



NHS Hull Clinical Commissioning Group Annual Report and Accounts 2019-20

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The accounts for the year ended 31 March 2020 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.

Accessibility Statement

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Welcome from the Accountable Officer

Welcome to the 2019-20 Annual Report and Accounts for NHS Hull Clinical Commissioning Group (CCG). We hope that it will provide an overview of the CCG's progress and performance over the last year, as we continue to work with people and partners to create a healthier Hull.

At the time of producing this report, NHS Hull CCG has a major role in the local response to the Coronavirus pandemic, to support and co-ordinate health and social care services with partners across the system.

I would like, therefore, to begin with a tribute to NHS frontline workers and care home staff who are experiencing the most distressing and difficult conditions, - often putting patient care above their own safety. We are so grateful for everything they are doing during this difficult time, alongside all the other key workers such as police, teachers, transport workers and social care.

March 2020 marked the end of my first six months as Accountable Officer of Hull, East Riding of Yorkshire and North Lincolnshire CCGs. I've seen some excellent collaboration across the three organisations and the mutual aid and teamwork has been invaluable during the pandemic. We need to maintain this great joint working, post-COVID-19, as we continue to develop our strategies to address the NHS Long Term Plan. I want the CCGs to be exemplars, in terms of our ambition for our populations, and in how we discharge our duty as responsible commissioners.

Looking back over the year in health care, the Hull CCG team and wider NHS, public and voluntary sector partners have continued to do their utmost to improve services for our population. This report tells a compelling narrative of how we are trying to address our health inequalities, making a fairer Hull whilst trying to improve the health and well being of the population we serve.

We have completed our first successful year of operation of the Jean Bishop Integrated Care Centre, been one of the first CCGs in the UK to launch a Homeless Discharge Hub, established the Targeted Lung Health Check programme in Hull to help save hundreds of lives and initiated some exciting projects to raise aspirations in young people.

The Humber, Coast and Vale Partnership Long Term Plan was successfully launched this year which will support 1.4 million people in the region to live healthier lives over the next decade. The Partnership has achieved its goal of becoming an Integrated Care System (ICS) this year, which is recognition that we work well together as a system and have the strong relationships needed to deliver better health outcomes for our population.

I'd also like to thank our public sector and voluntary partners who are working together with us at neighbourhood level to make a difference to the lives of some of the most vulnerable residents in the city as part of our Health and Care Place Plan.

We were pleased in July to again receive an outstanding rating for Hull CCG, reflecting sound financial performance, innovative commissioning and assurance that patients are involved in all our work programmes.

Thank you as always to our CCG staff, Board members, Lay members, GPs and their practice teams and our local voluntary sector. 2020 will continue to be a very challenging year, but I'm grateful for the amount of energy, passion and effort that everyone has put in over the last 12 months - where we hope we have served the people of the city well.



Emma Latimer
NHS Hull CCG Accountable Officer

Foreword from the CCG Chair

Any review of our year must be dominated by recent events as the Coronavirus has been a huge challenge professionally and personally for all working in it – it is the test of our generation.

Changes we have talked making in the delivery of Health Services for years have happened in a matter of weeks – in primary care, secondary care and voluntary services – a huge rise in consultations done by telephone and video without seeing the doctor face-to-face wherever possible with the patient remaining in the safety of their own home.

There has not been a time in the last 100 years where the conditions that doctors, nurses, staff in care homes and other frontline staff have been treating pose such a direct threat to their health, and indeed their lives. Tragically we have lost colleagues in other parts of the country who have given their lives in the act of caring for others. Being grateful and thanking them - as I am sure you do - for their sacrifice in this situation just does not seem enough. We do, however, know the level of support NHS workers are receiving from the public and it is a great source of comfort.

Once the pandemic is over we will need to pick up the threads of service as normal and there will be huge amount of work for us and our partners to do to look after those patients whose care has been put on hold during this difficult time. Other illnesses and diseases do not go away during a pandemic and we are fully aware of that.

Adversity has strengthened partnerships with our colleagues in secondary care, primary care and the community both on a professional and personal level and we must sustain those in the future. This crisis has brought out the best in so many people. I want to thank GP colleagues who have been at the frontline of the pandemic from the very beginning and all the staff at the CCG who have worked so incredibly hard, not just through the last few weeks but all year long. Being apart has somehow brought us closer together.

The Primary Care Network Clinical Directors have done a huge amount of work in their practices and with colleagues, and have demonstrated amazing leadership. I also want to thank my CCG Board colleagues and Cllr Hester Bridges and the team at the Health and Wellbeing Board for the work they have done this year.

Finally, to all our front line clinical colleagues, care staff, and those providing essential services to those in need. We owe you a debt of gratitude the scale of which we are not yet sure of, but what I do know is that we should pay it back over a very long time



Dr Dan Roper
NHS Hull CCG Chair

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PERFORMANCE REPORT 2019-20

Emma Latimer
Accountable Officer
XX May 2020

We are Hull CCG

NHS Hull CCG is a clinically-led organisation, which brings together 33 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 303,016 across 23 wards. We had an allocated budget of £480.5 million for 2019-20 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;
- City Health Care Partnership Community Interest Company (CHCP CIC);
- Yorkshire Ambulance Service NHS Trust;
- Humber Teaching NHS Foundation Trust;
- Spire Hull and East Riding Hospital.

We also work with Healthwatch Hull, the independent champion for local people who use health and social care services. We hold six Board meetings and an Annual General Meeting each year, all of which are open to the public. For dates, times and venues, please contact us via the details below or visit our website: www.hullccg.nhs.uk You can contact us at **NHS Hull Clinical Commissioning Group**, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull HU1 1UY Tel: (switchboard): **01482 344700** Email HULLCCG.contactus@nhs.net Website www.hullccg.nhs.uk Twitter [@NHSHullCCG](https://twitter.com/NHSHullCCG)

How our money was spent 2019-20		
	£m	% of overall spend
Hospital	221.8	46.2%
Community services	62.0	12.9%
Prescribing / drugs	54.1	11.3%
Mental health	49.3	10.3%
Continuing Health Care	22.9	4.8%
Ambulance / patient transport	13.8	2.9%
Running costs	4.6	1.0%
Other	2.6	0.5%
Primary care	46.3	9.6%
Property charges	3.1	0.7%
In-year surplus	0.1	0.0%
Grand Total	480.5	100%

Performance Overview 2019-20 from Emma Latimer, Accountable Officer

The Accountable Officer's Performance Overview highlights our key programmes of work, service transformation and performance during 2019-20 and explains how we are working – with our partners and the people of Hull – to improve health in our city.

This section includes key updates on :

- The NHS Long Term Plan,
- Joint strategic programmes,
- Commissioning programme areas (unplanned care, planned care, cancer, maternity, children and young people and mental health) :
- Integrated care in Hull
- Primary care
- Engaging with people and communities
- Delivering safe, high quality services
- Taking action on health inequalities and the local strategy for health and wellbeing

Detailed financial and performance analysis, and the Sustainability Report will follow from page 39 to support this overview.

NHS Long Term Plan

Humber, Coast and Vale Health and Care Partnership

The NHS Long Term Plan, published in 2019, set the direction of travel for the NHS over the next ten years, identifying a series of goals that will help improve health and wellbeing across the nation.

During 2019 public views and perspectives of the NHS Long Term Plan have informed the development of the Partnership Long Term Plan, which sets out how we will implement the NHS Long Term Plan in our area. Engagement events have showcased the strength of partnership between primary care, commissioners and providers with a good mix of attendees from Governing Body members, GPs, members of the public, local authorities and other health organisations. You can read more about the Partnership Long Term Plan at humbercoastandvale.org.uk

What is the Humber, Coast and Vale Health and Care Partnership?

The Partnership is a collaboration of 28 health and social care organisations working together at different levels to tackle different challenges affecting 1.4 million people in Hull, East Riding of Yorkshire, North and North East Lincolnshire, Scarborough and Ryedale and the Vale of York. Most of the Humber, Coast and Vale Partnership work happens at the level we call 'place' – these are the areas covered by each NHS Clinical Commissioning Group (CCG) or local council.

Humber, Coast and Vale Integrated Care System (ICS)

The Humber, Coast and Vale Health and Care Partnership achieved its goal of becoming an Integrated Care System (ICS) after ratification by NHS England and NHS Improvement in 2020.

The ICS is an even closer collaboration of NHS organisations, local councils and other health and care partners, taking collective responsibility for managing resources, delivering effective health and care services, and improving the health and wellbeing of the population it serves.

The HCV Partnership achieved ICS accreditation because it was able to demonstrate that its partner organisations share a common goal to improve health and wellbeing in communities, supported by robust operational and financial plans, and proposals for collective leadership and accountability.

Key programmes of work in Hull during 2019-20 have included:

Lung Health Checks launched in Hull

People living in Hull aged from 55 to less than 75, who smoke or are former smokers, were among the first in the country to be offered a new lung health check from January 2020. Hull is one of only ten sites in England to introduce the new NHS Lung Health Check programme under the NHS Long Term Plan.

The Humber, Coast and Vale Cancer Alliance, incorporating NHS Hull Clinical Commissioning Group (CCG), Hull University Teaching Hospitals NHS Trust (HUTHT) and Hull GP surgeries led the development of the £4.5 million programme which will run until March 2023. Based on successful pilots in Manchester and Liverpool, this has been an inspiring and ambitious programme to deliver across the city. Local NHS organisations and other partners have worked at pace to ensure the new service pathway and bespoke mobile unit and CT scanner was in place for the first participants on 27 January 2020. Specialist smoking cessation advice was also offered to participants.

Dr Vince Rawcliffe, GP lead for the Lung Health Check programme in Hull, said: “As a practising GP in Hull for many years, I have seen the impact of a lung cancer diagnosis on patients and their families. Lung cancer can be very difficult for doctors to diagnose at early stage. People often have no symptoms, or sometimes ignore symptoms, and then seek advice from their GP when the disease is advanced - making it more invasive and difficult to treat. GPs across Hull have welcomed the new service, with people offered a lung health check quickly and easily, which, in the vast majority of cases, will give them reassurance that their lungs are in good health.”

Commencing in West Hull, nearly 500 people received lung health checks in the first two weeks. The launch event was attended by nurses, clinicians, local charities and the national NHS Cancer Programme Team, which praised the way the primary, secondary and private and voluntary sector teams had been able to deliver the new programme in a very short space of time. Charis Stacey, Senior Programme Manager for Targeted Lung Health Checks at NHS England and Improvement said: “We are very grateful for the huge amount of teamwork that has developed over the last year. The team in Hull has really thought about the issues they need to solve to make the lung health checks become a reality.” You can find out more about the service at www.lunghealthchecks.org.uk

The Programme was paused on 23 March 2020 for the COVID-19 pandemic response.

Jean Bishop Integrated Care Centre

The Jean Bishop Integrated Care Centre in Hull featured as a key example of the NHS Long Term Plan in 2019. The facility has gone from strength to strength in its second year of operation and partners continue to develop new approaches to providing anticipatory, integrated out-of-hospital care for Hull's frail elderly population. Please see page 20.

Hull Health and Care Place Plan - Our People, Our Place

Hull's significant challenges around inequalities in health and life chances have driven a programme of transformation that has focused local resources over and above traditional health and care issues, on the wider determinants of health.

Hull City Council and Hull CCG continue to oversee the Hull Health and Care Place Plan 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.

This programme is overseen by the Hull Strategic Partnership Board (SPB) and includes the following aspirations:

- 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

Its flagship project 'Our People, Our Place' has introduced a new way of working in Hull over the last 12 months, with agencies sharing data and working together to deliver cross-cutting, holistic services that protect and support individuals and families within the Beverley Road area of Hull.

The project had its soft launch in 2019, with the new project team based in the heart of the Beverley Road community on the former Endeavour school site. The team links in with a number of forums including MEAM (Making Every Adult Matter) and MAVA (Multi Agency Vulnerable Adults), using these as frameworks for multi-agency intervention and a multi-disciplinary team approach for vulnerable families.

During 2019-20 the project blueprint has been agreed and a project summary pack has been developed to support engagement with the local community. It is anticipated that 'Our People, Our Place' will provide a model for other areas of the city as it develops, with learning from the project used to create increasingly person-centred innovative practice.

Humber Acute Services Review

The Humber Acute Services Review is a collaborative review of services in the acute hospitals in the Humber area. The review will consider how to provide the best possible care for local people who need to use acute hospital services within the resources (money, staffing and buildings) that are available to the local NHS. During 2019-20 a great deal of work has taken place to support the review, including:

- **Humber Acute Services Review Case for Change** - this sets out the main challenges facing service provision at [Hull University Teaching Hospitals NHS Trust](#) and [Northern Lincolnshire and Goole NHS Foundation Trust](#), in order that future plans are developed from a clear and shared rationale.
- **Citizen's Panel** – this is a group of up to 20 independent citizens from across the Humber area, representing various geographical areas and bringing a range of perspectives to discussions. Over the last year the group has met to review potential scenarios and how the different options might impact on patient care
- **Patient focus groups** - a number have taken place over the last twelve months with current and recent patients, their families, friends and carers invited to share their feedback and experience of using hospital services in the Humber area.
- **Specialty patient and public workshops** - these more in-depth workshops listened to peoples' views on:
 - Care when you need it unexpectedly (urgent and emergency care)
 - Planned care (planned surgery or outpatients services)
 - Care for women and children (maternity and paediatrics)

You can read more about the Complex Rehabilitation Operational Delivery Network which agreed the principles of how the service should operate and a workforce model across the Humber Coast and Vale area in the HASR newsletter at humbercoastandvale.org.uk.

Wider Humber, Coast and Vale Health and Care Partnership projects in Hull include:

#TalkSuicide

Hull CCG joined other organisations across the Humber, Coast and Vale Mental Health Partnership throughout 2019 urging people in Hull to complete the free suicide prevention online training programme #TalkSuicide. Suicide is something that many of us feel naturally uncomfortable discussing, but it's important to have difficult conversations sometimes. The #TalkSuicide training gives some great examples of how being open, honest and empathetic can make a big difference to someone www.talksuicide.co.uk

Every Mum Matters

Having secured a share of a £23million nationwide investment, the **Every Mum Matters** campaign launched in April 2019 to support new and expectant mums to be able to recognise symptoms of perinatal mental health problems early and encourage them to seek help promptly.

Humber Teaching NHS Foundation Trust strengthened its specialist perinatal mental health services in Hull and the East Riding and the new website was launched with a range of information to help new and expectant mums and their families with details of the specialist perinatal mental health services available to ensure that they receive the support they need at this important time in their lives www.everymumatters.com

Continuity of carer in maternity – Primrose Team in Hull

Women in East Hull became the first in the city to have the same midwife throughout their pregnancies as part of a plan to offer more personalised maternity care. Eight midwives have formed the “Primrose Team” to support women from their first antenatal appointment through pregnancy until their babies are born (see page 17).

