Creating a healthier Hull

NHS
Hull
Clinical Commissioning Group

Annual Report & Accounts

2021 - 22

Welcome

from the Accountable Officer

Emma Latimer

Welcome to the 2021-22 Annual Report and Accounts for NHS Hull Clinical Commissioning Group (CCG), which gives 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.

It is with sadness, but also with a sense of pride, that I write this introduction. It has been an incredible journey being the Accountable Officer for NHS Hull Clinical Commissioning Group. I have been lucky to have been supported by a fantastic and dedicated team, so many remarkable partners and providers in the city, and the people of Hull themselves, who have worked alongside us for the last nine years.

Before I came to Hull, I wasn't sure what to expect but I quickly fell in love with the place. It has always been in my heart, wanting to make sure people in Hull get access to the very best services they can. We started off wanting to get into every corner of the city. It's never been just about access to healthcare. It's always been about addressing the wider determinants of health and wellbeing and preventing people needing treatment the first place. Creating a Healthier Hull truly did reflect our ambition for the population to live happy and healthier lives.

I think we have been brave and courageous and done some incredibly innovative things within Hull CCG. We have been able to do this because we have had such a forward-thinking governing body. I think the culture we have built has gone beyond the walls of the organisation and people are proud of working here, proud of what's been achieved and want the best for people in the city. We have established relationships with local partners that have grown and matured over recent years, putting the Humber and North Yorkshire Integrated Care Board on a good footing as it takes on the statutory responsibility from 1 July 2022.

> "I think we have been brave and courageous and done some incredibly innovative things within Hull CCG."

2021-22 has continued to be a challenging year for the NHS, but the local health system has pulled together to deliver for our patients - which is testament to all who work in it. We are under no illusions that the recovery of elective services will continue for some time yet. In addition, our Primary Care Networks have been outstanding in responding so quickly to the huge demand for booster vaccines in the couple of weeks before Christmas - and managing this demand into 2022. Although COVID is not over, and we still have some restrictions remaining in NHS settings, I hope that people have been able to revert to more normality in their lives.

We had the sad news of Jean Bishop's death at age 99 on 3 October 2021. Hull's Bee Lady will be much missed by everyone, but Jean's legacy will live on in the Jean Bishop Integrated Care Centre. The Centre has gone from strength to strength in its first five years, offering the best experience of care for frail and vulnerable people. I was proud it could continue to support people in care homes and in the community during the pandemic.

We said goodbye to Dr Dan Roper in March. Dan has been with us throughout the whole CCG journey. He's been a figurehead for Hull, as well as for the CCG, and such a well-respected and admired local GP. He has put his heart and soul into serving the people of Hull – firstly as a doctor and then doing all he could to bring about better, more positive life experiences for people. We are so thankful for his contribution and what he's achieved with his clinical leadership. On behalf of the CCG Board I wish him a long and happy retirement!

And finally, thanks as always, to our CCG staff, Board members, Lay members, GPs and their practice teams and our local voluntary sector for everything they have done in this last year to improve the health and lives of people in Hull.

Accessibility Statement

Creating a healthier Hull

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

Emailing: HULLCCG.contactus@nhs.net
Calling us on: 01482 344700 or
Tweeting us: @NHSHullCCG

Foreword

from the CCG Chair

Dr. Dan Roper

As I sit down to write my last Chair's foreword in the last Annual Report for Hull CCG, it is also one of my last acts as Chair of the CCG before I retire from my post on 31 March, and after 40 years in the NHS, enter the next phase of my life.

Clinical Commissioning Groups were introduced in 2013. There were over 200 of them and they were, in effect, the local offices of the NHS throughout England. Their role was to identify the health needs of their populations and use the resources allocated to them to procure the best possible health care provision from Primary, Secondary, Community and Mental Health Care.

Clinical Commissioning Groups are not being abolished because of lack of success, perceived or otherwise. We are moving back to a system where more is organised at a larger geographical level through the Integrated Care Board, though there will still be a strong focus at 'Place'.

Whilst the outcome the changes are difficult to predict, it is hoped they will drive integration and improve quality and innovation across the Humber and North Yorkshire area.

CCGs have been a bold experiment in placing clinicians – in this case General Practitioners – working with expert colleagues in commissioning services – at the forefront in the decision-making processes, allocating resources in a way that frontline doctors think will benefit patients.

NHS Hull CCG has taken a major role in public sector leadership. Over the past decade we have worked closely with health care provider colleagues, our local authority, police, fire, ambulance, the voluntary sector, schools, academies and the university. Too many people to thank and too many projects to mention, but they are all there in our previous reports for you to read.

The overall feeling gained from that work was of a worthwhile joint enterprise undertaken enthusiastically and passionately, knowing full well how difficult it would be and how long it would take. We have done much but there is still much left to do. New groups and bodies will oversee that work, but what made our partnerships special was that they were locally focused, locally resourced, delivered by those working in the area for those living in the area.

> "It's been my pleasure to work with, by and large, the same group of staff, senior managers and executives for the last 9 years or so."

Over the last two years we have not been able to meet with as many of the citizens of Hull as we would have liked to. One of the great pleasures of my job (and I think that I also speak for colleagues) was meeting as many of you as possible at our AGMs and public meetings. Seeing the work of the CCG in action.

Two developments last year gave me special satisfaction. In June 2021 Hull CCG was awarded CCG of Sanctuary status for our work with migrants and asylum seekers. I want to say a special thanks to everyone who was involved in that.

The second was the opening of the West Hull Health Hub after many attempts at developing a facility for that area over several years. It is a wonderful building and a real asset that will provide the dedicated doctors and their staff the best working conditions and a much better environment for patients.

It's been my pleasure to work with, by and large, the same group of staff, senior managers and executives for the last 9 years or so. You are an incredibly dedicated team right from the top - to the not quite the top -there is not a bottom in our organisation!

You have kept me and other colleagues very much on the right path and I know as a team we have derived a great deal of pleasure and satisfaction from what we have done, although it has not been without its trials and tribulations. I know you will continue to strive on behalf of the people of Hull.

So, it's goodbye from the CCG and myself and I wish you all the very best for the future.

You can also contact us by post:
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The accounts for the year ended 31 March 2022 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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Part One:

Performance Report

17 June 2022

Emma Latimer
Accountable Officer

We are NHS Hull Clinical Commissioning Group (CCG)

NHS Hull CCG is a clinically-led organisation, which brings together 32 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 approximately 307,000 across 21 wards. We had an allocated budget of £713.5 million for 2021-22. The retained surplus increased by £106k in this financial year to £15.5million

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 and East Yorkshire Hospitals NHS Trust
- City Health Care Partnership Community Interest Company
- Yorkshire Ambulance Service NHS Trust
- Humber Teaching NHS Foundation Trust

We also work with Healthwatch Hull, the independent champion for local people who use health and social care services.

In 2021-22 NHS Hull CCG hosted several national allocations on behalf of Humber Coast and Vale Integrated Care System (HVC). These included COVID funding, top-up funding for provider organisations and other System Development Funds (SDF). The contract with Spire Hull and East Riding Hospital was reinstated for 2021-22 after being commissioned by NHS England and Improvement during the previous year. Payments to NHS organisation outside of HCV continued to be suspended. Because of these changes there are some quite significant differences between the 2020-21 and the 2021-22 accounts.

The CCG holds five Board meetings and an Annual General Meeting each year, all of which are open to the public. For dates, times and venues, please contact us via the details below or visit our website: www.hullccg.nhs.uk.

You can contact us at:

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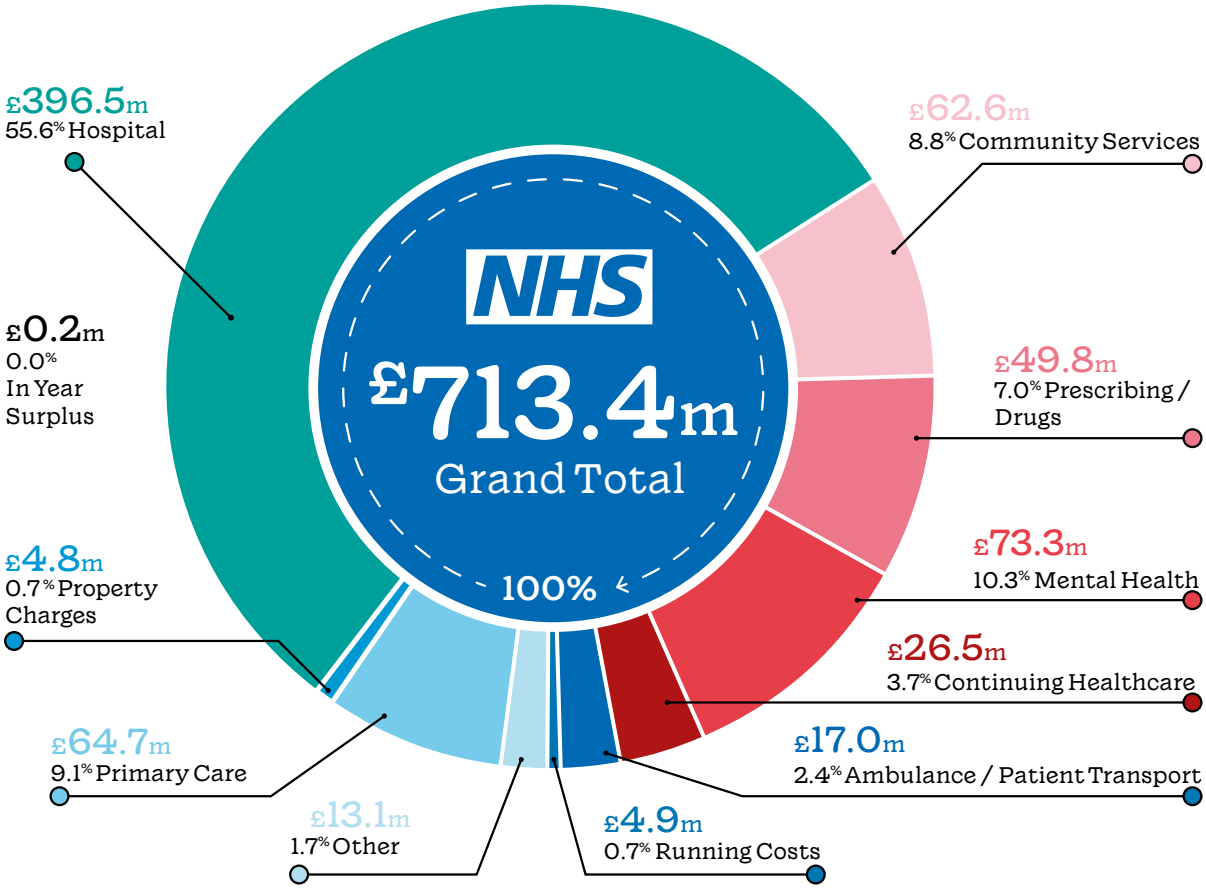
Creating a healthier Hull

How money was spent in 2021-22



Performance Overview 2021-22

from Emma Latimer, Accountable Officer

Introduction

The Accountable Officer's Performance Overview highlights our key programmes of work, service transformation and performance during 2021-22 and explains how we are working – with our partners and the people of Hull – to improve health in our city.

The NHS England and NHS Improvement Operational Planning Guidance for 2022-23 sets out NHS priorities for the year ahead. This guidance reconfirms the ongoing need to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic. In this context, it is asking systems to focus on the following priorities for 2022-23:

- Supporting staff and growing the workforce
- Respond to COVID-19 ever more effectively
- Delivering significantly more elective care to tackle the elective backlog
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop our approach to population health management, prevent illhealth and address health inequalities
- Establish ICBs and collaborative system working

Contents

The Performance Overview updates on activity in the following areas during 2021-22.

Humber and North Yorkshire
Health and Care Partnership

The Humber, Coast and Vale Health and Care Partnership was established in 2016 comprising of 28 organisations from the NHS, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. In April 2020, Integrated Care System (ICS) status was secured, a year ahead of the requirement set out in the NHS Long Term Plan.

The HCV Partnership serves a population of 1.7 million people and spans across a geographical area of more than 1,500 square miles which includes cities, market towns and many different rural and coastal communities. The area stretches along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber, and incorporates the cities of Hull and York and large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.

A significant focus for the Partnership this year has been the Health and Care Bill currently going through Parliament to set out plans to put ICSs on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities. The proposals within this Bill will mean that from 1 July 2022 NHS Integrated Care Boards (ICBs) will be established as organisations with responsibility for NHS functions and budgets.

As part of the arrangements being put in place to prepare to implement this legislation, each ICS has been required to appoint a Chair and Chief Executive for the anticipated ICB. In Humber, Coast and Vale, Sue Symington has been appointed Designate Chair and Stephen Eames CBE Designate Chief Executive.

Once established, each ICB should have a name which reflects the geographical area that it covers, and in Humber, Coast and Vale, this will be the NHS Humber and North Yorkshire Integrated Care Board (ICB). To align with this, the Partnership will become known as Humber and North Yorkshire Health and Care Partnership from 1 April 2022.

Whilst much work has been ongoing in anticipation of the passing of the Health and Care Bill, other programmes of work have continued and some of the key achievements undertaken in partnership across Humber, Coast and Vale over the year are:

- The COVID-19 vaccination programme continued to be rolled out with first, second and booster doses being offered in line with national guidance. To date over 3.5million doses have been delivered across Humber, Coast and Vale.
- Humber, Coast and Vale became one of the first areas in England to develop a pilot maternal mental health service, helping women in the region who have previously not been eligible for specialist mental health support.
- Three of the regions hospital trusts received funding worth more than £66million to support work to reduce carbon emissions at their hospitals.
- Humber, Coast and Vale Cancer Alliance worked with partners to support the use of microscopic images alongside urgent skin cancer referrals. The Alliance provided 60 iPhones and dermatoscopes to GP practices across Hull and East Yorkshire to help rule out or diagnose skin cancer earlier.
- The Partnership secured an £8.6million Government funding to support the development of new models of community diagnostic provision, with investment in new mobile MRI and CT scanning facilities.
- A wide-reaching communications plan to help general practices talk to patients about the routes to accessing their care, and to build patient understanding of triage, has been piloted across 69 GP practices in Humber, Coast and Vale. Materials include photography, infographics and messaging that practices will use to explain how patients can request care by phone, using an online form or face to face appointments.

Further information about the Humber and North Yorkshire Health and Care Partnership can be found at www.humberandnorthyorkshire.org.uk

Humber Acute Services programme

Working in partnership with other NHS organisations across the Humber, we have made some significant progress through the Humber Acute Services Programme during 2021-22.

Interim Clinical Plan

Over the course of the past year, the focus has been to put in place some important building blocks to establish joint services across the Humber. These building blocks include establishing joint clinical leadership working across both acute hospital trusts and the development of clinical strategies for each specialty – that help to address the health inequalities that exist within our communities, across a large and diverse geographical area.

Significant progress has been made despite the additional and ongoing pressures throughout the year caused by and responding to the COVID-19 pandemic. Some of the 2021-22 highlights include:

- Launch of the Humber Neurology service in October 2021 – the first Humber-wide specialty operating jointly across both trusts that will provide improved equity of access to services across the Humber. This includes improved triaging of Neurology referrals that allows patients to be immediately directed to the right sub-specialist clinics through a 'straight to test' pathway, minimising the overall number of appointments needed, and reducing overall waiting times.
- Transforming ophthalmic outpatient services through the development of an Eye Electronic Referral System (EeRS) that will improve patient access to services, with improved quality and tracking of referrals into hospital and clinic appointments.
- Developing a digital referral pathway for dermatology patients that allows GPs to include digital images for review by specialist consultants.

