NHS
Hull
Clinical Commissioning Group

2018-19 **Annual Report** & Accounts

Creating a healthier Hull

Dedicated to the memory of Paul Jackson

Lay Member and Vice Chair of the NHS Hull CCG Board who sadly passed away in May 2019.

Paul had joined Hull CCG when it was still in shadow form and his own senior professional career in both public and private sector brought much valued insight, particularly in relation to making strategic change work. He was instrumental in the establishment of St Mary's Health and Social Care Academy and we are sure this will be his proudest legacy in helping to create a healthier Hull.

Accessibility Statement

If you need this document in an alternative format, such as large print or another language please contact us by:

Emailing: HULLCCG.contactus@nhs.net
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 2019 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.

Creating a healthier Hull

Welcome

From the CCG Chief Officer & Chair

Welcome to the **2018-19 Annual Report & Accounts** for NHS Hull Clinical Commissioning Group (CCG).

Our report provides an overview of the CCG's work and performance as we continue to work with people and partner organisations to create a healthier Hull.

Emma Latimer
CCG Chief Officer

Dr. Dan Roper
CCG Chair

We are delighted to have maintained our outstanding rating as a CCG for a second year, against strengthened assessment criteria and in a challenging year for the NHS. It shows that we are on the right track with our strong collaborative approach and partnerships. We are incredibly proud of our whole team for the work they do and we will continue to aspire to be a high-performing organisation for the benefit of the people we serve.

We are beginning to see tangible benefits for our plans and initiatives. The day we opened the Jean Bishop Integrated Care Centre (ICC) was one of the absolute highlights of the past few years. We have received such heartwarming feedback from patients and this is truly the experience we wanted. The ICC has got off to a great start, which is testament to the clinical leadership, and we are so pleased it has picked up three awards in its first year.

As a CCG we continue to benefit from a supportive and collaborative approach across our wider health and care system, our public and our voluntary sector partners. We work more closely than ever with Hull City Council since moving towards integrated commissioning – enabling us to use our resources better, share information and have a clearer picture of local needs.

This year the NHS launched its ten year vision known as the Long Term Plan, outlining ambitious improvements for patients over the next ten years to save half a million lives, and address the workforce challenges and growing demand for services. We welcome the Long Term Plan's emphasis on reducing health inequalities, which is so important for us in Hull. We are still a city with substantial inequalities. This was apparent after 'walking the walk' on the beat with Humberside Police's Early Intervention Team this year. Seeing the reality of the impact of long term drug, alcohol and mental health issues has strengthened the need for all public services to work collectively to tackle problems for families early on before they become more difficult to reverse. Working together as part of the Hull Health and Care Place Plan we are really seeing what the issues are across police, social care and health and we are talking to the community about what's important to them.

In Hull we fully recognise the power of arts and culture to change people's lives following our year as the UK's City of Culture. This year this we supported an award winning play that focuses on the impact of depression in young people - A Super Happy Story about Super Happy People - to take the message out to communities in Hull. We continue to work with the Absolutely Cultured team to retain the skills and enthusiasm of the 2017 volunteers to support programmes around health and wellbeing.

We are also supporting the next generation, with a number of engagement programmes, including the Got Your Back campaign reaching over 8,000 young people every month. Integrated commissioning and delivery programmes continue to be innovative and adaptable to meet changing needs.

Our GP practices are working extremely hard towards the development of Primary Care Networks across the city with our support, in conjunction with the Humberside Group of Local Medical Committees (LMCs). 2019 will see the beginnings of a major change in the the way that general practice and community health services are delivered across the city. Our practices have been working together at scale for 18 months now, but that is set to consolidate around new contractual arrangements agreed by the British Medical Association (BMA) and the Department of Health and Social Care that will put General Practice at the heart of the Primary Care Networks. This is over and above the dedicated work all the clinical and admin staff in General Practice do on behalf of patients.

Clinical and non-clinical NHS staff across England, in every discipline, have been recognised and thanked for their hard work providing patient care over the winter months and this dedication has been very evident in Hull.

Thank you as always to our Board members and our amazing CCG team. 2019 will continue to be a year of change, but we expect the CCG to continue influencing and shaping the agenda where we can to ensure people in Hull get the best services - we know our partners across the city will be supporting us on this.

*Emma Latimer reaches **HSJ Chief Executive of the Year 2018** finals*

Chief Officer Emma Latimer was one of only seven health leaders shortlisted for Health Service Journal's (HSJ) Chief Executive of the Year. Emma puts improving health at the forefront of everything we do as an organisation and it was a great honour for us, and for Hull, that she was recognised for her vision and leadership of Hull CCG.

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We are Hull Clinical Commissioning Group (CCG)

NHS Hull CCG is a clinically-led organisation, which brings together 37 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 301,151 across 23 wards. We had an allocated budget of £457.7 million for 2018-19 with a requirement to break even within the financial year and maintain the level of retained surplus at £15.3 million.

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 jointly commission services with partners such as East Riding of Yorkshire CCG or Hull City Council. The main health provider organisations that we have contractual arrangements for services with are:

- **Hull University Teaching Hospitals NHS Trust (formerly 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:

Creating a healthier Hull

You can contact us at:
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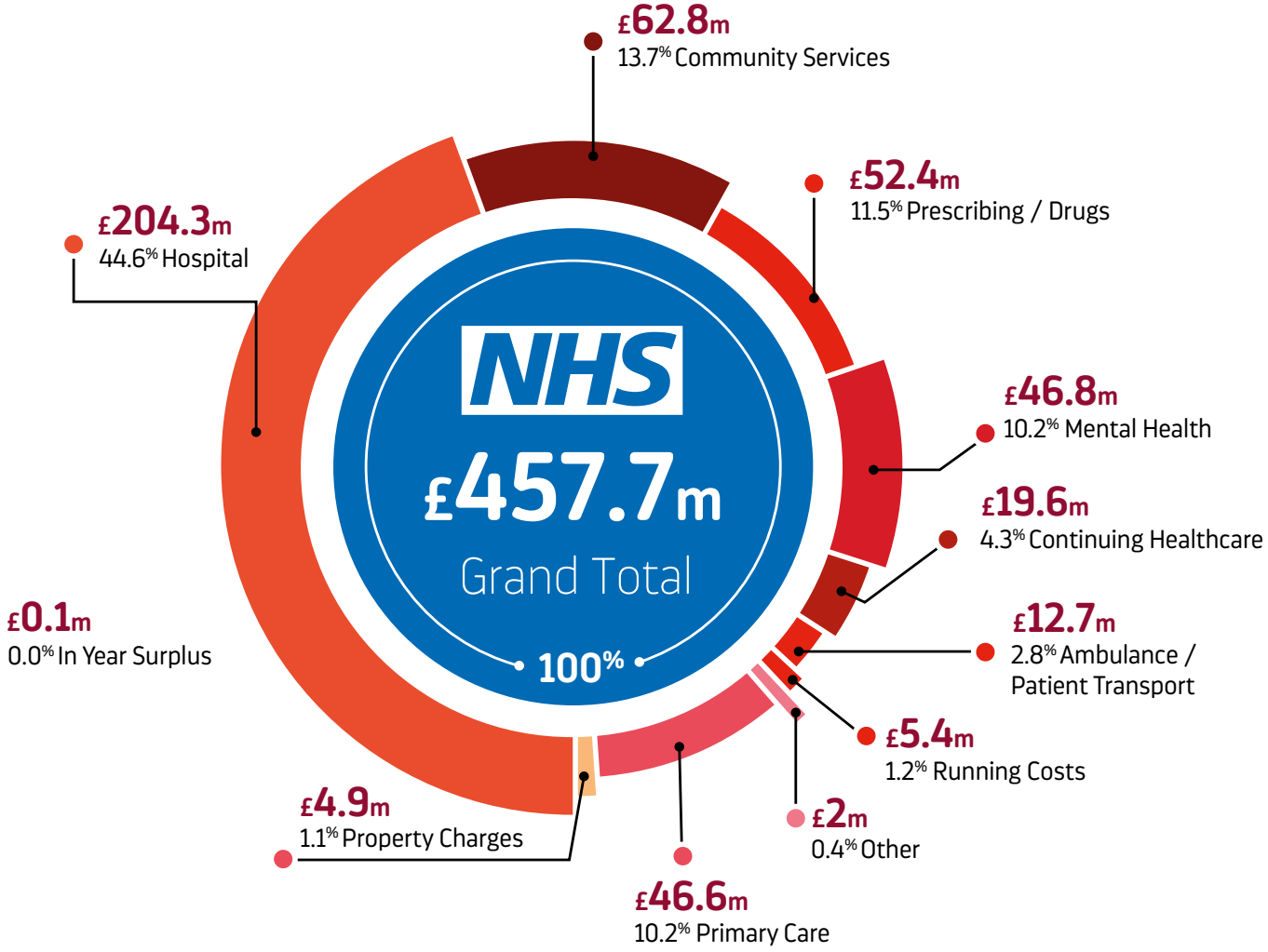
Twitter: @NHSHullCCG

Part One: **Performance** report

Emma Latimer
Accountable Officer
24 May 2019

A snapshot of 2018-19

How our money is spent:



Performance Overview 2018-19

by Emma Latimer, Chief Officer

The Chief Officer's Performance Overview highlights our key programmes of work, service transformation and performance during 2018-19 and explains how we are working – with our partners and the people of Hull – to improve health in our city.

Key areas:

- The NHS Long Term Plan
- Hull Health and Care Place Plan
- Integrated commissioning for Hull
- Integrated delivery plus focus on the Jean Bishop Integrated Care Centre
- Primary care
- Patient and public involvement
- 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 37 to support this overview.

NHS Long Term Plan

The NHS Long Term Plan (LTP) outlines ambitious improvements for patients over the next ten years to save half a million lives, and action to overcome the challenges in terms of workforce and growing demand for services. As commissioners, the priorities are what we would expect and the emphasis on reducing health inequalities, and increased investment in strengthening primary and community care and mental health is important for us in Hull.

The LTP is based around life stages, with intervention programmes that focus around early life, staying healthy and ageing well. Clinical priorities include cardio-vascular, cancer and respiratory, learning disabilities, autism and mental health. The 'enablers' for the Long Term Plan will be workforce, primary care, digital innovation and technology, research and innovation and engagement.

Targeted Lung Health Checks

The NHS Long Term Plan set out an ambition that 55,000 more people will survive their cancer, and targeted lung health checks is one of the first projects to roll out. Hull is one of ten initial sites, across the UK, chosen to be part of the first phase of the NHS Lung Health Check roll out.

The CCG and the Humber, Coast and Vale Cancer Alliance are working with local health care partners to develop plans for the implementation of the lung health check service in Hull, which will include a mobile lung cancer scanning truck. We envisage that patients will be accessing the service from early 2020.

We know that detecting health problems earlier makes the chance of successful treatment much greater, and we look forward to working in partnership to deliver a service that is going to save lives.

Ageing Well - Ray's Story

Hull's Jean Bishop Integrated Care Centre (ICC) has been featured on NHS England's Long Term Plan website as the leading case study in the Ageing Well section. You can see the case study here: https://www.longtermplan.nhs.uk/areas-of-work/ageing-well/ and read more about the Jean Bishop Integrated Care centre on page 19.

Development of Integrated Care Systems (ICS)

By 2020, under the LTP, every Sustainability and Transformation Partnership will become an Integrated Care System (ICS) where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources and improving the health of their populations.

At this early stage we are starting to have discussions with providers of health and care services across Hull and East Riding of Yorkshire to establish an Integrated Care Partnership (ICP), and how this would improve services and care for patients. This is a key element and focus for us in Hull in terms of how our own strategy aligns to the priorities of the Long Term Plan.

You can read the full Plan or executive summary at www.longtermplan.nhs.uk

Hull Health and Care Place Plan

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 resources on the wider determinants of health.

Hull City Council and Hull CCG are leading a transformation programme in partnership with the wider public sector including Humberside Fire and Rescue Service, Humberside Police, Hull University Teaching Hospitals NHS Trust, Humber Teaching NHS Foundation Trust, City Health Care Partnership CIC, Yorkshire Ambulance Service, University of Hull, Hull College and representatives from the community and voluntary sector.

A robust place-based plan is overseen by the Hull Strategic Partnership Board (SPB). Its aim is to address demand with an emphasis on the wider determinants of health and a focus on the transformation of the current health and care system which includes the following:

- Integration of health and social care
- Effectively managing future demand for services
- Population health and wellbeing
- Solutions that are responsive to the needs of local populations and communities
- Engagement of the community and workforce

This strategic response to addressing need and managing population health at place will also realise financial benefits and ensuring we make effective use of the Hull pound.

One of the key areas of work during 2018-19 has been the Our People, Our Place (Beverley Road Corridor) Project. The project began initially in May 2018 at the instigation of the Hull Strategic Partnership Board, and concentrates on a single geographic area within Hull, the Beverley Road Corridor, and brings together all agencies working in that area to co-design better solutions for residents that reduce their needs, improve their lives and provide better outcomes.

Data has been assembled from eight agencies and built a powerful and detailed mapping dashboard to visualise demand and services across the area. All partners have also provided information about the assets they hold within the project area.

We now have a very thorough report on the Beverley Road area which has identified the specific postcodes displaying the highest overall need. We are able to determine what the key issues are across police, social care and health and we are talking to the community about what's important to them. The next step, which may include piloting the co-location of teams/services together in the area, is being considered by the Board.

Another Strategic Partnership Board project looked at young people on the **Edge of Care**. It focused on supporting some of the most vulnerable children in the city and working with them and their families to provide more intensive support. In 2017 this city had just short of 700 children in the care system, and it is well documented that children in care often don't have the same life chances as other children. The project has the potential to become a key preventative service which should result in reductions in the number of children being taken into care, but much more importantly improving the outcomes for the children themselves.

Integrated commissioning for Hull 2018-19

NHS Hull CCG and Hull City Council's integrated financial plan is now in its second year of operation, with the governance in place to operate an integrated commissioning process across the two organisations.

This included a full review of existing contracts and development of a single procurement plan that took place during 2017-18. The governance 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 (£693m) covers children, adults and public health and is designed to respond to health and wellbeing needs in Hull and act to deliver outcomes-based joint commissioning, and efficient and effective deployment of resources.

The CCG and Hull City Council have established an Integrated Commissioning Committee (Committees in Common) responsible for facilitating shared decision-making between the two organisations with respect to joint commissioning and the integrated financial plan. For more information see the 'Who we work with' section at www.hullccg.nhs.uk

During 2018-19 we continued to make progress in delivering 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 will continue to be a focus with both organisations working together to deliver the City Plan, including improving health and wellbeing.

We have worked with our community health colleagues to support the new community frailty service in Hull and will continue to expand the range of high quality integrated services and pathways for patients and service users with long term conditions and support more patients and service users to receive care outside of hospital, including high quality end of life care services provided in the community.

Unplanned (emergency) Care

Building upon the successful launch of our 24/7 Urgent Care Centre within Bransholme Health Centre we have continued to develop and deliver our local, and wider, Integrated Urgent Care Service.

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 the autumn we renamed the facility as an Urgent Treatment Centre (UTC) to demonstrate it is now fully aligned with the national service offer for UTCs.

Performance against the four hour A&E target (Four hours from booking into A&E to being admitted or discharged) has proven challenging in 2018-19. Delivery has been uneven with October 2018 having the highest monthly average of 91.7% and January 2019 having the lowest monthly average of 72.3%. This variation has been due to a number of factors, but the central reason has been challenges in supporting patients to move through and out of Hull University Teaching Hospitals NHS Trust (previously Hull and East Yorkshire Hospitals NHS Trust).

The introduction of complex discharge 'targets' has helped focus the system response, with additional 'winter' physiotherapy/occupational therapy capacity and additional beds within the community remaining in place until after the Easter period. Regular liaison takes place with the Trust and Hull City Council to oversee/manage Hull specific system challenges.

Urgent Treatment Centre Performance	April 2017 - March 2018 (Q1 - Q4)	April - January 2019 (Q1 - Q4)
Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service	**99.48**	**99.42**
Percentage of service users who receive treatment within four hours of referral to the service	**99.7**	**99.5**
Number of face-to-face contacts	**55,399**	**49,153**
Number of x rays	**1,941**	**4,199**

Planned care

Work has continued during 2018-19 to redesign a range of care pathways including:

Frailty Pathway

We continued to further develop our frailty pathway and the services we offer at the Jean Bishop Integrated Care Centre. During 2018-19 our work in developing the Jean Bishop Centre and the frailty pathway has received local and national recognition of the innovative care model. There have been positive impacts on the care of patients who have been reviewed as part of the frailty pathway with a 28% reduction in admissions into hospital for our frail patients within care homes.

Respiratory Care Pathways

We have worked with Hull University Teaching Hospitals NHS Trust to develop a model of multi-disciplinary team (MDT) reviews of indivdiual cases, where it is beneficial in having all involved professionals discussing the plan of care. We will be building on this in 2019-20 and integrating these MDTs into our frailty pathway work at the Jean Bishop Integrated Care Centre.

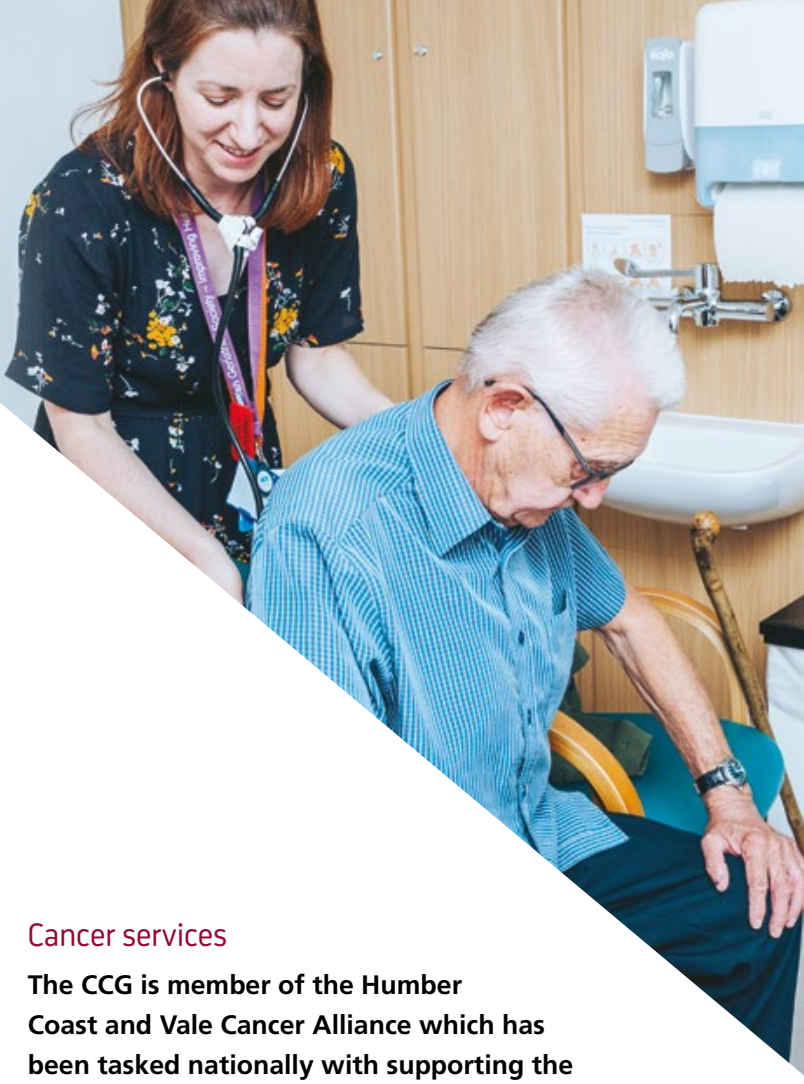
Alignment of our commissioning policies with those of our partner commissioners

We have a number of policies that explain how we apply NICE guidance and other national documents that set out clinical best practice for our population. We have worked to agree the same commissioning policies as our partner CCGs; North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire CCGs; and we have now aligned 54 commissioning policies. This has promoted the use of best practice across the 4 CCGs. In 2019-20 we are planning to look at a further 30 commissioning policies.

During 2018-19 we have seen a modest reduction in waiting lists, this was against a national target that waiting lists should be no more in March 2019 than they were in March 2018.

Thirty nine specialties have seen improved waiting times since March 2018, although there are some areas under continued pressure which include:

- Breast surgery
- Cardiology
- Dermatology
- Paediatric ENT



Cancer services

The CCG is member of the Humber Coast and Vale Cancer Alliance which has been tasked nationally with supporting the delivery of the NHS Constitution targets around cancer and developing improved pathways and services for early diagnosis of common cancers and increase survivorship.