Healthy Hearts

The Healthy Hearts website forms part of joint efforts by healthcare organisations in the Humber, Coast and Vale area to reduce the number of people suffering from cardiovascular disease. Improving the health of people who have cardiovascular disease, or are at risk of developing it, as it remains one of the most significant health challenges in the area.

Commissioning programmes 2019-20

Unplanned (emergency) care

We have continued to see an increase in the number of individuals being seen within our Bransholme Urgent Treatment Centre (UTC) with many more people choosing to attend there for treatment and advice on minor injuries and minor ailments. If the current trend continues around 61,000 people will be seen at the UTC this year.

Urgent Treatment Centre performance	April 2017- March 2018 (Q1 – Q4)	April 2018 to March 2019 (Q1 – Q4)	April 2019 - December 2019 (Q1 - Q3)
Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service	99.48%	99.42%	99.00%
Percentage of service users who receive treatment within four hours of referral to the service	99.7%	99.50%	99.18%
Number of face-to-face contacts	55,399	58,464	45,856
Number of x rays	1,941	5,140	3,729

Please note that the indicators 'Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service' and 'Number of face-to-face contacts' do not relate solely to the Urgent Treatment Centre at Bransholme Health Centre, but also include numbers from the Rapid Response and Out of Hours teams.

Performance against the four hour A&E standard (Four hours from booking into A&E to being admitted, discharged or transferred to another facility) has continued to prove challenging during 2019/20. There has been month by month variation in delivery against the target with June 2019 showing the highest average delivery at 84.5% and December 2019 showing the lowest average delivery at 73.4%.

We liaise regularly with Hull University Teaching Hospitals NHS Trust and Hull City Council to specifically oversee/manage system challenges across Hull. We have, once again, put in place additional community beds and physiotherapy/occupational therapy capacity to ensure there is sufficient community capacity/services to manage the increased demand that winter presents.

We have continued our work in developing a wide range of community services that can see and treat individuals with more minor illnesses. Our GP practices are developing a new range of services, using a wider range of experienced staff to enable individuals to see the right healthcare professional at the right time including physiotherapists and nurse practitioners amongst others, and our community based pharmacists are fully qualified to advise patients on treatments for a wide range of minor ailments.

Planned Care

We have continued to focus on redesigning our planned care pathways to ensure that they better meet the needs of our local population including:

Homeless Discharge Hub

We launched the new Hull Homeless Discharge Service in late 2019 within Hull University Teaching Hospitals Trust's discharge hub, with a new dedicated team to support homeless patients admitted to wards or attending the Emergency Department.

Improving the health, wellbeing and safety of Hull's homeless people is a priority as homeless people have significantly poorer health than those with a fixed abode.

The service will improve access to appropriate health and social care services for this vulnerable group of patients and provide proactive and personalised care to address the range of issues that can lead to repeat hospital admissions.

Pathway redesign

We have worked with our partners both locally and across the whole of the Humber, Coast and Vale Health and Care Partnership to look at how we can improve the services and care we offer to individuals with pneumonia, including the appropriate use of vaccination, to ensure that people with pneumonia get the right care at the right time.

We are also working with colleagues at Hull University Hospitals NHS Trust and NHS East Riding of Yorkshire CCG looking at opportunities to change how we follow-up patients on an outpatient basis post treatment at the hospital. We are looking to see where we have appointments that have limited value and don't contribute to the care people receive or where we can use systems to undertake teleconference appointments to reduce the need to physically attend the hospital for appointments. Clearly when an outpatient appointment is needed this will occur.

Alignment of our commissioning policies with those of our partner commissioners

We have continued working with our partner CCGs; North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire CCGs; and clinicians to develop a consistent approach to how we review and apply NICE Guidance, National Evidence Based Interventions Guidance and other national documents that set out clinical best practice. This has led to us developing and agreeing 96 clinical policies which set out how we will commission services / pathways within specific clinical situations. This approach has supported our local hospitals to be able to consistently deliver services which reflect best practice.

Waiting lists

Waiting lists have seen a slight reduction from March 2019. The CCG is on track to hit the target of a reduction in the waiting list position between March 2019 and March 2020.

The greatest pressure is in the following specialities: ENT, Ophthalmology, Cardiology and other specialities.

The largest reduction in waiting list numbers can be seen in other referrals which have reduced by 27% between March 2019 and Feb 2020, a decrease of 1285 patients.

National Diabetes Prevention Programme (NDPP)

The Healthier You: NHS Diabetes Prevention Programme (NDPP) identifies those at high risk of diabetes and refers them onto a behaviour change programme. Since July 2018, 5,654 referrals have been made in to the programme across the whole of the Humber, Coast and Vale Partnership area.

For 2019-20 a total of 437 referrals have been made to the programme across Hull, with a total of 296 initial assessments undertaken in this same period.

85% of patients completing the programme have lost on average 4.25kg in weight at 9 month review – this compares favourably to the national average weight loss of 3.6kg and 89% patients have also seen a reduction in the HbA1c measurement at 9 months. The programme continues to accept new referrals from patients and will continue to support patients to improve their lifestyles.

Cancer

The CCG continues to be an active member of the Humber, Coast and Vale Cancer Alliance which has been tasked nationally with supporting the delivery of the NHS Constitutional targets around cancer and developing improved pathways and services for early diagnosis of common cancers and increase survivorship.

During 2019/20 we supported the introduction of Lung Health Checks which have been put in place to help detect early signs of lung cancer in individuals aged between 55 and 75 who have ever smoked. The checks started early in 2020 and we have seen an excellent level of response from our local population in accepting the invite for a Lung Health Check. Early work suggests that the Lung Health Checks are being successful in not only detecting lung cancer earlier in some cases but they have also identified other lung diseases at an early stage which is enabling us to ensure these individuals receive appropriate advice and treatment if required.

Providers continue to be challenged in trying to deliver the 62 day cancer target (62 days from GP referral to first definitive treatment) amongst others. This has mainly been due to an increase in the number of patients referred for assessment which is similar to the national position where a growth in referrals has also been seen. The increased number of patients continues to put pressure on our already constrained diagnostic capacity.

The Alliance's plans for 2019-20 continue to progress the agreed work programmes which will see the continued development of integrated working around diagnostic and pathology viewing and reporting as well as supporting individuals to live with cancer and to successfully live as a cancer survivor for those who have been given the 'all clear'.

Maternity, children and young people

Maternity

In 2019-20 the Hull Maternity Voices Partnership (MVP) established a range of social media platforms that have supported improved engagement and feedback from local women and their families. The Facebook page, for example, is used to share information, raise the profile of maternity care and ask opinions on issues such as mental health and transport. The page has 399 followers with a weekly engagement that has exceeded 7,000 people. The Hull MVP website and Twitter also link to the Humber, Coast and Vale MVP amongst other organisations and partners. Three surveys including pregnancy and booking, choice and information and continuity of carer have provided further information to inform service development and improvement.

We have been working with Hull University Teaching Hospitals NHS Trust in the further rollout of the 'Continuity of Carer' programme and now have seven teams in place providing consistent and personalised care for women and their families throughout their pregnancy, birth and postnatal period in both the community and hospital settings. The Primrose Team in East Hull has supported women with 138 babies delivered. Feedback from both women and their partners has been hugely positive with the Primrose midwives themselves reporting increased job satisfaction.

The Hey Baby parent education and birth preparation programme has delivered monthly carousel events supported by a wide range of service providers from across the community with over 6,000 women and their partners attending over the last year. These monthly education carousels have an attendance of over 100 people who receive a range of information about pregnancy, health and wellbeing and child support. The service has developed focused support and sessions for specific groups including teenage parents, dads and partners and BME women. The antenatal sessions are well received and the programme has extended to include post birth education and support for women and their families.

Children and Young People

The Hull and East Riding Children's Integrated Care Partnership has focused this year on progressing the Children's Neurodiversity Service. This has included planning the reconfiguration of services and support through a single 'front door' for children with autism, ADHD and sensory processing needs across Hull and East Riding. Plans to review children's palliative care, bereavement and end of life services and the development of the Hull Children's Integrated Health and Care Community Hub will be taken forward throughout 2020-2021.

The Community Paediatric Medical Service has been strengthened through recruitment of additional consultants. The service has reviewed all children within the service following the transfer from City Health Care Partnership CIC to Hull University Teaching Hospitals NHS Trust on 1 April 2019.

Special Educational Needs and Disabilities (SEND)

In October 2019 Ofsted and the Care Quality Commission (CQC) undertook a revisit of the SEND Local Area Inspection. The revisit recognised the work and improvements that had taken place since the original inspection of October 2017. It also highlighted that further work was required in two areas of significant weakness within the Written Statement of Action. The CCG continues to work closely with Hull City Council, parents/carers, children and young people and other key partners in addressing those

areas of concern, providing improved outcomes for children and young people with special educational needs and/or disabilities. Building on the work of 2018-19, the CCG has further increased funding and working with Humber NHS Foundation Trust and other partners to improve timely access to Autism, Sensory Processing assessments and children's Speech and Language therapy.

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 £44.9m in 2018-19 to £49.3 in 2019-20. This exceeds the parity of esteem requirement to increase expenditure by 5.9%. (These figures exclude Learning Disabilities and Dementia which are excluded from parity of esteem)

Developments in 2019-20 include:

Children and Young People – Mental Health and Learning Disabilities

NHS Hull CCG has worked closely with health and social care providers in the city to ensure that young 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. The CCG continues to work closely with Hull City Council on the HeadStart Project and has increased investment into voluntary organisations within the city who provide invaluable support to statutory services in delivering care to young people.

During 2019/2020 NHS Hull CCG has reviewed and designed new care pathways for young people with autism or ADHD in partnership with service users, Humber Teaching NHS Foundation Trust, Hull City Council and voluntary sector care providers. The CCG has invested a further £1.5 million into Autism and ADHD which has resulted in increased staffing within services and a wider service offer to young people and families. Waiting times have started to reduce and the CCG is confident that we will continue to see further reductions over the next 12-18 months.

Adult Mental Health

2019 saw a new partnership to the delivery of the Hull and East Riding Rapid Response service with Humber Teaching NHS Foundation Trust partnering with Mental Health Matters a national charity in the delivery of the telephone support and triage service. This is in response to the increased demand on Mental Health Response Service and the recognition that professionals, carers and service users are struggling to contact the service due to waiting times on the telephone lines. This new arrangement has provided additional capacity for taking calls and has reduced the waiting times.

NHS Hull CCG has commenced work with NHS East Riding of Yorkshire CCG and Humber Teaching NHS Foundation Trust on the development of a new community rehabilitation model. The new service will enable more patients to be receive their mental health rehabilitation in the community and it is envisaged the new increased multi-disciplinary staff capacity within the team will reduce the reliance on out of area hospital mental health rehabilitation and enable people to receive specialist rehabilitation care within their own homes.

In line with The NHS Operating Plan and national guidance NHS Hull CCG has increased investment into Let's Talk – psychological therapy service – and there are plans to further increase investment which will result in increased service capacity during 2021-2023. City Health Care Partnership who provide Let's Talk is working with partners to raise the profile of services available to a range of patient groups in the city including Veterans, members of the LGBT community, older adults and people with long term conditions.

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 Jean Bishop Integrated Care Centre (ICC).

The Hull Memory Assessment Service is now provided across 3 sites including the Jean Bishop ICC enabling the service to provide memory assessment and support closer to home; diagnosing 854 people over the last 12 months.

The service works in partnership with Alzheimer's Society to provide information and advice on living well with dementia and with City Health Care Partnership to support carers to plan for the future. 93% are registered on Dementia Register, and of these 82.2% have had an annual dementia plan review.

NHS Hull CCG has worked together with the Dementia Collaborative to produce a dementia information leaflet including a dementia road map and to raise awareness, improve access to services and develop dementia friendly treatment pathways.

Butterflies Memory Loss Group facilitates the Voice & Influence Group providing a forum for people living with dementia and their carers to feed their experiences into service development.

Suicide prevention

The Humber, Coast and Vale Health and Care Partnership continues to work with each locality CCG and public health leads as well as wider partners in the community, public and voluntary sectors to deliver a programme of work ensuring consistent services are offered across the area. The programme is due to enter a second wave of funding and work will continue to implement postvention services and real time surveillance as well as continued focus around self-harm and male suicide in particular.

Ongoing engagement with various clubs and voluntary groups is taking place across the areas and events are scheduled to encourage members of the public to take the zero suicide awareness training over the next couple of months. The #talksuicide communications plan will also continue to develop with the latest addition of videos from businesses that have undertaken the training giving feedback on the impact, and also the introduction of certificates for completion of the training.

Local plans are being refreshed, Hull and East Riding CCGs have recently completed their annual audits and the Emotional Wellbeing Plan is currently being reviewed.

People with Profound and Multiple Learning Disabilities (PMLD)

A business case to fund to recruit a specialist PMLD doctor to support adults with profound and complex needs was agreed in 2019. This bid was the result of a co-produced piece of work between a sub group of the Learning Disability Partnership Board, carers and professionals.

The specialist doctor will be employed for two years initially as part of pilot during which time the post will be evaluated. Health Education England has provided the funding for the evaluation which is expected to inform a wider national workforce strategy. It is anticipated that this post, which will be employed by Humber Teaching NHS Foundation Trust, will be recruited to in Spring 2020.

Integrated care 2019-20

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 44).
- **Integrated delivery – out of hospital care**

GP practices have been working together to form into Primary Care Networks (established in July 2019) allowing primary care to work at scale and prioritise projects to support their local population. These projects include:

- Continue to increase use of e-referrals, utilising 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.
- Accessing tools to support primary care in areas such as risk stratification, policies, coding and practice management
- Audit and monitoring
- **Other work programmes** - there are a range of work programmes which have shared outcomes, for example: Planned Care Delivery Group, Elective Care Network and Humber, Coast and Vale Health and Care Partnership.

Key areas of work during 2019-20 include:

- Phase 2 of the Jean Bishop Integrated Care Centre
- Older people & Care homes
- Management of demand on acute services through collaborative working with primary care and other providers.
- Continued joint working and commissioning with local authority.
- Review of Children's services
- Respiratory

Protected Time for Learning (PTL) events for clinicians and practice staff were delivered successfully during 2019-20. 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 Citywide PTLs for Domestic Violence in April 2019, Mental Health in July 2019, Respiratory in September 2019 and Weight Management in February 2020. The CCG has welcomed a wide variety of speakers to the educational sessions and provided the opportunity to gain insight into areas to inform of services and pathways.

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.

Jean Bishop Integrated Care Centre

The Jean Bishop Integrated Care Centre (ICC) has been operational since May 2018 and has already realised its ambition to deliver anticipatory, integrated out-of-hospital care for residents of Hull living with frailty. A redesign of the frailty pathway, led by local community geriatricians, has seen the use of the Electronic Frailty Index (eFI) tool to identify patients at risk of severe frailty who are invited to attend a half-day appointment at the ICC where they receive a multi-disciplinary assessment.