Core Hospital Services

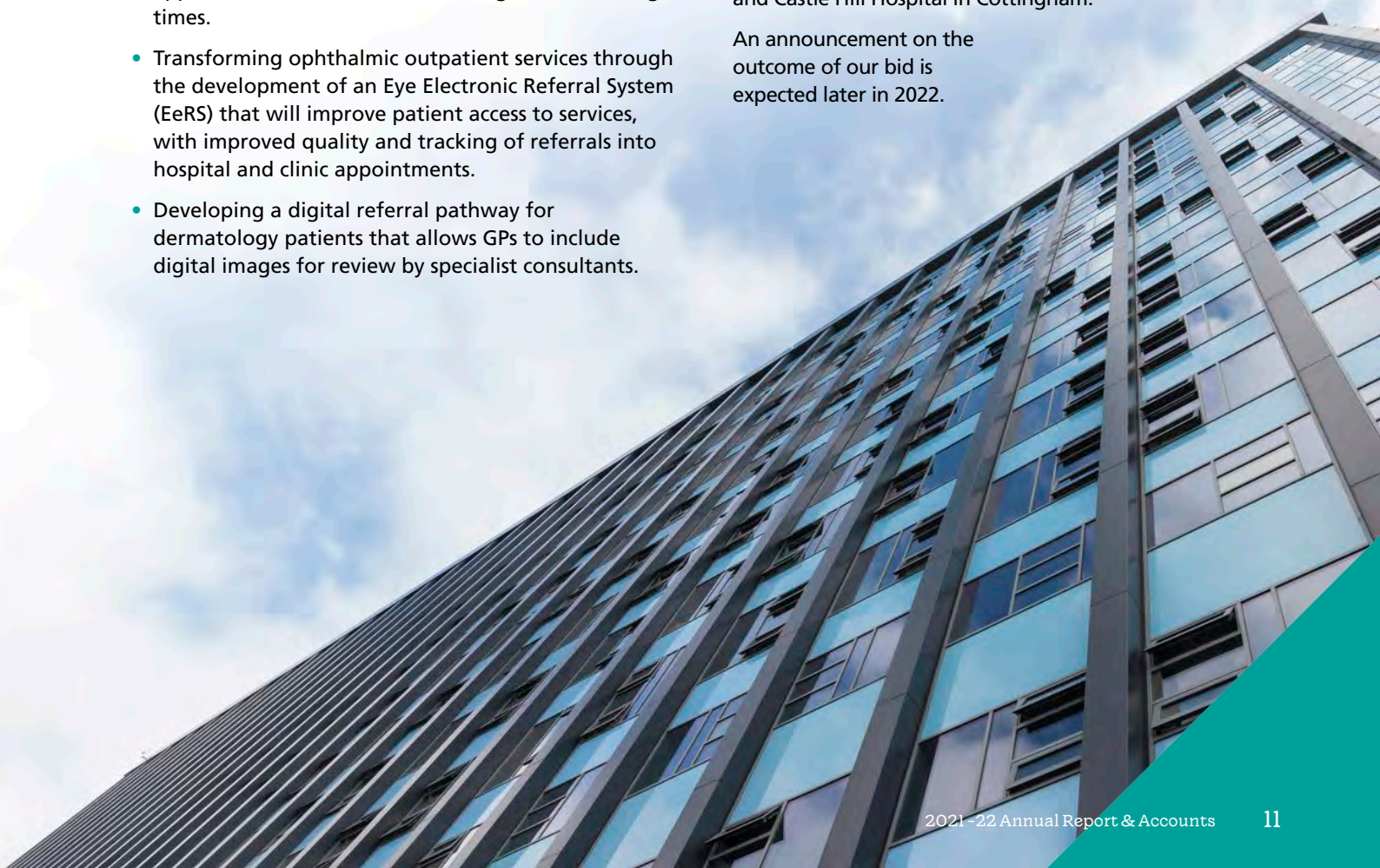
Throughout the year we have undertaken extensive engagement with patients, the public, staff and other stakeholders. This has helped us gather views and perspectives from people who use hospital services and those who might be impacted by any changes to them. See page 32 for more details on programme engagement work.

Building Better Places

Alongside the work to design potential new ways of organising services and providing care, we have continued to develop plans for new and improved buildings to provide services from in the future. Work has also been undertaken in parallel to ensure it is possible to quickly move forward on building work as soon as plans for the future shape of services have been agreed and the necessary funding is in place.

An Expression of Interest has been submitted to be part of the national New Hospitals Programme. A total of £720 million is being sought to rebuild and refurbish our hospitals on both sides of the Humber. If successful in securing the funding, the investment will be used to build a brand-new hospital in Scunthorpe, with the remainder of the funding used to create new facilities at Hull Royal Infirmary, the Diana, Princess of Wales Hospital in Grimsby and Castle Hill Hospital in Cottingham.

An announcement on the outcome of our bid is expected later in 2022.



Developing a local Health and Care Partnership for Hull

The Humber and North Yorkshire Integrated Care Board (ICB) will work to support places to integrate services and improve outcomes. There are six places within the ICB defined by the local authority boundaries, Hull is one of those places. Health and Wellbeing Boards will continue to have an important role in local places in terms of developing and owning a unified plan for the area.

The development of Place-based arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange, and the Hull Health and Care Partnership (previously the ICS Steering Group) is now established and working in shadow, with an agreed vision, strategy, values and health and care priorities for Hull.

A Place Plan is being developed which will enable the Partnership to move from a 'developing' to a 'thriving' status over the next 6 to 12 months. Other key elements that will help to take this forward will include the well-established integrated financial plan between the CCG and Hull City Council.

The Shadow Hull Health and Care Partnership has a core membership made up from representatives from Hull City Council (including public health, children and families, adult social care and housing), NHS healthcare providers in Hull, the University of Hull, Hull Learning Partnership, Healthwatch Kingston upon Hull and Hull Voice and Influence Partnership. It will meet in public six times a year. It will continue to shape and mature relationships with the partners, and to embed citizen engagement and co-design into its delivery models. The next steps for the Partnership include:

- Holding a third Partnership workshop, focused on development, governance and finance.
- Finalising the Place Plan which will need to be owned by all partners by the 'go live' date of 1 July 2022.
- Developing the Operating Framework as it transitions to one supporting a joint committee of statutory partners by April 2023.
- Focusing on integrated delivery and developing a model to support people at home.

Our Health and Wellbeing Strategy for Hull

Working together to create a fairer Hull, where everyone benefits from real and sustained improvements in health

The Health and Care Partnership in Hull has agreed its Health and Wellbeing Strategy with the principle of working together to create a fairer Hull where everyone benefits from real and sustained improvements in health and wellbeing. This model enables transparent, accountable and collaborative decision making where a range of views may be considered.

Creating a Fairer Hull

Hull's Joint Health and Wellbeing strategy describes an ambitious vision around 'creating a fairer Hull'. Achieving this vision will require the whole system to mobilise as one.

As we move forward, the partners will be required to make some difficult decisions together around prioritisation of resources, innovative service and funding models, workforce models and being mutually accountable for shared outcomes. Robust and transparent operating arrangements will need to be established to support this.

Much will be achieved together as a collective for the people of Hull and building on these relationships and ways of working will be important.

You will be able to find out more about the Shadow Hull Health and Care Partnership at www.humberandnorthyorkshire.org.uk

CCG commissioning programmes 2021-22

Unplanned (Emergency) Care

Our primary aim for 2021-22 was to ensure that people who had an urgent (unplanned) care needs were supported to access the right service for their clinical need. Our aim was to achieve right care, right place, right time and our focus was on offering an appropriate clinical assessment to patients for their urgent care needs as quickly as possible. Once again we have had to work with social distancing and infection control measures across services.

In Hull we continue to work collaboratively with partners across Yorkshire and Humber, and with Yorkshire Ambulance Service (YAS) as our NHS 111 provider, to ensure there is sufficient capacity in the system to deliver the national NHS 111 First programme. This programme encourages individuals to ring and speak to NHS 111 to support them in deciding which service is most clinically appropriate and, following telephone assessment, people can receive a timed arrival slot into A&E/Emergency Department (ED), Urgent Treatment Centres and other alternative services.

Overall, successful collaborative working within the Urgent & Emergency Care Network delivered the following key changes in line with our priorities for 2021 – 2022:

- A Humber, Coast and Vale (HCV) wide clinical assessment service (CAS) has remained in place, linked to NHS 111, over the winter. This service clinically reviews patients before directing them to A&E/ED and also supports primary care where a response is required within 1 – 2 hours.
- Increased access to the Urgent Treatment Centres, as an alternative to A&E/ED, with a consistent offer across HCV and direct booking into available appointment slots.
- All GP practices have appointments available through NHS 111 to support NHS 111 booked appointments.
- We have expanded the use of the RAIDR system which provides daily intelligence regarding service capacity within the hospital, Urgent Treatment Centres (UTCs), GP out of hours, GP practices, mental health, YAS, primary care and care home with further implementations being planned with adult social care focusing on system wide capacity and operational pressure escalation levels (OPEL).
- Same day emergency care (SDEC) pathways have been established for acute medicine, acute surgery and frailty.
- Same day specialty clinics are being developed to support on the day appointments for patients with an urgent need.
- We have implemented a two hour community crisis response accessible through NHS 111 to provide additional assessment and support for agreed groups of patients. Plans are in place to expand the service after 1 April 2022.
- We continue to ensure that alternative community pathways are shown on the DOS (Directory of Services).
- YAS continue to deliver hear & treat and see & treat to reduce the need for individuals to be transported to hospital, where clinically appropriate.

Impact of actions in 2020 and 2021

In 2021 usage of urgent care services initially reduced, however, from January 2022 this position has changed with some services seeing an increase in attendance that exceeds pre-pandemic levels. Whilst some of these changes may be attributed to COVID19, the service changes that have been put in place supporting individuals to access a wider range of services will have driven a change in demand for different services. The impact of this work is shown below:

- The percentage of individuals identified by NHS 111 as needing to attend a UTC has increased from 6% of all attendances in 2020 to 10% in 2021.
- For a range of other pathways, the percentage of individuals identified by NHS 111 as needing to be treated via those pathways rose from 17% of attendances in 2020 to 19% of attendances in 2021.
- Of all calls made to NHS 111 in 2020, 80% of individuals were directed to A&E, in 2021 only 25% of individuals were directed there. The work to support improved clinical assessment and advice by the local Clinical Assessment Service at NHS 111, and the review of services available to NHS 111 has enabled more people to access the right care, in the right place at the right time.

Bransholme Urgent Treatment Centre (UTC) has seen many more people choosing to attend for treatment and advice on minor injuries and minor ailments.

Urgent Treatment Centre performance	April 2018 to March 2019 (Q1 – Q4)	April 2019 to March 2020 (Q1 – Q4)	April 2020 to March 2021 (Q1 – Q4)	April 2021 to January 2022 (Q1 – Q4)
Percentage of service users who receive treatment within four hours of referral to the service	99.50%	99.0%	99.5%*	**93.4%**
Number of telephone consultations only (defined as cases closed with only a telephone consultation)	16,231*	17,209*	29,601*	**24,932**
Number of diagnostics	5,140	4,896	4,070*	**5,076**

** amended figures from the previous years report following an audit.*

Similarly we have seen improving performance across our wider urgent care services between 2020-21 and 2021-22:

General community based unplanned care performance (Urgent Treatment Centre, Rapid Response, Out of Hours service)	April 2018 to March 2019 (Q1 – Q4)	April 2019 to March 2020 (Q1 – Q4)	April 2020 to March 2021 (Q1 – Q4)	April 2021 to January 2022 (Q1 – Q4)
Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service	99.42%	99.1%	97.4%	**98.1%**
Number of face-to-face contacts	58,464	59,350	30,021	**43,726**

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 2021-22 due to patient discharge flows and COVID admissions.

We continue to liaise regularly and support Hull University Teaching Hospital NHS Trust, City Health Care Partnership, Humber Teaching Foundation Trust, Yorkshire Ambulance Service and Hull City Council to specifically oversee/ manage system challenges across Hull.

Planned Care 2021-22

The development and commissioning of planned care pathways has continued to evolve, and we have continued to proactively work with partners at a local, Humber, and Humber, Coast and Vale Integrated Care System (ICS) level to promote the best possible outcomes for local patients.

The COVID-19 pandemic initially put a pause on planned healthcare activity, although, in following months, it served to stimulate the rapid change needed to develop and commission safe, effective pathways that recognise and balance infection control with the adoption of new clinical prioritisation processes for those at highest clinical risk. Regardless of this focused work, the level of planned care activity remains lower than pre-pandemic levels as we continue to work within this framework.

Pathway redesign

There has been increased focus across the ICS on care pathways around respiratory diseases, to ensure that adults, children and young people have proactively developed care plans should their clinical condition start to deteriorate.

In addition, joint work was progressed to support the introduction of telemedicine to minimise face to face contacts unless clinically indicated. In addition, the development of 'patient-initiated' follow up has been progressed where patients are empowered to seek follow-up care/support when they need it, rather than the previous model of routine follow-up appointments whether the patient felt they needed it or not.

At a local Hull and East Riding of Yorkshire level a dynamic, virtual pathway redesign group has been initiated to respond swiftly to national guidance around clinical prioritisation and the recommencement of clinically safe services for both patients and staff. This group has continued to meet regularly to ensure pathways are reviewed, adapted, approved and introduced over a much shorter timescale to adapt to changing working parameters.

Alignment of our commissioning policies with those of our partner commissioners

Work has continued through the year along with our partner CCGs in North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire 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.

Waiting Lists

Regrettably the impact of the COVID-19 has led to an increase in waiting lists, as services were suspended whilst work focused upon the pandemic. People on waiting lists have continued to be contacted by their service provider and assessed on their current condition. Plans are continually reviewed to maximise the use of available theatre slots and increase the number of surgeries, and to more effectively use the independent sector to support the NHS.

Humber Long COVID pathway

Most patients with ongoing symptoms following COVID-19 will come under the care of their GPs, where self-management will be encouraged and supported while other causes of the symptoms are explored, and ruled out first, for up to 12 weeks.

A new service launched in March 2021 for patients in Hull visiting their GP with ongoing symptoms consistent with post-COVID syndrome, where their condition has not improved after 12 or more weeks.

The **Humber Long COVID Triage and Assessment Service** brings a range of health professionals together to ensure patients are referred onto the right clinical pathway to support their ongoing rehabilitation and recovery. GPs are able to refer patients, if appropriate, to the new service which is for people with suspected Post-COVID-19 syndrome, when symptoms have not resolved after 12 weeks.

The service has specialist clinical input including respiratory, geriatric, rehabilitation, mental health, therapies and others. The clinical team will review each patient's needs and will follow up with recommendations on the most appropriate support and rehabilitation to manage ongoing care. Patients and their GPs will be informed of the recommendation. By the end of March 2022 the service had received almost 1000 referrals.

To support recovery, the Humber Long COVID Triage and Assessment Service has produced a 22-page Post-COVID Patient Information Pack to help recovery after Covid that contains exercises for breathing, managing your cough, coping with post COVID-19 fatigue and other impacts of the virus. This can be accessed at www.hullccg.nhs.uk by searching for Long Covid or getting in touch with us via the details at the front of this report.

Cancer

NHS Hull CCG continues to be an active member of the Humber, Coast and Vale Cancer Alliance which is leading and supporting work to deliver the NHS Constitution targets around cancer. The Alliance is developing improved pathways and services for early diagnosis of common cancers and increased survivorship.

Work has been focused on maintaining services which support cancer diagnosis and treatment, whilst employing a risk assessment model to support clinical prioritisation, whilst maintaining the level of infection prevention and control to ensure that risks are minimised to patients and staff.

The need for infection control measures continues to negatively impact upon some services more than others, with reduction in the availability of colonoscopy impacting upon colorectal pathways. This has driven the increased use of photographs with regard to potential skin cancers and all GP Practices have the ability to take photographs of any skin lesions both with a digital camera and through a dermatascope where consultants can review the photograph and, in some cases, provide rapid assurance that there are no suspicious indicators or invite patients for a face to face clinical assessment.

Cancer champions

Humber, Coast and Vale Cancer Alliance launched its Cancer Champion training sessions in 2018; and trained its 3,000th Cancer Champion in January 2022.

