

# 2019-20

## ANNUAL REPORT & ACCOUNTS





Emma Latimer

# Welcome

from the Accountable Officer

## Welcome to the 2019-20 Annual Report & 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 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.

## Accessibility Statement



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Emailing: [HULLCCG.contactus@nhs.net](mailto:HULLCCG.contactus@nhs.net)  
Calling us on: 01482 344700 or  
Tweeting us: @NHSHullCCG



Dr. Dan Roper

# 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 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...

"Adversity has strengthened partnerships with our colleagues in secondary care, primary care and the community"

You can also contact us by post:  
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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.



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Emma Latimer  
Accountable Officer  
22 June 2020

# We are Hull Clinical Commissioning Group (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:

#### You can contact us at:

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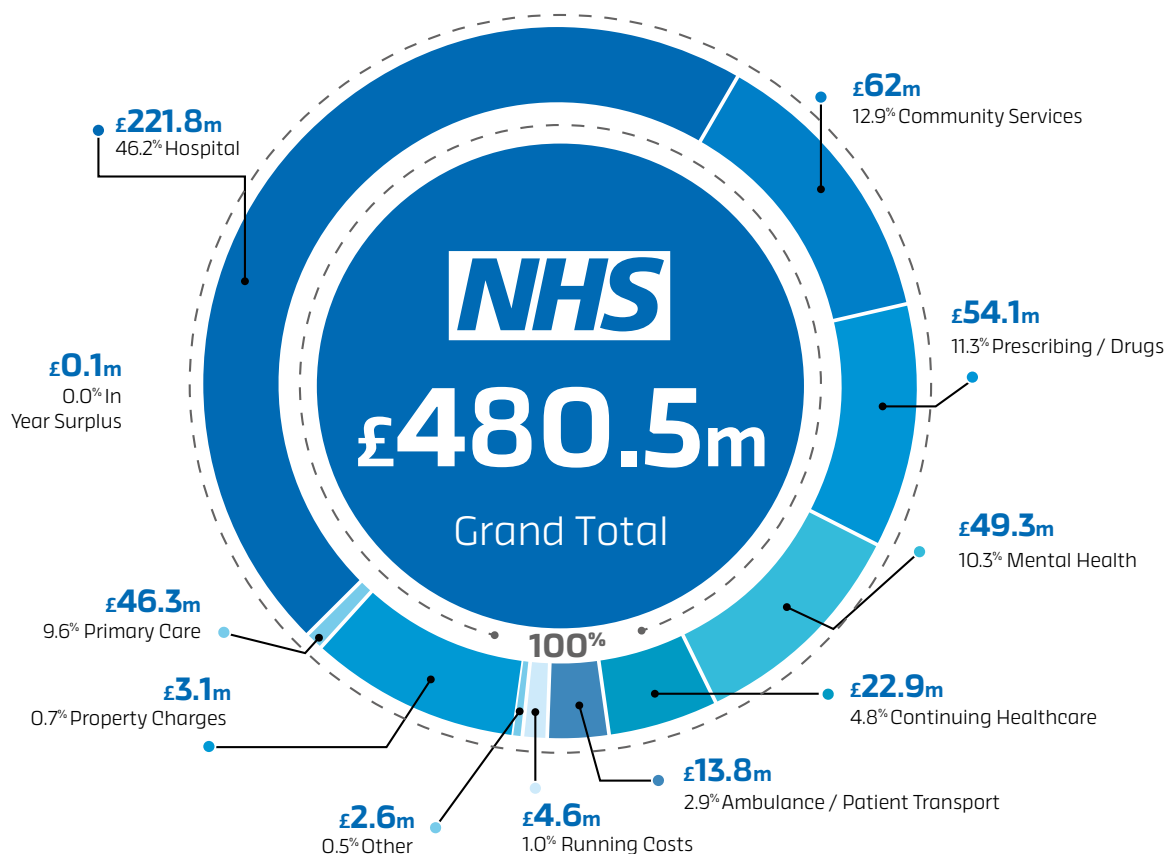
Website: **[www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)**

Twitter: **[@NHSHullCCG](https://twitter.com/NHSHullCCG)**



# A snapshot of 2019-20

How our money was spent:



## 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
- Improving Quality
- 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 37 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](http://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](http://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 pages 18-19.





# 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](http://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](http://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](http://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 page14).

## 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.

## 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.



## 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:

### 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 & 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 2020-21.

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 2019-20 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.



**#TALKSUICIDE**

## 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 43).
- **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 and 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 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 were 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 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 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 patients 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.

## 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 delivery over its first 18 months.



# 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](http://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](http://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.

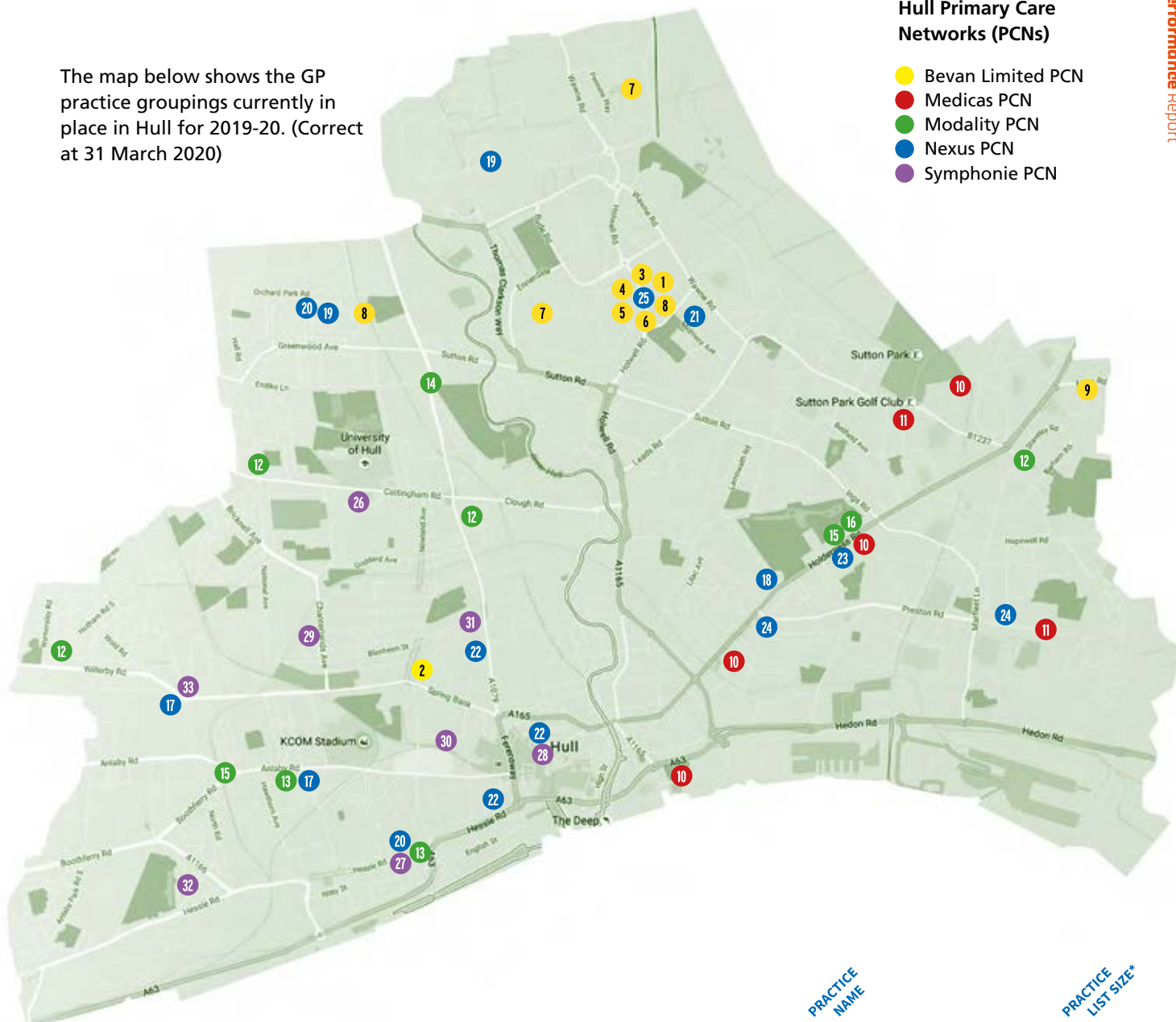
Ensuring that our clinicians have the best possible information available at their fingertips to make empowered decisions is key to the digital agenda, and we are currently increasing our already rich shared record technology with the launch of the Yorkshire and Humber Care Record. The Yorkshire and 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.

The map below shows the GP practice groupings currently in place in Hull for 2019-20. (Correct at 31 March 2020)

## Hull Primary Care Networks (PCNs)

- Bevan Limited PCN
- Medicas PCN
- Modality PCN
- Nexus PCN
- Symphonie PCN



Please note that in order to minimise risk of infection during the Covid-19 pandemic always contact your practice first before visiting in person. GP website and contact details are at [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)

### Nexus PCN

PRACTICE NAME	PRACTICE LIST SIZE*
17 HAXBY - CALVERT & NEWINGTON PRACTICE	11,200
18 HAXBY - BURNBRAE SURGERY	4687
19 HAXBY - KINGSWOOD & ORCHARD PARK	13,794
20 THE BRIDGE GROUP	8496
21 SUTTON MANOR SURGERY	7362
22 CHCP - CITY CENTRE	15,959
23 CHCP - EAST PARK	4014
24 CHP LTD - SOUTHCOATES & MARFLEET	6582
25 CHP LTD - BRANSHOLME	3244

75,338

### Symphonie PCN

26 NEWLAND HEALTH CENTRE	7368
27 SYDENHAM HOUSE GROUP PRACTICE	8493
28 WILBERFORCE SURGERY	4265
29 THE AVENUES MEDICAL CENTRE	6865
30 WOLSELEY MEDICAL CENTRE	7335
31 CLIFTON HOUSE MEDICAL CENTRE	8732
32 THE OAKS MEDICAL CENTRE	7500
33 HASTINGS MEDICAL CENTRE	3520

54,078

### Medicas PCN

10 EAST HULL FAMILY PRACTICE	30,471
11 MARFLEET GROUP PRACTICE	14,512

44,983

### Modality PCN

12 MODALITY HULL	58,591
13 ST ANDREW'S GROUP PRACTICE	8711
14 FIELD VIEW SURGERY	4095
15 KINGSTON HEALTH (HULL)	9743
16 DELTA HEALTHCARE	2736

83,876

### Bevan Limited PCN

1 HUMBER FT - NORTHPOINT	3437
2 HUMBER FT - PRINCES MEDICAL CENTRE	6723
3 DR GT HENDOW	2765
4 GOODHEART SURGERY	4739
5 JAMES ALEXANDER FAMILY PRACTICE	7900
6 GOODHEART SURGERY - DR GOPAL	2033
7 THE RAUT PARTNERSHIP	4652
8 ORCHARD 2000	9066
9 LAURBEL SURGERY	3426

44,741

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# Engaging people and communities 2019-20

**The CCG has a legal duty to consult and engage with its population as set out in 1422 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.

“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

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 (1422). 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 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.

### 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.

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.

### Other engagement programmes

#### 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 People's Panel and Hull Champions are jointly facilitated by the CCG and Hull City Council.



