NHS
Hull
Clinical Commissioning Group

2017-18
Annual Report & Accounts

FOR HEALTHCARE LEADERS HSJ 2017 AWARDS
Partnered with de Poel health+care
WINNER
CCG of the Year 2017-18

Creating a healthier Hull

Accessibility Statement

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Calling us on: 01482 344700
or Tweeting us: @NHSHullCCG

You can also contact us by post:
NHS Hull CCG, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY

The accounts for the year ended 31 March 2018 have been prepared by the NHS Hull Clinical Commissioning Group under section 232 (schedule 15,3(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, within the approval of the Treasury, directed.

Welcome

From the CCG Chair & Chief Officer

Emma Latimer
CCG Chief Officer

Dr. Dan Roper
CCG Chair

Welcome to the 2017-18 Annual Report and Accounts for NHS Hull Clinical Commissioning Group (CCG).

2017-18 has been a year that has left Hull with much to be proud of as a city.

I think many of us underestimated the tremendous impact the UK City of Culture would have. It has been a wonderful year and we are very proud to have been part of it. The positive impact of the volunteering has been noted by some of our GPs and its power to bring people together across our communities. We are working with the City of Culture legacy team to retain some of the pride and improved mental and social wellbeing the year has injected.

We also knew we also had a strong story to tell about what we wanted to see for our patients in Hull and were delighted that the CCG was one of only 21 CCGs in the country to be rated as an 'outstanding' for leadership and financial performance by NHS England. This was followed by being named the CCG of Year for 2017 by the Health Service Journal.

2017-18 has been another good year working with Hull City Council. We are very much aligned in terms of how we work as two strategic commissioners of health and wellbeing services in the city. It's not about 'blanket' commissioning - we recognise and value the difference between communities and understand that they have diverse needs.

Our relationships are strong with our health care providers who work together well as a system for our patients. We are particularly proud that the new contract with Hull and East Yorkshire Hospitals has allowed both organisations to focus more on health outcomes rather than traditional transactional arrangements.

We do, however, know that health outcomes are still not what we would want them to be, and we need to have a better understanding of why people sometimes don't attend their GP with a health issue until a late stage, so that we can change this. We want people in this city to be getting healthier every year.

We are very excited to see the opening of the new Jean Bishop Integrated Care Centre in July which will offer a fantastic new clinical service model for health and social care. Our whole focus has been around preventing people from going into hospital where they don't want to be and through her tremendous fundraising Jean Bishop has helped many people to maintain their independence. It's what we are all about in the NHS, keeping people healthy, happy and independent in their own homes wherever possible.

The CCG of the Year award has really helped to shine a spotlight on health care commissioning, and one of the most pleasing aspects of getting the award was that colleagues in other areas have showed interest in the work we do in Hull. We were also pleased to be recognised for the 'Close Partnering and Collaboration' with East Riding of Yorkshire CCG and the Hospital Trust for the Aligned Incentive Contract. Our partnership work with the council around the Better Care programme was highly commended in the Local Government Chronicle awards this year and Chief Finance Officer Emma Sayner was shortlisted for 2017 Finance Director of the Year by the HFMA.

We are proud to lead such a dedicated team of hard working individuals showing commitment, enthusiasm and imagination in whatever field they work in and I know they would join us in expressing our thanks to all our partners and especially the people of Hull for their continued spirit of willing participation in our joint endeavours.

We want to especially thank our Lay Members and GPs on the Governing Body, and also GPs and all their staff working out in the community. Primary care colleagues provide us with leadership and a 'sense check' about what's right for patients. We know that primary care attendances are still increasing and they do a fantastic job managing their patients and looking after the health and wellbeing of our population.

A public sector colleague says:

"The CCG's commitment to working with its public, private, voluntary and third sector partners is excellent. Our work together has made a big difference by improving healthcare for people throughout the city, some of whom are among the most vulnerable in the country."

As the NHS turns 70 years old in 2018, we are proud that when anybody needs help or care they get it - regardless of the background they are from. Inequalities in health are close to our hearts and the NHS has no boundaries in that respect. We know that NHS staff, in every discipline, do a fantastic job year in, year out. The NHS is a wonderful organisation and we want to see it survive for the next 70 years.

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Part one: Performance Report

Emma Latimer
Accountable Officer
25 May 2018

We are Hull CCG

Performance Overview 2017-18 by Emma Latimer, Chief Officer

NHS Hull CCG is a clinically-led organisation, which brings together 40 local GP practices and other health professionals to plan and design services to meet local patients' needs.

Our GP practices serve a registered population of 298,483 (as at 31 Dec 2017) across 23 wards. We had an allocated budget of £451.1 million for 2017-18 with a requirement to maintain the level of retained surplus at £11.6 million and contribute a further £3.4 million to the national risk reserve.

We commission (or buy) a range of services for the Hull population, including urgent care (such as A&E services and the GP out of hours service), routine hospital treatment, mental health and learning disability services, community care including district nursing and continuing health care. We share the same boundary as Hull City Council. Where appropriate, we will jointly commission services with partners such as neighbouring East Riding of Yorkshire CCG or Hull City Council. The main health provider organisations that we have contractual arrangements for services with are:

- **Hull and East Yorkshire Hospitals NHS Trust;**
- **City Health Care Partnership Community Interest Company (CHCP CIC);**
- **Yorkshire Ambulance Service NHS Trust;**
- **Humber Teaching NHS Foundation Trust;**
- **Spire Hull and East Riding Hospital.**

We also work with Healthwatch Hull, the independent champion for local people who use health and social care services. We hold six Board meetings and an Annual General Meeting each year, all of which are open to the public. For dates, times and venues, please contact us via the details below or visit our website: www.hullccg.nhs.uk

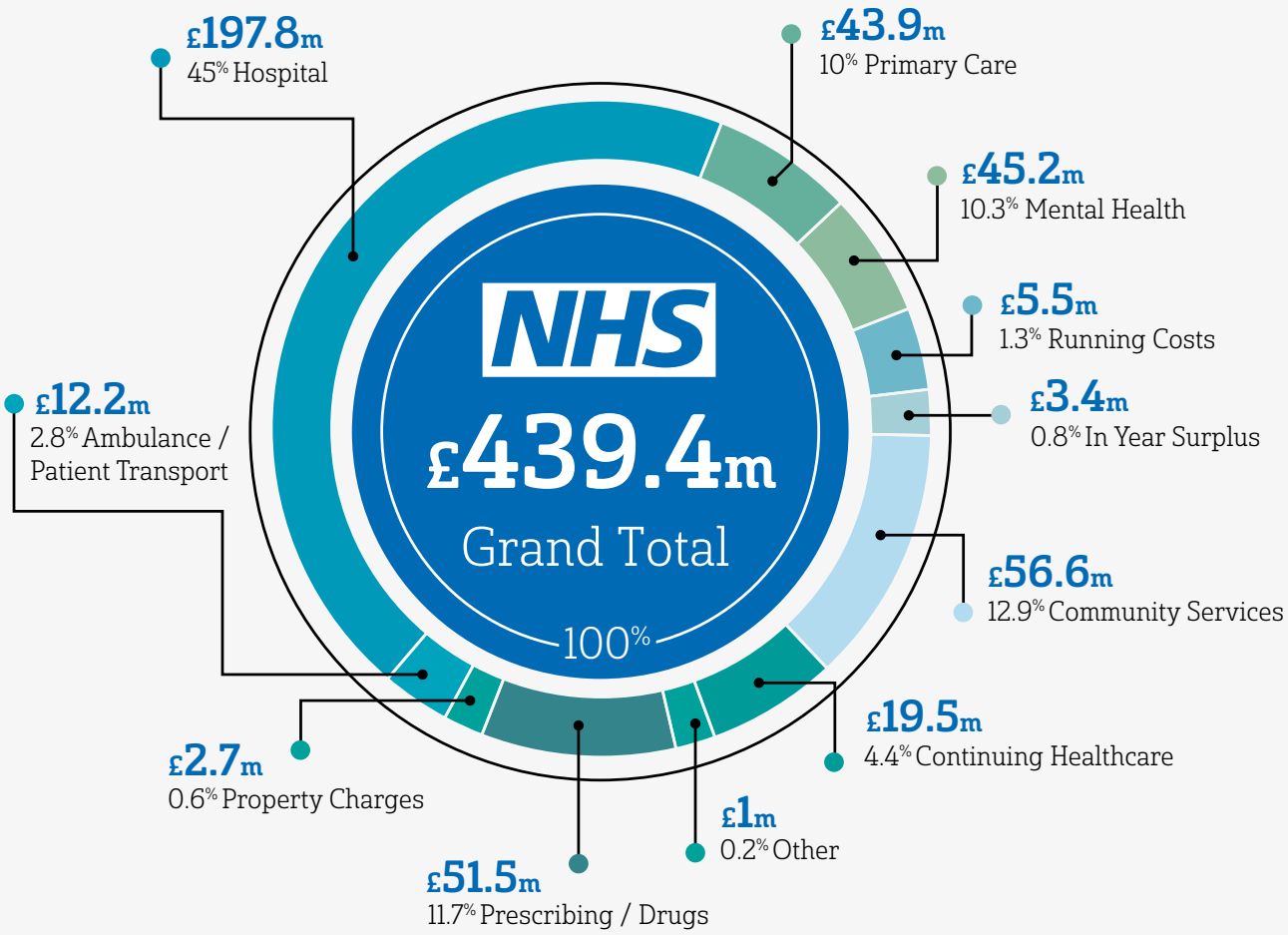
You can contact us at :

NHS Hull Clinical Commissioning Group,
2nd Floor, Wilberforce Court, Alfred Gelder Street,
Hull, HU1 1UY

Tel: 01482 344700 (switchboard)
Email: HULLCCG.contactus@nhs.net
Website: www.hullccg.nhs.uk
Twitter: @NHSHullCCG

A snapshot of 2017-18

How our money is spent:



Overview of 2017-18

Emma Latimer, NHS Hull CCG Chief Officer

The Chief Officer's Performance Overview highlights our key programmes of work, service transformation and performance during 2017-18 and explains how we are working – with our partners and the people of Hull – to improve health in our city.

Key areas:

- Our plans and priorities for Hull
- My city, my health, my care - future of GP services
- Five Year Forward View – Integrated commissioning for Hull
- Health, culture and legacy
- Building relationships with communities
- Delivering safe, high quality services
- Taking action on health inequalities and the local strategy for Health and Wellbeing

Detailed performance analysis, commentary, tables and the Sustainability Report will follow from page 36 to support this overview

People, communities & place

Our plan for Hull

Hull's challenges are significant, and Hull residents face substantial inequalities in health and life chances. The population in Hull continues to be one of the most deprived in the country and it is imperative to focus our resources on the wider determinants of health.

The place-based plan for Hull will address changing population health across the whole life course and integrate with the wider City Plan for Hull to see every citizen benefit from the city's inclusive growth. The plan requires far-reaching changes to commissioning and service delivery, achieved by a new approach to system leadership and public sector reform.

During 2017-18 Hull CCG and Hull City Council formalised their commitment to improve health outcomes for people who live in Hull, forming the Strategic Partnership Board, a public and voluntary sector partnership. It was clear that delivery of the plan would require changes to commissioning and service delivery, achieved by a new approach to system leadership and governance across public sector services in Hull.

The original Hull Place Plan has been refreshed for 2018-19 to reflect the progress and emerging programmes of work to deliver transformational change:

Tackling the wider determinants of health

The Hull Strategic Partnership Board will focus on improving resilience and wellbeing to improve health outcomes and begin to close the health inequalities gap. In August 2017 the Hull Strategic Partnership Board commissioned a comprehensive 'population health' analysis to inform current and future need in the city.

The Partnership Board has agreed a focus on early intervention and prevention. The Children on the Edge of Care project has been identified as a priority to support vulnerable children and young people who are at imminent risk of being taken into care. The project will use intelligence data and information across the public sector partnership.

A co-production approach with agencies and families will redesign the system with the aim of reducing high risk behaviours, including criminal activity, self-harm, sexual exploitation and drug and substance misuse.

Integrated Commissioning

During 2017-18 NHS Hull CCG and Hull City Council agreed a ground-breaking integrated financial plan and put the governance in place to operate an integrated commissioning process across the two organisations.

The structure supports the statutory responsibilities of each organisation but allows flexibility to work to a set of shared principles and priorities to facilitate integrated commissioning.

The integrated financial plan (£673m) covers children, adults and public health and is designed to respond to health and wellbeing needs in Hull and act to deliver outcomes based commissioning based on joint decision making, and efficient and effective use of resources.

The CCG and local authority have undertaken a full review of existing contracts and developed a single procurement plan. Building upon the foundations laid in 2017-18, we will further develop the agreed joint governance and financial plans to support the delivery of a joint commissioning process.

Integrated Delivery

Integrated delivery is the framework for growing out of hospital care. Integrated delivery across primary and secondary care aims to bring about more effective outcomes for patients through improved co-ordination of services.

Achieving integrated delivery requires those involved with planning, financing and providing services (primary care, acute care and CCG staff) to have a shared vision, employ a combination of processes, and ensure that the patient's perspective remains central. The Integrated Delivery Framework was initiated in 2017-18 and provides a framework for the ongoing development of primary care and integration of out of hospital services.

Integrated delivery aligns to the wider Sustainability and Transformation Partnership plans (STP), supporting the work of the established STP national clinical priority areas of cancer, maternity, mental health and urgent care.

Aligned Incentive Contract

The new integrated delivery model requires a different approach to contracting and in 2017-18 saw the introduction of the new Hull and East Yorkshire Aligned Incentive Contract.

This is a new collaborative approach in the way Hull and East Riding of Yorkshire CCGs contract with Hull and East Yorkshire Hospitals NHS Trust.

The three organisations agreed during 2017-18 to move away from the traditional Payment By Results (PBR) methodology and implement a new form of 'block' contract with joint risk sharing.

The risk sharing is the truly innovative element which has significantly changed behaviour of all three partners in a way that reduces the impact of organisational boundaries and ensures that organisations are all working towards the same agenda.

Time and resources have been released as a result of the CCGs no longer having to analyse information through the traditional contracting mechanisms. This has been redirected towards primary care, with more capacity available to work with practices to improve the quality of referrals and reduce variation. The impact of this had been significant with referrals into the Trust being reduced by approximately five percent.

All of the expected benefits of the Aligned Incentive Contract are yet to be realised, however, with all organisations now working together, the improvements in referral management and other schemes planned for the future there is a real feeling of optimism and positivity that the skills of the finance teams are being focused in a way that will make a real difference to the healthcare provided to the population of Hull and East Yorkshire.

Focus on the Jean Bishop Integrated Care Centre

The Jean Bishop Integrated Care Centre (ICC) is an innovative new facility designed to support integrated out-of-hospital care across health, social care, community housing, voluntary sector and other organisations - believed to be a first for the UK in terms of the way services will work together.

Local geriatricians have led the development of a completely new frailty pathway for the city, using the centre as a test-bed for moving their expertise outside the hospital and integrating with the whole health and social care system. The Integrated Care team will initially focus on supporting the 12000 individuals identified as severely to moderately frail (3000 severely frail) through early identification in primary care.

During winter 2017-18 the frailty pathway was trialled within a number of Hull care homes offering residents a full review of their care, advanced care plans and a bespoke care coordinator. This trial proved successful reducing the number and range of medicines being prescribed, ensuring that the patient's wishes were included in care plans and care home staff felt better supported.

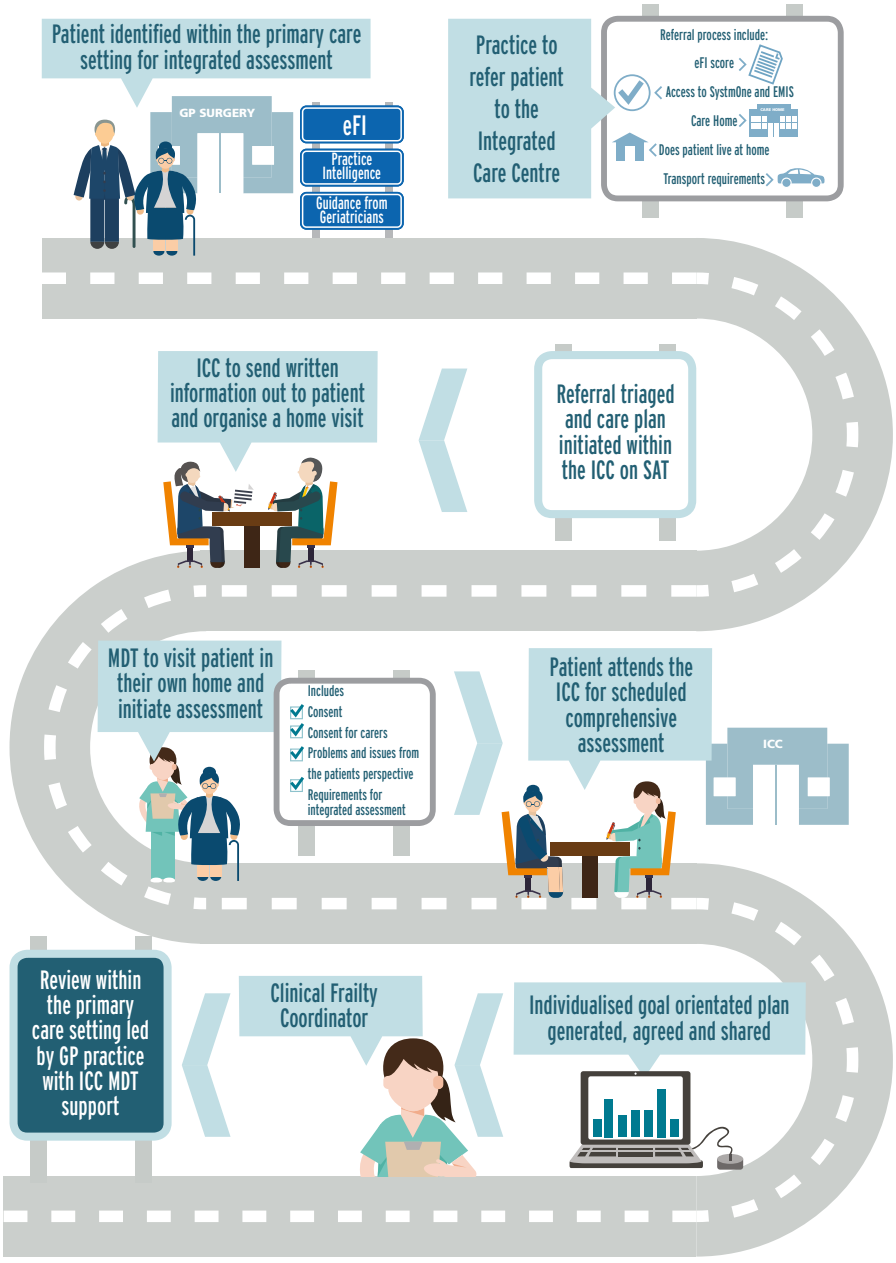
From May 2018 individuals identified by practices as being frail will be offered a multi-disciplinary review at the ICC. As the year progresses a second phase will look at individuals who are not amongst our most frail, but who may become so without proactive management and care planning

Humberside Fire and Rescue Service will also have an operational fire station on site and will support rehabilitation, recovery and provide a falls response service.

One other highlight of the ICC is that its Board has chosen to recognise the outstanding contribution of Jean Bishop, 95 year old Hull champion fundraiser for older people by naming the facility after her. Jean is a Freeman of the city of Hull and has raised more than £125,000 entirely on her own for Age UK.

The frailty pathway has been one of our main pathway redesigns for 2017-18 and the blueprint for the rest of the out of hospital services. It is a whole system approach, risk-profiling in elderly people within primary care so to be able to identify their needs using a frailty score developed with community geriatricians. The aim is that providing community care we will then reduce the need for hospital provision.

Pathway for access to the Integrated Care Centre (phase 1)



Improved detection of diabetes for those most at risk

Two further examples of where integrated delivery aims to achieve better outcomes for our patients are:

Prevention work in care homes

This project aims to improve the quality of care for patients in care homes by focusing on better diagnosis and management of urinary tract infections (UTIs).

In other areas in England this has successfully reduced antibiotic use and emergency hospital admissions for UTIs and dehydration, improving quality of care for patients.

Improving diabetes care

We were successful in a bid for national diabetes transformational funding to increase achievement of three NICE recommended treatment targets cholesterol and blood pressure levels for adults and HbA1C for adults and children.

By measuring glycated haemoglobin (HbA1C) a clinician gets an overall picture of blood sugar levels over a period of time which can indicate people with pre-diabetes, and, for people with diabetes, it can be a warning of diabetes-related complications.

The funding has enabled us to improve the way we identify and care for people at risk of developing diabetes and those already diagnosed. New software installed in GP practices helps staff to manage patients with diabetes in a more co-ordinated way. In the next year we will be bringing together a team of specialist diabetes staff to create an outreach team for Hull. This will consist of a diabetes consultant, diabetes specialist nurses, dieticians, a GP with special interest in diabetes and pharmacy support. We will be working closely with Hull and East Yorkshire Hospitals Trust to support the team to delivery community outreach. For patients this will mean further support, regular reviews and care management to ensure they have the right medication and care plan in place to manage their condition.

My city, my health, my care

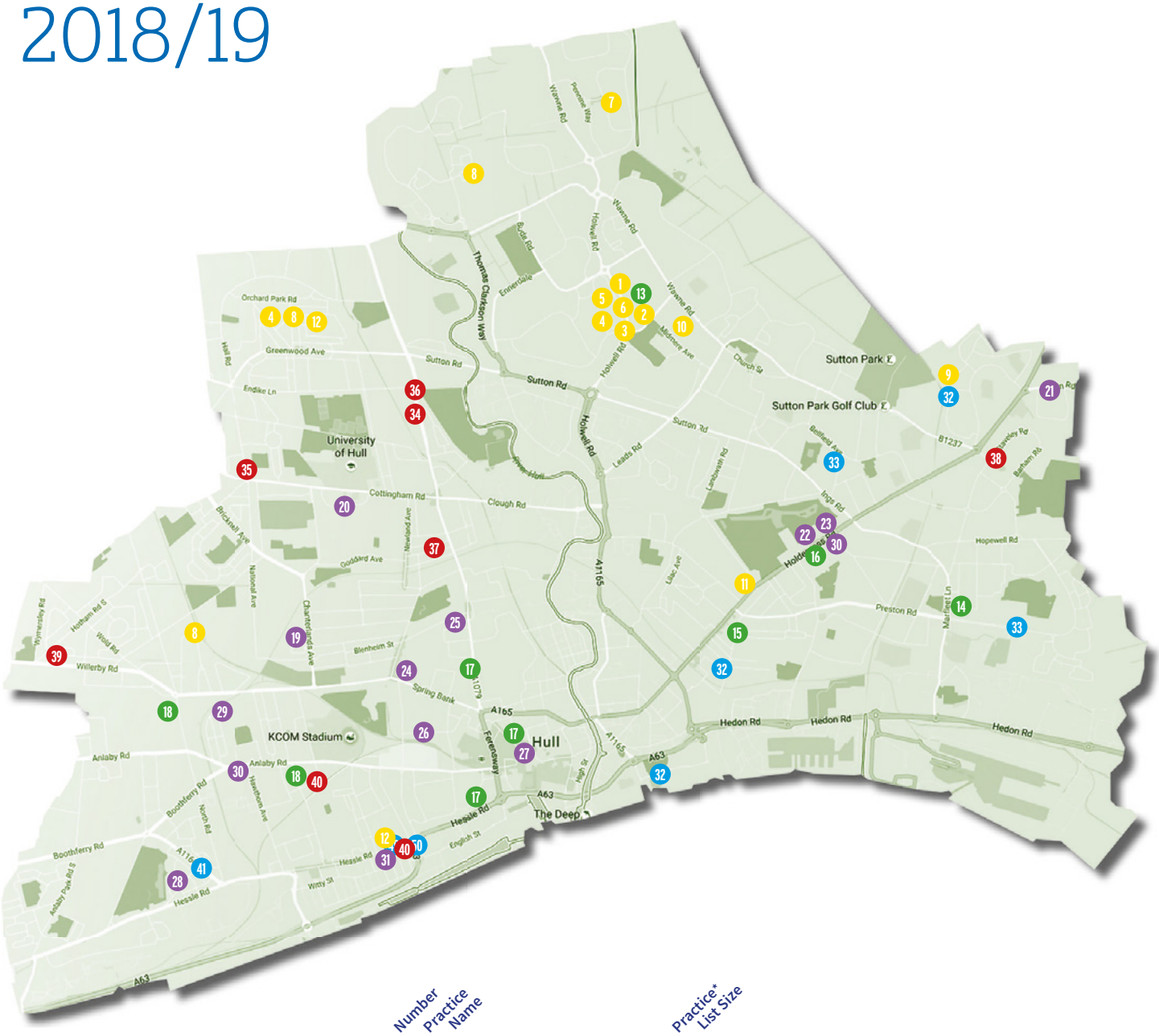
The future of GP services

The development of primary care services including general practice is key to the delivery of the CCG's health strategy and reducing health inequalities.

Primary care services face a challenging environment, particularly in relation to workforce. The CCG has supported practices to work collaboratively and at scale in order to develop more resilient and sustainable services. 2017-18 has been a year of significant change and all of our GP practices are now working as part of larger groupings each serving between 35,000-75,000 patients. For patients this means that practices have the potential to provide a wider range of medical services by staff with diverse skills.

The map to the right shows the GP practice groupings currently in place in Hull for 2018-19.

GP Practices 2018/19



Number	Practice Name	Practice* List Size
	Hull GP Collabrative	
1	JAMES ALEXANDER PRACTICE	7341
2	GOODHEART SURGERY	4558
3	DR KV GOPAL'S PRACTICE	1993
4	ORCHARD 2000	8676
5	DR GT HENDOW'S PRACTICE	2597
6	NORTHPOINT	3174
7	THE RAUT PARTNERSHIP	4830
8	HAXBY GROUP	12,277 e
9	DR GS MALCZEWSKI'S PRACTICE	2088
10	SUTTON MANOR SURGERY	7385
11	HAXBY - BURNBRAE PRACTICE	4752 e
12	BRIDGE GROUP	9043
	City Health Federation	
13	CHP BRANSHOLME	3399
14	CHP MARFLEET	3356 e
15	CHP SOUTHCOATES	3065 e
16	EAST PARK PRACTICE	3715 e
17	THE QUAYS MEDICAL CENTRE / RIVERSIDE MEDICAL CENTRE / KINGSTON MEDICAL CENTRE / STORY ST PRACTICE	15,033 e
18	CHCP NEWINGTON	10,949 e
	Hull Health Forward	
19	THE AVENUES MEDICAL CENTRE	6347 e
20	NEWLAND HEALTH CENTRE	6838 e
21	LAURBEL SURGERY	3179
22	DR GM CHOWDHURY'S PRACTICE	2449
23	HOLDERNESS HEALTH OPEN DOOR	1711
24	DR MUSIL J AND DR QUEENAN PJ	6233
25	CLIFTON HOUSE MEDICAL CENTRE	8880
26	WOLSELEY MEDICAL CENTRE	7049
27	WILBERFORCE SURGERY	3393
28	THE OAKS MEDICAL CENTRE	7440
29	HASTINGS MEDICAL CENTRE	2426 e
30	KINGSTON HEALTH (HULL)	9139
31	SYDENHAM HOUSE GROUP PRACTICE	7842
	Medicas	
32	EAST HULL FAMILY PRACTICE	26,755
33	MARFLEET GROUP PRACTICE	14,464
	Modality	
34	FAITH HOUSE SURGERY	7580 e
35	NEW HALL SURGERY	9646 e
36	DR COOK BF	3641 e
37	THE NEWLAND GROUP	15,040 e
38	DIADEM MEDICAL PRACTICE	12,101
39	THE SPRINGHEAD MEDICAL CENTRE	16,862 e
40	ST ANDREWS GROUP PRACTICE	9793 e

e econsult online consultation available

*As at 09/17

Developing the wider practice team

The CCG is supporting the development of a range of new job roles in primary care as well as new models of service delivery utilising new technologies which respond better to the needs of patients. These new roles provide an opportunity to provide a wider range of services and reduce the pressure on GPs allowing them to focus on more specialist tasks.

