

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	27 July 2018
Title of Report:	Individual Funding Request (IFR) Annual Report 2017/18
Presented by:	Erica Daley, Director of Integrated Commissioning
Author:	Kaye McEntee, Provider Management Lead / Sarah Brown, Project Manager IFRs

STATUS OF THE REPORT:			
To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
To provide an update on the application of the Individual Funding Request Policy and Process for assurance and quality purposes.
RECOMMENDATIONS:
a It is recommended that NHS Hull Clinical Commissioning Group Board approve the report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE	No	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
If yes, detail grounds for exemption				

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Integrated commissioning

Integrated delivery

Delivery of statutory duties

Hull Place Based Plan

Vulnerable people

Children and families

Clinical leadership / innovation in commissioning

Working with partners to develop and implement a single quality improvement plan.

Implement a revised Organisational Development Strategy

Implement a revised Research Strategy

Improvement in clinical outcomes

To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

- Supports the safe delivery of NHS Hull CCG's Commissioning Intentions in respect of Individual Funding Requests underpinned by general commissioning policies.
- Patients receive clinically commissioned, high quality services
- The CCG has robust governance arrangements.

IMPLICATIONS:

Finance	No specific finance implications except to note the potential additional cost and risk to the organisation if the Individual Funding Request Policy and Procedures were not in place.
HR	No specific HR implications.
Quality	The risk of a lack of a robust IFR system includes potential breaches of information and clinical governance, Data Protection Act, Freedom of Information Act etc. This report provides assurance that those risks are being adequately managed.
Safety	The report aims to provide assurance regarding the safety and robustness of the IFR process to prevent adverse effects to patients through delay in consideration of their request.

ENGAGEMENT:

Partner engagement has taken place in respect of the Service Improvement Plan. Other discussions have taken place with the Director of Commissioning and Partnerships, CCG Senior Management and CCG IFR Panel members.

LEGAL ISSUES:

None specifically

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

This report is consistent with the NHS Hull Clinical Commissioning Group responsibilities in terms of the NHS Constitution.

INDIVIDUAL FUNDING REQUEST ANNUAL REPORT

1. INTRODUCTION

This report is to provide NHS Hull Clinical Commissioning Group's (CCG) committees for assurance and information regarding activity, performance and process of the Individual Funding Request (IFR) Service for the financial year (1st April 2017 – 31st March 2018). North of England Commissioning Support (NECS) provides the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

2. BACKGROUND

The CCG's Quality & Performance Committee and the Integrated Audit & Governance Committee request an annual report to be produced by the IFR service so that they can consider the quality and performance of the service. This report presents the activity and performance for the financial year 1st April 2017 – 31st March 2018.

3. INFORMATION

To provide an update on the application of the Individual Funding Request Policy and Process for assurance and quality purposes.

4. RECOMMENDATIONS

It is recommended that NHS Hull Clinical Commissioning Group Board approve the report.

5. EXECUTIVE SUMMARY

The IFR Service is provided by NECS on behalf of NHS Hull CCG. This report provides the activity, performance and process of the Service for the financial year (1st April 2017 – 31st March 2018).

The service managed 12 IFR Panel meetings and 1 Extraordinary Panel meeting between April 2017 and March 2018.

NHS Hull CCG harmonised 21 clinical policies with the other CCGs in the Health and Care Partnership (HCP).

The service managed 1113 IFR submissions in the financial year 2017/18 of which 935 cases were clinically triaged and recommended for CCG ratification. 155 cases were considered by the IFR Panel which was a 25% increase compared to the previous year.

During 2017/18, NECS rolled out the new electronic IFR system to primary, secondary and independent care provider on behalf of NHS Hull CCG. The system manages all IFR cases in one system.

The service undertook one root cause analysis to investigate the circumstances relating to an IFR case and there were no Datix Reporting for the service or judicial reviews.



Partners in improving local health



North of England
Commissioning Support

NHS Hull Clinical Commissioning Group (CCG)

Individual Funding Request Annual Report

1st April 2017 – 31st March 2018



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1. Introduction

This report is to provide NHS Hull Clinical Commissioning Group's (CCG) committees for assurance and information regarding activity, performance and process of the Individual Funding Request (IFR) Service for the financial year (1st April 2017 – 31st March 2018). North of England Commissioning Support (NECS) provides the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

2. Background

The CCG's Quality and Performance, Integrated Audit and Governance Committees request an annual report to be produced by the IFR service so that they can consider the quality and performance of the service. This report presents the activity and performance for the financial year 1st April 2017 – 31st March 2018.

3. Commissioning Support

3.1. Commissioning Support

The North of England Commissioning Support (NECS) was successful in securing the contract via the Lead Provider Framework (LPF) for the provision of an Individual Funding Request (IFR) service across eight CCGs in Yorkshire and Humber. The service has been provided by NECS since 1st March 2016.