## Public involvement in service change 2019-20

**During 2019-20 we engaged with thousands of local residents, patients, clinicians and professionals, enabling meaningful contribution 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 Parkinsons UK, patients and carers 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.

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). The findings from the focus group directly influenced the Parkinson's support service now established at the Jean Bishop Integrated Care Centre (see page 19).

### Extended Access (May 2019)

The CCG engaged with patients to validate and build upon previous patient experience intelligence relating to GP care.

5000 printed questionnaires were distributed through GP practices and an online version of the questionnaire was shared on social media to determine public preference around extended opening hours and ways of booking and accessing primary care support.

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 inform service change with recommendations.

### Changes to prescribing policy (June - July 2019 and January - February 2020)

Local engagement work supported the medicines management team to implement key prescribing policy changes. Following national consultation the People's Panel membership of 2500 local residents aged 16 and

over, segmented by a number of demographic and socio-economic factors, were canvassed, with 1491 people participating.

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 and 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 prescribing.

### 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.

## Engagement 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 on the following page).



## 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 'The 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 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 over)

For these and other digital stories that highlight CCG commissioning and patient and public involvement please visit [www.youtube.com](http://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

**Around 75 parents, carers, young people, voluntary groups and health care staff across Hull and the East Riding attended 'Let's Talk ... Children's Neuro Stuff' to agree a shared vision for the future of the children and young peoples' neuro-disability service.**

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 will continue to shape discussions. The shared agreement was that there will be a co-produced, integrated children and young people's neuro-disability service across Hull and East Riding. Parents/carers and young people will only need to tell their story once and children, young people and their parents will feel listened to, heard and supported by the people and staff working to provide this service.

## 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 24.

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.



## Newsletters

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

## Get involved

We have a number of social media accounts:

Twitter: @NHSHullCCG  
@HullChampions  
@ThePeoplesPanel

Facebook: NHSHullCCG, Hull2020 Champions,  
The Peoples Panel and Healthier Hull.

Search 'NHS Hull CCG' on youtube.

Our media policy can be found at [www.hullccg.nhs.uk](http://www.hullccg.nhs.uk)

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 50 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](mailto:FreePost@hullccg.nhs.uk) Telephone: 01482 335409 Email: [HullCCG.Pals@nhs.net](mailto:HullCCG.Pals@nhs.net)

# Highlights of a 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 become 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 joins 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 Humber 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 leave the secure college.

## Reliable health apps launched for Humber residents

The launch of [humberhealthapps.co.uk](http://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.**

The Song for Hull project, which was originally launched during 2017, 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".



# Improving Quality

**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 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.

Allied Health Professionals Awards (March 2020)



## 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 we marked the International Year of Nurse and Midwife by sharing videos from some of our GPNs on Florence Nightingale's 200th birthday in May.

## 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 24).

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.myllocaloffer.org>



## 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.

## 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 here 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 adults 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, Hull Strategic Partnership 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 citizens, and to make use of this in shaping the necessary strategy.

## Prevention

**The focus on 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.**

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 in pregnant women, 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 is 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 2019 Director of Public Health (DPH) 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](http://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 14).

## **Outcome 2. Healthier, longer, happy lives**

Delivered through integrated delivery models to tackle long term conditions management – COPD/Respiratory Care Pathways (pages 18-19).

## **Outcome 3. Safe and independent lives**

Delivered through implementation of the frailty model in the Integrated Care Centre (page 18).

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 during 2021. 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 NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of GP written referrals in the period in all specialties	2019-20	47,766 (Apr 19-Jan 20)	54,807 (Apr 19-Jan 20)
All first outpatient attendances (consultant-led) in all specialties	2019-20	79,884 (Apr 19-Jan 20)	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 19-Jan 20)	19,576 (Apr 19-Jan 20)
A&E Attendances – All Types	2019-20	140,758 (Apr 19-Jan 20)	132,148 (Apr 19-Jan 20)
A&E Attendances - Type 1	2019-20	78,857 (Apr 19-Jan 20)	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 19-Jan 20)	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 19-Jan 20)	00:07:00 (Minutes)

#### Commentary:

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

Ambulance Handover & Turnaround		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2019-20	21,311* (Apr 19-Jan 20)	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 (YTD)	Target
Cancer- All Cancer two week wait	2019-20	92.82% (Apr 19-Jan 20)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2019-20	84.54% (Apr 19-Jan 20)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2019-20	93.75% (Apr 19-Jan 20)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2019-20	82.97% (Apr 19-Jan 20)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2019-20	99.21% (Apr 19-Jan 20)	98%
Cancer - 31 Day standard for subsequent cancer treatments - radiotherapy	2019-20	98.99% (Apr 19-Jan 20)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2019-20	68.24% (Apr 19-Jan 20)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2019-20	70.45% (Apr 19-Jan 20)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2019-20	94.71% (Apr 19-Jan 20)	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 disorders who receive psychological therapies	2019-20	16.86% (Apr-Dec 2019)	14.4% (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)	66.70%

**Commentary:**

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

The CCG and lead provider continues to work jointly to review the performance of the IAPT metric; the psychological therapies service has seen maintained performance in the Recovery standard. Significant improvement is seen in waiting times and access following variable performance in 2018/19.

Cancelled Operations		Actual (YTD)	Target
Urgent Operations Cancelled - Hull University Teaching Hospitals Trust	2019-20	50 (Apr 19-Jan 20)	0
Number of urgent operations cancelled for a second time - Hull University Teaching Hospitals Trust	2019-20	0 (Apr 19-Jan 20)	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	<b>2,510</b> (Apr - Dec 2019)	No target
Maternal smoking at delivery	2019-20	<b>21.79%</b> (Apr - Dec 2019)	<21% (local Target)
Breast feeding prevalence at 6-8 weeks	2018-19	<b>32.63%</b> (Apr 18-Mar 19)	No Target

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2019-20	<b>67,560</b> (Mar 2020)	No Target
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2019-20	<b>302,845</b> (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 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 Integrated Care System 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

Emma Latimer  
Accountable Officer  
22 June 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
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	723 Beverley Road, Hull, HU6 7ER 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	149 - 153 Chanterlands Avenue, Hull, HU5 3TJ
The Oaks Medical Centre	Symphonie	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF
Marfleet Group Practice	Medicas	Marfleet Primary Healthcare Centre, 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 Hesse Road, Hull, HU3 4BB

PRACTICE NAME	PRIMARY CARE NETWORK NAME	Sites from which services are delivered
Wolseley Medical Centre	Symphonie	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS
Haxby Group Hull	Nexus	Kingswood Health Centre, 10 School Lane, Hull, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX
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	Elliott Chappell Health Centre, 215 Hesse 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 Centre, 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, Bransholme, Hull, HU7 5DD Sutton Park, Littondale, 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 3JR
Haxby Newington/Calvert	Nexus	Newington Health Centre, 2 Plane Street, Hull, HU3 6BX The Calvert 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
Modality Hull	Modality	Alexandra Health Care Centre, 61 Alexandra Road, Hull, HU5 2NT New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF Springhead Medical Centre, 376 Willerby Road, HU5 5JT Bilton Grange Health Centre, 2 Diadem Grove, Bilton Grange, Hull, HU9 4AL

# CCG Board Membership 2019-20

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](http://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](mailto: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)

### Chair and Chief Officer

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**Dr Daniel Roper**  
Chair



**Emma Latimer**  
Chief Officer  
(Accountable Officer)

### GP Members

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**Dr Vincent Rawcliffe**  
GP Member



**Dr Amy Oehring**  
GP Member



**Dr James Moul**  
GP Member



**Dr Masood Balouch**  
GP Member



**Dr Scot Richardson**  
GP Member  
(01 April 2019 until 03 April 2019)



**Dr Bushra Ali**  
GP Member

## Lay Representatives



**Jason Stamp**  
Lay Representative and  
CCG Board Vice Chair  
(From 22 November 2019)



**Karen Marshall**  
Lay Representative



**Ian Goode**  
Lay Representative  
(From 21 October 2019)



**Paul Jackson**  
Lay Representative and  
CCG Board Vice Chair  
(01 April 2019 until 17 May 2019)

## Other Board Members



**Emma Sayner**  
Chief Finance Officer



**Erica Daley**  
Director of Integrated  
Commissioning.  
(01 April 2019 until 30 April 2019)  
Interim Chief  
Operating Officer.  
(From 06 February 2020)



**Mark Whitaker**  
Practice Manager Member



**Dr David Heseltine**  
Secondary Care Doctor



**Joy Dodson**  
Director of Integrated  
Commissioning.  
(1st May 2019 - 5 February 2020)  
Standing Attendee  
(6 February - 31 March 2020)

## Associate Members



**Sarah Smyth**  
Director of Quality & Clinical  
Governance/Executive Nurse  
(01 April 2019 until 31 December 2019)



**Julia Weldon**  
Director of Public Health  
and Adult Services

## Standing Attendees



**Sue Lee**  
Associate Director  
Communications and  
Engagement



**Mike Napier**  
Associate Director  
of Corporate Affairs



## CCG Committees

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

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

For full details of committee functions, membership and attendance for 2019-2020 please see pages 54 to 61 of the Governance Statement.

## Personal data related incidents

**The CCG recognises the importance of maintaining data in a safe and secure environment.**

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](http://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 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 experience 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](http://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 which 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.

In the later part of 2019-20 the CCG has focused on the leadership of the local system response to the Coronavirus pandemic.

## 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:

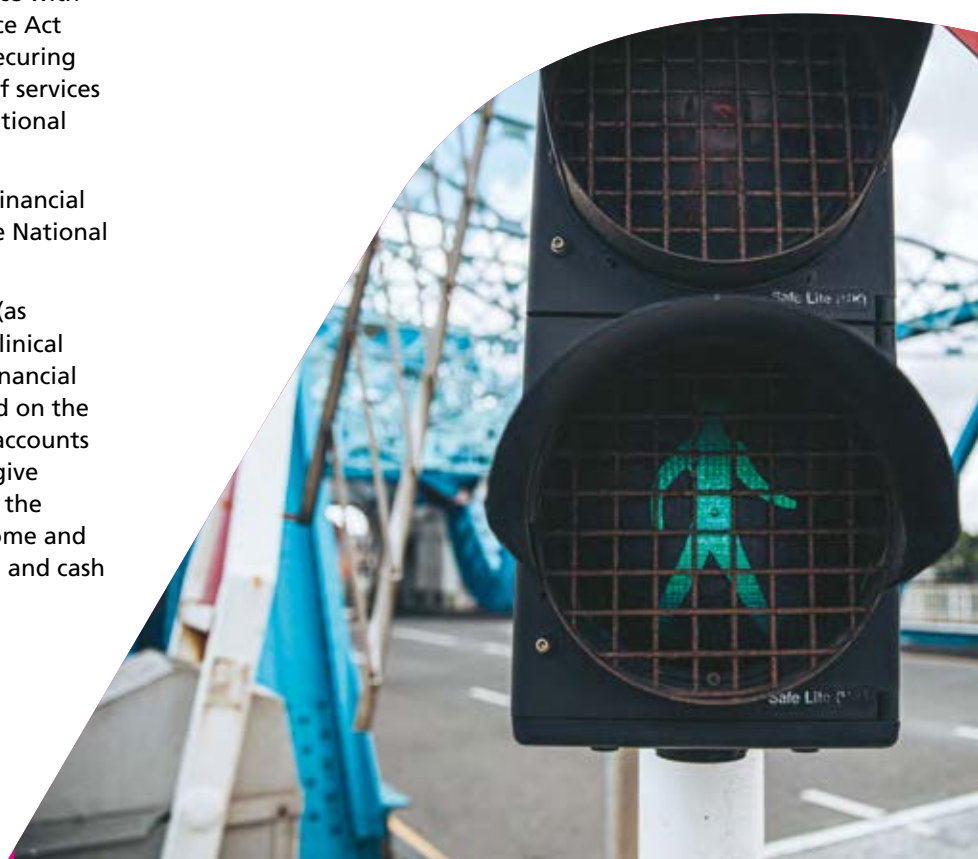
- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply 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.