During 2018-19 the Alliance, alongside the CCG, has been working with all local providers of cancer services to support the implementation of cancer best practice pathways; especially in relation to lung, prostate and colorectal cancers; which reduces duplication and streamlines care pathways. It is acknowledged that further work is required to embed these pathways. Work has also occurred to improve the quality of the assessments that indivduals living with cancer have to review their care plans.

Providers have been challenged in trying to deliver the 62 day target (62 days from GP referral to first definitive treatment) amongst others. This has mainly been due to constraints in diagnostic capacity and to the level of clincial complexity of some of our patients.

Additional funding has been made available for Hull University Teaching Hospital NHS Trust to support the reduction of endoscopy waiting lists and to provide additional MRI capacity. This has had a positive impact on waiting lists and initial assessment is that this level of delivery should be maintained.

The Alliance's plans for 2019-20 continue to progress the agreed work programmes which will see an improvement in integrated working around diagnostic and pathology viewing and reporting.

Maternity, children and young people

Maternity

During 2018-19 we have supported the development of the Local Maternity Voices Partnership. This Partnership is made up of local women, from Hull and the East Riding who are pregnant or have recently given birth and enables us to hear and understand their perspectives on the care they have or are receiving and what changes could be put in place to improve the experience and outcomes for future parents.

They have developed a work plan which they are being supported to deliever by both the CCG and Hull University Teaching Hospitals NHS Trust and which will deliver real change for future parents.

Trials of 'continuity of carer' have continued with an East Hull pilot being introduced during the year. These pilots are demonstrating an increased number of families are being cared for through their pregnancy, labour and postnatal period by the same small group of midwives.

Children and Young People

This year we have had an increased focus on the redesign of our commissioned services for children and young people.

Throughout the year we have started to explore what a Children's and Young People's Integrated Care Partnership will look like. An Integrated Care Partnership puts the child or young person at the centre and the different services that are supporting that child or young person work together to deliver the care that they need. This work will continue through 2019-20.

We have been working with City Health Care Partnership CIC and Hull University Teaching Hospitals NHS Trust to transfer the community paediatric medical service between the organisations to strengthen the service that is offered by the paediatricians.

There has been a focus on children's respiratory pathways around pre-school wheeze and children's asthma. This work has led to a reduction in emergency admissions for children with respiratory conditions.

Improving experience & outcomes by listening to ***local mums to understand their perspective***

Special Educational Needs and Disabilities (SEND)

In 2018-19 we have continued to work jointly with Hull City Council to deliver the agreed written statement of action that was developed following the October 2017 Ofsted and Care Quality Commission (CQC) joint inspection 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

We have continued to build upon the positive work in 2017-18, however the plans to improve the delivery of speech and language therapies and to enhance our autism pathway have progressed more slowly than we would have wanted. This work will continue into 2019-20 as we seek to improve the services that childen receive. The CCG is investing a further £0.7m per year in children and young people's autism services which will increase the workforce to provide assessment, diagnosis and post diagnostic support and, over time, reduce the waiting time to 13 weeks.

Mental Health

The CCG continues to commission and invest in the delivery of mental health services. The CCG has increased funding for children's, young people's and adult mental health services over the last three financial years from £55.0m in 2016-17 to £58.5m in 2018-19.

This represents a 6.4% increase and therefore exceeds the parity of esteem requirement to increase expenditure by 4.9%. Developments in 2018-19 include:

- The development of a children's crisis pad
- An increase in the number of individuals with a learning disability who have previously been cared for in an out of area mental health and learning disability hospital to move to a geographical location of the patient's choice
- A plan to improve dementia diagnosis and care withn the community
- Delivery of 24/7 Mental Health Liaison Service with Hull University Teaching Hosiptals NHS Trust 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
- A programme of work is underway, jointly with East Riding CCG, to remodel the Children and Young People Eating Disorder Service

In Hull we have also been jointly working with Hull City Council on HeadStart, a lottery funding programme aimed at buiding more emotional resilience with children and young people in Hull.

Hull CCG has worked closely with health and social care providers in the city to ensure that people with a mental illness have equal access to the most effective care and treatment and we have equally high aspirations for all our population regardless of their primary health care need.

*Investing a further £0.7m per year in **children and young people's autism services***

Suicide prevention

A new partnership across the Humber, Coast and Vale (HCV) area is leading a programme of suicide prevention interventions with a focus on the priority areas of men, mental health services and self-harm.

This includes:

- Positive messages and targeted campaigns towards changing culture and building resilience amongst high risk groups.
- Determining areas for improvement and promote innovation and shared learning from any deaths of inpatients
- Promotion of 72 hour follow up after discharge from hospital
- Understanding the profile of need relating to self-harm across the HCV area by collecting emergency department data through mental health liaison services
- Promotion of consistent best practice within the self-harm pathway across HCV

In addition, all people bereaved by suicide will be offered timely information and support by an appropriate bereavement service within 72 hours.

The CCG has urged people in Hull to complete a free online suicide prevention training programme #TalkSuicide. Even a simple question, like asking someone if they are okay, while it may seem small, can go a long way towards helping people open up and reach out to someone in a crisis. A regional suicide awareness campaign #TalkSuicide launched on 30 January 2019. A microsite www.talksuicide.co.uk and a short video featuring former Hull City player Dean Windass were created for the campaign.

Hull CCG is a leading member of the Humber Transforming Care Partnership which is working to ensure local services are in place so that people with mental health conditions, learning disabilities and autism can be supported to live close to their families. Find out more about this programme at www.hullccg.nhs.uk/humbertcp

Other mental health related initiatives during 2018-19 include the Are you alright mate? event (see page 22) and Teaming Up for Health - Back Onside (see page 26).

#TALKSUICIDE

Dementia

Dementia diagnosis remains consistently above national target 77.8% (Feb 2019).

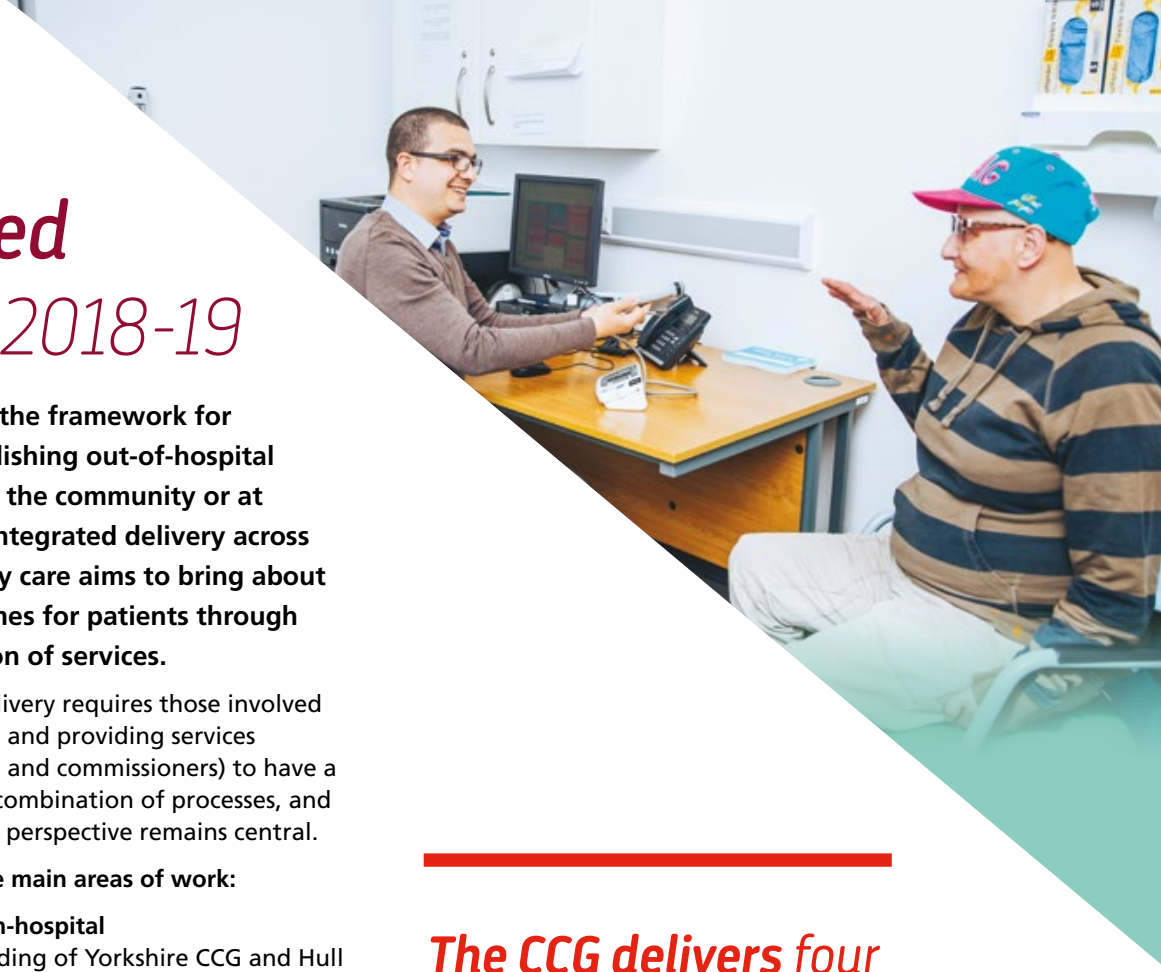
Work continues to roll out a new model of memory assessment and treatment and integrating a dementia element into the frailty pathway at the Integrated Care Centre.

Eating disorders

Waiting times (routine & urgent) for children and young people with eating disorders continue to be challenging.

A programme of work is underway, jointly with East Riding of Yorkshire CCG, to remodel the service. A workshop has taken place with a second planned for 2019 with outcomes and actions to be taken forward. Following public engagement and a competitive procurement process, a new five-year contract is in place to support adults in Hull experiencing eating disorders.

Dementia Diagnosis ***consistently above national targets***



Integrated delivery 2018-19

Integrated delivery is the framework for developing and establishing out-of-hospital care (care delivered in the community or at the patient's home). 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 commissioners) to have a shared vision, employ a combination of processes, and ensure that the patient's perspective remains central.

There are currently three main areas of work:

- **Integrated delivery in-hospital**
  Working with East Riding of Yorkshire CCG and Hull University Teaching Hospitals NHS Trust to deliver the aligned incentive contract with the hospital trust (see page 43).
- **Integrated delivery – out of hospital**
  GP practices are now working as part of larger groupings and have prioritised a number of projects to improve out of hospital care, with the aim of reducing the number of attendances and admissions and enable faster discharge from hospital. These projects include:
  - Increased use of e-referrals, implementing advice and guidance for GPs prior to a referral being made which will support the reduction in variation of GP referrals overall
  - Preventing disease development– eg. diagnosing COPD & heart failure earlier to support self care and improved outcomes.
  - Pathway redesign to support further integrated working and reduce duplication.
  - Audit and monitoring
- **Other work programmes**
  there are a range of work programmes which have shared outcomes, for example: Planned Care Delivery Group, vulnerable people and Humber Coast and Vale Health and Care Partnership.

Key areas of work during 2018-19 include:

- Opening the Jean Bishop Integrated Care Centre and first phase of delivery (see page 19)
- Management of demand on acute services through collaborative working with primary care and other providers.
- Continued joint working and commissioning with local authority.
- Crisis pad and innovation approach across children's mental health services.
- Investment and plans for integrated care across children's services.

The CCG delivers** four PTL events a year **with good attendance from primary care colleagues

Protected Time for Learning (PTL) events for clinicians and practice staff were delivered successfully during 2018-19. The CCG delivers four PTL events a year with good attendance from primary care colleagues with an average of 300 delegates at each event ensuring key learning is at the heart of the CCG priorities.

These have included the citywide PTL held at the annual Differently Abled event in February 2019. The speakers gave an insight into living with autism, dementia and learning disabilities, and communication skills for general practice plus tools and resources that can support patients with learning disabilities and complex needs.

Integrated delivery also aligns to the wider Humber, Coast and Vale Health and Care Partnership plans, supporting the work of the established national clinical priority areas of cancer, maternity, mental health and urgent care.

The Jean Bishop *Integrated Care Centre*

The CCG's ambition to develop anticipatory, integrated out-of-hospital care for Hull's frail, elderly population reached a milestone during 2018, with the opening of the Jean Bishop Integrated Care Centre (ICC).

The building was officially opened by Hull older people's champion fundraiser Jean Bishop on 6 July 2018 - the week the NHS celebrated its 70th birthday.

A redesign of the frailty pathway in Hull has been led by local community geriatricians as part of the whole system approach to developing out-of-hospital care. The Electronic Frailty Index (eFI) tool is used by GPs in Hull to identify patients at risk of severe frailty so that they can be targeted for an integrated assessment and care plan to avoid crisis management and emergency admission, where appropriate. Patients are invited to attend a half-day appointment at the ICC where they receive a number of multi-disciplinary reviews of their care. Prior to their visit to the ICC, a member of the clinical team visits each patient in their own home to identify any issues about their health, social interaction or day to day living they

wish to discuss with the team.

The ICC's team include experienced GPs with a specialist interest in older people, community geriatricians, pharmacists, advance practitioners, social workers, carer support, therapists who interface with other speciality teams within the community setting. After their assessment, and if the patient's condition changes, a model is in place within primary care to ensure patients and their carers receive the care, support and responsiveness they need on an ongoing basis. In excess of 1600 patients at risk of severe frailty have attended the ICC for assessment and care planning since May 2018. There is considerable time allowed during the visit to discuss individual concerns and it has been very rewarding to hear how different the ICC experience feels for patients.

Surveys to measure patient experience have involved patients, carers and staff and have given a vivid insight into the impact the ICC is having on the lives of older, frail people in Hull, with patients reporting that they felt:

- Supported by the healthcare professionals
- They had adequate time and opportunity to discuss any worries or fears
- That their healthcare professionals had enough information about their medical history
- They had enough time to discuss their health or medical problems
- Informed and empowered during their consultation and in planning their future care plan.

Friends and Family Tests carried out following the appointment showed 99% extremely likely or likely to recommend the service. A number of patients and carers have also taken advantage of the opportunity to return to use the café and voluntary sector sessions, with the ICC now becoming a place to meet and socialise.

A visit by the national Better Care support team took place in November 2018 and the ICC was chosen in March 2019 as the key case study in the Ageing Well section of NHS England's website dedicated to the NHS Long Term Plan. The touching film of how the ICC made such a difference to Ray Eshelby, allowing him to be independent in the last few months of his life captures the experience we wanted to see for our patients from the way the services at the ICC work together. You can see the case study here: https://www.longtermplan.nhs.uk/areas-of-work/ageing-well/

Humberside Fire and Rescue Service also has an operational fire station on site and provides a falls response team as well as responding to other fire and rescue incidents, with potential for the crews also supporting rehabilitation and recovery of patients.

The ICC won the Best NHS Collaboration Award at the national Health Business Awards in December 2018, which recognises excellence in the provision of NHS facilities, best practice and innovation. This was the third award the ICC picked up in 2018 following the Innovation in Health & Social Care Award at the Health and Care Awards and Partner Project of the Year Award at Humberside Fire and Rescue's annual Community Awards.

The second phase of the Community Frailty Pathway at the ICC is now underway. This will now incorporate the specialist element of planning into the process. Patients seen at the ICC with frailty can receive specialist advice and support if they have COPD and this includes the provision of a pulmonary rehabilitation service within this setting. This year will see the establishment of an integrated 'Parkinson's Hub' within the ICC setting where patients will get specialist advice and intervention alongside support from the core ICC services. Plans are also underway to align the community frailty programme with the considerable amount of work going on locally to support patients with dementia, diabetes and who fall.

99% of patients extremely ***likely or likely to recommend the service.***

Primary care *in Hull 2018-19*

The development of primary care services, including general practice, is key to the delivery of the CCG's corporate 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. For patients this means that practices have the potential to provide a wider range of medical services by staff with diverse skills.

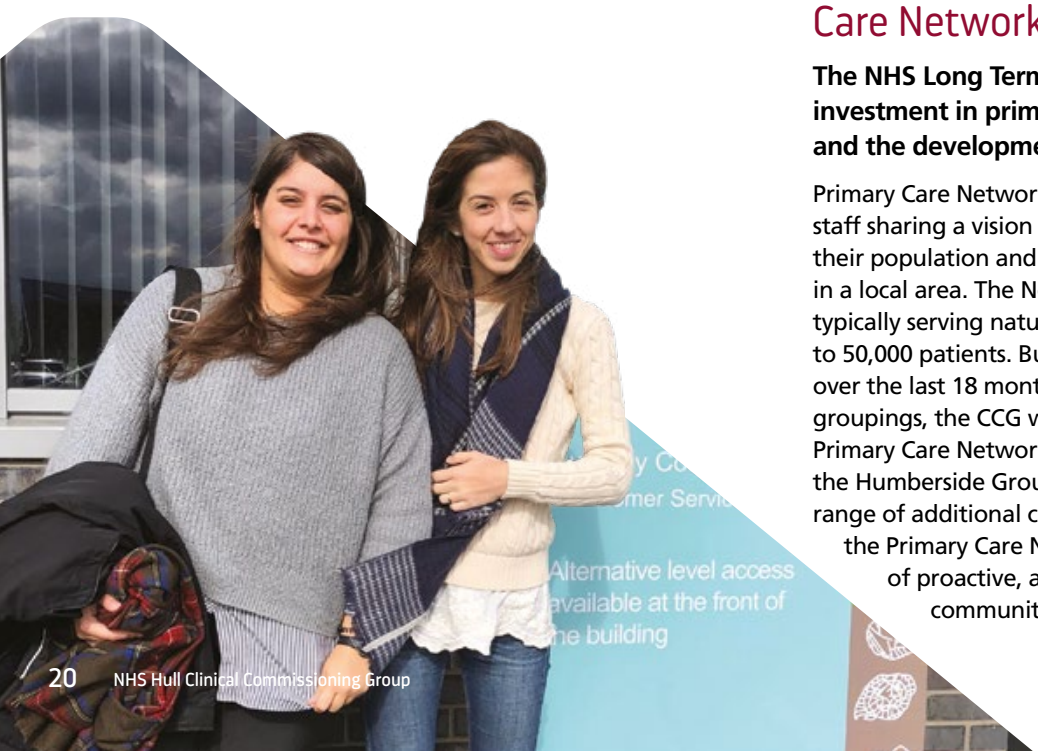
At 31 March 2019 Hull CCG had 39 member practices. Full details of contractual changes during 2018-19 and member practices can be found on page 46 in the Accountability Report. There have been a number of new developments during 2018-19:

Extended Access for routine appointments

The new Access Plus Service went live on 1 October 2018 following successful open procurement and pre-procurement public engagement exercise.

Access Plus is being offered through the Hull Primary Care Collaborative and managed by City Health Care Partnership CIC (CHCP CIC). All of the GP practices across the city have now booked patients into the service and between 1 October 2018 and 31 Jan 2019 – 6195 appointments were available at three locations across Hull. Utilisation of these appointments is consistently above 70%. All necessary prescriptions, diagnostics & referrals are managed within the service.

Patients can book Access Plus appointments via their usual GP surgery, or by calling 01482 247111. Visit www.accessplus.org.uk for more details.



Developing the wider practice team

The CCG continues to support the development of a range of new job roles in primary care and these new roles are an opportunity to provide a wider range of services and reduce the pressure on GPs, allowing them to focus on more specialist tasks.

As we move to stabilise and transform primary care services in Hull, patients are encouraged to see other members of the practice team through a clinical triage process. With rising demand for appointments and falling numbers of GPs practicing in Hull, it is more important than ever that we make sure patients are seen by the most appropriate team member when they visit their GP surgery.

Across the city teams include advanced nurse practitioners, health care assistants, senior clinical pharmacists and urgent care practitioners who are supporting patients and staff to ensure safe prescribing and consistent quality of care.

Spanish GPs head to Hull for taster weekend

In September 2018 four Spanish GPs visited Hull for a taster weekend as part of the NHS England International GP Recruitment Programme. The visit gave the doctors an opportunity to see the city, meet the CCG team and visit a selection of local GP practices and health services.

The GPs have a second set of interviews and English proficiency testing, and, if successful, are allocated to one of our GP practices to take up a GP role. Two of the GPs are going through this process with expectations of qualifying in May 2019.