The Team work from two localities (Yorkshire Team and Humber Team) providing the IFR service to the eight CCGs within the LPF (IFR team structure is attached as [appendix one](#)). The Humber Team are responsible for the provision of the IFR service to NHS Hull Clinical Commissioning Group.

Further changes have been made within the IFR team over the past 12 months. These include the service appointing a Project Manager to support the Service Lead with the rollout and training of primary and secondary care with the electronic IFR system and the day to day management of both the Humber and Yorkshire team, this support commenced in October 2017. The IFR team continue to remain diligent and dedicated to providing a quality service.

3.2. Information Technology

During 2017/18, NECS rolled out the new electronic IFR system to seven of the CCGs in Yorkshire and Humber.

The system went live on the 15th January 2018 in Hull. This was following a pilot of the system in November/December 2017. The Project Manager in the service provided a training programme which encompassed both GP practices and

secondary care and independent providers. This ensured that primary, secondary and independent providers were proficient in using the system. The training was provided over a number of weeks and modes which included Webexes, individual and group events to ensure that everyone had the opportunity to be trained. The service also provided a user guide and video detailing the steps required to submit and manage an IFR within the new system. Post the go-live date, further training sessions and support have been provided.

The new electronic system replaced the Blueteq database which was previously in use across the Yorkshire and Humber IFR Service to support the managing and recording of IFRs.

3.3. Clinical Triage and Ratification of all Clinical Triage decisions

The process for the triaging and ratification of cases which was implemented in July 2016 continues to be used. Discussions have begun with all LPF CCG Commissioners to further review and develop a standardised process across the service. An initial workshop took place in February 2018 to begin this review and agree changes to ensure that the service to the CCG and its patients continues to provide a quality service.

4. Rectification of Areas of Concern

4.1. Root Cause Analysis (RCA)

During the financial year there was one root cause analysis undertaken. The report was commissioned on 14th December 2017 to investigate the circumstances relating to Individual Funding Request (IFR) HU020471. The aim of the investigation was to identify any factors, including internal systems and processes, which may have contributed to the request for further information not being emailed to the requesting clinician. The Standard Operating Procedure (SOP) had not been followed by a member of the IFR team after receiving the appropriate training on the processes and system.

The RCA did not identify any flaw in the IFR SOP. Had the request for further information been emailed to the referring clinician the clock would have been stopped and the initial request would have been responded to within 40 working days. As the email was not sent as per the IFR SOP there was an error of the response time in which to respond to an IFR. The learning from this event has been that individual had additional support in using the BluTeq system and training on the SOP. The scenario of this incident was shared at the next full staff meeting as a reminder of the need to adhere to updated changes to the Standard Operating Procedure.

4.2. Datix Reporting

During the financial year there have been no Datix Reporting for the service.

5. Requests submitted against Diagnostic Pathway

Between April 2017 and March 2018 the IFR Team returned two (1 returned in August 2017 and 1 in September 2018) IFRs to the referring clinician as there was a query of diagnostic uncertainty and confirmed with each practice the correct pathway these patients should be referred.

6. Individual Funding Request Panel

6.1. IFR Panel members (April 2017 – March 2018)

IFR Panel members meeting attendance are detailed in table one:

6.1.1. Table one: IFR Panel dates and meeting attendees

Date/Attendee	Medical Officer (Chair)	Lay Member and Clinical Rep of NHS Hull CCG (Vice Chair)	Head of Acute Care/CCG Nurse, NHS Hull CCG	GP	Lay Representative
11/04/2017	X	X	Apologies (deputy sent)		
09/05/2017		X	X	X	X *
06/06/2017		X	X	X	X *
04/07/2017	X	X	X		
01/08/2017	X	X	X		
29/08/2017	X	X	X	X	
26/09/2017	X		Apologies (deputy sent)	X	X
24/10/2017	X		X	X	X
21/11/2017	X		Apologies (deputy sent)	X	X
09/01/2017	X		X	X	X
13/02/2018	X		X	X	X
13/03/2018	X	X	X	X	

*Jason Stamp attended as Lay Representative.