The training, which is free of charge and only takes 90 minutes to complete, equips people with the knowledge to talk more openly about cancer with their friends and family to encourage early detection of cancer, when treatment could be simpler and more successful. The aim is to train many more Cancer Champions in our region to help achieve the NHS Long Term Plan's ambition of diagnosing three out of four people with cancer at an early stage by 2028. Find out more at www.hnycanceralliance.org.uk

Targeted lung health checks launch in North Hull photo

Since its launch, the NHS lung health check has welcomed over 6,000 people, helped to diagnose more than 40 cases of cancer, identified other respiratory diseases at early stages, and provided opportunities for earlier treatment that has saved people's lives. In February the programme moved on to North Hull where uptake for the respiratory nurse-led consultations and low dose CT scans for higher risk participants was extremely encouraging.

Anyone living in north Hull, who is a former or current smoker aged 55 to 74, is eligible for a lung health check and will receive an invite from their GP over the next few weeks. Detecting lung cancer in the early stages is extremely difficult as often people don't experience any symptoms and are not diagnosed until stage 3 or 4. A lung health check can help find any problems early, often before someone notices anything is wrong, and at a stage when treatment could be simpler and more successful.

Restricted hospital capacity during the pandemic has inevitably meant some slippage in the delivery of the cancer waiting times targets. To address this, in line with national guidance, cancer diagnosis and surgery has been prioritised over recent months to ensure that we continue to diagnose and treat cancers as early as possible.

The Cancer Alliance continues to focus on improving access to diagnostics across the whole of our Integrated Care System, together with the delivery of systemised pathways to ensure equality of access to diagnostics and treatment.

Maternity, children and young people

Maternity

The Hull Maternity Voices Partnership (MVP) continues to promote engagement with women and their families through the various social media platforms, and in the absence of the usual face-to-face events during COVID-19. Email has been the predominant channel of communication over the last 12 months and the Hull MVP Facebook page now has 735 followers. The Local Maternity System (LMS) has undertaken a number of surveys focused on maternity and post-natal care. Feedback over the last year has been dominated by COVID-related issues such as staffing, loneliness and isolation, and the impact on mental health. The MVP is chaired by two local Mums and meets four times each year to monitor and review maternity care provided by a range of partners, making reccomendations for service improvements.

In response to the Ockenden Review of Maternity Services, in June 2021, Hull University Teaching Hospitals Trust (the Trust) confirmed it was fully/partially compliant with 37 of the 41 immediate and essential actions required. Feedback from NHS England and NHS Improvement (NHSE&I) accepted that the Trust was in a good position compared to others across the country. The Trust is working to deliver the NHSE&I approved action plan that will address the partial and outstanding actions that will evidence compliance. Progress on the action plan is monitored closely by the Trust and reported to NHSE&I.

The Continuity of Carer programme has been affected by the pandemic, with growth and rollout of further teams slower than the original plan. However, from January 2022 the four current teams are now fully staffed and those in receipt of continuity of carer is currently achieving 84% - exceeding the national target of 70%. The next two teams to be rolled out will be in an area of deprivation and also will address the needs of women of different ethnicity which is a national target by March 2023.

Personalised care plans have been distributed in paper format to ensure choice and personalisation is a key component of midwifery care, with an online version available for families preferring digital access. An animated film is available for families to view to ensure they are aware of the personalised care available and assist them in the completion of the plan.

The 'Ask a Midwife' service, commenced in March 2020 in response to COVID-19, has grown into an excellent 'front-of-house' service for the Trust. What started as a response to a pandemic has grown into a multi-dimensional approach from early pregnancy advice to postnatal enquiries. A recent survey showed over 70% of families using the service rated it as 10/10.

Rates of women who smoke during pregnancy are gradually reducing and we are on track for an all-time lowest rate recorded, of 17% for 2021-22. Carbon Monoxide (CO) monitoring in pregnancy is recorded at every antenatal appointment and gives the opportunity for midwives and midwifery assistants to offer very brief advice. Nicotine replacement therapy is available in all clinical areas and some community teams for trained Midwives to prescribe to women. Mandatory training for all maternity staff has resumed, delivered by the SmokeFree Hull team.

The Trust has supplied additional breast pumps to mothers with babies in Neonatal Intensive Care Units (NICUs) to support breastfeeding, and children's books featuring breastfeeding have been distributed to local libraries, children's centres and nurseries to normalise breastfeeding in young children. The frenulotomy (tongue-tie) service has been extended with an increase in the number of trained staff.

Health promotion has been a key feature this year and uptake of the COVID-19 vaccination in Humber Coast and Vale area was the highest in the region. A local woman produced her own video with her baby discussing the vaccination from her perspective and it has been widely shown by the NHS. Changes in the issuing of MAT B1 forms have been piloted in Hull, with women reporting a timelier service that has reduced the workload for community midwives. Birth Preparation and Parent Education continues with a mix of face-to-face and online sessions for women and their partners.

A real positive is the procurement of an LMS-wide single IT system on 1 April 2022. This will enable patient-facing apps to contribute to care, and a system that will work across organisational boundaries.

Children and young people

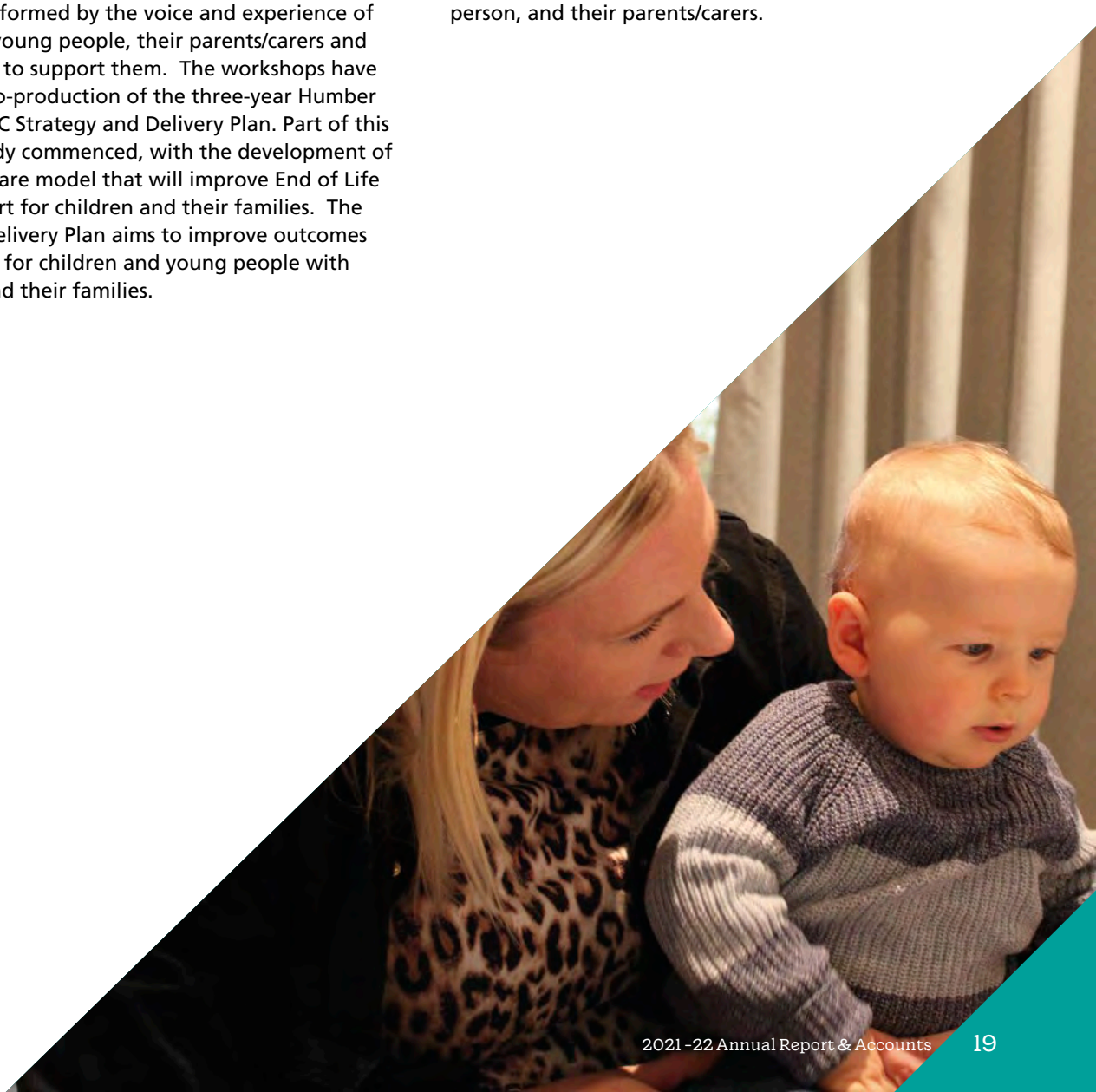
COVID has brought about changes in the way health and care services have been provided for children, young people and their families. All health services have continued to provide face-to-face appointments and support for children and young people, parents and carers. Where appropriate, telephone and virtual consulations have ensured young people and parents receive the information, advice, care and support they require. Many parents have reported a preference for virtual contact that offers a safe and flexible way to access health professionals.

Work continues across the Humber Health and Care Partnership in the development of services for children, young people and their families. This includes the development of system-wide integrated services that support the prevention (of ill health), early help and self-management; and strengthens co-ordinated 'wrap-around' community based services in providing practical and emotional support to ill children and their parents/carers, enabling them to be cared for at home wherever possible and/or leave hospital quicker.

The Children's Palliative and End of Life Care (PEoLC) project has delivered a series of co-produced system-wide workshops based on the child/young person's care journey, informed by the voice and experience of local children, young people, their parents/carers and staff who work to support them. The workshops have informed the co-production of the three-year Humber Children's PEoLC Strategy and Delivery Plan. Part of this work has already commenced, with the development of an integrated care model that will improve End of Life care and support for children and their families. The Strategy and Delivery Plan aims to improve outcomes and experience for children and young people with PEoLC needs and their families.

The Hull and East Riding of Yorkshire Children's Neurodiversity Service launched in March 2022, during national Neurodiversity Week. This service is a true partnership, where the main and other children's services, work together with parents and their child/young person and family to understand what support is needed and how help, advice and support can improve outcomes for their child/young person and their family. The service has been co-produced with local children, young people, parents, carers, and staff who work to support them. Parents and young people (and staff on their behalf), in Hull and the East Riding will be able to request support, and access early help, information and advice, and a range of coordinated services based on the neurodiverse needs of their child/young person.

This service is not dependent upon a child/young person having a formal diagnosis; however, it will support children and young people to access further assessment if and when needed. Support will be coordinated by the service and/or a Named Worker for children and young people with more complex needs, who will meet with the child/young person and their parents/carer for an individual discussion around the child/young persons' needs. Based upon this, the service and key partners from across Hull and East Riding of Yorkshire will recommend and provide support designed to empower and meet the individual needs of the child/young person, and their parents/carers.



Patient Safety award for improving care

The Children's Sensory Processing Service and NHS Hull CCG won the HSJ Patient Safety Award for the Improving Care for Children and Young People Initiative of the Year category in September 2021.

The Humber Sensory Processing Hub website, provides timely and unlimited access to important resources, which promotes a better understanding of sensory processing difficulties. The website also provides intervention strategies that can be implemented immediately, which have been developed by qualified therapists to ensure that content is well informed and safe. This website has enabled large number of people, including health professionals, education staff and children, to access information that is helpful to them.

Special Educational Needs and Disabilities (SEND)

The CCG continues to work with the Local Authority and the Hull Parent Carer Forum in the implementation of the completed Hull SEND Joint Commissioning Strategy and Co-production Charter which are key features of SEND Accelerated Progress Plan.

There has been continued positive feedback from Department for Education, NHS England and the Hull Children's Commissioner in respect of progress made towards improvement as well as support for children, young people and their families during the pandemic. Notably, through holding the most recent review in a model of targeted focus group meetings, they were provided with a more detailed insight into the direct impact of this planning upon individuals with SEND and all those who support them.

The review team highlighted that, despite co-production being easily accessible, reflective and responsive at a strategic level, there was an awareness of the need for all partners to work together in embedding this at a more operational level. The Designated Clinical Officer role across health partners will continue to improve the way health services contribute to the education, health and care assessment, planning and review processes with an emphasis currently on cross-sector workforce development and training.

Mental Health 2021-22

Children and young people's mental health

Mental Health Support Teams were sucessfully launced in Hull this year. Over the last 12 months the service has been in development stage, with the team of Eductional Mental Health Practitioners (EMHPs) completing a post graduate diploma qualification, which incorporated placement opportunities at schools and colleges across the city.

The Mental Health Support Teams provide early intervention mental health and wellbeing support for children and young people aged 5-18 with mild to moderate needs, supporting with conditions ranging across generalised anxiety and low mood. The service delivers support to 35 education settings across Hull and this will continue to expand in years to come.

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 which provided invaluable support to statutory services in delivering support to young people.

The Mental Health Support Teams integrate into our already well established citywide Hull Thrive model and complement the many excellent teams and services to further enhance the early help and intervention offer. Find out more about our engagement work with young people on page 29.

Learning Disabilities

Hull has invested in, and recruited to, a Profound and Multiple Learning Disabilities Specialist Doctor who will specialise in treating patients under a two year trial. This new role aims to reduce the health inequalities between people with learning disabilities and those without. Throughout the pandemic Hull CCG has been focused on promoting and supporting the delivery of Annual Health Checks for patients with learning disabilities.

City Health Care Partnership CIC has put measures in place to ensure improved access for patients with LD and their carers for the vaccination programme. This includes makaton signs, easy read documents, support people on site specifically to assist people with different abilities, Annual Health Check booklets and communication boards.

Adult mental health

Hull and East Riding of Yorkshire CCGs and Humber Teaching NHS Foundation Trust are national leaders in the transformation of community mental health services, by moving community mental health services closer to primary care and introducing new roles like peer support workers and wellbeing coaches, in addition to training new nurse associates to work with primary care networks. Work continues to recruit and integrate services across primary care and improve access for patients.

Hull has focused on promoting and increasing access for annual health check for people with severe mental ilness and a health action plan to ensure that some of our most vulnerable people have access to care.

The Let's Talk Service, delivered by City Health Care Partnership, has continued to offer new ways to access their service, including virtual services as well as face to face appointments and online self-help services. Let's Talk is working closely with primary care and partner organisations to support service users across the city including veterans, members of the LGBT+ community, older adults and service users with long term conditions.

Dementia

Humber Teaching NHS Foundation Trust's Memory Assessment Service continues to work well in partnership with Alzheimer's Society, Carers Information Support Service (City Health Care Partnership) and Butterflies Memory Loss Group to support individuals post-diagnosis. The dementia diagnosis rate continues to meet the national target of 65%. Primary care clinicians continue to review dementia care plans and provide ongoing support. The number of service users living with dementia continues to increase.

Hull Dementia Collaborative has recommenced during 2021-22 and continues to foster partnership working across the city to support those living with, or supporting those with, dementia.

Integrated Delivery 2021-22

The Jean Bishop Integrated Care Centre (ICC) has continued to be pivotal in the reactive and responsive care service provided to support the frail members of our community during the COVID-19 pandemic. The Frailty Transformation programme continues to be clinically led by the community geriatricians with support from the CCG and all key stakeholders.

The redesigned model, based on the principles of home first, right care, right place, patient choice, was sustained and continued to support risk stratified Integrated Comprehensive Geriatric Assessment (ICGA) and individualised care planning. with a focus on three key areas of focus:

- Maintaining anticipatory care assessments where possible respecting covid restrictions
- Continued support to care homes across Hull and the East Riding of Yorkshire to ensure that this population group had access to the level of specialist support needed to maintain health and minimise the need for hospital admissions when care could be supported within a community environment. This included support with covid outbreaks; palliative care support and support to manage indivdiuals discharged from hospital.
- Telephone support line offering specialised advice and guidance supported by a rapid response frailty model including virtual triage/advice/guidance and aligned operational arrangements with Yorkshire Ambulance Service (YAS), Primary Care (GPs), Hull City Council and City Health Care Partnership CIC.

In addition to the above, the integrated frailty team were central to supporting the development and implementation of a two-hour crisis response service. This provides immediate triage of calls to a small response team assessing the individual in their own home or an alternative community based service who were better able to meet their needs. This initial response service is growing and becoming more established with an alternative triage service being put in place to expand the service offer to non-frail patients.

