery (Riverview Health Centre) on 01 April 2018.

[3]Dr Thomas, Drs Bhatt and Ben, and Dr Ray merged on 2 May 2018 to form New Washington Medical Group.

The Department of Health and Social Care is regarded as a related party as the CCG's parent Department. During the year 2021-22 the CCG has had a significant number of material transactions with entities for which the Department is regarded as the parent Department.

Department of Health Entity
South Tyneside and Sunderland NHS Foundation Trust
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Gateshead Health NHS Foundation Trust
North East Ambulance Services NHS Foundation Trust

In addition, the CCG has had a number of material transactions with other government departments and other central and local government bodies in 2021-22. Most of these transactions have been with Sunderland City Council as outlined below.

Other Government Bodies	Expenditure with Related Party £000	Income from Related Party £000	Creditors owed to Related Party £000	Debtors due from Related Party £000
Sunderland City Council	76,775	1,040	11,365	4

The Annual Report sets out details of the Sunderland All Together Better Alliance in place from 1 April 2019, which is an 'alliance' of providers and commissioners, working together to join up out of hospital health and care services and improve health outcomes. The main partners are already listed in this disclosure note, being Sunderland Council, the CCG itself, the Sunderland GP Alliance, STSFT and CNTW (value of All Together Better Alliance transactions for year ended 31 March 2022 being £221,181k).

18. Events after the end of the reporting period

On 28 April 2022, the Health and Care Act 2022 received Royal Assent. As a result, Clinical Commissioning Groups will be abolished and the functions, assets and liabilities of NHS Sunderland CCG will transfer to the North East and North Cumbria Integrated Care Board from the 1 July 2022. This constitutes a non-adjusting event after the reporting period. This does not impact the basis of preparation of these financial statements

19. Financial performance targets

CCG's have a number of financial duties under the NHS Act 2006 (as amended).
CCG performance against those duties was as follows:

		3 months to 30 June 2022			12 months to 31 March 2022		
		Target	**Performance**	**Duty Achieved?**	Target	Performance	Duty Achieved?
223H (1)	Expenditure not to exceed income	142,337	142,337	**Yes**	583,047	579,386	Yes
223I (2)	Capital resource use does not exceed the amount specified in Directions	0	0	**Yes**	0	0	Yes
223I (3) Contract and other receivables	Total Revenue resource use does not exceed the amount specified in Directions	142,214	142,214	**Yes**	582,267	578,605	Yes
223J (1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	**Yes**	0	0	Yes
223J (2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	**Yes**	0	0	Yes
223J (3)	Revenue administration resource use does not exceed the amount specified in Directions	1,304	1,304	**Yes**	5,478	4,565	Yes

The CCG received no capital resource during the period ended 30 June 2022 and incurred no capital expenditure (year ended 31 March 2022: £0)

The financial targets included in the table above are as per CCG Allocations Directions published by NHS England.

Performance against the revenue expenditure duties is further analysed below:

	3 months to 30 June 2022			12 months to 31 March 2022		
	Programme	**Administration**	**Total**	Programme	Administration	Total
	£'000	**£'000**	**£'000**	£'000	£'000	£'000
Revenue resource	**140,910**	**1,304**	**142,214**	576,789	5,478	582,267
Net operating cost for the financial period	**140,910**	**1,304**	**142,214**	574,040	4,565	578,605
Underspend against in year revenue resource available	**0**	**0**	**0**	2,749	913	3,662

For the accounts covering the period 01 April 2022 to 30 June 2022, NHS England adjusted allocations for the CCG to match the level of expenditure incurred leading to a breakeven position being reported for the period. The allocation adjustment for the period was a £4,412k reduction in funding which will be allocated to the North East and North Cumbria Integrated Care Board following its establishment on the 01 July 2022 as a statutory body.

In 2021/22 NHS England continued with a revised financial regime in response to the COVID pandemic, which effectively split the financial year in two. Allocations were made for the first six months (H1) and then again for the second six months (H2), resources were allocated both at CCG level and within systems and performance was assessed over the full financial year. The most relevant of these systems for Sunderland CCG being the Central Integrated Care Partnership (ICP) which contains Sunderland CCG, South Tyneside CCG, County Durham CCG, South Tyneside and Sunderland NHS Foundation Trust and County Durham NHS Fountation Trust.

For 2021/22 the CCG had a planned surplus of £570k, which was increased to £3,570k following agreement between the CCG and NHS England regional team. This value is included in the underspend of £3,662k above.

The revenue resources outlined in the table above only includes the financial performance against in year resources available to the CCG. The table below outlines the CCGs cumulative financial position incorporating brought forward surpluses from previous financial years which have not been utilised.

	3 months to 30 June 2022			12 months to 31 March 2022		
	Programme	**Administration**	**Total**	Programme	Administration	Total
	£'000	**£'000**	**£'000**	£'000	£'000	£'000
In year revenue resource available to the CCG	**140,910**	**1,304**	**142,214**	596,998	5,478	602,476
Net operating cost for the financial period	**140,910**	**1,304**	**142,214**	574,040	4,565	578,605
Underspend against revenue resource	**0**	**0**	**0**	22,958	913	23,871

In the period 01 April 2022 to 30 June 2022, NHS England did not include cumulative brought forward surpluses in the allocation for the CCG. It is expected that the cumulative surplus reported in 2021/22 will be transferred into the North East and North Cumbria Integrated Care Board following its establishment as a statutory body on the 01 July 2022.

Independent auditor's report to the Members of the NHS North East and North Cumbria Integrated Care Board acting as the Governing Body of NHS Sunderland Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Sunderland Clinical Commissioning Group ('the CCG') for the period ended 30 June 2022, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by the NHS England with the approval of the Secretary of State as relevant to Clinical Commissioning Groups in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 30 June 2022 and of its net expenditure for the period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – transfer of the CCG's functions to the Integrated Care Board

We draw attention to notes 1.1 (going concern) and 18 (events after the end of the reporting period) of the financial statements, which highlight that the Health and Care Act 2022 gained Royal Assent on 28 April 2022. As disclosed in notes 1.1 and 18 of the financial statements, the CCG's functions transferred to a new Integrated Care Board from 1 July 2022. Given services continue to be provided by another public sector entity, the financial statements are prepared on a going concern basis. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on regularity

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

Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities, the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2022/23 and prepare the financial statements on a going concern basis, unless the CCG is informed of the intention for dissolution without transfer of services or function to another entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the CCG to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

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

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act 2014.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the CCG, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risks of override of controls) and determined that the principal risks related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, significant one-off or unusual transactions and the risk of fraud in financial reporting relating to expenditure recognition due to the potential to inappropriately record expenditure in the wrong period.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee, the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the CCG which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud;
- addressing the risks of fraud through management override of controls by performing journal entry testing;
- addressing the risk of fraud in expenditure recognition through testing payments in the pre and post year end period to ensure they were recognised in the right year, sample testing material period-end payables and provisions and reviewing intra-NHS reconciliations and data matches provided by the Department of Health and Social Care.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit

of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in December 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

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

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We have not completed our work on the CCG's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in January 2023, we have not identified any significant weaknesses in arrangements for the period ended 31 March 2023.

We will report the outcome of our work on the CCG's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Social Care Act 2012; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report

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

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources and complete the work necessary to provide assurance to the NAO on the whole of government accounts return.

Cameron Waddell,
Partner
For and on behalf of Mazars LLP

The Corner
Bank Chambers
26 Mosley Street
Newcastle upon Tyne
NE1 1DF

Date 30 June 2023