Fifteen Senior Clinical Pharmacists are working across the city supporting patients and staff to ensure patients get support with medication. They ensure safe prescribing and improve the quality of care for patients. The Modality Partnership recruited three paramedics last year as Urgent Care Practitioners who now form part of their home visiting team along with a Nurse Practitioner. Together they support five GP practices in Hull and see patients who cannot visit the GP practice for health reasons.

Samier El-Kamel, new Senior Clinical Pharmacist says: "We run weekly clinics for patients who are on repeat medication and conduct medication reviews. I talk through medication with patients and manage any issues. It saves GPs time but it's also much better for patients as we have 20 minute appointments".

In addition a new social prescribing service has been commissioned, Connect Well Hull, which supports people with non-medical needs access support service that are available in the community.

Online GP consultation

Online consultation has been introduced over the last 12 months. This new way of getting advice and treatment is revolutionising the way patients across Hull get medical advice from their GP and its proving especially useful for those people who work full time.

21 practices in Hull have been trialling the service and we're now in the process of reviewing its use and looking at how we can use it in the future. It comes after we successfully applied for ETTF funding from NHS England.

Amy Yorke, Nurse Practitioner says: "We know that eConsult won't be for everyone but it offers a convenient choice for people saving time off work and a journey into the practice. Patients can now get advice and help much more quickly than they would if they waited for an appointment, which may not have been necessary in the first place."

Our newsletter My city, My health, My care contains information on the changes and developments within GP care in Hull. You can read it at www.hullccg.nhs.uk

Revolutionising medical advice for patients across Hull

Five Year Forward View

Commissioning for Hull

During 2017-18 we made progress in delivering our plans to reduce system demand and develop place based services which meet local needs.

Strategic integration of commissioning across the CCG and Hull City Council progressed this year and will continue to be a focus as both organisations work together to start delivering the Hull City Plan, including improving health and wellbeing.

We expect the providers of the services we commission and our partner commissioning organisations to respond to the changes we are seeking to deliver and to work with us to jointly deliver the health and care outcomes we aspire to.

Unplanned (emergency) care

In April 2017 our Integrated Urgent Care Service launched the new 24/7 Urgent Care Centre within Bransholme Health Centre.

This brings the delivery of services to treat minor injuries, minor illness and a rapid response service specifically for GPs together in one place. In July 2017 x-ray provision added a vital diagnostic element for patients reducing the need for attendance at A&E. Pathways have been developed so that direct appointments can be booked into the Fracture Clinic, if required, for further treatment and follow up. Headline facts for December and January include:

- An increase of 800 face to face contacts per month on previous months
- A total of 612 x-rays were carried out in the urgent care community setting
- Performance against 4 hour target for the Urgent Care Centre achieving 99.1%

Work has continued on the Hull FIRST project - a successful joint initiative between Humberside Fire & Rescue, City Health Care Partnership (CHCP) Urgent Care Service and the CCG for people that have fallen but not sustained an injury. A pathway with Hull City Council's Lifeline was developed to allow direct referral. This service has now completed its pilot phase and has been commissioned by the CCG.

Planned care

Following NHS England's mandate in June 2017 Hull CCG implemented a musculoskeletal (MSK) clinical review and triage for all orthopaedic referrals from GP care.

This clinical review and triage was introduced to better manage the demand for non emergency care services.

Following its implementation in October 2017, GP referrals to orthopaedic services are significantly lower than last year, with 827 (14.9%) fewer in Hull and 252 (7%) fewer in the East Riding of Yorkshire. This reduction can be partly attributed to the impact of the MSK triage services.

Improving Cancer Services

We were commended on our contribution to a feasibility study for Faecal Immunochemical Test (FiT) - the new screening test for bowel cancer.

An evaluation of the feasibility study took place during 2017-18 and the FiT has been introduced across Hull and East Riding GP practices from April 2018. The study has been acknowledged as best practice by the NICE Health Technology Adoption Team, which gathered information on how the study was implemented.

This year we developed a lung cancer rapid pathway for specific patients who require chest X-rays and CT scans to be performed and reported in 72 hours. Radiology is informed in advance of patients on the lung cancer rapid pathway and are processed quicker. The patient can then have open access chest X-ray with no appointment. The x-ray will be while the patient is in the department and can have further tests if needed during their visit. This pathway has received positive feedback from clinicians.

The CCG is member of the Cancer Alliance which has been tasked nationally with supporting the delivery of the NHS Constitution targets around cancer and developing improved pathways and services to improve early diagnosis of common cancers and improve survivorship. The Alliance now has an established infrastructure which is working with both CCGs and providers to develop credible system change plans.

In 2018-19 cancer plans and strategies will be refreshed, including the development of Cancer Primary Care Champions such as GPs, Nurses and Pharmacists. We will strengthen links with public health and local authority colleagues around cancer.

Maternity, children and young people

The CCG has continued its 'First Steps to Stopping Smoking' campaign which aims to address the fact that one fifth of pregnant women in the City continue to smoke at the time of delivery, raising the risk to both them and their babies.

During 2017-18 more than 300 front-line staff were trained in monitoring smoking in pregnancy to coincide with the introduction of Carbon Monoxide (CO) monitoring in community and GP settings for pregnant women. Smoking at time of delivery rates reduced from 21.8% in Q4 2015-16 to 19.6% in Q4 2016-17.

A new video with local mums talking about the health benefits of stopping smoking while pregnant can be viewed by searching for 'First steps to stopping smoking' on youtube. The campaign, led by NHS Hull CCG, includes colleagues from Hull and East Yorkshire Hospitals, Hull City Council and City Health Care Partnership CIC (CHCP), with the partnership approach praised by Public Health England.

Working in partnership across the Humber Coast and Vale footprint we have developed a Local Maternity System (LMS) and an associated delivery plan. 2018-19 will see the first year of delivery of the plan which will support the introduction of Better Births (2016), the five year vision for maternity services and improve the safety of maternity care so that by 2020-21 all services:

- Have made significant progress towards the 'Halve it' ambition of halving rates of stillbirth and neonatal death, maternal death and serious brain injuries during birth by 50% by 2025 with an interim target of 20% reduction by March 2019.
- Are investigating and learning from incidents, and are sharing this learning through their LMS and with others.
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative programme.

Special Educational Needs and Disabilities (SEND)

In October 2017 Ofsted and the Care Quality Commission (CQC) conducted a joint inspection in Hull around the work Hull City Council and the CCG has undertaken to implement the SEND reforms as set out within the Children and Families Act 2014.

The inspection team found some examples of good practice in Hull, but key areas for improvement were highlighted. The outcome report has prompted a real focus on planning, and, in response, the CCG has appointed a clinical lead for SEND. A plan is in place to improve language and speech therapies and continued work will take place to enhance our autism pathway. A new joint Children's Services Improvement Board with the local authority, which will focus on SEND and safeguarding, has been established to oversee the action plan for both organisations. The joint Written Statement of Action will be published by June 2018.

Children and young people

Throughout the year work will continue to develop and enhance service transformation plans, including inter-dependant projects across acute and social care, for Community Paediatric Services.

There will be a specific focus on reducing the impact of respiratory disease in children and young adults demonstrated through a reduction in emergency admission.

Making mental health a priority

We continue to commission and invest in the delivery of mental health services in line with the Five Year Forward View for Mental Health.

During 2017-18 a number of programmes were delivered in Hull to meet our vision to improve people's health and wellbeing alongside their physical health. These include:

- A new Complex Trauma Pathway to support people in Hull with a personality disorder.
- Additional in-patient beds from Humber Teaching NHS Foundation Trust – in line with eliminating out of area referrals by 2021.
- The new 'Crisis Pad' for adults open from 8pm - 10am.
- New 'Step Down' accommodation to support patients leaving hospital care.
- Support for Humber Teaching NHS Foundation Trust to develop the new NHS England-funded Crisis Pad for children and young people.
- Repatriation of patients from out-of-area mental health and learning disability hospitals to a geographical location of the patient's choice.
- Establishing a new Contact Point for children's mental health operational with the inclusion of the Autism service from September 2017.
- Undertaken a comprehensive review of Dementia services in Hull.
- Progressing the adult mental health transformation plan.
- Undertaking a Dementia Diagnosis pilot in primary care.

Commissioning new services that support the repatriation of people has enabled us to reduce annual spend on out-of-area acute and long stay placements. The funding released has been used to develop new services to provide high quality care to a greater number of people within the city of Hull.

From April 2018 Humber Teaching NHS Foundation Trust will deliver enhanced psychiatric liaison services within Hull and East Yorkshire Hospitals – almost £700,000 of new funding from NHS England will enable the current liaison services to assess and treat mental health or psychological problems that are caused by, or affecting the management of, physical health problems and medically unexplained symptoms.

We continue to exceed the NHS England target for dementia diagnosis and plans are in place for 2018-19 to roll out new technology to support the screening of dementia and low mood in primary care following the success of the CANTAB mobile screening tool.

Local mental health services for children and young people have achieved visible improvements in service performance. This is attributable to both local service management and CCG investment, and waiting times have improved significantly as a result against the 18 week target for assessment. The CAMHS crisis team continues to respond within national timescales of 4 hours.

Exceeding NHS England target for Dementia

The CCG acknowledges, however that further work is required to reduce the waiting times into children's autism services. A proposal is therefore in place to revise the service model for the assessment of autism in Hull. This will include enhanced professional skill mix and finance. The new model supports all children and young people with autism to have full access to both health and social care services.

We continue to work with Hull City Council to deliver emotional wellbeing and mental health services for children and young people as part of the Headstart Hull programme.

In March 2018 Headstart Hull launched 'You are not alone', a campaign designed by young people, for young people to raise awareness of the mental health challenges they can face growing into adulthood.

The locally agreed Transforming Care Plan has continued to be delivered across health and social care. In addition we will develop joint plans designed to increase both the quality of life and the length of healthy life expectancy experienced by people with learning disabilities. Find out more about the work of the Transforming Care Partnership at www.hullccg.nhs.uk

We have enhanced our commissioning with the voluntary sector in the city in particularly where there are opportunities to support young people with mental health issues and enhance accommodation and care for adults with mental health and learning disabilities in the community. In 2017-18 the mental health team worked closely with families, carers and people with Down's Syndrome to launch a new care pathway for Down's Syndrome and you can read more about this on page 22.

As part of the Humber, Coast and Vale Sustainability and Transformation Partnership (STP) the CCG has worked closely with NHS England around the mental health support services that they commission for Hull and East Riding of Yorkshire residents. These include the development of Tier 4 (inpatient) Child and Adolescent Mental Health Services (CAMHS) and forensic outreach mental health liaison services for children and young people, adults and people with learning disabilities.

Working with people & communities

What organisation wouldn't want happy and healthy staff? From a commercial point of view Working Voices is sound business sense. Sometimes it's the first time individuals have realised how they can make a difference in influencing the shape of the NHS.

The Deep, Hull

We felt Working Voices was a really important initiative, for our staff to have a voice and to be involved consulted on changes in the health arena.

Humberside Fire and Rescue Service

I never realised before meeting the NHS Hull CCG team that you were so supportive of communities, but the many ways in which you support local organisations and individuals to improve people's health in their localities and their homes has been a breath of fresh air.

Hull 2020 Champions Inspire Communities

This year we have focused on capturing the views of traditionally hard to reach communities through creative engagement mechanisms and our strong relationships with the local voluntary and community sector. We have engaged with local people on a wide range of issues and we are able to demonstrate how their views have had a direct impact on our work.

Jason Stamp, Lay Member with responsibility for Patient and Public Involvement

NHS Hull CCG continues to meet its duty under section 14Z2 of the Health and Social Care Act and can demonstrate how the public voice is at the heart of everything we do and is truly embedded within the commissioning cycle.

The CCG was rated 'Good' under the NHS England Assurance Rating Patient and Community Engagement (2016-17).

The CCG has a strong record of local engagement and partnership working and continues to build on its well established links with local communities, specialist interest groups, voluntary sector organisations, local businesses and our wider stakeholders and partners. The introduction of a new robust equality impact assessment process further strengthens the engagement process and ensures that we identify and speak to the right people, at the right time and in an inclusive and accessible way.

The organisation reflects its commitment within two of its strategic aims for 2017-18, which specifically relate to public engagement and patient experience, namely:

- Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.
- Local services respond to patient insight and experience to improve services.

There are a number of established programmes and mechanisms that the CCG utilises as part of its ongoing approach to participation and engagement. These include:

- Hull Ambassadors
  a group of local residents who have a particular interest in health and support the CCG in a voluntary capacity. The CCG's new website launched in October was developed with the input of our Ambassadors and market-tested amongst the public.
- Hull People's Panel *
  a quarterly online survey programme with an active membership of around 3600 people.
- Building Health Partnerships
  a group of local voluntary sector organisations who contribute towards planning and shaping health, prevention and wellbeing services in Hull.
- Hull 2020 Health Champions *
  groups and individuals who are supported to develop their ideas to improve health and wellbeing.
- Patient Participation Groups
  groups of patient representatives who support practices with their decision making.
- Healthier Hull Community Fund
  99 local groups who have been funded by the CCG to deliver projects which help people to be healthier, more active or look after themselves better.
- Specific networks & support groups
  including those which support people with long term conditions and people with protected characteristics for example Hull Stroke Club, Hull and East Riding Diabetes Network and the LGBT Forum.
- Working Voices
  a programme targeting local employers to ensure their workforce has opportunities to give their views.

*The Hull People's Panel and Hull 2020 Champions Programme are jointly facilitated by the CCG and Hull City Council and this approach further strengthens our commitment to integrated working with the local authority and our 'tell it once' approach to listening to our communities.

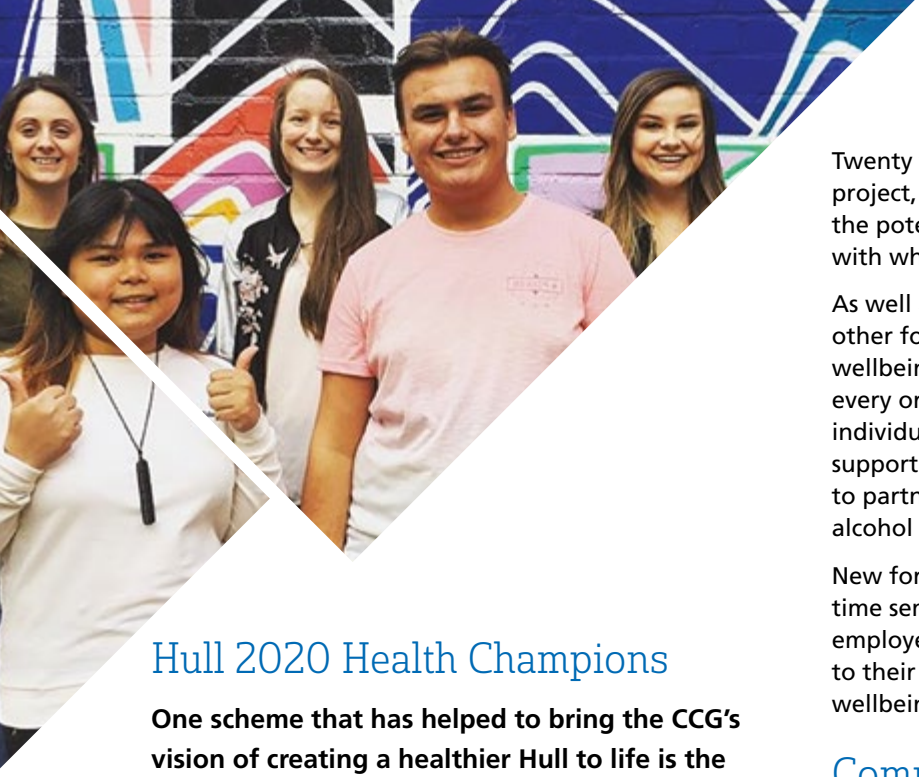
People's Panel

The joint People's Panel is used to gather public insight and feedback on a range of themes, via a detailed quarterly online questionnaire.

Topics covered during 2017-18 included Patient Choice and community resilience. Feedback from the survey on Choice has been used to form a baseline assessment for the CCG's Choice action plan and views gathered around community resilience have informed Hull's place-based plan.

Feedback from these surveys is also included within the six-monthly Patient Experience Report that is presented to the Quality and Performance Committee.

More information about the People's Panel is available via www.hullccg.nhs.uk



Hull 2020 Health Champions

One scheme that has helped to bring the CCG's vision of creating a healthier Hull to life is the Hull 2020 Heath Champions.

Taking an asset based approach, the programme supports groups or individuals to harness their enthusiasm; supporting them to work within their communities to empower residents to become more active, eat healthily, and improve their mental wellbeing.

The CCG supports the programme by offering networking opportunities for the Health Champions to come together to discuss their ideas as well as practical support such as running funding workshops and free training sessions. Over the past 12 months over 700 people working in communities, have accessed various training opportunities arranged by the CCG including Mental Health First Aid, CPR, PREVENT and modern slavery.

Working Voices

Our Working Voices initiative which was launched December 2016, has continued to develop successfully to bring the voice of working people into health service planning in Hull.

Twenty three Hull businesses have signed up to the project, which in public engagement terms provides the potential to reach approximately 20,000 people with whom the CCG may not otherwise engage with.

As well as developing links for consultation the other focus is supporting workforce health and wellbeing. When signing up to the programme, every organisation's workforce is surveyed on their individual health issues and concerns and a targeted support package is developed with businesses linked to partners such as stop smoking and drug and alcohol teams.

New for 2018 will be a series of breakfast and tea time seminars, developed in conjunction with the employers and their workforces and responding to their needs tackling areas such as emotional wellbeing and modern slavery.

Commissioners on the road

In May 2017 senior managers from the CCG and Hull City Council had the opportunity the view first hand some of the excellent community projects that have been supported by the two organisations through our Healthier Hull Community Fund, the Hull 2020 Champions programme or council Health and Wellbeing grant funding.

The day-long visit gave senior managers the opportunity speak to people behind the three community projects; St. John's Community Craft and Social Club, Hull4Heroes and Cooking up a Community, who all work with Hull's vulnerable residents in different ways.

One of the St John's club members, said: "I didn't want to come to the club initially because craft isn't my thing. But my cousin was a bit depressed so I said I would bring her along and really it's done me a world of good because it's started my artistic and creative skills. It's given me a kick to get going again."

We said, we did!

Co-producing a new care pathway for Down's Syndrome

One of the most rewarding pieces of work during 2017-18 was the development and launch of the new care pathway and clinical guidelines for Down's Syndrome by families, carers, the CCG, the Downright Special Network, local health professionals and people with Down's Syndrome.

Initial discussions with parents and carers had identified gaps in their awareness of services which had resulted in children missing out on vital support. They highlighted the difference in quality of care they had received, and their wish to have a consistent approach to referrals and support while maintaining personalisation.

The CCG, a Down's Syndrome specialist nurse from City Health Care Partnership and local support groups worked with families, carers, and other health and care professionals using an 'experience based' co-design approach. A series of in-depth focus groups for parents and carers and for professionals explored key issues and barriers in accessing health services towards developing a new pathway.

> A parent of a child living with Down's Syndrome says:
>
> This is absolutely life changing for all children and adults who have Down Syndrome, this will also make a huge difference for babies yet to be born.

It was clear during the process that many parents had not had the chance to voice their experiences of health care at the point of diagnosis and their day-to-day interactions with health professionals. As a result more sessions took place to ensure that the pathway reflected these unique perspectives.

This piece of CCG-led engagement involved 36 health and social care professionals, 21 parents and carers, and 6 people living with Down's Syndrome. When parents were asked how they would like to launch the pathway, the overwhelming response was for a celebration both of, and for, their children to coincide with World Down's Syndrome Awareness Day on 21st March 2018.

At, what proved to be a very emotional event, parents spoke of their pride and gratitude to be able to develop the pathway.

Find out more about the Down's Syndrome pathway for Hull at:
www.hullccg.nhs.uk/downssyndromehull/

Short Breaks service engagement - partnership working with Hull City Council

During 2017-18 the CCG worked with the City Council to engage with users of the city's short breaks service to ensure it continues to meet the needs children and young people with a disability or a special educational need in allowing them to spend leisure time in a supported environment whilst their parents and carers to receive a break from caring.

This involved working with the local Parents Forum, which supports parents and carers of disabled children, delivering focus groups and facilitated discussions to understand barriers to accessing Short Break activities and how these services can be improved across the city. 300 responses were received, with more than half of these wishing to be involved in the ongoing development of the service.

Respondents highlighted a need for more information about services and cited the assessment and referral process as complicated and time consuming. From a parent and carer perspective, it was clear that the short breaks service requires change to improve access and ensure that the service meets the needs of those using it. The next stage of the engagement programme is to take a co-design approach, using connections already made with parents and carers, to develop the eligibility criteria.

The review of the Short Breaks service will now be included within the Special Educational Needs and Disabilities (SEND) work programme which has been developed following the joint Ofsted and Care Quality Commission Inspection in October 2017. See hull.mylocaloffer.org

Primary Care Extended Access engagement

The CCG's latest engagement work has been to support the development of a model for extended access to GP services and the insight has been used to develop the service specification and ensure the service will meet the needs of the city's patients.

Over 1200 responses were received during the four-week engagement with broad support for access to appointments out of hours and 50 percent of respondents saying that they would consider accessing GP services online.

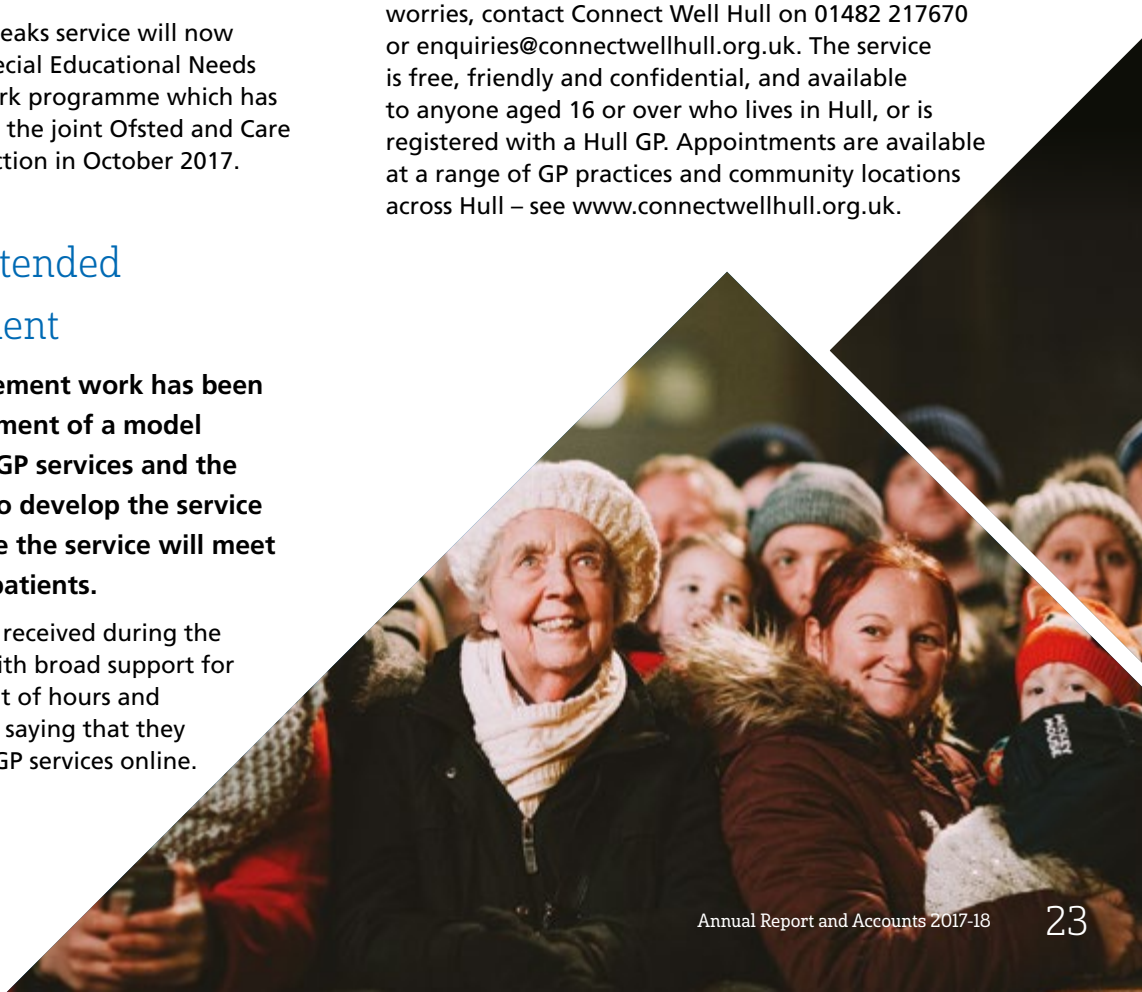
Connect Well for better health

Since the CCG's social prescribing service Connect Well Hull was launched in September 2017, the Connect Well Hull team have helped more than 1,000 people with a wide range of advice and activities.

Kathy contacted the service after undergoing a course of treatment for cancer. Even though she was in a stage of recovery, she was still struggling emotionally and physically, and a family member was taking time off work to care for her. The Connect Well Hull team helped Kathy and her carer to find the support they needed, including a local self-help group and an appointment with the Carers Information and Support Service. At her follow-up meeting, Kathy said she felt more positive about the future after getting in touch with the group.

Jenny met with the Connect Well Hull team because she was experiencing anxiety and difficulty sleeping, and wanted to feel 'useful'. The Wellbeing Co-ordinator supported Jackie to research volunteer opportunities linked to the things she enjoyed – including being out in the open air. Together they found a place where Jenny could help out with outdoor conservation activities, and worked out a travel route on public transport. Jenny now attends the group regularly, saying she enjoys working alongside the other volunteers and having something to look forward to.

If you want to try something new, get active or speak to someone about benefits, housing or money worries, contact Connect Well Hull on 01482 217670 or enquiries@connectwellhull.org.uk. The service is free, friendly and confidential, and available to anyone aged 16 or over who lives in Hull, or is registered with a Hull GP. Appointments are available at a range of GP practices and community locations across Hull – see www.connectwellhull.org.uk.



Enhancing patient experience

We are committed to making sure that the views and experiences of patients and the public inform every stage of the commissioning process.

Seeking patient experience has been integral to our surveys and procurement of new health services during 2017-18. This included the extensive engagement around access to GP services, particularly online access through e-consult and extended opening hours.