Overall, the system is now working in a better, more integrated way. Individuals are being cared for in their preferred place of care as a direct result of the interventions of the frailty team and collaborative working, with evidence of better patient outcomes from closer working with paramedics.

Hull is centre for Parkinson's excellence

Doctors, nurses, therapists and social care staff working together to help people with Parkinson's disease in Hull won two national awards for outstanding excellence in November 2021.

UK Parkinson's Excellence Network, supported by Parkinson's UK, presented its "Winner of Winners" award to the team from Hull University Teaching Hospitals (HUTH), City Health Care Partnership (CHCP) and Hull Clinical Commissioning Group (CCG) in recognition of their pioneering work.

The team, based at the Jean Bishop Centre in East Hull, was also named winners of the "Innovation in Practice" by the network, which has 7,000 members and is seen as the driving force behind improvements in the care of people with Parkinson's and frailty.

Consultant Geriatrician Dr Tom Mace, who leads the Hull team, said:

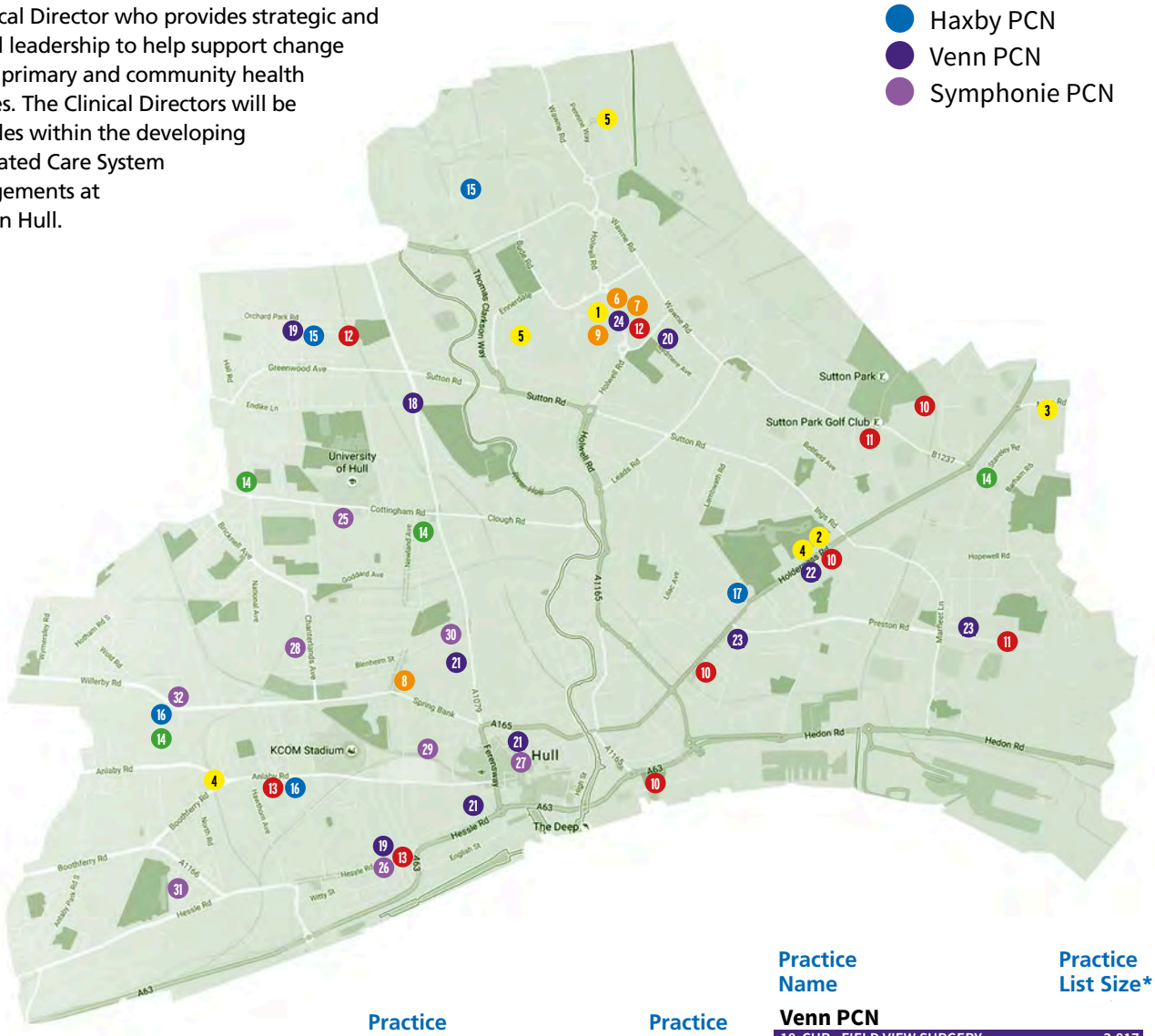
> **"It's testament to the hard work and dedication of everyone involved in creating a unique, innovative hub to help people with Parkinson's and their families live well.**
>
> **"The integrated service makes tangible improvements in the quality of life for people and their carers. We work together to help people achieve their goals, ensure they feel supported and knowledgeable about their condition and reduce troubling symptoms and emergency hospital admissions."**

Primary care in Hull 2021-22

2021-22 has been the third year of the five year framework for the GP contract which implements the commitments set out in the The NHS Long Term Plan.

Our 32 general practices have continued to work as part of five Primary Care Networks (PCNs) in Hull. Each PCN has a Clinical Director who provides strategic and clinical leadership to help support change across primary and community health services. The Clinical Directors will be key roles within the developing Integrated Care System arrangements at Place in Hull.

- HASP PCN
- Marmot PCN
- Medicas PCN
- Modality PCN
- Haxby PCN
- Venn PCN
- Symphonie PCN



Practice Name	Practice List Size*
HASP PCN	
1 GOODHEART SURGERY	6,658
2 DELTA HEALTHCARE	2,895
3 LAURBEL SURGERY	3,458
4 KINGSTON HEALTH (HULL)	9,772
5 RAUT PARTNERSHIP	4,607
	27,390
Marmot PCN	
6 DR GT HENDOW	2,729
7 NORTHPOINT	3,573
8 PRINCES MEDICAL CENTRE	7,221
9 JAMES ALEXANDER PRACTICE	8,550
	22,073

Practice Name	Practice List Size*
Medicas PCN	
10 EAST HULL FAMILY PRACTICE	29,879
Located at the following sites: Morrill St. Health Centre, Longhill Health Centre, Park Health Centre and Victoria Dock	
11 MARFLEET GROUP PRACTICE	14,695
12 ORCHARD 2000	9,146
13 ST ANDREW'S GROUP PRACTICE	8,187
	61,907
Modality PCN	
14 MODALITY HULL	56,734
Located at the following sites: West Hull Health Hub, New Hall Surgery, Alexandra Health Centre and Diadem, Bilton Grange	
	56,734
Haxby PCN	
15 HAXBY - KINGSWOOD & ORCHARD PARK	15,936
16 HAXBY - CALVERT & NEWINGTON	12,578
17 HAXBY - BURNBRAE SURGERY	4,841
	33,355

Practice Name	Practice List Size*
Venn PCN	
18 CHP - FIELD VIEW SURGERY	3,817
19 THE BRIDGE GROUP	8,308
20 SUTTON MANOR SURGERY	7,365
21 CHCP - CITY CENTRE	17,101
Located at the following sites: Kingston Medical Centre, Wilberforce Health Centre, and Riverside Medical Centre	
22 CHCP - EAST PARK	4,101
23 CHP LTD - SOUTHCOATES & MARFLEET	6,540
24 CHP LTD- BRANSHOLME	3,119
	50,351
Symphonie PCN	
25 NEWLAND HEALTH CENTRE	7,599
26 SYDENHAM HOUSE GROUP PRACTICE	8,416
27 WILBERFORCE SURGERY	4,531
28 THE AVENUES MEDICAL CENTRE	7,052
29 WOLSELEY MEDICAL CENTRE	7,444
30 CLIFTON HOUSE MEDICAL CENTRE	8,514
31 THE OAKS MEDICAL CENTRE	7,602
32 HASTINGS MEDICAL CENTRE	3,741
	54,899
TOTAL	**306,709**

*At February 2022

Hull Primary Care Networks 2021-22

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
Bevan Ltd	8	45,000	Dr Scot Richardson
Medicas	2	45,000	Dr Majid Abdulla
Modality	5	83,000	Dr Elizabeth Dobson
Nexus	9	76,000	Dr Laura Balouch / Dr Mark Findley
Symphonie	8	54,000	Dr Kanan Pande

Hull Primary Care Networks 2022-23

Following lengthy discussions with some PCNs and practices by CCG, NHS England and LMC representatives, and following consideration of proposals from three newly forming PCNs, the PCN configuration within Hull will be changing. NHS England has been advised of the changes and the CCG, NHS England and the LMC are providing support for transition and organisational development.

There will therefore be seven PCNs in Hull from May 2022. Please see below:

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
Marmot	4	22,000	Dr Scot Richardson
HASP*	5	27,000	Dr Monisha Singh
Medicas	4	62,000	Dr Majid Abdulla
Modality	1	57,000	Dr Elizabeth Dobson
Venn	7	50,000	Dr Amy Oehring
Haxby	3	33,000	Dr Laura Balouch
Symphonie	8	55,000	Dr Kanan Pande

*Hull Association of Similar Practices (HASP)

The wider practice clinical team

The GP contract provides resource to support PCNs to appoint additional workforce throughout the period to 2023-24. In 2021-22 PCNs in Hull continued to expand the number of additional roles working in primary care including clinical pharmacists, pharmacy technicians, social prescribing link workers, nurse training associates, first contact physiotherapists, physician associates, health and wellbeing coaches and care co-ordinators to support them to deliver services to their patients.

General practice in Hull continued to adapt service delivery in response to the COVID-19 pandemic, and as part of the restoration of services in line with national guidance. Patients requiring care continued to be triaged, and then received care either face to face with appropriate Personal Protective Equipment (PPE) or remotely where this was suitable and convenient. Overall numbers of patients seen in general practice in 2021-22 was above pre-pandemic levels.

General practices through their Primary Care Networks continued to play a key role in the roll out of the COVID-19 vaccination programme including as part of the booster campaign in response to the OMICRON . All five Primary Care Networks have been offering the vaccine from a number of sites across the city in line with national guidance from the Joint Committee on Vaccination and Immunisation (JCVI).

The five Primary Care Networks in Hull participated in the national plan for improving access to general practice launched in October 2021 by a range of activities to increase access to general practice through the winter.

#WeArePrimaryCare campaign

A new campaign to give GP care across the Humber a voice on access and attitudes to primary care amid growing pressures launched in September 2021. Tackling abuse is the first part of a three-phase public awareness campaign around improving experiences for patients and staff.

The initiative is led by Humberside Group of Local Medical Committees Ltd (Humberside LMC) with the support of the Clinical Commissioning Groups in Hull, East Riding of Yorkshire, and Northern Lincolnshire, and a range of partners who are standing together to say that abuse of primary care workers in any role will not be tolerated. It aims to challenge, and where needed, change public perceptions and understanding of primary care services across our area.

West Hull Health Hub opens to benefit thousands of patients

An £8 million pioneering health hub built to benefit thousands of patients in West Hull opened in December 2021.

Hailed as a beacon of future primary care services, the newly completed state-of-the-art West Hull Health Hub replaced the existing Springhead Medical Centre, which has operated at full capacity from dated facilities for almost seven decades. The new building integrates services under one roof within the community with the aim of limiting the need for hospital admission or care.

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

See www.hullccg.nhs.uk/about-us/who-we-are/primary-care-networks/ for the location of GP practices in Hull.

Digitally enabled care

Following significant change as a result of the COVID pandemic, over the last 12 months we have seen a number of digital enhancements to benefit our population and professionals, to ensure that we continue to empower the best possible level of care. We have a number of key programmes of work underway to ensure that our health and social care teams have access to the latest digital tools in their workplace:

- We believe that every patient should only have to tell their story once, so to ensure that each professional directly involved in a patient's care is fully informed to make decisions we have accelerated the deployment of our shared care record system – The Yorkshire and Humber Care Record.
- Across the Humber and North Yorkshire we have connected Hospital, Social Care, Primary Care and End of Life records, to allow health professionals to access a holistic view of patient care, when it is appropriate to do so.
- We have continued to replace older computers in GP Practices to ensure that practice teams have access to appropriate and up to date equipment.
- We have started to implement a secure clinician to clinician messaging solution to allow care professionals to seek advice from their peers.

We have worked hard to provide the appropriate solutions to empower patients to interact digitally with their care services:

- All practices have access to Online and Video Consultation facilities.
- We have continued to develop the use of the NHS App to provide convenient access to GP Services and to assist patients to manage their own care requirements.
- Over the last year we have added hospital records to the NHS App, for some of our population.
- We have continued to develop our online self-care app store and expanded it to cover a wider geography, this allows more of the local population to easily access suitable apps to support their wellbeing.

We recognise that digital solutions do not always provide the most accessible or appropriate method of communication for all patients, so to support access we have undertaken a number of programmes of work:

- We have worked with NHS England to develop a resource pack, to support patients to know how to best access their practices for digital, non-digital and face to face access. This work formed the basis for a national resource pack to be used nationally within general practice.
- We are actively working to ensure that all practice websites are as easy to use as possible.
- We have begun to provide practices with systems to record how digitally enabled their patients are, to ensure that they offer the most appropriate style of care to individuals.
- We recognise the importance of understanding the best access method for everyone, so we have a dedicated Digital Inclusion Network, to ensure that service accessibility is at the heart of everything we do.
- We have workstreams underway looking at how we can provide supported digital access to those patients who normally wouldn't be able to access, for example tools for digital access within rural locations such as village halls.

Care Homes are an important element within our care community, providing proving residential care for a large number of our population.

We understand that a great deal of care needs to take place within a care provider premises and we are working hard to ensure that all Care Homes are connected to the wider care community:

- All our Care Homes are provided with access to a secure NHS Mail address.
- All have been provided with a connected tablet to allow access to video consultations, proxy medication ordering and other on-line health services from within a resident's room.
- We are working with our IT partners to look at how we can provide improved Wi-Fi access within care homes, allowing staff and visiting clinicians to remain fully connected to their systems.
- Our care community has developed a support team to support care homes to improve their digital maturity.
- We have developed a first of type Care Home IT Operating Model to outline the services and support required by providers, to ensure they receive the support required to allow digital access.

It is important that we support the reconfiguration of clinical services to ensure that patients are seen in the most appropriate location and to increase capacity within the care system and to support this we have a number of exciting projects underway:

- We have implemented a clinical booking system which allows NHS 111 to book callers into Urgent Care settings and we are now developing this system further to allow any care provider to directly book into any other care provider. This will allow a quicker and easier experience for patients.
- We have supported the process to move diagnostic services into the community, increasing capacity within other local services.

Engaging people and communities 2021-22

Jason Stamp, Governing Body Lay Member for patient and public involvement

"This section of the Annual Report demonstrates the CCG's commitment to pro-actively engaging with local communities in all aspects of its work. The views and experiences of local people are important to us and have been an integral part of how we have reviewed, designed and commissioned local services. Our priorities and the way we work are based on what local people tell us. At a time when the NHS faces considerable challenges, this has never been more important.

"We have invested time in developing strong relationships with local communities and voluntary and community sector groups and organisations, recognising that we can only address health inequalities and achieve better outcomes by working in partnership.

"Looking back, I am immensely proud of what we have achieved and how engagement with local people has challenged the CCG to think and work differently. We have done this because it's the right thing to do and the connection to our diverse and resilient communities has always been the catalyst for change. As we move into a new health and social care landscape this is one of our greatest legacies. It is also a strong foundation for what comes next. We cannot lose the opportunity to continue to make a difference."

As the last full year of operation as a CCG comes to a close we reflect on the quality and breadth of public engagement the CCG has undertaken. The last two years have been particularly challenging in respect of face to face meetings and events but digital working and online engagement as a supplement to more traditional methods has opened up conversations with whole new audiences.