Once in the practice, the GPs will be provided with a minimum of three months training and observation, as well as around six months of supervision and support from a senior GP. Another taster weekend with a further six Spanish GPs will take place in late April 2019.

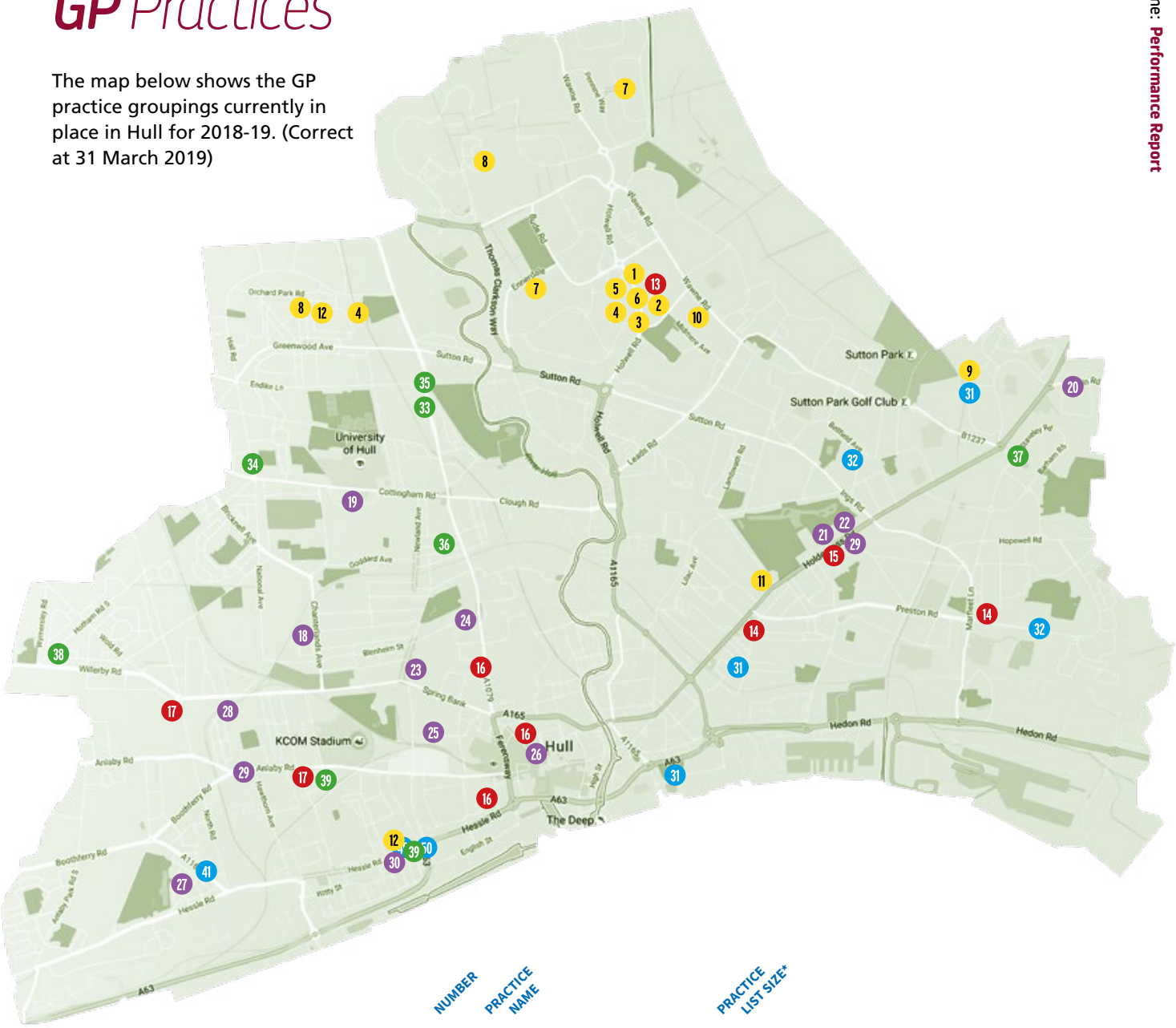
Development of Primary Care Networks

The NHS Long Term Plan identifies £4.5 billion investment in primary and community care services and the development of Primary Care Networks.

Primary Care Networks are groups of clinicians and wider staff sharing a vision for how to improve the care of their population and will become service delivery units in a local area. The Networks are based on GP practices typically serving natural communities of around 30,000 to 50,000 patients. Building upon the work undertaken over the last 18 months to develop general practice groupings, the CCG will support the development of Primary Care Networks across the city in conjunction with the Humberside Group of LMCs. Over a five year period a range of additional clinical staff will be recruited through the Primary Care Networks to support the provision of proactive, accessible, co-ordinated primary and community care.

GP Practices

The map below shows the GP practice groupings currently in place in Hull for 2018-19. (Correct at 31 March 2019)



Hull GP Collaborative

NUMBER	PRACTICE NAME	PRACTICE LIST SIZE*
1	JAMES ALEXANDER PRACTICE	7451
2	GOODHEART SURGERY	4763
3	DR KV GOPAL'S PRACTICE	1995
4	ORCHARD 2000	8877
5	DR GT HENDOW'S PRACTICE	2706
6	NORTHPOINT	3349
7	THE RAUT PARTNERSHIP	4790
8	HAXBY GROUP	12872
9	DR GS MALCZEWSKI'S PRACTICE	2060
10	SUTTON MANOR SURGERY	7363
11	HAXBY - BURNBRAE PRACTICE	4667
12	BRIDGE GROUP	8702

City Health Federation

NUMBER	PRACTICE NAME	PRACTICE LIST SIZE*
13	CHP BRANSHOLME	3357
14	CHP SOUTHCOATES	6438
15	EAST PARK PRACTICE	3826
16	THE QUAYS MEDICAL CENTRE / RIVERSIDE MEDICAL CENTRE / KINGSTON MEDICAL CENTRE / STORY ST PRACTICE	15321
17	CHCP NEWINGTON	10854

Hull Health Forward

NUMBER	PRACTICE NAME	PRACTICE LIST SIZE*
18	THE AVENUES MEDICAL CENTRE	6518
19	NEWLAND HEALTH CENTRE	7764
20	LAURBEL SURGERY	3323
21	DR GM CHOWDHURY'S PRACTICE	2517
22	DELTA HEALTHCARE	2101
23	DR MUSIL J AND DR QUEENAN PJ	6523
24	CLIFTON HOUSE MEDICAL CENTRE	8755
25	WOLSELEY MEDICAL CENTRE	7173
26	WILBERFORCE SURGERY	3827
27	THE OAKS MEDICAL CENTRE	7446
28	HASTINGS MEDICAL CENTRE	3002
29	KINGSTON HEALTH (HULL)	9383
30	SYDENHAM HOUSE GROUP PRACTICE	8352

Medicas

NUMBER	PRACTICE NAME	PRACTICE LIST SIZE*
31	EAST HULL FAMILY PRACTICE	26452
32	MARFLEET GROUP PRACTICE	14519

Modality

NUMBER	PRACTICE NAME	PRACTICE LIST SIZE*
33	FAITH HOUSE SURGERY	7492
34	NEW HALL SURGERY	9602
35	DR COOK BF	3576
36	THE NEWLAND GROUP	14918
37	DIADEM MEDICAL PRACTICE	12191
38	THE SPRINGHEAD MEDICAL CENTRE	16813
39	ST ANDREWS GROUP PRACTICE	9477

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

Involving people and communities 2018-19

The CCG has a legal duty to consult and engage as set out in 14Z2 of the Health and Social Care Act 2012, however our desire to keep our patients and local residents at the heart of everything we do goes much deeper than fulfilling our statutory obligations.

We want a culture in which our patients, public, stakeholders and staff are encouraged and empowered to influence the work of the CCG. Against a background of change and transformation, our stakeholders need to be able to understand our issues, challenges and aspirations as well as the opportunities they have to work with us. To support this, we have developed an Engagement and Formal Consultation Assurance Framework for the CCG, and partners carrying out engagement on our behalf, to work alongside – not replace – relevant legal duties, statutory guidance and law. This framework is based on consultation best practice, encompassing the Gunning principles and the UK government's consultation principles. Organisations must score a minimum against the questions in the framework otherwise engagement plans are not assured and need to be revised.

"We have had another exciting year of engaging with local people in Hull on a wide range of issues through our patient and public involvement and co-production work. We have also developed a new engagement and consultation assurance framework that helps to shape our patient and public involvement, ensuring it is truly inclusive and has a direct impact on the commissioning of local health care services."

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

Understanding our local population has never been more important, as well as recognising them as equal partners in managing their own health. During 2018-19 we have worked hard to increase the reach and impact of our public engagement by providing a wide range of engagement opportunities.

These are some of our established engagement programmes:

- **Hull 2020 Champions:**
  we support over 100 local groups who deliver grass roots projects to improve health and wellbeing in Hull.*
- **Working Voices:**
  we work with 27 local businesses and reach around 18,500 local employees enabling their views to be heard on local services
- **People's Panel:**
  we undertake quarterly online surveys with 2500 local residents, with mini subject-specific surveys in between.*
- **Ambassadors:**
  we involve a group of local residents who support in a voluntary capacity in areas to add value to our service procurement and patient surveys.
- **Independent Advisory Group:**
  we actively participate in this partnership of twenty organisations supporting the city's diverse communities.
- **Patient Participation Groups**:
  we work with our GP practices to strengthen existing, and develop new, patient participation groups (PPGs) to ensure an active role in shaping primary care services.
- **Maternity Voices Partnership (MVP):**
  the CCG developed the Hull MVP to enable local women and families to advise the CCG on all aspects of maternity services
- **Staff Health and Wellbeing Group:**
  the CCG developed a staff engagement programme, trained Staff Mental Health Champions, and organised the Staff Health and Wellbeing Week in January.

*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.

Public involvement in service change

During 2018-19 we have engaged with thousands of local residents, patients, clinicians and professionals to listen to their views, needs and wishes and enabled them to be able to contribute to plans, proposals and decisions about services. Key involvement and engagement work included:

Eating disorder service (July 2018)

A full engagement exercise with recent and potential users of the local Eating Disorder service helped to shape the re-procurement of a new service. We looked at user experience of the service; what they valued and where they would like to see improvements and

any barriers to accessing support, for carers and family members of people living with eating disorders. Our Equality Impact Assessment (EqIA) identified that women are more likely to be affected by an eating disorder; however there is some prevalence of eating disorders, in particular bulimia, in homosexual men. A targeted social media campaign was used to increase the number of responses within this user group. Almost 400 responses were received and the Evolve Eating Disorder service launched in April 2019.

Depression and anxiety service (August 2018)

We asked local people to share their experiences of living with common mental health issues and share their comments on how they interact with support services. This helped to inform our commissioning decisions around the current depression and anxiety service known as Let's Talk. A comprehensive engagement exercise involved existing service users, those who identified as having common mental health issues but not accessing this service and with GPs and health professionals. Following the engagement the service model was redesigned taking into consideration people's preference for initial telephone asessments.

Homeless discharge service (December 2018 - January 2019)

Hull CCG's ambition to develop a new model of care to support homeless people on discharge from hospital was prompted by statistics that show that homeless people are six times more likely to attend A&E than housed people.

Healthwatch Hull had undertaken targeted work with people of no fixed abode in 2018 and one of the areas highlighted for improvement was the hospital discharge process. The CCG engagement team used these findings to develop the basis of their public involvement exercise work, and, working in partnership with a number of voluntary sector organisations in the city,we were able to engage with people who are homeless, on the edge of homelessness and/or sleeping rough.

A questionnaire and discussion guide were developed for use by these organisations who already have trusted relationship with this group of people. During December 2018 and January 2019 the voluntary organisations spoke to people who were homeless about their general health and wellbeing, access to services and in particular their experiences of the hospital discharge process.

The engagement findings were used to develop the service specification for a new Homeless Discharge service to ensure continuity of care and aftercare and support for accessing community services. Procurement for this service will be undertaken in Spring 2019.

Engagement and co-production during 2018-19 also looked at short breaks for children with special needs and disabilities, sensory processing difficulties and speech and language therapy.

Involvement projects and events

Some of our other patient and public involvement activities and events during 2018-19 include:

Work life balance event (October 2018)

A good work/life balance can enable employees to feel more in control of their working life and, for employers, it can lead to increased productivity, lower absenteeism and a happier, less stressed workforce. To mark National Work Life Week in October, we teamed with four businesses to focus on the importance of a good work-life balance. Working Voices, the CCG project which promotes a happier, healthier and more empowered local workforce, organised a selection of activities with charity and community groups for local employees, covering topics from healthy eating, to fitness and emotional resilience.

Are you alright mate? (November 2018)

Men in Hull were encouraged to talk openly about their mental health at Are you alright mate? a half-day workshop focusing on men's emotional health, exploring ways that we can all encourage an open conversation about mental wellbeing. 255 members of the public, community groups and healthcare professionals shared their stories, in person and via local radio interviews. We also heard from local people with lived mental health experiences. Feedback from the event noted how 'emotional and honest' the day was and how privileged people felt hearing such personal stories.

> *Working with Hull CCG, the Office of the Police and Crime Commissioner (OPCC) has expanded its opportunities to engage people about community safety, as well as providing an ideally located city centre hot-desk for me as engagement lead. The CCG has been at the centre of positive collaboration in the city and the partnership with the OPCC and Community Safety Partnership will undoubtedly continue to grow over the coming year.*
>
> *Matt Wright, Engagement Officer, Humberside Police and Crime Commissioner*

Community Champions recognised at new awards (January 2019)

The first Hull 2020 Champions celebration event and award ceremony took place in January 2019. Champions come in all shapes and sizes, from passionate individuals to organised groups and charities and all have a desire to improve the health of our city. There are now 100 champion projects and part of the CCG's role in the Champion programme is to foster a close network and create an environment where community groups can support and help one another.

Other activities and events include the Teaming Up For Health project working with professional rugby clubs to deliver health and wellbeing programmes (page 28), and working with schools to raise aspirations through A Day in the Life of the NHS 2018 (page 28), Children's University, Be A Champion Programme and Lifestyle youth engagement project with Humberside Police.

Digital storytelling

Digital online communication has become increasingly important and has a role in enhancing our communications and engagement work.

Our website and social media channels are a well-established source of information for patients, public, staff, stakeholders and potential employees. Our website meets accessibility standards and is enhanced with language translation options. Our aspiration is for our website to be more interactive and this will be a focus for 2019-20 and beyond.

We have a number of social media accounts on Twitter and Facebook with a good following and we generate our own content including polls, videos, images to enhance our own or national/regional campaigns and engagement. Each bi-monthly Board meeting begins with a patient story and during 2018-19 we used in-house video-making and editing skills to bring these stories to life for the public in a cost-effective way.

As our website and social media channels are a valued source of information, we will continue to grow our audience and integrate their use into our campaigns as well as supporting our engagement activity.

Two examples of our video storytelling have been featured as best practice by NHS England. The story of personal wheelchair budget holder Dylan Wainman received regional acclaim and media coverage (see below). and Ray's Story about the Integrated Care Centre (see pages 9 and 17) is featured on the Long Term Plan website as a case study for Ageing Well.

Dylan's new wheelchair leads the national rollout of wheelchair scheme

Dylan Wainman, a young man from Hull with cerebral palsy became one of the first people in the UK to benefit from the new Personal Wheelchair Budget (PWB) scheme ahead of it being rolled out across the country.

Dylan, who started university in September 2018, used the new scheme to pool a number of resources to give himself a better range of options and choice for his new wheelchair. Dylan was able to benefit from a new more sophisticated motorised wheelchair, offering him greater independence and the chance to experience University life to its fullest. "In a nutshell, the wheelchair offers me full independence, and no need for a carer - it just allows me to be like everyone else really" Dylan said.

After being a pilot site for the PWB programme since 2017, Hull CCG is now leading the country and supporting in the national roll-out of this new scheme. You can see Dylan's story here https://youtu.be/0SkS5bGDKGM

For more digital stories that that highlight CCG commissioning and patient and public involvement please visit www.youtube.com and search for NHS Hull Clinical Commissioning Group.

We said, we did...
co-production work in 2018-19

Care leavers health information card

A group of five care leavers worked with Hull CCG to co-produce a health information card - something they felt was critical in supporting young people moving from local authority care to independence.

The idea came from one of the care leavers who had made his own wallet-sized card with all the important telephone numbers he needed in one place; including his GP details, NHS 111 and the local mental health crisis line and details about the care leaving team.

The group of five have provided us as health professionals with a realistic insight into care leavers' lives and how they look after their health. They cited good reasons for working with us which included not knowing where to go for health advice, feeling intimidated speaking to their GP and not knowing their rights in regards to health care.

The group want to develop something for other young people like them that could act as a starting point for taking better care of their own health or for supporting friends in their health. The project involves working on developing a fold-out card to hold information on health and council services, as well as making rights and responsibilities around health care more accessible to everyone transitioning into independence, including those without internet access or a permanent roof over their head.

Discussions around what is needed in the content of the card focus on the importance of providing mental health information and 'basics' such as how to get registered with a GP, access dental services and where to get healthy lifestyles advice amongst other relevant services.

The next stage of the project will see the group look at the design of the card, before working with health and local authority staff to promote the card to card leavers throughout the city and the staff that work with them.

Got Your Back

The CCG partnered with local company, eskimosoup, to work with local young people to develop Got Your Back, a co-produced social media brand that uses various social media platforms to share messages and content with young people around health and social issues that matter to them.

Got Your Back formally launched in July 2018, after extensive research with hundreds of young people across the city. The overall direction of the project has been steered by an Editorial Board made up of young people aged between 14 and 18, who identified key themes such as relationship abuse, stress, depression, isolation and body image, and have worked to develop appropriate content including podcasts, video and animation which is then shared via You Tube, Instagram and Facebook and via events in schools and youth clubs.

An average of 8,000 young people are engaging with Got Your Back each month and of 222 young people surveyed in March 2019, 83% were Got Your Back brand aware of which 66% said the content they had seen had helped them better understand health and social issues and is having a clear impact demonstrated in the following quotes:

"I helped my friend get out of an abusive relationship" ***Female, 15***

"I have loved being part of the Board because it has given me a big confidence boost....I've had so many chances to do things that I'd never do otherwise – such as speaking to new people and bigger crowds. I'm insanely grateful." ***GYB Board member***

Newsletters

We produce a number of newsletters to update on CCG work programmes: My city, my health, my care - highlights developments in primary care https://www.hullccg.nhs.uk/primary-care-blueprint/, Humber TCP People https://www.hullccg.nhs.uk/humbertcp/ highlights work to improve lives for people with a learning disability and/or autism and our bi-monthly Chief Executive Update features work of the CCG https://www.hullccg.nhs.uk/publications/a-z-of-publications/current/#section9

Get involved

We have a number of social media accounts:
Twitter: @NHSHullCCG
@HullChampions
@ThePeoplesPanel

Facebook: NHSHullCCG, Hull2020 Champions, The Peoples Panel and Healthier Hull.
WeSearch 'NHS Hull CCG' on youtube.
Our media policy can be found at www.hullccg.nhs.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 2018-19. This included the extensive pre-procurement engagement exercises detailed on page 50.

Our 'in-house' Patient Relations service provides 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, quality monitoring and service improvement. Softer intelligence is discussed on a weekly basis at Senior Leadership Team meetings and reported to the Quality and Performance Committee which helps identify issues early and minimise any adverse impact for patients and the public.

We recognise that complaints or concerns can be the catalyst for change and improvement. For example, an issue was raised by a local stroke support group around gaps in the information given to stroke survivors, which provided an opportunity for stroke support groups to be more integral to the rehabilitation process. The CCG facilitated meetings between the group and the community services provider to ensure that patient experience from the support group was fed in to the new Stroke Information Pack and a much closer ongoing working relationship has now developed between the support group and rehabilitation services as a result.

Our Ambassador programme continues to thrive, providing patient experience input for a number of key programmes. The Ambassadors have spoken to patients during 2018 about their experiences of unplanned hospital admission to help shape the questionnaires the clinical team use in the assessment of patients at the Integrated Care Centre. One of Hull CCG's Ambassadors sits on the Humber, Coast and Vale Health and Care Partnership Citizen's Panel. The Ambassadors provided additional scrutiny for, and assurance of, our CCG assessment for Patient and Public Involvement in February/March 2019.

Please see page 50 in the Accountability Report for information on complaints in 2018-19.