Our Ambassador programme provided the patient experience input into the development of the new Hull CCG website, and the team will conduct semi-structured interviews with patients within the Jean Bishop Integrated Care Centre during 2018.

Ambassadors will also be involved in an early diagnosis project, working with local tattooists who may have a role in detecting skin cancers.

Our 'in-house' Patient Relations service continues to provide valuable insight into the day to day experience of patients accessing the services we commission. This intelligence is used throughout the CCG in planning future services, the quality monitoring and service improvement. Softer intelligence gathered through the CCG's Intelligence Sharing Group helps identify issues early and minimise any adverse impact for patients and the public.

We recognise that complaints can often be the catalyst for change and improvement. For example, an issue raised by a patient relating to consent led to a change in practice by our community services provider during 2017-18. Please see page 50 in the Accountability Report for information on complaints in 2017-18. The MyNHS ratings for 2016-17 show that cancer patients, when asked to rate their care and experience gave an average score of 9 on a scale from 1 to 10 (10 being best).

Patients' experience of GP Services showed 83.5% of people rated their experience as 'good' (based on the 2016-17 GP Satisfaction Survey)

We welcome feedback on your experience of local health services. You can contact Patient Relations with concerns, complaints and compliments via

Freepost plus: RTGL-RGEB-JABG, NHS Hull CCG, Patient Relations, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull HU1 1UY

Telephone: 01482 335409

Email: HullCCG.Pals@nhs.net

Health, culture and legacy

NHS Hull Clinical Commissioning Group was one of the first public funders to come on board and support the vision for Hull 2017 - City of Culture.

Investing £450k over two years, the support of the CCG enabled the Culture Company to leverage £32.8m of funding, delivering a yearlong programme that has changed the city forever.

Our investment ensured high calibre events took place outside the city centre and in six months 32,500 people had attended the Hull 2017 Back to Ours events in their own neighbourhoods.

One of our priorities during Hull 2017 was to ensure that age would not be a barrier to getting involved in the year's cultural activities.

A very special older resident in the city - 91 year old Hull former prima ballerina Maureen Leathley - was able to attend the Royal ballet performance in Hull after the CCG worked with the Hull 2017 team to make sure that she and her 80 year old carer got tickets for the night. In her own words Maureen was absolutely 'gobsmacked' when Emma Latimer presented her with the tickets.

We sponsored the delivery of hands-on circus skills workshops for elderly residents and staff at six community day care facilities in Hull. The project focused on how older people can be more active and focused on what they could do, rather than what they couldn't do. We wanted to be truly inclusive and the people who took part in the events certainly played their part in making the year so special.

In March 2018 a major conference The Impacts of Hull UK City of Culture 2017 shared an assessment of the year, including the outcomes for society and wellbeing:

- Over 2400 volunteers contributed 337,000 hours of social action, equivalent to 38.5 years. For 1 in 5 volunteers this was their first experience of volunteering.
- The CCG was one of the leading contributors to 478 volunteer masterclasses over the year.
- Young people from over 100 education institutions took part in the No Limits learning programme.
- 87.1% of Hull audiences felt that the cultural programme placed community at the centre, with 80.3% stating that they believed it gave everyone the chance to share and celebrate together.

Whilst it did appear from the assessment that people who were the most isolated and lonely did not engage as frequently with the events during the year as was hoped, one community group for women experiencing post-traumatic stress disorder (PTSD) and agoraphobia gave a powerful account of how the activities had given them increased confidence to enter the city centre again during the Made in Hull week:

> The thing is with anxiety and agoraphobia, it's a fear and you build it up and build it up so that it stops you doing things. The only way to overcome it is to take those small steps, and with everything happening in the city, it pushed us to take those steps.
>
> It has definitely made a difference to my life and the group as a whole because we have taken that step out. As we don't like going out in crowds or on our own, it is something to look forward to where we all go together; we all have similar issues and we all understand if one of us gets really anxious or wants to go home. Hull 2017 has given us that. Afterwards we were all buzzing, you forget your problems for a few hours, and you are out enjoying it and being normal. It's an insight to how your life was before. It has made the world of difference.

Hull 2017 legacy

The challenge for all partners now is to build on the success of this first year, creating a sustainable legacy for Hull and the people who live here.

As we move towards a place-based approach to commissioning, we are keen to ensure culture plays an active role in tackling local priorities. We are finalising our continued partnership with the Culture Company around delivering its legacy programme around the future of the volunteering programme beyond the cultural sector, and supporting large-scale community commissions that celebrate the stories of people and their city.

Highlights of year in health

Hull FC and Hull KR team up with the CCG

Rivalries were put aside when Hull's two rugby league clubs joined forces with NHS Hull CCG to take a fresh look at improving health in the city. The partnership was formed between Hull FC, Hull KR and the CCG, and launched at the local derby game on Good Friday at KCOM Craven Park. As well as watching a great game, fans and residents found out about some of the ways they can improve their own health and wellbeing. The clubs will be running more health related events, courses and sessions in the coming year.

Five Ways to Wellbeing fire engine

Mental Health Awareness Week got off to a colourful start in May as the CCG and Humberside Fire and Rescue Service (HFRS) unveiled their new 'Five Ways to Wellbeing' fire engine, promoting five simple steps everyone can take to feel healthier, happier and more resilient to cope with life's changes.

The new engine is part of a long standing partnership between the two organisations which has seen them work together to support community safety, elderly care and now improve mental health.

Dementia wellbeing day a 'sensation'

Dementia awareness day returned for a second year in May 2018. Through displays and activities the event explored our five senses in order to highlight all aspects of dementia wellbeing, from emotional and physical health to carer support. The event, organised by the Hull Dementia Collaborative and the CCG, aimed to help people living with dementia and their carers to connect with local services and groups.

Older People's Nursing Fellowship launched

The Older People's Nursing Fellowship is a locally developed, accredited programme of training designed to foster local nurses and give them the confidence to lead improvements to the health and well-being of older people. Spearheaded by NHS Hull CCG, with partners from hospital trusts, community care and East Riding CCG, the programme is sponsored by the University of Hull. The Fellowship is of three years duration and includes support to undertake a Master's Degree.

Love your lungs

Throughout June the British Lung Foundation teamed up with NHS Hull CCG to identify people living with undiagnosed Chronic Obstructive Pulmonary Disease (COPD) in Hull through a series of Love Your Lungs screening events. Specialist nurses and screening services based in shopping centres around the city encouraged people experiencing a persistent cough and unexpected breathlessness, to seek advice and conducted lung function tests. At the end of the four events 60 people had been referred to their GP for further analysis and, where appropriate, treatment.

Cultural AGM 2017

Music and culture took centre stage at CCG's 2017 Annual General Meeting in June. Attendees discovered how local health services have embraced the arts and worked with the City of Culture team to help improve the wellbeing of our city. In the lead-up to the day, local people were asked to take "Healthy Selfies" showcasing exercising, eating well or taking part in an activity that helps people feel happy and well as part of the Hull 2017 Challenge Hull. The resulting seven days of discussion, photos and conversations proved to be one of the most successful Challenge Hull weeks of the year.

Men's Health Day

Experts from across Britain joined local health professionals at the CCG's first Men's Health Day in November. Keynote speakers tackled wide ranging topics from suicide and paternal post-natal depression to urban farming. The event aimed to encourage members of the public to look at their own health, and highlight and promote men's health issues to local care professionals.


NHS Hull Clinical Commissioning Group
MEN'S HEALTH
INFORMATION DAY
Hull ManClub
GET FIT WITH THE ROBINS
Clinical Commissioning Group
NHS Hull
FREE EVENT
2017 - 9.30AM - 3PM
TEL, 170 FERENSWAY HU1 3UF
LS & MEMBERS OF THE PUBLIC
WALKING FOOTBALL
ED IN HULL
Boys
Five ways to wellbeing
Give
KEEP
sewell
onthego
#alwaysopen
WWW.SAPPHIRESIGNS.COM


#Healthier
NHS
HullCCG
Kingston upon Hull
545 likes
Persistent cough?
Breathless?
Lung Foundation
Get your
free

Health and social care partnership highly commended at LGC Awards

A partnership between the CCG and Hull City Council was highly commended at the 2018 Local Government Chronicle award ceremony. The partnership was shortlisted from dozens of entries for their approach to shaping the future of health and social care services for people in Hull. Achievements included; innovative housing solutions, a new frailty pathway, successfully sharing resources and cross sector working with colleagues in police, fire and ambulance services.

Make the most of your NHS campaign

A campaign aimed at reducing unnecessary medicine waste launched across Hull and East Riding of Yorkshire in February. NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) and Hull CCG estimate that an incredible £2.8million is lost each year across the region through medicines waste alone. The campaign, launched by both CCGs and running through GPs and pharmacies, encouraged patients to only order what they need, return unwanted medicines to their pharmacy for safe disposal and not to stock-pile any medicines.

Hull CCG takes part in first UK Pride event

As part of the Hull 2017 City of Culture celebrations, Hull became the first city to host UK Pride; a national celebration of LGBT life and culture. Hull CCG was there to engage with our local LGBT community and ask them about their experiences with public sector organisations. Working with partners in Hull City Council and Humberside Police, we gathered people's views on how health and civic services can better meet the community's needs.

A Day in the Life

In a bid to boost recruitment for the next generation of NHS staff, 130 young students attended the third 'A Day in the Life of the NHS'. This is an innovative and interactive event for local students to find out what it is like to work in the NHS, and to learn about the wide range of careers available. Students enjoyed a number of different scenarios and activities throughout the day, donning scrubs and stepping inside a simulated operating theatre, following the rehabilitation of a complicated leg break and learning about the different roles in prison health services.

Health Expo 2017

Health organisations from across Hull and East Yorkshire once again joined forces in October to present the Health Expo - the biggest showcase of healthcare and innovation in the region. The day featured performances, demonstrations and a Question Time session with local health leads plus interactive health and wellbeing zones and a local health heroes awards ceremony. The packed careers fair offered inspiration to those looking to pursue a career in the NHS.

First graduates at Hull Medical, Health and Social Care Academy

The Medical, Health and Social Care Academy at St. Mary's Academy offers unique mix of specialist teaching, training and work experience. Cooper, one of the students, held a long term ambition to be a paramedic. He enrolled at St Mary's when it was founded in 2015 because of the unique mix of academic and practical study and, after passing his A levels with flying colours, has been accepted to study as a paramedic in Hull. He is planning to stay in the city to further his career after graduating.

Delivering safe, high quality services

Introduction

Our ambition is to continue to be an outstanding performing CCG, commissioning services that ensure that the residents of Hull continue to receive high quality, safe health care, delivered in the right place by staff with appropriate skills.

Services commissioned by the CCG need to be effective, provide good patient experience and continuously improve. We have clear responsibilities in relation to commissioning for quality, informed by the NHS Constitution (2011).

We recognise that different parts of the system need to work together to promote a culture of open and honest co-operation. This is to identify potential or actual serious quality concerns and take corrective action in the interests of protecting patients.

The CCG Board receives Quality Reports which fully integrate quality, performance, finance, contracting and patient experience into one document to enable CCG Board members to assess CCG and local provider performance. You can read the reports at www.hullccg.nhs.uk

Performance data for CCG Quality outcomes can be found on page 40. A summary of work during 2017-18 towards our duty to continually improve the quality of services for our patients is outlined below.

For key activities in relation to enhancing patient experience please see page 24. Friends and Family Test outcomes for our providers can be found at www.nhs.uk/mynhs

Patient safety

A Serious Incident (SI) is an occurrence, which has caused/has the potential to cause serious harm (including psychological) or unexpected death.

The CCG has robust systems that encourage open and transparent reporting of Serious Incidents, ensuring that learning from these is effectively embedded into practice.

The CCG continues to work closely with our provider organisations to ensure learning is identified and effectively embedded. We encourage providers to 'think outside of the box' and work collaboratively to explore other methods to improve patient safety.

To this end, a number of innovative features have been introduced including review panels, 'end-to-end' reviews and collaborative working between local mental health providers and the substance misuse service.

Safety remains a key area of work of the Clinical Quality Forums and the Serious Incidents panel. Our integrated quality and performance report with its focus on continuous improvements to the quality of services is available at www.hullccg.nhs.uk.

Under the Duty of Candour, patients' families and carers are informed, and included in, serious incident investigations as appropriate.

As part of the CCG's Quality Visiting Framework, several visits have been made to our provider organisations in 2017-18. These included maternity services, the eye hospital, Ward 70 (diabetes and endocrinology), patient transport services and stroke rehabilitation beds. Recommendations around environment and patient care have been incorporated into action plans that are robustly monitored via the clinical quality forums to ensure effective implementation.

Open and transparent reporting of serious incidents ensures learning is embedded into practice

The CCG has a wider system leadership quality role with the Director of Clinical Governance/ Executive Nurse chairing the STP Quality Group. A significant output from this work has been the Site Visit Policy adopted by all six CCGs within the Humber, Coast and Vale STP during 2017-18.

The Quality and Performance Committee undertakes quarterly Deep Dives on service areas assessed through assurance processes as areas of concern. Three deep dives have been undertaken during 2017-18 relating to autism, out-of-area transfers and cancer.

The CCG's Quality Improvement Plan (QIP) comprises eight workstreams across primary, secondary, community, local authority and voluntary sector, care. This will be used to help transform services over the next two years with the emphasis on improving quality and safety of services.

During 2017-18 the CCG worked with providers to ensure that they able to demonstrate that they comply with best practice standards including National Institute of Clinical Excellence (NICE) technology appraisals, guidance and quality standards.

Mortality reviews

Following the Francis Report's increased focus on mortality data being an important contributory indicator when assessing quality of care and outcomes, mortality 'ratios' are strictly monitored and acted upon when they have been higher than expected.

A Task and Finish Group set up in April 2017 has undertaken a gap analysis of processes in relation to mortality, particularly for patients who have died within 48 hours of hospital admission from a care home. A sharing and learning event is planned for July 2018 for GPs in Hull. Plans for further joint work with community, secondary care and primary care are being progressed during 2018-19.

Infection, prevention and control

An IPC Lead Nurse has been appointed to provide strategic leadership and specialist advice to the CCG, and is providing expert advice to improve services and ensure compliance with standards and practices across Hull. Support is provided to care homes, through quality monitoring and service improvement plans.

We are very pleased to have achieved the reduction target for incidences of Clostridium difficile (C.diff) for the third consecutive year. The hospital provider target for 2017-18 was to maintain the 2016-17 target of 53 cases - with 38 cases recorded for 2017-18. The national target for 2018-19 is 52. Excellent work continues across the whole health economy to review cases of C.diff and learning from the outcomes of the reviews which has seen an overall reduction of cases and improved antibiotic prescribing.

A two-year Quality Premium commenced in April 2017 focusing on the reduction of E.coli blood stream infections and the inappropriate antibiotic treatment of urinary tract infections. We were required to reduce incidents of E.coli blood stream infections by 10% in 2017-18. However, as there have been 94 reported cases between 1 April 2017 and 28 February 2018, a single action plan has been developed with our providers to achieve the required reductions in hospital and the community during 2018-19.

The latest published position on MY NHS for antimicrobial resistance in primary care was 1.186, which is over the 1.161 threshold although local data suggests improvements for 2018-19.

Improvements in NHS funded care and support

In 2017-18 we embarked on a transformation programme for NHS funded care, integrating the adult and children assessment services to improve the quality and patient experience for young people transitioning between children and adult services.

The programme also sought to improve integrated commissioning and case management by working more closely with the local authority, and recommended changes are being implemented in 2018-19.

We have completed a review of, and revised protocol for, access to products essential for delivering care and support in the community. These include items such as home ventilation cannulas and syringes for people who need artificial nutrition.

The CCG continues to offer a Personal Health Budget (PHB) to everyone eligible for NHS funded care and support. We are a PHB champion site which is further recognition that the Hull system is delivering and commissioning personalised care and support that reflects the strategic intentions of NHS England.

The latest published position on My NHS shows that 171 people per 100,000 population receive a PHB, which exceeds the target set for the CCG for 2017-18.

The CCG is also a champion site for Personal Wheelchair Budgets (PWB).

Safeguarding vulnerable people

Children

Significant progress has been achieved following the CQC Looked After Children and Safeguarding inspection of January 2017 with no outstanding areas of risk identified. We have recently recruited a Designated Nurse for Looked After Children, as recommended by the CQC. The CCG continues to be an active, leading member of the Hull Safeguarding Children Board (HSCB). New multi-agency safeguarding children arrangements came into force from April 2018 creating new, flexible local safeguarding arrangements led by three safeguarding partners (local authorities, police and CCGs). The current CCG executive and designated leads will maintain their strong leadership roles.

Adults

During 2017-18 the CCG continued to work in partnership with the Hull Safeguarding Adults Partnership Board (HSAPB) to deliver the safeguarding adult strategy in the city. Representation by the CCG was also maintained for all of the HSAPB safeguarding adult reviews (SAR) completed in 2017-18.

The CCG is represented at the Hull Community Safety Partnership, Humberside Criminal Justice Board and Hull Reducing Re-offending Board to support partner agencies in provision of healthcare to offenders and victims of criminal activities. Safeguarding adults training was provided throughout the year for CCG staff and partner agencies, including workshops for counter terrorism prevent strategy and modern slavery breakfast workshops for local businesses.

Supporting primary care

The Primary Care Quality & Performance Committee meets on a bi-monthly basis. Membership of the sub-committee includes a range of CCG, NHS England and Public Health England staff.

The CCG continues to work in partnership with NHS England Contracting and Performance Team to ensure issues are addressed within primary care, and works closely with the Care Quality Commission (CQC) to highlight areas of good practice as well as concerns. Local GP practices are supported following CQC inspection to help them implement action plans where a 'requires improvement' or 'inadequate' rating is given.

Practices in Hull record all Serious Incidents and a dual process is in place for providers in primary and secondary care to report and share incidents relating to each other. This learning is then shared through the GP newsletter. During 2017-18 the CCG worked with primary care to align services into five GP groupings. All groupings have signed up to an incentive scheme aimed at improving quality of care and patient experience.

To lead improvements in primary care nursing in general practice, the CCG recruited a Professional Advisor for Primary Health Care in September 2017 to work with lead nurses within each GP grouping ranging from Health Care Assistants to Advanced Nurse Practitioners. This assists the healthcare staff to meet the health and care needs of people in their communities, engaging and developing staff to deliver high standards of care. Several programmes of training are now underway; this includes infection prevention and control, non-medical prescribing and advanced phlebotomy.

Patient-focused medication reviews

The CCG commissions a medicines optimisation service from North of England Commissioning Support (NECS) to deliver a patient-focused approach to medicine reviews.

The service continues to deliver cost savings and quality improvements through medication reviews, therapeutic switches and supporting practices to initiate the most cost effective and safer therapies at the point of prescribing. Key activities over the past year have included continued focus on reductions in inappropriate antibiotic prescribing for urinary tract infections (UTIs) and at risk groups; supporting European Antibiotics Awareness Day and improving the safety and quality of prescribing relating to the CCG requirements for the safer management of controlled drugs.

Commissioning for Quality and Innovation (CQUIN)

As part of the two year contracting process for 2017-19, the CCG has commissioned a number of national and local CQUIN schemes which encourage healthcare providers to deliver clinical quality improvements and drive transformational change. During 2017-18 this included:

- A new integrated service established at Hull and East Yorkshire Hospitals to improve services for people with mental health needs who attend A&E, with care plans co-produced with patients to ensure they are supported within the community;
- An Advice and Guidance service that allows GPs to seek advice from consultants prior to referring patients into hospital care. Since 1 April 2017, 700 requests for A&G have been made which has significantly reduced referrals into secondary care;
- Daily discharge meetings are held between therapies, social services, discharge liaison nurses and senior nurses to support proactive and safe discharge of patients from secondary care back to their usual place of residence.

Research and Development (R&D)

As part of the national mandate to promote research and the use of research evidence, Hull CCG has continued to strive to be at the forefront in using research evidence as part of its core work.

The CCG funds local research projects and works with partners in academia, public health and supports the progressive work of the Hull R&D steering group - using the outcomes from research to inform commissioning decisions. Work to evaluate the effectiveness of the Non Alcoholic Fatty Liver disease (NAFLD) IT integrated care pathway with the aim of standardising the management of NAFLD patients in the community has the real potential to improve the quality of care for this group of patients. The CCG has also shown its commitment to R&D by following the national policy guidance on Excess Treatment Costs (ETCs) and approved two ETCs in 2017–18.

Taking action on health inequalities

Introduction

The Hull Health and Wellbeing Board is a partnership Board and statutory committee of Hull City Council which was established as part of the Health and Social Care Act 2012.

The Health and Wellbeing Board continues to have several core statutory responsibilities in relation to health, public health and social care to improve \ Health and Wellbeing and narrow the gap in health inequalities in Hull and meets bi-monthly in public. Membership includes representatives from the CCG, elected members, senior officers of Hull City Council including the Director of Public Health, NHS England and Healthwatch Hull.

The Health and Wellbeing Strategy, "Hull Healthier Together 2014-2020" continues to be implemented across the city, and involves collaborative working across partner organisations across the system. In addition to the Health and Wellbeing Strategy, NHS Hull CCG, through the Sustainability and Transformation Partnership has been one of the founding members of the Hull Strategic Partnership Board. The membership of this new Board is broader in scope than the Health and Wellbeing Board, and includes representatives from all parts of the public sector, including providers of healthcare services in addition to the Police Force, Fire and Rescue Service, Community and Voluntary Sector and others. The Board was developed in recognition of the need for a forum to discuss the tangible actions that the local system could take to address need and demand for services, and to identify opportunities to tackle the wider determinants of health. As a result of this work, the Board has committed to work collaboratively to address the challenges faced by four specific vulnerable or marginalised groups through discrete projects as a proof-of-concept approach; the CCG is a key driver of this work which aims to tackle health inequalities through addressing some of the social determinants of health. These specific projects are:

- Preventing future "high volume" service users in Hull.
- Supporting care leavers.
- Domestic abuse prevention.
- Wraparound for vulnerable children and young people.

The CCG will continue to work with Hull City Council, the Public Health team and wider partners through the Strategic Partnership Board to address health inequalities and plan for improved health outcomes through the Hull Health and Wellbeing Board, the 'place-based' STP plan for Hull, the Better Care Fund and the Adult and Children's Safeguarding Boards. The Communications and Engagement team in the CCG works closely with the Local Authority Public Health team on a number of joint initiatives; an example of this close working is the Working Voices initiative which works with local employers to reduce the variation in access to Health and Wellbeing support and therefore reduce the inherent inequalities this these variations bring.

Prevention

In keeping with the principles set out in the Five-Year Forward View, NHS Hull CCG continues to be a key partner in the development of a whole-system approach to tackling inequalities and focusing on prevention in Hull; this approach will be delivered through the Strategic Partnership Board and working collaboratively with partners across the local system, in addition to developing and delivering new models of care.

Through the now embedded Primary Care Quality Dashboard, the CCG is working with partners including Public Health England, and the Hull City Council Public Health team to monitor and improve the uptake of vaccinations to reduce variation in practice and therefore inequalities in health outcomes. During the last year the CCG has worked with partners to reduce the proportion of mothers smoking at the time of delivery, which has a health benefit for the baby as well as mum; this intervention has been successful in reducing the rate, but has also created a cohort of staff able to offer support around stopping smoking to pregnant women in the future.

Cancer

The outcomes around cancer for NHS Hull CCG patients are generally not as good as for our neighbouring CCGs, despite using the same secondary care provider.

It is likely that the differences in outcomes are related to the levels of deprivation, and associated illness in the city, in addition to patients seeking advice or

assistance later than their peers in other CCGs. As a result, the CCG worked with Hull City Council's Public Health Team, and Hull and East Yorkshire Hospitals to explore some of the challenges around those patients who do not begin their treatment within 62 days of referral. This involved stratifying those patients by deprivation quintile and exploring whether there is a discernible difference between the least and most deprived communities in the city. This work led to a series of constructive conversations, and identified opportunities to improve outcomes for this group of patients which have begun to be addressed.

Vulnerable groups

Over the last year, the CCG has been working, in conjunction with the Public Health commissioner and the provider of services to our vulnerable groups, specifically those with substance misuse issues or of no fixed abode, to explore opportunities to improve the services provided to these individuals through better integration of existing services.

This work has led to better links between the Primary Care service and the Public Health Commissioned substance misuse service and has begun to develop further links with the Local Authority.

Contributing to the delivery of the Health and Wellbeing strategy for Hull

Over the last year, the CCG has worked with the Health and Wellbeing Board (HWBB) to deliver the Board's three strategic outcomes. Dr. Dan Roper (Hull CCG Chair) is vice-chair of the HWBB, a lay member and two additional GP members are also members.

The CCG contributes directly to the delivery of the HWBB strategic outcomes by ensuring that they are reflected within our operational plans and strategies. For example:

Outcome 1.

The Best Start in Life – delivered through maternity and children's services see page 16.

Outcome 2.

Healthier, Longer, Happy Lives – delivered through integrated delivery model to tackle long term conditions managements – diabetes care see page 12.

Outcome 3.

Safe and Independent Lives – delivered through implementation of the frailty model in the Integrated Care Centre see page 11.

The CCG continues to have an active presence on all three strategic outcome groups which review contributions of local systems to achieve outcomes.

CCG members contributed to a multi-agency review of the Health and Wellbeing outcomes in late 2017. This included a strategic view of how the HWBB outcomes and objectives interface with the Humber Coast and Vale STP priorities and the emerging priorities of the Hull Place-based Plan.

As Vice-chair of the HWBB, the CCG Chair ensures cohesion between the CCG contribution to the broader HWBB objectives. Several members of the Health and Wellbeing Board contribute to the content of this Annual Report and the full Annual Report and Accounts is presented to the Board at its July meeting.

Performance analysis

Financial position 2017-18

A resource (or funding) limit is set annually for the NHS by Parliament and each NHS organisation receives a share of that total to spend in delivering its responsibilities. It is expected that those funds are spent in full, but they must not be exceeded.

We are pleased to report that the CCG managed to operate within its revenue resource limits achieving an in year surplus of £3.6m (including a 0.5% risk reserve and £489k prescribing cost benefit as required by NHS England) against its in year revenue resource limit of £439.4m. The historic surplus of the organisation is therefore increased from £11.7m to £15.3m

The CCG spent £5,759k on the administration of the organisation in 2017-18. This represented an underspend of £759k against a maximum target of £6,258k.

The CCG monitors performance against NHS frameworks and key performance indicators. Initiatives are aligned to the CCG strategy and workplans to ensure any corrective actions are implemented to address any deteriorating indicators. Over the next few pages we present some detailed tables and commentary on our performance during 2017-18.

Financial development and performance 2017-18

The CCG's accounts have been prepared under a direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

There are significant financial challenges to the NHS as a whole, driven by the changing demographic profile, increasing demand, the introduction of new technology and the rising expectations of patients. This is set against a backdrop of minimal funding growth which, if services continue to be delivered in the same way as now, will result in a significant national funding gap by 2020-21.

NHS Hull CCG experiences year on year cost growth as a result of these national issues but also has its own specific challenges to delivering patient care within the resources allocated to it. Analysis of historic patterns of use and projections in underlying growth in demand we would expect to see health economy cost growth exceed the funding awarded to the CCG. This challenge falls to both the CCG and the providers of services who are planned to contribute towards this shortfall. The CCG meets its challenge through its Quality, Innovation, Productivity and Prevention or QIPP programme which is a programme of transformation which will enable the CCG to fund its delivery plans.