In excess of 1700 patients at risk of severe frailty where reviewed at the ICC in the first year of activity. Interim evaluation can demonstrate positive impacts on both primary and secondary care activity but also the patient experience has been overwhelmingly positive with 99% of patients surveyed stating they were either likely or extremely likely to recommend the service to others. Independent research conducted by the University of Hull also affirms this experience with patients

National award for the ICC

The Jean Bishop ICC has received several local, regional and national awards and the team were proud to win the HSJ award for the best Community/Primary Care Service Redesign for the North/ Midlands/East of England award at the November 2019 awards ceremony. Recognising the contribution the ICC team has made to the lives of frail, older people in the city, the judging panel were impressed with the innovative service over its first 18 months.

describing the service as making them “feel valued, worthwhile and dignified”.

Entering into the second year of activity, the team has commenced assessing patients at risk of moderate frailty in addition to patients newly identified as being at risk of severe frailty. Annual reviews of the most severely frail patients have been built into the operating model and rapid access appointments are now offered daily for use by both primary or secondary care for those patients approaching crisis and in need of a rapid and yet comprehensive assessment.

The team has also collaborated with other specialist teams and now offers combined specialist COPD/Frailty and combined Diabetes/Frailty Multidisciplinary team discussions for the most complex patients requiring input from both specialist services.

Over the next year the team intends to continue to deliver and evaluate the core service work whilst also supporting the re-design of dementia care pathways to ensure the care of people with dementia and frailty is aligned. In addition, they will also implement the “reactive” element of the service in keeping with national guidance and to further support frail patients and their families when acutely unwell or in crisis.

Care Homes - Dr Anna Folwell, Consultant Physician in Elderly Care / Clinical Lead for Care Homes

The ICC reaches in to care homes in Hull providing the same holistic and comprehensive assessments and plans for residents from the MDT, with a particular focus on advance care planning. The team has completed the initial “top 20” admitting homes and is progressing with a rolling programme across the remaining 60 homes in the city. We have though seen over 40% of residents due to the larger homes being targeted first. These homes have seen improvements in inappropriate ED attendances and hospital admissions, reduced polypharmacy and improved communication with homes, medical teams and families. 25% of admissions from care homes are related to respiratory problems and we are currently piloting an integrated pathway with specialist physiotherapists, acute respiratory teams, telehealth and urgent care. Initial results are promising, having supported numerous people to be cared for in their care homes and avoiding distressing and potentially harmful hospital admissions.

Over the next year we will continue to work with the Local Authority and CCG quality team to target homes requiring additional support, and are working with PCNs to develop a sustainable medical and nursing model for care homes.

Parkinson’s Frailty Hub - Dr Tom Mace, Consultant Geriatrician with an interest in Movement Disorders

The ‘Parkinson’s Hub’ had a soft launch on October 29th 2019. The service has been designed with input from all stakeholders, including patient’s living with Parkinson’s and their carers and Parkinson’s UK. It tightly amalgamates goals and practice from the NHS RightCare Pathway for Progressive Neurological Conditions, the existing ICC Frailty Team and Parkinson’s UK Excellence Network. Patients are referred when the existing Parkinson’s or Frailty Teams notice that a patient with Parkinson’s is becoming more frail or their Parkinson’s is advancing. They undertake a questionnaire of symptoms alongside their home assessment and are then reviewed by a Consultant Geriatrician with an interest in Movement Disorders on visiting the ICC. Further, they are prescribed a Parkinson’s specific exercise programme by the specialist Physiotherapist with rapid access to Occupational Therapy and Social Services were required. Due to the lifelong nature of Parkinson’s, patients’ care remains under the ICC. Close links are already being established with the current Care Home Frailty Team, Dove House Hospice and the District Nursing Teams. Although the service remains in its infancy, there are already a number of success stories and Friends and Family Test results show 100% of patients extremely likely to recommend the service so far.

Primary care in Hull 2019-20

The publication of *Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan* in January 2019 translated commitments in *The NHS Long Term Plan* into a five-year framework for the GP services contract.

Primary Care Networks (PCNs) of practices of all sizes working together in their neighbourhood were identified as an essential part of every Integrated Care System. Under the Network Contract Directed Enhanced Service (DES), which commenced on 1st July 2019, five PCNs in Hull have been established. Each PCN has appointed a Clinical Director who provides strategic and clinical leadership to help support change across primary and community health services.

Hull Primary Care Networks:

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
Bevan Ltd	9	45,000	Dr Scot Richardson
Medicas	2	45,000	Dr Majid Abdulla
Modality	5	84,000	Dr Elizabeth Dobson
Nexus	9	75,000	Dr Laura Balouch/Dr Mark Findley
Symphonie	8	54,000	Dr Kanan Pande

Each PCN offers Extended Hours appointments with GPs and other health care professionals, outside of the core hours of 8am – 6.30pm Monday to Friday, to all patients within the PCN. Across the city this approximately 150 hours of additional appointment time per week is being provided.

The DES also provides additional resource to support PCNs appoint additional workforce over the 5 year period 2019/20 – 2023/24. In 2019/20 PCNs in Hull employed Clinical Pharmacists and Social Prescribing Link Workers to support them deliver services to their patients. From 2020/21 a further range of staff can be employed by PCNs through the DES including physician associates, physiotherapists, paramedics, pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists.

Significant organisational and clinical director development resources are available to the PCNs over the 5 year period. Each PCN has developed and started to implement their own organisational development plans which include activities in relation to the following areas:

- clinical director development
- leadership, planning and partnerships
- use of data and population health management
- managing resources
- integrating care
- working with people and communities

Each PCN also has a link manager from the CCG central team that provides support.

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

Digital enabled care

This year has seen significant changes to the way that Digital Tool Sets are used by GP practices allowing greater accessibility for patients to clinical services and clinicians, as new tools like Online & Video consultations, along with smart SMS text messaging have opened up new methods of direct interaction for patients with their practices.

Never has there been more consumer focused technology available to patients to allow them to better support their own health and wellbeing, with smart phone apps becoming a normal part of everyday life, new and exciting services have become available to make the best use of these powerful devices.

The NHS App has been launched and is available now across all of our practices, allowing easy access to symptom checking, donor preferences, and online GP services, alongside this the CCG has launched the Humber Health Apps Site. Humberhealthapps.co.uk provides a portal where patients can find apps to support their own wellbeing with added confidence as every app on the portal has been reviewed and rated by clinical, usability and data security specialists giving that extra insight into the safety of an app.

Ensuring that our clinicians have the best possible information available at their fingertips to make empowered decisions is key to the digital agenda, and we are currently increasing our already rich shared record technology with the launch of the Yorkshire and Humber Care Record. The Yorkshire and Humber Care Record is currently being deployed across the locality and will provide the basis for a single point of truth for care records with plans for hospital, social care & end of life records to be made available in the near future.

To make sure that the new digital technology can be enabled, superfast secure NHS broadband is currently being rolled out to all of our practices to ensure that they fast, safe and robust connections.

Engaging people and communities 2019-20

The CCG has a legal duty to consult and engage with its population as set out in 14Z2 of the Health and Social Care Act 2012, but our aspiration to keep patients and local residents at the heart of everything we do goes beyond 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.

We pride ourselves in our approach to engaging with, and working alongside, patients, carers and the public. As part of NHS England's NHS Oversight Framework 'Patient and Community Engagement Indicator', we achieved green star status (the highest rating) in 2018-19 and met all but two of the 37 criteria spanning 5 key areas - demonstrating that patient and public involvement is firmly embedded in the commissioning and development of local health services.

The 'Patient and Community Engagement Indicator' demonstrates the CCG's implementation of the revised statutory guidance on patient and public participation in commissioning health and care and compliance with the statutory duty to involve the public (14Z2). The submission was reviewed by the CCG Ambassador Group, the Lay Member responsible for Patient and Public Involvement, and by Healthwatch Kingston Upon Hull.

Understanding our local population has never been more important, as well as recognising them as equal partners in managing their own health. During 2019-20 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 Champions: Over 100 local groups who deliver grass roots projects to improve health and wellbeing in Hull are part of the Hull Champions programme.* The Champions programme has been active this year with involvement in a number of projects and training sessions including:

- The Hull Champions are part of the 550-strong Cancer Champion programme to ensure that more people who have cancer in our region are diagnosed at an earlier stage by improving general awareness and uptake of screening – with particular reference to raising public awareness of the Targeted Lung Health Check programme.
- 133 champions were trained in adult safeguarding, cybercrime and online scam training, modern slavery and criminal exploitation training.
- The Champions are currently supporting Hull City Council, in partnership with Forum, to offer a community response across Hull to alleviate the impact of COVID 19 for the most vulnerable and isolated people in the city.

Working Voices: we work with 37 local businesses and reach around 22,300 local employees enabling their views to be heard on local services. New members this year included Yorkshire Bank, the Office of the Police and Crime Commissioner and Jacksons (local bakery goods producer). In this last year we have developed a Workforce Health & Wellbeing Forum, bringing local external partner organisations together with a shared interest in workforce health. We continue to support workplaces with the offer of

"I am extremely proud that our engagement activities with the people of Hull has been Green Star rated by NHS England this year, the highest rating that can be achieved. We continue to work closely with communities and businesses, and have spoken to the people of Hull about a wide range of issues through our patient and public involvement and co-production work."

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

a health and wellbeing questionnaire which is provided FREE for businesses. For example Jackson's held an MSK Market Place awareness session; Hull University Students Union held a general health and wellbeing market place for staff.

Up to date information is shared with all Working Voices partners keeping them informed about opportunities and health information. Mental health remains a key area of interest and we share information about training to support workplaces.

Working Voices partners have been proactive in supporting our engagement and consultation areas of work by hosting focus groups in the workplace e.g. Lung Health Checks.

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 Champions Programme are jointly facilitated by the CCG and Hull City Council*

Public involvement in service change 2019-20

During 2019-20 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:

Parkinson's Pathway (May 2019)

Phase II of the Jean Bishop Integrated Care Centre (ICC) includes the development of a hub for Parkinson's Disease. A focus group took place on 31 May 2019 with patients and carers and in partnership with Parkinson's UK, at the ICC in Hull. The goal of the focus group was to use the experience and views of patients and carers, to review the plans for the future and identify any gaps or areas for development.

Parkinson's UK invited 12 members of their local support group. Couples were invited to ensure that participants with Parkinson's were supported, and to get views and experiences from carers (six were carers and six were living with Parkinson's at various stages of the disease). Staff from the CCG, Hull

Menopause Support

Following an enquiry about support around the menopause we found a source of information and engaged a Nurse Practitioner to deliver a bespoke session in the workplace. This over-subscribed session was extremely positively evaluated and we followed up to create a survey to explore feelings about the menopause in the workplace. We have developed a Menopause Working group to continue this work.

University Teaching Hospitals and Parkinson's UK also attended to support the discussion and facilitate the session.

The findings from the focus group directly influenced the Parkinson's support service now established at the Jean Bishop Integrated Care Centre (see page 21).

Extended Access (May 2019)

The CCG engaged with patients to validate and build upon previous patient experience intelligence relating to Primary Care. We sought to gain people's views on the current ways to access services in primary care, determine what extended opening hours would be preferred by the general public and gauge appetite for alternative ways of booking and accessing primary care support.

5000 printed questionnaires were distributed through GP practices and an online version of the questionnaire was shared on social media. Local media coverage, combined with social media reach, led to 1238 people completing the questionnaire - the highest response to a single engagement or consultation exercise undertaken by Hull CCG to date. The engagement findings will be used to inform service change with recommendations around enhancing opening hours, accessing alternative practices within practice groupings, exploring alternatives to face to face appointments and considering distance patients have to travel.

Prescribing policy and medicine management (June - July 2019 and January - February 2020)

Local engagement work has been undertaken to support the medicines management team implement two key prescribing policy changes:

- determining the local impact of the national policy decision to stop prescribing a number of medicines that are available over the counter
- pharmacy led management of repeat prescriptions.

Following national consultation, the CCG's primary goal was to understand the local perspective using the People's Panel membership of 2500 local residents aged 16 and over, segmented by a number of demographic and socio-economic factors, who regularly share their views with NHS Hull CCG and Hull City Council. 1491 people who took part in this engagement exercise.

People were largely supportive of the national proposal to stop the prescribing of items that are routinely available over the counter. However, every group identified potential issues and groups that may be negatively impacted upon. All groups felt some mitigation or exceptionality should be built into the implementation. As a result of this learning a separate communications plan for Hull to supplement national and regional campaigns was developed to support clinicians in conversations about efficient use of medicines and prescribing through the managed repeats service change.

Ongoing engagement

Engagement and co-production during 2019-20 continued with children and families living with special educational needs and disabilities, sensory processing difficulties and Down's Syndrome.

Involvement projects and events

Some of our patient and public involvement activities and events during 2019-20 have included:

Hulls LGBTQ+ community take Pride in their health and wellbeing (July 2019)

For the first time in 2019 the CCG team organised a dedicated Health and Wellbeing Zone at Hull Pride to connect with members of the LGBTQ+, and wider community, gathering in Queens Gardens to celebrate the event. The Zone provided a safe space where more than 1000 people talked about their health and wellbeing with professionals and linked with sexual health and drug and alcohol services in the city.

Residents invited to hear about Personal Wheelchair Budgets

August 2019 saw a joint Hull and East Riding CCGs and City Council event around the benefits of Personal Wheelchair Budgets. Wheelchair users, their family, friends and carers, plus professionals, were invited to the Bridlington event to participate in workshops and hear from experts around the benefits of maximising an individuals' Personal Wheelchair Budget. The event aimed to support wheelchair users to ensure their equipment better suits their needs and allows them to lead a happy, healthy life (see also digital storytelling below).

Inspiring a Generation movement launched

In autumn 2019, Hull CCG Accountable Officer, Emma Latimer, brought together female leaders across the city to join her in a pledge to inspire a generation of women to reach their aspirations. The event brought together more than 60 female leaders from healthcare, education, local government, community and voluntary sectors as well as the private sector. Attendees highlighted several areas of focus for an *Inspiring a Generation* movement, building on the many positive initiatives and activities already taking place including exploring mentoring options, offering more varied healthy lifestyle activities and the supportive access to both education and employment.

Allied Health and Social Care Professionals celebrated (March 2020)

A successful event in March 2020 involved local Allied Health and Social Care Professionals celebrated and awarded at our Hull and East Riding Allied Health Professions and Social Care Celebration Event. The local awards event gave teams and individuals from across the health sector the opportunity to nominate those working in the AHP and social care services for their dedication, expertise and hard work. The work of eighteen teams and individuals were recognised in the six award categories.