6.2. IFR Attendees

IFR attendees are detailed in table two:

6.2.1. Table two: IFR attendees

Date/Attendee	Senior Delivery Manager, NHS Hull CCG	Public Health Medicine and Associate Medical Director	Evidence, Effectiveness and Knowledge Manager, Public Health	Commissioning Lead for Children and Young People, NHS Hull CCG	Head of Mental Health and Vulnerable People Commissioning	Senior Pharmacist NECS	IFR Rep
11/04/2017	X	X	X			X	X
09/05/2017	X	X	X	X	X	X	X
06/06/2017	X	X	X			X	X
04/07/2017	X		X			X	X
01/08/2017	X		X				X
29/08/2017		X				X	X
26/09/2017			X		X	X	X
24/10/2017			X		X		X
21/11/2017		X	X		X	X	X
19/12/2017		X	X			X	X
09/01/2017			X			X	X
13/02/2018		X	X			X	X
13/03/2018			X		X	X	X

6.3. IFR Observers/Other Attendees

Other attendees & observers include:

- Commissioning Lead for Children and Young People, NHS Hull CCG (1 attendance in report period – Observer March 2017)
- General Practitioner/Chair of IFR Panel, NLCCG (1 attendance in reporting period – Observer 29th August 2017)
- Commissioning Manager - Acute Care, NHS Hull CCG (1 attendance in reporting period – Observer 1st August 2017)
- Assistant Commissioning Officer, NLCCG (2 attendances in reporting period – Observer 29th August 2017 & Attendee 19th December 2017)
- Associate Specialist Anaesthetist and Community Pain Management Doctor, City Healthcare Partnership (1 attendance in reporting period – 19th December 2017 Infusion Review)
- Professional Lead Community Pain Team, City Healthcare Partnership (1 attendance in reporting period – 19th December 2017 Infusion Review)
- Patient Relations & IFR Manager, ERYCCG (1 attendance in reporting period – 19th December 2017 Infusion Review)
- Assistant Director of Planned and Primary Care Transformation, ERY CCG (1 attendance in reporting period – 19th December 2017 Infusion Review)
- General Practitioner, NHS Hull CCG (1 attendance in reporting period – 19th December 2017 Infusion Review)

6.4. Extraordinary Panel meeting

The IFR service managed and supported an Extraordinary Panel meeting on 19th December 2017 which considered patients who were receiving infusion therapy.

The attendees were:

- Medical Officer (Chair)
- Lay Member and Clinical Rep of NHS Hull CCG (Vice Chair)
- Head of Acute Care/CCG Nurse, NHS Hull CCG
- GP
- Lay Representative
- Lay Representative of NHS Hull CCG

Also in attendance:

- Evidence, Effectiveness and Knowledge Manager, Public Health Hull City Council
- Consultant in Public Health Medicine and Associate Medical Director, Public Health Hull City Council/NHS Hull CCG
- Locality Pharmacist, NECS
- Associate Specialist Anaesthetist and Community Pain Management Doctor
- Professional Lead Community Pain Team

- Patient Relations & IFR Manager, ERYCCG (Observer)
- Assistant Director of Planned and Primary Care Transformation, East Riding of Yorkshire CCG (Observer)
- GP (Observer)
- IFR Representatives
- Assistant Commissioning Officer, North Lincolnshire CCG (Observer)

7. Changes and updates to IFR Policy

7.1. Humber Coast and Vale policies

During 2017/18, NHS Hull CCG worked with the other CCGs within their Health and Care Partnership (HCP) (previously Strategic Transformation Partnership (STP)) to review and harmonise 21 policies. These are listed in table three.

7.1.1. Table three: Humber Coast and Vale policies

Policies
Abdominoplasty/Apronectomy
Anal Fissure
Bunions
Carpal Tunnel
Cataracts
Diathermy and curettage
Endoscopic Thoracic sympathectomy for hyperhidrosis
Functional electrical stimulation for dropped foot
Ganglion removal
Haemorrhoidectomy and Haemorrhoidopexy
Hip Arthroscopy
Hysterectomy
Knee Arthroscopy
Liposuction
Myringotomy
Refractive Error
Reversal of Sterilisation
Tattoo Removal
Varicose Veins
Vasectomy

8. NICE Guidance and Specialised Commissioning

8.1. NICE Guidance: April 2017 – March 2018

A summary of NICE Guidance was provided to the CCG within their monthly IFR reports. A further copy can be obtained upon request.

8.2. Specialised Commissioning

On the 1st April 2017 the commissioning of bariatric surgery requests (tier 4) was transferred back to being the responsibility of Clinical Commissioning Groups. There is no NHS Hull Clinical Commissioning Group Policy in place to assess these requests. This issue has been highlighted for discussion at the Health and Care Partnership Value Based Commissioning Meetings.

8.3. Value Based Commissioning

The Health and Care Partnership (HCP) has set an aim for as many clinical commissioning policies to be aligned across the Humber Coast and Vale by April 2018. Throughout 2017/18 a group was established with representation from all six CCGs within the HCP. A programme of work was agreed, and will include an agreement about the process and timescales for local v HCP policies. The IFR Team supported the work on policy harmonisation which saw 21 policies harmonised.