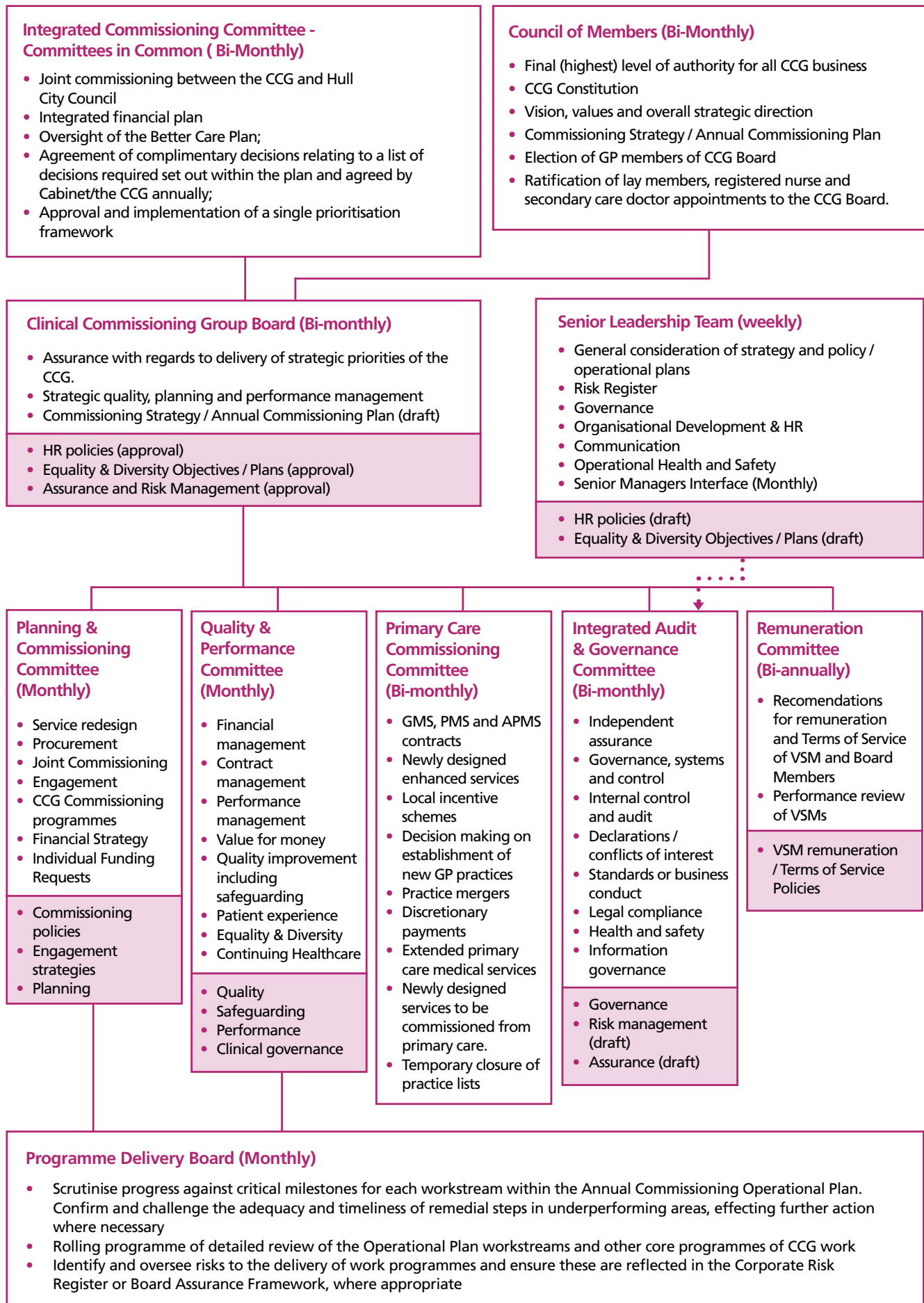
A programme delivery board has been maintained by the CCG throughout the year to agree priorities and monitor progress against a programme of work to deliver the CCG's commissioning strategy and operational plan.

The CCG governance framework for 2019-20 is summarised in the diagram on the following page:

# CCG governance framework for 2019-20

## KEY

- Summary remit
- Policy approval areas



# 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 follows:

Practice	Date of Meeting					
	09/05/19	11/07/19	12/09/19	14/11/19	16/01/20	05/03/20
Bridge Group Practice	✓	✓	✓	✓	✓	✓
CHCP East Park Practice	✓	✗	✓	✗	✓	✓
City Health Practice- Bransholme HC	✗	✗	✗	✗	✗	✗
CHP LTD Southcoates	✗	✗	✗	✗	✗	✗
Clifton House Medical Centre	✓	✗	✓	✗	✓	✗
Dr Jaivee	✓	✓	✗	✓	✓	✓
Delta Healthcare	✗	✓	✗	✓	✓	✗
East Hull Family Practice / Chowdhury GM / Malczewski GS	✓	✓	✓	✗	✗	✓
Field View / Cook BF	✗	✓	✓	✗	✓	✗
Goodheart Surgery	✗	✓	✓	✗	✓	✓
Hastings Medical Practice	✓	✗	✓	✓	✓	✗
Haxby Group	✓	✓	✓	✗	✓	✓
Hendow GT	✓	✗	✓	✓	✓	✓
Haxby Group, Burnbrae Surgery	✓	✓	✓	✓	✓	✓
James Alexander Family Practice	✗	✗	✗	✗	✗	✗
Kingston Health Hull	✓	✓	✓	✗	✓	✓
Kingston Medical Centre, Riverside Medical Centre, Story Street Practice & Walk -in Centre, Quays Medical Centre	✓	✗	✓	✗	✓	✓

Practice	Date of Meeting					
	09/05/19	11/07/19	12/09/19	14/11/19	16/01/20	05/03/20
KV Gopal Surgery	✗	✗	✗	✗	✗	✗
Modality Hull - Faith House Surgery / Newhall Group Practice / Rawcliffe & Partners, Springhead Medical Centre, Diadem Medical Practise	✓	✗	✗	✓	✓	✓
Newland Health Centre / JK Nayar	✗	✓	✗	✗	✗	✗
Northpoint (Humber)	✓	✓	✓	✓	✓	✓
Orchard 2000 Group	✗	✓	✓	✓	✓	✓
Princes Medical Centre	✓	✓	✓	✓	✓	✓
Raut Partnership	✓	✗	✗	✗	✗	✗
St Andrews Surgery	✗	✗	✗	✗	✓	✗
Sutton Manor Surgery	✓	✓	✗	✓	✓	✓
Sydenham Group Practice	✗	✗	✗	✗	✗	✗
The Avenues Medical Centre	✗	✗	✓	✗	✓	✓
Haxby Group The Calvert Practice / City Healthcare Partnership Newington Surgery / Haxby Calvert and Newington Surgeries	✓	✓	✓	✓	✓	✗
The Oaks Medical Centre	✓	✗	✓	✗	✓	✓
Weir and Partners	✗	✓	✗	✓	✓	✓
Wilberforce Surgery	✗	✗	✗	✗	✗	✗
Wolseley Medical Practice	✗	✓	✓	✗	✓	✓

## Governing Body

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

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

The CCG Governing Body has met 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										
Surname	First Name	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	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	
Balouch	Masood	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	
Daley	Erica											✓
Dodson	Joy	✓	✗	✗	✓	✓	✓	✓	✓	✓		
Goode	Ian								✓	✓	✓	✓
Heseltine	David	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jackson	Paul	✗										
Latimer	Emma	✗	✓	✗	✓	✗	✗	✓	✓	✗	✗	
Marshall	Karen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Moult	James	✗	✓	✓	✗	✓	✓	✓	✓	✗	✓	
Oehring	Amy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rawcliffe	Vince	✗	✓	✗	✓	✓	✓	✗	✓	✓	✓	
Roper	Dan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sayner	Emma	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	
Smyth	Sarah	✓	✓	✓								
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Weldon	Julia	✗	✓	✗	✗	✗	✗	✓	✗	✓	✗	
Whitaker	Mark	✗	✓	✓	✓	✓	✓	✓	✓	✗	✗	

Please note, the blocked sections on the chart indicate '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								
Surname	First Name	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							✗	✓	✓
Jackson	Paul	✗								

Please note, the blocked sections on the chart indicate '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												
Surname	First Name	05/04/19	03/05/19	07/06/19	05/07/19	07/08/19	06/09/19	04/10/19	01/11/19	06/12/19	03/01/20	07/02/20	05/03/20	
Ali	Bushra	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗	✗	✗	
Balouch	Masood	✓	✓	✓	✓	✓	✓	✓	✗	✓	✗	✓	✓	
Oehring	Amy	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	✓	
Rawcliffe	Vincent	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	
Jackson	Paul	✗												
Goode	Ian										✓	✓	✓	✓
Lee	Sue	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓	✓	✓	
Shakeshaft	Emma	✗	✗	✗	✗	✗	✓	✓	✗	✗	✗	✗	✗	
Harris	Vicky	✓	✓	✓	✓	✓	✓							
Crick	James	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	✗	
Fielding	Tim	✗	✗	✗	✗	✗	✗	✗	✗	✗	✓	✗	✓	
Storr	Danny	✓	✓	✗	✓	✗	✗	✓	✓	✓	✓	✗	✓	
Milner	Sarah	✗	✗	✓	✗	✓	✓	✗	✗	✗	✗	✓	✗	
Whitaker	Mark	✓	✓	✓	✗	✓	✓	✓	✗	✓	✗	✗	✓	
Dodson	Joy	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓	✓	
Lowe	Deborah	✓	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	✓	
Denman	Chris	✗	✗	✗	✓	✗	✗	✗	✓	✓	✗	✗	✗	
Bradbury	Melanie	✓	✓	✗	✓	✓	✓	✗	✗	✗	✓	✗	✓	
Davis	Philip	✗	✓	✓	✗	✗	✓	✓	✓	✗	✓	✓	✓	
Dawson	Bernie	✗	✓	✓	✓	✗	✓	✓	✓	✗	✓	✓	✓	
Ellis	Karen	✓	✗	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	
McCorry	Kevin	✓	✓	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	

Please note, the blocked sections on the chart indicate '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								
Surname	First Name	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	✓	✓	✓	✗	✓	✓	✓	✗	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heseltine	David	Blocked			✓	✗	✓	✗	✓	✓
Smyth	Sarah	✓	✓	✓	✗	✗	✗	✗	✗	✗
Crick	James	✓	✓	✓	✓	✓	✓	✗	✓	✓
Dodson	Joy	✗	✗	Blocked						
Storr	Danny	Blocked		✓	✗	✗	✗	✗	✗	✗
Morris	Lorna	✗	✓	✓	Blocked					
Lee	Sue	✓	✓	✓	✓	✓	✓	✗	✓	✗
Blain	David	Blocked			✗	✗	✗	✗	✓	✗
Stevens	Emma	✗	✓	✓	Blocked					
Butters	Estelle	✓	✓	✓	✓	✗	✓	✓	✓	✓
Palmer	Ross	✓	✗	✗	✓	✓	✗	✓	✓	✓
Ellis	Karen	✗	✓	✓	✓	✓	✗	✓	✓	✓
Martin	Karen	✓	✓	Blocked						
Lowe	Debbie	Blocked	✓	✓	✗	✓	✓	✓	✓	✗
Thompson	Robert	✓	✓	✗	Blocked					
Sugden	Liz	✗	✗	✗	Blocked					
Rawlings	Angie	✗	✗	✗	Blocked					
Denman	Chris	✗	✓	✗	Blocked					

Please note, the blocked sections on the chart indicate '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.