Meet up at the Market (March 2020)

Hull residents were invited to share their views as part of the Health and Wellbeing Board 'Hull We Want' launch in spring 2020. Taking place in the popular Trinity Market, members of the public were able to meet with Councillors, health professionals and Council and CCG staff to gain the views of the public on the priorities the Health and Wellbeing Board should focus on over the coming year. Speaking at the time Deputy Chair of the Health and Wellbeing Board, Dr Dan Roper, said: "The Health and Wellbeing Board has an ambition to improve health and wellbeing across the city and make real and sustained improvements based largely on what local people want."

Period Dignity in Action (March 2020)

Following on from the successful 28 Day Survey, launched in May 2019, Emma Latimer and Councillor Hester Bridges hosted a Period Dignity in Action event in March 2020. The event brought together a network of over 40 professionals who work with vulnerable women in the city to discuss how Hull can become a 'Period Friendly' city. Work continues on this in 2020.

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 2020 and beyond.

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

Examples of our video storytelling have been featured as best practice by NHS England. This included:

- Nurse Suzanne Nicholls and volunteer Colleen encouraged members of the learning disability community to use a number of communications board specially developed to help conversations between GPs and their patients attending for their Annual Health Check.

- A video featured at NHS Expo, NHS England's major showcase of innovation in the NHS, showing the life-changing experience for Hull City Council Brokerage Officer Luma of having a new bespoke wheelchair at work. Luma is the first person in the UK to have her wheelchair funded solely by her employer and the Access to Work initiative.

Other examples

- The successful HSJ award entry for the Integrated Care Centre was supported by a short film that featured staff and patients saying why they love the ICC and why it deserves to win.
- Young people told their stories and aspirations for the future neuro-disability service through video blogs produced in-house (see below)

For these and other digital stories 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 2019-20

Let's talk Children's Neuro Stuff

75 people from Hull and the East Riding of Yorkshire attended the engagement event, Let's Talk ... Children's Neuro Stuff, to agree a shared vision for the future of the children and young peoples' neuro-disability service. These included GPs, voluntary groups, hospital and community health care staff, carers and parents.

The event delivered a mix of keynote presentations, group work and system leader viewpoints to ensure that the voice of children, young people and their parents/carers was central throughout the day. People were inspired by work at Great Ormond Street Development Communication Team and St Helens Neurodevelopment Pathway.

Young people told their stories and aspirations for the future service through video blogs produced in-house where they and their parents relayed personal experiences within local healthcare and the impact this had when things had not gone as well as they should. Parents and young peoples' experience continued to shape group discussions throughout the day.

Key elements of the shared vision were:

- There will be a co-produced, integrated children and young people's neuro-disability service across Hull and East Riding in place.
- Parents/carers and young people will tell their story once, providing additional information through their journey as necessary.
- Children, young people and their parents will feel listened to, heard and supported by the people and staff working to provide this service.

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: @NHS Hull CCG @Hull Champions @The Peoples Panel

Facebook pages: NHS Hull CCG, Hull 2020 Champions, The Peoples Panel and Healthier Hull.

Search '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 2019-20. This included the extensive pre-procurement engagement exercises detailed on page 25-26.

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.

Our Ambassador programme continues to thrive, providing patient experience input for a number of key programmes. One of Hull CCG's Ambassadors sits on the Humber, Coast and Vale Health and Care Partnership Citizen's Panel. The Ambassadors continue to provide additional scrutiny for, and assurance of, our CCG assessment for Patient and Public Involvement in 2019. Please see page 52 in the Accountability Report for information on complaints in 2019-20.

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 2019-20

Know your blood pressure scheme launched (April 2019)

April 2019 saw Hull residents offered free blood pressure testing in pharmacies across the city in an attempt to reduce the number of local patients suffering the ill effects of what is known as a 'silent killer'. The innovative scheme allowed for adults to have their blood pressure checked free of charge at participating pharmacies; those with a high blood pressure reading were then offered a log book and blood pressure monitor to use over a seven day period before seeing the pharmacist again for tailored advice and referral for treatment when necessary.

Local nurses recognised at regional nursing awards (April 2019)

Six local nurses recognised for their dedication to nursing at the 2019 Yorkshire and Humber Celebrating General Practice Nursing Awards. Alex Dalton, Darren Jemison, Michaela Ireland, Elaine Vine-Jenkins, Lisa Chaytor and Rachel Barnes were all shortlisted locally before Rachel, Darren, Michaela and Elaine were awarded runner up.

Box Clever bus brings health and wellbeing to communities (April 2019)

Spring 2019 saw the CCG sponsor the Tommy Coyle Box Clever Bus, which aims to bring healthy lifestyle advice and activities to life for local young people, with an official launch event taking place in Orchard Park. Speaking at the time Tommy said: "My mission is to improve aspirations, and build resilience mentally and physically, to enable people to be strong to take on life and face challenges. We will use our bus to mobilise this vision, and the positive activities, through exercise, nutritious food, music, dance, arts and creativity, and youth space, will enable us to drive the mission."

The 28 Day Survey launched (May 2019)

Working in conjunction with the Hull Health and Wellbeing Board, the CCG launched The 28 Day Survey, designed to explore the issue of period poverty in the city. The Health and Wellbeing Board suggested that up to 3000+ women in Hull will struggle to afford sanitary products and the survey would start discussions around what a 'Period Friendly Hull' would look like. The survey achieved 1200 responses in 28 days and views were fed back to the Board which has taken a lead in developing our city's Period Friendly response.

Hull launches specialist support for women afraid of childbirth (June 2019)

In summer 2019 Hull became one of only three areas in the country to offer specialist support to pregnant women who are frightened of giving birth. Working alongside the CCG, Hull University Teaching Hospitals NHS Trust launched a new pathway to support those with Tokophobia, the debilitating and overwhelming fear of giving birth.

Community join together to mark Jean Bishop ICC 'birthday' (June 2019)

Friday 5 July 2019 marked a year since the Jean Bishop Integrated Care Centre (ICC) opened its doors to patients. To celebrate the local community were invited to join with staff and patients to attend a special afternoon tea which featured entertainment, a school choir and even a special guest appearance from the Humberside Fire and Rescue fire searching dogs – a real hit with all attendees!

CCG becomes Time to Change employer (September 2019)

The CCG signed up to become a Time to Change employer in September 2019, with Emma Latimer pledging to further ways the CCG encourages good mental health and wellbeing.

Head of Humber CCGs IT scoops Health and Care award

John Mitchell, Associate Director of IT for the four Hull CCGs scooped a Hull Health and Care award in October 2019, for his work on pioneering new technology, the first of its kind in the country, which allowed healthcare professionals to share data across clinical systems.

Head lice combs supplied for all local primary school children

Working with City Health Care Partnership CIC (CHCP CIC) the CCG set out to support families in the fight against head lice by providing a free comb and advice on combing methods that cost nothing. Speaking at the time CHCP CIC Chief Executive said: "Our school nurses and health visitors are often asked about how to treat head lice and this is a great way to help families to keep them at bay."

Handy Health Guide launched to support local young people

Working in conjunction with local care leavers, a new Handy Health Guide was launched by the CCG as the year came to an end. The guide, which folds down to credit card size, was the brain-child of local care leaver Tom, and aimed to support care leavers to access the most suitable health support and advice when they need it. Copies of the guide have also been supplied to Wetherby Young Offenders Institute for local young people when they come to leave the secure college.

Reliable health apps launched for Humber residents

The launch of humberhealthapps.co.uk in February 2020 meant that residents in Hull, and the surrounding Humber region, were given the information they needed to decipher which of the 325,000+ health apps available on the market are reliable and trustworthy and safe for different needs, including better mental health, stopping smoking, improving fitness, overcoming breathing difficulties, and managing diabetes.

Breastfeeding cards launched in Hull and East Riding

Health and children's services in Hull and the East Riding launched a new thank you scheme for breastfeeding mothers in early 2020. The 'thank you' cards were designed in conjunction with mums and aimed to provide an often much needed boost for mothers who were breastfeeding whilst out and about.

Hull's future brought to life by city's children during half term

From November 2019 to February 2020 the CCG worked with Absolutely Cultured on their latest child-focused project - Model City. Children from three primary schools, Newington Academy, the Launch Pad at Bricknell Primary School and Woodland Primary School, were invited to take part in a number of workshops about their visions for the future of our city. The children had their thoughts, hopes and dreams recorded and turned in to a soundscape played in the city centre throughout February half term. A Model City pop-up space was created on King Edward Street where other children and their families were invited to share their views on the city, and its future.

Inspiring a generation of school children through song

Spring 2020 saw over 400 primary school children take part in a rousing chorale performance at the Bonus Arena to mark the end of the CCG and partner supported 2017 legacy project. Song for Hull, which was originally launched during 2017. The project brought together children from 12 primary schools and one high school to perform a number of songs around their aspirations, culminating in the final performance at the arena featuring a song based on the children's poems called "When I grow up".

Delivering safe, high quality services

The CCG places quality at the core of commissioning services for the city and its population. The need to ensure services are monitored is of primary importance we continually review our commissioning intentions, setting measurable quality standards and placing the needs of our patients and population at the heart of our commissioning decisions and future plans.

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 quality of commissioned care. We work closely with our acute, mental health, community services and local authority throughout the year to ensure that providers meet standards defined by the Care Quality Commission, offering scrutiny and challenge where appropriate and requesting assurance where the care provided is not as we would expect.

Quality Assurance visits

The CCG Quality team continually undertakes a number of quality assurance visits to the providers from whom it commissions services. A number of positive improvements have been made following implementation of the recommendations, including:

- development of a process for photographing and uploading wound photographs to improve patient care;
- equipment dispensers installed in all relevant treatment rooms for podiatry services;
- a review of the District Nursing course with the University of Hull.

Commissioning for Quality and Innovation (CQUINs)

In 2019-20 the CQUIN Scheme was changed to reduce the complexity and burden on providers for data collection. As a consequence the value of the CQUIN Scheme was reduced from 2.5% of contract value to 1.5% of contract value.

As Lead Commissioners, the Quality Team works with Hull University Teaching Hospitals NHS Trust, City Health Care Partnership and Spire to develop and agree CQUIN indicators to enhance patient care and service improvement in the following areas:

- Antimicrobial resistance – reducing unnecessary antibiotic prescribing
- Providing interventions for people who smoke and drink to unsafe levels
- Increased uptake of flu vaccination by frontline staff
- Reducing mortality in emergency care settings
- Reducing incidence of falls in inpatient settings
- Using physiotherapists to improve outcomes for COPD patients
- Reducing post-operative infection

Serious Incidents

The CCG has a robust serious incident (SI) management process. This includes a SI panel review meeting which reviews completed investigation reports against a set of assurance expectations, escalating 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).

A number of end-to-end reviews continue to identify and share learning throughout the wider health economy, helping to embed change and improvements within systems and processes, patient experience and safety across a number of organisations. The CCG works with its providers on focused pieces of quality improvement work identified via 'commonalities' from serious incidents, for example pressure ulcers.

Learning Disability Mortality Reviews

The CCG has a robust process for the management of Learning Disability Mortality Reviews (LeDer), which includes aligning LeDer reviews with the Serious Incidents management process.

A number of senior staff have been identified as Local Area Contacts and have an established and well represented blend of reviewers who support families and carers in achieving the best possible outcome in respect of learning from patient deaths and informing future practice and priorities.

This breadth of scrutiny and governance 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, with a key area of focus for 2019-20 on the Learning Disability Annual Health Checks in primary care.

Primary care nursing

Throughout 2019-20 NHS Hull CCG worked with its practices to further develop the role of the General Practice Nurse (GPN), supporting the training and development of GPNs in providing new and innovative services to patients. This includes:

- supporting Lead Nurses from each of the five Primary Care Networks (PCN); and by facilitating two Paediatric Respiratory Workshops, Motivational Interviewing Training and Leadership Development workshops during the year.
- supporting PCNs in recruitment and training within the workforce for Apprentice Health Care Assistants and newly registered nurses via the GPN Development Scheme plus Nursing Associates, Assistant Practitioners and help for Registered Nurses become Nurse Practitioners.

In 2020 the CCG will be helping its GPNs mark International Year of the Nurse and Midwife. As well as providing targeted training events throughout the year. Celebration events planned for Florence Nightingale's 200th birthday are planned for May 2020 although are subject to review during the current pandemic.

Continuing Care

Continuing Healthcare and Children & Young People's Continuing Care continues to exceed the national service delivery requirements, with good practice noted in providing people with decisions about their eligibility for health funding within 28 days.

Our aim is to ensure every eligible patient from across the Yorkshire and Humber region can benefit from measurably improved outcomes through access to; personalised tailored support and consistent and good quality information, putting the patient in control of how their needs are met.

The programme of transformation has continued this year, with particular focus on new digital solutions for personal health budget and account management as well as planning for the impact the new and improved national data collection system. The positive working relationships with our ICS and Local Authority colleagues' has also ensured good quality delivery, financially proportionate spend and our interventions in patients' lives continue to be legally robust.

Personalisation

The CCG continues to develop a Personalisation Programme in ensuring where required people have access to Personal Health Budgets and Personal Budgets, this being for both adults and children and on behalf of both the CCG and Hull City Council.

A Short Breaks and Continuing Care panel, which aims to enhance the use of personal budgets across health, education and social care, is now well established.

The CCG has implemented Personal Health Budgets for Continuing Health Care and Continuing Care and continues to mentor nationally for the roll out of Personal Wheelchair Budgets (see page 27).

NHS Hull CCG continues to identify new and innovative ways within which Personal Health Budgets can support the people of the city. Information on Personal Health Budgets is available on both NHS Hull CCG and Hull City Council websites and within the Local Offer <http://hull.mylocaloffer.org>

Care Homes

A new temporary Care Quality Commissioner lead is working collaboratively across a range of stakeholders including the Local Authority and CQC delivering quality outcomes for the population. A key priority for this role has been to develop an integrated Quality Assurance Framework and the associated auditing and governance tools. This work now forms part of the shared learning database for the National Institute of Clinical Excellence.

This joint framework continues to support our local provider market in meeting the needs of our local people who rely on care services. The legacy of this important work has been its implementation and alignment with the frailty pathway and the Jean Bishop Integrated Care Centre's role in supporting the the local delivery of NHS England's Enhanced Health in Care Home initiatives.

Safeguarding

The CCG continues to fulfil its statutory responsibilities as outlined in the NHS England Accountability and Assurance Framework 2015. Performance monitoring has enabled scrutiny of safeguarding arrangements and discussion with provider organisations on specific elements including training uptake and audit findings.

The CCG has completed a self-assessment and action plan against the requirements Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (SAAF).

Safeguarding Children

Hull CCG has continued to make a significant contribution to multi-agency partnership safeguarding arrangements through the Hull Safeguarding Children's Partnership.

Local Safeguarding Children Boards (LSCBs) were replaced with new, flexible local safeguarding arrangements led by three statutory safeguarding partners (local authorities, police and CCGs) in September 2019.