Our well-established mechanisms such as the Hull Champions and Working Voices programmes have gone from strength to strength, and new channels such as the emerging Covid Vaccine Champions programme will broaden our reach further.

Hull Champions

We continue to support our network of 127 active Hull Champions, which is made up of local groups and projects which support health and wellbeing.

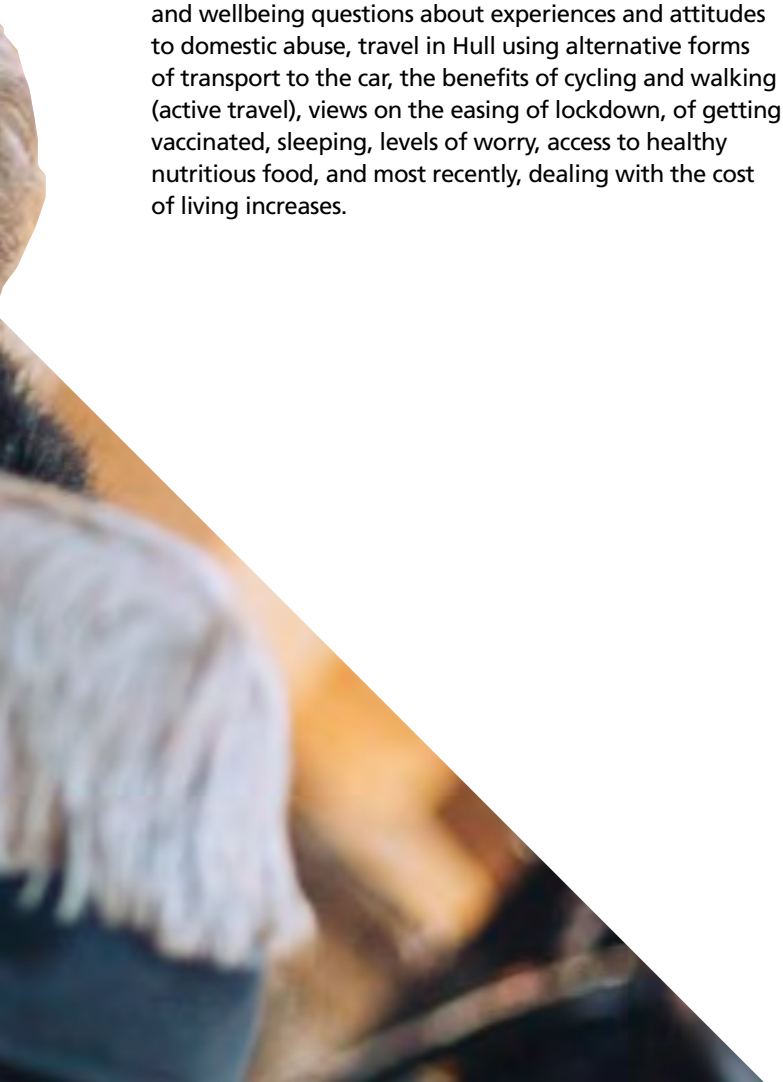
These groups have continued to play a key role in supporting local residents with health and wellbeing, with mental health support being an area of key focus. The Champions have continued promoting our key public health messages and have been particularly valuable in targeting information around the covid vaccination programme.

The closed Facebook group continues to be a space for Champions to share ideas and regular network meetings have continued via a digital platform. You can find out more about the Hull Champions programme by following @Hullchampions1 on twitter.

Hull People's Panel and People's Panel Vox Pop

In partnership with Hull City Council, quarterly online surveys with 2500 local residents are carried out, with Vox Pop surveys to undertake social research and explore attitudes to current events in the months in between.

Surveys in 2021 - 2022 have included a number of health and wellbeing questions about experiences and attitudes to domestic abuse, travel in Hull using alternative forms of transport to the car, the benefits of cycling and walking (active travel), views on the easing of lockdown, of getting vaccinated, sleeping, levels of worry, access to healthy nutritious food, and most recently, dealing with the cost of living increases.



Working Voices

Working Voices provides the opportunity to engage with and support the health and wellbeing of local employees via a network of 40 businesses.

This enables a reach of around 23,425 people - allowing the voices of the workforce to be heard – as well as a means of sharing health information directly to the workplace. Over the last year, a series of menopause workshops have been provided for employees and the feedback has been very positive from participants:

> **"I found the session very invaluable. I learnt about my symptoms, the causes, the potential fixes, the associated risks and all the evidence based things I could be doing to help myself.**
>
> **"More importantly to me, Kay (the expert facilitator) listened to my issues and helped me to get HRT without the blood test. After the workshop and the conversation with Kay I was so relieved that I nearly cried."**

Maternity Voices Partnership (MVP) offers vital feedback route

The Maternity Voices Partnership (MVP) has continued to provide a vital route for feedback for parents and families.

The MVP has made use of social media to ensure feedback opportunities have been available to local families through the pandemic and beyond. Families are encouraged to feed back about each service throughout their pregnancy and following the birth of their child. Themes over the past 12–18 months have largely focused on the implications of the COVID restrictions on birthing experiences.

Public involvement
in health service design and planning

The CCG has discharged its duty under Section 14Z2 of the NHS Act 2006 (as amended 2012) to involve the public in our commissioning activities and once again the CCG was Green Star rated (Outstanding) for its Patient and Community Engagement in 2021.

Our commitment to engaging with the people who use our services goes way beyond the statutory requirements, and during 2021-22 the CCG has been able to gather the views of thousands of local residents, patients, clinicians and professionals despite the ongoing challenges that the pandemic has brought. Here are some highlights of our service level engagement during 2021-22:

Mental Health Support Teams (MHST) (Hull)

Hull was selected by NHS England as a pilot area for two Mental Health Support Teams (one in the east of the city and one in the west) to provide low level mental health support in schools, including educational based interventions or onward referral where appropriate.

To ensure the new service was developed in partnership with those who would be using it, an online engagement resource supported the engagement phase, and this received over 2500 responses from children and young people, and 700 from parents and staff. Virtual sessions were held for staff, parents and carers; three sessions held with secondary schools and four with primary schools. A face-to-face sessionwas held with parents and carers of children at special school (as requested by parents) and a children and young people's workshop was undertaken to help inform the service specification.

Communications support was also integral to the programme including brand development, website creation, stakeholder communications, social media promotion, development of communications packs for schools and colleges, video production and media management.

Mental Health Support in care homes (Hull)

The CCG has carried out substantial engagement with stakeholders to identify challenges, gaps, and areas of improvement in current care home support and identify possible solutions to improve care home resident experience.

Across Hull and the East Riding of Yorkshire (ERY) there are approximately 6000 people in care homes and mental health problems are common within this population. National figures show that up to 40% of care home residents suffer from depression and 20% display challenging behaviours. The transition to residential care can be very distressing and debilitating for the cared for, and also their carers and families. Furthermore, there are challenges in the identification of mental health problems and the right support. Services and organisations across Hull and ERY that support care home residents recognise that more can be done to support care home residents and work better together.

Online and face-to-face engagement with stakeholders identified issues and warning signs that could lead to mental health deterioration and result in crisis. The outputs were used to co-produce system improvements to overcome issues and act on warning signs, improve outcomes for patients/residents.

The CCG's engagement team developed case studies to support discussion about the types of situations we were looking to avoid. Discussion groups were held with health professionals, families and carers, social care professionals, voluntary community and social enterprise sector colleagues, other local authority staff and mental health services.

The output of each of the workshops was analysed and this helped to inform survey development for professionals and families/carers to widen engagement reach, and identify the key challenges to supporting residents. A multi-stakeholder virtual workshop was also held to determine and prioritise solutions for key challenges faced in supporting care home residents. Several recommendations have now been taken forward

Social Prescribing (Hull)

Social prescribing is a way for local organisations to refer people to a link worker who takes a holistic approach to people's health and wellbeing and this can connect people to community groups and statutory services for practical and emotional support.

In 2021 Hull CCG worked in partnership with Hull City Council to conduct an engagement exercise to support the development of a revised social prescribing service specification.

Initial discussion sessions held with Primary Care Network (PCN) leads, social prescribing staff, the local welfare advice service, local authority 'See and Solve' teams, social care and public health to gain understanding of how the service currently operates, how it might work in the future following recent national changes to social prescribing, and where improvements could be made.

Pathway sessions were held with social prescribing providers, welfare advice service and associated services to determine possible future pathways. Co-production sessions with stakeholders helped develop a greater understanding of social prescribing, which has helped to inform the revised service specification.

We said... We did ...
co-production work in 2021-22

Neurodiversity service development (Hull and East Riding)

The Hull and East Riding of Yorkshire Children's Neurodiversity Service provides support to children and young people with neurodiverse conditions (or presentation) and their parents/carers and families. Neurodiverse conditions can include autism, ADHD, sensory issues, learning disabilities, Cerebral Palsy and Downs Syndrome.

In response to feedback received from children, young people, their parents and carers, and people who work to support them, a series of service reviews and events were undertaken in 2019. The main engagement event in March 2019 'Let's Talk … Children's Neuro Stuff', produced an Evaluation Report that included the co-produced vision, values and overarching service model for local services that support children and young people with neurodiverse needs.

The pandemic initially paused some of this work and when the work resumed and due to passage of time since the original "Lets Talk Neuro Stuff" session, confirmation sessions were held to ensure that the issues and priorities identified at the initial event remained. It was also an opportunity to reach out to children and young people as well as East Riding parents and carers who were under-represented at the original event.

Two virtual sessions - for parents/carers and for children and young people were held and families suggested that face-to-face interaction would be more accessible to help children and young people to further engage. As a result, three engagement opportunities were available during Hull's summer activity events - specifically the Leisure and Family Support Services 'play van' events for SEND children and young people.

Ongoing engagement, participation and feedback will continue from all stakeholders with a focus on children, young people and their parents who use the service over this period.

To support the test and learn phase of service development, and to ensure co-production continues to be embedded in the development of the service, a series of Reflective Discussion Panels are proposed. These sessions follow a citizen's jury model, made up of key stakeholders who give feedback on their experience of the service, and help find solutions to issues and to strengthen and share aspects that are working well. Further information on the Neurodiversity service is on page 19.

Special Educational Needs and Disabilities (SEND) co-production work

In partnership with Hull Parent Carer Forum and Hull City Council, we have launched Hull's Children SEND Co-production Charter, which was itself co-produced with children and young people, parents and carers, and health and care staff.

The Co-production Charter promises to:

- Listen and communicate
- Do what makes a difference
- Be flexible and responsive
- Respect lived experience
- Grow relationships

The charter outlines the partnership values and demonstrates a commitment to parent and carer involvement throughout SEND service delivery and development.

Improvement work is now in progress following the listening events in 2021, and new projects of work are to be started. Parents and carers will be involved from the outset, and throughout, so that the identified solutions are co-produced. To help deliver this successfully, coproduction champions are being introduced.

NHS Hull CCG continues to promote the use of the Co-production Charter, and its implementation in the daily practice of those supporting children and families living with SEND. The principles have shaped the involvement of parents carers and children in the development of SEND services including the Hull and East Riding Neurodiversity service. Find out more by searching **Hull Local** Offer or contact SEND.Management@hullcc.gov.uk.

Humber Acute Services programme engagement

The Humber Acute Services programme is currently developing a range of potential clinical models (options) for the future delivery of core hospital services including:

- Urgent and Emergency Care
- Maternity, Neonatal Care and Paediatrics
- Planned Care and Diagnostics

Throughout 2021-2022 we engaged with over 9,000 stakeholders, including:

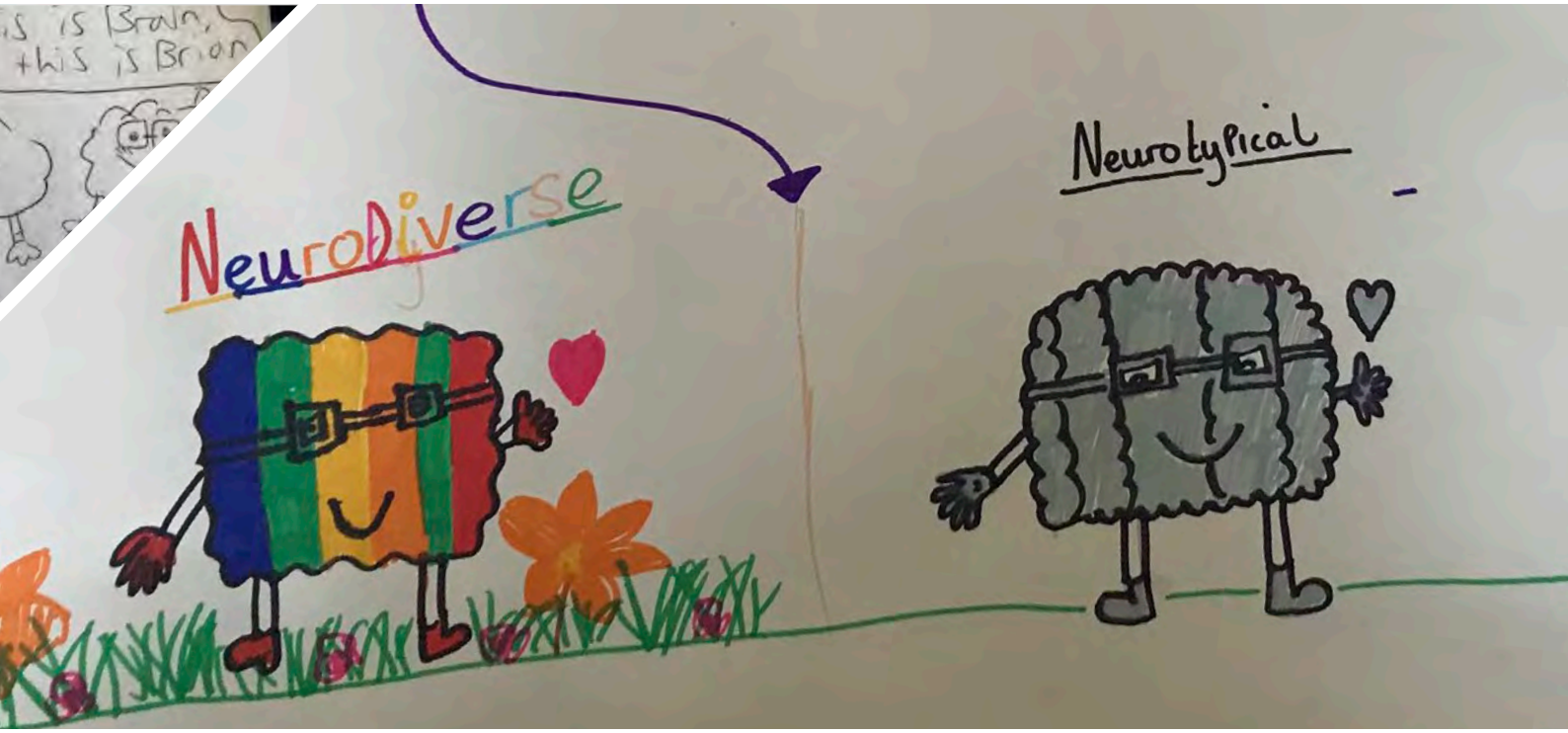
- **Current and future patients**, staff, the public and their representatives about what matters most to them when they need hospital care (around 4000 people took part, February to October 2021)
- **Women, birthing people, their partners and families** on where and how they would like to be cared for when giving birth (around 1150 people responded, June to July 2021)
- **People who had visited Emergency Departments** about their experiences and what could be done to help them access care in a different way (around 2000 people responded, July to August 2020)
- **People and communities who face additional barriers** to accessing care, their representatives and others working alongside them to find out how we can address the barriers they face.
- **Children, young people, their parents and carers** on what matters to them when receiving hospital care (around 300 people took part, November to December 2021)

Overall, people told us that being seen and treated quickly, being kept safe and well looked after and having enough staff with the right skills and experience were the most important things to them when thinking about their hospital care. For parents, carers and people using maternity services safety was the number one priority overall. For staff in our hospitals, addressing workforce shortages and having a better work-life balance were highlighted as key priorities.