Attendance at the Committee during the year was as follows:

Surname	First Name	Date of Meeting				
		26/04/19	28/06/19	25/10/19	13/12/19	24/02/20
Stamp	Jason	✓	✓	✓	✓	✓
Marshall	Karen	✓	✓	✓	✓	✗
Goode	Ian			✓	✓	✓
Sayner	Emma	✓	✓	✗	✓	✓
Storr	Danny	✗	✗	✓	✗	✗
Latimer	Emma	✓	✗	✓	✗	✗
Dodson	Joy	✗	✓	✓	✓	✓
Davis	Philip	✓	✗	✗	✗	✗
Lowe	Deborah	✓	✓	✓	✓	✗
Roper	Dan	✓	✓	✓	✓	✓
Weldon	Julia	✗	✗	✗	✗	✗
Crick	James	✓	✓	✓	✓	✓
Jackson	Paul	✗				

Please note, the blocked sections on the chart indicate '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

Attendance at the Committee was as follows:

Surname	First Name	Date of Meeting			
		18/04/19	03/06/19	02/06/19	27/01/20
Marshall	Karen	✓	✓	✓	✓
Roper	Dan	✓	✓	✓	✓
Jackson	Paul	✗			
Stamp	Jason	✓	✓	✓	✓
Goode	Ian			✓	✓

Please note, the blocked sections on the chart indicate 'not a member at the time'.

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

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.

## 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 Committees activity included the renewal of the Section 75 agreement including the Better Care Fund, the financial contributions to the Integrated Financial Plan and a range of service re-procurements.

Attendance at the Committee was as follows:

Surname	First Name	Date of Meeting			
		17/04/19	20/06/19	18/12/19	26/02/20
Oehring	Amy	✓	✓	✓	✓
Roper	Dan	✓	✓	✗	✓
Marshall	Karen	✓	✓	✓	✗

## 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 three 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.
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>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>	Progress reports to Hull CCG Planning and Commissioning and Quality and Performance Committees.

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
CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met.	<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&amp;V 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.

## 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 Business Services Authority and Capita. 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.



## Control issues

The CCG achieved a high level of performance across the operating framework requirements. In the latter part of 2019-20 the CCG has focused on the leadership of the local system response to the Coronavirus pandemic. This has included taking steps to ensure the continuity and indeed accelerate, where appropriate, the resource flow through the local system whilst continuing to maintain a sound and robust control framework. 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 NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
A&E waiting time - total time in the A&E department, SitRep data	2019-20	<b>71.95%</b>	<b>95%</b>

### Commentary:

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.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2019-20	<b>69.66%</b>	<b>92%</b>

### Commentary:

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.

NHS HULL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Cancer - Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms.	2019-20	<b>85.48%</b>	<b>93%</b>
Cancer - 31 Day standard for diagnosis to first definitive treatment within 31 days (all cancers) (%)	2019-20	<b>94.13%</b>	<b>96%</b>
Cancer - 31 day wait for subsequent treatment - surgery (%)	2019-20	<b>82.94%</b>	<b>94%</b>
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)	2019-20	<b>69.92%</b>	<b>85%</b>

### 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	Substantial

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

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

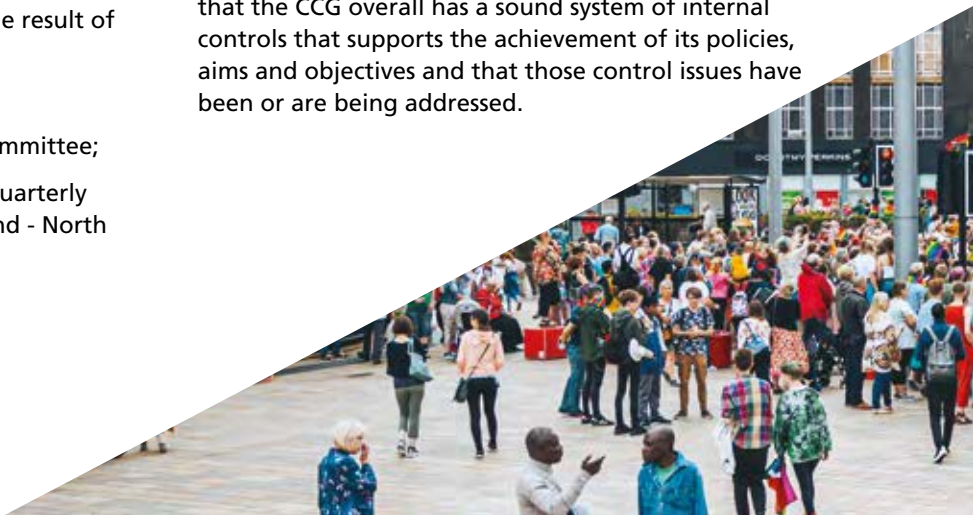
- The Governing Body;
- The Integrated Audit and Governance Committee;
- The assessment of the CCG through the quarterly IAF checkpoint meetings with NHS England - North East and Yorkshire;

- 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 Report

## Remuneration Report

**The Remuneration 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 57 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):

**Karen Marshall (Chair)**

CCG Lay Representative

**Paul Jackson (Vice Chair)**

CCG Lay Representative (From 1 April until 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) £000's	Expense payments (taxable) to nearest £100*** £00's
Emma Latimer - Chief Officer**	60-65	6,200
Emma Sayner - Chief Finance Officer***	55-60	3,500
Sarah Smyth - Director of Quality and Clinical Governance (April 2019 - June 2019)	20-25	1,000
Erica Daley - Director of Integrated Commissioning (April 2019)****	5-10	600
Erica Daley - Interim Chief Operating Officer (February 2020 - March 2020)	10-15	900
Joy Dodson - Director of Integrated Commissioning (May 2019 - March 2020)	80-85	0
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0
Dr James Moulton - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member (April 2019)	0-5	0
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	5-10	0
Paul Jackson - Lay Member/Vice Chair (April 2019 - May 2019)	0-5	0
Karen Marshall - Lay Member	15-20	0
Jason Stamp - Lay Member	15-20	0
Ian Goode - Lay Member (October 2019-March 2020)	5-10	0
Mark Whitaker - Practice Manager	5-10	0

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

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

Performance pay and bonuses (bands of £5,000) £000's	Long term performance pay and bonuses (bands of £5,000) £000's	All pension-related benefits (bands of £2,500) £000's	TOTAL (a to e) (bands of £5,000) £000's
5-10	0	0	70-75
5-10	0	7.5-10	70-75
0-5	0	2.5-5	25-30
0-5	0	0	10-15
0	0	0	15-20
0	0	32.5-35	115-120
0	0	*	90-95
0	0	*	35-40
0	0	*	35-40
0	0	*	35-40
0	0	*	35-40
0	0	*	0-5
0	0	*	35-40
0	0	*	5-10
0	0	0	0-5
0	0	0	15-20
0	0	0	15-20
0	0	0	5-10
0	0	0	5-10

\*\*\*\*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) £000's	Expense payments (taxable) to nearest £100 £00's
Emma Latimer - Chief Officer**	70-75	5,500
Emma Sayner - Chief Finance Officer**	55-60	3,100
Sarah Smyth - Director of Quality and Clinical Governance	85-90	4,200
Erica Daley - Director of Integrated Commissioning	85-90	5,900
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0
Dr Raghu Raghunath - Clinical Commissioning Group Governing Body Member	35-40	0
Dr James Moulton - Clinical Commissioning Group Governing Body Member	55-60	0
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Scot Richardson - Clinical Commissioning Group Governing Body Member	35-40	0
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	5-10	0
Paul Jackson - Lay Member/Vice Chair	10-15	0
Karen Marshall - Lay Member	10-15	0
Jason Stamp - Lay Member	10-15	0
Mark Whitaker - Practice Manager	5-10	0

Performance pay and bonuses (bands of £5,000) £000's	Long term performance pay and bonuses (bands of £5,000) £000's	All pension-related benefits (bands of £2,500) £000's	TOTAL (bands of £5,000) £000's
5-10	0	27.5-30	115-120
5-10	0	40-42.5	105-110
0-5	0	20-22.5	115-120
0-5	0	10-12.5	105-110
0	0	*	90-95
0	0	0	35-40
0	0	*	55-60
0	0	*	35-40
0	0	*	35-40
0	0	*	35-40
0	0	0	5-10
0	0	0	10-15
0	0	0	10-15
0	0	0	10-15
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 benefits table 2019-20

(subject to audit)

Name and Title	Real increase in pension at pension age (bands of £2,500) £000's	Real increase in pension lump sum at pension age (bands of £2,500) £000's	Total accrued pension at pension age at 31 March 2020 (bands of £5,000) £000's
Emma Latimer - Chief Officer	0	0	45-50
Emma Sayner - Chief Finance Officer	0-2.5	0	30-35
Sarah Smyth - Director of Quality and Clinical Governance (April 2019 - June 2019)	0-2.5	0	25-30
Erica Daley - Director of Integrated Commissioning (April 2019)**	0	0	0
Erica Daley - Interim Chief Operating Officer (February 2020 - March 2020)**	0	0	0
Joy Dodson - Director of Integrated Commissioning (May 2019 - March 2020)	0-2.5	0-2.5	25-30
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
Karen Marshall - Lay Member	0	0	0
Jason Stamp - Lay Member	0	0	0
Ian Goode - Lay Member (October 2019-March 2020)	0	0	0
Mark Whitaker - Practice Manager	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.

Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £000's	Cash Equivalent Transfer Value at 1 April 2019 £000's	Real Increase in Cash Equivalent Transfer Value*** £000's	Cash Equivalent Transfer Value at 31 March 2020 £000's	Employers Contribution to partnership pension £000's
110-115	810	0	810	0
60-65	428	7	462	0
50-55	356	2	382	0
0	881	0	0	0
0	0	0	0	0
60-65	438	28	491	0
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
*	*	*	*	*
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

## 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. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

## Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).



## Other payments during 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 National Audit Office's Code of Audit Practice (giving opinion on, the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).**

The external auditor is required to comply with the National Audit Office'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](http://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 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.
- 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.

Having due regard means considering the above in all the decision making, including:

- How the organisation acts as an employer
- Developing, reviewing and evaluating policies
- Designing, delivering and reviewing services
- Procuring and commissioning
- Providing equitable access to services

## 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:

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

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.