9. Activity Reports

9.1. Requests Received

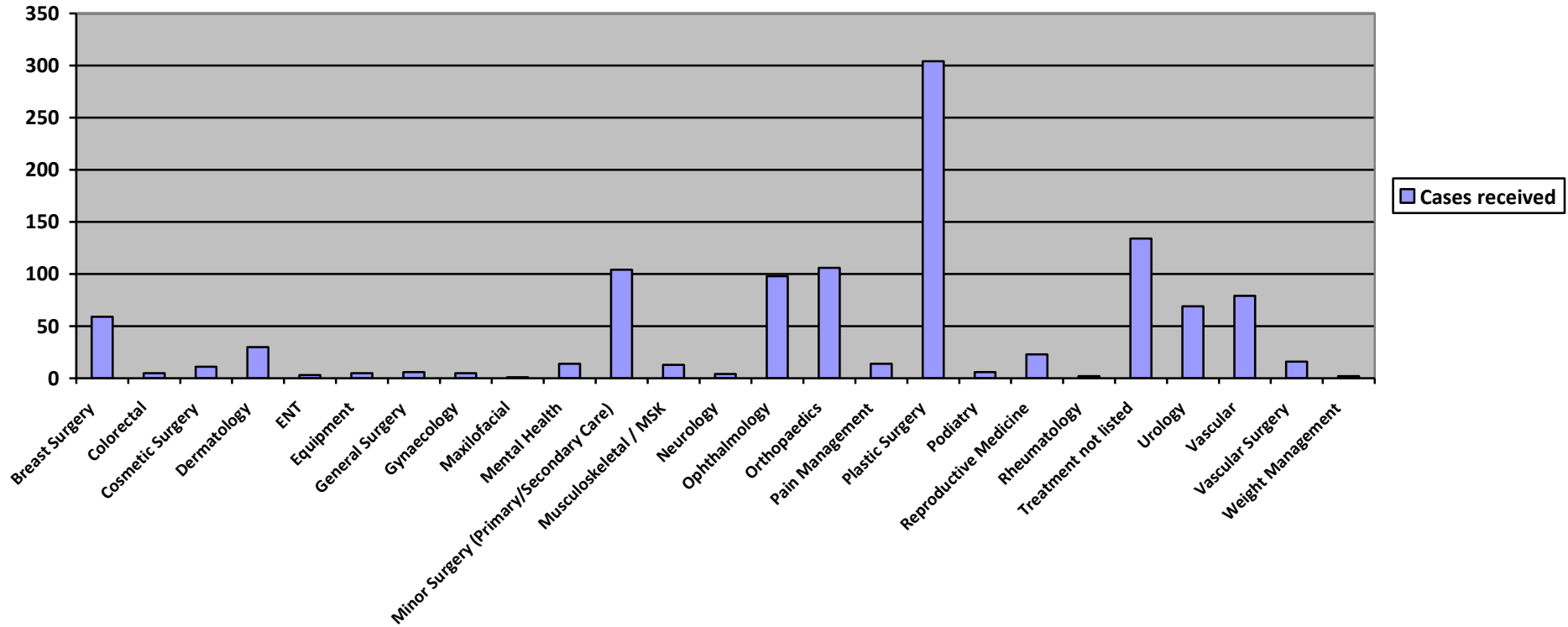
From 1st April 2017 to 31st March 2018 a total of 1113 new cases were received for patients registered with a NHS Hull Clinical Commissioning Group General Practitioner. This is an 11% increase on the total number of new requests received from the previous financial year when 992 were received. See the table and graph below for a breakdown of new requests received by category.

9.1.1. Table four: Requests received 2017/18

Breast Surgery	59
Colorectal	5
Dermatology	30
ENT	3
Equipment	5
General Surgery	6
Gynaecology	5
Maxilofacial	1
Mental Health	14
Minor Surgery (Primary/Secondary Care)	104
Musculoskeletal / MSK	13
Neurology	4
Ophthalmology	98
Orthopaedics	106
Pain Management	14
Plastic Surgery	315
Podiatry	6
Reproductive Medicine	23
Rheumatology	2
Treatment not listed	134
Urology	69
Vascular	79
Vascular Surgery	16
Weight Management	2
Grand Total	1113