The principles underpinning QIPP are integral to everything that we do. One of our aims is to ensure that we receive value for money for every pound spent. Through innovation and transformation CCG QIPP plans aim to prevent more costly interventions, both now and in the future, and improve quality of patient care.

Importantly for the CCG this means meeting rising healthcare needs from the same resources without detrimentally affecting performance or health status. We are also very aware of the financial position that the NHS finds itself in and are conscious that in order to live within our means, with a growing elderly cohort of patients, we need to make real and sustainable changes through transformation which will deliver quality improvements for our patients as well as driving value for money.

NHS Hull CCG's Annual Report and Accounts have been prepared on a Going Concern basis.

Managing our resources 2018-19 and beyond

NHS Hull CCG will have an in year allocation of approximately £452.6m of resources available in 2017-18. Of this £6.2m is allocated for the running of the CCG. In order to manage these resources and deliver an in year balanced position for 2018-19 the CCG establishes specific budgets that are created using a combination of past expenditure, agreed contracts, planned investments and QIPP schemes.

These are set out in a financial plan that is approved by the CCG Board and submitted to NHS England. Performance against these budgets is monitored on a continual basis with regular reports being submitted to the Quality and Performance Committee, the Integrated Audit and Governance Committee and the CCG Board.

Significant risks to the achievement of the financial plan include the level of demand for secondary care, prescribing and continuing healthcare growing at rates over and above the levels anticipated. In addition to this the CCG works with the Hull City Council as part of the 'Better Care Fund' initiative and via an integrated financial plan that further pools / aligns resources. The aim of this is to deliver the best possible value for the 'Hull Pound', however should the level of planned integration not deliver as expected there is a risk of overspending.

The CCG is also a partner to an Aligned Incentive Contract (AIC) with Hull and East Yorkshire Hospitals NHS Trust and NHS East Riding of Yorkshire CCG. This means that the

level of expenditure with the Trust is fixed at the start of the year, enabling all partners to focus on delivering an improved and more financially sustainable services. This does limit the CCG's risk on its most significant contract, however there is a risk share within the AIC that could have a financial impact on the CCG should the partnership not have the planned impact on cost and demand.

NHS Hull CCG is part of the Humber Coast and Vale Sustainability and Transformation Partnership and, as such, works with partner organisations from across the region to improve economy and efficiency.

As well as maintaining a contingency fund of approximately £2m, the CCG continually monitors and forecasts levels of expenditure and where financial pressures are identified, it reduces/delays the planned investments to take account of this. The CCG also has a risk management policy in place, with the Risk Register and Board Assurance Framework regularly updated and presented to relevant committees and the Board.

Performance on NHS constitution standards and Quality Indicators

The NHS Constitution sets access standards for emergency care, elective (non-emergency) care and cancer services, and the CCG has an obligation to ensure our all health care providers meet these to ensure patients in Hull receive the right standards and quality of care.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it. This Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions. References in this document to the NHS and NHS services include local authority public health services, but references to NHS bodies do not include local authorities. Where there are differences of detail these are explained in the Handbook to the Constitution.

(Please note: The 'Actual' position quoted is at 31 March 2018 unless year to date (YTD) position is stated otherwise in brackets).

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of GP written referrals in the period in all specialties	2017-18	57,194 (Jan 2018)	70,264 (Jan 2018)
All first outpatient attendances (consultant-led) in all specialties	2017-18	81,038 (Jan 2018)	79,762 (Jan 2018)
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2017-18	16,797 (Jan 2018)	17,746 (Jan 2018)
A&E Attendances – All Types, SitRep data	2017-18	109,011 (Feb 2018)	103,560 (Feb 2018)
A&E Attendances - Type 1, SitRep data	2017-18	80,079 (Feb 2018)	No target
A&E waiting time - patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge.	2017-18	98,529 (Feb 2018)	No target
A&E waiting time - total time in the A&E department, SitRep data	2017-18	90.38% (Feb 2018)	95%

Commentary:

Pressures associated with winter have affected the performance of the A&E measures, particularly around patients hospitalised by flu which continues to impact on the trust performance. The CCG is working collaboratively with the provider on a daily basis to support issues that present. The nominated CCG lead for emergency pressures communicates operational issues affecting patient flow, coordinates wider system responses and works with external stakeholders to support improvement where possible.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Ambulance clinical quality – Category1 7 minute response time - trust (time)	2017-18	00:07:40 (Jan 2018)	00:07:00

Commentary:

The indicator above relates to Yorkshire Ambulance Service regional information. This remains a priority work stream for the A&E Delivery Board chaired by Hull and East Yorkshire Hospital Trust and plans continue to be monitored to increase utilisation of alternative pathways for the ambulance service. The data above is shown at trust level which we must report on for assurance and at CCG level.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2017-18	25,812 (Jan 2018)	0

Commentary:

Long delays in ambulance handover and turnaround are detrimental to clinical quality and patient experience and are costly to the NHS. Ideally, ambulance turnaround should be complete within 30 minutes, allowing 15 minutes for patient handover to the emergency department (ED) and 15 minutes to clean and prepare the ambulance vehicle to be ready for the next call. Hull & East Yorkshire Hospitals are working with the ambulance service to review the data.

Ambulance handover and Crew Clear delays are against zero-tolerance targets. The numbers of breaches reported are at provider level, i.e. totals for Yorkshire Ambulance Service rather than for Hull patients.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (Month)	Target
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2017-18	80.86% (Jan 2018)	92%

Commentary:

There have been significant performance issues within the Referral To Treatment (RTT) Pathways. There is an ongoing programme of work to redesign pathways at specialty level. GP uptake of referral information on the pathway information portal (PIP) continues to increase on a monthly basis with the aim of ensuring referrals are of a consistent quality. The CCG continues to prioritise increased utilisation of NHS E referral for all specialties (including cancer).

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Diagnostics Test Waiting Times	2017-18	57,194 (Jan 2018)	<1%
Cancer- All Cancer two week wait	2017-18	81,038 (Jan 2018)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2017-18	16,797 (Jan 2018)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2017-18	109,011 (Feb 2018)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2017-18	80,079 (Feb 2018)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2017-18	98,529 (Feb 2018)	98%

Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2017-18	90.38% (Feb 2018)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2017-18	79.45% (Jan 2018)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2017-18	81.65% (Jan 2018)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2017-18	83.33% (Jan 2018)	No target

Commentary:

The CCG continues to work with stakeholders and prioritise waiting time standards and challenge the provider where standards are breached. Where this occurs remedial actions are progressed and joint cancer monitoring meetings continue between commissioner and provider.

Performance for two week waits has improved significantly in line with plans and expectations. Hull & East Yorkshire Hospitals are monitoring performance on a daily basis which includes slot availability, booking two week wait appointments and delivery of 62 day waiting times.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
The proportion of people that wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2017-18	75.00% (Nov 2017)	75%
The proportion of people that wait 18 weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.	2017-18	99.87% (Nov 2017)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2017-18	12.43% (Nov 2017)	12.67% (Nov 2017)
People who are moving to recovery	2017-18	47.10% (Nov 2017)	50%
Dementia - Estimated diagnosis rate	2017-18	76.65% (Feb 2018)	66.70%
Cancelled Operations - Hull CCG	2017-18	2.05% (Dec 2017)	1.7%

Commentary:

The CCG and lead provider continue to work jointly to review the performance of the IAPT metric; The psychological therapies service has seen some improvement in the Recovery standard however waiting times and access is variable.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of urgent operations cancelled for a second time - Hull CCG	2017-18	4 (Jan 2018)	0

Commentary:

The Surgical Health Group has also improved the escalation process for managing cancelled operations which has resulted in improved performance compared to December 2015.

CCG OUTCOMES INDICATORS

Quality		Actual (YTD)	Target
Patient experience of GP out of hours services	2014-15	73.80%	72.81%
Patient experience of hospital care – HEYHT	2014-15	74.30%	75.00%
Patient safety incidents reported	2015-16	27 (Sept 2016)	28
Healthcare acquired infection (HCAI) measure (clostridium difficile infections)	2017-18	47 (Feb 2018)	74
Healthcare acquired infections (HCAI) measure (MRSA)	2017-18	1 (Feb 2018)	0

Commentary:

This is a zero tolerance indicator within the NHS Constitution

Mortality		Actual (YTD)	Target
One year survival from all cancers	2014	67.2%	65.70%
Mortality within 30 days of hospital admission for stroke	2015-16	1.28	1.25
Potential years of life lost from causes considered amenable to healthcare (All ages)	2014-15	2,595.2	2565.4
Under 75 mortality from respiratory disease	2015-16	47.20	55.80
Under 75 mortality rate from cardiovascular disease	2015-16	84.00	97.70
Under 75 mortality rate from liver disease	2015-16	17.30	18.60

Commentary:

Hull City Council Public Health team has published a mortality report www.hullpublichealth.org

Urgent Care		Actual (YTD)	Target
Emergency admissions for acute conditions that should not usually require hospital admission.	2017-18	1631.1 (Jul 16 – Jun 17)	1657.2

Commentary:

The CCG continues to work closely with the community services to ensure patients are being supported in the community rather than being admitted to hospital. Out of hospital initiatives continue to be reviewed and supported by stakeholders.

Urgent Care		Actual (YTD)	Target
Emergency admissions for acute conditions that should not usually require hospital admission.	2017-18	31.70 (Jul 16 – Jun 17)	15.60

Commentary:

This area is being monitored with Hull City Council Public Health to understand underlying issues and current services in place to prevent emergency admissions to hospital. The CCG has also reviewed RightCare opportunities and benchmarked similar CCGs with a plan to improve performance of the indicator.

Urgent Care		Actual (YTD)	Target
People who have had a stroke and are admitted to an acute stroke unit within four hours of arrival to hospital - Hull Royal Infirmary	2016-17	77.36% (Jun 2016)	63.27%
People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital – Hull CCG	2016-17	66.16% (Jun 2016)	64.0%
People who have had an acute stroke who receive thrombolysis following an acute stroke – Hull Royal Infirmary	2016-17	12.55% (Jun 2016)	9.33%
People who have had an acute stroke who receive thrombolysis following an acute stroke – Hull CCG	2016-17	11.30% (Jun 2016)	9.2%
People with stroke who are discharged from hospital with a joint health and social care plan - Hull Royal Infirmary	2016-17	100.00% (Jun 2016)	97.20%
People with stroke who are discharged from hospital with a joint health and social care plan – Hull CCG	2016-17	99.02% (Jun 2016)	93.80%
Unplanned hospitalisation for asthma, diabetes and epilepsy (under 19s).	2017-18	265.40 (Jul 16 - Jun 17)	256.30
Emergency admissions for children with lower respiratory tract infections (LRTIs)	2017-18	371.10 (Jul 16 - Jun 17)	389.40
Unplanned hospitalisation for chronic ambulatory care sensitive (ACS) conditions	2017-18	1,046.80 (Jul 16 - Jun 17)	1055.80

Commentary:

The CCG monitors emergency hospital admissions monthly to ensure pathways commissioned are delivering key outcomes.

Maternity		Actual (YTD)	Target
Antenatal assessments <13 weeks	2014	98.80% (Apr - Dec 2014)	90.00%
Number of maternities	2017-18	2,659 (Apr- Dec 2017)	No target
Maternal smoking at delivery	2017-18	20.65% (Dec 2017)	<21%
Breast feeding prevalence at 6-8 weeks	2015-16	32.73% (Jun 2015)	30.1%

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2017-18	65,989 (Jan 2017)	
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2017-18	295,969 (Jan 2017)	

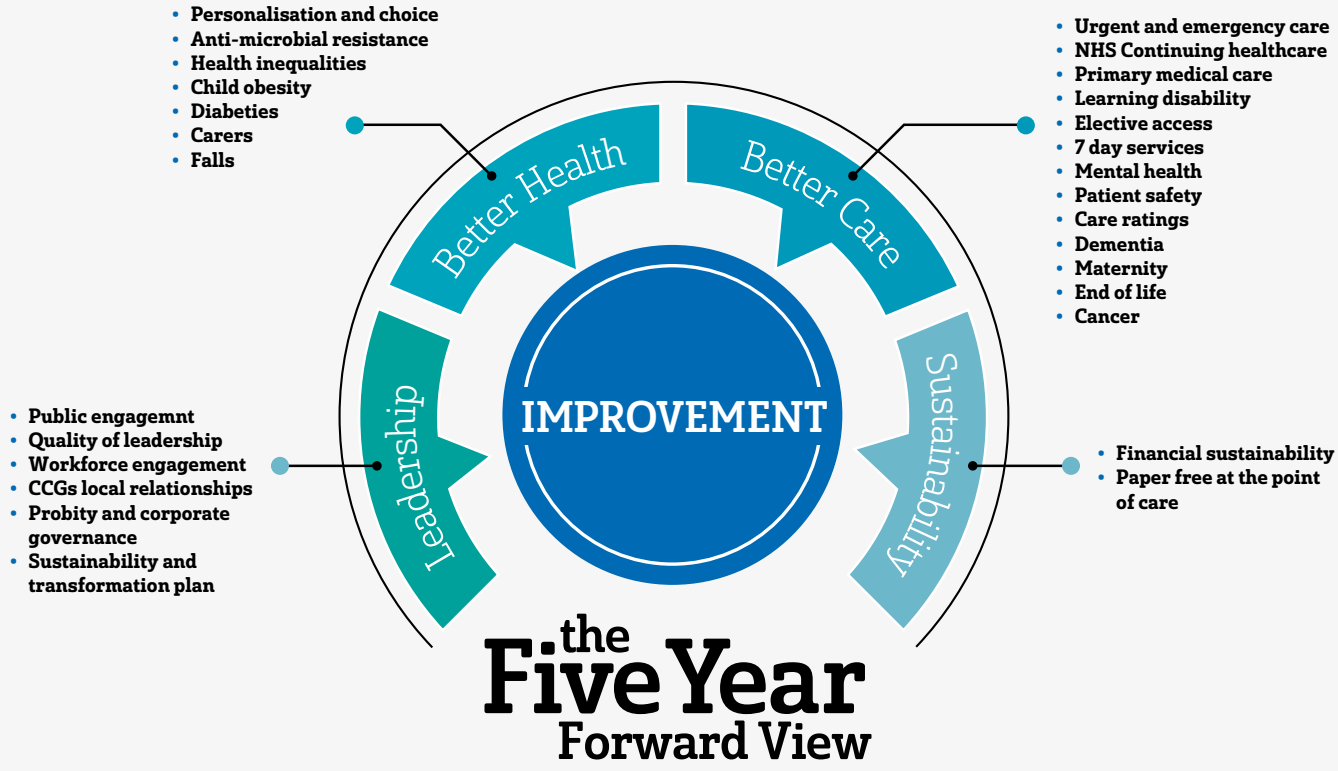
My NHS/Improvement Assessment Framework (IAF) indicators

The CCG Improvement and Assessment Framework (IAF) was first introduced during 2016-17. This framework describes that CCGs will receive an annual assessment by NHS England derived from their performance in indicators across 29 areas, including an assessment of CCG leadership and financial management.

The latest CCG Improvement Assessment Framework (IAF) indicators are published online via 'My NHS'. CCGs are assessed in four key 'domains' (below):

- Better Health: this section looks at how the CCG is contributing towards improving the health and wellbeing of its population;
- Better Care: this principally focuses on care redesign, performance of constitutional standards, and outcomes, including in important clinical areas;
- Sustainability: this section looks at how the CCG is remaining in financial balance, and is securing good value for patients and the public from the money it spends;
- Leadership: this domain assesses the quality of the CCG's leadership, the quality of its plans, how the CCG works with its partners, and the governance arrangements, for example in managing conflicts of interest.

The framework is intended as a focal point for joint work and support between NHS England and CCGs. It draws together the NHS Constitution, performance and finance metrics and transformational challenges and plays an important part in the delivery of the Five Year Forward View.



The annual assessment results for CCGs is published here with four possible ratings; Outstanding, Good, Requires improvement and Inadequate. **During July 2017, NHS England published the results with NHS Hull CCG being only one of 21 CCGs across the country to receive a rating of Outstanding.** The latest available results on MyNHS relate to Quarter 3 2017-18. The year-end results for the Quality of Leadership Indicator and 2017-18 year-end assessment will be available from July 2018 at www.nhs.uk/service-search/performance/search

Clinical Priorities

As part of the Improvement and Assessment Framework, CCGs receive a rating for six clinical priority areas; cancer, mental health, dementia, diabetes, learning disabilities and maternity, which are will be published. The rating has been derived from the indicators in the new framework looking at CCGs' current baseline performance using the most recent data available at the time.

Cancer	Dementia	Learning Disabilities	Maternity	Mental Health	Diabetes
Inadequate	Requires Improvement			Requires Improvement	Requires Improvement

More information can be found at www.hullccg.nhs.uk under 'Our performance' and can be searched online via 'My NHS data for better services'

Sustainability report 2017-18

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 for which we commission and procure healthcare services.

Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 28% by 2020 using 2013 as the baseline year.

Policies

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

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.

Area	Is sustainability considered?
Procurement (environmental & social aspects)	Yes
Suppliers' impact	Yes
Business Cases	Yes
Travel	Yes

Our organisation evaluates the environmental and socio-economic opportunities during our procurement process through the inclusion of appropriate social clauses within our tender documentation and contracts.

The CCG has worked with NHS Property Services over the past year, (the organisation which the CCG leases the property where we house our headquarters) to ensure we will comply with our obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

Partnerships

As a commissioning and contracting organisation, we will need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery.

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment will need to be provided in part through contracting mechanisms.

Organisation Name	SDMP*	On track for 34% reduction	GCC**	Healthy travel plan	Adaptation	SD*** Reporting score
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	No	4. No Sustainable Development Management Plan	No	No	Yes	Excellent
HUMBER NHS FOUNDATION TRUST	Yes	1. On track to meet target	Yes	No	No	Good
YORKSHIRE AMBULANCE SERVICE NHS TRUST	No	4. No Sustainable Development Management Plan	Yes	No	No	Good
LEEDS TEACHING HOSPITALS NHS TRUST	Yes	2. Target included but not on track to be met	No	Yes	No	Excellent

*SDMP - Sustainable Development Management Plan
**GCC - Good Corporate Citizenship
*** SD - Sustainable Development

Performance

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020.

It is our aim to meet this target by reducing our carbon emissions 10% by 2015 using 2007 as the baseline year. Here's how we have done:

Organisation Name	Building energy use	Building energy use per FTE	Water	Water use per FTE	Percent high cost waste	Waste cost increase
HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST	>10% decrease	4.4	0-20% increase	47.1	<=75% high cost	0-20% increase
HUMBER NHS FOUNDATION TRUST	>10% decrease	2.0	0-20% increase	15.5	>75% high cost	0-20% increase
YORKSHIRE AMBULANCE SERVICE NHS TRUST	>10% decrease	1.2	0-20% increase	8.8	<=75% high cost	Data not available
LEEDS TEACHING HOSPITALS NHS TRUST	>10% decrease	4.0	0-20% increase	55.1	>75% high cost	>20% decrease

*FTE - Full Time Equivalent (staff)

Part Two: Accountabilty Report

Emma Latimer
Accountable Officer
25 May 2018

Corporate Governance Report

Hull CCG Member's Report 2017-18

Introduction

The Members' Report contains details of our CCG member practices, our Board membership (formally referred to as a Governing Body), membership of the Integrated Audit and Governance Committee and where people can find Board member profiles and the Register of Interests.

Our CCG Membership

NHS Hull CCG is a clinically-led organisation that brings together local GP practices and other health professionals to plan and design services to meet local patients' needs. Our GP practices served a registered patient population of 298,483 (at 31 Dec 2017) across 23 local authority wards during 2017-18.

During the reporting period 1 April 2017 – 31 March 2018 the following changes took place:

- New Green Surgery merging into East Hull Family Practice on 1 April 2017
- Sutton Park Medical Practice merging into Dr Raut and Partner on 1 April 2017
- Dr M Shaikh and Partner merging into East Hull Family Practice on 1 April 2017

In addition, in 2016/17 NHS England undertook a re-procurement of the APMS (Alternative Provider Medical Services) contracts held within the Hull CCG area. The re-procurement exercise reduced the number of APMS contracts within the Hull CCG area from eight to four contracts, with the new contracts commencing on 1 April 2017. The changes resulted in:

- The Quays Medical Centre, Riverside Medical Centre, Story Street Practice and Kingston Medical Group becoming one practice delivering services at three sites. This APMS contract also includes the Walk In Centre at Story Street.
- The Calvert Practice and CHCP Newington becoming one practice delivering services at two sites

The result of the above changes is that the CCG now has 40 member practices, which is a reduction from the 47 reported in the 2016-17 Annual Report.

MEMBER PRACTICES 2017-18

Practice Name	Sites from which services are delivered
City Health Practice - Bransholme	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
East Hull Family Practice	Morrill Street Health Centre, Morrill Street, Hull, HU9 2LJ Longhill Health Care Centre, 162-164 Shannon Road, Hull HU8 9RW 81 Southbridge Road, Victoria Dock, Hull, HU9 1TR
Kingston Health (Hull)	Kingston Health, Wheeler Street, Hull, HU3 5QE Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Medical Group	Kingston Medical Centre, 151 Beverley Road, Hull, HU3 1TY Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA Riverside Medical Centre, The Octagon, Walker Street, Hull, HU3 2RA
Dr RK Awan and Partners	Orchard 2000 Medical Centre, 480 Hall Road, Hull, HU6 9BS Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Sutton Manor Surgery	St Ives Close, Wawne Road, Hull, HU7 4PT
Faith House Surgery	723 Beverley Road, Hull, HU6 7ER
St Andrews Group Surgery	Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Newington Health Centre, 2 Plane Street, Hull, HU3 6BX
Wilberforce Surgery	Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA
The Avenues Medical Centre	149 - 153 Chanterlands Avenue, Hull, HU5 3TJ

Dr IA Galea and Partners	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF
Dr JAD Weir and Partners	Marfleet Primary Healthcare Centre, Preston Road, Hull, HU9 5HH Hauxwell Grove, Middlesex Road, Hull, HU8 0RB
Bridge Group Practice	The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
Wolseley Medical Centre	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS
Newland Group Practice	Alexandra Health Care Centre, 61 Alexandra Road, Hull, HU5 2NT
Dr VA Rawcliffe and Partners	New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF
Dr J Musil and Partner	Princes Court, 2 Princes Avenue, Hull, HU5 3QA
Diadem Medical Practice	Bilton Grange Health Centre, 2 Diadem Grove, Bilton Grange, Hull, HU9 4AL
Clifton House Medical Practice	263 - 265 Beverley Road, Hull, HU5 2ST
Springhead Medical Practice	Springhead Medical Centre, 376 Willerby Road, HU5 5JT
Sydenham Group Practice	Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
Dr GM Chowdhury	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Southcoates Medical Practice	Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR
Hastings Medical Centre	919 Spring Bank West, Hull, HU5 5BE
Dr Malczewski	Longhill Health Care Centre, 162-164 Shannon Road, Hull, HU8 9RW
Haxby Group Burnbrae Surgery	445 Holderness Road, HU8 8JS
Marfleet Medical Centre	358 Marfleet Lane, Hull, HU9 5AD
Dr BF Cook	840 Beverley Road,Hull, HU6 7HP
Holderness Health Open Door Surgery	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Dr JK Nayar & Partner	Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG
James Alexander Family Practice	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Goodheart Surgery	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Dr GT Hendow	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Dr R Raut and Partner	Highlands Health Centre, Lothian Way, Hull, HU7 5DD Littondale, Sutton Park Hull, HU7 4BJ
Laurbel Surgery	Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR
East Park Practice	Park Health Centre, 700 Holderness Road, Hull, HU9 3JA
CHCP Newington	Newington Health Centre, 2 Plane Street, Hull, HU3 6BX The Calvert Health Centre, 110A Calvert Lane, Hull, HU4 6BH
Dr KV Gopal	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Northpoint Medical Practice	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Haxby Group Hull	Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX

Corporate Governance Report

Our CCG Board Membership 2017-18

The NHS Hull CCG Board meets in public on a bi-monthly basis. It has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives.

Please see www.hullccg.nhs.uk for individual Board member profiles and Register of Interests (Historical declarations of interest can be obtained via HULLCCG.contactus@nhs.net)

NHS Hull Clinical Commissioning Group Board Membership (including Associate Members) 2017-18

Chair and Chief Executive

Dr Daniel Roper
Chair
Membership Dates:
1 April 2017 -
31 March 2018

Emma Latimer
Chief Officer
Membership Dates:
1 April 2017 -
31 March 2018

GP Members

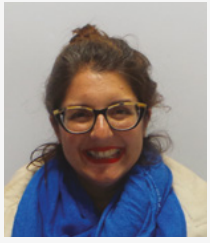
Dr Vincent Rawcliffe
GP Member
Membership Dates:
1 April 2017 -
31 March 2018

Dr Amy Oehring
GP Member
Membership Dates:
1 July 2017 -
5 Jan 2018

Dr James Moult
GP Member
Membership Dates:
1 April 2017 -
31 March 2018

Dr Raghu Raghunath
GP Member
Membership Dates:
1 April 2017 -
31 March 2018

Dr Scot Richardson
GP Member
Membership Dates:
1 April 2017 -
31 March 2018



Dr Bushra Ali
GP Member
Membership Dates:
3 July 2017 -
4 January 2018

Lay Representatives

Jason Stamp
Lay Representative
Membership Dates:
1 April 2017 -
31 March 2018

Karen Marshall
Lay Representative
Membership Dates:
1 April 2017 -
31 March 2018

Paul Jackson
Lay Representative
(Vice Chair)
Membership Dates:
1 April 2017 -
31 March 2018

Associate Members

Emma Sayner
Chief Finance Officer
Membership Dates:
1 April 2017 -
31 March 2018

Erica Daley
Director of Integrated Commissioning
Membership Dates:
1 April 2017 -
31 March 2018

Sarah Smyth
Director of Quality & Clinical Governance/Executive Nurse
Membership Dates:
1 April 2017 -
31 March 2018

Julia Weldon
Director of Public Health and Adult Services
Membership Dates:
1 April 2017 -
31 March 2018

Mark Whitaker
Practice Manager Member
Membership Dates:
15 May 2017 -
31 March 2018

Mike Napier
Associate Director of Corporate Affairs
Membership Dates:
1 April 2017 -
31 March 2018

Sue Lee
Associate Director Communications and Engagment
Membership Dates:
1 April 2017 -
31 March 2018

Dr David Heseltine
Secondary Care Doctor
Membership Dates:
1 April 2017 -
31 March 2018

Our committees

Five committees assist in the delivery of the statutory functions and key strategic objectives of the CCG.

- Integrated Audit and Governance Committee
- Planning and Commissioning Committee
- Quality and Performance Committee
- Primary Care Commissioning Committee
- Remuneration Committee

For full details of committee functions, membership and attendance for 2017-18 please see pages 55 to 68 of the Governance Statement.

Personal data related incidents

The CCG recognises the importance of maintaining data in a safe and secure environment. It uses the Serious Incidents Requiring Investigation (SIRI) tool to assess any matters involving potential data loss to the organisation.

The tool requires the reporting of any data incident rated at level 2 or above via the information governance toolkit. The CCG has had no such incidents during 2017-18.

Modern Slavery Act

NHS Hull CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking.

Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2018 is published on our website at www.hullccg.nhs.uk

Access to Information

During the period 1 April 2017 to 31 March 2018, the CCG processed the following requests for information under the Freedom of Information (FOI) Act 2000.

FOI	2017-18
Number of FOI requests processed	266
Percentage of requests responded to within 20 working days	*99.6%
Average time taken to respond to an FOI request	15 days

*One request processed in the first quarter of 2017-18 from the previous financial year unfortunately took longer than 20 working days to comply with. The delay in this case was due to an administrative error.

The CCG did not provide the information requested in 52 cases because one or more exemptions applied either to part of or to the whole request. These included request for information that was accessible by other means, the cost of providing the information exceeded the limits set by the FOIA, disclosure of information would be likely to prejudice the commercial interests of any person, information related to the personal data of third parties or where a 'repeated request' was received.

The CCG did not provide information in 19 cases where the CCG did not hold the information and, where possible, the applicant was redirected to the correct organisation for the information.

Our publication scheme contains documents that are routinely published; this is available on our website: www.hullccg.nhs.uk

We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

Handling complaints

There may be occasions when experience of local health services falls short of expectations. All local providers of NHS services have well established complaints procedures which enable such concerns to be investigated and responded to and further information is available directly from the relevant organisation.

The CCG's complaints process aims to provide a full explanation and resolve all concerns promptly and with the minimum of bureaucracy. It is keen to learn from complaints, in order to improve services, patient care and staff awareness. The CCG complaints policy is regularly reviewed and is consistent with latest guidance and recommendations.

During 2017-18 the CCG received six complaints. All of these related to the commissioning of services by the CCG, with four relating specifically to decisions made under the Individual Funding Request process and two relating to general commissioning decisions of the CCG (all of these were related to Continuing Health Care). All complaints were thoroughly investigated and full responses provided. No complaints were upheld.

For further information regarding the CCG complaints process please visit the CCG website at www.hullccg.nhs.uk

Emergency preparedness, resilience and response

The CCG has a responsibility to ensure it is able to respond appropriately if there is an emergency that affects the city of Hull (or wider area); such as pandemic flu, floods, cyber-attacks, terror threats, etc. In order to do this the CCG has a number of policies and processes which help everyone within the CCG and in partner organisations such as Humberside Fire and Rescue, Humberside Police, other health service providers to understand what the CCG's role is.

In addition the CCG as a responsibility to ensure that it can continue working as an organisation (business continuity) as well as responding appropriately to any emergency situations. This process is called Emergency Preparedness, Resilience and Response (EPRR).

To demonstrate this every year the CCG has to review its systems and processes as part of a national exercise to review the whole NHS readiness to respond to emergencies. The review supports the CCG to assess itself against:

- A range of core standards around EPRR that all CCGs and health service providers have to deliver
- A specific topic of interest for 2017-18 which was EPRR Governance

In addition the CCG has to demonstrate that it has undertaken:

- A communications exercise (every 6 months)
- A table top (paper) exercise to test aspects of the CCG's response plan (every year)
- A 'live' exercise to test the CCG's response (every 3 years)

The CCG assessed itself as substantially compliant against the core standards and demonstrated it had undertaken the required exercises. A plan is in place to address areas where further refinement is needed to enable full compliance.

Statement of Disclosure to Auditors

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

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

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 Hull Clinical Commissioning Group.

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

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

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

In preparing the financial statements, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements; and,
- Prepare the financial statements on a going concern basis.

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

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.
- That the Annual Report and Accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

Governance Statement

Introduction and context

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

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

As at 1 April 2017, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG'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 CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG 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 CCG as set out in this governance statement.

Governance arrangements and effectiveness

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

The CCG maintains a Constitution and associated Standing Orders, Prime Financial Policies and Scheme of Delegation, all of which have been approved by the CCG's membership and certified as compliant with the requirements of NHS England.

Taken together these documents enable the maintenance of a robust system of internal control. The CCG remains accountable for all of its functions, including any which it has delegated.

The Scheme of Delegation defines those decisions that are reserved to the Council of Members and those that are the responsibility of its Governing Body (and its committees), CCG committees, individual officers and other employees.

The Council of Members comprises representatives of the 40 member practices and has overall authority on the CCG's business. It receives performance updates at each of its meetings as to the progress of the CCG against its strategic objectives.

The Governing Body has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives. It has established five committees to assist it in the delivery of the statutory functions and key strategic objectives of the CCG. It receives regular opinion reports from each of its committees, as well as their minutes. These, together with a wide range of other updates, enable the Governing Body to assess performance against these objectives and direct further action where necessary.

The Integrated Audit and Governance Committee provides the Governing Body with an evaluation of the sources of assurance available to the CCG. Significant matters are escalated through the risk and control framework and reviewed by the committee. The Governing Body is represented on all the committees so as to ensure that it remains sighted on all key risks and activities across the CCG.

A Programme Delivery Board has been maintained by the CCG throughout the year to agree priorities and monitor progress against a programme of work to deliver the CCG's Commissioning Strategy and Operational Plan.

The CCG governance framework for 2017-18 is summarised in the diagram on the next page:

CCG governance framework for 2017-18

Council of Members (Bi-Monthly)

- Final (highest) level of authority for all CCG business
- CCG Constitution
- Vision, values and overall strategic direction
- Commissioning Strategy / Annual Commissioning Plan
- Election of GP members of CCG Board
- Ratification of lay members, registered nurse and secondary care doctor appointments to the CCG Board.

Senior Leadership Team (weekly)

- General consideration of strategy and policy / operational plans
- Risk Register
- Governance
- Organisational Development & HR
- Communication
- Operational Health and Safety
- Commissioning Support Interface (monthly)
- Senior Managers Interface Monthly

- HR policies (draft)
- Equality & Diversity Objectives / Plans (draft)

Clinical Commissioning Group Board (Bi-monthly)

- Assurance with regards to delivery of strategic priorities of the CCG.
- Strategic quality, planning and performance management
- Commissioning Strategy / Annual Commissioning Plan (draft)

- HR policies (approval)
- Equality & Diversity Objectives / Plans (approval)
- Assurance and Risk Management (approval)

Planning & Commissioning Committee (Monthly)

- Service redesign
- Procurement
- Joint Commissioning
- Engagement
- CCG Commissioning programmes
- Financial Strategy

- Commissioning policies
- Engagement strategies
- Planning

Quality & Performance Committee (Monthly)

- Financial management
- Contract management
- Performance management
- Value for money
- Quality improvement including safeguarding
- Patient experience
- Equality & Diversity

- IFR
- Quality
- Safeguarding
- Performance
- Clinical governance

Primary Care Commissioning Committee (Bi-monthly)

- GMS, PMS and APMS contracts
- Newly designed enhanced services
- Local incentive schemes
- Decision making on establishment of new GP practices
- Practice mergers
- Discretionary payments
- Extended primary care medical services
- Newly designed services to be commissioned from primary care.
- Temporary closure of practice lists

Integrated Audit & Governance Committee (Bi-monthly)

- Independent assurance
- Governance, systems and control
- Internal control and audit
- Declarations / conflicts of interest
- Standards or business conduct
- Legal compliance
- Health and safety
- Information governance

- Governance
- Risk management (draft)
- Assurance (draft)

Remuneration Committee (Bi-annually)

- Remuneration and Terms of Service of Very Senior Managers and Board Members
- Performance review of VSMs

- VSM remuneration / Terms of Service Policies

Programme Delivery Board (Monthly)

- Scrutinise progress against critical milestones for each workstream within the Annual Commissioning Operational Plan. Confirm and challenge the adequacy and timeliness of remedial steps in underperforming areas, effecting further action where necessary
- Rolling programme of detailed review of the Operational Plan workstreams and other core programmes of CCG work
- Identify and oversee risks to the delivery of work programmes and ensure these are reflected in the Corporate Risk Register or Board Assurance Framework, where appropriate

Membership, attendance and activity summary for Council of Members, Governing Body and their committees

Council of Members

The Council of Members has final authority for all CCG business and established the vision, values and overall strategic direction for the organisation. It has reserved powers with respect to authorisation of the CCG Constitution, commissioning strategy and election / ratification of key appointments to the CCG Governing Body.

During 2017-18, the Council of Members met on six occasions and was quorate on each occasion. It ratified appointments to governing body vacancies and approved an annual workplan. It considered a wide range of agenda items pertaining to its responsibilities including papers relating to strategic service level commissioning intentions as well as quality, performance and finance.

Attendance at the Council of Members during the year was as follows (names as recorded on register):

	Date of Meeting					
Practice	**11/05/17**	**13/07/17**	**14/09/17**	**09/11/17**	**11/01/18**	**08/03/18**
Bridge Group Practice	✔	✔	✔	✔	✔	✔
CHCP East Park Practice	✔	✔	✔	✖	✔	✖
CHCP LTD Southcoates	✖	✖	✖	✖	✔	✖
Choudhary AK and Danda SR Practice	✔	✔	✖	✖	✖	✖
Chowdhury GM	✖	✖	✖	✖	✖	✖
CHP LTD Marfleet	✖	✖	✖	✖	✖	✖
Clifton House Medical Centre	✔	✖	✖	✔	✖	✔
Cook BF	✖	✖	✖	✖	✔	✖
Diadem Medical Practice	✔	✔	✔	✔	✔	✖
East Hull Family Practice/Shaikh Partnership	✔	✖	✔	✔	✔	✔
Faith House Surgery	✖	✖	✖	✔	✔	✔
Goodhart Surgery	✖	✖	✔	✖	✔	✔
Hastings Medical Practice	✔	✖	✖	✔	✔	✖
Haxby Group	✖	✖	✖	✖	✔	✖
Haxby Group / Burnbrae Surgery	✔	✖	✔	✔	✔	✖
Hendow GT	✔	✖	✔	✖	✔	✖
Holderness Health Open Door Surgery	✖	✖	✖	✖	✖	✖
Jaiveloo	✔	✔	✔	✔	✖	✔
James Alexander Family Practice	✔	✖	✖	✖	✖	✖
JK Nayar	✖	✖	✖	✖	✖	✖
Kingston Health Hull	✔	✔	✔	✔	✔	✔

Table continued on the next page

	Date of Meeting					
Practice	**11/05/17**	**13/07/17**	**14/09/17**	**09/11/17**	**11/01/18**	**08/03/18**
Kingston Medical Centre, Riverside Medical Centre, Story Street Practice & Walk -in Centre, Quays Medical Centre	✔	✔	✔	✔	✔	✔
KV Gopal surgery	✖	✖	✖	✖	✖	✖
Malczewski GS	✖	✖	✖	✖	✖	✖
Newland Group Practice	✖	✖	✖	✖	✖	✖
Northpoint Humber	✖	✖	✖	✖	✖	✖
Orchard 2000 Group	✔	✖	✔	✔	✖	✔
Princes Medical Centre	✔	✔	✔	✔	✖	✔
Raut Partnership	✔	✔	✔	✔	✔	✖
Rawcliffe and Partners	✔	✔	✔	✔	✔	✔
Springhead Medical Centre	✔	✔	✔	✔	✔	✔
St Andrews Group / Surgery	✔	✔	✖	✔	✖	✔
Sutton Manor Surgery	✔	✖	✖	✖	✔	✔
Sydenham Group Practice	✖	✖	✖	✖	✖	✖
The Avenues Medical Centre	✖	✖	✖	✖	✖	✖
The Calvert Practice / City Healthcare Partnership Newington Surgery	✔	✔	✔	✖	✖	✖
The Oaks Medical Centre	✔	✔	✖	✔	✔	✔
Weir and Partners	✔	✖	✖	✖	✔	✔
Wilberforce Surgery	✖	✖	✔	✖	✔	✖
Wolseley Medical Practice	✖	✔	✔	✔	✔	✖

Governing Body

The Governing Body has its functions conferred on it by sections 14L(2) and (3) of the 2006 Health and Social Care Act, inserted by section 25 of the 2012 Health and Social Care Act. In particular, it has responsibility for:

- Ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance (its main function);
- Determining the remuneration, fees and other allowances payable to employees or other persons providing services to the CCG and the allowances payable under any pension scheme it may establish under paragraph 11(4) of Schedule 1A of the 2006 Act, inserted by Schedule 2 of the 2012 Act; and
- Those matters delegated to it within the CCG's Constitution.

The CCG Governing Body has met seven times during the year and was quorate on each occasion. Its agendas have incorporated a comprehensive range of reports to support delivery of its key functions; including the 2017-18 Operational Plan, Performance and Quality Reports (incorporating contracts, finance and quality), clinical strategies and the Humber, Coast and Vale Sustainability and Transformation Partnership. It has also considered and approved a number of high value business cases/awards of contract throughout the year.

The Governing Body has continued to evaluate its effectiveness, including full day development sessions, throughout the year and initiate changes which build and strengthen its functionality. This includes externally facilitated consideration of the board assurance framework.

The Governing Body has committed to the previously approved organisational development strategy, which includes a comprehensive programme of development as a team and consideration of the CCG strategic objectives.

Attendance at the Governing Body during the year was as follows:

		Date of Meeting						
Surname	**First Name**	**26/05/17**	**28/07/17**	**29/09/17**	**24/11/17**	**15/12/17**	**26/01/18**	**23/03/18**
Ali	Bushra		✔	✔	✔	✔		
Daley	Erica	✔	✔	✖	✔	✔	✔	✔
Heseltine	David	✔	✔	✖	✔	✖	✖	✔
Jackson	Paul	✔	✔	✔	✔	✔	✔	✔
Latimer	Emma	✔	✔	✖	✔	✖	✖	✖
Marshall	Karen	✔	✔	✔	✔	✔	✔	✔
Moult	James	✔	✔	✔	✔	✔	✔	✔
Oehring	Amy	✔					✔	✔
Raghunath	Ragu	✔	✖	✔	✔	✖	✖	✔
Rawcliffe	Vince	✔	✔	✔	✔	✔	✔	✔
Richardson	Scot	✔	✔	✖	✖	✔	✔	✔
Roper	Dan	✔	✔	✔	✔	✔	✔	✔
Sayner	Emma	✔	✔	✔	✔	✔	✔	✔
Smyth	Sarah	✔	✔	✔	✔	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✖	✔
Weldon	Julia	✔	✖	✔	✔	✖	✔	✔
Whitaker	Mark		✖	✔	✔	✔	✔	✔

Was not a member at the time Extraordinary Meeting

Integrated Audit and Governance Committee

The Integrated Audit & Governance Committee is responsible for providing assurance to the CCG Governing Body on the processes operating within the organisation for risk, control and governance.

It assesses the adequacy of assurances that are available with respect to financial, corporate, clinical and information governance. The committee is able to direct further scrutiny, both internally and externally where appropriate, for those functions or areas where it believes insufficient assurance is being provided to the CCG Governing Body.

During 2017-18, the committee met eight times during the year and was quorate on each occasion.

The committee's activities included:

- Receiving and reviewing the Board Assurance Framework and Risk Register at each meeting of the Committee throughout the year;
- Considering reports and opinions from a variety of internal and external sources including external audit, NHS Counter Fraud Authority, internal audit and the other committees of the Governing Body;
- Receiving and scrutinising reports on tender waivers, declarations of interest and gifts and hospitality;
- Reviewing the annual accounts and annual governance statement and made recommendations to the Governing Body; and,
- Through its work programme provided assurance to the Governing Body that the system of internal control is being implemented effectively.

Attendance at the committee during the year was as follows:

		Date of Meeting							
Surname	**First Name**	**21/04/17**	**09/05/17**	**22/05/17**	**04/07/17**	**12/09/17**	**14/11/17**	**16/01/18**	**13/03/18**
Jackson	Paul	✔	✔	✔	✔	✔	✖	✔	✔
Marshall	Karen	✔	✔	✔	✔	✔	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✔	✔	✖

Extraordinary Meeting

Planning and Commissioning Committee

The Planning & Commissioning Committee is responsible for ensuring that the planning, commissioning and procurement of commissioning-related business is in line with the CCG organisational objectives. In particular, the committee is responsible for preparing and recommending a Commissioning Plan to the Governing Body, together with the establishment of, and reporting on, effective key performance indicators within specifications which will deliver planned Quality, Innovation, Productivity and Prevention (QIPP) benefits.

An update report is produced by the committee after each meeting for consideration by the Governing Body as to the sources of confidence available in relation to the areas of responsibility of the committee.

The committee met eleven times during the year and was quorate on ten occasions. The committee's activities included:

- Development of the CCG plan for the Better Care Fund (iBCF) and integration process;
- Receiving and reviewing a wide range of clinical commissioning policies, including those relating to prescribing;
- Consideration of the frailty pathway / Hull Integrated Care Centre service modelling;
- Review and approval of public health programmes; and
- Review of the progress and delivery of main work programmes.

Attendance at the committee during the year was as follows:

		Date of Meeting										
Surname	**First Name**	05/04/17	03/05/17	07/06/17	05/07/17	01/09/17	06/10/17	03/11/17	01/12/17	05/01/18	02/02/18	02/03/18
Parker	John	✔										
Jackson	Paul	✔	✖	✖	✔	✔	✖	✔	✔	✔	✔	✔
Ali	Bushra				✔	✔	✔	✔	✔			
Billany	Karen	✔	✔	✔	✔	✔	✖	✔	✔	✖	✔	✖
Bradbury	Mel	✖	✖	✔	✔	✖	✖	✖	✖	✖	✖	✖
Daley	Erica	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Davis	Phil	✖	✖	✔	✔	✔	✔	✖	✔	✔	✔	✔
Dawson	Bernie	✔	✖	✖	✔	✔	✖	✔	✔	✔	✔	✔
Dodson	Joy	✔	✔	✔	✖	✔	✔	✖	✔	✔	✔	✔
Fielding	Tim	✔	✔	✔	✔	✖	✖	✔	✖	✔	✔	✖
Lee	Sue	✔	✔	✖	✔	✔	✔	✔	✖	✖	✔	✖
Oehring	Amy	✔	✔	✔							✔	✔
Raghunath	Ragu	✔	✔	✖	✖	✔	✔	✖	✔	✔	✔	✔
Rawcliffe	Vince	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔	✔
Storr	Danny	✔	✔	✔	✔	✔	✖	✖	✔	✔	✔	✔
Whitaker	Mark			✖	✔	✔	✖	✖	✔	✖	✔	✖

Was not a member at the time

Not Quorate

Quality and Performance Committee

The Quality & Performance Committee is responsible for the continuing development, monitoring and reporting of performance outcome measures in relation to quality improvement, financial performance and management plans.

It ensures the delivery of improved outcomes for patients in relation to the CCG's agreed strategic priorities.

The Committee met eleven times during the year and was quorate on each occasion. An update report is produced by the committee after each meeting for consideration by the Governing Body as to the sources of confidence available in relation to the areas of responsibility of the committee. The committee's activities during the year included:

- Provider quality monitoring and performance escalation;
- Deep Dives – into the local autism pathway and cancer services;
- Application of patient experience data to inform the work of the Committee and the wider CCG;
- Specific quality visits undertaken to Ward 70, Hull Royal Infirmary, Rossmore Nursing Home and Thames Ambulance Services Limited;
- Scrutiny of financial delivery;
- Scrutiny of provider quality accounts;
- Monitoring the safeguarding programme of the CCG;
- Scrutiny and, review of clinical serious incidents - improving the quality and outcomes of investigations, sharing the learning and making better use of data around themes and trends from serious incidents.

Attendance at the committee during the year was as follows:

		Date of Meeting										
Surname	**First Name**	**27/04/17**	**23/05/17**	**27/06/17**	**25/07/17**	**26/09/17**	**24/10/17**	**28/11/17**	**19/12/17**	**23/01/18**	**20/02/18**	**20/03/18**
Moult	James	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Stamp	Jason*	✔	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔
Smyth	Sarah	✖	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔
Crick	James	✖	✔	✔	✔	✔	✖	✔	✖	✔	✔	✖
Dodson	Joy*	✖	✖	✖	✖	✖	✖	✔	✔	✖	✔	✖
Morris	Lorna	✔	✔	✔	✔	✔	✔	✖	✔	✖	✔	✔
Lee	Sue	✔	✔	✖	✔	✔	✔	✖	✔	✔	✔	✔
Blain	David	✖	✔	✔	✔	✔	✔	✔	✔	✖	✔	✖
Butters	Estelle	✔	✖	✔	✔	✖	✖	✖	✔	✔	✔	✔
Palmer	Ross	✖	✔	✔	✖	✔	✔	✖	✔	✔	✔	✔
Ellis	Karen				✔	✖	✖	✔	✔	✔	✖	✖
Martin	Karen	✔	✔	✖	✔	✖	✖	✔	✔	✔	✔	✔

Was not a member at the time

*Where apologies were given, a senior representative attended in accordance with the Terms of Reference

Primary Care Commissioning Committee

The Primary Care Commissioning Committee has responsibility for commissioning primary medical services across the city.

In particular, the committee is responsible for considering General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts, enhanced services, local incentive schemes, decision making on establishment of new GP practices and practice mergers and newly designed services to be commissioned from primary care.

The Committee met on eight occasions during the year and was quorate on four occasions.

The committee's activities during the year included:

- Implementation of the CCG's Strategic Commissioning Plan for Primary Care – "Blueprint";
- Contractual issues – including contract mergers and list closure requests;
- Primary care workforce issues including development of clinical pharmacist and physician associate roles in general practice;
- Integrated Delivery Framework and Quality Premium for 2017-18 and 2018/19;
- Extended access – options for meeting requirement to commissioning for 100% of population by October 2018; and
- Primary care estates issues.

Attendance at the committee during the year was as follows:

		Date of Meeting							
Surname	**First Name**	**28/04/17**	**26/05/17**	**30/06/17**	**25/08/17**	**27/10/17**	**15/12/17**	**23/02/18**	**23/03/18**
Jackson	Paul	✖	✔	✔	✔	✔	✔	✔	✔
Daley	Erica	✔	✔	✖	✖	✔	✔	✖	✔
Day	Geoff	✔							
Latimer	Emma	✖	✔	✔	✔	✔	✖	✔	✖
Marshall	Karen	✔	✔	✖	✔	✔	✔	✔	✔
Roper	Dan	✖	✔	✔	✔	✔	✔	✔	✔
Sayner	Emma	✖	✔	✔	✖	✔	✔	✔	✔
Smyth	Sarah	✖	✖*	✔	✖	✖	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✔	✔	✔
Weldon	Julia	✖	✔	✖	✖	✔	✖	✔	✔

*Where apologies were given, a senior representative attended in accordance with the Terms of Reference

Was not a member at the time | Extraordinary Meeting | Not Quorate

Remuneration Committee

The purpose of the Remuneration Committee is to advise and assist the Governing Body in meeting its responsibilities on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG, as well as with regards to determinations about allowances under any pension scheme that the CCG may establish as an alternative to the NHS pension scheme.

In so doing the committee will have proper regard to the organisation's circumstances and performance and to the provisions of any national agreements and NHS Commissioning Board (NHS England) guidance as necessary.

The committee met six times during the year and was quorate on each occasion. Highlights of the Committees activity included pay progression considerations, honorary contracts reviews and Very Senior Manager performance frameworks. It also considered the remuneration arrangements for the Interim Accountable Officer and Interim Chief Finance Officer support to North Lincolnshire CCG.

Attendance at the Committee was as follows:

		Date of Meeting					
Surname	**First Name**	**07/06/17**	**04/07/17**	**29/09/17**	**04/12/17**	**26/01/18**	**23/03/18**
Marshall	Karen	✔	✔	✔	✔	✔	✔
Roper	Dan	✔	✔	✔	✔	✔	✔
Jackson	Paul	✔	✔	✔	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✖	✔

Extraordinary Meeting

UK Corporate Governance Code

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

In particular, we have described through the narrative within this annual governance statement and our annual report and accounts four of the five main principles of the Code; namely, leadership, effectiveness, accountability and remuneration.

The CCG is a statutory NHS organisation. It does not have shareholders and we do not therefore report on our compliance with the fifth main principle of the Code; relations with shareholders. We do however set out within this annual Governance Statement and our Annual Report and Accounts how we have discharged our responsibilities with regards to our members and the general public.

Discharge of statutory functions

In light of recommendations of the 1983 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative 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 has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG's statutory duties.

Risk management arrangements and effectiveness

The CCG maintains a Risk Management Strategy which sets out its appetite for risk, together with the practical means through which risk is identified and evaluated as well as the control mechanisms through which it is managed. It creates a framework to achieve a culture that encourages staff to:

- Avoid undue risk aversion but rather identify and control risks which may adversely affect the operational ability of the CCG;
- Compare and prioritise risks in a consistent manner using defined risk grading guidance; and
- Where possible, eliminate or transfer risks or reduce them to an acceptable and cost effective level or otherwise ensure the organisation accepts the remaining risk.

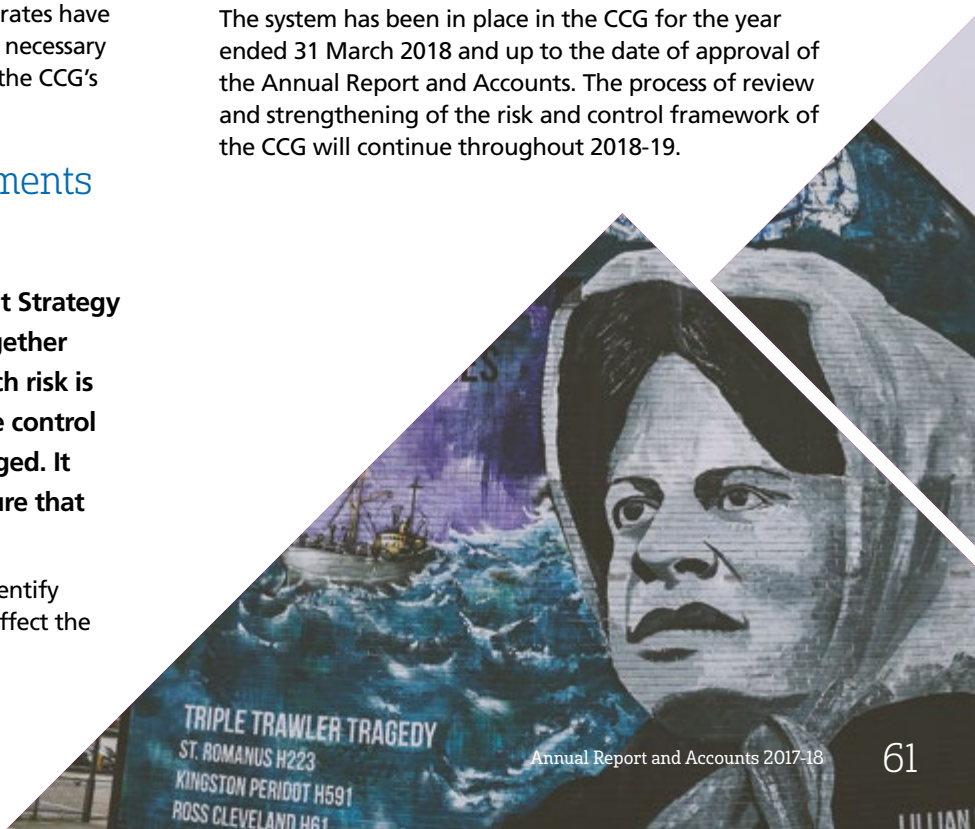
The Risk Management Strategy was reviewed and updated in February 2018. The CCG maintains a Risk Register through an electronic reporting system which is accessible to all staff.