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

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

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 on the following pages.



# 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"> <li>• Further development of capacity of equality reference group to feedback on equality impact assessments</li> <li>• Continue to develop EDS3 engagement plan</li> <li>• Challenge commissioners to reflect engagement insights in equality impact assessments and service specifications</li> <li>• Develop CCG capacity to collaborate through the NHS online collaboration platform</li> <li>• Further engagement/challenge in joint provider forum</li> </ul>

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 &amp; HR policies as well as commissioning decisions &amp; 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>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 EqIA 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>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"> <li>• Greater challenge to providers on AIS delivery (particular focus on GPs)</li> <li>• Strengthening of the assurance of primary care equality impact assessments</li> <li>• Working in partnership / challenge to providers on EDS</li> <li>• More detailed review of provider WRES and WDES plans and performance</li> </ul>

Commissioning progress	Areas for development
<p>The EqIA process and capacity for commissioning projects &amp; clinical policies has been further strengthened and embedded. Specific focus in 2019-20 on review of clinical policies and associated EqIAs.</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"> <li>• Further strengthen links to engagement team to ensure that engagement insights are informing decision making</li> <li>• Strengthen process to review follow up actions from EqIAs</li> <li>• Review progress on clinical policy EqIAs</li> <li>• More evidence of provider performance on E&amp;D through contract monitoring process</li> </ul>



## The CCG as an employer

Organisational progress	Areas for development
<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&amp;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:</p> <ul style="list-style-type: none"> <li>• Review of recruitment and selection processes, equal opportunity monitoring evidence reviews and vacancy / application data and positive action to actively promote job opportunities</li> <li>• The CCG attends local recruitment events and link in with local schools / partner organisations to promote the CCG as an employer of choice</li> <li>• Staff wellbeing supported to encourage an inclusive workplace culture, through:</li> <li>• Continued work with the Staff Health &amp; Wellbeing Group and monitoring of the action plan to ensure relevant and targeted on E&amp;D</li> <li>• Review of action tracker progress monitoring, staff survey feedback</li> <li>• Strong links between Workforce Wellbeing Group and E&amp;D objectives</li> <li>• Continued development of plans through Disability Confident and Mindful Employer</li> <li>• The appraisal process capturing a wide range of examples of staff promoting / implementing the CCG's equality objectives.</li> </ul> <p>Staff have well-developed E&amp;D skills:</p> <ul style="list-style-type: none"> <li>• All staff undertake mandatory E&amp;D training, as well as regular and targeted sessions provided by an independent equality advisor (mainly focused on equality impact assessment skills)</li> <li>• Successful completion of identified training / programmes. Wider attendance at educational events and record of CPD</li> <li>• Board development sessions</li> </ul> <p>Good practice and challenges shared with partner organisations: examples:</p> <p>A shared impact assessment screening tool has been developed across the four Humber CCGs.</p>	<p>Particular focus will be given to the following over the next twelve months for the CCG as an employer:</p> <ul style="list-style-type: none"> <li>• Greater integration of E&amp;D objectives / outcomes in OD plan</li> <li>• Wider opportunities for equality and inclusions skills development in Learning and Development Plan</li> <li>• Optimising opportunities to share challenges and good practice with partner organisations – perhaps using EDS3 as a focus</li> <li>• Improved guidance and support re matching E&amp;D objectives to appraisal process</li> <li>• Board development session, scheduled for October 2020</li> </ul>

## 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
- Regional Equality Leads Network

## 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 86. 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](http://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:

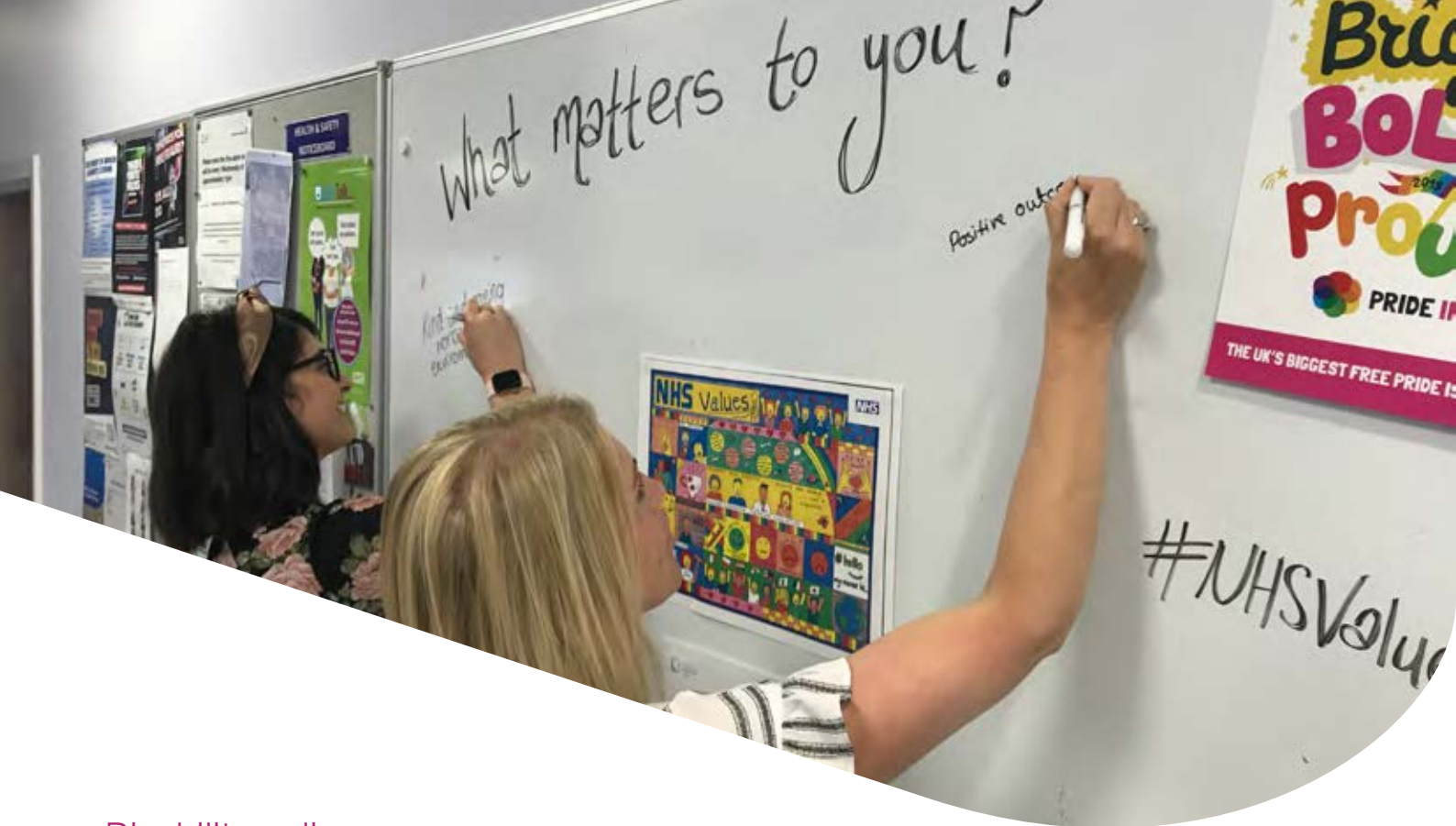
- Staff Induction
- Bullying and harassment
- Attendance Management
- Recruitment and Selection

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](http://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 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.

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.

### Hull CCG Staff Survey 2019

**A high number of people feel enthusiastic about their jobs, and feel trusted and well supported by their colleagues.**



## 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 and 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

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

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:

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 2018-19 (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](http://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

Employee Benefits	Admin			Programme			Total		
	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000	Permanent Employees £'000	Other £'000	Total £'000
	N4A	N4B	N4C	N4D	N4E	N4F	N4G	N4H	N4I
Salaries and wages	2,293	11	2,304	1,858	22	1,880	4,151	33	4,184
Social security costs	250	1	251	198	3	201	448	4	452
Employer contributions to the NHS Pension Scheme	479	1	480	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	-	-	-	-	-	-	-	-	-
<b>Gross Employee Benefits Expenditure</b>	<b>3,031</b>	<b>13</b>	<b>3,044</b>	<b>2,249</b>	<b>28</b>	<b>2,277</b>	<b>5,280</b>	<b>41</b>	<b>5,321</b>
Less: Recoveries in respect of employee benefits (note 4.1.2)	(48)	-	(48)	(91)	-	(91)	(139)	-	(139)
<b>Net employee benefits expenditure including capitalised costs</b>	<b>2,983</b>	<b>13</b>	<b>2,996</b>	<b>2,158</b>	<b>28</b>	<b>2,186</b>	<b>5,141</b>	<b>41</b>	<b>5,182</b>
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
<b>Net employee benefits expenditure excluding capitalised costs</b>	<b>2,983</b>	<b>13</b>	<b>2,996</b>	<b>2,158</b>	<b>28</b>	<b>2,186</b>	<b>5,141</b>	<b>41</b>	<b>5,182</b>

## 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 3-6 of the Annual Accounts.



# Annual Accounts 2019-20

Emma Latimer  
Accountable Officer  
Authorised for issue 1 June 2020

# NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

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

## Report on the financial statements

### Opinion on the financial statements

We have audited the financial statements of NHS Hull Clinical Commissioning Group ('the CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by HM Treasury's Financial Reporting Manual 2019/20 as contained in the Department of Health and Social Care Group Accounting Manual 2019/20, and the Accounts Direction issued by the NHS Commissioning Board with the approval of the Secretary of State as relevant to Clinical Commissioning Groups in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2019/20; and
- have been properly prepared in accordance with the requirements of the Health and Social Care Act 2012.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

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

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

### Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

#### Opinion on regularity

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

#### Responsibilities of the Accountable Officer for the financial statements

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

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

#### **Auditor's** responsibilities for the audit of the financial statements

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

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

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

#### Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Social Care Act 2012; and



- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we are required to report by exception

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

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

### Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

We have nothing to report in this respect.

### Responsibilities of the Accountable Officer

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

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

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of

Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

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

### Use of the audit report

This report is made solely to the members of the Governing Body of NHS Hull CCG, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

### Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to issue:

- our independent auditor's statement to the Governing Body on the CCG Accounts Consolidation Template; and
- the Non-sampled Group Return and supporting documents to the National Audit Office in respect of their audit of NHS England, the Department of Health and Social Care (DHSC) Group Accounts, and the Whole of Government Accounts (WGA).

We are satisfied that these matters would not have a material effect on the financial statements or on our conclusion on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources.