The MyNHS ratings for 2017-18 show that:

- 8.8 was the average score given by cancer patients asked to rate their care on a scale from 1 to 10 (10 being best)
- 81.3 is the score out of 100 given to maternity care in Hull based on six survey questions
- 79.9% of people rated their patient experience at their GPs as good (based on the 2017-18 GP Satisfaction Survey)

We welcome feedback on experiences of local health services. The Patient Relations service can be contacted 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

Highlights of year in health 2018-19

West Hull Hub gets approval (July 2018)

In July approval was granted for the CCG, along with partners, to establish the West Hull Hub; a new primary care centre.

The current premises used by Springhead Medical Practice are not fit for purpose and the new hub will mean the CCG can now work with partners on a new facility which meets modern standards. Over the months leading to this decision, the CCG engaged with the community on several occasions, revising the plans at each stage, and updating them during the determination period for the detailed planning application.

A Super Happy Story (October 2018)

Throughout 2018 the CCG supported a critically acclaimed play from award winning theatre company, Silent Uproar.

The show, which won the Fringe First Award and Best Musical Award at last year's Edinburgh Fringe, toured 27 venues across the country with two shows here in Hull. A Super Happy Story about Super Happy People is influenced by the company's personal experiences and informed by interviews with people living with mental health problems and medical professionals. The performances at the University of Hull help to raise awareness of mental health issues among students, and cast and crew received mental health awareness training via Hull and East Yorkshire MIND.

Children's University helps young people experience a day in the life of the NHS (October 2018)

NHS organisations opened their doors to the Hull and East Yorkshire Children's University, giving local children the opportunity to experience some of the many varied jobs available in the NHS.

The interactive learning event, which was adapted for a younger audience, with real-life health scenarios and exploration of some of the many NHS roles - from learning about the role of a surgeon to the importance of communicating with people in hospital with a learning disability to how A&E staff handle emergency situations.

Hull GP is national 'GP of the Year' (December 2018)

In December 2018 Bransholme-based GP, Dr Gabriel Hendow won 'GP of the Year' in the coveted, General Practice Awards.

Nominated for his innovative approach to creating a healthier Hull, Dr Hendow has established several in-house clinics, above and beyond what is normally offered by a GP, and which are designed to benefit patients' including exercise classes and food clinics, one-to-one social prescribing and teenage health checks.

Teaming up for health with rugby league heroes (January 2019)

The city's two Rugby League teams, Hull Kingston Rovers and Hull FC, teamed up with the CCG, to bring a new and exciting project called Back Onside to the city.

Back Onside provides local men (aged 35+) with the opportunity to train with past and current players to build their strength, stamina and fitness alongside other like-minded men. The sessions run weekly and are completely free.

Playing out – whatever your age (February 2019)

February 2019 half term saw hopscotch grids pop up all around Hull, from the city centre to community centres.

Doctors, police officers, firefighters, local celebs and sporting mascots were all caught on camera enjoying the classic playground game in a bid to encourage people across the city – adults and kids – to get hopping and rediscover the joys of playing out together.

Hull leads the way with health data sharing (March 2019)

A new collaborative digital project in the Hull area was the first of its kind to launch in the UK in March 2019.

The project is designed to improve how health and social care professionals share medical data.The new technology allows local organisations and care professionals to share and view the right information, at the right time, in the right location for the benefit of patients.


FRINGE FIRST WINNERS
fringe sell-out show 2017
BEST MUSICAL
★★★★★
British Theatre Guide
West Hull Health Hub

Delivering safe, *high quality services*

NHS Hull CCG places quality at the core of the way it commissions and monitors services. It does this by setting quality standards that are measurable, achievable and place patients at the centre of their care. In many cases we set quality standards for our providers that are above the essential requirements.

This work is underpinned by the following key elements of quality:

- Ensuring patient safety;
- Being well-led;
- Capturing the patient experience;
- Being clinically effective and responsive to the service and to our patients.

These five areas of quality provide the CCG with the framework, process and mechanisms to assure itself of the quality of care that it commissions. All providers must meet essential standards of quality and safety, as defined by the Care Quality Commission (CQC). We work closely with our acute, mental health, community services and local authority throughout the year to ensure that providers meet these standards, offering scrutiny and challenge where appropriate and requesting assurance where the care provided is not as we would expect.

Quality Assurance visits

During 2018-19 the CCG Quality team has undertaken a number of quality assurance visits and recommendations are monitored through to implementation, and assurance provided to the Quality and Performance Committee.

A number of positive improvements have been made following implementation of the recommendations, including:

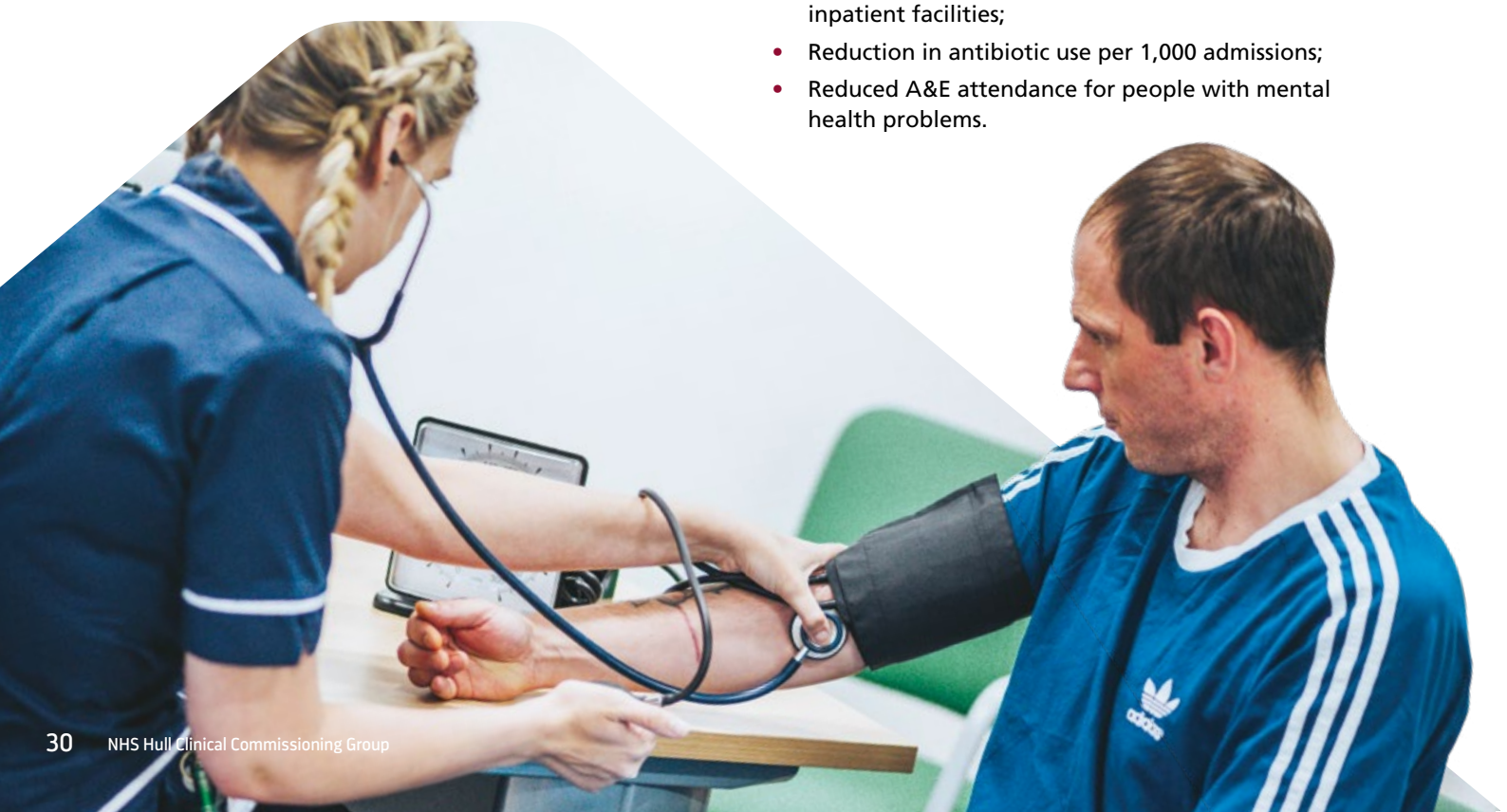
- a patient transfer check list successfully implemented within A&E, improving the assessment and handover of the patients prior to transfer;
- the Discharge Hub working with all partners to ensure cohesive working across the health and social care teams to improve response times;
- the hyper acute stroke unit doubling its bed capacity from four to eight;
- named nurses for each care home.

Commissioning for Quality and Innovation (CQUINs)

CQUINs enable our health care providers to be involved in innovative schemes to enhance patient care or service improvement.

National CQUINs have been developed on a two-year basis (2017-19) to enable changes and service improvements to be fully embedded within organisations. The Quality team has been instrumental in working and supporting providers to implement achievements against milestones set by NHS England. Improvement seen from CQUINs includes:

- Provision of healthier food for staff, visitors nd patients;
- Identification and supportive intervention for patients who smoke and drink excessively;
- Increased uptake of flu vaccination with frontline staff;
- Timely identification of sepsis in A&E and inpatient facilities;
- Reduction in antibiotic use per 1,000 admissions;
- Reduced A&E attendance for people with mental health problems.



*The CCG supported a **local Practice Nurses Award scheme** where six practice nurses reached the local finals and, of these, **three nurses were highly commended in the regional finals.***

Serious Incidents

The CCG has a robust serious incident (SI) management process. This includes a SI panel review meeting which reviews completed investigation reports are against a set of assurance expectations, that the quality of investigations is expected to meet.

There is a robust escalation process in place to the appropriate committee for any identified areas of concern.

The Designated Professionals for both Safeguarding Adults and Children are part of the SI panel meetings and routinely refer cases to their respective safeguarding boards and Child Death Overview Panel (CDOP).

More routinely, the SI panel has prompted an increasing number of end-to-end reviews. This increased multi-agency approach results in recommendations to embed change and improvements within systems and processes, patient experience and safety. The action plans developed from these are monitored through to implementation and wider learning is shared.

A sample of the positive improvements made to date include mental health awareness training for A&E staff, joint medical and nursing discussions to determine if medically fit for discharge, a dedicated mental health service for frequent attenders in A&E, increased mental health posts within primary care, sharing of key information from SI investigation with the Veterans Agency, and clear contacts for mental health services for primary care to ensure adequate detail and information to aidprescribing in mental health services.

The CCG works with its providers on focused pieces of quality improvement work identified via 'commonalities' from serious incidents. This has included the sub-optimal care of the deteriorating patient and treatment delays.

Learning Disability Mortality Reviews

The CCG has developed a robust process for the management of Learning Disability Mortality Reviews (LeDer), which includes aligning LeDer reviews to the SI process. Review panels offer a greater level of scrutiny, agreeing if the review is acceptable or requiring additional information.

This has resulted in fewer reviews being returned with requests for additional detail. The Local Authority forms part of the panel, with provider colleagues. The CCG has developed a local learning log and any areas of learning are developed into an action plan, fed through the appropriate committee / arena for implementation. A key area of focus for 2019-20 will be the Learning Disability Annual Health Checks in primary care.

Primary care nursing

The CCG recognises the importance of Practice Nurses in responding to the health needs of the population.

We continue to work with practices to ensure that nurses at all levels from Health Care Assistant to Advanced Practitioner have the skills they need to undertake their roles. Lead Nurses from the five GP Groupings are supported, and they are developing new clinical pathways in respiratory and diabetes care and are undertaking quality improvement projects like the "No Dip" project for urinary tract infections, and improving nutrition and hydration in care homes.

We have worked with practices and providers to launch new Nursing Associate and apprentice roles to further develop the workforce. In recognition of the work undertaken, the CCG supported a local Practice Nurses Award scheme where six practice nurses reached the local finals and, of these, three nurses were highly commended in the regional finals. Leadership Training for Practice Nurses is being commissioned in 2019.

Continuing Care

Over the last 18 months a programme of transformation has reviewed the local Continuing Health Care (CHC) and Children Continuing Care (CC) service.

Work will continue through 2019 to produce a 'Standard Operating Procedure' that will encapsulate the full strategic design and model of service.

Positive engagement through dedicated personalisation workshops has brought colleagues from across health and social care together to consider the current approaches to assessment, resource setting, and communication. This work has resulted the in CCG being compliant with NHSE's expectation for Personal Health Budgets become a default offer by 1 April 2019. Additional resources are also being agreed to ensure operational delivery continues to be optimised, of good quality and legally robust as we move forward.

Personalisation

The CCG has developed a Personalisation Programme which will see the roll out of Personal Health Budgets and Personal Budgets for both adults and children on behalf of both the CCG and Hull City Council.

Information on Personal Health Budgets is now available on both organisation's websites and within the Local Offer http://hull.mylocaloffer.org A Short Breaks and Continuing Care panel which aims to enhance the use of personal budgets across health, education and social care has also been established.

The CCG has already successfully implemented Personal Health Budgets for Continuing Health Care and Continuing Care and has this year become a mentor site for the roll out of Personal Wheelchair Budgets. A case study demonstrating the successful use of Personal Wheelchair Budgets within the city has been published on the NHS England website and has been shared widely as a learning tool (see page 25 for more details).

Care Homes

The Care Quality Commissioner role is a new temporary role which cuts across a range of stakeholders including the Local Authority and CQC with the aim of supporting and promoting quality of care for vulnerable people.

A key objective for this post has been the development of an integrated quality service provider framework and associated auditing and governance tools with the Local Authority. Ongoing and future programmes of work include developing NHS England's Enhanced Health in Care Home initiatives including:

- Reviewing and evaluation of Red Bags and electronic bed state tool;
- Reviewing and evaluation of the React2Red pressure ulcer monitoring scheme;
- Reviewing of medicines optimisation in care homes and agreement of an integrated medication policy

Safeguarding

NHS Hull CCG has continued to fulfil its statutory responsibilities as outlined in the NHS England Accountability and Assurance Framework 2015.

An external audit of safeguarding children and adult's arrangements, completed May 2018, identified significant assurance that governance, risk management and control mechanisms are in place. Performance monitoring of the safeguarding self-declaration submitted by provider organisations as outlined in contracts takes place quarterly via contract management boards. This has enabled scrutiny of safeguarding arrangements and discussion with provider organisations on specific elements including training uptake and audit findings.

Safeguarding Children

Hull CCG has continued to make a significant contribution to multi-agency partnership safeguarding arrangements through the Hull Safeguarding Children Board, and is taking a lead role in revised multi-agency partnership arrangements following the Children and Social Work Act 2017.

Our 'Named GP' has set up a Safeguarding Children GP lead forum which has active online discussion and meetings with speakers covering pertinent topics such as substance misuse and safer sleeping. The Named GP provides support and advice on case management and provides the general practice component to multi-agency safeguarding through contributing to serious case reviews/ learning lessons reviews, case file audit, task and finish groups and the Child Death Overview Panel. The Named GP is a key contributor to the formation and delivery of safeguarding children training to GPs and the planning of additional, bespoke, in-depth sessions through protected time for learning, for example in relation to domestic abuse.

Looked After Children

The Designated Nurse for Looked After Children has re-established the Integrated Looked after Children and Care Leavers Health Forum.

The forum provides a platform for raising the profile of the health issues for these children and care leavers, and for improving health provision and performance. Outcomes include an improvement in the timeliness of notifications and improved assessment of the emotional wellbeing of looked after children. The Designated Nurse contributes to the wider strategic offer for looked after children and care leavers in Hull through membership of the Corporate Parenting Board.

Special Educational Needs and Disability (SEND)

The Designated Clinical Officer (DCO) is a new statutory post for the CCG, supporting the CCG to meet its statutory duties in relation to SEND.

The DCO provides oversight and advice across all local health services, including the chair and strategic leadership of the SEND Health Link Group. She works in partnership with the Designated Medical Officer (DMO), local authority and health providers to improve services for children and families with special educational needs and disabilities.

Safeguarding adults

Throughout 2018-19, the CCG has continued to deliver its legislative duties for safeguarding adults arising from the Care Act 2014.

This includes statutory membership of the local Hull Safeguarding Adult Partnership Board (HSAPB) with representation at all meetings and sub groups. The CCG Director of Quality and Clinical Governance/ Executive Nurse continues as vice chair of the HSAPB Executive Board.

The CCG is a member of all multi-agency review panels with the HSAPB and provides support to health colleagues involved in the process. This includes primary care, with further support from the CCG Named GP for safeguarding adults. CCG representation was maintained on the Hull Community Safety Partnership, with full involvement in three Domestic Homicide Reviews (DHR) commissioned during the year.

Research and Development

The CCG has developed a vision with local organisations to support research, innovation, evaluation and improvement which will help to inform how evidence based interventions can measurably enhance health care and improve the perceptions of the experience of that care by patients, families and staff in Hull.

The evidence outlined below demonstrates how in 2018-19 Hull CCG has met its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012). Other highlights include:

- Commitment to promoting research and the use of research evidence by approving five Excess treatment cost requests as part of normal commissioning arrangements;
- The percentage of Hull GP Practices recruiting into the National Institute for Health Research (NIHR) clinical research trials increasing from 5% to 18%, which means that the number of GP practices in Hull CCG who are taking part in NIHR research has doubled.
- NIHR full year performance recruitment data for the number of participants into NIHR clinical trials in Hull CCG reaching 210, which is a noted increase in recruitment from 2017–18 which totalled 78.
- Funding to help build research capacity in primary care with the aim of bringing benefits to the local population of Hull and the primary care workforce.
- Collaborative links have been developed this year with the Academy of Primary Care and wider academic peers within the Hull, York Medical School and work is to be progressed with the academics in the Institute for Clinical and Applied Health Research (ICAHR) at the University of Hull.

Reducing *health inequalities*

NHS Hull CCG is committed to taking action on the inequalities experienced by the population that the organisation serves; the CCG continues to lead on a number of initiatives that are still making a significant difference in terms of improving social inclusion, reducing social isolation and improving mental wellbeing in some of the most disadvantaged communities, and in those living with long-term conditions.

The CCG is a key member of the Hull Health and Wellbeing Board (HWB); which is a partnership Board and statutory committee of Hull City Council, established as part of the Health and Social Care Act 2012. Some of the members of the Hull Health and Wellbeing Board contribute content to the Annual Report, and, as part of its annual work plan, the Board formally considers the CCG's Annual Report and Accounts each year.

Fairer Hull

Over the last year the Health and Wellbeing Board, Place Board and Business Leadership Board have agreed a shared outcomes framework with a shared vision of a fairer more inclusive Hull.

This has been in recognition of the opportunities that members have through taking a coordinated approach to tackle the inequalities that are experienced by individuals in Hull The HWB will develop a Fairer Hull Plan that will be adopted across the city; NHS Hull CCG is a key member in the development of this approach.

Prevention

In keeping with the principles set out in the NHS Long Term Plan, 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 is being delivered through both the Health and Wellbeing Board and the Hull Strategic Partnership Board and working collaboratively with partners across the local system.

The CCG and Hull City Council have an integrated financial plan, and in recognition of the impact of smoking on the population, there has been agreement to allocate additional financial resources to support the NHS in reducing tobacco addition. The CCG has been looking at ways to support providers to reduce the risks associated with some prescribed medications; this has been driven by the vulnerable adults team and has included a cross-sector learning event, and closer working with Local Authority commissioned drugs and alcohol services.

The Hull City Council Public Health team is renewing the focus on population health management to ensure that there is a shared understanding in terms of the necessary skills, knowledge and intelligence that the emerging Primary Care Networks will require to improve outcomes and reduce inequalities.

Vulnerable groups

Building on work that the CCG has previously undertaken with Local Authority commissioned services; the CCG is bringing 'Pathway' to Hull - an innovative model highlighted in the NHS plan, which supports homeless people through hospital and on their discharge.

Homeless people have multiple, complex needs often with multifaceted histories of past childhood trauma and poverty; traditional approaches to delivering primary and secondary care generally do not address their needs appropriately. This service is currently being procured but aims to both reactively and proactively support this chaotic and vulnerable group of people with the aim of helping them to address their health and care needs in addition to supporting the local health and care system to develop relevant skills and expertise.

Period Dignity

As part of the work involved in developing a "Fairer Hull" approach, the Health and Wellbeing Board has committed to exploring and addressing the impact that poverty has on girls and young women in education.