Risks are systematically reviewed at the Integrated Audit and Governance Committee and other committees of the Governing Body, as well as by directorates, senior managers and individual risk owners. The Risk Register assesses the original and mitigated risks for their impact and likelihood and tracks the progress of individual risks over time through a standardised risk grading matrix. Risks that increase in rating are subject to additional scrutiny and review.

All formal papers, strategies or policies to the Council of Members, Governing Body or its committees are assessed for their risks against the defined framework. All new or updated policies of the CCG are subject to equality impact assessments which gauge and mitigate wider public risks. The CCG's Equality Impact Assessment Framework has been comprehensively revised and re-developed during the year to increase the value of the process to the CCG's commissioning cycle.

The CCG maintains an active programme of engagement with the public and other stakeholders on key strategic and service decisions and considers its plans in the light of any risks identified. This work includes engagement with the CCG's ambassadors and health champions, the Building Health Partnership with local community and voluntary organisations and a combination of formal and informal consultations on key aspects of its commissioning programme.

The system has been in place in the CCG for the year ended 31 March 2018 and up to the date of approval of the Annual Report and Accounts. The process of review and strengthening of the risk and control framework of the CCG will continue throughout 2018-19.



Capacity to handle risk

The CCG's Chief Officer has overall responsibility for risk management. Through delegated responsibility the Associate Director of Corporate Affairs has day to day management of the organisations risk management process. The specific responsibilities of other committees, senior officers, lay members and all other staff within the CCG are clearly articulated.

The Board Assurance Framework is an essential part of the CCG's risk and governance arrangements. It provides the means through which threats to the achievement of the organisation's strategic objectives are clearly identified, assessed and mitigated. It has been subject to regular review throughout 2017-18 and is received at each meeting of the Integrated Audit and Governance Committee. The committee provides an opinion to the Governing Body as to the adequacy of the assurances available with respect to management of the risks identified within the Board Assurance Framework. In doing so the committee draws upon the sources of assurance available to it, including the work of the CCG's external auditors, a comprehensive internal audit programme and the work of NHS Protect.

In May 2017 the Governing Body completed an internal audit facilitated comprehensive review of the risks within the Board Assurance Framework to ensure that these continue to reflect the evolving strategic objectives of the organisation as well as its updated strategic plan.

The Integrated Audit and Governance Committee maintains oversight of the risks to the CCG through review of the Risk Register at each of its meetings. It provides an opinion to the Governing Body as to the adequacy of assurances available with respect to the control mechanisms for risk. The other committees of the Governing Body receive and review risks pertaining to their areas of responsibility at each of their meetings.

Both the Board Assurance Framework and the Corporate Risk Register are reviewed by the Governing Body. The Governing Body and its Quality and Performance Committee have continued to maintain rigorous oversight of the performance of the CCG and the Integrated Audit and Governance Committee has assessed the adequacy of the assurances available in relation to performance. Comprehensive quality and performance reports are a standing item at the Governing Body and each of these committee meetings.

Staff training on risk management is provided with additional supported via the in-house risk management specialists.

Risk assessment

All risks to the CCG are assessed for their impact and likelihood to give an overall risk rating. The CCG's governance, risk management and internal control frameworks have been subject to review in-year to ensure that they remain fit for purpose. No significant risks to governance, risk management or internal control were identified during the year.

At the start of 2017-18 the CCG had two extreme (red) rated risks and fourteen high (amber) rated risks within its Corporate Risk Register. The two extreme risks had their ratings lowered in-year through mitigating actions. A summary of these risks and the actions are as follows:

Risk	Controls	Assurances
Risk that the CCG may receive legislative challenges regarding unapproved applications for Deprivation of Liberty Safeguards (DoLS) due to back log in Supervisory Body (Local Authority).	Local NHS providers completing training for Mental Capacity Act /DoLS, compliance monitored via Contract Management Board / Contract Quality Forum. Local NHS providers completing DoLS applications to supervisory body (Local Authority). CCG contributing to funding of DoLS co-ordinator post in the Multi Agency Safeguarding Hub (MASH).	Matter included in safeguarding adult reports to Quality and Performance Committee that monitors increase in applications through the MASH. Monitored by Hull Safeguarding Adults Partnership Board Executive Group.
NHS England has commissioned Primary Care Services from CAPITA which has resulted in delays in the transfer of patient records and patient registration. The GPs will not be able to access the patient's history when the records are not received or the registration or removal is not processed.	Contact now made with new team recruited to NHS England to resolve the national CAPITA issues. All Hull GP concerns are with this new team who have confirmed they are addressing local issues.	Remedial plan monitored by CCG Primary Care Commissioning Committee and Quality & Performance Committee.

By the end of 2017-18 the CCG had three extreme risks and sixteen high risks within its Corporate Risk Register. The extreme rated risks were as follows:

Risk	Controls	Assurances
That the waiting times for Children and Young People (CYP) Autism: Assessment and Diagnosis exceeds the national 18 week target.	Previous additional investment under waiting list initiative. Revised pathway for post diagnostic service is under development in partnership with Humber NHS Foundation Trust (HFT), Hull City Council and Voluntary Sector.	Contract Management Board / contract monitoring and review meetings in relation to the lead organisation (HFT). CYP Autism Strategy Group which reports to the CYP and Maternity Programme Board (CCG).
That the CCG is not compliant with the statutory requirements identified within the Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (DfE and DH 2015) that relates to Part 3 of the Children and Families Act 2014.	There is Designated Medical Officer and Clinical Designated Officer in post within the provider community paediatric services (CHCP) that are working with the CCG and the local authority to ensure that the health requirements for SEND are in place across the health community. The joint strategic SEND Board receives progress and assurance in relation to the joint SEND Strategy and associated work plan. There is an internal CCG and health provider forum that meets 6-8 weekly to review and update the Hull CCG SEND action plan that supports the readiness for joint SEND inspection agenda. The CCG SEND action plan is shared with the Local Authority for the Joint SEND Inspection Plan.	CCG SEND Inspection group. Hull Children, Young People and Families Board Hull SEND Board Partnership working with HCC and local providers continues via the agreed SEND work plan through the boards.
The functionality allowing safeguarding teams to override sharing consent preferences is being removed from SystmOne. Therefore the risk of not being able to rapidly spot serious abuse, which may lead to death, could increase significantly.	Senior and urgent representations made from Humber locality to NHS England, NHS Digital and other national stakeholders. Development and issuing of mitigating steps within Humber area	Complete solution dependent on appropriate mitigations being developed and approved at a national level. Lobbying continues.

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

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

The Governing Body, on behalf of the Council of Members, ensures that the organisation maintains a comprehensive system of internal control through the application of its standing orders, prime financial policies and scheme of delegation. These are supported by a comprehensive suite financial and governance policies.

The Integrated Audit and Governance Committee routinely considers performance and other reports which enables it to assess the effectiveness of internal control mechanisms. It then provides an opinion to the Governing Body as to the adequacy of these.

Annual audit of conflicts of interest management

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

The CCG has carried out an annual internal audit of conflicts of interest which found that the CCG's governance, risk management and control arrangements provide substantial assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place and the CCG was found to be fully compliant in 24 of the 25 criteria assessed.

A breakdown of the findings were as follows:

Assessment area	Compliance Level
Section 1: Governance arrangements	Fully compliant
Section 2: Declarations of interest and gifts and hospitality	Fully compliant
Section 3: Registers of interest, gifts and hospitality and procurement decisions	Partially Compliant
Section 4: Decision making processes and contract monitoring	Fully compliant
Section 5: Identifying and managing non-compliance	Fully compliant

Data quality

The Governing Body is advised by its Quality & Performance Committee as to the maintenance of a satisfactory level of data quality available and the clinical commissioning group maintains a process of continuous data quality improvement.

Information governance

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

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

We have submitted a satisfactory level of compliance with the information governance toolkit assessment and have established an information governance management framework. Information governance processes and procedures have been developed in line with the information governance toolkit. We have ensured all staff undertake annual information governance training and have taken steps to ensure staff are aware of their information governance roles and responsibilities.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertaake annual information governance training and have implemented a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities.

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

Business critical models

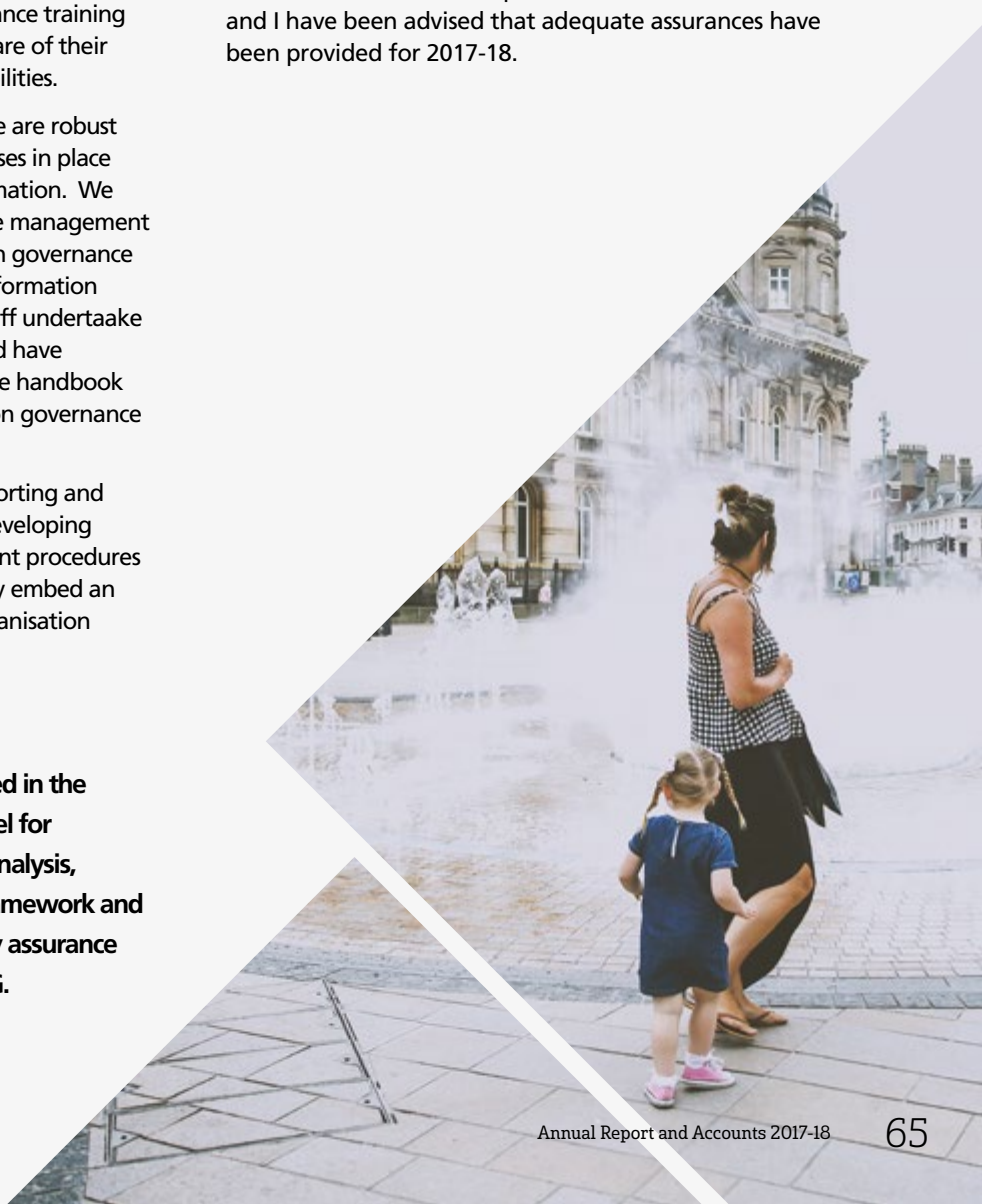
The CCG recognises the principles reflected in the Macpherson Report as a direction of travel for business modelling in respect of service analysis, planning and delivery. An appropriate framework and environment is in place to provide quality assurance of business critical models within the CCG.

The CCG has adopted a range of quality assurance systems to mitigate business risks. These include:

- Stakeholder experience including patient complaints and serious untoward incident management arrangements;
- Risk Assessment (including risk registers and a Board Assurance Framework);
- Internal Audit Programme and External Audit review;
- Executive Leads with clear work portfolios;
- Policy control and review processes;
- Public and Patient Engagement, and
- Third Party Assurance mechanisms.

Third party assurances

The CCG currently contracts with a number of external organisations for the provision of support services and functions. This specifically includes the NHS Shared Business Service, NHS Business Services Authority, Sheffield Teaching Hospitals NHS Foundation Trust (Victoria Payroll Services) and Capita/Deloitte. Assurances on the effectiveness of the controls in place for these third parties are received in part from an annual Service Auditor Report from the relevant service and I have been advised that adequate assurances have been provided for 2017-18.



Control issues

The CCG achieved a high level of performance across the operating framework requirements. However performance fell below the target level in the following areas:

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
A&E waiting time - total time in the A&E department, SitRep data	2017-18	90.38% (Feb 2018)	95%

Commentary:

Pressures associated with winter have affected the performance of the A&E measures, particularly around patients hospitalised by flu which continues to impact on the trust performance. The CCG is working collaboratively with the provider on a daily basis to support issues that present. The nominated CCG lead for emergency pressures communicates operational issues affecting patient flow, coordinates wider system responses and works with external stakeholders to support improvement where possible.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2017-18	80.86% (Jan 2018)	92%

Commentary:

There have been significant performance issues within the RTT Pathways. There is an ongoing programme of work to redesign pathways at specialty level. GP uptake of referral information on the pathway information portal (PIP) continues to increase on a monthly basis with the aim of ensuring referrals are of a consistent quality. The CCG continues to prioritise increased utilisation of NHS E referral for all specialties (including cancer).

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2017-18	93.01% (Jan 2018)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2017-18	79.45% (Jan 2018)	85%

Commentary:

The CCG continues to work with stakeholders and prioritise waiting time standards and challenge the provider where standards are breached. Where this occurs remedial actions are progressed and joint cancer monitoring meetings continue between commissioner and provider.
Performance for 2 week waits has improved significantly in line with plans and expectations. Hull & East Yorkshire Hospital Trust is monitoring performance on a daily basis which includes slot availability, booking 2 week wait appointments and delivery of 62 day waiting times.

CCG OUTCOMES INDICATORS

QUALITY		Actual (YTD)	Target
Healthcare acquired infections (HCAI) measure (MRSA)	2017-18	1 (Feb 2018)	0

Commentary:

This is a zero tolerance indicator within the NHS Constitution for healthcare acquired infections. A multi-disciplinary team with representation from commissioners and providers meets monthly to review all cases which include community acquired and acute patients.

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

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. The CCG continues to meet all of its statutory financial duties.

Budgets were established and maintained against all CCG business areas and performance monitored via a Quality & Performance Report as a standing item at the Governing Body and Quality and Performance Committee.

Individual budget holders have regular budget review meetings to ensure that any cost pressures are adequately considered, managed or escalated as necessary.

The Integrated Audit and Governance Committee receive a regular update from the Quality and Performance Committee as to the economic, efficient and effective use of resources by the clinical commissioning group. The Integrated Audit and Governance Committee advise the Governing Body on the assurances available with regards to the economic, efficient and effective use of resources.

An internal audit programme of activity is agreed and established to assess the adequacy of assurances available to the CCG in relation to the economic, efficient and effective use of resources. The findings are reported to the Integrated Audit and Governance Committee.

The CCG has been rated as outstanding for the Quality of Leadership indicator of the CCG Improvement and Assessment Framework 2017-18.

Delegation of functions

The CCG undertakes a regular process of review of its internal control mechanisms, including an annual internal audit plan. All internal audit reports are agreed by senior officers of the CCG and reviewed by the Integrated Audit and Governance Committee.

A review of the effectiveness of the CCG governance structure and processes has been undertaken during the year; including a review of committee's terms of reference. Committee action plans were developed and progress against their delivery monitored by the Integrated Audit and Governance Committee.

Counter fraud arrangements

The Integrated Audit and Governance Committee (IAGC) has assured itself that the organisation has adequate arrangements in place for countering fraud and regularly reviews the outcomes of counter fraud work.

The CCG has an accredited Local Counter Fraud Specialist (LCFS) in place to undertake work against NHS Counter Fraud Authority Standards; the LCFS resource is contracted in from AuditOne and is part of a wider Fraud Team resource with additional LCFS resource available as and when required. The Chief Finance Officer is accountable for fraud work undertaken and a Counter Fraud Annual Report (detailing counter fraud work undertaken against each standard) is reported to the Integrated Audit and Governance Committee annually.

There is an approved and proportionate risk-based counter-fraud workplan in place which is monitored at each Integrated Audit and Governance Committee meeting. In line with NHS Counter Fraud Authority Commissioner Standards, which first became effective 1 April 2015 and are reviewed annually, the CCG completed an online Self Review Tool (SRT) quality assessment in March 2018 to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as an 'Amber' rating. This self-assessment (SRT) detailing our scoring was approved by Chief Finance Officer prior to submission. The CCG was subject to an inspection by the NHS Counter Fraud Authority in 2017-18. Of the two domains assessed; Strategic Governance and Inform and Involve, the assessment found that the CCG was fully compliant in nine of the standards, partially compliant in two of the standards and not compliant in two of the standards. An action plan is in place to address the areas of partial and non-compliance.

Head of Internal Audit Opinion

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 concluded that:

*From my review of your systems of internal control, I am providing **substantial assurance** that the system of internal control has been effectively designed to meet the organisation's objectives, and that controls are being consistently applied.*

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

Area of Audit	Level of Assurance Given
Continuing Healthcare / Personal Health Budgets	Substantial
Corporate Governance & Risk Management	Substantial
Committee Arrangements	No opinion to be reported
Conflicts of Interest	Substantial
Safeguarding	Substantial
Quality Governance	Audit in planning stage
Commissioning Arrangements / Procurement	Audit in planning stage
Information Governance	No opinion to be reported
Assurance Framework Opinion	Substantial

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

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

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principle objectives have been reviewed.

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

- The Governing Body;
- The Integrated Audit and Governance Committee;
- The assessment of the CCG through the quarterly IAF checkpoint meetings with NHS North of England;
- The CCG's governance, risk management and internal control arrangements;
- The work undertaken by the CCG's internal auditors which has not identified any significant weaknesses in internal control;
- The results of national staff and stakeholder surveys; and the statutory external audit undertaken by Mazars, who will provide an opinion on the financial statements and form a conclusion on the CCG's arrangements for ensuring economy, efficiency and effectiveness in its use of resources during 2018/19.
- The role and conclusions of each were that a satisfactory framework was in place throughout the year.

Conclusion

With the exception of the internal control issues that I have outlined in this statement, my review confirms that the CCG overall has a sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Remuneration Report

Remuneration Report

The Remuneration and Staff Report 2017-18 sets out the organisation's remuneration policy for directors and senior managers. It reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers.

The definition of "senior manager" is - those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. It is usually considered that regular attendees of the CCG's Board meetings are its senior managers.

Remuneration Committee and policy 2017-18

NHS Hull CCG follows national guidance in remuneration (pay awarded) to very senior managers (VSMs). Hull CCG Remuneration Committee comprises the lay members and the chair of the CCG Board.

It provides advice and recommendations to the Board about appropriate remuneration and terms of service for VSMs and proposes calculation and scrutiny of any termination payments, taking into account any relevant national guidance. Attendance and activities of the Integrated Audit and Governance Committee for 2017-18 are detailed on page 57 within the Governance Statement.

Membership

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following: (All memberships run from 1 April 2017 to 31 March 2018)

Karen Marshall (Chair)
CCG Lay Representative

Paul Jackson (Vice Chair)
CCG Lay Representative

Jason Stamp
CCG Lay Representative

Dr Dan Roper
CCG Chair

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

Salary Table 2017-18 (subject to audit)

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100 £00's	(c) Performance pay and bonuses (bands of £5,000) £000's	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £5,000) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	0	90-95
Dr Raghu Raghunath - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	0	35-40
Dr James Moult - Clinical Commissioning Group Governing Body Member	55-60	0	0	0	12.5-15	65-70
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	0-5	0	0	0	0	0-5
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	20-25	0	0	0	32.5-35.0	55-60
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member - (July 2017 - January 2018)	15-20	0	0	0	*	15-20
Dr Scot Richardson - CCG Governing Body Member	35-40	0	0	0	332.5-335.0	370-375
Paul Jackson - Lay Member / Vice Chair	10-15	0	0	0	0	10-15
Karen Marshall - Lay Member	10-15	0	0	0	0	10-15
Jason Stamp - Lay Member	10-15	0	0	0	0	10-15
Emma Latimer - Chief Officer	120-125	56	5-10	0	122.5-125.0	260-265
Emma Sayner - Chief Finance Officer	85-90	42	0-5	0	30-32.5	125-130
Sarah Smyth - Director of Quality and Clinical Governance	85-90	87	0	0	15.0-17.5	110-115
Erica Daley - Director of Integrated Commissioning	85-90	51	0-5	0	2.5-5.0	95-100
Mark Whitaker - Practice Manager - (June 2017 - March 2018)	5-10	0	0	0	0	5-10

Please note that from the 1 November 2017 Emma Latimer, and from 1 December 2017 Emma Sayner, commenced joint posts with North Lincolnshire CCG. The values above are relate to NHS Hull, however their respective total salary bandings are £135k-£140k and £105k-£110k.

Pension related benefits are the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at retirement age at the end of the financial year against the same figures of the beginning on the financial adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the Department of Health Group Accounting Manual).

The CCG operates a performance related pay (PRP) element as part of the remuneration of those senior officers on Very Senior Manager (VSM) contracts. An entitlement to PRP is determined by performance against agreed objectives through the Personal Development Review (PDR) process. Furthermore, eligibility for PRP is also subject to the CCG achievement of all of its statutory financial targets.

Individual VSM performance is assessed as falling in one of four bands, with Bands 1 and 2 being eligible for PRP. The Remuneration Committee determines the level of PRP to be paid, with a maximum award of 5% being paid to a Band 1 VSM and 3% to a Band 2 VSM.

* It is not possible to provide the pensions related benefits in relation to these GP practitioners due to a lack of information supplied by the Business Services Authority.

Salary Table 2016-17 (subject to audit)

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100 £00's	(c) Performance pay and bonuses (bands of £5,000) £000's	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £5,000) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	27.5-30	115-120
Dr Raghu Raghunath - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	0	35-40
Dr James Moult - Clinical Commissioning Group Governing Body Member	55-60	0	0	0	12.5-15	65-70
Dr John Parker - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	0	35-40
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	2.5-5	40-45
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	0-5	0	0	0	0	0-5
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	0	35-40
Paul Jackson - Lay Member / Vice Chair	10-15	0	0	0	0	10-15
Karen Marshall - Lay Member	10-15	0	0	0	0	10-15
Jason Stamp - Lay Member	10-15	0	0	0	0	10-15
Emma Latimer - Chief Officer	115-120	112	5-10	0	2.5-5	135-140
Emma Sayner - Chief Finance Officer	90-95	30	0-5	0	22.5-25	125-130
Julia Mizon - Director of Commissioning and Partnerships	30-35	25	0	0	12.5-15	45-50
Sarah Smyth - Director of Quality and Clinical Governance	85-90	78	0	0	20-22.5	110-115
Erica Daley - Director of Integrated Commissioning	85-90	5	0	0	117.5-120	200-205
Geoff Day - Director New Models of Care	90-95	0	0	0	0	90-95
Angela Mason - Governing Body Nurse	5-10	0	0	0	0	5-10
Carol Robinson - Practice Manager	5-10	0	0	0	0	5-10

Pensions Benefits table 2017-18 (subject to audit)

Name and Title	(a)Real increase in pension at pension age (bands of £2,500) £000's	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000's	(c) Total accrued pension at pension age at 31 March 2018 (bands of £5,000) £000's	(d) Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000) £000's	(e) Cash Equivalent Transfer Value at 1 April 2017 £000's	(f) Real Increase in Cash Equivalent Transfer Value £000's	(g) Cash Equivalent Transfer Value at 31 March 2018 £000's	(c) Employers Contribution to partnership pension £000's
Dr Daniel Roper - Chair of CCG Governing Body	0	0	0	0	0	0	0	0
Dr Raghu Raghunath - CCG Governing Body Member	0	0	0	0	0	0	0	0
Dr James Moult - CCG Governing Body Member	0-5	0-2.5	15-20	45-50	275	21	299	0
Dr Vincent Rawcliffe - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr David Heseltine - CCG Governing Body Member	0	0	0	0	0	0	0	0
Dr Amy Oehring - CCG Governing Body Member	0-5	0	10-15	30-35	128	16	146	0
Dr Bushra Ali - CCG Governing Body Member - (July 2017 - January 2018)	*	*	*	*	*	*	*	*
Dr Scot Richardson - CCG Governing Body Member	10-15	42.5-45	15-20	50-55	44	191	235	0
Paul Jackson - Lay Member / Vice Chair	0	0	0	0	0	0	0	0
Karen Marshall - Lay Member	0	0	0	0	0	0	0	0
Jason Stamp - Lay Member	0	0	0	0	0	0	0	0
Emma Latimer - Chief Officer	5-10	12.5-15	40-45	105-110	528	115	647	0
Emma Sayner - Chief Finance Officer	0-5	2.5-5	20-25	50-55	254	49	306	0
Sarah Smyth - Director of Quality and Clinical Governance	0-5	0-2.5	20-25	50-55	247	33	283	0
Erica Daley - Director of Integrated Commissioning	0-5	2.5-5	35-40	105-110	690	60	757	0
Mark Whitaker - Practice Manager - (June 2017 - March 2018)	0	0	0	0	0	0	0	0

* It is not possible to provide the pensions related benefits in relation to these GP practitioners due to a lack of information supplied by the Business Services Authority.

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.

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).

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).

Other payments during 2017-18 (subject to audit)

The CCG can confirm that there were no senior manager service contracts, exit packages, severance packages or off payroll engagements made during 2017-18.

There was no compensation for early retirement or loss of office or payments to past directors made during 2017-18. The CCG has no losses or special payments to report in 2017-18.

Pay multiples (subject to audit)

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

The banded remuneration of the highest paid member of the Governing Body at Hull CCG in the financial year 2017-18 was £135-140k (2016-17: £130-135k). This was 3.3 times (2016-17: 3.4) the median remuneration of the workforce, which was £41.8k (2016-17: £40K).

In 2017-18, 8 employees received remuneration which, when grossed up to a full time equivalent, was in excess of the highest-paid member of the Governing Body. Seven of these are part time clinical advisory staff and the remaining one is the part time Chair of the Humber Coast and Vale STP (hosted by NHS Hull CCG).

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.

The whole time equivalent salaries paid to CCG staff in 2017-18 range from bands of £15-£20k to £205-£210k (2016-17, £15-£20k to £185-£190k). Please note that the highest value relates to the part time the Chair of the Humber Coast and Vale STP (hosted by NHS Hull CCG).

Please note that for the purposes of this calculation the GP members of the Governing Body have been considered to be akin to Non-Executives as described in the Hutton Fair Pay Review and as such their salaries have not been grossed up to a standard whole time equivalent.

Audit costs

Our external auditor is Mazars, Salvus House, Aykley Heads, Durham, DH1 5TS. Auditors' remuneration in relation to April 2017 to March 2018 totalled £51,540 for statutory audit services.