Plans were published for the Hull Safeguarding Children's Partnership arrangements in June 2019 which include an Executive Board with membership from the Director of Nursing and Quality and operational group with membership from the Designated Nurse Safeguarding Children.

Looked After Children

The Integrated Looked After Children and Care Leavers Health Forum continues to monitor and address health issues in relation to Looked After Children (LAC). NHS Hull CCG commissions a LAC Therapy Team and attachment service as part of the wider CAMHS offer which has received significant additional investment during 2019. NHS Hull CCG is a member of the Complex Needs Panel, a multi-agency commissioning and service provision meeting which closely monitors the placement of individual children, addresses unmet need and plans for transition. The CCG's Designated Nurse Children Looked After (CLA) is a member of the Corporate Parenting Board and the Board of Governors of the Virtual School.

A joint local authority/ NHS Hull CCG engagement event took place in March 2019 with the aim of gaining the views of care leavers in relation to their health needs which resulted in the development of a health guide for all care leavers which provides information and signposting in relation to physical and mental health.

Work with public health colleagues has commenced to undertake an overall health needs assessment of looked after children.

Special Educational Needs and Disabilities (SEND)

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

Safeguarding adults

NHS Hull CCG continued to fulfil legal duties and responsibilities for safeguarding adults during 2019-20. Membership and attendance at Hull Safeguarding Adults Partnership (HSAPB) and relevant sub groups was maintained to support the delivery of strategic and operational priorities to protect adults at risk of abuse in the city. The Designated Professional for Safeguarding Adults and Named GP also provided support and advice to health providers and professionals for a number of multi agency safeguarding reviews completed in 2019-20.

Attendance at multi-agency groups, including the Hull Community Safety Partnership and the Hull and East Riding Counter Terrorism Channel Panels, ensured that the CCG represented the local health family at crucial meetings to protect vulnerable people across the city.

Preparatory work was also initiated for the CCG's new duties and responsibilities to deliver of the Liberty Protection Safeguards arrangements from October 2020.

Research and Development 2019-20

Hull CCG has continued to work towards a vision, alongside local organisations and partners, to support research, innovation, evaluation to inform how evidence based interventions can enhance health care and improve perceptions care for patients, families and staff in Hull.

Recently this vision has been reinforced with a commitment to research within the Primary Care Network (PCN) Clinical Director role. Evidence of this work is summarised below and outlines how, in 2019-2020, Hull CCG met its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012):

- The percentage of Hull GP Practices recruiting into the National Institute for Health Research (NIHR) clinical research trials has risen from 18% to 21%.
- NIHR full year performance recruitment data for the number of participants into NIHR clinical trials in Hull CCG has increased from 210 in 2018-19 to 277 as of mid-March 2020.
- Allocation of funding to help build research capacity through targeted communications work and access to locally provided research activity for the population of Hull.
- Continued collaborative working with academic and wider partners on development work such as: the 'Campaign to Reduce Opiate Prescribing'.

Action to reduce health inequalities

NHS Hull CCG has continued to recognise the impact that social inequality has on the health experiences of the local population. In the last year the CCG has been working across the local system to lead and contribute to a number of initiatives to reduce the health gap between the most affluent and the least affluent in society. The CCG has been working in collaboration with partners around the Health and Wellbeing Board on a number of work streams, some of which are described briefly below. In addition, the CCG has taken the lead on supporting some of our most vulnerable adult and worked with local and national partners to develop pathways to support them. 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 continued to develop the Fairer Hull principles, and have been redeveloping the Health and Wellbeing Strategy as a vehicle for delivering a Fairer Hull. This has included a number of engagement exercises to better understand and listen to the thoughts and ideas of the citizenry, and to make use of this in shaping the necessary strategy.

Prevention

The focus of prevention has not changed and NHS Hull CCG continues to be a key system leader in the development of a whole-system approach to tackling inequalities and focusing on prevention. Whilst some of this work is undertaken by individual partners, the necessary city-wide approach is being driven through a number of partnership groups, including but not exclusively the Hull Alliance against Tobacco, the Community Safety Partnership, the Health and Wellbeing Board and the Hull Strategic Partnership Board. The CCG and Hull City Council continue to operate with an integrated financial plan and continue to support a number of cross-sector pieces of work, including tackling harmful alcohol consumption within Emergency Department attendees, tackling smoking at time of delivery, and supporting medical and surgical in-patients to consider quitting tobacco, and working with the homeless and rough-sleeping population to better support them.

In addition to the work that the CCG are undertaking, there is significant cross-sector work to better understand the population and the inequalities experienced. This is being driven by the Hull City Council Public Health team, but is a developing approach creating closer working across the CCG and the Public Health team. This approach began as a response to the development of Primary Care Networks, and the recognition that since Public Health transferred to Local Authorities as part of the Health and Social Care Act, some of the rich data that was available previously, is more challenging to access outside of the NHS.

Vulnerable groups

In the last year, the CCG has commissioned and mobilised a Homeless Person Discharge service; this service has been developed from the 'Pathway' model - an innovative model highlighted in the NHS plan, which supports homeless people through hospital and on their discharge. The service has started to support homeless people with multiple, complex needs often with multifaceted histories of past childhood trauma and poverty. The service is providing reactive and proactive support to this chaotic and vulnerable group of people with the continuing 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.

Golden Years - Healthier Longer Lives in Hull

The recently published 2019 Annual Report of the Director of Public Health (DPH) for Hull. This year's report concentrates on population health approaches to understanding and addressing inequalities in life expectancy and healthy life expectancy around four long term conditions: heart disease; dementia; lung disease, specifically cancer and Chronic Obstructive Pulmonary Disease (COPD); and stroke. The DPH annual report can be downloaded at www.hull.gov.uk

Health behaviours and lifestyles

Hull's approach to supporting people to make healthier choices has had a significant impact. We are seeing good signs that our ambition for a smoke free generation by 2025 is taking hold. 92 per cent of our children and young people choose not to smoke, the number of women smoking in pregnancy has fallen significantly and our drug and alcohol service is seeing more people through to sustainable recovery. Our Towards An Active Hull strategy was launched during 2019, setting out how we will support 10,000 people who are currently inactive to become active, and our systems wide approach to tackling childhood obesity is moving into the next phase.

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 and has truly galvanised his working relationship with the current HWB Chair, working in close collaboration to redevelop the scope and function of the 'new look' HWB. This concept has been jointly promoted this year, across not only the Health and Care system but with wider partners and stakeholders, as a prelude to the launch to the new Joint Health and Wellbeing Strategy in 2020. In addition the CCG has HWB representation by a lay member and two additional GP members, along with the CCG Accountable Officer.

The CCG ensures its strategic priorities align to those of the Health and Wellbeing 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 16).

A review of the current Health and Wellbeing Strategy took place in September 2019 and ongoing work has commenced in the development of a new strategy, which will be completed and ready for roll out across the city by the end of 2020. Hull CCG is playing an integral role in the development of the strategy with the appointment of a new Health and Wellbeing Engagement Manager who is employed by both Hull CCG and Hull City Council. This can be seen as a move to enhance collaboration between the two bodies in terms of the HWB public engagement approach, which will be an integral part of the development of the joint strategy. Furthermore, the Hull City Council employed Health and Wellbeing Partnerships Officer, who is co-located at the CCG several days a week, further enhances the collaborative approach in terms of the delivery of HWB priorities and the strategy refresh.

There is ambition to develop the new joint strategy with a stronger focus on wider, social determinants of health which is a concept that we, at the CCG, are in full support of and are delighted to working more closely on the development of the piece of work and excited by what this will mean for the citizens of Hull.

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 Strategic Review

These priorities will remain until the new strategy is created largely due to an agreement that more work can be done across these work areas.

In addition to these three priority areas, the HWB has driven two emerging pieces of work; establishing a Fairness Commission for Hull and a campaign to promote Period Dignity across the City. The coordination of activity regarding Period Dignity has occurred in direct collaboration with the CCG, from gathering data through surveys, direct public engagement and ongoing communications support.

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 2019-20

The NHS Constitution sets access standards for emergency care, elective (non-emergency) care and cancer services, and the CCG has an obligation to ensure all our 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 2019-20 are below. Please note: The 'Actual' position quoted is at 31 March 2020 unless year to date (YTD) position is stated otherwise in brackets.

NHS HULL CCG PERFORMANCE		Actual (YTD)	Target
NHS NATIONAL REQUIREMENTS			
Number of GP written referrals in the period in all specialties	2019-20	47,766 (Apr 2019-Jan 2020)	54,807 (Apr 19-Jan 20)
All first outpatient attendances (consultant-led) in all specialties	2019-20	79,884 (Apr 2019-Jan 2020)	80,403 (Apr 19-Jan 20)
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2019-20	19,262 (Apr 2019-Jan 2020)	19,576 (Apr 19-Jan 20)
A&E Attendances – All Types	2019-20	140,758 (Apr 2019-Jan 2020)	132,148 (Apr 19-Jan 20)
A&E Attendances - Type 1	2019-20	78,857 (Apr 2019-Jan 2020)	77,810 (Apr 19-Jan 20)
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SitRep data)	2019-20	78.27% (Apr 2019-Jan 2020)	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 2019-20 to date.

Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways. Nurse Triage commenced in the Emergency Care Area, as part of the Primary Care Stream work, with a range of diversionary pathways in place to appropriately divert patients away from ED.

Ambulance Response		Actual (YTD)	Target
Ambulance clinical quality – Category 1 - 7 minute response time - trust (time)	2019-20	00:07:07 (Apr 2019-Jan 2020)	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		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2019-20	21,311* (Apr 2019-Jan 2020)	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.	2019-20	68.02% (Jan 2020)	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	2019-20	13.08% (Jan 2020)	<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 (Month)	Target
Cancer- All Cancer two week wait	2019-20	92.82% (Apr 2019-Jan 2020)	93%

Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2019-20	84.54% (Apr 2019-Jan 2020)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2019-20	93.75% (Apr 2019-Jan 2020)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2019-20	82.97% (Apr 2019-Jan 2020)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2019-20	99.21% (Apr 2019-Jan 2020)	98%
Cancer - 31 Day standard for subsequent cancer treatments – radiotherapy	2019-20	98.99% (Apr 2019-Jan 2020)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2019-20	68.24% (Apr 2019-Jan 2020)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2019-20	70.45% (Apr 2019-Jan 2020)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2019-20	83.33% (Apr 2019-Jan 2020)	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.	2019-20	84.92% (Apr-Dec 2019)	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.	2019-20	99.81% (Apr-Dec 2019)	95%
% of people who have depression and/or anxiety	2019-20	16.86%	14.40%

disorders who receive psychological therapies		(Apr-Dec 2019)	(Apr-Dec 2019)
People who are moving to recovery	2019-20	57.27% (Apr-Dec 2019)	50%
Dementia - Estimated diagnosis rate	2019-20	78.2% (Feb 2020)	66.7%

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. Significant improvement is seen in waiting times and access following variable performance in 2018/19.

Cancelled Operations		Actual (Month)	Target
Urgent Operations Cancelled - Hull University Teaching Hospitals Trust	2019-20	50 (Apr 2019-Jan 2020)	0
Number of urgent operations cancelled for a second time - Hull University Teaching Hospitals Trust	2019-20	0 (Apr 2019-Jan 2020)	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	2018-19	66.8% (2018-19)	68.6%
People who have had an acute stroke who receive thrombolysis following an acute stroke – Hull CCG	2018-19	7.8% (2018-19)	11.7%
People with stroke who are discharged from hospital with a joint health and social care plan – Hull CCG	2018-19	98.8% (2018-19)	98.3%

Commentary:

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

Maternity		Actual (YTD)	Target
Number of maternities	2019-20	2,510 (Apr-Dec 2019)	No Target
Maternal smoking at delivery	2019-20	21.79% (Apr-Dec 2019)	<21% (Local Target)

Breast feeding prevalence at 6-8 weeks	2018-19	32.63% (Apr 2018-Mar 2019)	No Target
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Primary care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2019-20	67,560 (Mar 2020)	No Target
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2019-20	302,845 (Mar 2020)	No Target

NHS Oversight Framework 2019-20

The NHS Oversight Framework for 2019-20 is the joint approach NHS England and NHS Improvement take to oversee organisational performance and identify where commissioners and providers may need support. It provides a focal point for joint work, support and dialogue between NHS England and NHS Improvement, CCGs, providers and sustainability and transformation partnerships, and integrated care systems.

The framework consists of 60 metrics divided into 5 priority areas as identified in the NHS Long Term Plan. These priority areas are:

- New service models
- Preventing ill health and reducing inequalities
- Quality of care and outcomes
- Leadership and workforce
- Finance and use of resources

NHS England & NHS Improvement publishes the latest position. Indicators are refreshed on a monthly basis, where more recent data is available.

NHS England's annual performance assessment of CCGs 2018-19

NHS England has a statutory duty to undertake an assessment of CCGs on an annual basis. This has been done under the auspices of the Improvement and Assessment Framework (IAF), including an assessment of CCG leadership and financial management.

Under the IAF, annual assessment results were published in July 2019 by NHS England, **NHS Hull CCG has achieved an outstanding rating for the last three consecutive years.**

Performance analysis

Financial position 2019-20

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 £66k against an in year resource limit of £480.5m. The historic surplus of the organisation therefore remains at £15.3m.

The CCG spent £4,593k on the administration of the organisation in 2019-20. This represented an underspend of £1,820k against a maximum target of £6,413k.

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 2019-20.

Financial development and performance 2019-20

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 in future years.

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 2020-21 and beyond

NHS Hull CCG will have an in year allocation of approximately £492.3m of resources available in 2020-21. Of this £5.5m is allocated for the running of the CCG. In order to manage these resources and deliver an in year balanced position for 2020-21 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 2020-21 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 2019-20

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.

ACCOUNTABILITY REPORT 2019-20

Emma Latimer
Accountable Officer
Xx May 2020

Corporate Governance Report

Hull CCG Members Report 2019-20

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.

CCG Membership Practices

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 303,016 (at 31 March 2020) across 21 local authority wards during 2019-20.

During the reporting period 1 April 2019 – 31 March 2020 the following key changes took place:

- The merger of the former five Modality contracts into one single contract, and then the consolidation of service delivery from four sites (following closure of Faith House).
- Approval of the business case for the west Hull primary care development which will provide new accommodation for Modality, replacing the current Springhead Medical Centre premises. The development is anticipated to be complete in the second half of 2021.

The result of the above changes is that Hull CCG now has 33 member practices, which is a reduction from the 39 reported in the 2018-19 Annual Report.