There is a growing body of evidence that girls and young women are not able to take advantage of all of the opportunities that are afforded by education due to the impact of poverty and not being able to afford sanitary products. The Health and Wellbeing Board, through the "Fairer Hull" agenda, aim to support these girls and young women to be able to access education and not be disadvantaged through an inability to access sanitary products. This approach is in addition to the Government's commitment to provide sanitary products to all secondary schools, and aims to explore more widely the issues that these girls and young women, and their families might experience to begin to put in place measures to ensure "Period Dignity".

Collaborative working

The CCG will continue to work with Hull City Council, the Public Health team and wider partners through the Health and Wellbeing, and Hull Strategic Partnership Board (page 10) to address health inequalities and plan for improved health outcomes through the Hull Health and Wellbeing Board.

The Communications and Engagement team in the CCG continues to work closely with the Local Authority Public Health team on a number of joint initiatives; an example of this close working is the Hull 2020 Champions initiative. See page 24 for more details.

Contributing to the delivery of the health and wellbeing strategy for Hull

Over the last year the CCG has continued to work as a key partner on the Hull Health and Wellbeing Board (HWB) to deliver the improved outcomes for the city.

Dr Dan Roper (Hull CCG Chair) is Vice-chair of the HWB, a lay member and two additional GP members are also members along with the CCG Accountable Officer and Chief Finance Officer.

The CCG ensures its strategic priorities align to those of the HWB Strategy 2014-2020.

Outcome 1. **The best start in life** delivered through maternity and children's services (page 13)

Outcome 2. **Healthier, longer, happy lives** delivered through integrated delivery models to tackle long term conditions management – COPD/Respiratory Care Pathways (page 17).

Outcome 3. **Safe and independent lives** delivered through implementation of the frailty model in the Integrated Care Centre (page 18).

The review of the current HWB Strategy for Hull will take place in September 2019.

The Health and Wellbeing Board identified three priority areas in September 2018:

- Children and Young People's Mental Health and Wellbeing
- Childhood Obesity Whole System Approach
- Learning Disability Mortality

A development session led by the CCG took place in March 2019 to provide an overview of Learning Disability Mortality Reviews.

In addition, the CCG is a key member of the Hull Strategic Partnership Board for Hull. This Board has considered the opportunities that the Health and Wellbeing Board presents, and identified specific opportunities to work to address some of the social determinants of health by working in collaboration on the most challenging issues, where no single organisation has the ability to address those issues that impact on health and wellbeing outcomes. See page 10 for more details on the Hull Health and Care Place Plan.

CCG members will contribute to a multi-agency review of the health and wellbeing outcomes framework in late 2019, which will explore how the HWB outcomes and objectives interface with the Humber, Coast and Vale Health and Care Partnership priorities and those of the Hull Health and Care Place Plan.

As Vice-chair of the Hull HWB, the CCG Chair ensures cohesion between the CCG and contribution to the broader HWB 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 formally presented to the Board at its July meeting.

Performance on NHS Constitution and Quality Indicators 2018-19

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.

Key performance tables and commentary for NHS Hull CCG for 2018-19 are below. Please note: The 'Actual' position quoted is at 31 March 2019 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	2018-19	56,026 (Apr 18-Jan 19)	58,514 (Apr 18-Jan 19)
All first outpatient attendances (consultant-led) in all specialties	2018-19	78,886 (Apr 18-Jan 19)	74,411 (Apr 18-Jan 19)
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2018-19	17,218 (Apr 18-Jan 19)	17,225 (Apr 18-Jan 19)
A&E Attendances – All Types, SitRep data	2018-19	134,466 (Apr 18-Jan 19)	122,289 (Apr 18-Jan 19)
A&E Attendances - Type 1, SitRep data	2018-19	79,425 (Apr 18-Jan 19)	89,012 (Apr 18-Jan 19)
A&E waiting time - patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge.	2018-19	82,110 (Apr 18-Feb 19)	No target
A&E waiting time - total time in the A&E department, SitRep data	2018-19	82.07% (Apr 18-Feb 19)	95%

Commentary:

Performance against the A&E operational standard whereby patients should spend no more than four hours in A&E from arrival to admission, transfer or discharge has been variable during 2018-19 to date
Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways.

Ambulance Response		Actual (YTD)	Target
Ambulance clinical quality – Category 1- 7 minute response time - trust (time)	2018-19	00:07:240 (Apr 18-Feb 19)	00:07:00 (Minutes)

Commentary:

The indicator above relates to Yorkshire Ambulance Service regional information. This remains a priority work stream for the Hull & East Riding A&E Delivery Board chaired by Hull University Teaching NHS Hospital Trust and plans continue to be monitored to increase utilisation of alternative pathways for the ambulance service. The data above is shown at a Yorkshire and Humber level.

Ambulance Handover & Turnaround		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2018-19	29,675* (Apr 18-Feb 19)	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. 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.**

Waiting Times – Referral to Treatment (RTT)		Actual (Month)	Target
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2018-19	80.39% (Jan 2019)	92%

Commentary:

The NHS constitution states patients should wait no more than 18 weeks from GP Referral to Treatment (RTT). Delivery of the target has been challenging as a result of increased demand and capacity issues across the local system. Capacity issues within some specialties are mainly in terms of medical staffing and increasing levels of urgent and cancer referrals. Waiting times are closely monitored and reported through the Aligned Incentive Contract (AIC) governance structure. The increased usage in Advice and Guidance (A&G) and conversion rate of out-patient appointments are being closely monitored to support the reduction of the waiting list.

Diagnostics		Actual (YTD)	Target
Diagnostics Test Waiting Times	2018-19	7.67% (Jan 2019)	<1%

Commentary:

Diagnostic test 6-week waiting times performance currently exceeds the national target and local interventions to support improvement are being progressed. Actions include reducing the number of tests done more than once when a further test is not required, using other providers' diagnostic capacity where available, use of mobile facilities and sustained 7 day working morning, afternoon and evening.

Cancer		Actual (YTD)	Target
Cancer- All Cancer two week wait	2018-19	94.71% (Apr 18-Jan 19)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2018-19	89.47% (Apr 18-Jan 19)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2018-19	94.91% (Apr 18-Jan 19)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2018-19	87.36% (Apr 18-Jan 19)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2018-19	99.45% (Apr 18-Jan 19)	98%
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2018-19	99.03% (Apr 18-Jan 19)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2018-19	71.41% (Apr 18-Jan 19)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2018-19	55.56% (Apr 18-Jan 19)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2018-19	50% (Apr 18-Jan 19)	No target

Commentary:

The NHS Constitution includes a number of targets relating to treatment for cancer patients. These include the right to be seen within two weeks when referred for a suspected cancer; the right to be treated within 62 days from the date of GP referral to treatment; and the right to be treated within 31 days from the day of decision to treat to the day of treatment.

The factors influencing performance include an increase in the number of suspected cancer referrals and the number of complex cases with patients often requiring multiple diagnostic tests prior to diagnosis. The CCG continues to work with stakeholders to prioritise waiting time standards and challenge the provider where breaches occur. The CCG is a member of the Cancer Alliance, working with all local providers of cancer services to support the implementation of cancer best practice pathways which reduces duplication and streamlines care pathways.

Mental Health		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.	2018-19	64.90% (Apr-Dec 2018)	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.	2018-19	99.40% (Apr-Dec 2018)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2018-19	14.59% (Apr-Dec 2018)	15% (Apr-Dec 2018)
People who are moving to recovery	2018-19	58.64% (Apr-Dec 2018)	50%
Dementia - Estimated diagnosis rate	2018-19	77.1% (Feb 2019)	66.70%

Commentary:

Improving Access to Psychological Therapies (IAPT) is a key element of the national strategy to improve support for those with mental health issues. There are a number of measures used to assess how well CCGs are doing in supporting access.

The CCG and lead provider continues to work jointly to review the performance of the IAPT metric; the psychological therapies service has seen maintained performance in the Recovery standard however waiting times and access is variable. The indicator continues to be closely monitored by NHS England and the CCG to support improvement with the provider.

Cancelled Operations		Actual (YTD)	Target
Urgent Operations Cancelled - Hull University Hospital Trust	2018-19	70 (Apr 18-Jan 19)	0
Number of urgent operations cancelled for a second time - Hull CCG	2018-19	3 (Apr 18-Jan 19)	0

Stroke		Actual (YTD)	Target
People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospital – Hull CCG	2017-18	68.6% (2017-18)	66.2%
People who have had an acute stroke who receive thrombolysis following an acute stroke – Hull CCG	2017-18	11.7% (2017-18)	11.3%
People with stroke who are discharged from hospital with a joint health and social care plan - Hull Royal Infirmary	2017-18	100% (Dec 17-Mar 18)	98.2% (Dec 16-Mar 17)
People with stroke who are discharged from hospital with a joint health and social care plan – Hull CCG	2017-18	98.3% (2017-18)	99%

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	2018-19	2,583 (Apr- Dec 2017)	No target
Maternal smoking at delivery	2018-19	20.65% (Dec 2017)	<21% (local Target)
Breast feeding prevalence at 6-8 weeks	2017-18	28.05% (Apr 17-Mar 19)	30.1%

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2017-18	67,032 (Mar 2019)	
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2017-18	301,028 (Mar 2019)	

My NHS/Improvement Assessment Framework (IAF) indicators 2018-19

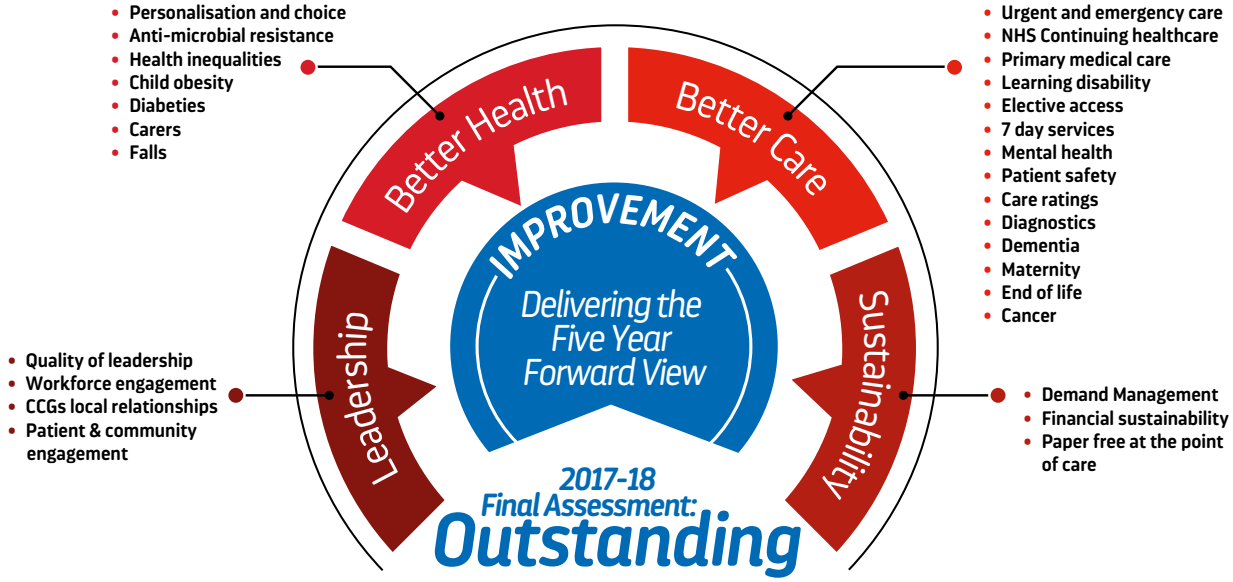
The CCG Improvement and Assessment Framework (IAF) was first introduced during 2016-17. This framework describes that CCGs will receive an annual assessment by NHS England derived from their performance in indicators across 28 areas, including an assessment of CCG leadership and financial management.

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 2018, NHS England published the results with NHS Hull CCG being only one of 20 CCGs across the country to receive a rating of Outstanding. The latest available results on MyNHS relate to Quarter 2 2018-19. The year-end results for the Quality of Leadership Indicator and 2018-19 year-end assessment will be available from July 2019 at https://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 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'. For key MyNHS patient experience ratings for 2017-18 see page 27.

Performance analysis 2018-19

Financial position 2018-19

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 a surplus of £70k against an in year resource limit of £457.7m. The historic surplus of the organisation therefore remains at £15.3m.

The CCG spent £5,429k on the administration of the organisation in 2018-19. This represented an underspend of £825k against a maximum target of £6,254k.

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 2018-19.

Financial development and performance 2018-19

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 relatively low 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 2019-20 and beyond

NHS Hull CCG will have an in year allocation of approximately £475.2m of resources available in 2019-20. 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 2019-20 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.

The CCGs financial plan for 2019-20 reflects the additional funding provided under the NHS Long Term Plan that was published in January 2019. The demands on this additional funding are significant, however the CCG is working hard with partners to ensure that this will improve the health of the population of Hull and deliver longterm stability for the local health economy

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 University Teaching 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 agreement 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 Health and Care 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.

Sustainability Report 2018-19

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.

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

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

Our organisation 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 works with NHS Property Services and Community Health Partnerships (the organisations that own/ lease local healthcare facilities) 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.

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.

Part Two: Accountability Report

Emma Latimer
Accountable Officer
24 May 2019

Corporate Governance Report

Hull CCG Members Report 2018-19

The Members' Report contains details of our CCG membership practices, our Board membership (sometimes referred to as a Governing Body), membership of the Audit and Integrated 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 301,115 (at 31 Dec 2018) across 23 local authority wards during 2018-19.

During the reporting period 1 April 2018 – 31 March 2019 the following changes took place:

CHP Southcoates and CHP Marfleet merged into a single practice on 1 April 2018.

Holderness Open Door Practice became Delta Healthcare on 1 April 2018.

In addition, in 2018-19 NHS Hull CCG and NHS England undertook a re-procurement of the APMS (Alternative Provider Medical Services) contract for the Calvert & Newington Practice for a new provider to commence service delivery on 1 April 2019. Haxby Group Hull was awarded the contract.

The result of the above changes is that Hull CCG now has 39 member practices, which is a reduction from the 40 reported in the 2017-18 Annual Report.

MEMBER PRACTICES 2018-19

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 Practice	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
New Hall Surgery	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	Clifton House Medical Centre, 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
CHP - Southcoates	Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR 358 Marfleet Lane, Hull, HU9 5AD
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	Burnbrae Medical Centre, 445 Holderness Road, HU8 8JS
Marfleet Medical Centre	358 Marfleet Lane, Hull, HU9 5AD
Dr BF Cook	840 Beverley Road,Hull, HU6 7HP
Delta Healthcare	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
Calvert & Newington Practice	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 Practice	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Haxby Group - Orchard Park & Kingswood	Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX

CCG Board Membership 2018-19

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)

Hull Clinical Commissioning Group Board Membership (including Associate Members) 2018-19.

All memberships run from 1 April 2018 - 31 March 2019 inclusive.

Chair and Chief Officer

Dr Daniel Roper
Chair

Emma Latimer
Chief Officer

GP Members

Dr Vincent Rawcliffe
GP Member

Dr Amy Oehring
GP Member

Dr James Moult
GP Member

Dr Raghu Raghunath
GP Member

Dr Scot Richardson
GP Member

Lay Representatives

Jason Stamp
Lay Representative

Karen Marshall
Lay Representative

Paul Jackson
Lay Representative
(Vice Chair)

Other Board Members

Emma Sayner
Chief Finance Officer

Erica Daley
Director of Integrated Commissioning

Mark Whitaker
Practice Manager Member

Dr David Heseltine
Secondary Care Doctor

Associate Members

Sarah Smyth
Director of Quality & Clinical Governance/Executive Nurse

Julia Weldon
Director of Public Health and Adult Services

Standing Attendees

Sue Lee
Associate Director Communications and Engagement

Mike Napier
Associate Director of Corporate Affairs

CCG Committees

Six 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
- Integrated Commissioning Committees in Common

For full details of committee functions, membership and attendance for 2018-19 please see pages 54 to 61 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 2018-19.

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 2019 is published on our website at www.hullccg.nhs.uk

Access to Information

During the period from 1 April 2018 to 31 March 2019, the CCG processed the following requests for information under the Freedom of Information Act (FOI) 2000:

FOI	2018-19
Number of FOI requests processed	251
Percentage of requests responded to within 20 working days	99.6
Average time taken to respond to an FOI request	15

One FOI response was issued to the applicant outside of the 20 working day deadline due to an administrative error.

The CCG provided the full information requested in 108 cases. The CCG did not provide the information requested in 52 cases because an exemption was applied either to part of, or to the whole request. e.g. information was accessible by other means; the cost of providing the information exceeded the limits set by the FOIA or information requested related to personal data.

The CCG did not provide information in 34 cases where the CCG did not hold the information and, where possible, the applicant was redirected to the correct organisation for the information.

No FOI requests received have been referred for internal review.

The Section 45 Code of Practice under FOIA recommends that public authorities with over 100 Full Time Equivalent (FTE) employees publish FOIA compliance statistics as part of their publication schemes. As a matter of best practice the CCG publishes its FOIA reports on a quarterly basis at the link below: https://www.hullccg.nhs.uk/freedom-of-information-and-sharing-information/freedom-of-information/

Our publication scheme contains documents that are routinely published; this is available on our website: https://www.hullccg.nhs.uk/freedom-of-information-and-sharing-information/publication-scheme/

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 your experiences of local health services falls short of patient and service user 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, wherever possible, 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 2018-19 the CCG received four complaints which were thoroughly investigated and a full response provided. One complaint related to the commissioning of services by the CCG, specifically to decisions made under the Individual Funding Request process which was not upheld. Three were related to Continuing Health Care (CHC) cases. Of the three CHC complaints one was upheld and recommendations and actions arising from the complaint were implemented by the CHC provider.

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); 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 Fire and Rescue Service, Police, other health service providers; to understand what the CCG's role is. In addition the CCG has 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 care standards around EPRR that all CCGs and health service providers have to deliver
- A specific topic of interest for 2017-18 this topic 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)

Last year the CCG assessed itself as substantially compliant against the core standards and has worked to improve delivery on those areas where it was not fully compliant. Each year the list of core standards change to support organisations to continue to challenge themselves. This year the CCG has again assessed itself as substantially compliant 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:

- 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 Emma Latimer to be the Accountable Officer of NHS Hull CCG.

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

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

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

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Group Accounting Manual and in particular to:

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

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

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 2018, 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 Clinical Commissioning Group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

The main function of the Governing Body (known as the CCG Board) 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 39 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 six 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 2018-19 is summarised in the diagram on the next page:

CCG governance framework for 2018-19

KEY
Summary remit
Policy approval areas

Integrated Commissioning Committee - Committees in Common (Bi-Monthly)

- Joint commissioning between the CCG and Hull City Council
- Integrated financial plan
- Oversight of the Better Care Plan;
- Agreement of complimentary decisions relating to a list of decisions required set out within the plan and agreed by Cabinet/the CCG annually
- Approval and implementation of a single prioritisation framework

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.