9.1.2. Chart one: IFR requests received 2017/18

IFR requests received 2017/18



9.2. Requests clinically triaged and ratified by CCG

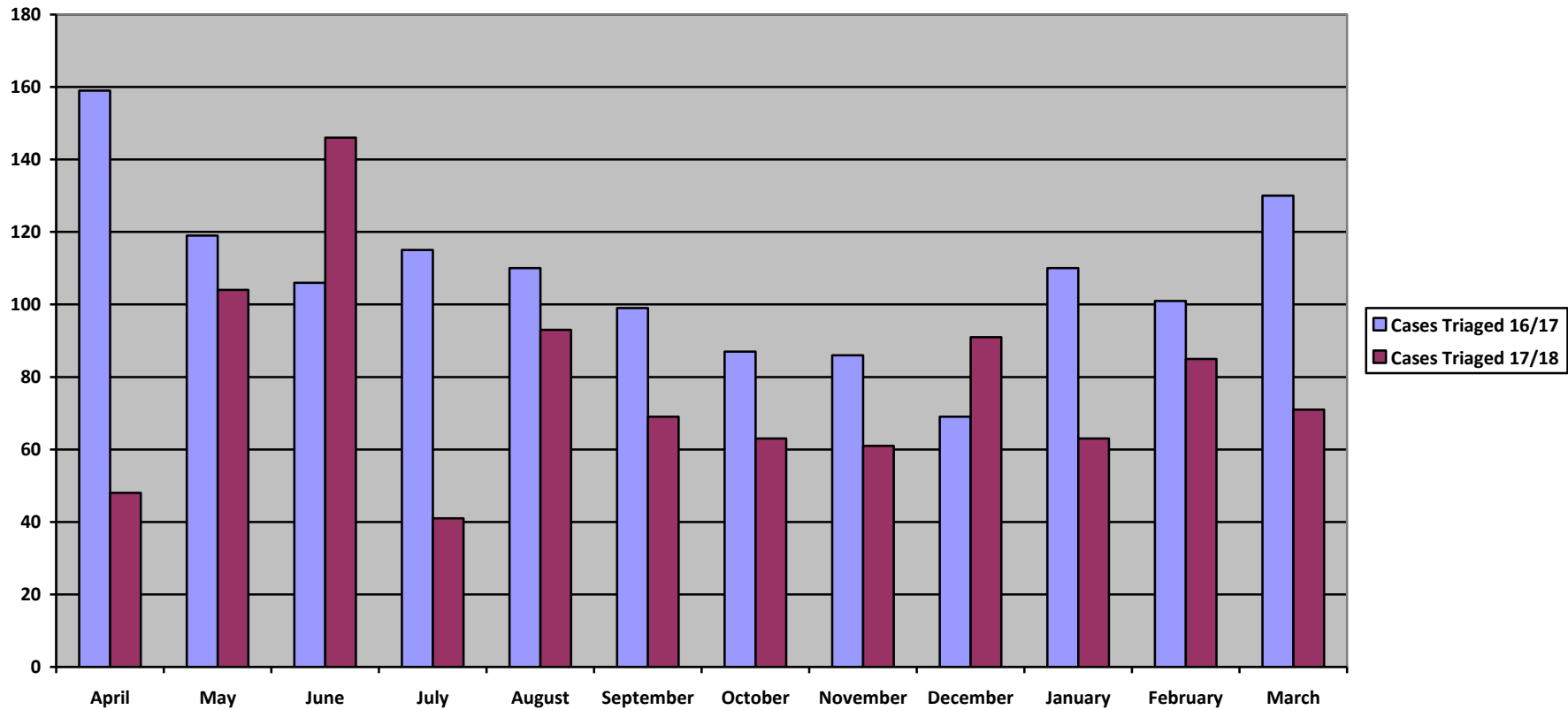
Of all the IFR cases received (1,113) and considered between 1st April 2017 and 31st March 2018, 935 cases were clinically triaged and recommended for CCG approval/decline through the CCG's ratification process. The remainder of cases (178) were reviewed and considered by the CCG's IFR panel. This is a decrease of 27% compared with 2016/17. Table five:

This table demonstrates the breakdown of cases clinically triaged per month for CCG ratification:

Month	Cases Triaged
Apr-17	48
May-17	104
Jun-17	146
Jul-17	41
Aug-17	93
Sep-17	69
Oct-17	63
Nov-17	61
Dec-17	91
Jan-18	63
Feb-18	85
Mar-18	71
Grand Total	935