Mark Kirkham, Partner  
For and on behalf of Mazars LLP

**Mazars LLP**  
**5th Floor**  
**3 Wellington Place**  
**Leeds**  
**LS1 4AP**

2 June 2020

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(1,244)	(750)
Other operating income	2	(415)	(581)
<b>Total operating income</b>		<b>(1,659)</b>	<b>(1,331)</b>
Staff costs	4	5,321	4,476
Purchase of goods and services	5	476,106	453,707
Depreciation and impairment charges	5	8	9
Provision expense	5	-	-
Other Operating Expenditure	5	634	753
<b>Total operating expenditure</b>		<b>482,069</b>	<b>458,945</b>
<b>Net Operating Expenditure</b>		<b>480,410</b>	<b>457,614</b>
Finance income		-	-
Finance expense		-	-
<b>Net expenditure for the year</b>		<b>480,410</b>	<b>457,614</b>
Net (Gain)/Loss on Transfer by Absorption		-	-
<b>Total Net Expenditure for the Financial Year</b>		<b>480,410</b>	<b>457,614</b>
<b>Other Comprehensive Expenditure</b>			
<b>Items which will not be reclassified to net operating costs</b>			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
<b>Items that may be reclassified to Net Operating Costs</b>			
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
<b>Sub total</b>		<b>-</b>	<b>-</b>
<b>Comprehensive Expenditure for the year</b>		<b>480,410</b>	<b>457,614</b>

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### Statement of Financial Position as at 31 March 2020

		2019-20	2018-19
	Note	£'000	£'000
<b>Non-current assets:</b>			
Property, plant and equipment	8	15	23
Intangible assets		-	-
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
<b>Total non-current assets</b>		<u>15</u>	<u>23</u>
<b>Current assets:</b>			
Inventories		-	-
Trade and other receivables	9	2,757	2,503
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	10	6	4
<b>Total current assets</b>		<u>2,763</u>	<u>2,507</u>
Non-current assets held for sale		-	-
<b>Total current assets</b>		<u>2,763</u>	<u>2,507</u>
<b>Total assets</b>		<u>2,778</u>	<u>2,530</u>
<b>Current liabilities</b>			
Trade and other payables	11	(30,976)	(29,075)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
<b>Total current liabilities</b>		<u>(30,976)</u>	<u>(29,075)</u>
<b>Non-Current Assets plus/less Net Current Assets/Liabilities</b>		<u>(28,198)</u>	<u>(26,545)</u>
<b>Non-current liabilities</b>			
Trade and other payables		-	-
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
<b>Total non-current liabilities</b>		-	-
<b>Assets less Liabilities</b>		<u>(28,198)</u>	<u>(26,545)</u>
<b>Financed by Taxpayers' Equity</b>			
General fund		(28,198)	(26,545)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
<b>Total taxpayers' equity:</b>		<u>(28,198)</u>	<u>(26,545)</u>

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

The financial statements on pages 7 to 10 were approved by the Governing Body on 01 June 2020 and signed on its behalf by

Chief Accountable Officer  
Emma Latimer  
01 June 2020

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### Statement of Changes In Taxpayers Equity for the year ended 31 March 2020

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
<b>Changes in taxpayers' equity for 2019-20</b>				
<b>Balance at 01 April 2019</b>	(26,545)	-	-	<b>(26,545)</b>
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	-
<b>Adjusted NHS Clinical Commissioning Group balance at 31 March 2019</b>	<b>(26,545)</b>	-	-	<b>(26,545)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20</b>				
Net operating expenditure for the financial year	(480,410)			<b>(480,410)</b>
Net gain/(loss) on revaluation of property, plant and equipment		-		-
Net gain/(loss) on revaluation of intangible assets		-		-
Net gain/(loss) on revaluation of financial assets		-		-
<b>Total revaluations against revaluation reserve</b>		-		-
Net gain (loss) on available for sale financial assets	-	-	-	-
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			-	-
Net gain (loss) on revaluation of assets held for sale	-	-	-	-
Impairments and reversals	-	-	-	-
Net actuarial gain (loss) on pensions	-	-	-	-
Movements in other reserves	-	-	-	-
Transfers between reserves	-	-	-	-
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	-
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	-
Transfers by absorption to (from) other bodies	-	-	-	-
Reserves eliminated on dissolution	-	-	-	-
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year</b>	<b>(480,410)</b>	-	-	<b>(480,410)</b>
Net funding	478,757			<b>478,757</b>
<b>Balance at 31 March 2020</b>	<b>(28,198)</b>	-	-	<b>(28,198)</b>
	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
<b>Changes in taxpayers' equity for 2018-19</b>				
<b>Balance at 01 April 2018</b>	(23,076)	-	-	<b>(23,076)</b>
Transfer of assets and liabilities from closed NHS bodies	0	-	-	0
<b>Adjusted NHS Clinical Commissioning Group balance at 31 March 2019</b>	<b>(23,076)</b>	-	-	<b>(23,076)</b>
<b>Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19</b>				
Impact of applying IFRS 9 to Opening Balances	-			-
Impact of applying IFRS 15 to Opening Balances	-			-
Net operating costs for the financial year	(457,614)			<b>(457,614)</b>
Net gain/(loss) on revaluation of property, plant and equipment		-		-
Net gain/(loss) on revaluation of intangible assets		-		-
Net gain/(loss) on revaluation of financial assets		-		-
<b>Total revaluations against revaluation reserve</b>		-		-
Net gain (loss) on available for sale financial assets	-	-	-	-
Net gain (loss) on revaluation of assets held for sale	-	-	-	-
Impairments and reversals	-	-	-	-
Net actuarial gain (loss) on pensions	-	-	-	-
Movements in other reserves	-	-	-	-
Transfers between reserves	-	-	-	-
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	-
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	-
Transfers by absorption to (from) other bodies	-	-	-	-
Reserves eliminated on dissolution	-	-	-	-
<b>Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year</b>	<b>(457,614)</b>	-	-	<b>(457,614)</b>
Net funding	454,145			<b>454,145</b>
<b>Balance at 31 March 2019</b>	<b>(26,545)</b>	-	-	<b>(26,545)</b>

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

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
<b>Cash Flows from Operating Activities</b>			
Net operating expenditure for the financial year		(480,410)	(457,614)
Depreciation and amortisation	5	8	9
Impairments and reversals	5	-	-
Non-cash movements arising on application of new accounting standards		-	-
Movement due to transfer by Modified Absorption		-	-
Other gains (losses) on foreign exchange		-	-
Donated assets received credited to revenue but non-cash		-	-
Government granted assets received credited to revenue but non-cash		-	-
Interest paid		-	-
Release of PFI deferred credit		-	-
Other Gains & Losses		-	-
Finance Costs		-	-
Unwinding of Discounts		-	-
(Increase)/decrease in inventories		-	-
(Increase)/decrease in trade & other receivables	9	(254)	1,167
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	11	1,901	2,265
Increase/(decrease) in other current liabilities		-	-
Provisions utilised		-	-
Increase/(decrease) in provisions		-	-
<b>Net Cash Inflow (Outflow) from Operating Activities</b>		<b>(478,755)</b>	<b>(454,173)</b>
<b>Cash Flows from Investing Activities</b>			
Interest received		-	-
(Payments) for property, plant and equipment		-	-
(Payments) for intangible assets		-	-
(Payments) for investments with the Department of Health		-	-
(Payments) for other financial assets		-	-
(Payments) for financial assets (LIFT)		-	-
Proceeds from disposal of assets held for sale: property, plant and equipment		-	-
Proceeds from disposal of assets held for sale: intangible assets		-	-
Proceeds from disposal of investments with the Department of Health		-	-
Proceeds from disposal of other financial assets		-	-
Proceeds from disposal of financial assets (LIFT)		-	-
Non-cash movements arising on application of new accounting standards		-	-
Loans made in respect of LIFT		-	-
Loans repaid in respect of LIFT		-	-
Rental revenue		-	-
<b>Net Cash Inflow (Outflow) from Investing Activities</b>		<b>-</b>	<b>-</b>
<b>Net Cash Inflow (Outflow) before Financing</b>		<b>(478,755)</b>	<b>(454,173)</b>
<b>Cash Flows from Financing Activities</b>			
Grant in Aid Funding Received		478,757	454,145
Other loans received		-	-
Other loans repaid		-	-
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		-	-
Capital grants and other capital receipts		-	-
Capital receipts surrendered		-	-
Non-cash movements arising on application of new accounting standards		-	-
<b>Net Cash Inflow (Outflow) from Financing Activities</b>		<b>478,757</b>	<b>454,145</b>
<b>Net Increase (Decrease) in Cash &amp; Cash Equivalents</b>	10	<b>2</b>	<b>(28)</b>
<b>Cash &amp; Cash Equivalents at the Beginning of the Financial Year</b>		<b>4</b>	<b>32</b>
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
<b>Cash &amp; Cash Equivalents (including bank overdrafts) at the End of the Financial Year</b>		<b>6</b>	<b>4</b>

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

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### Notes to the financial statements

#### 1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

##### 1.1 Going Concern

These accounts have been prepared on a going concern basis.

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

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

##### 1.2 Accounting Convention

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

##### 1.4 Pooled Budgets

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

If the clinical commissioning group is in a "jointly controlled operation", the clinical commissioning group recognises:

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

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

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

##### 1.5 Operating Segments

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

##### 1.6 Revenue

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

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

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

Payment terms are standard reflecting cross government principles.

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

##### 1.7 Employee Benefits

###### 1.7.1 Short-term Employee Benefits

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

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

###### 1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

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

##### 1.8 Other Expenses

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

##### 1.9 Grants Payable

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

Notes to the financial statements

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

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

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

1.10.2 Measurement

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

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date

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

1.10.3 Subsequent Expenditure

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

1.10.4 Depreciation, Amortisation & Impairments

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

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

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.11 Leases

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

1.11.1 The Clinical Commissioning Group as Lessee

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

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

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

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

1.12 Cash & Cash Equivalents

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

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

1.13 Clinical Negligence Costs

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

1.14 Non-clinical Risk Pooling

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

1.15 Contingent liabilities and contingent assets

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

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

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

1.16 Financial Assets

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

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



Notes to the financial statements

1.16.1 Financial Assets at Amortised cost

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

1.17 Financial Liabilities

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

1.17.1 Other Financial Liabilities

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

1.18 Value Added Tax

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

1.19 Third Party Assets

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

1.2 Losses & Special Payments

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

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

1.21 Critical accounting judgements and key sources of estimation uncertainty

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

1.21.1 Critical accounting judgements in applying accounting policies

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

-None

1.21.2 Sources of estimation uncertainty

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

-Accruals

There are a number of estimated figures within the accounts. The main areas where estimated are included are:

- Prescribing - The full year figure is estimated on the spend for the first 10 months of the year.
- Purchase of Healthcare - The full year figure is estimated on the month 11 actual information as agreed between the provider and commissioner.
- Continuing Care - this is based upon the client database of occupancy at the financial year end.

1.22 Gifts

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

1.23 Accounting Standards That Have Been Issued But Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2020 as adapted and interpreted by the FReM. This has now been deferred to 1 April 2021 due to the Coronavirus pandemic.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 2 Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
<b>Income from sale of goods and services (contracts)</b>		
Education, training and research	10	46
Non-patient care services to other bodies *1	1,095	591
Patient transport services	-	-
Prescription fees and charges	-	-
Dental fees and charges	-	-
Income generation	-	-
Other Contract income	-	-
Recoveries in respect of employee benefits *2	139	113
<b>Total Income from sale of goods and services</b>	<b>1,244</b>	<b>750</b>
<b>Other operating income</b>		
Rental revenue from finance leases	-	-
Rental revenue from operating leases	-	-
Charitable and other contributions to revenue expenditure: NHS	-	-
Charitable and other contributions to revenue expenditure: non-NHS	-	-
Receipt of donations (capital/cash)	-	-
Receipt of Government grants for capital acquisitions	-	-
Continuing Health Care risk pool contributions	-	-
Non cash apprenticeship training grants revenue	4	4
Other non contract revenue *3	412	577
<b>Total Other operating income</b>	<b>416</b>	<b>581</b>
<b>Total Operating Income</b>	<b>1,660</b>	<b>1,331</b>

\*1 NHS England for Primary Care IT (£529k, Cyber Security) and Prescribing recharges previously charged from BSA.