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)

Senior Leadership Team (weekly)

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

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

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 2018-19, the Council met on six occasions and was quorate on each occasion. It ratified appointments to Governing Body vacancies and approved an annual work plan. 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:

	Date of Meeting					
Practice	**10/05/18**	**12/07/18**	**13/09/18**	**08/11/18**	**10/01/19**	**08/03/19**
Bridge Group Practice	✔	✖	✔	✔	✔	✖
CHCP East Park Practice	✔	✔	✔	✔	✔	✔
Choudhary AK and Danda CHCP Bransholme	✖	✖	✔	✖	✖	✖
Chowdhury GM	✖	✖	✖	✖	✖	✖
CHP LTD Southcoates	✖	✖	✖	✖	✖	✖
Clifton House Medical Centre	✔	✔	✔	✖	✔	✔
Cook BF	✔	✔	✖	✖	✖	✖
Dr Jaiveloo	✔	✖	✖	✖	✔	✔
Diadem Medical Practice	✔	✖	✖	✔	✖	✔
Delta Heathcare	✖	✔	✖	✖	✖	✔
East Hull Family Practice	✖	✔	✔	✔	✔	✔
Faith House Surgery	✖	✖	✔	✔	✔	✔
Goodheart Surgery	✔	✔	✔	✖	✔	✔
Hastings Medical Practice	✔	✖	✔	✔	✔	✖
Haxby Group	✔	✖	✔	✔	✔	✔
Hendow GT	✔	✔	✖	✖	✔	✔
Haxby Group, Burnbrae Surgery	✖	✖	✔	✔	✔	✔
James Alexander Family Practice	✖	✖	✖	✖	✖	✖
JK Nayar	✖	✖	✔	✖	✖	✖
Kingston Health Hull	✔	✔	✔	✔	✔	✔

	Date of Meeting					
Practice	**10/05/18**	**12/07/18**	**13/09/18**	**08/11/18**	**10/01/19**	**08/03/19**
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 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 nine 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 2018/19 Operational Plan, Performance and Quality Reports (incorporating contracts, finance and quality), clinical strategies and the Humber, Coast and Vale Health and Care 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**	**27/04/18**	**25/05/18**	**29/06/18**	**27/07/18**	**28/09/18**	**23/11/18**	**25/01/19**	**22/02/19**	**22/03/19**
Daley	Erica	✖	✔	✖	✔	✖	✔	✔	✔	✔
Heseltine	David	✔	✔	✖	✔	✔	✔	✔	✔	✖
Jackson	Paul	✔	✔	✔	✔	✖	✖	✖	✖	✖
Latimer	Emma	✔	✔	✔	✔	✔	✔	✔	✔	✔
Marshall	Karen	✔	✔	✔	✔	✔	✔	✔	✖	✔
Moult	James	✔	✔	✔	✖	✔	✔	✔	✔	✔
Oehring	Amy	✔	✔	✔	✔	✔	✔	✔	✖	✖
Raghunath	Raghu	✔	✖	✔	✔	✔	✖	✔	✔	✖
Rawcliffe	Vince	✔	✔	✖	✔	✔	✔	✖	✔	✖
Richardson	Scot	✔	✔	✔	✔	✖	✔	✔	✔	✔
Roper	Dan	✔	✔	✔	✔	✔	✔	✔	✖	✔
Sayner	Emma	✔	✔	✖	✔	✔	✖	✖	✔	✔
Smyth	Sarah	✔	✔	✖	✖	✔	✔	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✔	✔	✔	✔
Weldon	Julia	✔	✔	✔	✔	✔	✖	✔	✔	✔
Whitaker	Mark	✖	✔	✔	✔	✔	✖	✔	✔	✔

Please note, Mr Paul Jackson's absence at the Governing Body, and relevant committees in-year, was on account of serious ill health.

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 2018-19, 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**	**27/04/18**	**25/05/18**	**29/06/18**	**27/07/18**	**28/09/18**	**23/11/18**	**25/01/19**	**22/02/19**
Marshall	Karen	✔	✔	✔	✔	✔	✔	✔	✔
Jackson	Paul	✔	✖	✖	✖	✖	✖	✖	✖
Stamp	Jason	✖	✔	✔	✔	✔	✔	✔	✔

Planning and Commissioning Committee

The Planning and 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 each occasion. 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**	**06/04/18**	**04/05/18**	**06/07/18**	**03/08/18**	**07/09/18**	**05/10/18**	**02/11/18**	**07/12/18**	**04/01/19**	**01/02/19**	**01/03/19**
Billany	Karen	✔	✔	✖	✔	✔	✔	✖	✖	✖	✖	✖
Bradbury	Mel	✖	✖	✖	✖	✖	✖	✖	✔	✖	✖	✖
Daley	Erica	✔	✔	✔	✖	✔	✖	✔	✔	✔	✔	✔
Davis	Phil	✔	✔	✖	✖	✖	✔	✔	✔	✔	✔	✔
Dawson	Bernie	✖	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔
Dodson	Joy	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔	✔
Ellis	Karen	✔	✖	✔	✔	✔	✔	✖	✔	✔	✔	✔
Fielding	Tim*	✖	✖	✔	✖	✔	✖	✔	✔	✔	✔	✔
Jackson	Paul	✔	✔	✔	✔	✖	✖	✖	✔	✖	✖	✖
Lee	Sue	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔	✔
Martin	Karen*	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Oehring	Amy	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔
Raghunath	Raghu	✔	✔	✔	✖	✔	✔	✔	✔	✔	✔	✖
Rawcliffe	Vince	✔	✔	✖	✔	✔	✔	✔	✔	✔	✖	✔
Storr	Danny	✖	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔
Whitaker	Mark	✔	✖	✔	✖	✖	✔	✖	✔	✔	✖	✔

* or representative

Quality and Performance Committee

The Quality and 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;
- Application of patient experience data to inform the work of the Committee and the wider CCG;
- Specific quality visits undertaken to Ward 110, 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**	**24/04/18**	**22/05/18**	**26/06/18**	**24/07/18**	**25/09/18**	**23/10/18**	**27/11/18**	**18/12/18**	**22/01/19**	**26/02/19**	**26/03/19**
Moult	James	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Smyth	Sarah	✔	✔	✔	✔	✖	✔	✖	✔	✔	✔	✔
Crick	James	✔	✖	✔	✔	✖	✔	✔	✖	✖	✔	✖
Dodson	Joy	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖
Morris	Lorna	✔	✔	✔	✖	✔	✔	✖	✔	✖	✖	✖
Lee	Sue	✔	✔	✔	✖	✔	✔	✖	✔	✖	✔	✔
Blain	David	✔	✖	✔	✔	✔	✔	✔				✖
Stevens	Emma								✔	✔	✔	✖
Butters	Estelle	✔	✖	✔	✔	✔	✔	✔	✔	✔	✖	✔
Palmer	Ross	✔	✔	✖	✔	✔	✔	✔	✔	✖	✔	✔
Ellis	Karen	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✖
Martin	Karen	✔	✔	✔	✖	✔	✔	✔	✔	✖	✔	✖
Everton	Gareth			✔	✔							
Denman	Chris									✖	✖	✖
Memluks	Kate	✔	✔	✔	✖	✔	✔	✔	✖	✖	✖	✖
Sugden	Liz				✖	✖	✖	✖	✖	✔	✖	✖
Rawlings	Angie				✖	✖	✖	✖	✖	✖	✖	✖

Please note, the blocked sections on the chart indicate where a member was ineligible to attend the meeting. This includes circumstances where the individual had not joined or had left the CCG.

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 Advanced Personal 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 six occasions. The committee's activities during the year included:

- Implementation of the CCG's Strategic Commissioning Plan for Primary Care;
- 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 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**	**27/04/18**	**25/05/18**	**29/06/18**	**27/07/18**	**24/08/18**	**26/10/18**	**14/12/18**	**22/02/19**
Jackson	Paul	✔	✔	✔	✔	✔	✖	✖	✖
Daley	Erica	✖	✔	✖	✔	✔	✔	✖	✖
Latimer	Emma	✔	✔	✖	✖	✔	✖	✖	✔
Marshall	Karen	✔	✔	✔	✔	✔	✔	✖	✖
Roper	Dan	✔	✔	✔	✔	✔	✔	✔	✔
Sayner	Emma	✔	✔	✖	✔	✔	✔	✔	✔
Smyth	Sarah	✔	✖	✔	✖	✖	✔	✔	✔
Stamp	Jason	✔	✔	✔	✔	✔	✔	✔	✔
Weldon	Julia	✔	✖	✔	✔	✖	✔	✔	✔

Remuneration Committee

The purpose of the 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 three times during the year and was quorate on each occasion. Highlights of the Committees activity included pay progression considerations, honorary contracts reviews and VSM 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**	**29/06/18**	**15/01/19**	**20/03/19**
Marshall	Karen	✔	✔	✔
Roper	Dan	✔	✔	✔
Jackson	Paul	✔	✖	✖
Stamp	Jason	✔	✔	✔

Integrated Commissioning Committee – Committees in Common

The purpose of the Committee is to facilitate shared decision-making between the CCG and Hull City Council with respect to joint commissioning and the integrated financial plan.

The Committee met two times during the year and was quorate on each occasion. Highlights of the Committees activity included the renewal of the Section 75 agreement including the Better Care Fund, the financial contributions to the Integrated Financial Plan and a range of service re-procurements including the specialist stop smoking service.

Attendance at the Committee was as follows:

		Date of Meeting	
Surname	**First Name**	**19/12/18**	**27/02/19**
Roper	Dan	✔	✔
Oehring	Amy	✔	✔
Jackson	Paul	✖	✖

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 2003 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations.

As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

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 March 2019. 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 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 2019 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 2019/20.

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 2018/19 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 April 2018 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 clinical commissioning group 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 2018-19 the CCG had four extreme (red) rated risks and fourteen high (amber) rated risks within its Corporate Risk Register. The three 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
Waiting times for children and young people's assessment and diagnosis for autism exceeds the national 18 week target	Significant further investment in the service to increase capacity and improve access. The clinical pathway for post diagnostic service is under development in partnership with Humber NHS Foundation Trust, Hull City Council and the voluntary sector.	Progress monitored by Children and Young People Autism Strategy Group which reports to the Children and Young People and Maternity Programme Board, as well as to the multi-agency Children and Families Board
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 both 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.	Assurances are gained via the Hull Children, Young People and Families Board, as well as the Hull Special Educational Needs and Disability (SEND) Board Partnership working with Hull City Council and local providers continues via the agreed SEND work plan through the boards.
The functionally 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, will increase significantly.	Nationally led initiative so representations made by Humber partners at highest level of NHS England and NHS Digital. Local mitigations developed and issued in the Humber area.	Incidents monitored and reviewed by the combined Humber Safeguarding Teams (Adults and Children).
There is a risk that the availability of Care Quality Commission registered Nursing Care Homes in Hull and East Riding will be insufficient to meet the demand.	The new operating model for adult social care is based around supporting people outside of residential care. The NHS-CHC team and social worker practice supports individuals as far as possible in remaining in their own homes. This will reduce some of the demand for nursing beds. Access arrangements is being reviewed as part of the NHS funded care transformation programme with the aim to introduce a more robust criteria and assessment to ensure only those who absolutely need to be admitted to nursing care (not residential care with community nurse support) are placed into nursing beds.	The Continuing Health Care team review nursing case applications and report on appropriateness to the Head of NHS Funded Care.

By the end of 2018-19 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
Waiting times for children and young people's assessment and diagnosis for autism exceeds the national 18 week target	Significant further investment in the service to increase capacity and improve access. The clinical pathway for post diagnostic service is under development in partnership with Humber NHS Foundation Trust, Hull City Council and the voluntary sector.	Progress monitored by Children and Young People Autism Strategy Group which reports to the Children and Young People and Maternity Programme Board, as well as to the multi-agency Children and Families Board
Paediatric Speech and Language (SLT) Service. Waiting list for initial assessment and treatment is extensive. The joint local area SEND Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement. Provider data issues W/C 15 October 2018, indicates there are up to 421 children waiting for an initial assessment (107 over 18 weeks) and up to 1,417waiting for treatment. Data accuracy issues noted at Quality and Performance Committee.	Hull CCG has agreed additional non-recurrent funding (June 2018) to support the service to recruit additional resource that will reduce the waiting list and undertake service remodelling. Contract variation to be completed once service level data including waiting lists have been completed and trajectory agreed.	Hull Special Educational Needs and Disability Written Statement of Action (WSA) and Improvement Plan - monitored by the Self-Assessment Framework Board and reported to the Children's Services Improvement Board. SEND WSA monitored by Department for Education and Department of Health and Social Care on a quarterly basis.
CCG practices unable to maintain a resilient primary care workforce.	Development of CCG primary care workforce strategy. Development of Strategic Commissioning Plan for Primary Care - support to practice groupings for collaborative working to address workforce issues. Development of New Models of Care involving range of other job roles. Development of Sustainability and Transformation Partnership primary care workforce modelling as part of out of hospital care work-stream	Progress in implementing primary care workforce strategy reported to Primary Care Commissioning Committee. Sustainability and Transformation Partnership Strategic Partnership Board to oversee out of hospital care work-stream.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

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

The 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 was 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	Fully 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 clinical commissioning group, 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 data security and protection toolkit assessment and have established an information governance management framework. Information governance processes and procedures have been developed in line with the data security and protection 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 are developing / have developed information governance processes and procedures in line with the information governance toolkit. We have ensured all staff undertake 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 2018-19.

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	2018-19	84.02%	95%

Commentary:

Themes and trends continue to be reviewed as part of the work being undertaken with the HUTHT Aligned Incentive Contract (AIC) and the A&E Delivery Board. Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways. Early evaluation data of patients who have been through an assessment at the Jean Bishop Integrated Care Centre shows a reduction on attendances and admissions.

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.	2018-19	80.86%	92%

Commentary:

Referral to Treatment 18 weeks waiting times performance at Hull University Teaching Hospital NHS Trust deteriorated slightly in December, reporting 81.99%, failing to achieve the local improvement trajectory (82.50%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent or late referrals from other providers. Referrals from GPs are reducing and the provider continues to address the backlog waiting list and directing significant effort into eliminating waits in excess of 52 weeks.

Waiting times are being closely monitored and reported through the Aligned Incentive Contract (AIC) governance structure and recommendations for improvement being presented to the Planned Care Delivery Group where identified. The Planned Care Delivery Group are reviewing waiting times as part of their agenda, in particular the pressured specialties highlighted.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Cancer - 31 Day standard for diagnosis to first definitive treatment within 31 days (all cancers) (%)	2018-19	95.29%	96%
Cancer - 31 day wait for subsequent treatment - surgery (%)	2018-19	88.33%	94%
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)	2018-19	71.88%	85%

Commentary:

The CCG continues to work with stakeholders and prioritise waiting time standards and challenge the provider where standards are breached. The cancer commissioning lead meets regularly with the provider's senior cancer team to review barriers to change and how progress can be made. Hull University Teaching Hospitals NHS Trust has recently self-reviewed against the cancer high impact changes; progress has been made across a number of areas since the last review.

The Cancer Alliance, of which the CCG is a member, is working with all local providers of cancer services to support the implementation of cancer best practice pathways. The appointment of a new Cancer Programme Director is seen as a positive step towards refocusing work within the Alliance. The Alliance is also supporting procurements to improve how diagnostic reports / images can be better shared to reduce duplication / loss of time waiting for results.

CCG OUTCOMES INDICATORS

QUALITY		Actual (YTD)	Target
People that wait less than 6 weeks from referral to entering Improved Access to Psychological Therapies (IAPT) treatment against the number of people who finish a course of treatment in the reporting period	2018-19	61.43 (Feb 2018)	75

Commentary:

Audits have been undertaken to highlight people approaching 6 weeks since time of referral with no first treatment appointment, giving an opportunity for treatment sub-providers to ensure these people, if not already, are prioritised for the next available first treatment appointment slot. There is a correlation between the DNA rate (30% for the year) and this indicator. It is estimated this will improve with the revised operational processes for DNA's and accessibility for 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.

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.

Budgets were established and maintained against all CCG business areas and performance monitored via a quality and 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.

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 work plan 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 1st April 2015 and are reviewed annually, the CCG completed an online Self Review Tool (SRT) quality assessment in March 2019 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.

Head of Internal Audit Opinion

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

From their review of the CCG's systems of internal control, they are 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
Financial Management / Financial Control	Substantial
Quality, Innovation, Productivity and Prevention (QIPP)	Substantial
Provider Contract Management	Substantial
Assurance Framework	Substantial
Conflicts of Interest	Substantial
Patient & Stakeholder Engagement	Substantial
Primary Care Commissioning	Substantial
Primary Care Integrated Delivery Framework	Substantial
Partnership Working – Aligned Incentive Contract / Local Authority Integration	An opinion is not given by the auditors for this area of audit
Medicines Management / Prescribing	Substantial
Partnership Working – Local Authority Integration	Audit in progress
Data Protection & Security Toolkit	An opinion is not given by the auditors for this area of audit

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the Clinical Commissioning Group who have responsibility for the development and maintenance of the internal control framework.

I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

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

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

- The Governing Body;
- The 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 2018-19 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 2018-19

NHS Hull CCG follows NHS England, and other relevant, guidance in remuneration (pay awarded) to very senior managers (VSMs). Hull CCG Remuneration Committee comprises the lay members and the chairman 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 2018-19 are detailed on pages 54 within the Governance Statement.

Membership

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following: (All memberships run from 1 April 2018 to 31 March 2019)

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 2018-19 (including salary and pension entitlements) (subject to audit)

Name and Title	Salary (bands of £5,000) £000's	Expense payments (taxable) to nearest £100*** £00's	Performance pay and bonuses (bands of £5,000) £000's	Long term performance pay and bonuses (bands of £5,000) £000's	All pension-related benefits (bands of £2,500) £000's	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	*	55-60
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	5-10	0	0	0	0	5-10
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member	35-40	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**	70-75	5,500	5-10	0	27.5-30	115-120
Emma Sayner - Chief Finance Officer**	55-60	3,100	5-10	0	40-42.5	105-110
Sarah Smyth - Director of Quality and Clinical Governance	85-90	4,200	0-5	0	20-22.5	115-120
Erica Daley - Director of Integrated Commissioning	85-90	5,900	0-5	0	10-12.5	105-110
Mark Whitaker - Practice Manager - (June 2017 - March 2018)	5-10	0	0	0	0	5-10

* It is not possible to provide the pensions related benefits in relation to GPs due to their practitioner membership of the NHS pension scheme

** Emma Latimer (from 01-11-17) and Emma Sayner (from 01-12-17) are currently in joint posts with North Lincolnshire CCG. The values above are related to NHS Hull, however their respective total salary bandings are £140k-£145k and £115k-£120k

*** Note: Taxable expenses and benefits in kind are expressed to the nearest £100

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.

Senior manager remuneration 2017-18 (including salary and pension entitlements) (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 £2,500) £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	*	55-60
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	*	20-25
Dr Bushra Ali - CCG Governing Body Member - (July 2017 - January 2018)	15-20	0	0	0	*	15-20
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member	35-40	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	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	15-17.5	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

* GP pension's membership have now been restated and transferred to practitioner membership of NHS pension scheme, therefore pension information in 2017-18 for these GPs have been removed.

Pensions Benefits table 2018-19
(subject to audit)

Name and Title	Real increase in pension at pension age (bands of £2,500) £000's	Real increase in pension lump sum at pension age (bands of £2,500) £000's	Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £000's	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £000's	Cash Equivalent Transfer Value at 1 April 2018 £000's	Real Increase in Cash Equivalent Transfer Value £000's	Cash Equivalent Transfer Value at 31 March 2019 £000's	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	*	*	*	*	*	*	*	*
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	*	*	*	*	*	*	*	*
Dr Scot Richardson - CCG Governing Body Member	*	*	*	*	*	*	*	*
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	2.5-5	2.5-5	45-50	110-115	647	143	810	0
Emma Sayner - Chief Finance Officer	2.5-5	5-7.5	25-30	60-65	306	113	428	0
Sarah Smyth - Director of Quality and Clinical Governance	0-2.5	0	20-25	50-55	283	65	356	0
Erica Daley - Director of Integrated Commissioning	0-2.5	2.5-5	35-40	115-120	757	102	881	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 GPs due to their practitioner membership of the NHS pension scheme

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).

The benefits and related CETVs do not allow for a potential future adjustment arising from the McCloud judgment.

Other payments during 2018-19 (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 2018-19.

There was no compensation for early retirement or loss of office or payments to past directors during 2018-19. The CCG has has no losses, however a special payment of £3000 was made in respect of a Treasury approved severance payment.

Pay multiples 2018-19 (subject to audit)

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

The banded remuneration of the highest paid director/ Member in Hull CCG in the financial year 2018-19 was £145-150k (2017-18: £135-140K). This was 3.4 times (2017-18: 3.3) the median remuneration of the workforce, which was £43.0k (2017-18: £41.8K).

In 2018-19, six employees received remuneration, which when grossed up to a full time equivalent, was in excess of the highest-paid member of the Governing Body. These employees are part time clinical advisory staff.

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

The whole time equivalent salaries paid to CCG staff in 2018-19 range from band £15-£20k to £185-£190k (2017-18: £15-£20k to £205-£210k).

Please note for the purpose 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 2018 to March 2019 totalled £51,540 for statutory audit services.

This covered audit services required under the National Audit Office'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 Public Sector Audit Appointments 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 2018-19 NHS Hull CCG paid 97.65% of non NHS trade invoices within target and 99.45% of NHS trade invoices within target. Further details are on page 19 of the Annual Accounts.

Staff Report

Promoting equality 2018-19

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 for 2018-19 published at www.hullccg.nhs.uk demonstrates how we are meeting our public sector equality duties and NHS England equality standards and this is summarised below. The report goes beyond compliance, to reflect our equality programme of work. We recognise this is an on-going journey of development and improvement and welcome feedback and views on how we are doing.

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. This means:
  - Removing or minimising disadvantage experienced by people due to their personal characteristics
  - Meeting the needs of people with protected characteristics
  - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low
- Fostering good relations between people who share a protected characteristic and people who do not share it.
- Having 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

Accessible Information Standard

Implementing the Accessible Information Standard has been incorporated into our equality objective 1.