Member practices 2019-20

PRACTICE NAME	PRIMARY CARE NETWORK NAME	SITES FROM WHICH SERVICES ARE DELIVERED
CHP Bransholme	Nexus	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
East Hull Family Practice	Medicas	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 Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Health	Modality	Kingston Health, Wheeler Street, Hull, HU3 5QE Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Medical Centre	Nexus	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
Orchard 2000 Group	Bevan Ltd	Orchard 2000 Medical Centre, 480 Hall Road, Hull, HU6 9BS Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Sutton Manor Surgery	Nexus	St Ives Close, Wawne Road, Hull, HU7 4PT

St Andrews Group Practice	Modality	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Newington Health Centre, 2 Plane Street, Hull, HU3 6BX
Wilberforce Surgery	Symphonie	Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA
The Avenues Medical Centre	Symphonie	The Avenues Medical Centre, 149 - 153 Charterlands Avenue, Hull, HU5 3TJ
The Oaks Medical Centre	Symphonie	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF
Marfleet Group Practice	Medicas	Marfleet Group Practice, Preston Road, Hull, HU9 5HH Hauxwell Grove, Middlesex Road, Hull, HU8 0RB
Bridge Group Practice	Nexus	The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
Wolseley Medical Centre	Symphonie	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS
Modality Hull	Modality	Alexandra Health Centre, 61 Alexandra Road, Hull, HU5 2NT. New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF. Springhead Medical Centre, 376 Willerby Road, Hull, HU5 5JT. Bilton Grange Health Centre, 2 Diadem Grove, Hull, HU9 4AL
Princes Medical Centre	Bevan Ltd	Princes Court, 2 Princes Avenue, Hull, HU5 3QA
Clifton House Medical Practice	Symphonie	Clifton House Medical Centre, 263 - 265 Beverley Road, Hull, HU5 2ST
Sydenham Group Practice	Symphonie	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
CHP Southcoates	Nexus	Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR 358 Marfleet Lane, Hull, HU9 5AD
Hastings Medical Centre	Symphonie	919 Spring Bank West, Hull, HU5 5BE
Haxby Group Burnbrae Surgery	Nexus	Burnbrae Medical Practice, 445 Holderness Road, HU8 8JS
Dr Cook BF (FIELD VIEW)	Modality	840 Beverley Road, Hull, HU6 7HP
Delta Healthcare	Modality	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Newland Health Centre	Symphonie	Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG
James Alexander Family Practice	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Goodheart Surgery	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Hendow GT	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Raut Partnership	Bevan Ltd	Highlands Health Centre, Lothian Way, Hull, HU7 5DD Littondale, Sutton Park Hull, HU7 4BJ
Laurbel Surgery	Bevan Ltd	Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR
East Park Practice	Nexus	Park Health Centre, 700 Holderness Road, Hull, HU9 3JA
Haxby Newington/Calvert	Nexus	Newington Health Centre, 2 Plane Street, Hull, HU3 6BX The Calvert Health Centre, 110A Calvert Lane, Hull, HU4 6BH

Gopal KV	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Northpoint	Bevan Ltd	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Haxby Group Hull	Nexus	Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX

CCG Board Membership 2019-2020

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) 2019-2020. (All memberships run from 1 April 2019 - 31 March 2020 inclusive unless stated otherwise)

NAME	JOB TITLE	DATES OF MEMBERSHIP
Dr Daniel Roper	Chair	
Emma Latimer	Chief Officer (Accountable Officer)	
Dr Amy Oehring	GP Member	
Dr Bushra Ali	GP Member	
Dr David Heseltine	Secondary Care Doctor	
Dr Masood Balouch	GP Member	
Dr Scot Richardson	GP Member	01 April 2019 until 03 April 2019
Dr Vince Rawcliffe	GP Member	
Dr James Moulton	GP Member	
Emma Sayner	Chief Finance Officer	
Erica Daley	Director of Integrated Commissioning	From of 01 April 2019 until 30 April 2019
	Interim Chief Operating Officer	From 06 February 2020
Ian Goode	Lay Representative	From 21 October 2019
Jason Stamp	Lay Representative	
Joy Dodson	Interim Director of Integrated	

NAME	JOB TITLE	DATES OF MEMBERSHIP
	Commissioning	
Julia Weldon	Director of Public Health and Adult Services	
Karen Marshall	Lay Representative	
Mark Whitaker	Practice Manager Member	
Paul Jackson	Lay Representative and CCG Board Vice Chair	From 01 April 2019 until 17 May 2019
Sarah Smyth	Director of Quality and Clinical Governance/Executive Nurse	From 01 April 2019 until 31 December 2019

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 2019-2020 please see pages 56 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 2019-20.**

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 2020 is published on our website at www.hullccg.nhs.uk

Access to Information

During the period from 1 April 2019 to 31 March 2020, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

FOI	2019-20
Number of FOI requests processed	274
Percentage of requests responded to within 20 working days	100%
Average time (in days) taken to respond to an FOI request	16 days

The CCG provided the full information requested in 107 cases. The CCG did not provide the information requested in 57 cases because one or more exemption was applied to either part of, or to the whole request. The exemptions applied were:

- The information was accessible by other means,
- The cost of providing the information exceeded the limits set under FOIA,
- Disclosure of information would be likely to prejudice the commercial interests of any person,
- Information requested related to personal data.

The CCG did not provide all the information requested in 110 cases; partial information was provided and where the CCG did not hold the information, the applicant was redirected, where possible, to other organisation(s) that may hold the information.

The CCG did not receive any requests for an internal review on the FOI responses provided during the year.

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 2019-20 the CCG received six complaints which were thoroughly investigated and a full response provided. Two related to the commissioning of appropriate placements for patients with mental health conditions. Two related to Continuing Health Care (CHC) cases and one related to CCG staff. One complaint, arising from an Independent Funding Request (IFR), was upheld with recommendations and an action implemented within the IFR team.

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:

- (1) Ensure it is able to respond appropriately if there is an emergency that affects the City of Hull (or wider); such as floods, cyber-attacks, terror threats, pandemic Flu 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.

(2) 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).

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 Severe Weather and Long Term Adaptation Planning

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)

During 2019-20 the CCG worked to improve delivery on those areas where it was not fully compliant in the 2018-19 self-assessment and in those areas that had been newly identified to be assessed against as each year the list of core standards change to enable organisations to continue to challenge themselves. This year (2019-20) 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.

In year the CCG worked with partner organisations in response to threatened and actual flooding as whilst the City was not actually flooded there was a flood risk which we had to prepare for. We also worked with partners around EU Exit preparations in line with national guidance.

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 Emma Latimer to be the Accountable Officer of NHS Hull Clinical Commissioning Group.

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

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

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

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

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

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 2019, 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 37 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.

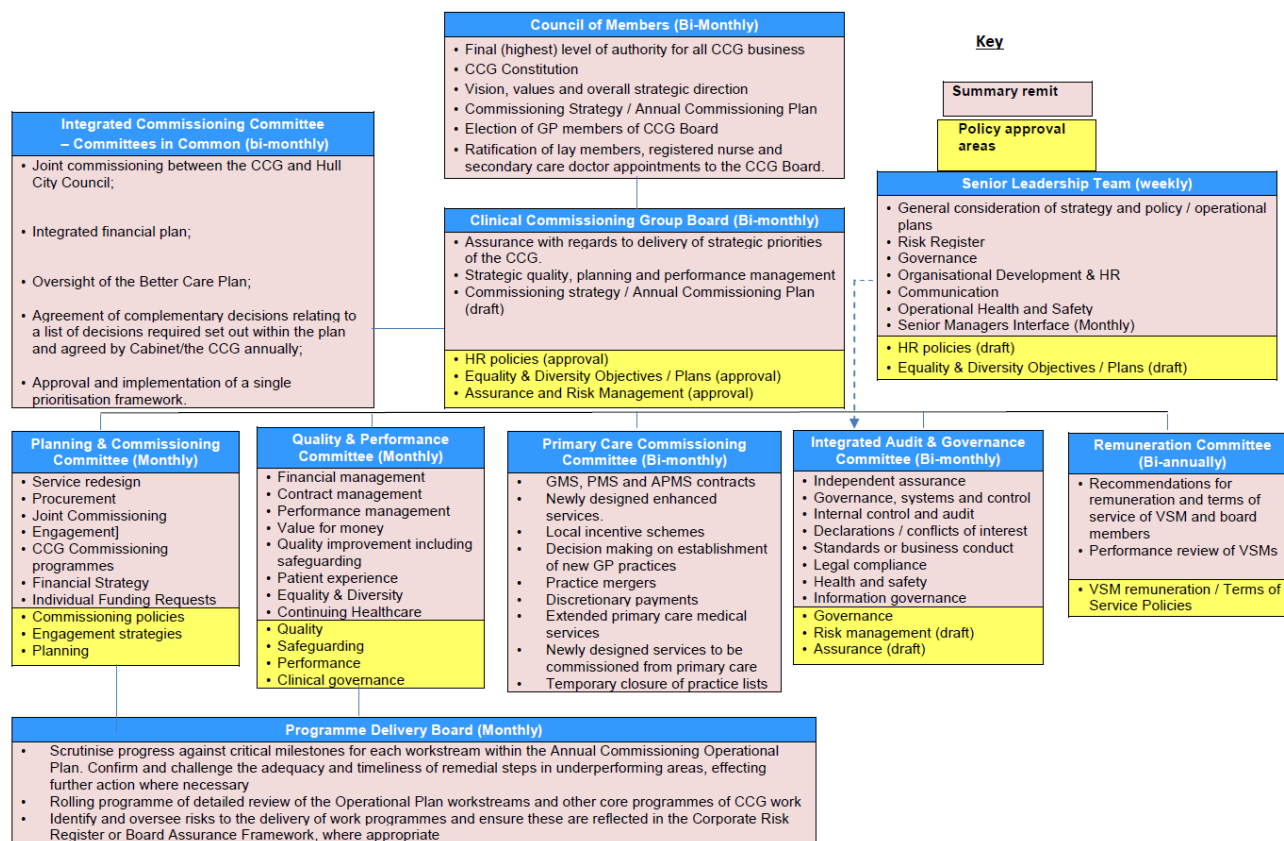
The Governing Body has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives. It has established six committees to assist it in the delivery of the statutory functions 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 2019-20 is summarised in the diagram below:



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 2019-20, 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 overleaf:

DATE OF MEETING	09/05/19	11/07/19	12/09/19	14/11/19	16/01/20	05/03/20
PRACTICE						
Bridge Group Practice	✓	✓	✓	✓	✓	✓
CHCP - East Park Practice	✓	X	✓	X	✓	✓
City Health Practice - Bransholme Health Centre	X	X	X	X	X	X
CHP LTD - Southcoates	X	X	X	X	X	X
Clifton House Medical Centre	✓	X	✓	X	✓	X
Dr Jaiveloo	✓	✓	X	✓	✓	✓
Delta Healthcare	X	✓	X	✓	✓	X
East Hull Family Practice / Chowdhury GM / Malczewski GS	✓	✓	✓	X	X	✓
Field View / Cook BF	X	✓	✓	X	✓	X
Goodheart Surgery	X	✓	✓	X	✓	✓
Hastings Medical Practice	✓	X	✓	✓	✓	X
Haxby Group	✓	✓	✓	X	✓	✓
Hendow GT	✓	X	✓	✓	✓	✓
Haxby Group, Burnbrae Surgery	✓	✓	✓	✓	✓	✓
James Alexander Family Practice	X	X	X	X	X	X
Kingston Health Hull	✓	✓	✓	X	✓	✓
Kingston Medical Centre, Riverside Medical Centre, Story Street Practice and Walk-In Centre, Quays Medical Centre	✓	X	✓	X	✓	✓
KV Gopal Surgery	X	X	X	X	X	X
Modality Hull - Faith House Surgery / Newhall Group Practice / Rawcliffe & Partners, Springhead Medical Centre, Diadem Medical Practice	✓	X	X	✓	✓	✓
Newland Health Centre / JK Nayar	X	✓	X	X	X	X
Northpoint (Humber)	✓	✓	✓	✓	✓	✓
Orchard 2000 Group	X	✓	✓	✓	✓	✓
Princes Medical Group	✓	✓	✓	✓	✓	✓
Raut Partnership	✓	X	X	X	X	X
St Andrews Surgery	X	X	X	X	✓	X
Sutton Manor Surgery	✓	✓	X	✓	✓	✓
Sydenham Group Practice	X	X	X	X	X	X
The Avenues Medical Centre	X	X	✓	X	✓	✓
The Calvert Practice, City Healthcare Partnership Newington Surgery / Haxby Group The Calvert Practice, City Healthcare Partnership Newington Surgery / Haxby Calvert and Newington Surgeries	✓	✓	✓	✓	✓	X
The Oaks Medical Centre	✓	X	✓	X	✓	✓
Weir and Partners	X	✓	X	✓	✓	✓
Wilberforce Surgery	X	X	X	X	X	X
Wolseley Medical Practice	X	✓	✓	X	✓	✓

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 ten 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 2019-20 Operational Plan, Performance and Quality Reports (incorporating contracts, finance and quality), the Humber Acute Services Review and regular updates with respect to the Humber, Coast and Vale Integrated Care Partnership Accelerator Programme. 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		05/04/19	24/05/19	28/06/19	26/07/19	27/09/19	25/10/19	22/11/19	13/12/19	24/01/20	27/03/20
Ali	Bushra	✓	✓	✓	✓	✓	✓	✓	✓	x	✓
Balouch	Masood	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Daley	Erica									✓	✓
Dodson	Joy	✓	x	x	✓	✓	✓	✓	✓		
Goode	Ian							✓	✓	✓	✓
Heseltine	David	x	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jackson	Paul	x									
Latimer	Emma	x	✓	x	✓	x	x	✓	✓	x	x
Marshall	Karen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Moult	James	x	✓	✓	x	✓	✓	✓	✓	x	✓
Oehring	Amy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rawcliffe	Vince	x	✓	x	✓	✓	✓		✓	✓	✓
Roper	Dan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sayner	Emma	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Smyth	Sarah	✓	✓	✓							
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weldon	Julia	x	✓	x	x	x	x	✓	x	✓	x
Whitaker	Mark	x	✓	✓	✓	✓	✓	✓	✓	x	x
	Was not a member at the time										

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 2019-20, 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		18/04/19	14/05/19	23/05/19	08/07/19	10/09/19	12/11/19	14/01/20	10/03/20
Marshall	Karen	✓	✓	✓	✓	✓	✓	✓	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓
Goode	Ian						x	✓	✓
Jackson	Paul	x							
	Was not a member at the time								