Taking on board the feedback and insights from patients, staff, service-users and other stakeholders, our clinical teams have continued to develop and refine the different potential scenarios for how services could be organised in the future. Different ideas have been added in and/or discounted at various stages, based on evidence and feedback from clinical teams and wider stakeholders.

The clinical design process has produced a range of possible scenarios, which could potentially address the issues and challenges within our hospital services. Evaluation of these potential scenarios began during February and March 2022, involving a wide range of stakeholders, and is continuing during spring 2022. This will support the development of a Pre-Consultation Business Case, which will be published later in 2022.

For more information on the Humber Acute Services Programme can be found at https://humberandnorthyorkshire.org.uk/our-work/humber-acute-services-review/



Digital storytelling

Digital online communication has a key 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 and Browsealoud software to support the visually impaired. This year we have developed a small number of microsites which provide a hub of information for specific projects. These include a dedicated local walk-in vaccination website: www.vaccinatehullandeastriding.co.uk and our dedicated site for Armed Forces/Veteran mental health: www.hulland-eastyorkshireveteransupport.co.uk

Our social media accounts have continued to build a strong following which enables us to reach vast numbers and a wide range of people Hull. We work in partnership with local organisations to support initiatives across a wider social media footprint locally by sharing content. We also use paid for social media adverts to promote key areas of work and reach a larger or more targeted audience. In 2021 we utilised our social media following to engage with local patients through a live COVID-19 vaccination Q&A with Dr James Crick, the CCG's Associate Medical Director, and in 2022 hosted a Facebook and Instagram story poll to select a new brand for the Hull Mental Health Support Teams.

Throughout 2021-22 we developed several podcasts on a range of topics aimed at young people in Hull. Examples include:

- Kooth's Booths - a podcast created by young people, for young people, focusing on different topics of mental health. These podcasts promoted Kooth, a regionally commissioned online mental health platform for young people.
- Get Your Vax straight - a podcast led by young people with guest Dr James Crick aiming to bust myths around the COVID-19 vaccine and encourage uptake in young people.

We have continued to utilise video to promote key projects and tell patient stories. Some examples of video story telling include:

- #GrabaJab like Tommy Coyle! – Local boxing hero Tommy Coyle took viewers along to his second COVID-19 vaccination appointment at a local walk-in pop-up site which showed how easy it is to access vaccinations within the community.
- Targeted Lung Health Checks – Danny and Christine's Story – this case study video featured local couple Danny and Christine Whisby who attended their lung health check in January 2020. Unfortunately, Danny's scan found that he had lung cancer. However, with the early diagnosis and quick treatment, Danny is now cancer free and looking forward to summer holidays with his wife Christine. This story featured in Health and Social Care Secretary Sajid Javid's speech at the Francis Crick Institute in February 2022. photo
- Bowel screening instructional video for people with learning disabilities – this walk-through video gave accessible instructions on how to use a home bowel screening kit for people with learning disabilities. The video featured Colleen Hemsworth, a volunteer with City Health Care Partnership's Wellbeing service and prominent member of our local learning disability community. photo
- What is a Mental Health Support Team animation – this animation was co-produced with schools, parents and carers and children and young people to provide a clear, digestible explanation of what a Mental Health Support Team is for young children.
- Humber Children's Palliative and End of Life Care- Children and families' stories- a series of videos were produced to highlight the experiences of children, young people and their families through their palliative and end of life care journey. Each video focuses on key elements of the journey including diagnosis, ongoing care, end of life, bereavement, and transition; giving insight into the strengths, challenges and gaps in current services and support across the Humber. photo

Search NHS Hull CCG on youtube or visit www.hullccg.nhs.uk to see our films.

Enhancing patient experience

Newsletters

We produce a number of newsletters to update on CCG work programmes which include: My city, my health, my care - highlights developments in primary care https://www.hullccg.nhs.uk/primary-care-blueprint/, and our bi-monthly Chief Executive Update features work of the CCG https://www.hullccg.nhs.uk/publications/a-z-of-publications/current/#section9

To further reach households in Hull, in print and online, we contribute regularly to a number of platforms and publications with blogs, first person pieces, interviews and features.

Get involved

Twitter:	**@NHSHullCCG** **@HullChampions** **@ThePeoplesPanel**
Facebook pages:	**NHSHullCCG** **Hull2020 Champions** **The Peoples Panel** **Healthier Hull.**
youtube:	Search **'NHS Hull CCG'**

Our media policy can be found at **www.hullccg.nhs.uk**

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 2021-22.

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. Please see page 55 in the Accountability Report for information on handling complaints in 2021-22.

We welcome feedback on experiences of local health services. The Patient Relations service can be contacted with concerns, complaints and compliments via

Freepost plus RTGL-RGEB-JABG, NHS Hull CCG, Patient Relations, 2nd Floor, Wilberforce Court, Alfred Gelder Street, Hull HU1 1UY Telephone 01482 335409
Email: HullCCG.Pals@nhs.net

Highlights of year in health 2021-22

'Our Best Years' – supporting older people's health and wellbeing

As part of the Teaming up for Health initiative, NHS Hull CCG worked together with Hull FC Foundation and Hull KR Foundation to launch a new project in March 2022 aimed at tackling social isolation and improving physical wellbeing in older people. The project 'Our Best Years' combines fans' love for rugby with physical wellbeing activities such as movement to music and fun social activities like bingo and reminiscence.

Get Match Fit

A new Hull FC Community Foundation project called 'Match Fit' launched in early 2022, helping men above the age of 35 get active. As part of the CCG's Teaming up for Health initiative, 'Match Fit' sessions deliver a wide range of multi-sport activities, as well as several gym-based aerobic and anaerobic exercises. The sessions also offer the opportunity to promote wider messages about healthy lifestyles, mental resilience, and other opportunities to be active in the local community.

Recognition for Hull Mental Health Support Teams at the Hull Live Golden Apples Awards

Hull Mental Health Support Teams were recognised at the Hull Live Golden Apple awards in December 2021 for their work to provide mental health and wellbeing support to children, young people, parents and education staff in schools and colleges across Hull. The new NHS service, which is delivered in partnership between NHS Hull CCG, Hull City Council and Humber Teaching NHS Foundation Trust was presented with the 'Wellbeing Award' at the event, which saw education staff, children and young people gather to celebrate the talent, skills and hard work that goes into teaching and providing education in Hull and East Riding. photo

New Hull and East Riding Neurodiversity Service selects winner following logo competition

A brand-new service to support children and young people with neurodiverse needs unveiled its new logo at an event in October 2021 after inviting young people to submit their designs. Following an abundance of entries, the final winner was voted for by over 500 members of the public as well as NHS management and the winner, 17-year-old Chloe Keenan, was presented with a certificate and voucher at a celebration event. photo

Working towards a greener NHS – new drop off sites launched for unwanted medical equipment

In August 2021 NHS Hull CCG, in partnership with NHS East Riding of Yorkshire CCG set up a new initiative to encourage residents to return medical equipment that is no longer needed such as crutches and commodes. Four new drop-off containers at household waste recycling centres in the area were allocated to help patients support a greener, more economic health service.

Hull is home to UK's first CCG of Sanctuary

NHS Hull CCG celebrated achieving the status of 'CCG of Sanctuary' during Refugee Week 2021. On 16 June the CCG became the first commissioning organisation in the country to be awarded the accreditation from the City of Sanctuary UK. Sanctuary status confirms that Hull CCG has a fundamental commitment to support refugees and asylum seekers when accessing healthcare services.

Hull CCG has a long tradition of working with migrant, refugee, and vulnerable populations, appreciating health and social difficulties these groups may face when accessing healthcare. An important part of the project is raising awareness and understanding among the frontline staff about the physical and mental health needs of migrants and asylum seekers and ensuring our local services in Hull are welcoming and responsive.

Dr Dan Roper, Chair of NHS Hull CCG, who led the programme said: "When the Sanctuary organisation approached us to become the first CCG of Sanctuary in the country, we thought it was a fantastic opportunity to showcase some of the great services that we provide locally. Our city already has strong links with the movement. This status is in recognition of work to provide equality of healthcare for migrants and asylum seekers, and the CCG is proud to sit alongside Hull City of Sanctuary and the Hull University of Sanctuary.

The CCG has also produced a QR code, which staff can attach to a key fob, which can be scanned on a mobile phone to provide a direct link to its website with useful healthcare related information. Find out more at www.hullccg.nhs.uk/our-work/current-projects/ccg-of-sanctuary/refugee-support/

CCG recognised for dedication to veterans and their health

August 2021 saw NHS Hull CCG recognised for its work supporting veterans achieving Silver Accreditation from the Armed Forces Covenant. The Covenant publicly recognises the efforts made by an organisation to support defence personnel.

Having joined the Covenant in 2019, an ongoing scheme of work and in-person events were planned to highlight the ways in which primary care (GP services) could support Armed Forces personnel and veterans, despite the COVID-19 pandemic putting immense pressure on health services.

More than 3000 veterans informed their GP practice of their ex-Armed Forces status in this short period of time. This allows them to receive tailored support for their individual health needs and provides clinicians and supporting staff with the insight required to best support them. Additionally, the launch of the new www.hullandeastyorkshireveteransupport.co.uk website, brings together local support services aimed at promoting better mental health for people serving in the forces, veterans and their families.

Improving Quality

NHS Hull CCG is passionate about ensuring high quality services are commissioned for our local population, not only now but also for our future generations, placing quality at the core of commissioning services. 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 plans.

With a clear focus on continuous quality improvement, the CCG is able to drive innovation and support a healthier future for our local population. This is achieved through strong partnership and collaborative working across the whole system which has strengthened significantly throughout the last year, as together we have responded to the COVID-19 pandemic

Working collaboratively we continue set quality standards for all our providers which are above the essential requirements and with the emphasis on ensuring continuous improvement and in improving patient outcomes and population health. This work is underpinned by the following key elements of quality:

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

Quality assurance during the COVID-19 pandemic

A core function of the CCG is to ensure commissioned services deliver safe, effective and high-quality care. This has been exceptionally important throughout 2021-22 as all provider organisations continued to respond the COVID-19 pandemic and adapted the way they delivered services as a result.

The CCG has also adapted existing mechanism of delivery to further strengthen and support provider organisations, developing new approaches whilst ensuring robust oversight and assurance of existing services.

Working collaboratively with Hull City Council, the Jean Bishop Integrated Care Centre, our Primary Care Networks and all other providers we continue to ensure an integrated, whole system response, using nationally produced guidance and ensuring safe local delivery. This has included supporting the COVID-19 vaccination programme, testing and moving to the recovery phase as we learn to live with COVID-19.

In acknowledging the pressures, assurance meetings continue to be adapted, to reduce burden but maintain scrutiny of quality outcomes. The CCG has continued to ensure quality indicators from providers are monitored and reported to its Quality and Performance Committee, which reports directly to the Governing Body.

Patient safety – serious incidents

The CCG has a robust serious incident (SI) management process and works with all provider organisations for continuous improvement in patient safety; agreeing on quality improvement priorities.

A SI panel review meeting reviews completed investigations against a set of assurance expectations. From this, quality improvement plans can drive improvements contributing to an overall improvement in patient safety and patient experience.

The transition to the new Patient Safety Incident Response Framework (PSIRF), released later in 2022, focuses on ensuring learning is embedded across the wider health economy.

We are members of the co-design group, involving patients and families in serious incident investigations and we contribute to the task and finish group for the Integrated Care System (ICS) roles and responsibilities that will eventually form part of the Patient Safety Incident Response Framework.

We have two newly-appointed nominated patient safety specialists, one of which is the chair of the Humber and North Yorkshire patient safety specialist delivery group and we continue to actively support the delivering of the National Patient Safety Strategy.

End-to-end reviews continue to identify and share learning, helping to embed change and improvements within our systems and processes.

Learning Disabilities Mortality Review (LeDeR)

The CCG has continued to ensure robust process for the management of Learning Disability Mortality Reviews (LeDeR). All LeDeR reviews are aligned with the SI process and learning is shared.

The local area contacts continue to established themselves as reviewers and, in offering support to families, carers and our safeguarding team, continue to be an integral to the LeDeR process.

Reporting to the Safeguarding Adults and Children's Board, our learning informs the work of the system, our priorities for improvements and supports education for partners across the system.

Hull CCG continues to support the national team, and during 2021-22 we have contributed towards national learning from deaths of people with COVID-19 and in the development of revised processes for LeDeR in implementing the national policy.

Safeguarding Adults

The CCG has fulfilled its safeguarding responsibilities and delivery as one of the organisation's non-COVID-19 priorities in year, maintaining a daily commitment to working on a multi-agency basis with children's and adult social care safeguarding teams.

The CCG continues to strenthen its safeguarding arrangements through its Safeguarding Assurance Group (SAG), ensuring the strategic oversight of safeguarding activity. NHS Hull CCG continues to be a key partner in fulfilling both Executive and Operational support to the Hull Safeguarding Adults Partnership Board.

We have worked in partnership with the Hull Domestic Abuse Partnership (DAP) in the development of the Domestic Abuse Strategy 2021-24. The COVID-19 pandemic changed so many aspects of our daily lives and nationally there was recognition that victims of domestic abuse living at home would struggle even more. Locally the Community Safety Partnership worked quickly to make sure that victims could still reach out for help, using highly creative channels to contact victims. The CCG continues to support proactive work including the national white ribbon and 'Ask ANI' campaigns.

Specific challenges exist in relation to families and isolated children who are less visible outside settings such as schools and support centres. We have continued to address these challenges in seeking new ways to provide consultations and support the continuity of accessing healthcare, including dental care.

Buidling on previous years, both the Designated Professional for Safeguarding Adults and Named GP continued to support multi-agency safeguarding reviews during 2021-22 and have supported primary care colleagues via the remote delivery of three Level 3 adult safeguarding training events for GPs. The CCG is also a key partner in the following organisations:

- Community Safety Partnership
- Humber Modern Slavery Partnership
- Multi Agency Public Protection Arrangements (MAPPA)
- Counter Terrorism Prevent

Safeguarding Children

The CCG continued to fulfil legal requirements and responsibilities for safeguarding children. The Safeguarding team has remained actively engaged in work across the wider Humber and North Yorkshire Partnership

Alongside the Police and Local Authority, the CCG continues to lead on the four key business priorities within the Hull Safeguarding Children Partnership which includes, Neglect, Child Exploitation, Domestic Abuse, Learning and improvement and the recovery from the COVID-19 pandemic.

We remain committed to ensuring children and their families are fully engaged and listened to so that their voices and lived experiences are integral to the development and delivery of services within Hull. This will ensure that children are protected from harm by robust and co-ordinated multi-agency intervention and support at the earliest opportunity. Furthermore that we continually measure the impact of work undertaken through HSCP to ensure that there is accountability and transparency in safeguarding practice with a focus on continual learning and improved outcomes for children.

The ICON programme 'Babies Cry, You Can Cope' has been implemented across maternity, 0-19 Public Health Nursing and Neonatal services in our area. Led by the Local Maternity Services and Designated Nurses it supports parents with crying babies and has been very well received by staff and supported by the Maternity Voices Partnership and Perinatal Mental Health teams across the area.

Work to raise awareness around the first 1001 critical days, led by the Health and Wellbeing Board continues, alongside a strategic focus on speech and language development in the Early Years, acknowledging the impact of the pandemic on the risks of a widened the communication gap.

Looked After Children

The CCG has maintained a multi-agency approach with both Designated Nurse and Designated Doctor for Children Looked After.

We maintain our role in the Integrated Looked After Children and Care Leavers health forum (ILAC). The CCG is also a member of the Inspecting Local Authority Children's Services, further strengthening the improvements in dental access, system connectivity and training for professionals and carers.

Special Educational Needs and Disabilities (SEND)

The CCG continues works in partnership with children, young people, their families, the SEND and Children's Services teams of Hull City Council and our health providers locally and regionally to ensure a timely health response all the way through the processes of education, health and care needs assessment, planning and review. For more information please see page 19.