9.2.1. Chart two: requests clinically triaged 2016-17 and 2017-18

IFR requests clinically triaged by month to 2016-17 and 2017-18



9.3. Requests considered at IFR Panel

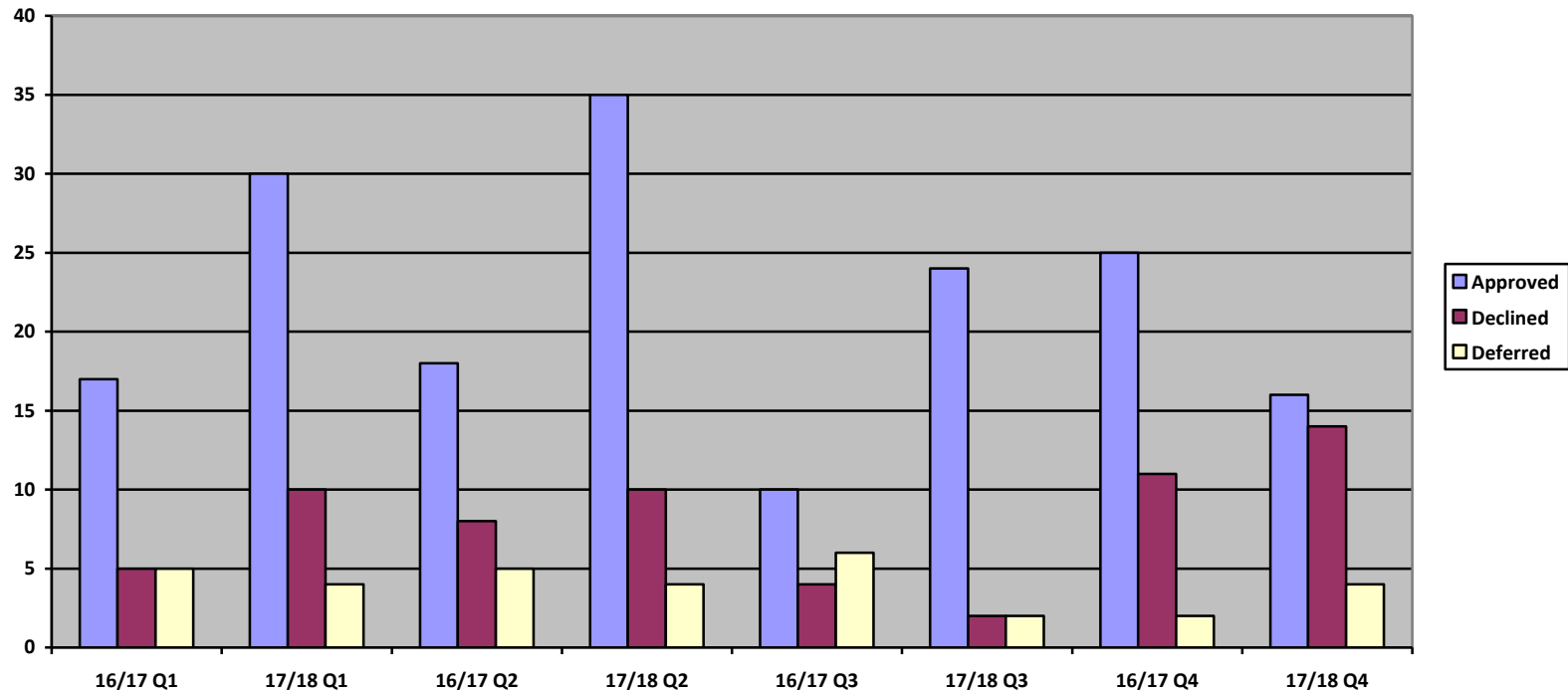
During 2017/18 the total of number of request considered by the IFR panel was 155. This is comparison to 116 requests considered by the IFR panel in 2016/17. The outcomes for the 2016/17 & 2017/18 cases are detailed in table six. This is an increase of 25% in the cases which have been considered by the IFR panel.

9.3.1. Table six: IFR requests considered at IFR Panel 2016/17 and 2017/18

Outcomes	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	16/17	17/18	16/17	17/18	16/17	17/18	16/17	17/18
Approved	17	30	18	35	10	24	25	16
Declined	5	10	8	10	4	2	11	14
Deferred	5	4	5	4	6	2	2	4
Total	27	44	31	49	20	28	38	34

9.3.2. Chart three: IFR requests considered at IFR Panel 2016/17 and 2017/18

IFR requests considered at IFR Panel 2016/17 and 2017/18



9.4. New Requests by Referring Clinician

Of the 1113 new requests received during the reporting period, 77% (916) were received from Practices (GPs and other clinical practice staff) and 23% (197) from Secondary care or Independent providers (Consultants). This is a change in referring clinician from 82% GP and 16% Consultant in 2016-17.

[Appendix two](#) details the outcomes per Practice, Secondary care or Independent providers.

It can be seen from [appendix two](#), which lists all outcomes per GP Practice or Consultant that the Consultant requests were significantly more successful in comparison to the requests received from the GPs. Of the 825 new requests submitted by GPs, only 18% were approved which is a decrease compared with 2016/17, 27% and a further decrease compared with 2015/16 of 33%.

During the reporting period, 48% of the 261 requests received from Consultants were approved. This also represents a decrease on the percentage of successful Consultant requests in 2016-17 68% *and a further decrease compared with 2015/16 73%*.