Equality objectives

Our equality objectives and outcomes were developed using the Equality Delivery System (EDS) as a framework to engage with local interest groups and listen to their experiences. More information about our approach and outcomes can be found here: http://www.hullccg.nhs.uk/equality-delivery-system-eds2/.

This year, we have looked at how we can work more effectively in partnership to implement the EDS in a way that makes best use of resources and brings together different perspectives. We have identified the Equality, Diversity and Inclusion Partnership Forum, which comprises local NHS providers and commissioners, as an effective vehicle for collaboration and are developing our plan for implementation of EDS3 in 2019-20.

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
• The CCG continues 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. • The CCG contributes to the Equality, Diversity and Inclusion Partnership Forum, with a focus on encouraging collaboration and best practice. Specific areas of focus will be implementation of the Accessible Information Standard and effective equality impact assessments. • The launch of Down's Syndrome pathway during 2018 (Co-produced with people with Down's and their parents and carers) had a particular emphasis on accessible communications and addressing communications barriers. • The CCG also works in partnership with other CCGs in the region to engage with groups and individuals representing specific communications access needs (e.g. East Riding of Yorkshire CCG). • The CCG has briefed GP Practices about the Accessible Information Standard (AIS) through various channels, including attendance at Practice Manager meetings and a PTL session attended by several hundred GPs and practice staff in September 2018 featured highlighted duties relating to the AIS. • The CCG has reviewed its own accessible communications and has made significant changes to its website to make information more accessible and easier to read (see: http://www.hullccg.nhs.uk/making-our-information-accessible/). All documents can be made available in different formats on request. We also have guidelines for booking events that 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. • Maximise the opportunities of digitial solutions to minimise or remove communication and access barriers. • Work in partnership with providers and other CCGs to engage with patients and interest groups about communications access barriers. • Develop partnerships with providers, CCGs, the local authority and the voluntary and community sector to keep the focus on accessible communications and promote best practice. • Develop accessible communications 'mystery shoppers' to assess how patient experience communications support provided. • Develop the accessible communications skills of CCG staff.

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
• Weekly Patient Relations reports go to the Senior Leadership Team, which identify any equality themes and a bi-annual report is submitted to the Quality and Performance Committee. • Specific patient and public involvement programmes during 2018-19 include: Disability Short Breaks and SEND (parents and carers of children with disabilities and professionals working with them), Eating Disorders Service (particularly targeting young women and gay men who were identified as at higher risk) and Homeless Discharge Service (via local organisations working to support the homeless). See page 21 for more detail and further examples of how we engage with the diverse communities in Hull.	To improve, we need to: • Continue to review and refine the EqIA quality assurance and governance processes for clinical policies, particularly where those policies are harmonised across a wider geographical area. • Continue to support and coach staff completing EqIAs and develop capacity of staff to provide peer review and coaching as part of their own development and meeting their equality objectives • Celebrate and communicate good practice

- Effective equality impact assessment (EqIA) is an important way of paying due regard to equality across all the CCGs policies and functions. During 2018-19 a further 23 staff undertook half-day EqIA training sessions, with a particular focus on clinical policy and healthcare commissioning.
- The EqIA quality assurance and sign off process has been refined for HR, commissioning and corporate policies.
- We seek assurance through the contract monitoring process that our providers are meeting their equality standards.
- Equality objectives have been more explicitly included in the staff appraisal process. Each member of staff is asked to set at least one equality objective and this will form part of their personal development.
- Healthwatch Hull has undertaken thematic reviews of particular service areas, for 2018-19 these were: Stroke Services, Access to Health services for those with no fixed abode. Formal findings reports are submitted to the CCG.
- Test and refine an engagement approach to support our work with groups and organisations that support people with specific protected characteristics. to inform the CCG's future priorities and support the completion of EqIAs across the organisation.

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

Achievements:	Areas for development

• Staff retention has continued to be relatively high in the CCG and recruitment levels are low. We have continued to review recruitment processes and job opportunities are advertised and shared widely across a range of networks and social media platforms.
• We have continued to work with 'This Ability' network to continue to access and support the DWP's Disability Confident Employer (Level 2) scheme which requires us to commit to:
  • Inclusive and accessible recruitment
  • Communicating vacancies
  • Offering an interviews to disabled people
  • Providing reasonable adjustments
  • Supporting existing employees
• We have continued our commitment as a Mindful Employer and are signing up to the Time to Change Pledge to demonstrate our commitment to tackle mental health stigma and discrimination.
• EqIA training has been delivered within the organisation to further strengthen understanding and focus on Equality and Inclusion.
• As a result of some changes to the previous outsourced HR contract, we now have an in- house HR, Learning and Development and OD function, which also supports North Lincolnshire and East Riding of Yorkshire CCGs. This will enable further positive developments to be made in respect of recruitment of employees, training and support and ensuring that the people agenda is focused on Equality and Inclusion.
• The Staff Health & Wellbeing Group is actively involved in the development and progression an action plan to positively address issues affecting staff. Feedback is regularly reported to the Senior Management Team as well as the Equality & Diversity Review Group.
• The Organisational Development Strategy has been refreshed and agreed. The plan outlines detailed programmes of work which will be implemented over the next two years and targets some Equality and Inclusion key themes including work placement, corporate induction, succession planning and team development.
	To improve, we need to:
	• To conduct a refresh of recruitment processes in the CCG, including the introduction of value based recruitment options and alternative selection methods that may need to be used as a reasonable adjustment. This will also include a review of wording on job adverts to improve clarity and promotion of understanding of what role the CCG has and hopefully improve increased and inclusive interest in job vacancies and career progression.
	• Further develop a work placement and apprentice programme to enable supported placements and volunteer opportunities in the CCG that will give a wide ranging experience and also support the CCGs succession planning.
	• Progress Equality and Inclusion networks with provider organisations and other CCGs to further develop WRES and DES action planning and to identify where there are opportunities to share best practice and key successes.
	• All action plans to be incorporated to ensure that priority actions are identified at a central point and when subject to review detailed outcomes as a result are identified and communicated.

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.

- Progress against outcome:
- Access needs are checked with visitors when meetings are booked
- All staff and visitors to CCG premises have access needs prioritised

External event venue information sheet developed assesses needs requirements that must be met. Last year's Annual General Meeting, held at the Ferens Art Gallery, included a rigorous access and risk assessment. The invitation asked about specific needs, accessibility and dietary requirements. The event was broadcasted on social media for those not able to attend in person.

Objective 5: To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements

This was a new objective set in 2018, and we continue to identify and progress opportunities to collaborate.

Progress against outcome:

- The CCG has provided tools and leadership on equality impact assessments for a number of integrated commissioning projects.
- A proposal is being developed to collaborate on EDS3 with Hull and East Riding healthcare providers with a view to assess against common themes for all partners.
- he CCG continues to attend and contribute to the Y&H Regional Equality Leads Network

Workforce Race Equality tandard (WRES)

The WRES requires organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation.

We recognise our role in asking providers to report on their performance against the WRES framework from 1 July 2015, as well as paying due regard to the standard in its own workforce practices. 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)

Equality and Diversity performance reviews

All staff are aware that it is everybody's responsibility to promote equality, diversity and inclusion.

This is reflected in our Equality and Diversity Policy 2017, staff training and equality objectives aligned to Personal Development Reviews (PDRs).

The Lay Member for Patient and Public Involvement is the Board level lead for equality and diversity. Our Equality & Diversity Action Plan is regularly reviewed by a Performance Review Group consisting of:

- Lay Member for Public and Patient Involvement
- Associate Director of Corporate Affairs
- Associate Director of Communications and Engagement
- Head of People
- Independent Equality & Diversity Consultant, Arc of Inclusion
- GP Board Member

Gender pay gap reporting

The CCG employed fewer than 250 members of staff at 31 March 2019 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 pages 72-77 of this Annual Report we report 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 http://www.hullccg.nhs.uk/health-information-and-resources-3/

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 NHS Hull 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

Five policies were reviewed/developed through to approval in 2018-19:

- Disciplinary
- Expenses
- Secondment
- Maternity, Maternity Support, Adoption and Parental Leave
- Starting Salaries and Reckonable Service Policy

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 their 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, workforce health and wellbeing

We were extremely pleased that the local response rate to the 2018 NHS Staff Survey was 84%, the highest in our group of eight CCGs for the second year running.

The headline facts showed that high number of people feel enthusiastic about their jobs, and feel trusted and well supported by their colleagues. Our overall satisfaction score was again the highest in our group at 68.4%, although this percentage rate has dropped slightly from last year. Following on from the Staff Survey the Staff Health and Wellbeing Group has met to discuss the results in more detail and will obtain further feedback from all staff, which will be used to support resolution of the issues raised.

As an organisation we have made good progress with our Staff Health and Wellbeing Action Plan:

- A staff feedback session in 2018 around the implementation of the Managing Absence policy led to some refinement, this was in association with our formal negotiation and consultation process.
- A Health and Wellbeing Week took place in January 2019 with people across all teams taking part in fitness and nutrition activities, including smoothie bike sessions, themed lunchtime walks, massage sessions and an exercise bike fun challenge which clocked up 366 miles in five days.
- A course of Mindfulness training was offered to staff in their own time which was very well received.
- The CCG has continued to make a commitment as a Mindful Employer to support the mental health and wellbeing of our staff..
- Mental Health First Aid champions are trained to support staff.

A special room has been set aside to support private wellbeing related conversations or time away from the desk. It is hoped that these initiatives, along with the Time to Test cancer screening pledge, which enables staff take up screening appointments during their work time, demonstrate that we care about staff looking after their health. In addition, the CCG provides management and self-referral to occupational health, which includes the ability to access counselling sessions.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HULL MARATHON 2018
3141D

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 2018 which included desktop exercises to look at innovative ways to work together and support neighbourhoods to be healthier and a session from business and sports coach Jamie Peacock MBE.

We provided work experience for one individual through the Prince's Trust Get into the NHS programme and have a regular young volunteer supporting the communications and engagement team.

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 has been an active member of the North Yorkshire, Humber and Leeds Social Partnership Forum organised by the eMBED Workforce Team during 2018-19.

The aim of the Partnership Forum is to provide a formal negotiation and consultation group for the CCGs and the Trade Unions to discuss and debate issues in an environment of mutual trust and respect. From 2019-20 the CCG continues its commitment to work in partnership with trade unions, and has had an important role in the creation of the Humber CCG Social Partnership Forum for the three CCGs that the HR team supports.

Trade union facility time 2018-19

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	£3,009
Total pay bill	£4,795,412
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 2018-19

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. This year, in addition to the usual risk assessments for external events such as the Annual General Meeting, assessments have been completed for internal events such as the staff cycle challenge during the Health and Wellbeing Week.

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

Several technical issues throughout the year in relation to the online training system have proved challenging, but at 31st March 2019, the overall compliance for the organisation was 87%. This means the organisation was 2% above its own compliance target of 85%.

There were only two reported Health & Safety incidents within the organisation in 2018-19. Both incidents were thoroughly investigated and neither met the external reporting threshold (RIDDOR). Neither of the incidents could have been prevented as they related to staff slipping due to icy weather.

Number of senior managers (subject to audit)

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 2018-19.

Pay band	Total
Band 8a	12
Band 8b	12
Band 8c	5
Band 8d	5
Band 9	1
Off Payroll Workers	5
VSM	5
Governing body	11
Any other spot salary	10

Assignment category	Total
Permanent	73
Fixed term	19
Statutory office holders	11
Bank	7
Honorary	10

Gender composition (subject to audit)

Between 1 April 2018 and 31 March 2019 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)**	9	30

**Council of Members has 39 members in total

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

Pay band	Female	Male
Band 8a	12	0
Band 8b	7	5
Band 8c	3	2
Band 8d	4	1
Band 9	0	1
Off Payroll Workers	4	1
VSM	4	1
Governing body	2	9
Any other spot salary	6	4
All other employees (including apprentice if applicable)	31	12

Sickness absence information 2018-19 (subject to audit)

Absence	Total (2018-19)	Total (2017-18)
Average sickness %	1.8%	1.7%
Total number of FTE days lost	527.1	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 (page 84) supports this aim.

Staff costs table 2018-19 (subject to audit)

	Admin			Programme			Total		
Employee Benefits	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**
	N4A	**N4B**	**N4C**	**N4D**	**N4E**	**N4F**	**N4G**	**N4H**	**N4I**
Salaries and wages	3,076	106	3,182	477	-	477	3,553	106	3,659
Social security costs	338	-	338	49	-	49	387	-	387
Employer contributions to the NHS Pension Scheme	369	-	369	56	-	56	425	-	425
Other pension costs	0	-	0	1	-	1	1	-	1
Apprenticeship Levy	5	-	5	-	-	-	5	-	5
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	3	-	3	-	-	-	3	-	3
Gross Employee Benefits Expenditure	**3,791**	**106**	**3,896**	**583**	**-**	**583**	**4,373**	**106**	**4,479**
Less: Recoveries in respect of employee benefits (note 4.1.2)	(95)	-	(95)	(19)	-	(19)	(113)	-	(113)
Net employee benefits expenditure including capitalised costs	**3,696**	**106**	**3,802**	**564**	**-**	**564**	**4,260**	**106**	**4,366**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**3,696**	**106**	**3,802**	**564**	**-**	**564**	**4,260**	**106**	**4,366**

Expenditure on consultancy and off-payroll engagements (subject to audit)

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 2018-19.

Also, there was no expenditure for the provision to 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)

	Compulsory redundancies WHOLE NUMBER ONLY	Compulsory redundancies £'	Other Agreed Denatured WHOLE NUMBER ONLY	Other Agreed Denatured £'
	N4AE	N4AD	N4AF	N4AG
Less than £10,000	-	-	1.00	3,000.00
£10,001 - £25,000	-	-	-	-
£25,001 - £50,000	-	-	-	-
£50,001 - £100,000	-	-	-	-
£100,001 - £150,000	-	-	-	-
£150,001 –£200,000	-	-	-	-
Over £200,001	-	-	-	-
TOTALS	-	-	1.00	3,000.00

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 3-6 of the Annual Accounts.

Part Three: **Annual** Accounts

Emma Latimer
Accountable Officer
24 May 2019

NHS Hull Clinical Commissioning Group
Annual Accounts 2018-19

Foreword to the Accounts

These accounts for the year ended 31 March 2019 have been prepared by the NHS Hull Clinical Commissioning Group in accordance with the Department of Health Group Accounting Manual 2018/19 and NHS England SharePoint Finance Guidance Library.

NHS Hull Clinical Commissioning Group - Annual Accounts 2018-19

CONTENTS

Independent auditor's report to the Governing Body of NHS Hull Clinical Commissioning Group

Opinion on the financial statements

We have audited the financial statements of NHS Hull Clinical Commissioning Group ('the CCG') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as interpreted and adapted by the Government Financial Reporting Manual 2018/19 as contained in the Department of Health and Social Care Group Accounting Manual 2018/19, 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 2019 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 2018/19; 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.

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.

Responsibilities of the Accountable Officer for the financial statements
As explained more fully in the Statement of Accountable Officer's Responsibilities the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the CCG is informed of the intention for dissolution without transfer of services or function to another entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the CCG to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

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

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.

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 Accounts 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.

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 section 24and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014

We have nothing to report in these respects.

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

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under section 21(1)(c) of the Local Audit and Accountability Act 2014 to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our 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 2019.

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

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 2014. 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.

Certificate

We certify that we have completed the audit 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

5th Floor
3 Wellington Place
Leeds
LS1 4AP

24 May 2019

Statement of Comprehensive Net Expenditure for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Income from sale of goods and services	2	(750)	(1,380)
Other operating income	2	(581)	(497)
Total operating income		**(1,331)**	**(1,877)**
Staff costs	4	4,476	4,227
Purchase of goods and services	5	453,707	432,580
Depreciation and impairment charges	5	9	9
Provision expense	5	-	-
Other Operating Expenditure	5	753	883
Total operating expenditure		**458,945**	**437,699**
Net Operating Expenditure		**457,614**	**435,822**
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		**457,614**	**435,822**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**457,614**	**435,822**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Re-measurements of the defined pension liability/asset		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**457,614**	**435,822**

NHS Hull Clinical Commissioning Group - Annual Accounts 2018-19

Statement of Financial Position as at 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Non-current assets:			
Property, plant and equipment	8	23	32
Intangible assets		-	-
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
Total non-current assets		23	32
Current assets:			
Inventories		-	-
Trade and other receivables	9	2,503	3,670
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	10	4	32
Total current assets		**2,507**	3,702
Non-current assets held for sale		-	-
Total current assets		**2,507**	3,702
Total assets		**2,530**	3,734
Current liabilities			
Trade and other payables	11	(29,075)	(26,810)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total current liabilities		**(29,075)**	(26,810)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(26,545)**	(23,076)
Non-current liabilities			
Trade and other payables		-	-
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total non-current liabilities		**-**	-
Assets less Liabilities		**(26,545)**	(23,076)
Financed by Taxpayers' Equity			
General fund		(26,545)	(23,076)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(26,545)**	(23,076)

The notes on pages 11 to 25 form part of this statement

The financial statements on pages 7 to 10 were approved by the Governing Body on 24th May 2019 and signed on its behalf by:

Chief Accountable Officer
Emma Latimer

Statement of Changes In Taxpayers Equity for the year ended 31 March 2019

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(23,076)	-	-	**(23,076)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Impact of applying IFRS 9 to Opening Balances	-	-	-	**-**
Impact of applying IFRS 15 to Opening Balances	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(23,076)**	**-**	**-**	**(23,076)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating expenditure for the financial year	(457,614)	-	-	**(457,614)**
Net gain/(loss) on revaluation of property, plant and equipment	-	-	-	**-**
Net gain/(loss) on revaluation of intangible assets	-	-	-	**-**
Net gain/(loss) on revaluation of financial assets	-	-	-	**-**
Total revaluations against revaluation reserve	**-**	**-**	**-**	**-**
Net gain (loss) on available for sale financial assets	-	-	-	**-**
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	-	-	-	**-**
Net gain/(loss) on revaluation of assets held for sale	-	-	-	**-**
Impairments and reversals	-	-	-	**-**
Re-measurements of the defined pension liability/asset	-	-	-	**-**
Movements in other reserves	-	-	-	**-**
Transfers between reserves	-	-	-	**-**
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	**-**
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	**-**
Transfers by absorption to (from) other bodies	-	-	-	**-**
Reserves eliminated on dissolution	-	-	-	**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(457,614)**	**-**	**-**	**(457,614)**
Net funding	454,145	-	-	**454,145**
Balance at 31 March 2019	**(26,545)**	**-**	**-**	**(26,545)**

	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)	-	-	**(19,836)**
Transfer of assets and liabilities from closed NHS bodies as a result of the 1 April 2013 transition	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2018	**(19,836)**	**-**	**-**	**(19,836)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2017-18				
Net operating costs for the financial year	(435,822)	-	-	**(435,822)**
Net gain/(loss) on revaluation of property, plant and equipment	-	-	-	**-**
Net gain/(loss) on revaluation of intangible assets	-	-	-	**-**
Net gain/(loss) on revaluation of financial assets	-	-	-	**-**
Total revaluations against revaluation reserve	**-**	**-**	**-**	**-**
Net gain/(loss) on available for sale financial assets	-	-	-	**-**
Net gain/(loss) on revaluation of assets held for sale	-	-	-	**-**
Impairments and reversals	-	-	-	**-**
Re-measurements of the defined pension liability/asset	-	-	-	**-**
Movements in other reserves	-	-	-	**-**
Transfers between reserves	-	-	-	**-**
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	**-**
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	**-**
Transfers by absorption to (from) other bodies	-	-	-	**-**
Reserves eliminated on dissolution	-	-	-	**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(435,822)**	**-**	**-**	**(435,822)**
Net funding	432,582	-	-	**432,582**
Balance at 31 March 2018	**(23,076)**	**-**	**-**	**(23,076)**

The notes on pages 11 to 25 form part of this statement

NHS Hull Clinical Commissioning Group - Annual Accounts 2018-19

Statement of Cash Flows for the year ended 31 March 2019

	Note	2018-19 £'000	2017-18 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(457,614)	(435,822)
Depreciation and amortisation	5	9	9
Impairments and reversals	5	-	-
Non-cash movements arising on application of new accounting standards		-	-
Movement due to transfer by Modified Absorption		-	-
Other gains (losses) on foreign exchange		-	-
Donated assets received credited to revenue but non-cash		-	-
Government granted assets received credited to revenue but non-cash		-	-
Interest paid		-	-
Release of PFI deferred credit		-	-
Other Gains & Losses		-	-
Finance Costs		-	-
Unwinding of Discounts		-	-
(Increase)/decrease in inventories		-	-
(Increase)/decrease in trade & other receivables	9	1,167	(1,116)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	11	2,265	4,377
Increase/(decrease) in other current liabilities		-	-
Provisions utilised		-	-
Increase/(decrease) in provisions		-	-
Net Cash Inflow (Outflow) from Operating Activities		**(454,173)**	(432,552)
Cash Flows from Investing Activities			
Interest received		-	-
(Payments) for property, plant and equipment		-	-
(Payments) for intangible assets		-	-
(Payments) for investments with the Department of Health		-	-
(Payments) for other financial assets		-	-
(Payments) for financial assets (LIFT)		-	-
Proceeds from disposal of assets held for sale: property, plant and equipment		-	-
Proceeds from disposal of assets held for sale: intangible assets		-	-
Proceeds from disposal of investments with the Department of Health		-	-
Proceeds from disposal of other financial assets		-	-
Proceeds from disposal of financial assets (LIFT)		-	-
Non-cash movements arising on application of new accounting standards		-	-
Loans made in respect of LIFT		-	-
Loans repaid in respect of LIFT		-	-
Rental revenue		-	-
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(454,173)**	(432,552)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		454,145	432,582
Other loans received		-	-
Other loans repaid		-	-
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		-	-
Capital grants and other capital receipts		-	-
Capital receipts surrendered		-	-
Non-cash movements arising on application of new accounting standards		-	-
Net Cash Inflow (Outflow) from Financing Activities		**454,145**	432,582
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(28)**	30
Cash & Cash Equivalents at the Beginning of the Financial Year		**32**	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		**4**	32

The notes on pages 11 to 25 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 2018-19 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

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

1.2 Accounting Convention

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

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

Transfers as part of reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual (FReM), 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.