Continuing Healthcare

It's been a further successful year with respect to the assessment and decision-making process for confirming Continuing Healthcare (CHC) and Children and Young People's Continuing Care eligibility. The local service has continued to exceed the national service delivery requirements, with continued good practice noted in providing people with decisions about their eligibility for Continuing Healthcare funding within 28 days.

The team has continued to support our community of eligible people throughout the pandemic, supporting understanding of the various legislative and guidance changes, prioritising access to Personal Protective Equipment and ensuring that the care and support services that people receive are safe, of good quality and are regularly monitored.

The team has worked with colleagues to improve experiences of discharge from hospital and ensure people with continued care and support needs have had access to the right care at the right time.

Following the change to the national guidance to reintroduce the Decision Support Tool (DST) assessments from September 2020, all the required backlog DST assessments were complete in advance of its own trajectory and that set by the national government.

The Hull CHC and Children and Young People's Continuing Care offer, continues to work with other Humber CCGs, with the aim to ensure every eligible person can benefit from measurably improved outcomes and parity of experience.

The success of the new digital solutions for Personal Health Budgets and account management pilot, has organised care and support easily and flexibly, minimising the impact on the daily life and routines of people and their families. The digital platform has increased transparency and reduced the administration and auditing burden for the PHB holder and the CCG, releasing time and energy to be fully focused on where it matters.

The CCG is fully compliant with the new NHS England data reporting regime starting from April 2022. Discussions have started around developing an online CHC referral portal, with the aim of improving local access to CHC and Children and Young People's Continuing Care.

Commissioning for Quality and Innovation (CQUINs)

CQUIN schemes are designed to deliver clinical quality improvements and drive transformational change. During the pandemic CQUIN schemes were suspended, and then reintroduced for 2021-22 by NHS England. We are working with larger providers to agree CQUINs to support quality and innovation in patient care and embed best practice learning.

Primary Care

The CCG remains committed to strengthening support to PCNs and Lead Nurses for recruitment and training through regular lead nurse meetings. Further progress includes developing and supporting Trainee Nurse Associates (TNAs) and newly registered nurses via the GPN Development Scheme and assisting registered nurses to become nurse practitioners. Working with primary care the CCG has supported the training needs anlaysis, to further workforce development such as additional Advanced Nursing Practitioners and Advance Phlebotomists.

Personalisation

This year we successfully piloted the Virtual Wallet, a digital Personal Health Budget project. Supported for a further 12-month period, this commitment ensures continuity for existing users, and greater opportunity to maximise its use across NHS Funded Care pathways.

We have further strengthened the Personal Health Budget offer for people eligible for Section 117 aftercare, and living in the community. Further engagement has taken place with our local voluntary sector to develop advice and support that reflects the needs of the local community, and that personalisation remains the golden thread that links us with our local communities and meet the needs of local people. Women accessing maternity services are now experiencing improved access to personalised birth planning, across Hull and the East Riding.

The CCG continues to work with NHSE to identify opportunities to support the roll out of personalisation across all aspects of healthcare. A new regional personalisation group identifies opportunities and engages with NHSE for resources and initiatives to benefit the people of Hull and the region.

Action to reduce health inequalities in Hull 2021-22

The COVID-19 pandemic has continued to illustrate the gap between the least deprived and the most deprived communities. NHS Hull CCG serves a population that is in the fourth-most deprived local authority in England.

As a result, health inequalities continued to be be a focus of the work of the CCG and the local system, with the aim of continuing to try to reduce the gap. In the last year the CCG has been a leader in working towards this aim.

The CCG continues to be a key member of the Hull Health and Wellbeing Board (HWB); which is a partnership board and statutory committee of Hull City Council. 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.

Social determinants of health

The CCG is a strategically important partner in the local system, working with the local authority, and other partner organisations to tackle the social determinants of health as many require a multi-agency approach.

However, equitable access to high quality health services is clearly within the remit and control of the CCG. The CCG has taken an number of actions in the last year which work to address some of the inequalities and inequities that have not yet been addressed. Notable groups that have been actively considered during 2021-22 are people with a learning disability, Inclusion Health populations, and those people seeking asylum in the UK and have been placed in the Home Office Initial Accommodation system, but were accommodated in one of two hotels in Hull.

Learning disability

Having recognised that our learning disability population were not accessing health checks, and with the aim of maintaining health, identifying disease early, and optimising treatment where necessary, the CCG has worked with general practices through a local community provider to understand and break down the barriers stopping this population accessing this service.

Based on activity to date, significantly more people with a learning disability have been able to access their annual health check, and there has been important learning identified to improve uptake further in the future. There will have been additional benefits in terms of encouraging this group to take up the offer of cancer screening, where without the clinical conversation that comes with the health check, some might otherwise not have taken this up.

Supporting people seeking asylum

In most cases, people seeking asylum would be initially accommodated in a Home Office commissioned facility in West Yorkshire and would have access to health services on site.

Due to capacity challenges during 2020, some people seeking asylum needed to be accommodated in other venues across Yorkshire, and a hotel in Hull was initially commissioned for this purpose. The CCG worked with an existing community and primary care provider to ensure that appropriate health services were available for this vulnerable population. This support was continued in 2021-22 when a further hotel was commissioned to support people seeking asylum, when the CCG again worked with the Home Office, and local providers to ensure that people had equitable and appropriate access to health services. This included working with a vaccination provider to deliver COVID-19 vaccinations for this group.

Inclusion health

Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). (www.gov.uk)

Whilst NHS Hull CCG has had a primary care service that supports homeless individuals, it was not commissioned as an inclusion health service. During 2021-22 the CCG completed the procurement of a new service to support inclusion health populations, recognising that this population experiences some of the most extreme inequalities. The service was mobilised and has actively been working with homeless individuals, rough sleepers, and other groups that could be included in the term "inclusion health". In addition to delivering the inclusion health service, the provider has supported a number of COVID outbreak situations in hostels, and has also delivered COVID-19 vaccinations to this population, ensuring equity of access to the vaccination programme.

COVID-19 vaccination programme

NHS Hull CCG worked with NHS England and Humber, Coast and Vale Health and Care Partnership colleagues to deliver the COVID-19 vaccination programme over the last year.

While delivering the vaccination programme, it was observed that some populations were taking up the offer of vaccination at a different rate to others; these populations were often located in some of the most deprived parts of the city. To address this, the CCG worked with one of Hull's Primary Care Networks and Hull City Council colleagues to provide more accessible vaccination sites for communities in higher deprivation areas, co-locating with local authority mobile testing sites, and working in collaboration with Humberside Fire and Rescue Service to make use of their mobile shelters. This work significantly increased the uptake of the vaccination, and testing in populations where lower uptake of both

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 to deliver the improved health outcomes for the city. Dr Dan Roper (Hull CCG Chair) was Vice-chair of the Health and Wellbeing Board and has continued to work in direct collaboration with the current Health and Wellbeing Board Chair, Councillor Hester Bridges, to ensure the Board meets its strategic aims, whilst remaining responsive to the needs of the health and care system and the citizens of Hull throughout a further challenging year.

In addition to the Vice-chair, the Health and Wellbeing Board has had CCG representation from the Chief Operating Officer and two GP board members, to ensure ongoing input to the work of the Health and Wellbeing Board and the achievement of the aims and objectives of the Joint Health and Wellbeing Strategy (JHWS).

In early 2022 we saw the launch of the new JHWS, which is a citywide framework that will act as a roadmap for stakeholders to work together for the benefit of health and wellbeing in the city. The strategy was jointly produced by Hull City Council and Hull CCG and offers a new and innovative values-based approach. This values-based model places communities at the heart of everything we do, with a long-term commitment to community-driven change through ongoing engagement. This, in turn, is built on a foundation of intelligence-based decision making, using the Joint Strategic Needs Assessment, which is produced in partnership with our Hull City Council colleagues. The strategy places a strong emphasis on partnership working and a shared sensed of accountability for the health outcomes of our residents.

Supporting the delivery of a strategy that is driven by values allows us to work with partners to shape how we work as a system. We believe it is the best way to reduce inequalities, improve health and wellbeing, and work as a unified system, thus increasing the chances of making positive changes for our city. As the strategy has a strong emphasis on reducing health inequalities and community engagement, we aim to work closely with partners to ensure service provision, across the system, has improved access for all.

The strategy identifies three broad priority themes: proactive prevention, reducing health inequalities, and system integration. Across these themes we have co-developed specific areas of action, and it will be the responsibility of the Health and Wellbeing Board, with support from Hull CCG, to provide assurances that city-wide work on these priorities is having a positive impact on health and wellbeing. As part of our commitment to system integration we will work in partnership with the Health and Wellbeing Board and the newly established Hull Health and Care Partnership, which is curently in shadow form, and will work alongside the Integrated Care Board (ICB) that will replace the CCG from July. This joint system working will ensure co-ordination around areas of focus and ensure that the needs of Hull citizens will continue to be represented across the wider Humber and North Yorkshire footprint.

The CCG ensures its strategic priorities align to those of the Health and Wellbeing Strategy for 2022:

Priority 1. Proactive Prevention

Priority 2. Reducing Health Inequalities

Priority 3. System Integration

In addition, we will ensure that the values presented in the JHWS will be embedded across Hull CCG and the wider health and care system. These values are:

- **Community Driven Change**
- **Intelligence Based Decisions**
- **Co-ordination at Place**
- **Collective Accountability**

Over the last year the CCG has contributed, as stakeholders and through its membership at the Health and Wellbeing Board, to the delivery of the following outcomes:

- Developing a MEAM (Making Every Adult Matter) and a Trauma informed approach for Hull
- Extensive engagement activity regarding access to Mental Health Crisis support
- Exploration of concerns regarding access to Primary Care and Dentistry across Hull
- Development of a 'First 1001 days' approach for the city

As Vice-chair of the Hull Health and Wellbeing Board, Dr Roper has ensured cohesion between the CCG and contribution to the broader Health and Wellbeing Board 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.

Prevention Concordat for Better Mental Health photo

In September 2021 Hull Health and Wellbeing Board partners worked together to create a shared pledge for Hull. This was a promise to the city to support good mental health with comprehensive research, working directly with local people.

The new Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health has been shown to make a valuable contribution to achieving a fairer and more equitable society. This will include:

- Conducting an in-depth survey of young people's mental health
- Reviewing findings relating to people who died by suicide in Hull, to identify preventative measures
- Conducting a mental health crisis engagement exercise – looking at how improved support can prevent crises
- Engaging directly with local people to capture their thoughts and feelings on mental health problems and support
- Shaping support in-line with the findings of research into inequalities and the impact of Coronavirus
- Delivering targeted support through programmes of work funded through the Prevention and Promotion Fund for Better Mental Health, including help for 16-24-year-olds to get started in work; working with employers to promote better employee mental health, in order to help people stay in work
- Addressing the stigma of talking about mental health through existing projects, including #TalkSuicide.

Performance on NHS Constitution and Quality Indicators 2021-22

The CCG has continued to monitor the oversight metrics as set out in the 2021-22 NHS System Oversight framework. The key metrics shown below provide an overview of performance during this period.

The NHS System Oversight Framework for 2021-22 replaces the NHS Oversight Framework for 2019-20, which brought together arrangements for provider and CCG oversight in a single document.

The NHS System Oversight Framework reflects an approach to oversight that reinforces system-led delivery of integrated care, in line with the vision set out in the NHS Long Term Plan, the White Paper – Integration and innovation: Working together to improve health and social care for all and aligns with the priorities set out in the 2021-22 Operational Planning Guidance.

This framework applies to all Integrated Care Systems (ICSs), Clinical Commissioning Groups (CCGs), NHS trusts and foundation trusts and gives a single set of oversight metrics, applicable to ICSs, CCGs and trusts, which is used to flag potential issues and prompt further investigation of support needs with ICSs, place-based systems and/or individual trusts and commissioners.

These metrics align to the five national themes of the System Oversight Framework: quality of care, access and outcomes; preventing ill health and reducing inequalities; people; finance and use of resources; and leadership and capability.

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 strive to 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 2021-22 are below.

Please note: The 'Actual' position quoted is at 31st March 2022 unless year to date (YTD) position is stated otherwise in brackets.

NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of GP written referrals in the period in all specialties	2021-22	50,170 (Apr 2021-Jan 2022)	*
All first outpatient attendances (consultant-led) in all specialties	2021-22	98,887 (Apr 2021-Jan 2022)	*
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2021-22	21,516 (Apr 2021-Jan 2022)	*
A&E Attendances – All types (SUS data)	2021-22	144,280 (Apr 2021-Feb 2022)	*
A&E Attendances - Type 1 (SUS data)	2021-22	77,313 (Apr 2021-Feb 2022)	*
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 (SUS data)	2021-22	76.7% (Apr 2021-Feb 2022)	95%

* Operational planning for 2021-22 was based on different methodology and therefore targets are not measurable against this data.
Please note - A&E attendances for type 1 and all types, and A&E waiting time performance taken from Secondary Uses Service (SUS) data.

Commentary:

Performance against the A&E operational standard whereby patients should spend no more than 4 hours in A&E from arrival to admission, transfer or discharge has been variable during 2021-22 to date.

Throughout 2021-22, and the pandemic, there has been significant and continued demand on the urgent and emergency care pathways with flow through A&E being impacted by increasing numbers of individuals attending with suspected and confirmed Covid. This required the duplication of pathways to ensure that those with no signs of Covid were managed seperately to those with suspected/confirmed Covid. We have also seen attendance, within the Urgent Treatment Centre (UTC) setting at Bransholme, surpass pre-pandemic levels from January 2022 and continuing to rise.

Work continues with NHS 111 and 999 to support them undertaking 'Hear and Treat' conversations, where they refer patients directly to the most appropriate service to meet their need. Further work is being undertaken to review all the different serices that NHS 111 and 999, and other health and care services, can access and direct individuals to. This includes the development of a 2 Hour Crisis Response Service, to respond quickly to individuals in the community, who can be supported to stay at home with the right care. This reduces the need for a number of individuals having to go to A&E as their care can be better delivered by a different service, ensuring the patients receive the 'right treatment, in the right place, at the right time', and the best outcome for them.

Ambulance Response		Actual (YTD)	Target
Ambulance clinical quality – Category 1 - 7 minute response time - Trust	2021-22	00:09:13* (Apr 2021-Feb 2022)	00:07:00 (Minutes)

* The data above is shown at a Yorkshire and Humber level.

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 Hospital NHS Trust.

Plans are in place to increase the utilisation of alternative pathways for the ambulance service and to streamline the process when an ambulance attends A&E.

Ambulance Handover		Actual (YTD)	Target
Ambulance Handover Time - Delays of +30 minutes - YAS Trust level	2021-22	69,069* (Apr 2021-Feb 2022)	0

* The number of breaches reported are at provider level (i.e. totals for Yorkshire Ambulance Service (YAS)) rather than Hull patients.

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 A&E 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 and work is in place to reduce the number and level of delays.

Waiting Times – Referral to Treatment (RTT)		Actual (YTD)	Target
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	2021-22	58.3% (Jan 2022)	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 with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response, reducing the capacity to undertake less urgent interventions.

The Trust has continued to work to national guidance and have implemented recovery plans in line with the operational planning.

As part of the H1 and H2 Operational Planning 2021-22 submission, Hull CCG worked at a Humber level (Hull, East Riding of Yorkshire, North East Lincolnshire and North Lincolnshire CCGs) to agree performance trajectories. The key priorities the CCGs are responsible for are highlighted below with input to other areas as part of the wider geographical partnership:

- Total Outpatients (Consultant and Non-Consultant Led)
- Outpatient Transformation
- 1st Outpatients
- Follow-Up Outpatients
- Electives
- A&E
- Non-Electives
- Diagnostics
- GP Appointments

Diagnostics		Actual (YTD)	Target
Diagnostics Test Waiting Times - % of patients waiting 6+ weeks for a diagnostic test	2021-22	36.9% (Jan 2022)	<1%

Commentary:

Diagnostic test 6-week waiting times exceeds the national target, being negatively impacted by the COVID-19 pandemic and the cessation of some diagnostic tests, adhering to Government advice.