There may be a number of factors affecting this, including the specialist knowledge of the Consultant and the complexity of the intervention requested, resulting in a higher quality of clinical information included in the requests which results in a positive outcome. Alternatively it could be argued that the more specialist the referring clinician, the more exceptional the treatment where the clinical need is that much greater and therefore easier to demonstrate than with minor procedures or treatments. There is also a growing issue experienced by GPs where Consultants are discharging patients and requesting the GPs to submit funding requests for treatment they are recommending. This can result in the GPs not having the specialist clinical knowledge or familiarity with NHS Hull CCG policy criteria for the Consultant recommended treatment and therefore are not able to submit as good a request as required in order for it to be approved. The IFR team continue to encourage both GPs and Consultants to apply via the IFR process by whichever clinician is most clinically appropriate to the intervention being requested; however this does not always occur.

10. Predictions and Planned work for April 2018 – March 2019

Following the implementation of the new electronic IFR system for NHS Hull CCG, NECS in agreement with the CCG are going to explore the use of the system for ratification of cases and cases which are presented at panel which will support the timeliness of the decisions being communicated.

Exploration will take place over the coming year to merge NHS Hull CCG and NHS East Riding of Yorkshire CCG Panels.

The service will be reviewing its SOP to ensure that it provides a quality service to the CCG, referring clinicians and ultimately the patient. The service will also review the monthly reporting it provides to the CCG with the aim of providing assurance that the KPIs within the contract are being met.

The IFR service are also anticipating the planning and organising of an additional panel meeting on behalf of the CCG in relation to patients who receive infusion therapy.

11. Breach Report

Breaches occur when the national 40-day target for response and completion has been exceeded. Whilst the IFR Service endeavours to reduce breaches to a minimum, delays do sometimes occur for a variety of reasons. Throughout April 2017 to March 2018, there was one breach reported and a Root Cause Analysis was undertaken.

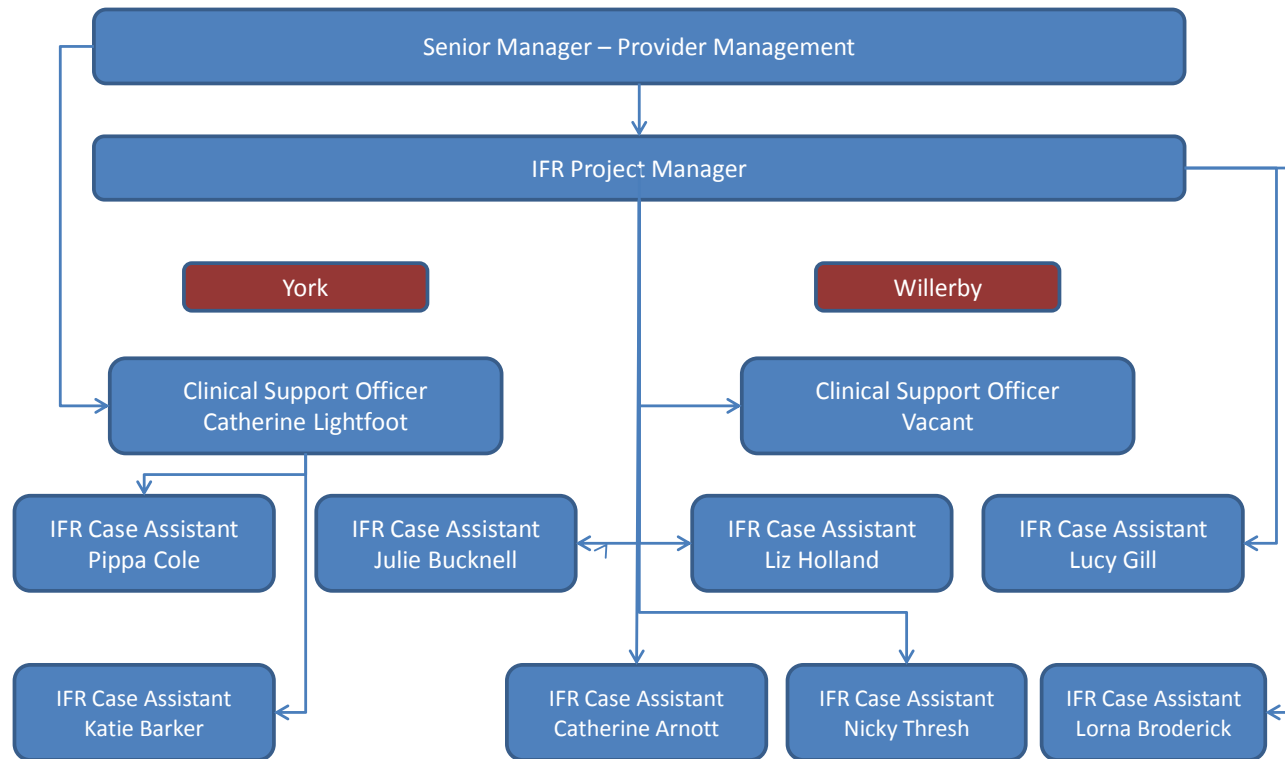
12. Requests for Appeal and/or Judicial Review

There have been no appeals and no notification has been received of any case moving to Judicial Review during the reporting period 1st April 2017 to 31st March 2018.