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 twelve 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		05/04/19	03/05/19	07/06/19	05/07/19	07/08/2019	06/09/19	04/10/19	01/11/19	06/12/19	03/01/20	07/02/20	05/03/20
Ali	Bushra	✓	✓	✓	✓	✓	✓	X	X	✓	X	X	X
Balouch	Masood	✓	✓	✓	✓	✓	✓	✓	X	✓	X	✓	✓
Oehring	Amy	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓
Rawcliffe	Vincent	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Jackson	Paul	X											
Goode	Ian									✓	✓	✓	✓
Lee	Sue	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓
Shakeshaft	Emma	X	X	X	X	X	✓	✓	X	X	X	X	X
Harris	Vicky	✓	✓	✓	✓	✓	✓						
Crick	James	X	X	X	X	X	X	X	X	✓	X	✓	X
Fielding	Tim	X	X	X	X	X	X	X	X	X	✓	X	✓
Storr	Danny	✓	✓	X	✓	X	X	✓	✓	✓	✓	X	✓
Milner	Sarah	X	X	✓	X	✓	✓	X	X	X	X	✓	X
Whittaker	Mark	✓	✓	✓	X	✓	✓	✓	X	✓	✓	X	✓
Dodson	Joy	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓
Lowe	Deborah	✓	✓	✓	X	✓	✓	✓	X	X	X	✓	✓
Denman	Chris	X	X	X	✓	X	X	X	✓	✓	X	X	X
Bradbury	Melanie	✓	✓	X	✓	✓	✓	X	X	X	✓	X	✓
Davis	Phillip	X	✓	✓	X	X	✓	✓	✓	X	✓	✓	✓
Dawson	Bernie	X	✓	✓	✓	X	✓	✓	✓	X	✓	✓	✓
Ellis	Karen	✓	X	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
McCorry	Kevin	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓
	Was not a member at the time												

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 nine 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;
- reports of CCG quality visits;
- 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		30/04/19	21/05/19	25/06/19	23/07/19	17/09/19	23/10/19	19/11/19	21/01/20	26/02/20
Moult	James	✓	✓	✓	x	✓	✓	✓	X	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heseltine	David				✓	x	✓	x	✓	✓
Smyth	Sarah	✓	✓	✓	x	x	x	x	x	x
Crick	James	✓	✓	✓	✓	✓	✓	x	✓	✓
Dodson	Joy	x	x							
Storr	Danny			✓	x	x	x	x	x	x
Morris	Lorna	x	✓	✓						
Lee	Sue	✓	✓	✓	✓	✓	✓	x	✓	x
Blain	David				x	x	x	x	✓	x
Stevens	Emma	x	✓	✓						
Butters	Estelle	✓	✓	✓	✓	x	✓	✓	✓	✓
Palmer	Ross	✓	x	x	✓	✓	x	✓	✓	✓
Ellis	Karen	x	✓	✓	✓	✓	x	✓	✓	✓
Martin	Karen	✓	✓							
Lowe	Debbie		✓	✓	x	✓	✓	✓	✓	x
Thompson	Robert	✓	✓	x						
Sugden	Liz	x	x	x						
Rawlings	Angie	x	x	x						
Denman	Chris	x	✓	x						
	Was not a member at the time									

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 five occasions during the year and was quorate each time. The committee's activities during the year included:

- implementation of the CCG's Strategic Commissioning Plan for Primary Care, including the support to the development of Primary Care Networks;
- contractual issues – including contract mergers and list closure requests; and,
- primary care estates issues.

Attendance at the committee during the year was as follows:

DATE OF MEETING		26/04/19	28/06/19	25/10/19	13/12/19	24/02/20
Stamp	Jason	✓	✓	✓	✓	✓
Marshall	Karen	✓	✓	✓	✓	X
Goode	Ian			✓	✓	✓
Sayner	Emma	✓	✓	X	✓	✓
Storr	Danny	X	X	✓	X	X
Latimer	Emma	✓	X	✓	X	X
Dodson	Joy	X	✓	✓	✓	✓
Davis	Philip	✓	X	X	X	X
Lowe	Deborah	✓	✓	✓	✓	X
Roper	Dan	✓	✓	✓	✓	✓
Weldon	Julia	X	X	X	X	X
Crick	James	✓	✓	✓	✓	✓
Jackson	Paul	X				
	Was not a member at the time					

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 four times during the year and was quorate on each occasion. Highlights of the Committee's 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		18/04/19	03/06/19	02/06/19	27/01/20
Marshall	Karen	✓	✓	✓	✓
Roper	Dan	✓	✓	✓	✓
Jackson	Paul	x			
Stamp	Jason	✓	✓	✓	✓
Goode	Ian			✓	✓
	Was not a member at the time				

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 four times during the year and was quorate on each occasion. Highlights of the Committee's 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.

Attendance at the committee was as follows:

DATE OF MEETING		17/04/19	26/06/19	18/12/19	26/02/20
Oehring	Amy	✓	✓	✓	✓
Roper	Dan	✓	✓	X	✓
Marshall	Karen	✓	✓	✓	X

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 2013 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 CCG equality group 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 2020/21.

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 2019/20 and is received at each meeting of the Integrated

Audit and Governance Committee. The committee provides an opinion to the Governing Body as to the adequacy of the assurances available with respect to management of the risks identified within the Board Assurance Framework. In doing so the committee draws upon the sources of assurance available to it, including the work of the CCG's external auditors, a comprehensive internal audit programme and the work of NHS Protect.

In May 2019 the Governing Body completed a 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 2019-20 the CCG had four extreme (red) rated risks and sixteen 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	<p>Significant further investment in the service to increase capacity and improve access.</p> <p>The clinical pathway for post diagnostic service is under development in partnership with Humber NHS Foundation Trust, Hull City Council and the voluntary sector.</p>	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
CCG practices unable to maintain a resilient primary care workforce	<p>Development of CCG primary care workforce strategy.</p> <p>Development of Strategic Commissioning Plan for Primary Care.</p> <p>Development of New Models of Care involving range of other job roles.</p> <p>Development of STP primary care workforce modelling as part of out of hospital care work-stream</p>	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of hospital care work-stream.

<p>Waiting list for initial assessment and treatment is extensive within the Paediatric Speech and Language (SLT) Service. The previous joint local area SEND Inspection identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement.</p>	<p>Hull CCG has agreed additional non-recurrent funding to support the service to recruit additional resource that will reduce the waiting list and undertake service remodelling.</p> <p>Contract variation to be completed once service level data including waiting lists have been completed and trajectory agreed.</p>	<p>Progress reports to Hull CCG Planning and Commissioning and Quality and Performance Committees.</p>
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By the end of 2019-20, the CCG had one extreme risk and nineteen high risks within its Corporate Risk Register. The extreme rated risk was as follows:

Risk	Controls	Assurances
<p>CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met.</p>	<p>Development and implementation of CCG primary care workforce strategy and associated initiatives eg. International GP Recruitment, PCN Ready, Physician Associate Schemes.</p> <p>Use of National Workforce Reporting System to monitor trends in primary care workforce.</p> <p>Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES.</p> <p>Development of HC&V primary care workforce modelling as part of out of hospital care work-stream.</p>	<p>Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of hospital care work-stream.</p>

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 of financial and governance policies.

The Integrated Audit and Governance Committee routinely consider performance and other reports which enable 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 2017) 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.

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 2019-20 (tbc).

Control Issues

The CCG achieved a high level of performance across the operating framework requirements. Final performance reporting was disrupted on account of the major incident actions in response to the Coronavirus Pandemic, however, performance had been below the target level and unlikely to have recovered by the year-end in the following areas:

NHS HULL CCG PERFORMANCE		Actual (YTD – Dec 2019)	Target
NHS NATIONAL REQUIREMENTS			
A&E waiting time - total time in the A&E department, SitRep data	2019-20	71.95%	95%
<u>Commentary</u> Unplanned Care Delivery Group was working towards an agreed plan with 8 work streams. Not all work streams are having the predicted impact as yet. Hull University Teaching Hospitals NHS Trust are planning to measure harm alongside total Length of Stay (LoS) in the department to try and identify direct patient impacts of delays. Nurse Triage has commenced in the Emergency Care Area, as part of the Primary Care Stream work, with a range of diversionary pathways in place to appropriately divert patients away from the emergency department. .			
		Actual (Month – Dec 2019)	Target
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2019-20	69.66%	92%
<u>Commentary</u> Referral to Treatment 18 weeks waiting times performance at Hull University Teaching Hospital NHS Trust remained stable in December 2019, reporting 69.66. Capacity issues remain within a few specialties mainly			

in terms of medical staffing and increasing levels of urgent and cancer referrals. The Planned Care Delivery group is working with teams in the Trust to focus and prioritise work streams supporting outpatients and activity planning.			
		Actual (YTD – Dec 2019)	Target
Cancer - Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms	2019-20	85.48%	93%
Cancer - 31 Day standard for diagnosis to first definitive treatment within 31 days (all cancers) (%)	2019-20	94.13%	96%
Cancer - 31 day wait for subsequent treatment - surgery (%)	2019-20	82.94%	94%
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)	2019-20	69.92%	85%
Commentary			
The CCG continues to work with stakeholders and prioritise waiting time standards and challenge the provider where standards are breached. Action continues with respect to the high impact pathways, as well as greater co-ordination of diagnostic capacity across the Hull and York system in order to reduce reporting times in this element of the pathway.			

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 2020 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:

Audit	Assurance Level
Conflicts of Interest	Substantial
Continuing Healthcare	Reasonable
Primary Care Commissioning	Substantial
Financial Management/Financial Control	Substantial
Risk Management Arrangements	Substantial
DSP Toolkit	Good
Assurance Framework	tbc

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 England - North East and Yorkshire;
- 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 2019-20.

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 and Staff Report

Remuneration

The Remuneration and Staff Report 2019-20 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 2019-20

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 2019-20 are detailed on page 58 within the Governance Statement.

Remuneration Committee Membership 2019-20

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following (All memberships run from 1 April 2019 to 31 March 2020 unless stated otherwise):

Name	Title	Dates of membership
Karen Marshall (Chair)	CCG Lay Representative	
Paul Jackson (Vice Chair)	CCG Lay Representative	From 1 April 2019 until 17 May 2019
Ian Goode	CCG Lay Representative	From 21 October 2019
Jason Stamp	CCG Lay Representative	
Dr Dan Roper	CCG Chair	

Senior manager remuneration 2019-20 (including salary and pension entitlements) (subject to audit)

Name and title	Salary (Bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (Bands of £5,000)
	£000	£	£000	£000	£000	£000
Emma Latimer - Chief Officer**	60-65	6,200	5-10	0	0	70-75
Emma Sayner - Chief Finance Officer***	55-60	3,500	5-10	0	7.5-10	70-75
Sarah Smyth - Director of Quality and Clinical Governance (April 2019 - June 2019)	20-25	1,000	0-5	0	2.5-5	25-30
Erica Daley - Director of Integrated Commissioning (April 2019)****	5-10	600	0-5	0	0	10-15
Erica Daley - Interim Chief Operating Officer (February 2020 - March 2020)	10-15	900	0	0	0	15-20
Joy Dodson - Director of Integrated Commissioning (May 2019 - March 2020)	80-85	0	0	0	32.5-35	115-120
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr James Moulton - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member (April 2019)	0-5	0	0	0	*	0-5
Dr Amy Oehring - 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	*	5-10
Paul Jackson - Lay Member/Vice Chair (April 2019 - May 2019)	0-5	0	0	0	0	0-5
Karen Marshall - Lay Member	15-20	0	0	0	0	15-20
Jason Stamp - Lay Member	15-20	0	0	0	0	15-20
Ian Goode - Lay Member (October 2019-March 2020)	5-10	0	0	0	0	5-10
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

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

**Emma Latimer from 01/11/2017 - 31/10/2020 was in joint posts with North Lincolnshire CCG and NHS Hull CCG. From 01/11/2019 to 31/03/2020 Emma Latimer is in joint posts with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG; however the respective salary banding is £140-145k

*** Emma Sayner - (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above relate to NHS Hull CCG, however Emma Sayner's full salary banding is £110-115k

****Erica Daley took Voluntary Early Retirement 30/04/2019. Erica Daley returned to work for Hull CCG in May 2019, returning to a senior manager role in February 2020. 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).

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

Name and Title	Salary (Bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (Bands of £5,000)
	£000	£	£000	£000	£000	£000
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
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr Raghu Raghunath - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	0	35-40
Dr James Moulton - 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 Scot Richardson - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Amy Oehring - 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
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
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

* It is not possible to provide the pension 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 relate to NHS Hull CCG, however their respective total salary bandings are £140k-£145k and £115k-£120k

Pensions Table 2019-20

Name and Title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2020 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2019	Real increase in Cash Equivalent Transfer Value***	Cash Equivalent Transfer Value at 31 March 2020	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Emma Latimer - Chief Officer	0	0	45-50	110-115	810	0	810	0
Emma Sayner - Chief Finance Officer	0-2.5	0	30-35	60-65	428	7	462	0
Sarah Smyth - Director of Quality and Clinical Governance (April 2019 - June 2019)	0-2.5	0	25-30	50-55	356	2	382	0
Erica Daley - Director of Integrated Commissioning (April 2019)**	0	0	0	0	881	0	0	0
Erica Daley - Interim Chief Operating Officer (February 2020 - March 2020)**	0	0	0	0	0	0	0	0
Joy Dodson - Director of Integrated Commissioning (May 2019 - March 2020)	0-2.5	0-2.5	25-30	60-65	438	28	491	0
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	*	*	*	*	*	*	*	*
Dr James Moulton - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member (April 2019)	*	*	*	*	*	*	*	*
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	*	*	*	*	*	*	*	*
Paul Jackson - Lay Member/Vice Chair (April 2019 - May 2019)	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
Ian Goode - Lay Member (October 2019-March 2020)	0	0	0	0	0	0	0	0
Mark Whitaker - Practice Manager	0	0	0	0	0	0	0	0

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

**Erica Daley took Voluntary Early Retirement 30/04/2019. Erica Daley returned to work for Hull CCG in May 2019, returning to a senior manager role in February 2020.

***The method used to calculate CETVs has changed to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If the individual concerned was entitled to a GMP, this affects the calculation of the real increase in CETV reducing the value compared to previous years.

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 2019-20 (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 2019-20.

There was no compensation for early retirement or loss of office or payments to past directors during 2019-20. The CCG has no losses or special payments to report in 2019-20.

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.

Pay multiples 2019-20 (subject to audit)

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

The banded remuneration of the highest paid director/Member in NHS Hull CCG in the financial year 2019-20 was £150-155k (2018/19: £145-150). This was 3.7 times (2018-19: 3.4) the median remuneration of the workforce, which was £40.1k (2018-19: £43.0k).

The number employed by NHS Hull CCG has increased in 2019-20 due to employment of Human Resources team which were previously outsourced. This increased the range of salaries therefore reduced the median value, in turn increased the ratio.

In 2019-20, 7 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 2019-20 range from band £15-£20k to £185-£190k (2018-19: £15-£20k to £185-£190k)

Please note for the purpose of this calculation the GP members of the Governing Body have been considered to be akin to non-Executive 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 2019-20

Our external auditor is Mazars, Salvus House, Aykley Heads, Durham, DH1 5TS. Auditors' remuneration in relation to April 2019 to March 2020 totalled £62,940 for statutory audit services. This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

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

Better payments practice code (subject to audit)

The CCG has signed up to the Better Payments Practice Code and aims to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. During 2019-20 NHS Hull CCG paid 97.88% of non NHS trade invoices within target and 99.36% of NHS trade invoices within target. Further details are on page 19 of the Annual Accounts.