\*2 Recoveries in respect of employee benefits are for secondments and shared posts.

\*3 Humber Coast & Vale Health & Care Partnership (£282k, lower than 18/19), Primary Care IT (£51k), NHS England Specialist Doctor Funding (£60K)

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

Source of Revenue	Education, training and research £'000	Non- patient care services to other bodies £'000	Recoveries in respect of employee benefits £'000
NHS	-	631	91
Non NHS	10	464	48
<b>Total</b>	<b>10</b>	<b>1,095</b>	<b>139</b>

Timing of Revenue	Education, training and research £'000	Non- patient care services to other bodies £'000	Recoveries in respect of employee benefits £'000
Point in time	10	1,095	139
Over time	-	-	-
<b>Total</b>	<b>10</b>	<b>1,095</b>	<b>139</b>

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 4. Employee benefits and staff numbers

#### 4.1.1 Employee benefits

	Total		2019-20
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	4,151	33	4,184
Social security costs	448	4	452
Employer Contributions to NHS Pension scheme	671	4	675
Other pension costs	2	-	2
Apprenticeship Levy	8	-	8
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
<b>Gross employee benefits expenditure</b>	<b>5,280</b>	<b>41</b>	<b>5,321</b>
Less recoveries in respect of employee benefits (note 4.1.2)	(139)	-	(139)
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>5,141</b>	<b>41</b>	<b>5,182</b>
Less: Employee costs capitalised	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>5,141</b>	<b>41</b>	<b>5,182</b>

#### 4.1.1 Employee benefits

	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
<b>Employee Benefits</b>			
Salaries and wages	3,553	106	3,659
Social security costs	386	-	386
Employer Contributions to NHS Pension scheme	425	-	425
Other pension costs	1	-	1
Apprenticeship Levy	5	-	5
Other post-employment benefits	-	-	-
Other employment benefits	-	-	-
Termination benefits	-	-	-
<b>Gross employee benefits expenditure</b>	<b>4,370</b>	<b>106</b>	<b>4,476</b>
Less recoveries in respect of employee benefits (note 4.1.2)	(114)	-	(114)
<b>Total - Net admin employee benefits including capitalised costs</b>	<b>4,256</b>	<b>106</b>	<b>4,362</b>
Less: Employee costs capitalised	-	-	-
<b>Net employee benefits excluding capitalised costs</b>	<b>4,256</b>	<b>106</b>	<b>4,362</b>

#### 4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2019-20 Total £'000	2018-19 Total £'000
<b>Employee Benefits - Revenue</b>				
Salaries and wages	(113)	-	(113)	(92)
Social security costs	(15)	-	(15)	(11)
Employer contributions to the NHS Pension Scheme	(11)	-	(11)	(11)
Other pension costs	-	-	-	-
Other post-employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
<b>Total recoveries in respect of employee benefits</b>	<b>(139)</b>	<b>-</b>	<b>(139)</b>	<b>(114)</b>

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
<b>Total</b>	<b>76</b>	<b>3</b>	<b>79</b>	<b>67</b>	<b>2</b>	<b>69</b>
Of the above: <b>Number of whole time equivalent people engaged on capital projects</b>	-	-	-	-	-	-

### 4.3 Exit packages agreed in the financial year

	2019-20		2019-20		2019-20	
	Compulsory redundancies Number	£	Other agreed departures Number	£	Total Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

	2019-20		2018-19	
	Departures where special payments have been made Number	£	Departures where special payments have been made Number	£
Less than £10,000	-	-	-	-
£10,001 to £25,000	-	-	-	-
£25,001 to £50,000	-	-	-	-
£50,001 to £100,000	-	-	-	-
£100,001 to £150,000	-	-	-	-
£150,001 to £200,000	-	-	-	-
Over £200,001	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

#### Analysis of Other Agreed Departures

	2019-20		2018-19	
	Other agreed departures Number	£	Other agreed departures Number	£
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval*	-	-	1	3,000
<b>Total</b>	<b>-</b>	<b>-</b>	<b>1</b>	<b>3,000</b>

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

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 4.4 Pension costs

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

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

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

#### 4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019 updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

#### 4.4.2 Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

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

For 2019-20, employers' contributions of £675,018 were payable to the NHS Pensions Scheme (2018-19: £424,527) were payable to the NHS Pension Scheme at the rate of 20.6% of pensionable pay. These costs are included in the NHS pension line of note 4.1.

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 5. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
<b>Purchase of goods and services</b>		
Services from other CCGs and NHS England *1	1,196	1,487
Services from foundation trusts *2	42,770	40,129
Services from other NHS trusts *3	224,167	207,463
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies *4	107,298	101,605
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	48,235	49,291
Pharmaceutical services	221	228
General Ophthalmic services	40	35
GPMS/APMS and PCTMS *5	43,722	42,666
Supplies and services – clinical	593	639
Supplies and services – general	870	620
Consultancy services	-	-
Establishment	1,390	1,229
Transport	30	23
Premises *6	3,501	5,457
Audit fees	52	52
Other non statutory audit expenditure		
· Internal audit services *7	-	-
· Other services	11	-
Other professional fees *8	1,877	2,452
Legal fees	9	95
Education, training and conferences	120	236
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	4	5
<b>Total Purchase of goods and services</b>	<b>476,106</b>	<b>453,712</b>
<b>Depreciation and impairment charges</b>		
Depreciation	-	-
Amortisation	8	9
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets		
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
<b>Total Depreciation and impairment charges</b>	<b>8</b>	<b>9</b>
<b>Provision expense</b>		
Change in discount rate	-	-
Provisions	-	-
<b>Total Provision expense</b>	<b>-</b>	<b>-</b>
<b>Other Operating Expenditure</b>		
Chair and Non Executive Members	395	409
Grants to Other bodies	-	-
Clinical negligence	-	-
Research and development (excluding staff costs)	7	60
Expected credit loss on receivables	-	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure *9	232	279
<b>Total Other Operating Expenditure</b>	<b>634</b>	<b>748</b>
<b>Total operating expenditure</b>	<b>476,748</b>	<b>454,469</b>

\*1 The reduction relates to Humber Coast & Vale Health & Care Partnership allocations passed through to other organisations being higher in 18/19.

\*2 Increased expenditure with Humber Teaching NHS Foundation Trust on mental health & community services.

\*3 Increased expenditure with Hull University Teaching Hospital NHS Trust on Acute services.

\*4 Increased expenditure with City Healthcare Partnership CIC on community services inc. new/expanded services.

\*5 Increased expenditure for GP contracts and primary care network payments, as well GP Forward View payments.

\*6 The reduction relates to credits for bookable space credits received and a move in costs to providers.

\*7 Internal audit fees are included in Other professional fees as hosted Northumberland, Tyne & Wear FT (£47k).

\*8 18/19 included costs associated with developing primary care estate. Outsourced costs have been reduced due to taking some services in house.

\*9 See table below.

Description of Other Expenditure	Amount £'000
City of Hull Young Musicians - Song for Hull project	7
Memory Bank - Contribution to workshops	7
Eskimo Soup LTD - Teenage Mental Health & Wellbeing Campaigns	37
Hull Churches Home from Hospital - Grant for therapy room	5
Health & Care Awards - Sponsorship	6
Hull & East Yorkshire Childrens University	5
Hull FC Foundation - Public Health Work	29
Hull KR Community Trust - Public Health Work	29
Hull Marathon - Sponsorship	6
Lifestyle - Sponsorship	18
No White Flag LTD - Public Health Work (Childrens)	43
Pride in Hull 2019 - Sponsorship	10
Tommy Coyle Academy - Youth Facility (Box Clever Bus)	20
Other	10
<b>Grand Total</b>	<b>232</b>

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 6.1 Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
<b>Non-NHS Payables</b>				
Total Non-NHS Trade invoices paid in the Year	10,408	160,624	10,180	155,572
Total Non-NHS Trade Invoices paid within target	10,187	158,529	9,941	151,899
<b>Percentage of Non-NHS Trade invoices paid within target</b>	<b>97.88%</b>	<b>98.70%</b>	<b>97.65%</b>	<b>97.64%</b>
<b>NHS Payables</b>				
Total NHS Trade Invoices Paid in the Year	2,665	269,054	2,563	249,445
Total NHS Trade Invoices Paid within target	2,648	268,707	2,549	249,101
<b>Percentage of NHS Trade Invoices paid within target</b>	<b>99.36%</b>	<b>99.87%</b>	<b>99.45%</b>	<b>99.86%</b>

### 6.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2019-20 £'000	2018-19 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
<b>Total</b>	<b>-</b>	<b>-</b>

## 7. Operating Leases

### 7.1 As lessee

#### 7.1.1 Payments recognised as an Expense

	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000	Land £'000	Buildings £'000	Other £'000	2018-19 Total £'000
<b>Payments recognised as an expense</b>								
Minimum lease payments *1	-	682	-	682	-	5,391	14	5,405
Contingent rents	-	-	-	-	-	-	-	-
Sub-lease payments	-	-	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>682</b>	<b>-</b>	<b>682</b>	<b>-</b>	<b>5,391</b>	<b>14</b>	<b>5,405</b>

#### 7.1.2 Future minimum lease payments

	Land £'000	Buildings £'000	Other £'000	2019-20 Total £'000	Land £'000	Buildings £'000	Other £'000	2018-19 Total £'000
<b>Payable:</b>								
No later than one year	-	-	-	-	-	251	13	264
Between one and five years	-	812	-	812	-	754	17	771
After five years	-	-	-	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>812</b>	<b>-</b>	<b>812</b>	<b>-</b>	<b>1,005</b>	<b>30</b>	<b>1,035</b>

\*1 There has been two changes compared to 2018/19 in that the following payments are no longer classified as an operating lease:

- Payments made for voids and subsidies,
- Payments made for lease cars.

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 8 Property, plant and equipment

2019-20	Furniture & fittings £'000
<b>Cost or valuation at 01 April 2019</b>	43
<b>Cost/Valuation at 31 March 2020</b>	<u>43</u>
<b>Depreciation 01 April 2019</b>	20
Reclassifications	-
Reclassified as held for sale and reversals	-
Disposals other than by sale	-
Upward revaluation gains	-
Impairments charged	-
Reversal of impairments	-
Charged during the year	8
Transfer (to)/from other public sector body	-
Cumulative depreciation adjustment following revaluation	-
<b>Depreciation at 31 March 2020</b>	<u>28</u>
<b>Net Book Value at 31 March 2020</b>	<u>15</u>
Purchased	15
Donated	-
Government Granted	-
<b>Total at 31 March 2020</b>	<u>15</u>
<b>Asset financing:</b>	
Owned	15
Held on finance lease	-
On-SOFP Lift contracts	-
PFI residual: interests	-
<b>Total at 31 March 2020</b>	<u>15</u>

#### 9.1 Trade and other receivables

	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
NHS receivables: Revenue *1	160	-	644	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	1,292	-	1,209	-
NHS accrued income	6	-	-	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue *2	562	-	170	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	238	-	164	-
Non-NHS and Other WGA accrued income	167	-	33	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	332	-	282	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	-	-	1	-
<b>Total Trade &amp; other receivables</b>	<u>2,757</u>	<u>-</u>	<u>2,503</u>	<u>-</u>
<b>Total current and non current</b>	<u>2,757</u>	<u>-</u>	<u>2,503</u>	<u>-</u>

\*1 18/19 included outstanding invoices for NHS England for Flu Vaccines and Humber Coast & Vale Health & Care Partnership recharge invoices.