This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

The external auditor is required to comply with the Audit Commission's requirement in respect of independence and objectivity and with International Auditing Standard (UK & Ireland) 260: "The auditor's communication with those charged with governance". The Integrated Audit and Governance Committee receives our external auditor's Annual Audit Letter and other external audit reports.

Better payments practice code (subject to audit)

The CCG has signed up to the Better Payments Practice Code and aims to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

During 2017-18 NHS Hull CCG paid 96.47% of non NHS trade invoices within target and 97.86% of NHS trade invoices within target. Further details are on page 22 of the Annual Accounts.

Staff Report

Promoting equality

The CCG has embraced its equality duties, rather than simply focus on legal compliance, it has dedicated its efforts to achieving meaningful outcomes for our staff, patients and all those we engage with.

Our Equality Information Report published at www.hullccg.nhs.uk demonstrates how the CCG is meeting its public sector equality duties and NHS England equality standards and this is summarised below.

Social, community and human rights obligations

We are committed to promoting equality and eliminating discrimination as an employer, and in ensuring the services we commission are accessible and inclusive.

We recognise our duties under the Human Rights Act 1998 and the Equality Act 2010, including the Public Sector General Equality Duty to pay due regard to:

- Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic.
- Advancing equality of opportunity between people who share a protected characteristic and people who do not share it.
- Fostering good relations between people who share a protected characteristic and people who do not share it.
- Paying due regard means considering the above in all the decision making, including:
    - How the organisation acts as an employer
    - Developing, reviewing and evaluating policies
    - Designing, delivering and reviewing services
    - Procuring and commissioning
    - Providing equitable access to services

Hull CCG's equality objectives

Our equality objectives were developed through extensive engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2). See www.hullccg.nhs.uk for more information.

A summary of progress against the equality objectives and outcomes is considered by the Quality & Performance Committee at regular intervals throughout the year.

Objective 1: Ensure patients and public have improved access to information and minimise communications barriers

Achievements:	Areas for development
• We continue to fund an interpretation and translation service so that patients of primary care and other health services receive consistent access to high quality interpretation support. • We are part of a joint provider forum with a focus on encouraging collaboration and best practice. • We worked in partnership with other CCGs to engage with groups and individuals representing specific communications access needs. • GP Practices have been briefed on the Accessible Information Standard. Further training sessions are planned for 2018-19. • Hull and East Riding's new eConsult service provides opportunities to use technology to help overcome many communication barriers. • We reviewed our accessible communications and made significant changes to our website see: www.hullccg.nhs.uk Our guidelines for booking events include ensuring communications access needs are met.	To improve, we need to: • Continue to work closely with GP practices to ensure the communications needs of patients are being met. • Explore further and assess the potential of online consultation. • Work in partnership with providers and other CCGs, patients and interest groups about communications access barriers. • Develop partnerships with providers, CCGs, the local authority and the voluntary sector to keep the focus on accessible communications. • Develop accessible communications 'mystery shoppers'. • Develop the skills of CCG staff to better understand and meet the requirements of the Accessible Information Standard.

Objective 2: To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job

Achievements:	Areas for development
• This year we achieved the HSJ CCG of the Year Award. Judges were looking for evidence of real engagement with the local population with a focus on commissioning care. • Recent examples of major pieces of engagement work undertaken by the CCG during 2017-18, include the review of Short Breaks provision and the co-production approach to reviewing the Down's Syndrome pathway. For more information see page 22 • Significant progress has been made this year to support staff with completing effective equality impact assessments (EqIAs). • Assurance is sought through our contract monitoring that providers are meeting their equality standards. • Equality objectives have been more explicitly included in the staff appraisal process.	To improve, we need to: • Continue to review and refine the EqIA quality assurance process. • Continue to support and coach staff completing EqIAs and develop capacity of staff to provide peer review and coaching. • Celebrate and communicate good practice. • Develop an engagement structure to review our equality performance and help develop our future priorities.

Objective 3: Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve

Achievements:	Areas for development
Recruitment: • Our focus has been on strengthening the recruitment process so that job opportunities are advertised widely and locally, using our community engagement networks. • We have signed up to the Disability Confident scheme (formerly Two Ticks Positive about Disability,) joining as a Level 2 member. • We offered a very successful year 11 work placement from a local school and have provided work experience for two individuals through the Prince's Trust Get into the NHS programme. A previous work experience trainee from the Prince's Trust successfully obtained an apprenticeship with the CCG and has now been appointed to a full time position. • We have engaged with 'This Ability' and People's awareness of Disability and Difference (PADD) to explore opportunities for work experience placements. • We are exploring ways of making the online NHS Jobs application process more accessible, Supporting staff: • We made a commitment as a Mindful Employer to support the mental health and wellbeing of our staff. Mental Health First Aid champions have been identified and trained. Following the results of recent staff surveys, a Staff Health and Wellbeing Group was established. See page 80 in the staff engagement area.	To improve, we need to: • Keep our focus on achieving a more diverse workforce and continually assess the impact of recruitment initiatives • Continue to focus on our Disability Confident and Mindful Employer commitments • Work closely with the Staff Health and Wellbeing Group to ensure that equality themes and outcomes are shared and acted upon • Review the equality objectives identified by staff as part of the PDR process and incorporate themes into our Equality & Diversity Action Plan • Develop partnership arrangements with CCGs in the Y&H region to enable us to collectively report on Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Objective 4: Ensure that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs

As we have developed our equality and inclusion programme, we see that this objective is an overarching vision and aim that is achieved through continued focus on our other objectives, and commitment to continuous review and improvement.

New equality objective

We will continue to deliver against these four Equality objectives. In addition, and recognising the increasing alignment between health and social care services, and other partnerships across the region, we have set an additional objective:

To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements.

Workforce Race Equality Standard (WRES)

The CCG has published its Workforce Race Equality Standard (WRES) report and is working with local providers to ensure the WRES is incorporated in a meaningful way (see www.hullccg.nhs.uk)

Gender pay gap reporting

The CCG employed 74 staff as at 31 March 2018 and therefore is not subject to this reporting duty.

However, we do regularly analyse our workforce data, including pay band by gender. Salaries are reviewed by our Remuneration Committee, which follows national guidelines and best practice. On page 70 and 71 of this Annual Report we list the salaries and total remuneration received by members of the CCG Board. The CCG pay profile is also reviewed quarterly by the Senior Leadership Team.

Health information and resources

The CCG works with our partners and the people of Hull to commission services and improve the health of the people and communities of Hull.

The CCG's programmes are based on evidence about the about the population, with a focus on health needs and inequalities. A health information resource to support staff and partners in undertaking effective equality impact analysis is here www.hullccg.nhs.uk

You can read more about our Equality Plan and Objectives, a review of our performance and the information we publish in our Equality and Diversity section at www.hullccg.nhs.uk

Staff policies

As an employer the CCG recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices.

We actively work to remove any discriminatory practices, eliminate all forms of harassment and promote equality of opportunity in our recruitment, training, performance management and development practices. Policies and processes in place to support this include:

- Staff Induction
- Bullying and harassment
- NHS Code of Conduct for Managers
- Health policies
- Annual appraisals with staff
- Employment equality monitoring forms

Eight policies were reviewed/developed through to approval in 2017-18:

- Recruitment and selection
- Attendance management
- Substance misuse
- Pay protection
- Redeployment
- Professional registration
- Managing work performance
- Flexitime

Our policies are available at www.hullccg.nhs.uk

Disability policy

As a Disability Confident Level 2 employer, and a member of the This Ability Steering Group and Learning Disability Partnership, Hull CCG is committed to supporting people with a disability or health condition to find, and stay in, work.

To support the recommendations set out by the Stevenson and Farmer Review we have also incorporated actions required to support staff with mental ill health or poor well-being into our overarching Health and Wellbeing plan.

We actively encourage people with disabilities to apply for positions in our organisation and have a commitment to interviewing job applicants with disabilities where they meet the minimum criteria for the job. When candidates are invited to the interview they are asked to contact the HR Team if they require any reasonable adjustments to be made. Staff members who have a disability will be supported with any reasonable adjustments required where recommendations may be made regarding working environment, working patterns, training and development or referrals to other agencies such as Access to Work. Occupational Health will also provide support to staff if they acquire a disability, or should an existing disability or health condition worsen, to enable them to continue in their current role.

Staff members who have disabilities have the opportunity to discuss their development through our Personal Development and Review process. An equality impact analysis is undertaken on all newly proposed Human Resources policies to determine whether it has a disparate impact on disability and, where identified, action is considered to mitigate this.

Should circumstances change with an employee's disability status during their employment then the framework within the Attendance Management Policy would be used. The Attendance Management Policy provides an opportunity through Return to Work interviews to discuss additional support needs which can be sought from Occupational Health if required.

Staff engagement

Following the results of the 2016-17 NHS staff survey, a Staff Survey action group was established which later became the Staff Health and Wellbeing Group.

The group is an active cross-section of CCG staff committed to support and challenge the CCG to make improvements where there are areas of concern for staff, as well as developing a proactive approach to staff health and wellbeing. An action plan is in place, and this is regularly reported to the Senior Management Team as well as the Equality & Diversity Review Group.

In January 2018 a dedicated Health and Wellbeing Week offered mindfulness, yoga, reflexology and therapies sessions plus lunchtime walks which were all popular with the CCG wider team.

The CCG has made a commitment as a Mindful Employer to support the mental health and wellbeing of our staff. Nine new Mental Health First Aid champions were trained in February 2018.


NHS Hull CCG
Hull CCG

The CCG's 2017 Staff Survey had a 73% response rate and the CCG was rated highest in its peer group for overall satisfaction. All respondents said that they had undertaken their statutory and mandatory training and there was an increase in numbers reporting improvement in communication between staff and senior management from 58% in 2016 to 75.5% in 2017.

The staff Health and Wellbeing Group has incorporated the priority action areas from the Staff Survey into its action plan for 2018-19 and have already had a staff consultation day on these action areas.

The CCG was a major sponsor of the 2017 Hull Marathon and six members of staff were part of two relay teams to take part in the event. Staff have also embraced the opportunities offered by Hull being UK City of Culture 2017, with many participating in the Challenge Hull activities and some signing up to the volunteering programme.

The CCG has continued to support and develop its staff and involved them in shaping the organisation's priorities at its annual staff AGM in May 2017.

We offered a year 11 work placement from a local school and have provided work experience for two individuals through the Prince's Trust Get into the NHS programme. A previous work experience trainee from the Prince's Trust successfully obtained an apprenticeship with the CCG and has now been appointed to a full time position.

All staff have the opportunity to discuss and agree their own individual objectives as part of their annual Personal Development Review, when any relevant training and development needs are also identified.

Staff consultation

Recognising the benefits of partnership working, Hull CCG is an active member of the North Yorkshire, Humber and Leeds Social Partnership Forum organised by the eMBED Workforce Team.

The aim of the Partnership Forum is to provide a formal negotiation and consultation group for the CCGs and the Unions to discuss and debate issues in an environment of mutual trust and respect.

Trade union facility time 2017-18

Trade union facility time	
Number of relevant union officials	1
Full Time Equivalent (FTE) employee number	1
Percentage of time spent on trade union facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£2,240
Total pay bill	£4,517,378
Percentage of total pay bill spent on facility time	0.05%

Paid trade union activities	
Time spent on trade union activities as a percentage of paid facility time	50%

Health and safety performance 2017-18

The CCG continues to foster and encourage a positive health and safety culture within the organisation. All risk assessments for the organisation are up to date and all appropriate control measures are in place, and have been updated in relation to the moves involved during the refurbishment of the second floor of Wilberforce court.

Training and induction processes continued to be monitored during the year and all new CCG staff received necessary local information within their first week. New staff are expected to complete their statutory/mandatory health and safety training within their first 12 weeks of employment within the organisation.

Ongoing technical issues throughout the year in relation to recording of training completion on the Electronic Staff Record (ESR) have proved challenging, but at 28 February 2018, the overall compliance for the CCG was 85%. This means the organisation has hit its own compliance target. An action plan is in place to further improve performance by the end of Q1 2018.

The Health and Safety Group has raised the importance of reporting incidents amongst staff, through briefings and training. There were four reported Health & Safety incidents within the organisation in 2017-18.
All incidents were thoroughly investigated and none met the external reporting threshold (RIDDOR) and lessons learned have been shared with staff to help prevent re-occurrence.

Number of senior managers

Please see table below for information on number of senior managers by band and analysed by 'permanently employed' and 'other' staff for NHS Hull CCG in 2017-18.

Pay band	Total
Band 8a	13
Band 8b	9
Band 8c	5
Band 8d	6
Band 9	0
VSM	4
Governing body	11
Any other spot salary	13

Assignment category	Total
Permanent	66
Fixed term	10
Statutory office holders	11
Bank	5
Honorary	3

Gender composition

Between 1 April 2017 and 31 March 2018 the gender composition of the Hull CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)	7	9
CCG Membership (Council of Members)**	8	32

**Council of Members has 40 members in total, with some members representing more than one practice.

The gender composition for NHS Hull CCG employees was as follows:

Pay band	Female	Male
Band 8a	12	1
Band 8b	5	4
Band 8c	4	1
Band 8d	4	2
Band 9	0	0
VSM	4	0
Governing body	2	9
Any other spot salary	7	6
All other employees (including apprentice if applicable)	26	8

Sickness absence information 2017-18

Absence	Total (2016-17)	Total (2017-18)
Average sickness %	4.9%	1.7%
Total number of FTE days lost	1106	402.3

The CCG regularly reviews reasons for absence and all sickness is managed in line with the organisation's Attendance Management Policy which can be found at www.hullccg.nhs.uk We have set ourselves a local target for reducing sickness absence, and the ongoing work to improve staff health and wellbeing (see page 80) supports this aim.

Staff costs 2017-18 (in £000's)

	Total			Admin			Programme		
Employee Benefits	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**	**Total**
Salaries and wages	3,325	68	3,393	2,951	38	2,990	374	30	403
Social security costs	367	-	367	326	-	326	40	-	40
Employer contributions to the NHS Pension Scheme	416	-	416	364	-	364	52	-	52
Other pension costs	0	-	0	0	-	0	-	-	-
Apprenticeship Levy	3	-	3	3	-	3	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	49	-	49	49	-	49	-	-	-
Gross Employee Benefits Expenditure	4,159	68	4,227	3,693	38	3,732	466	30	495
Less: Recoveries in respect of employee benefits (note 4.1.2)	(133)	-	(133)	(133)	-	(133)	-	-	-
Net employee benefits expenditure including capitalised costs	4,027	68	4,095	3,561	38	3,599	466	30	495
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	4,027	68	4,095	3,561	38	3,599	466	30	495

Expenditure on consultancy and off-payroll engagements

The CCG can confirm that there were no existing or new off-payroll engagements that lasted longer than 6 months, for more than £245 per day, during 2017-18.

There was no expenditure for the provision of management of objective advice and assistance outside of the 'business as usual' environment relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives, i.e. consultancy expenditure.

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

Exit package cost band (inc. any special payment element	Number of compulsory redundancies	Cost of compulsory redundancies (£)
Less than £10,000	-	-
£10,000 - £25,000	1.00	15,171.00
£25,001 - £50,000	1.00	33,369.00
£50,001 - £100,000	-	-
£100,001 - £150,000	-	-
£150,001 –£200,000	-	-
>£200,000	-	-
TOTALS	2.00	48,540.00

Redundancy costs have been paid in accordance with the provisions of Section 16 of Agenda for Change Terms and Conditions.

Parliamentary accountability and audit report

NHS Hull Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report (see 'Other Payments' section). An audit certificate and report is also included in this Annual Report at pages 3 - 5.

Part Three: Annual Accounts

Emma Latimer
Accountable Officer
25 May 2018

NHS Hull Clinical Commissioning Group
Annual Accounts 2017-18

Foreword to the Accounts

These accounts for the year ended 31 March 2018 have been prepared by the NHS Hull Clinical Commissioning Group in accordance with the Department of Health Group Accounting Manual 2017/18 and NHS England SharePoint Finance Guidance Library.

NHS Hull Clinical Commissioning Group - Annual Accounts 2017-18

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

Opinion

We have audited the financial statements of NHS Hull Clinical Commissioning Group ('the CCG') for the year ended 31 March 2018. The financial statements 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 Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Government Financial Reporting Manual 2017/18 as contained in the Department of Health and Social Care Group Accounting Manual 2017/18, and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to Clinical Commissioning Groups in England ("the Accounts Direction").

In our opinion the financial statements:

- give a true and fair view of the state of the CCG's affairs as at 31 March 2018 and of its net operating expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2017/18; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006 and the Accounts Direction issued thereunder.

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.

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.

Use of the audit report

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

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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 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 Annual Report Direction made under the National Health Service Act 2006; 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.

The parts of the Remuneration and Staff Report subject to audit are:

- the single total figure of remuneration for each Director;
- CETV disclosures for each Director;
- fair pay (pay multiples) disclosures;
- exit packages; and
- analysis of staff numbers and costs.

Matters on which we are required to report by exception

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 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under schedule 7(2) of the Local Audit and Accountability Act 2014; or
- we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in these respects.

Responsibilities of the Accountable Officer

As explained more fully in the 'Statement of Accountable Officer's Responsibilities' the Accountable Officer is responsible for the preparation of the financial statements 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 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice prepared by the Comptroller and Auditor General as required by the Local Audit and Accountability Act 2014.

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary.

Certificate

We certify that we have completed the audit of the financial statements of NHS Hull CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Kirkham
For and on behalf of Mazars LLP

Mazars House
Gelderd Road
Gildersome
Leeds
LS27 7JN

25 May 2018

Statement of Comprehensive Net Expenditure for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Income from sale of goods and services	2	(1,247)	(783)
Other operating income	2	(630)	(1,408)
Total operating income		**(1,877)**	**(2,191)**
Staff costs	4	4,227	3,672
Purchase of goods and services ***1**	5	432,581	383,345
Depreciation and impairment charges	5	9	2
Provision expense	5	0	2
Other Operating Expenditure	5	882	612
Total operating expenditure		**437,699**	**387,633**
Net Operating Expenditure		**435,822**	**385,442**
Finance income			
Finance expense		0	0
Net expenditure for the year		**435,822**	**385,442**
Net Gain/(Loss) on Transfer by Absorption		0	0
Total Net Expenditure for the year		**435,822**	**385,442**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		0	0
Net (gain)/loss on revaluation of Intangibles		0	0
Net (gain)/loss on revaluation of Financial Assets		0	0
Actuarial (gain)/loss in pension schemes		0	0
Impairments and reversals taken to Revaluation Reserve		0	0
Items that may be reclassified to Net Operating Costs		0	0
Net gain/loss on revaluation of available for sale financial assets		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Sub total		0	0
Comprehensive Expenditure for the year ended 31 March 2018		**435,822**	**385,442**

***1** the most significant increase relates to the CCG being delegated full responsibility for GP contracts.

Statement of Financial Position as at 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Non-current assets:			
Property, plant and equipment	8	32	41
Intangible assets		0	0
Investment property		0	0
Trade and other receivables		0	0
Other financial assets		0	0
Total non-current assets		32	41
Current assets:			
Inventories		0	0
Trade and other receivables	9	3,670	2,554
Other financial assets		0	0
Other current assets		0	0
Cash and cash equivalents	10	32	2
Total current assets		**3,702**	2,556
Non-current assets held for sale		0	0
Total current assets		**3,702**	2,556
Total assets		**3,734**	2,597
Current liabilities			
Trade and other payables	11	(26,810)	(22,433)
Other financial liabilities		0	0
Other liabilities		0	0
Borrowings		0	0
Provisions		0	0
Total current liabilities		**(26,810)**	(22,433)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(23,076)**	(19,836)
Non-current liabilities			
Trade and other payables		0	0
Other financial liabilities		0	0
Other liabilities		0	0
Borrowings		0	0
Provisions		0	0
Total non-current liabilities		**0**	0
Assets less Liabilities		**(23,076)**	(19,836)
Financed by Taxpayers' Equity			
General fund		(23,076)	(19,836)
Revaluation reserve		0	0
Other reserves		0	0
Charitable Reserves		0	0
Total taxpayers' equity:		**(23,076)**	(19,836)

The notes on pages 10 to 30 form part of this statement

The financial statements on pages 6 to 9 were approved by the Governing Body on 25th May 2018 and signed on its behalf by:

Emma Latimer
Chief Officer, NHS Hull Clinical Commissioning Group

Statement of Changes In Taxpayers Equity for the year ended 31 March 2018

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2017-18				
Balance at 01 April 2017	(19,836)	0	0	**(19,836)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(19,836)**	**0**	**0**	**(19,836)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating expenditure for the financial year	(435,822)			(435,822)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(435,822)**	**0**	**0**	**(435,822)**
Net funding	432,582	0	0	432,582
Balance at 31 March 2018	**(23,076)**	**0**	**0**	**(23,076)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2016-17				
Balance at 01 April 2016	**(19,278)**	**0**	**0**	**(19,278)**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	**0**	**0**	**0**	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2017	**(19,278)**	**0**	**0**	**(19,278)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2016-17				
Net operating costs for the financial year	(385,442)			(385,442)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve	**0**	**0**	**0**	**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(385,442)**	**0**	**0**	**(385,442)**
Net funding	384,884	0	0	384,884
Balance at 31 March 2017	**(19,836)**	**0**	**0**	**(19,836)**

The notes on pages 10 to 30 form part of this statement

Statement of Cash Flows for the year ended 31 March 2018

	Note	2017-18 £'000	2016-17 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year	5	(435,822)	(385,442)
Depreciation and amortisation	5	9	2
Impairments and reversals		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	9	(1,116)	(415)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	11	4,377	1,022
Increase/(decrease) in other current liabilities		0	0
Provisions utilised		0	(9)
Increase/(decrease) in provisions		0	2
Net Cash Inflow (Outflow) from Operating Activities		**(432,552)**	(384,840)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	(43)
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	(43)
Net Cash Inflow (Outflow) before Financing		**(432,552)**	(384,884)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		432,582	384,884
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Net Cash Inflow (Outflow) from Financing Activities		**432,582**	384,884
Net Increase (Decrease) in Cash & Cash Equivalents	10	**30**	0
Cash & Cash Equivalents at the Beginning of the Financial Year		**2**	2
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**32**	2

The notes on pages 10 to 30 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2017-18 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis.
Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.
Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of Financial Statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

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 Acquisitions & Discontinued Operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.4 Movement of Assets within the Department of Health and Social Care Group

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.5 Charitable Funds

Under the provisions of IAS 27: Consolidated & Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entities' accounts.

1.6 Pooled Budgets

Where the clinical commissioning group has entered into a pooled budget arrangement under Section 75 of the National Health Service Act 2006 the clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.
If the clinical commissioning group is in a "jointly controlled operation", the clinical commissioning group recognises:

- The assets the clinical commissioning group controls;
- The liabilities the clinical commissioning group incurs;
- The expenses the clinical commissioning group incurs; and,
- The clinical commissioning group's share of the income from the pooled budget activities.

If the clinical commissioning group is involved in a "jointly controlled assets" arrangement, in addition to the above, the clinical commissioning group recognises:

- The clinical commissioning group's share of the jointly controlled assets (classified according to the nature of the assets);
- The clinical commissioning group's share of any liabilities incurred jointly; and,
- The clinical commissioning group's share of the expenses jointly incurred.

Hull City Council hosts a pooled budget arrangement in relation to the Better Care Fund, note 14 provides further details.

1.7 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

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

1.7.1 Critical Judgements in Applying Accounting Policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- None

1.7.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the clinical commissioning group's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

· Secondary care Activity

Counting and coding of secondary care is not finalised until after the completion of the audited annual accounts process in June. Assumptions have been made around the liabilities of this for the CCG with a range of secondary care providers based on a number of factors including historical activity performance and known changes in activity, as well as block contract arrangements. The actual cost of activity will be different to the carrying amounts held in the Statement of Financial Position and any variance will need to be managed in the Statement of Comprehensive Net Expenditure in the subsequent year. There is unlikely to be a significant change to the carrying value of assets and liabilities once activity is validated based on previous years outturn versus actual.

· Accruals

There are a number of estimated figures within the accounts. The main areas where estimated are included are:
· Prescribing - The full year figure is estimated on the spend for the first 10 months of the year.
· Purchase of Healthcare - The full year figure is estimated on the month 11 actual information as agreed between the provider and commissioner.
Continuing Care - This is based upon the client database of occupancy at the financial year end.

Notes to the financial statements

1.8 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

1.9 Employee Benefits

1.9.1 Short-term Employee Benefits

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

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

1.9.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is 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 scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

Some employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the clinical commissioning group's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Actuarial gains and losses during the year are recognised in the General Reserve and reported as an item of other comprehensive net expenditure.

1.10 Other Expenses

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

Expenses and liabilities in respect of grants are recognised when the clinical commissioning group has a present legal or constructive obligation, which occurs when all of the conditions attached to the payment have been met.

1.11 Property, Plant & Equipment

1.11.1 Recognition

Property, plant and equipment is capitalised if:

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

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

1.11.2 Valuation

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

Land and buildings used for the clinical commissioning group's services or for administrative purposes are stated in the statement of financial position at their re-valued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from current value in existing use.

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

1.11.3 Subsequent Expenditure

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

1.12 Intangible Assets

1.12.1 Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the clinical commissioning group's business or which arise from contractual or other legal rights. They are recognised only:

- When it is probable that future economic benefits will flow to, or service potential be provided to, the clinical commissioning group;
- Where the cost of the asset can be measured reliably; and,
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised but is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use;
- The intention to complete the intangible asset and use it;
- The ability to sell or use the intangible asset;
- How the intangible asset will generate probable future economic benefits or service potential;
- The availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and,
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.12.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of depreciated replacement cost or the value in use where the asset is income generating . Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.13 Depreciation, Amortisation & Impairments

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

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.14 Donated Assets

Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to Income. They are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations, impairments and sales are as described above for purchased assets. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain.

1.15 Government Grants

The value of assets received by means of a government grant are credited directly to income. Deferred income is recognised only where conditions attached to the grant preclude immediate recognition of the gain.

1.16 Non-current Assets Held For Sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when:

- The sale is highly probable;
- The asset is available for immediate sale in its present condition; and,
- Management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Net Expenditure. On disposal, the balance for the asset on the revaluation reserve is transferred to the general reserve.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.17 Leases

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

1.17.1 **The Clinical Commissioning Group as Lessee**

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

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

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

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

1.17.2 **The Clinical Commissioning Group as Lessor**

Amounts due from lessees under finance leases are recorded as receivables at the amount of the clinical commissioning group's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the clinical commissioning group's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.18 **Private Finance Initiative Transactions**

HM Treasury has determined that government bodies shall account for infrastructure Private Finance Initiative (PFI) schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The clinical commissioning group therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- Payment for the fair value of services received;
- Payment for the PFI asset, including finance costs; and,
- Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.18.1 **Services Received**

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.18.2 **PFI Asset**

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the clinical commissioning group's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.18.3 **PFI Liability**

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'finance costs' within the Statement of Comprehensive Net Expenditure.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Net Expenditure.

1.18.4 **Lifecycle Replacement**

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the clinical commissioning group's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.18.5 **Assets Contributed by the Clinical Commissioning Group to the Operator For Use in the Scheme**

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the clinical commissioning group's Statement of Financial Position.