Staff Report

Promoting Equality 2019-20

The CCG believes passionately in fostering a fair and positive environment to maximise the experiences and contribution of all. It has therefore actively embraced its equality duties, rather than simply focus on legal compliance. It has dedicated its efforts over the last twelve months to build on the progress made in 2018-19, and achieve meaningful outcomes for our staff, patients and all those we serve.

The CCG's Equality Information Report 2019-20 - published at www.hullccg.nhs.uk - demonstrates how the organisation is meeting its public sector equality duties and NHS England equality standards. The report goes beyond compliance, to reflect our equality programme of work and we recognise this will always be an ongoing journey of development and improvement and we always welcome feedback 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 that 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:

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. 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.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
 - Tackling prejudice, with relevant information and reducing stigma
 - Promoting understanding between people who share a protected characteristic and others who do not.

Having due regard means considering the above in all 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.

Equality Objectives

Our equality objectives were developed through extensive engagement with staff and local interest groups primarily through implementing the Equality Delivery System (EDS2). Our EDS2 findings have also supported the development of specific outcomes and success measures. Our equality objectives for 2017- 2021 are:

- 1. Ensure patients and public have improved access to information and minimise communications barriers**
- 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**

3. **Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve**
4. **Ensure that the NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs**
5. **To demonstrate leadership on equality and inclusion and be an active champion of equalities in partnership programmes or arrangements.**

Our approach this year has been to target our focus to a set of outcomes, matched to our equality objectives. The outcomes often span across a number of objectives to ensure patients and public have improved access to information and minimise communications barriers. A summary of progress against the equality objectives and outcomes is given below.

The CCG as a Commissioner	
Communications and Engagement progress	Areas for development
<p>The CCG has further developed a diverse network of people and organisations actively engaging with the CCG and informing decision making. This is reflected in the CCG's engagement plan.</p> <p>Equality interest groups are working collaboratively with the CCG to gather equality and inclusion insight to inform decision making. For example, an Equality Reference Group has been formed to raise equality and inclusion issues and provide feedback on specific areas of the CCGs work.</p> <p>The CCG is collaborating with other organisations through the health and social care sector, evidenced through a number of joint events and activities.</p> <p>Insight from engagement is starting to inform commissioning decisions in a more systematic way, through the equality impact assessment process, and strengthened links with the CCG's engagement team.</p> <p>The Accessible Information Standard (AIS) is routinely referred to in equality impact assessments of service specifications, as a key requirement for service providers. Further work will take place in 2020 to raise awareness amongst patient and community groups about rights to accessible information for disabled patients.</p> <p>The CCG continues to ensure that meetings and events are accessible across a wide range of needs. This is under continuous review.</p>	<p>The CCG will be giving particular emphasis to the following communication and engagement aspects over the next twelve months:</p> <ul style="list-style-type: none"> • Further development of capacity of equality reference group to feedback on equality impact assessments • Continue to develop EDS3 engagement plan • Challenge commissioners to reflect engagement insights in equality impact assessments and service specifications • Develop CCG capacity to collaborate through the NHS online collaboration platform • Further engagement/challenge in joint provider forum
Corporate Governance progress	Areas for development
<p>The CCG has continued to strengthen and embed robust equality impact assessment (EqIA) processes and quality assurance for corporate & HR policies as well as commissioning decisions & clinical policies. This includes regular review of assessments, assurance through the CCG's governance groups and regular training and coaching sessions for staff by an independent equality advisor.</p>	<p>The CCG will be given particular emphasis to the following corporate governance aspects in the next twelve months:</p> <ul style="list-style-type: none"> • Greater challenge to providers on AIS delivery (particular focus

<p>A joint impact assessment framework has been developed and adopted by the Humber Joint Commissioning Committee to ensure that joint policies and commissioning activity follows a robust EqlA process.</p> <p>Progress against the CCG's equality programme of work is reviewed twice yearly by the Quality and Performance Committee and reported annually to the Board. This report will be published on the CCG's website and offered in a range of formats to ensure accessibility.</p>	<p>on GPs)</p> <ul style="list-style-type: none"> • Strengthening of the assurance of primary care equality impact assessments • Working in partnership / challenge to providers on EDS • More detailed review of provider WRES and WDES plans and performance
<p>Commissioning progress</p>	<p>Areas for development</p>
<p>The EqlA process and capacity for commissioning projects & clinical policies has been further strengthened and embedded. Specific focus in 2019-20 on review of clinical policies and associated EqlAs.</p> <p>The standard review framework ensures that contract monitoring of providers includes performance on equality outcomes, with a particular focus on NHS Equality Standards included in the standard contract.</p> <p>The CCG continues to fund the provision of interpretation and translations services to primary care. The CCG receives quarterly reports from the provider which include the number of face to face and telephone language requests provider, by language and practice area. This provides valuable insight to the CCG about language needs across practice areas. Customer satisfaction data is also provided to the CCG.</p>	<p>The CCG will focus on the following commissioning aspects in the next twelve months:</p> <ul style="list-style-type: none"> • Further strengthen links to engagement team to ensure that engagement insights are informing decision making • Strengthen process to review follow up actions from EqlAs • Review progress on clinical policy EqlAs • More evidence of provider performance on E&D through contract monitoring process

<p>The CCG as an employer</p>	
<p>Organisational progress</p>	<p>Areas for development</p>
<p>The CCG has a relatively small number of vacancies and planned recruitment, however, organisational capacity is being built through HR partnership working with recruitment managers to embed good Equality and Diversity (E&D) practice in all recruitment advertising. This includes planned recruitment and selection training.</p> <p>The recruitment process is as inclusive and accessible as possible, within national framework. This is assured through: Review of recruitment and selection processes, equal opportunity monitoring evidence reviews and vacancy / application data and positive action to actively promote job opportunities</p> <p>The CCG attends local recruitment events and link in with local schools / partner organisations to promote the CCG as an employer of choice Staff wellbeing supported to encourage an inclusive workplace</p>	<p>Particular focus will be given to the following over the next twelve months for the CCG as an employer:</p> <p>Greater integration of E&D objectives / outcomes in OD plan Wider opportunities for equality and inclusions skills development in Learning and Development Plan Optimising opportunities to share challenges and good practice with partner organisations – perhaps using EDS3 as a focus</p> <ul style="list-style-type: none"> • Improved guidance and support re matching E&D objectives to appraisal process

<p>culture, through:</p> <ul style="list-style-type: none"> Continued work with the Staff Health & Wellbeing Group and monitoring of the action plan to ensure relevant and targeted on E&D Review of action tracker progress monitoring, staff survey feedback Strong links between Workforce Wellbeing Group and E&D objectives Continued development of plans through Disability Confident and Mindful Employer The appraisal process capturing a wide range of examples of staff promoting / implementing the CCG's equality objectives. <p>Staff have well-developed E&D skills:</p> <ul style="list-style-type: none"> All staff undertake mandatory E&D training, as well as regular and targeted sessions provided by an independent equality advisor (mainly focused on equality impact assessment skills) Successful completion of identified training / programmes. Wider attendance at educational events and record of CPD Board development sessions <p>Good practice and challenges shared with partner organisations: examples: A shared impact assessment screening tool has been developed across the four Humber CCGs.</p>	<ul style="list-style-type: none"> Board development session, scheduled for October 2020
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Priorities for 2020-21

The further equality priorities for the CCG for the next year include:

- identifying equality objectives for 2021 and beyond
- adapting to challenges and opportunities of working in a more integrated way
- implementation of EDS3
- continued review and strengthening of EqIA review, sign-off and assurance process

Workforce Race Equality Standard (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. Paying due regard to WRES as an employer and a commissioner is reflected in our E&D Outcomes Framework.

Equality and Diversity performance reviews

Our staff are aware that it is everybody's responsibility to promote equality, diversity and inclusion. This is reflected in our Equality and Diversity Policy, staff training and equality objectives aligned to Personal Development Reviews (PDRs).

Gender pay gap reporting

The CCG employs 95 staff, as at the end of December 2019, and therefore is not subject to this reporting duty. However, in accordance with good practice we do regularly analyse and report our workforce data, including pay band by gender on page 84. Salaries are reviewed by our Remuneration Committee, which follows national guidelines.

Accessible Information Standard

Implementing the Accessible Information Standard has been incorporated into equality objective one. Further information about the CCG's WRES, WDES, EDS & AIS reports can be found on the following link: <https://www.hullccg.nhs.uk/policies/equality-diversity-and-inclusion/>

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 the CCG recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices. Policies and processes in place to support this include:

- Staff Induction
- Bullying and harassment
- Attendance Management
- Recruitment and Selection

Seven policies were reviewed/developed through to approval in 2019 - 20:

- Relocation Assistance
- Career Break
- Change Management
- Annual leave
- Induction and probation
- Pay Progression
- Retirement

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

The decision to outsource the Staff Survey for 2019–20 presented an opportunity for a different style of survey which would reflect the needs of CCGs, which differ from those of other NHS trusts.

We were extremely pleased that the local response rate to **Staff Survey** was 79.8% which is considered to be high for the health sector and suggests an engaged workforce. The headline facts showed that high number of people feel enthusiastic about their jobs, and feel trusted and well supported by their colleagues. The average satisfaction rate for CCG staff was 78.2%. From the results, areas that performed well included:

- Support from line manager
- Manager develops a positive team atmosphere
- Support from colleagues
- Staff feel trusted to do their job
- Physical work environment.

On the basis of the results, the CCG plans to provide a significant amount of support to all staff. The CCG is looking to strengthen managerial support through a range of appraisal training and people management development. While these were areas of strength in the survey, it is important that these areas are supported and further enhanced by a variety of personal development workshops.

The results of the surveys are also being championed by staff. This is done in a variety of ways, through the Staff Health and Wellbeing Group which is organised by our staff for our staff.

Workplace health, safety and wellbeing

Specific work has been undertaken in relation to employee health and wellbeing with the introduction of a number of trained mental health first aiders and the opening of a dedicated time-out space in the office for staff. A number of events during the year have brought staff together informally to discuss workplace wellbeing including a dedicated Health and Wellbeing Week in January. In addition, the CCG provides management and self-referral to occupational health, which includes the ability to access counselling sessions.

The CCG has continued to support and develop its staff and involved them in shaping what an ideal Hull would look like at the staff AGM in May 2019.

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. On 1 April 2019, the eMBED Health Consortium contract ended and the North Yorkshire, Humber and Leeds Social Partnership Forum ceased to exist. The CCG is now a member of the newly created Humber CCG Social Partnership Forum organised by the Human Resources Team supporting the three Humber CCGs: Hull, East Riding of Yorkshire and North Lincolnshire. 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.

Trade union facility time 2019-20

Trade Union Facility Time	
Number of Relevant Union Officials during 2019-20	1
Full Time Equivalent employee number	1
Percentage of time spent on facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£4,916
Total pay bill	£5,306,186
Percentage of total pay bill spent on facility time	0.09%

Paid Trade Union Activities	
Time spent on trade union activities as a percentage of paid facility time	29%

Health and Safety Performance 2019-20

NHS Hull CCG continues to foster and encourage a positive health and safety culture within the organisation. The Health Safety & Security Group meets quarterly to review health and safety performance and ensure that all relevant legal requirements are being met.

All new CCG staff receive necessary information within their first week of employment and are required to complete all identified health and safety training within 12 weeks of commencement. Overall compliance for statutory and mandatory Health & Safety Training at 31st March 2020 was 94% against a target of 95%.

All risk assessments for the organisation such as COSHH, Manual Handling and Fire are up to date and all appropriate control measures are in place.

There was only 1 reported Health & Safety incident within the organisation in 2019-20. This related to a leak in the ceiling of floor 3 which rendered part of the office unsafe for use by staff. Repairs have necessitated external scaffolding and although the office has now been made safe internally, work is still required by the landlord to resolve the issue. The issue did not meet the external reporting threshold (RIDDOR).

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 between 1 April 2019 and 31 March 2020.

Pay band	Total
Band 8a	12
Band 8b	10
Band 8c	5
Band 8d	5
Band 9	1
VSM	6

Governing body	12*
Any other spot salary	3
Assignment category	Total
Permanent	87
Fixed term	8
Statutory office holders	11

*GP, Lay and other non-CCG staff members as at 31 March 2020

Gender composition (subject to audit)

Between 1 April 2019 and 31 March 2020 the gender composition of the Hull CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)	7	8
CCG Membership (Council of Members)**	7	26

**Council of Members has 33 members in total

The gender composition for NHS Hull CCG employees at 31 March 2020 was as follows: fvggg
LKXD

Pay band	Female	Male
Band 8a	11	1
Band 8b	5	5
Band 8c	4	1
Band 8d	4	1
Band 9	0	1
VSM	5	1
Governing body	7	8
Any other spot salary	2	1
All other employees (including apprentice if applicable)	39	12

Sickness absence information 2019-20 (subject to audit)

Absence	Total (2019-20)	Total (2018-19)
Average sickness %	1.3%	1.8%
Total number of FTE days lost	510	527.1

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 82) supports this aim.

Staff costs table 2019-20 (subject to audit)

	ADMIN			PROGRAMME			TOTAL		
	Perm	Other		Perm	Other		Perm	Other	
	Permanent Employees	Other	Total	Permanent Employees	Other	Total	Permanent Employees	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	N4A	N4B	N4C	N4D	N4E	N4F	N4G	N4H	N4I
Salaries and wages	2,293	11	2,304	1,857	23	1,880	4,151	33	4,184
Social security costs	250	1	251	198	2	200	448	4	452
Employer contributions to the NHS Pension Scheme	479	2	481	192	3	195	671	4	675
Other pension costs	1	-	1	1	-	1	2	-	2
Apprenticeship Levy	8	-	8	-	-	-	8	-	8
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	3,031	14	3,045	2,248	28	2,276	5,279	42	5,321
Less: Recoveries in respect of employee benefits (note 4.1.2)	(48)	-	(48)	(91)	-	(91)	(139)	-	(139)
Net employee benefits expenditure including capitalised costs	2,983	14	2,997	2,157	28	2,185	5,140	42	5,182
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	2,983	14	2,997	2,157	28	2,185	5,140	42	5,182

Expenditure on consultancy and off-payroll engagements (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 2019-20.

There was no compensation for early retirement or loss of office or payments to past directors during 2019-20. The CCG has no losses or special payments to report in 2019-20.

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)

The CCG can confirm there were no exit packages, including special (non-contractual) payments made this year.

Parliamentary accountability and audit report

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

ANNUAL ACCOUNTS 2019-20

Emma Latimer
Accountable Officer
xx May 2020