13. Recommendations

It is recommended that the Quality & Performance Committee and the Integrated Audit & Governance Committee consider and approve this Report.

Appendix One: IFR team structure



Appendix Two: Outcomes by GP Practice & Non-Practice Providers

Primary Care (Practice) requests: April 2017 – March 2018

Row Labels	Approved	Declined	Not IFR	Pending	Withdrawn	Total
Hull GP Collaborative						
BRIDGE GROUP	3	5		4		12
DR GT HENDOW'S PRACTICE	2	3		2		7
DR KOSHY'S PRACTICE	1	9		3	1	14
DR KV GOPAL'S PRACTICE	4	1	1			6
HAXBY - BURNBRAE	2	17	2			21
HAXBY - HULL	12	23		14	1	50
JAMES ALEXANDER PRACTICE	7	12	1	5	1	26
MALCZEWSKI		4		8		12
NORTHPOINT - HUMBER FT	1	8		1	1	11
ORCHARD 2000 - BRANSHOLME	7	18		16	1	42
RAUT PARTNERSHIP	1	7			1	9
SUTTON MANOR SURGERY	3	13		2		18
Total	43	120	4	55	6	228
Hull Health Forward						
DR G JAIVELOO PRACTICE (LAURBEL PRACTICE)	1	9		6		16
DR GM CHOWDHURY'S PRACTICE		3		4		7
DR MUSIL J & DR QUEENAN P (PRINCES MEDICAL CENTRE)	8	7		2		17
DR NAYAR JK (NEWLAND HEALTH CENTRE)	1	3		1	1	6
DR VARMA MJP (CLIFTON HOUSE)	7	14	1	4	1	27
HASTINGS MEDICAL CENTRE	5	4		4	1	14
HOLDERNESS HEALTH OPEN DOOR		1				1
KINGSTON HEALTH (HULL)	3	14		3	2	22
SYDENHAM HOUSE GROUP PRACTICE	4	11	1	1		17
THE AVENUES MEDICAL CENTRE	1	6		2		9
THE OAKS MEDICAL CENTRE	1	3		1		5
WILBERFORCE SURGERY	1	6		3		10
WOLSELEY MEDICAL CENTRE	4	16		3	1	24
Total	36	97	2	34	6	175
Modality						
DIADEM MEDICAL PRACTICE	2	22	1	11	1	37
DR COOK BF (FIELD VIEW)	4	13		2		19
FAITH HOUSE SURGERY	8	11	2	6	1	28
NEW HALL SURGERY	5	13		11		29
ST ANDREWS GROUP PRACTICE	4	27	2	6	1	40
THE NEWLAND GROUP	7	22	1	11	1	42
THE SPRINGHEAD MEDICAL CENTRE	14	21	1	12		48
Total	44	129	7	59	4	243
City Health Federation						
CHCP - NEWINGTON		25	9	1		35
CHP LTD - MARFLEET	2	12		2		16
CHP LTD - SOUTHCOATES		4		5	1	10
KINGSTON MEDICAL CENTRE (CITY CENTRE)	4	7		2		13
DR A KUMAR-CHOUDHARY'S PRACTICE	1	4		2		7
EAST PARK	3	8		5		16
Total	10	60	9	17	1	97
Medicas						
EAST HULL FAMILY PRACTICE (INC NEW GREEN SURGERY)	22	53	1	26	1	103
MARFLEET GROUP PRACTICE		1		5		6
Total	288	866	45	361	35	852

Secondary care requests: April 2017 – March 2018

Secondary care (Non-practice) providers	Approved	Declined	Not IFR	Pending	Withdrawn	Grand Total
Hull And East Yorkshire Hospitals	83	35		18	2	138
Hull Integrated Community Stroke Team	1					1
Hull IVF Unit	13	3		4		20
Humber NHS Foundation Trust	2					2
Leeds And York Partnership NHS Foundation Trust				1		1
Leeds Teaching Hospitals NHS Trust				1		1
Sheffield Health & Social Care NHS FT	1	2		3		6
Spire Hull and East Riding Hospital	11	5	1	20	1	38
City Health Care Partnership CIC		1	1	1		3
Other	26	23		5	10	64
Grand Total	137	69	2	53	13	274