\*2 Increase due to invoice being raised to Hull City Council for Social Prescribing Grants.



## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 9.2 Receivables past their due date but not impaired

	2019-20	2019-20	2018-19	2018-19
	DHSC Group Bodies	Non DHSC Group Bodies	DHSC Group Bodies	Non DHSC Group Bodies
	£'000	£'000	£'000	£'000
By up to three months	6	20	73	128
By three to six months	-	-	-	9
By more than six months	5	2	68	17
<b>Total</b>	<b>11</b>	<b>22</b>	<b>141</b>	<b>154</b>

### 10 Cash and cash equivalents

	2019-20	2018-19
	£'000	£'000
<b>Balance at 01 April 2019</b>	4	32
Net change in year	2	(28)
<b>Balance at 31 March 2020</b>	<b>6</b>	<b>4</b>
Made up of:		
Cash with the Government Banking Service	6	4
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
<b>Cash and cash equivalents as in statement of financial position</b>	<b>6</b>	<b>4</b>
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
<b>Total bank overdrafts</b>	<b>-</b>	<b>-</b>
<b>Balance at 31 March 2020</b>	<b>6</b>	<b>4</b>
Patients' money held by the clinical commissioning group, not included above	-	-

### 11 Trade and other payables

	Current 2019-20	Non-current 2019-20	Current 2018-19	Non-current 2018-19
	£'000	£'000	£'000	£'000
Interest payable	-	-	-	-
NHS payables: Revenue *1	2,738	-	1,683	-
NHS payables: Capital	-	-	-	-
NHS accruals *2	1,643	-	2,090	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue *3	6,724	-	6,146	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals *4	19,522	-	18,495	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	73	-	64	-
VAT	-	-	-	-
Tax	72	-	60	-
Payments received on account	-	-	-	-
Other payables and accruals *5	204	-	537	-
<b>Total Trade &amp; Other Payables</b>	<b>30,976</b>	<b>-</b>	<b>29,075</b>	<b>-</b>
Total current and non-current	<b>30,976</b>		<b>29,075</b>	

Other payables include £214,142 outstanding pension contributions at 31 March 2020

\*1 Increase in outstanding invoices with Hull University Teaching Hospital NHS Trust which were received in March.

\*2 Greater number of invoices received resulting in lower levels of NHS accruals.

\*3 Increase relates to 20/21 invoices being received in March in readiness for early April payment.

\*4 Lower number of invoices received resulting in higher levels of non NHS accruals.

\*5 18/19 was higher due to a change in the way that the CCG transacts pensions for GP Board Members, following clarification from the NHS Pensions Authority.

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 12 Contingent Liabilities

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

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

### 13 Financial instruments

#### 13.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because the clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the clinical commissioning group and internal auditors.

##### 13.1.1 Currency risk

The clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The clinical commissioning group has no overseas operations. The clinical commissioning group therefore has low exposure to currency rate fluctuations.

##### 13.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

##### 13.1.3 Credit risk

Because the majority of the clinical commissioning group and revenue comes parliamentary funding, clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

##### 13.1.4 Liquidity risk

The clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The clinical commissioning group draws down cash to cover expenditure, as the need arises. The clinical commissioning group is not, therefore, exposed to significant liquidity risks.

##### 13.1.5 Financial Instruments

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

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 13 Financial instruments cont'd

#### 13.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Equity investment in group bodies	-	-	-
Equity investment in external bodies	-	-	-
Loans receivable with group bodies	-	-	-
Loans receivable with external bodies	-	-	-
Trade and other receivables with NHSE bodies	65	-	65
Trade and other receivables with other DHSC group bodies	268	-	268
Trade and other receivables with external bodies	562	-	562
Other financial assets	-	-	-
Cash and cash equivalents	6	-	6
<b>Total at 31 March 2020</b>	<b>901</b>	<b>-</b>	<b>901</b>

#### 13.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Loans with group bodies	-	-	-
Loans with external bodies	-	-	-
Trade and other payables with NHSE bodies	613	-	613
Trade and other payables with other DHSC group bodies	15,555	-	15,555
Trade and other payables with external bodies	14,663	-	14,663
Other financial liabilities	-	-	-
Private Finance Initiative and finance lease obligations	-	-	-
<b>Total at 31 March 2020</b>	<b>30,831</b>	<b>-</b>	<b>30,831</b>

#### 14 Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	482,069	(1,659)	480,410	2,778	(30,976)	(28,198)
<b>Total</b>	<b>482,069</b>	<b>(1,659)</b>	<b>480,410</b>	<b>2,778</b>	<b>(30,976)</b>	<b>(28,198)</b>

#### 15 Joint Arrangements - interests in joint operations

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

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

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 16 Related party transactions

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

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

In addition the clinical commissioning group has a number of material transactions with other government bodies. Most of these transactions have been with:

Hull City Council  
 East Riding of Yorkshire Council  
 HM Revenue and Customs

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
<b><u>Dr Dan Roper - Chair of NHS Hull Clinical Commissioning Group</u></b>				
1/5 share of property in Springhead Medical Centre - Part of the Modality GP grouping (see below)	82	0	0	0
Springhead Medical Centre merged into Modality Partnership	7,562	0	0	0
<b><u>Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group</u></b>				
Practice Manager in a GP Practice - Newland Group Practice - Part of Symphonie GP Grouping (see below)	602	0	0	0
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie GP Grouping (see below)	976	0	0	0
<b><u>Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group</u></b>				
Partner at Modality Partnership Hull - Part of the Modality GP Grouping (see below)	7,562	0	0	0
Spouse is an employee at Hull University Teaching Hospital NHS Trust	209,889	45	2,295	1,290
<b><u>Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group</u></b>				
Partner at Kingswood & Orchard Park Haxby Group - Part of Nexus GP Grouping (see below)	2,753	0	0	0
<b><u>Dr James Moulton - GP member of NHS Hull Clinical Commissioning Group</u></b>				
General Practitioner partner at Newhall Surgery (Modality Hull) - Part of Modality GP Grouping (see below)	7,562	0	0	0
Honoree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	209,889	45	2,295	1,290
<b><u>Dr Amy Oehring - GP member of NHS Hull Clinical Commissioning Group</u></b>				
GP Partner at Sutton Manor Surgery - Part of Nexus GP Grouping (see below)	1,268	0	0	0
Board and Clinical Member of Hull GP Collaborative	52	0	0	0
<b><u>Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group</u></b>				
Chief Officer North Bank Forum for Voluntary Organisations - sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	466	0	0	0
<b><u>Emma Latimer - Chief Officer</u></b>				
Director of York Health Economic Consortium Limited	207	32	128	6
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	98	48	111	59
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	0	1	0	0
<b><u>Emma Sayer - Chief Finance Officer</u></b>				
Citycare Board Member	207	32	128	6
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	470	0	2	0
<b><u>Joy Dodson - Director of Integrated Commissioning</u></b>				
Husband Chief Finance Officer for NHS East Riding of Yorkshire Clinical Commissioning Group	98	48	111	59

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 16 Related party transactions continued.

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
<b><u>Sarah Smyth - Director of Quality and Clinical Governance</u></b>				
Secondment to NHS North Lincolnshire and Goole NHS Foundation Trust (June- December 2019)	750	35	120	5
<b><u>David Heseltine - Secondary Care Doctor member of NHS Hull Clinical Commissioning Group</u></b>				
Consultant at York Teaching Hospital NHS Foundation Trust	630	38	54	0
<b><u>Ian Goode - Lay member of NHS Hull Clinical Commissioning Group</u></b>				
Employee at East Riding of Yorkshire Council	1,043	0	474	0

Hull CCG GP Practices are now arranged into 5 GP groupings and as such practices within those groups are somewhat related. Transactions are shown in the GP groupings below:

<b>Modality GP Group</b>	<b>11,069</b>	<b>0</b>	<b>0</b>	<b>0</b>
St Andrew's Group Practice	1,387	0	0	0
Modality Partnership,	7,562	0	0	0
Dr Cook BF	515	0	0	0
Kingston Health (Wheeler st & Park HC)	1,208	0	0	0
Delta Healthcare	397	0	0	0
<b>Symphonie GP Group</b>	<b>6,987</b>	<b>0</b>	<b>0</b>	<b>0</b>
Wilberforce Surgery	649	0	0	0
The Avenues Medical Centre	976	0	0	0
Oaks Medical Centre	981	0	0	0
Wolseley Medical Centre	1,036	0	0	0
Clifton House	1,136	0	0	0
Sydenham House Group Practice	1,226	0	0	0
Hastings Medical Centre	381	0	0	0
Newland Health Centre	602	0	0	0
<b>Nexus GP Group</b>	<b>13,195</b>	<b>0</b>	<b>0</b>	<b>0</b>
CHP LTD- Bransholme & Southcoates	397	0	0	0
CHCP - City Centre (KMC, Riverside & Story St)	3,671	0	0	0
CHP LTD - Southcoates (incl Marfleet)	748	0	0	0
CHCP - East Park	698	0	0	0
Haxby - Burnbrae	661	0	0	0
Haxby - Calvert & Newington	1,684	0	0	0
Haxby - Kingswood & Orchard Park	2,753	0	0	0
Bridge Group (Orchard Park & Elliott Chappell)	1,315	0	0	0
Sutton Manor Surgery	1,268	0	0	0
<b>Bevan Ltd</b>	<b>5,838</b>	<b>0</b>	<b>50</b>	<b>0</b>
Orchard 2000 (Orchard Park & Bransholme)	1,119	0	0	0
James Alexander Practice	1,157	0	0	0
Goodheart Surgery	573	0	0	0
Dr GT Hendow	371	0	0	0
Raut Partnership (Highlands & Sutton Park)	548	0	0	0
Dr KV Gopal	270	0	0	0
Humber FT - NorthPoint	666	0	1	0
Humber FT - Princes Medical Centre	721	0	49	0
Dr G Javeloo Practice	412	0	0	0
<b>Medicas</b>	<b>5,877</b>	<b>0</b>	<b>0</b>	<b>0</b>
East Hull Family Practice (incl Dr GM Chowdhury )	3,893	0	0	0
Marfleet Group Practice	1,984	0	0	0

## NHS Hull Clinical Commissioning Group - Annual Accounts 2019-20

### 17 Events after the end of the reporting period

There are no post balance sheet events which will have a material effect on the financial statements of the clinical commissioning group or consolidated group.

### 18 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).

NHS Clinical Commissioning Group performance against those duties was as follows:

	<b>2019-20 Target</b>	<b>2019-20 Performance</b>	<b>2018-19 Target</b>	<b>2018-19 Performance</b>
Expenditure not to exceed income	482,135	482,069	459,013	458,944
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	480,476	480,410	457,682	457,614
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	6,413	4,593	6,254	5,429



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