1.18.6 **Other Assets Contributed by the Clinical Commissioning Group to the Operator**

Assets contributed (e.g. cash payments, surplus property) by the clinical commissioning group to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the clinical commissioning group, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the clinical commissioning group through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

On initial recognition of the asset, an equivalent deferred income balance is recognised, representing the future service potential to be received by the clinical commissioning group through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

1.19 **Inventories**

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

1.20 **Cash & Cash Equivalents**

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

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

Notes to the financial statements

1.21 **Provisions**

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. 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:

- Timing of cash flows (0 to 5 years inclusive): Minus 2.420% (previously: minus 2.70%)
- Timing of cash flows (6 to 10 years inclusive): Minus 1.85% (previously: minus 1.95%)
- Timing of cash flows (over 10 years): Minus 1.56% (previously: minus 0.80%)

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

1.22 **Clinical Negligence Costs**

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

1.23 **Non-clinical Risk Pooling**

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

1.24 **Continuing healthcare risk pooling**

In 2014-15 a risk pool scheme was been introduced by NHS England for continuing healthcare claims, for claim periods prior to 31 March 2013. Under the scheme clinical commissioning group contribute annually to a pooled fund, which is used to settle the claims.

1.25 **Carbon Reduction Commitment Scheme**

Carbon Reduction Commitment and similar allowances are accounted for as government grant funded intangible assets if they are not expected to be realised within twelve months, and otherwise as other current assets. They are valued at open market value. As the clinical commissioning group makes emissions, a provision is recognised with an offsetting transfer from deferred income. The provision is settled on surrender of the allowances. The asset, provision and deferred income amounts are valued at fair value at the end of the reporting period.

1.26 **Contingencies**

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

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

Where the time value of money is material, contingencies are disclosed at their present value.

Notes to the financial statements

1.27 Financial Assets

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

Financial assets are classified into the following categories:

- Financial assets at fair value through profit and loss;
- Held to maturity investments;
- Available for sale financial assets; and,
- Loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.27.1 Financial Assets at Fair Value Through Profit and Loss

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

1.27.2 Held to Maturity Assets

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.27.3 Available For Sale Financial Assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to surplus/deficit on de-recognition.

1.27.4 Loans & Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

At the end of the reporting period, the clinical commissioning group assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure and the carrying amount of the asset is reduced through a provision for impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.28 Financial Liabilities

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

1.28.1 Financial Guarantee Contract Liabilities

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

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

1.28.2 Financial Liabilities at Fair Value Through Profit and Loss

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

1.28.3 Other Financial Liabilities

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

1.29 Value Added Tax

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

Notes to the financial statements

1.3 **Foreign Currencies**

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

1.31 **Third Party Assets**

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

1.32 **Losses & Special Payments**

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

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

1.33 **Subsidiaries**

Material entities over which the clinical commissioning group has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the clinical commissioning group or where the subsidiary's accounting date is not co-terminus.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 **Associates**

Material entities over which the clinical commissioning group has the power to exercise significant influence so as to obtain economic or other benefits are classified as associates and are recognised in the clinical commissioning group's accounts using the equity method. The investment is recognised initially at cost and is adjusted subsequently to reflect the clinical commissioning group's share of the entity's profit/loss and other gains/losses. It is also reduced when any distribution is received by the clinical commissioning group from the entity.

Joint ventures that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.35 **Joint Ventures**

Material entities over which the clinical commissioning group has joint control with one or more other parties so as to obtain economic or other benefits are classified as joint ventures. Joint ventures are accounted for using the equity method.

Joint ventures that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.36 **Joint Operations**

Joint operations are activities undertaken by the clinical commissioning group in conjunction with one or more other parties but which are not performed through a separate entity. The clinical commissioning group records its share of the income and expenditure; gains and losses; assets and liabilities; and cash flows.

1.37 **Research & Development**

Research and development expenditure is charged in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Net Expenditure on a systematic basis over the period expected to benefit from the project. It should be re-valued on the basis of current cost. The amortisation is calculated on the same basis as depreciation.

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

The DHSC Group accounting manual does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to FREM adoption and early adoption is not therefore permitted.

- IFRS 9: Financial Instruments (application from 1 January 2018)
- IFRS 14: Regulatory Deferral Accounts (not applicable to DH groups bodies)
- IFRS 15: Revenue for Contract with Customers (application from 1 January 2018)
- IFRS 16: Leases (application from 1 January 2019)
- IFRS 17: Insurance Contracts (application from 1 January 2021)
- IFRIC 22: Foreign Currency Transactions and Advance Consideration (application from 1 January 2018)
- IFRIC 23: Uncertainty over Income Tax Treatments (application from 1 January 2019)

Where guidance is available, the application of the Standards as revised would not have a material impact on the accounts for 2017-18, were they applied in that year.

2 Other Operating Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Recoveries in respect of employee benefits ***1**	133	133	0	52
Patient transport services	0	0	0	0
Prescription fees and charges	0	0	0	0
Dental fees and charges	0	0	0	0
Education, training and research	20	0	20	36
Charitable and other contributions to revenue expenditure: NHS	0	0	0	0
Charitable and other contributions to revenue expenditure: non-NHS	0	0	0	0
Receipt of donations for capital acquisitions: NHS Charity	0	0	0	0
Receipt of Government grants for capital acquisitions	0	0	0	0
Non-patient care services to other bodies ***2**	1,227	55	1,172	747
Continuing Health Care risk pool contributions	0	0	0	0
Income generation	0	0	0	0
Rental revenue from finance leases	0	0	0	0
Rental revenue from operating leases	0	0	0	0
Non cash apprenticeship training grants revenue	1	1	0	0
Other revenue ***3**	496	301	195	1,356
Total other operating revenue	**1,877**	**490**	**1,387**	**2,191**

***1** Income associated with secondment of staff/shared services to other NHS Organisations.
***2** STP recharges to councils (£54k), Hull City Council for Weight Management Programme (£200k), Hull City Council for Social Prescribing Grants (£351k), NHS England Community Service income (£500k), NHS England Digital Diabetes funding (£70k).
***3** STP recharges CCG's, Foundation Trusts & Trusts (£377k), STP recharges non NHS (£95k).

3 Revenue

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
From rendering of services	1,877	490	1,387	2,191
From sale of goods	0	0	0	0
Total	**1,877**	**490**	**1,387**	**2,191**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	2017-18 Total	2017-18 Permanent Employees	2017-18 Other	2016-17 Total	2016-17 Permanent Employees	2016-17 Other
	£'000	£'000	£'000	£'000	£'000	£'000
Employee Benefits						
Salaries and wages	3,392	3,324	68	3,003	2,787	216
Social security costs	367	367	0	304	302	2
Employer Contributions to NHS Pension scheme	416	416	0	359	356	2
Other pension costs	0	0	0	0	0	0
Apprenticeship Levy	3	3	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	49	49	0	6	6	0
Gross employee benefits expenditure	**4,227**	**4,159**	**68**	**3,672**	**3,451**	**221**
Less recoveries in respect of employee benefits (note 4.1.2)	(133)	(133)	0	(52)	(52)	0
Total - Net admin employee benefits including capitalised costs	**4,094**	**4,026**	**68**	**3,620**	**3,399**	**221**
Less: Employee costs capitalised	0	0	0	0	0	0
Net employee benefits excluding capitalised costs	**4,094**	**4,026**	**68**	**3,620**	**3,399**	**221**

4.1.2 Recoveries in respect of employee benefits

	2017-18 Total	2017-18 Permanent Employees	2017-18 Other	2016-17 Total
	£'000	£'000	£'000	£'000
Employee Benefits - Revenue				
Salaries and wages	(108)	(108)	0	(44)
Social security costs	(11)	(11)	0	(5)
Employer contributions to the NHS Pension Scheme	(14)	(14)	0	(3)
Other pension costs	0	0	0	0
Other post-employment benefits	0	0	0	0
Other employment benefits	0	0	0	0
Termination benefits	0	0	0	0
Total recoveries in respect of employee benefits	**(133)**	**(133)**	**0**	**(52)**

4.2 Average number of people employed

	2017-18 Total Number	2017-18 Permanently employed Number	2017-18 Other *1 Number	2016-17 Total Number
Total	**65**	**64**	**1**	**62**
Of the above:				
Number of whole time equivalent people engaged on capital projects	**0**	**0**	**0**	**0**

***1** Includes secondees and agency staff for part year employment

4.3 Exit packages agreed in the financial year

	2017-18 Compulsory redundancies Number	2017-18 Compulsory redundancies £	2017-18 Other agreed departures Number	2017-18 Other agreed departures £	2017-18 Total Number	2017-18 Total £
Less than £10,000	0	0	0	0	0	0
£10,001 to £25,000	1	15,171	0	0	1	15,171
£25,001 to £50,000	1	33,369	0	0	1	33,369
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	**2**	**48,541**	**0**	**0**	**2**	**48,541**

	2016-17 Compulsory redundancies Number	2016-17 Compulsory redundancies £	2016-17 Other agreed departures Number	2016-17 Other agreed departures £	2016-17 Total Number	2016-17 Total £
Less than £10,000	1	5,976	0	0	1	5,976
£10,001 to £25,000	0	0	0	0	0	0
£25,001 to £50,000	0	0	0	0	0	0
£50,001 to £100,000	0	0	0	0	0	0
£100,001 to £150,000	0	0	0	0	0	0
£150,001 to £200,000	0	0	0	0	0	0
Over £200,001	0	0	0	0	0	0
Total	**1**	**5,976**	**0**	**0**	**1**	**5,976**

	2017-18 Departures where special payments have been made Number	2017-18 Departures where special payments have been made £	2016-17 Departures where special payments have been made Number	2016-17 Departures where special payments have been made £
Less than £10,000	0	0	0	0
£10,001 to £25,000	0	0	0	0
£25,001 to £50,000	0	0	0	0
£50,001 to £100,000	0	0	0	0
£100,001 to £150,000	0	0	0	0
£150,001 to £200,000	0	0	0	0
Over £200,001	0	0	0	0
Total	**0**	**0**	**0**	**0**

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change : Section 16 - Redundancy Pay (England)
Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

4.4 Pension costs

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

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

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

For 2017-18, employers' contributions of £444,609 were payable to the NHS Pensions Scheme (2016-17: £358,677) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. The scheme's actuary reviews employer contributions, usually every four years and now based on HMT Valuation Directions, following a full scheme valuation. The latest review used data from 31 March 2012 and was published on the Government website on 9 June 2012. These costs are included in the NHS pension line of note 4.1.

5. Operating expenses

	2017-18 Total £'000	2017-18 Admin £'000	2017-18 Programme £'000	2016-17 Total £'000
Gross employee benefits				
Employee benefits excluding governing body members ***1**	3,726	3,231	495	3,019
Executive governing body members	501	501	0	653
Total gross employee benefits	**4,227**	**3,732**	**495**	**3,672**
Other costs				
Services from other CCGs and NHS England ***2**	957	101	856	617
Services from foundation trusts ***3**	38,939	0	38,939	36,688
Services from other NHS trusts ***4**	196,682	0	196,682	193,037
Sustainability Transformation Fund	0	0	0	0
Services from other WGA bodies	0	0	0	0
Purchase of healthcare from non-NHS bodies ***5**	96,772	0	96,772	93,829
Purchase of social care	0	0	0	0
Chair and Non Executive Members	413	413	0	407
Supplies and services – clinical	706	0	706	718
Supplies and services – general	581	9	572	560
Consultancy services	0	0	0	0
Establishment ***6**	1,359	418	941	816
Transport	22	20	2	20
Premises ***7**	3,580	259	3,321	1,375
Impairments and reversals of receivables	0	0	0	0
Inventories written down and consumed	0	0	0	0
Depreciation	9	9	0	2
Amortisation	0	0	0	0
Impairments and reversals of property, plant and equipment	0	0	0	0
Impairments and reversals of intangible assets	0	0	0	0
Impairments and reversals of financial assets				
· Assets carried at amortised cost	0	0	0	0
· Assets carried at cost	0	0	0	0
· Available for sale financial assets	0	0	0	0
Impairments and reversals of non-current assets held for sale	0	0	0	0
Impairments and reversals of investment properties	0	0	0	0
Audit fees ***8**	52	52	0	72
Other non statutory audit expenditure				
· Internal audit services ***9**	0	0	0	0
· Other services	0	0	0	0
General dental services and personal dental services	0	0	0	0
Prescribing costs	49,576	0	49,576	49,010
Pharmaceutical services	296	0	296	354
General ophthalmic services	38	0	38	30
GPMS/APMS and PCTMS ***10**	41,003	0	41,003	1,551
Other professional fees excl. audit ***11**	1,807	832	975	3,857
Legal fees ***12**	87	68	19	0
Grants to Other bodies	0	0	0	0
Clinical negligence	0	0	0	0
Research and development (excluding staff costs)	19	0	19	51
Education and training	122	66	56	159
Change in discount rate	0	0	0	0
Provisions	0	0	0	2
Funding to group bodies	0	0	0	0
CHC Risk Pool contributions	0	0	0	652
Non cash apprenticeship training grants	1	1	0	0
Other expenditure ***13**	451	1	450	153
Total other costs	**433,472**	**2,249**	**431,223**	**383,960**
Total operating expenses	**437,699**	**5,981**	**431,718**	**387,632**

***1** Increases in cost include the additional charges associated with hosting the STP programme office.
***2** The increase relates to STP allocations passed through to other organisations.
***3** Increased expenditure with Humber NHS Foundation Trust on mental health & community services.
***4** Increased expenditure with Hull & East Yorkshire on Acute services.
***5** Increased expenditure with City Healthcare Partnership CIC on community services.
***6** The increase relates to N3 connection costs in GP practices funded from NHS England.
***7** The increase relates to void & subsidy transfer costs as part of Delegated Commissioning for GP contracts.
***8** The decrease in audit fees relates to a change in provider.
***9** Internal audit fees are included in services from foundation trusts as hosted by Humber FT & Northumbria FT.
***10** 17/18 is the first year of Delegated Commissioning for GP contracts.
***11** The decrease relates to prior year costs including STP support and legal fees which is now separate (see *12).
***12** Legal fees were included in other professional fees in 16/17 (see *11).
***13** See table below.

Description of Other Expenditure	£'000
Emmaus Hull - Rough Sleeper Contribution	20
Tommy Coyle - Youth Facility Project	20
Hull FC & Hull KR - Public Health Work	36
Pelican Park Community Contribution - Health And Wellbeing	15
Social Prescribing Grants	350
Other	10
Total	**451**

6.1 Better Payment Practice Code

Measure of compliance	2017-18 Number	2017-18 £'000	2016-17 Number	2016-17 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	10,527	£145,643	10,396	£106,570
Total Non-NHS Trade Invoices paid within target	10,183	£143,676	10,088	£104,092
Percentage of Non-NHS Trade invoices paid within target	**96.73%**	**98.65%**	**97.04%**	**97.67%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,426	£236,780	2,591	£230,950
Total NHS Trade Invoices Paid within target	2,381	£236,596	2,579	£230,917
Percentage of NHS Trade Invoices paid within target	**98.15%**	**99.92%**	**99.54%**	**99.99%**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2017-18				2016-17			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	0	2,877	19	**2,896**	0	1,153	16	**1,169**
Contingent rents	0	0	0	**0**	0	0	0	**0**
Sub-lease payments	0	0	0	**0**	0	0	0	**0**
Total	**0**	**2,877**	**19**	**2,896**	**0**	**1,153**	**16**	**1,169**

Whilst our arrangements with Community Health Partnership's Limited and NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed . Consequently this note does not include future minimum lease payments for the arrangements only

7.1.2 Future minimum lease payments

	2017-18				2016-17			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	0	267	16	**283**	0	137	17	**154**
Between one and five years	0	1,069	3	**1,072**	0	546	14	**560**
After five years	0	0	0	**0**	0	146	-	**146**
Total	**0**	**1,336**	**19**	**1,355**	**0**	**829**	**31**	**860**

8 Property, plant and equipment

2017-18	Furniture & fittings £'000
Cost or valuation at 01 April 2017	43
Cost/Valuation at 31 March 2018	**43**
Depreciation 01 April 2017	2
Charged during the year	9
Depreciation at 31 March 2018	**11**
Net Book Value at 31 March 2018	**32**
Purchased	32
Total at 31 March 2018	**32**
Asset financing:	
Owned	32
Total at 31 March 2018	**32**

9 Trade and other receivables

	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
NHS receivables: Revenue ***1**	875	0	347	0
NHS receivables: Capital	0	0	0	0
NHS prepayments	1,211	0	1,329	0
NHS accrued income	8	0	0	0
Non-NHS and Other WGA receivables: Revenue ***2**	710	0	482	0
Non-NHS and Other WGA receivables: Capital	0	0	0	0
Non-NHS and Other WGA prepayments	160	0	174	0
Non-NHS and Other WGA accrued income ***3**	388	0	93	0
Provision for the impairment of receivables	0	0	0	0
VAT	318	0	129	0
Private finance initiative and other public private partnership arrangement prepayments and accrued income	0	0	0	0
Interest receivables	0	0	0	0
Finance lease receivables	0	0	0	0
Operating lease receivables	0	0	0	0
Other receivables and accruals	0	0	0	0
Total Trade & other receivables	**3,670**	**0**	**2,554**	**0**
Total current and non current	**3,670**		**2,554**	
Included above:				
Prepaid pensions contributions	0		0	

***1** The increase relates to outstanding invoices from NHS England (£500k)
***2** The increase relates to credit note due from Community Healthcare Partnership
***3** Accrued income from Hull City Council for Social Prescribing Grants

9.1 Receivables past their due date but not impaired

	2017-18 £'000 DH Group Bodies	2017-18 £'000 Non DH Group Bodies	2016-17 £'000 All receivables prior years
By up to three months	117	41	38
By three to six months	0	5	7
By more than six months	53	64	0
Total	**170**	**110**	**45**

NHS Hull CCG did not hold any collateral against receivables outstanding at 31 March 2018.

10 Cash and cash equivalents

	2017-18 £	2016-17 £
Balance at 01 April 2017	2,427	2,020
Net change in year	29,137	407
Balance at 31 March 2018	**31,564**	**2,427**
Made up of:		
Cash with the Government Banking Service	31,469	2,317
Cash with Commercial banks	0	0
Cash in hand	95	111
Current investments	0	0
Cash and cash equivalents as in statement of financial position	**31,564**	**2,427**
Bank overdraft: Government Banking Service	0	0
Bank overdraft: Commercial banks	0	0
Total bank overdrafts	**0**	**0**
Balance at 31 March 2018	**31,564**	**2,427**
Patients' money held by the clinical commissioning group, not included above	0	0

11 Trade and other payables	Current 2017-18 £'000	Non-current 2017-18 £'000	Current 2016-17 £'000	Non-current 2016-17 £'000
Interest payable	0	0	0	0
NHS payables: revenue ***1**	594	0	1,399	0
NHS payables: capital	0	0	0	0
NHS accruals ***2**	2,807	0	1,641	0
NHS deferred income	0	0	0	0
Non-NHS and Other WGA payables: Revenue	3,750	0	3,367	0
Non-NHS and Other WGA payables: Capital	0	0	0	0
Non-NHS and Other WGA accruals ***3**	19,334	0	15,863	0
Non-NHS and Other WGA deferred income	0	0	0	0
Social security costs	59	0	52	0
VAT	0	0	0	0
Tax	57	0	50	0
Payments received on account	0	0	0	0
Other payables and accruals	209	0	61	0
Total Trade & Other Payables	**26,810**	**0**	**22,433**	**0**
Total current and non-current	**26,810**		**22,433**	

Other payables include £209,182 outstanding pension contributions at 31 March 2018

***1** The decrease is due a lower number of invoices unpaid and in 16/17 there were some awating partial credits.
***2** The increase is due to invoices from Hull & East Yorkshire Hospitals NHS Trust & NHS Humber Foundation Trust
***3** The increase primarily relates to accruals for Delegated Commissioning for GP Contracts, but also increased accruals for Out of Contract I Health, estates related charges and MSK Single Point of Access.

12 Financial instruments

12.1 Financial risk management

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

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

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

12.1.1 Currency risk

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

12.1.2 Interest rate risk

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

12.1.3 Credit risk

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

12.1.3 Liquidity risk

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

12 Financial instruments cont'd

12.2 Financial assets

	At 'fair value through profit and loss' 2017-18 £'000	Loans and Receivables 2017-18 £'000	Available for Sale 2017-18 £'000	Total 2017-18 £'000
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	883	0	883
· Non-NHS	0	1,098	0	1,098
Cash at bank and in hand	0	32	0	32
Other financial assets	0	0	0	0
Total at 31 March 2018	**0**	**2,013**	**0**	**2,013**

	At 'fair value through profit and loss' 2016-17 £'000	Loans and Receivables 2016-17 £'000	Available for Sale 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0	0
Receivables:				
· NHS	0	347	0	347
· Non-NHS	0	574	0	574
Cash at bank and in hand	0	2	0	2
Other financial assets	0	0	0	0
Total at 31 March 2017	**0**	**923**	**0**	**923**

12.3 Financial liabilities

	At 'fair value through profit and loss' 2017-18 £'000	Other 2017-18 £'000	Total 2017-18 £'000
Embedded derivatives	0	0	0
Payables:			
· NHS	0	3,401	3,401
· Non-NHS	0	23,293	23,293
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2018	**0**	**26,694**	**26,694**

	At 'fair value through profit and loss' 2016-17 £'000	Other 2016-17 £'000	Total 2016-17 £'000
Embedded derivatives	0	0	0
Payables:			
· NHS	0	3,040	3,040
· Non-NHS	0	19,291	19,291
Private finance initiative, LIFT and finance lease obligations	0	0	0
Other borrowings	0	0	0
Other financial liabilities	0	0	0
Total at 31 March 2017	**0**	**22,331**	**22,331**

13 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	437,699	(1,877)	**435,822**	3,734	(26,810)	**(23,076)**
Total	**437,699**	**(1,877)**	**435,822**	**3,734**	**(26,810)**	**(23,076)**

14 Pooled budgets

The NHS Hull Clinical Commissioning Group shares of the income and expenditure handled by the pooled budget in the 2017/18 financial year are detailed in the table below:

	Hull CCG 2017-18 £'000	KUHCC 2017-18 £'000	Section 75 Payment 2017-18 £'000	Total 2017-18 £'000	Total 2016-17 £'000
Income	(22,749)	(17,861)	2,926	(37,684)	(27,325)
Expenditure	22,749	17,861	(2,926)	37,684	27,325
Surplus	0	0	0	0	0

The Better Care Fund is a government plan to integrate health and social care across the country by 2020.

Locally, Hull Clinical Commissioning Group have implemented the Better Care Fund via a Section 75 Pooled Budget agreement with Hull City Council. The actual contractual arrangements did not result in joint control being established, therefore under 'IAS 18 Revenue Recognition' the CCG has accounted for its transactions on a gross accounting basis.

The Section 75 agreement allocated budgets across a number of groupings, namely; Prevention, Intervention, Rehabilitation and Rapid Community Response. The performance of each of these has been monitored throughout the year by a joint BCF Steering Group and reported to the Health and Wellbeing Board.

15 Related party transactions

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

- NHS England
- NHS East Riding of Yorkshire CCG
- Hull & East Yorkshire Hospitals NHS Trust
- Yorkshire Ambulance Service NHS Trust
- Humber NHS Foundation Trust
- NHS Business Services Authority.
- NHS Property Services & Community Health Partnerships

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

- Hull City Council
- East Riding of Yorkshire Council
- HM Revenue and Customs

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Dan Roper - Chair of the Clinical Commissioning Group				
1/5 share property in springhead medical centre - Part of the Modality GP Grouping (see below)	1,745	0	0	0
Dr Bushra Ali - GP Member of the Clinical Commissioning Group				
GP at Springhead Medical Centre	1,745	0	0	0
Mark Whitaker- Practice Manager Member of the Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Group Practice - Part of Hull Health Forward GP Grouping (see below)	1,906	0	0	0
Wife is a Practice Manager at Avenues Medical Centre - Part of Hull Health Forward GP Grouping (see below)	684	0	0	0
Dr Amy Oehring - GP Member of the Clinical Commissioning Group				
GP Partner of Sutton Manor Surgery - Part of Hull GP Collaborative GP Grouping (see below)	1,040	0	0	0
Dr James Moult - GP Member of the Clinical Commissioning Group				
GP Partner at Faith House Surgery - part of the Modality GP Grouping (see below)	867	0	0	0
Dr Raghu Raghunath - GP Member of the Clinical Commissioning Group				
GP Partner at James Alexander Family Practice - Part of Hull GP Collaborative GP Grouping (see below	989	0	0	0
Works at Rossmore Stroke Unit - City Healthcare Limited	165	0	0	0
Dr Vince Rawcliffe - GP Member of the Clinical Commissioning Group				
GP Partner at Newhall Surgery - Part of the Modality GP Grouping (see below)	1,208	0	0	0
Dr Scot Richardson - GP Member of the Clinical Commissioning Group				
GP Partner at James Alexander Family Practice - Part of Hull GP Collaborative GP Grouping (see below)	989	0	0	0
Works at Rossmore Stroke Unit - City Healthcare Limited	165	0	0	0
Provider contract with City Health Care Partnership CIC	45,868	25	0	0
Jason Stamp - Lay Member of the Clinical Commissioning Group				
Chief Executive of North Bank Forum, a voluntary sector infrastructure organisation currently commissioned to support the building health partnerships and social prescribing. – Remunerated.	8	0	0	0
Emma Sayner - Chief Finance Officer				
CityCare Board Director – non remunerated	610	0	4	0
David Heseltine - GP Member of the Clinical Commissioning Group				
Consultant Physician at York Hospitals NHS Foundation Trust	525	-54	73	54

Hull CCG GP Practices are now arranged into GP groupings and as such practices within those groups are somewhat related. The CCG has not considered it necessary to declare transactions with each grouped practice, however details of which practices mentioned above are in each grouping is shown below.

Modality GP Group
Faith House Surgery, St Andrews Group Practice, The Newland Group, New Hall Surgery, Diadem Medical Practice, The Springhead Medical Centre, Dr Cook BF (Field View)

Hull Health Forward GP Group
Kingston Health (Hull), Wilberforce Surgery, The Avenues Medical Centre, Oaks Medical Centre, Wolseley Medical Centre, Dr Musil J & Dr Queenan P, Dr Varma Mjp (Clifton House), Sydenham House Group Practice, Dr GM Chowdhury's Practice, Hastings Medical Centre, Holderness Health Open Door, Dr Nayar JK (Newland Health Centre), Dr G Jaiveloo Practice

Hull GP Collaborative GP Group
Orchard 2000 , Sutton Manor Surgery, Bridge Group, Dr GS Malczewski, Haxby - Burnbrae, James Alexander Practice, Dr Koshy, Dr GT Hendow, Raut Partnership, Dr KV Gopal, Northpoint - Humber FT, Haxby - Kingswood & Orchard Park

16 Events after the end of the reporting period

There are no post balance sheet events which will have a material effect on the financial statements of the clinical commissioning group or consolidated group.

17 Financial performance targets

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

	2017-18 Target	**2017-18 Performance**	2016-17 Target	2016-17 Performance
Expenditure not to exceed income	441,299	437,698	399,299	387,633
Capital resource use does not exceed the amount specified in Directions	0	0	48	43
Revenue resource use does not exceed the amount specified in Directions	439,423	435,822	397,108	385,442
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	0	0	0	0
Revenue administration resource use does not exceed the amount specified in Directions	6,258	5,491	6,250	5,751

Creating a healthier Hull

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