1.4 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.

1.5 Operating Segments

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

1.6 Revenue

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.
In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;
• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less.
• The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.
Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.
Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.
Payment terms are standard reflecting cross government principles.
The value of the benefit received when the clinical commissioning group accesses funds from the Government’s apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

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

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.
The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 Other Expenses

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

1.9 Grants Payable

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

1.10 Property, Plant & Equipment

1.10.1 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.

1.10.2 Measurement

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use.

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

1.10.3 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.

1.10.4 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 property, plant and equipment assets 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.

1.11 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.

1.11.1 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.

1.12 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.

1.13 Clinical Negligence Costs

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

1.14 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.

1.15 Contingent liabilities and contingent assets

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

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

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

1.16 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. The classification of financial assets is determined by their cash flow and business model characteristics, as set out in IFRS 9 at the time of initial recognition. All of the CCGs financial assets are held at amortised cost.

1.16.1 **Financial Assets at Amortised cost**

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

1.17 **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.

1.17.1 **Financial Liabilities at Amortised cost**

After initial recognition, all of the CCG's 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.

1.18 **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.

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.

1.19 **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).

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

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

1.20.1 **Critical accounting judgements in applying accounting policies**

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

- None

1.20.2 **Sources of estimation uncertainty**

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

· 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.

1.21 **Gifts**

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

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

The Department of Health and Social Care Group Accounting Manual (DHSC GAM) does not require the following IFRS Standards and Interpretations to be applied in 2018-19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

· IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

· IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

·IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

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2 Other Operating Revenue

	2018-19 Total £'000	2017-18 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**46**	20
Non-patient care services to other bodies ***1**	**591**	1,227
Patient transport services	**-**	-
Prescription fees and charges	**-**	-
Dental fees and charges	**-**	-
Income generation	**-**	-
Other Contract income	**-**	-
Recoveries in respect of employee benefits *2	**113**	133
Total Income from sale of goods and services	**750**	**1,380**
Other operating income		
Rental revenue from finance leases	**-**	-
Rental revenue from operating leases	**-**	-
Charitable and other contributions to revenue expenditure: NHS	**-**	-
Charitable and other contributions to revenue expenditure: non-NHS	**-**	-
Receipt of donations (capital/cash)	**-**	-
Receipt of Government grants for capital acquisitions	**-**	-
Continuing Health Care risk pool contributions	**-**	-
Non cash apprenticeship training grants revenue	**4**	1
Other non contract revenue ***3**	**577**	496
Total Other operating income	**581**	**497**
Total Operating Income	**1,330**	**1,877**

***1** 2017/18 was higher due to non recurrent NHS England Community Services income of £500k
Hull City Council contribution to Wilberforce Health Centre (£250k) & joint funded packages of care (£186k)
Ambulance contract reimbursement (£63k)
***2** Recoveries in respect of employee benefits have been reclassified in 2018/19 as income from sale of goods and services.
***3** Humber Coast & Vale Health & Care Partnership recharges (£567k)

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

	Education, training and research £'000	Non-patient care services to other bodies £'000	Recoveries in respect of employee benefits £'000
Source of Revenue			
NHS	35	200	66
Non NHS	11	391	47
Total	**46**	**591**	**113**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue			
Point in time	-	-	-
Over time	46	591	113
Total	**46**	**591**	**113**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

Total 2018-19

	Permanent Employees £'000	Other *1 £'000	Total £'000
Employee Benefits			
Salaries and wages	3,553	106	**3,659**
Social security costs	386	-	**386**
Employer Contributions to NHS Pension scheme	425	-	**425**
Other pension costs	1	-	**1**
Apprenticeship Levy	5	-	**5**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	-	-	**-**
Gross employee benefits expenditure *2	**4,370**	**106**	**4,476**
Less recoveries in respect of employee benefits (note 4.1.2)	(114)	-	**(114)**
Total - Net admin employee benefits including capitalised costs	**4,256**	**106**	**4,362**
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**4,256**	**106**	**4,362**

***1** Secondments £25k, Joint arrangement with Council £39k & Agency £42k
***2** Increase over 2017/18 include the impact of national Agenda for Change adjustments.

4.1.1 Employee benefits

Total 2017-18

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	3,324	68	3,392
Social security costs	367	-	367
Employer Contributions to NHS Pension scheme	416	-	416
Other pension costs	-	-	-
Apprenticeship Levy	3	-	3
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	49	-	**49**
Gross employee benefits expenditure	**4,159**	**68**	**4,227**
Less recoveries in respect of employee benefits (note 4.1.2)	(133)	-	**(133)**
Total - Net admin employee benefits including capitalised costs	**4,026**	**68**	**4,094**
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	**4,026**	**68**	**4,094**

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2018-19 Total £'000	2017-18 Total £'000
Employee Benefits - Revenue				
Salaries and wages	(91)	-	**(91)**	(108)
Social security costs	(11)	-	**(11)**	(11)
Employer contributions to the NHS Pension Scheme	(11)	-	**(11)**	(14)
Other pension costs	-	-	**-**	-
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	**-**	**-**	**-**	**-**
Total recoveries in respect of employee benefits	**(113)**	**-**	**(113)**	**(133)**

4.2 Average number of people employed

	2018-19			2017-18		
	Permanently employed Number	Other *1 Number	Total Number	Permanently employed Number	Other *1 Number	Total Number
Total	**67**	**2**	**69**	64	1	65
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	-	-	-

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

4.3 Exit packages agreed in the financial year

	2018-19 Compulsory redundancies		2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	3,000	1	3,000
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**-**	**-**	**1**	**3,000**	**1**	**3,000**

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

Analysis of Other Agreed Departures

	2018-19 Other agreed departures		2017-18 Other agreed departures	
	Number	£	Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments following HMT approval*	1	3,000	-	-
Total	**1**	**3,000**	**-**	**-**

* Includes 1 valued at £3,000 relating to non-contractual payments in lieu of notice.

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 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 latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

For 2018-19, employers' contributions of £424,527 were payable to the NHS Pensions Scheme (2017-18: £416,093) were payable to the NHS Pension Scheme at the rate of 14.38% of pensionable pay. These costs are included in the NHS pension line of note 4.1.

5. Operating expenses

	2018-19 Total £'000	2017-18 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England ***1**	1,487	957
Services from foundation trusts ***2**	40,129	38,939
Services from other NHS trusts ***3**	207,463	196,682
Provider Sustainability Fund (Sustainability Transformation Fund 1718)	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies ***4**	101,605	96,772
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	49,291	49,577
Pharmaceutical services	228	296
General Ophthalmic services	35	38
GPMS/APMS and PCTMS ***5**	42,666	41,003
Supplies and services – clinical	639	706
Supplies and services – general	620	581
Consultancy services	-	-
Establishment	1,229	1,359
Transport	23	22
Premises ***6**	5,457	3,580
Audit fees	52	52
Other non statutory audit expenditure		
· Internal audit services ***7**	-	-
· Other services	-	-
Other professional fees ***8**	2,452	1,807
Legal fees	95	87
Education, training and conferences	236	122
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Total Purchase of goods and services	**453,707**	**432,580**
Depreciation and impairment charges		
Depreciation	9	9
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets		
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**9**	**9**
Provision expense		
Change in discount rate	-	-
Provisions	-	-
Total Provision expense	**-**	**-**
Other Operating Expenditure		
Chair and Non Executive Members	409	413
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	60	19
Expected credit loss on receivables	-	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Non cash apprenticeship training grants	5	1
Other expenditure ***9**	279	450
Total Other Operating Expenditure	**753**	**883**
Total operating expenditure	**454,469**	**433,472**

***1** The increase relates to Humber Coast & Vale Health & Care Partnership allocations passed through to other organisations.
***2** Increased expenditure with Humber Teaching NHS Foundation Trust on mental health & community services.
***3** Increased expenditure with Hull University Teaching Hospital NHS Trust on Acute services.
***4** Increased expenditure with City Healthcare Partnership CIC on community services inc. new/expanded services.
***5** Increased expenditure for GP contracts and primary care quality premium payments.
***6** Increased property costs for 2018/19, including the opening of Integrated Care Centre and back dated charges for 2017/18.
***7** Internal audit fees are included in services from foundation trusts as hosted Northumberland, Tyne & Wear FT (£42k).
***8** Costs associated with developing primary care estate.
***9** See table below.

Description of Other Expenditure	Amount £'000
Absolutely Cultured LTD - Place Development	65
Child Dynamix - Public Health Work	20
Emmaus Hull - Rough Sleeper Contribution	5
Eskimo Soup LTD - Teenage Mental Health & Wellbeing Campaigns	68
Hull FC Foundation - Public Health Work	7
Hull KR Community Trust - Public Health Work	7
No White Flag LTD - Public Health Work (Childrens)	75
Silent Uproar - Mental Health Awareness	8
Tommy Coyle Academy - Youth Facility Project	20
Other	4
Grand Total	**279**

6 Better Payment Practice Code

Measure of compliance	2018-19 Number	2018-19 £'000	2017-18 Number	2017-18 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	10,180	£155,572	10,527	£145,643
Total Non-NHS Trade Invoices paid within target	9,941	£151,899	10,183	£143,676
Percentage of Non-NHS Trade invoices paid within target	**97.65%**	**97.64%**	**96.73%**	**98.65%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,563	£249,445	2,426	£236,780
Total NHS Trade Invoices Paid within target	2,549	£249,101	2,381	£236,596
Percentage of NHS Trade Invoices paid within target	**99.45%**	**99.86%**	**98.15%**	**99.92%**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	5,391	14	**5,405**	-	2,877	19	**2,896**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**5,391**	**14**	**5,405**	**-**	**2,877**	**19**	**2,896**

Whilst our arrangements with Community Health Partnership's Limited and NHS Property Services Limited fall within the definition of operating leases, the rental charges for future years have not yet been agreed .Consequently this note does not include future minimum lease payments for these arrangements.

7.1.2 Future minimum lease payments

	2018-19				2017-18			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payable:								
No later than one year	-	251	13	**264**	-	267	16	**283**
Between one and five years	-	754	17	**771**	-	1,069	3	**1,072**
After five years	-	-	-	**-**	-	-	-	**-**
Total	**-**	**1,005**	**30**	**1,035**	**-**	**1,336**	**19**	**1,355**

8 Property, plant and equipment

2018-19	Furniture & fittings £'000
Cost or valuation at 01 April 2018	43
Cost/Valuation at 31 March 2019	**43**
Depreciation 01 April 2018	11
Reclassifications	-
Reclassified as held for sale and reversals	-
Disposals other than by sale	-
Upward revaluation gains	-
Impairments charged	-
Reversal of impairments	-
Charged during the year	9
Transfer (to)/from other public sector body	-
Cumulative depreciation adjustment following revaluation	-
Depreciation at 31 March 2019	**20**
Net Book Value at 31 March 2019	**23**
Purchased	23
Donated	-
Government Granted	-
Total at 31 March 2019	**23**
Asset financing:	
Owned	23
Held on finance lease	-
On-SOFP Lift contracts	-
PFI residual: interests	-
Total at 31 March 2019	**23**

9.1 Trade and other receivables	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
NHS receivables: Revenue ***1**	644	-	875	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	1,209	-	1,211	-
NHS accrued income	-	-	8	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue ***2**	170	-	710	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	164	-	160	-
Non-NHS and Other WGA accrued income ***3**	33	-	388	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	282	-	318	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	1	-	0	-
Total Trade & other receivables	**2,503**	**-**	**3,670**	**-**
Total current and non current	**2,503**		**3,670**	

***1** Reduction in amount receivable from NHS England in relation to recharges / pass through funding.
***2** 2017/18 was high due to outstanding credit notes due from Community Health Partnerships.
***3** 2017/18 was high due to outstanding funding required from Hull City Council in relation to Social Prescribing Grants.

9.2 Receivables past their due date but not impaired

	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000	2017-18 DHSC Group Bodies £'000	2017-18 Non DHSC Group Bodies £'000
By up to three months	73	128	117	41
By three to six months	-	9	-	5
By more than six months	68	17	53	64
Total	**141**	**154**	**170**	**110**

10 Cash and cash equivalents

	2018-19 £'000	2017-18 £'000
Balance at 01 April 2018	32	2
Net change in year	(28)	30
Balance at 31 March 2019	**4**	**32**
Made up of:		
Cash with the Government Banking Service	4	32
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**4**	**32**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2019	**4**	**32**
Patients' money held by the clinical commissioning group, not included above	-	-

11 Trade and other payables

	Current 2018-19 £'000	Non-current 2018-19 £'000	Current 2017-18 £'000	Non-current 2017-18 £'000
Interest payable	-	-	-	-
NHS payables: Revenue ***1**	1,683	-	594	-
NHS payables: Capital	-	-	-	-
NHS accruals ***2**	2,090	-	2,807	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue ***3**	6,146	-	3,750	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals ***4**	18,495	-	19,334	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	64	-	59	-
VAT	-	-	-	-
Tax	60	-	57	-
Payments received on account	-	-	-	-
Other payables and accruals ***5**	537	-	209	-
Total Trade & Other Payables	**29,075**	**-**	**26,810**	**-**
Total current and non-current	**29,075**		**26,810**	

Other payables include £536,973 outstanding pension contributions at 31 March 2019

***1** Increase in outstanding invoices with Hull University Teaching Hospital NHS Trust which were received in March.
***2** Greater number of invoices received resulting in lower levels of NHS accruals.
***3** Increase relates to outstanding invocies for property recharges. Also see *4 for offset between accruals and invoices received.
***4** Greater number of invoices received resulting in lower levels of non NHS accruals.
***5** Increase relates to a change in the way that the CCG transacts pensions for GP Board Members, following clarification from the NHS Pensions Authority.

11.1 Impact of Application of IFRS 9 on financial assets and liabilities at 1 April 2018

The CCG has assessed its balances for financial assets and financial liabilities under IFRS 9 and can confirm that these continue to be measured at amortised cost. The impact of applying IFRS 9 is therefore nil.

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12 Contingent Liabilities

The CCG is aware that Her Majesty's Revenue & Customs (HMRC) have contacted a number of other CCGs across the region to inform them that they are reviewing the Value Added Tax (VAT) that has been recovered in relation to the services provided by Kier Business Services LTD (eMBED Commissioning Support Contract) that was procured under the national Lead Provider Framework arrangement. NHS England are in discussion with HMRC in relation to this matter.

Whilst NHS Hull has not been contacted directly by HMRC about this, it is felt necessary to declare a contingent liability that should HMRC determine VAT has been incorrectly recovered there may be a cost to the organisation at some point in the future.

13 Financial instruments

13.1 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.

13.1.1 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.

13.1.2 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.

13.1.3 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.

13.1.4 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.

13.1.5 Financial Instruments

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

13 Financial instruments cont'd

13.2 Financial assets

	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'000
Equity investment in group bodies		-	-
Equity investment in external bodies		-	-
Loans receivable with group bodies	-		-
Loans receivable with external bodies	-		-
Trade and other receivables with NHSE bodies	465		465
Trade and other receivables with other DHSC group bodies	213		213
Trade and other receivables with external bodies	170		170
Other financial assets	1		1
Cash and cash equivalents	4		4
Total at 31 March 2019	**853**	**-**	**853**

13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2018-19 £'000	Other 2018-19 £'000	Total 2018-19 £'000
Loans with group bodies	-		**-**
Loans with external bodies	-		**-**
Trade and other payables with NHSE bodies	664		**664**
Trade and other payables with other DHSC group bodies	16,094		**16,094**
Trade and other payables with external bodies	11,657		**11,657**
Other financial liabilities	537		**537**
Private Finance Initiative and finance lease obligations	-		**-**
Total at 31 March 2019	**28,952**	**-**	**28,952**

14 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	458,944	(1,331)	**457,614**	2,531	(29,075)	**(26,544)**
Total	**458,944**	**(1,331)**	**457,614**	**2,531**	**(29,075)**	**(26,544)**

15 Joint arrangements - interests in joint operations

The CCG has reviewed arrangements in place, particularly those with Hull City Council, and determined that they do not meet the criteria for being classified as joint arrangements under IFRS 12. As such no specific disclosure is required, however the nature of this arrangement has been disclosed below:

Through a Section 75 Pooled Budget Agreement NHS Hull CCG and Hull City Council have combined elements of their respective resources in order to develop greater integration between health and social care. The combined resources are then distributed by the host organisation (Hull City Council) to the relevant lead commissioner. Decisions on the use of those resources are then made by the lead commissioner who contracts directly with the provider, where appropriate, and manages the performance.

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16 Related party transactions

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

NHS England
NHS East Riding of Yorkshire CCG
NHS North Lincolnshire CCG
Hull University Teaching Hospital NHS Trust
NHS Business Service Authority
York Teaching Hospital NHS Foundation Trust
NHS Property Services & Community Health Partnerships

In addition the clinical commissioning group has a number of material transactions with other 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)	1,690	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)	1,989	0	0	0
Wife is a Practice Manager at Avenues Medical Centre - Part of Hull Health Forward GP Grouping (see below)	739	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)	1,057	0	0	0
Board and Clinical Member of Hull General Practitioner Collaborative	407	0	157	0
Dr James Moult - GP Member of the Clinical Commissioning Group				
GP Partner at Faith House Surgery (Newland Group) - part of the Modality GP Grouping (see below)	783	0	0	0
General Practitioner Partner at Faith House Surgery (Modality Partnership Hull)	288	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)	1,017	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)	1,243	0	0	0
Dr Scott Richardson - GP Member of the Clinical Commissioning Group				
GP Partner at James Alexander Family Practice - Part of Hull GP Collaborative GP Grouping (see below)	1,017	0	0	0
Chair of Hull GP Collaborative Ltd	407	0	157	0
Provider contract with City Health Care Partnerships	49,207	0	124	3
Emma Sayner - Chief Finance Officer				
CityCare Board Director – non remunerated	583	0	0	0
Jason Stamp - Lay Member of the Clinical Commissioning Group				
Chief Officer of North Bank Forum for Voluntary Organisations sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	552	0	0	0

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
St Andrews Group Practice, The Newland Group, 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 J Musil & Dr P Queenan, Dr MJP Varma (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

17 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.

18 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:

	2018-19 Target	2018-19 Performance	2017-18 Target	2017-18 Performance
Expenditure not to exceed income	459,013	458,945	441,299	437,698
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	457,682	457,614	439,423	435,822
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	6,254	5,429	6,258	5,490

19 Effect of application of IFRS 15 on current year closing balances

The CCG has assessed its relevant transactions against the 5-Step Recognition Approach in line with the implementation of IFRS 15 and determined that there is no impact on the closing balance reported in the CCG's Statutory Accounts.

Creating a healthier Hull

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