Capacity challenges exist, associated with social distancing and infection control measures. However, all available options continue to be explored to ensure patient and staff safety, including the use of independent sector services, community sites and extended opening hours.

Endoscopy delivery remains challenged due to the pause in the service during the pandemic, a trend seen nationally

Cancer		Actual (YTD)	Target
Cancer- All Cancer two week wait	2021-22	77.8% (Apr 2021-Jan 2022)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2021-22	15.6% (Apr 2021-Jan 2022)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis	2021-22	91.8% (Apr 2021-Jan 2022)	96%
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2021-22	76.9% (Apr 2021-Jan 2022)	94%
Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens	2021-22	99.6% (Apr 2021-Jan 2022)	98%
Cancer - 31 Day standard for subsequent cancer treatments – radiotherapy	2021-22	98.6% (Apr 2021-Jan 2022)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2021-22	57.5% (Apr 2021-Jan 2022)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2021-22	40.9% (Apr 2021-Jan 2022)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2021-22	32.7% (Apr 2021-Jan 2022)	No Target
NEW Cancer – 28 Day faster diagnosis standard	2021-22	76.9% (Apr 2021-Jan 2022)	75%

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.

As a result of COVID-19 cancer patients have been triaged in line with national guidance and streamed accordingly. Challenges to diagnostic capacity has proved to be significant in the delay in the pathways. The conversion of elective capacity into COVID-19 positive capacity, and the expansion of critical care capacity has affected the availability of staff. Wherever possible, cancer patients have been prioritised, but there have been some cancellations of cancer related surgery due to capacity and staffing constraints.

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.	2021-22	92.1% (Apr-Dec 2021)	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.	2021-22	99.6% (Apr-Dec 2021)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2021-22	16.34% (Apr-Dec 2021)	16.88% (Apr-Dec 2021)
People who are moving to recovery	2021-22	56.09% (Apr-Dec 2021)	50%
Dementia - Estimated diagnosis rate	2021-22	65.0% (Feb 2022)	66.7%

Commentary:

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

The CCG and provider continue to work jointly to review the performance of IAPT metrics; the psychological therapies service has seen maintained performance in the Recovery Standard throughout the pandemic.

Cancelled Operations		Actual (YTD)	Target
Urgent Operations Cancelled - Hull University Teaching Hospitals Trust	2021-22	Not reported after Feb 2020 due to Covid	0
Number of urgent operations cancelled for a second time - Hull University Teaching Hospitals Trust	2021-22	Not reported after Feb 2020 due to Covid	0

Commentary:

Due to the COVID-19 pandemic and the need to release capacity across the NHS to support the response, NHS England paused the collection and publication of some of the official statistics, including Cancelled Operations.

Stroke		Actual (YTD)	Target*
Percentage of patients scanned within 1 hour of arrival to hospital	2020-21	46.9% (2020-21)	46.1% (2019-20)
People who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital	2020-21	62.4% (2020-21)	58.5% (2019-20)
Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis	2020-21	62.5% (2020-21)	89.5% (2019-20)
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of arrival at hospital	2020-21	92.3% (2020-21)	86.5% (2019-20)
Percentage of applicable patients receiving a joint health and social care plan on discharge	2020-21	100% (2020-21)	99.2% (2019-20)

* No formal targets are set, however the CCG aims for continual improvement on the previous year. Sentinel Stroke National Audit Programme (SSNAP - CCG/LHB/LCG (strokeaudit.org)).

Commentary:

The 2020-21 performance for Stroke is the latest published position.

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

Maternity		Actual (YTD)	Target
Number of maternities	2021-22	2,449 (Apr-Dec 2021)	No Target
Maternal smoking at delivery	2021-22	17.80% (Apr-Dec 2021)	<21% (Local Target)
Breast feeding prevalence at 6-8 weeks	2021-22	34.8% 2020-21	No Target

Commentary:

Maternal smoking at delivery continues to be below the local target (21%) but significantly above the national rate of 8.8% (Q3 2021-22), remaining a priority for the CCG.

There is ongoing work being undertaken by the Humber, Coast & Vale Local Maternity System (LMS) to reduce the smoking in pregnancy rates.

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2021-22	68,288 (Mar 2022)	No Target
GP registered population counts by single year of age and sex from the NHAIS System	2021-22	306,976 (Mar 2022)	No Target

Performance and financial analysis 2021-22

Financial position 2021-22

Normal financial and contractual arrangements were suspended and divided into two separate financial periods during 2021-22.
For each six month period a system wide financial control total was allocated to the Humber Coast and Vale ICS that the NHS organisations were required to work within. Other funding streams were also available for system development, the Hospital Discharge Scheme and Elective Recovery Fund. The statutory duty for each organisation to achieve financial balance has remained. Partners across the system worked together to propose and define individual organisational level control totals in order for this to be possible which were approved by the Integrated Care System and the respective organisations for both 6 month planning timeframes.

As a result of this NHS Hull CCG received a total in year funding allocation of £713.5m. The cumulative historic surplus of £15,402m has increased to £15,508m due to £106k surplus reported this financial year.

NHS Provider contracts were nationally determined in 2021-22 with payments to local NHS organisations increasing and NHS Payments outside of the ICS being suspended. This is continuing through 2022-23 and the amounts paid to NHS Providers were based on the nationally determined values with uplifts/adjustments being made as per planning guidance.

The allocation is significantly larger that that of the previous financial year of £560.0m due to acting as the lead CCG for the Humber and North Yorkshire system and therefore being responsible for making payments to providers for COVID Funding, System Top-up Funding, Elective Recovery Funding.

The CCG spent £4,906k on the administration of the organisation in 2021-22 which is significantly below the running allocation allocation available.

Financial development and performance 2021-22

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 largely by the COVID-19 pandemic and the associated pressure on all areas of healthcare. The different financial regime that we have been working within has enabled systems to maintain delivery of services, however the financial pressure that will be faced in order to achieve recovery targets is likely to be substantial. During the pandemic there have been significant levels of non-recurrent funding that have been welcomed in order to deal with the emergency, however there will be conseqences for delivering financial performance targets in future years as these funding sources fall away.

In order to focus on delivering treatment as quickly as possible the previous system of efficiency in NHS Commissioning, namely the Quality, Innovation, Productivity and Prevention or QIPP programme, was suspended for the year. Despite this the CCG has focused on delivering value for money and ensuring robust financial control whilst dealing with changing and unpredictable circumstances.

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

Managing our resources 2022-23 and beyond

The annual NHS finance and operational planning round requires the Integrated Care Board (ICB) to work together to produce balanced plans for the financial year 2022-23.

A single funding envelope of £3.3bn for the ICB 2022-23 has been published. Due to the planned transition of the six CCGs in the Humber and North Yorkshire area merging to become part of the Humber and North Yorkshire Health and Care Partnership from 1 July 2022, these plans are seperated into a 3 month period and a 9 month period.

Following the consultation document published on 24 November 2020 on Integrating Care: Next Steps for Integrated Care Systems (ICSs) and the proposed legislative changes aimed at removing barriers to integration across health bodies and with social care, the finance leaders across the Humber and North Yorkshire Health and Care Partnership have been working together to plan for the transition in order to ensure the smooth implementation of the legislative changes.

The recovery of the NHS following the COVID pandemic, whilst balancing this with the financial pressures faced, remains a significant challenge, and will be the main focus of the early years of the ICB. The challenges and ambitions set out in the NHS Long Term Plan will continue to be a key focus of the ICB. This work is guided by the following principles

- decisions taken closer to the communities they affect are likely to lead to better outcomes.
- collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- collaboration between providers (ambulance, hospital and mental health) across larger

geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

Sustainability Report 2021-22

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.

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.

Part Two:

Accountability Report 2021-22

17 June 2022

Emma Latimer
Accountable Officer

Introduction

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

- The **Corporate Governance Report** sets out how we have governed the organisation during 2021-22, including membership and organisation of our governance structures and how they supported the achievement of our objectives.
- The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.
- The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Hull CCG Members Report 2021-22

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.

PRACTICE NAME	PRIMARY CARE NETWORK NAME 2021-22	PRIMARY CARE NETWORK 2022-23	SITES FROM WHICH SERVICES ARE DELIVERED
CHP Bransholme	Nexus	Venn	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
East Hull Family Practice	Medicas	Medicas	Morrill Street Health Centre, Morrill Street, Hull, HU9 2LJ Longhill Health Care Centre, 162-164 Shannon Road, Hull HU8 9RW 81 Southbridge Road, Victoria Dock, Hull, HU9 1TR Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Kingston Health	Modality	HASP	Kingston Health, Wheeler Street, Hull, HU3 5QE Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
CHCP-City Centre	Nexus	Venn	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	Medicas	Orchard 2000 Medical Centre, 480 Hall Road, Hull, HU6 9BS Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Sutton Manor Surgery	Nexus	Venn	St Ives Close, Wawne Road, Hull, HU7 4PT
St Andrews Surgery	Nexus	Medicas	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB Newington Health Centre, 2 Plane Street, Hull, HU3 6BX
Wilberforce Surgery	Symphonie	Symphonie	Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA
The Avenues Medical Centre	Symphonie	Symphonie	The Avenues Medical Centre, 149 - 153 Chanterlands Avenue, Hull, HU5 3TJ
The Oaks Medical Centre	Symphonie	Symphonie	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF
Marfleet Group Practice	Medicas	Medicas	Marfleet Group Practice, Preston Road, Hull, HU9 5HH Hauxwell Grove, Middlesex Road, Hull, HU8 0RB
Bridge Group Practice	Nexus	Venn	The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
Wolseley Medical Centre	Symphonie	Symphonie	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS

PRACTICE NAME	PRIMARY CARE NETWORK NAME 2021-22	PRIMARY CARE NETWORK 2022-23	SITES FROM WHICH SERVICES ARE DELIVERED
Modality Hull	Modality	Modality	Alexandra Health Care Centre, 61 Alexandra Road, Hull, HU5 2NT. New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF. West Hull Health Hub, 61 Calvert Lane, Hull HU4 6BN, Bilton Grange Health Centre, 2 Diadem Grove, Hull, HU9 4AL
Princes Medical Centre	Bevan Ltd	Marmot	Princes Court, 2 Princes Avenue, Hull, HU5 3QA
Clifton House Medical Practice	Symphonie	Symphonie	Clifton House Medical Centre, 263 - 265 Beverley Road, Hull, HU5 2ST
Sydenham Group Practice	Symphonie	Symphonie	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB
CHP Southcoates	Nexus	Venn	Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR 358 Marfleet Lane, Hull, HU9 5AD
Hastings Medical Centre	Symphonie	Symphonie	919 Spring Bank West, Hull, HU5 5BE
Haxby Group - Burnbrae Surgery	Nexus	Haxby	Burnbrae Medical Practice, 445 Holderness Road, HU8 8JS
CHP- Field View Surgery	Venn	Venn	840 Beverley Road,Hull, HU6 7HP
Delta Healthcare	Modality	HASP	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR
Newland Health Centre	Symphonie	Symphonie	Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG
James Alexander Family Practice	Bevan Ltd	Marmot	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Goodheart Surgery	Bevan Ltd	HASP	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Hendow GT	Bevan Ltd	Marmot	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Raut Partnership	Bevan Ltd	HASP	Highlands Health Centre, Lothian Way, Hull, HU7 5DD Littondale, Sutton Park Hull, HU7 4BJ
Laurbel Surgery	Bevan Ltd	HASP	Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR
East Park Practice	Nexus	Venn	Park Health Centre, 700 Holderness Road, Hull, HU9 3JA
Haxby -Newington/ Calvert	Nexus	Haxby	Newington Health Centre, 2 Plane Street, Hull, HU3 6BX The Calvert Health Centre, 110A Calvert Lane, Hull, HU4 6BH
Northpoint Medical Practice	Bevan Ltd	Marmot	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW
Haxby - Orchard Park/ Kingswood	Nexus	Haxby	Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX

* See www.hullccg.nhs.uk for Practice websites

CCG Board Membership 2021-22

The NHS Hull CCG Board meets in public on a bi-monthly basis. It has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives. Please see www.hullccg.nhs.uk for individual Board member profiles and Register of interests (Historical declarations of interest can be obtained via HULLCCG.contactus@nhs.net)

Hull Clinical Commissioning Group Board Membership (including Associate Members) 2021-22.

(All memberships run from 1 April 2021 - 31 March 2022 inclusive unless stated otherwise)

NAME	JOB TITLE	DATES OF MEMBERSHIP
Dr Daniel Roper	Chair	
Emma Latimer	Chief Officer (Accountable Officer)	
Dr Amy Oehring	GP Member	
Dr Bushra Ali	GP Member	
Dr Masood Balouch	GP Member	
Dr Vince Rawcliffe	GP Member	
Dr James Moult	GP Member	
Emma Sayner	Chief Finance Officer	
Erica Daley	Interim Chief Operating Officer	
Ian Goode	Lay Representative	
Jason Stamp	Lay Representative	
Karen Marshall	Lay Representative	
	Secondary Care Doctor	Position vacant
Mark Whitaker	Practice Manager Member	
Clare Linley	Interim Director of Nursing and Quality Executive Nurse	To June 2021
Debbie Lowe	Acting Director of Nursing and Quality Caldicott Guardian	From 1 July 2021
Associate Board Member		
Julia Weldon	Director of Public Health and Adult Social Care	

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 2021-22 please see the Governance Statement pages 59-67.

Personal data related incidents

The CCG recognises the importance of maintaining data in a safe and secure environment. It uses the Serious Incidents Requiring Investigation (SIRI) tool to assess any matters involving potential data loss to the organisation. The tool requires the reporting of any data incident rated at level 2 or above via the information governance toolkit. **The CCG has had no such incidents during 2021-22.**

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 2022 is published on our website at www.hullccg.nhs.uk

Access to Information

During the period from 1 April 2021 to 31 March 2022, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

FOI	2021-22
Number of FOI requests processed	241
Percentage of requests responded to within 20 working days	100%
Average time (in days) taken to respond to an FOI request	14

The CCG provided the full information requested in 86 cases. The CCG did not provide all the information requested in 43 cases because an exemption was applied either to part of, or to the whole request. The exemptions applied were;

- The cost of providing the information exceeded the limits set by the FOIA.
- The request was a repeat request and the information had already been provided.
- The information was accessible by other means.
- The information was intended for future publication.
- The information was exempt as compliance would prejudice law enforcement.
- Information requested related to personal data and compliance would breach the principles in UK GDPR.

In 112 cases, the CCG was unable to provide all the information requested, as it was either not held in full, or only partially held. 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 received one request for an internal review of an FOI response provided during the year, regarding Personal Health Budgets. The review concluded the information held by the CCG had been appropriately provided and the correct exemptions were applied and explained.

The Section 45 Code of Practice under FOIA recommends that public authorities with over 100 Full Time Equivalent employees publish FOIA compliance statistics as part of their publication schemes. As a matter of best practice the CCG publishes 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/

Handling complaints

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

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

During 2021-22 the CCG did not receive any formal complaints. The organistation participated in a joint formal investigation with the local authority from the Parliamentary and Health Service Ombudsman (PHSO) around the provision of a direct payment/Personal Health Budget. The joint recommendation from this investigation this was for a joint working protocol which has been implemented.

The CCG's Complaints Policy is due for review in September 2022. For further information regarding the CCG complaints process please visit the CCG website at www.hullccg.nhs.uk

Raising concerns – whistleblowing

The CCG has a Whistleblowing policy and procedure in place at www.hullccg.nhs.uk for staff and external parties to raise concerns without fear or reprisal or victimisation which demonstrates the CCG's commitment and support to those who come forward. Concerns may relate to unlawful conduct, financial malpractice, malpractice related to patients, employees, the public or the environment. Where concerns have been raised the CCG has carried out an investigation following due process outlined in the Policy and reported the outcomes as appropriate.

Emergency Preparedness, Resilience and Response

The CCG continues to have 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).

This year the CCG's response to the pandemic has continued to support working arrangements to protect its staff from infection risk whilst continuing to function as a system leader both for the city of Hull and in partnership across the Humber geography. This leadership role helped ensure that the wider health and care community was supported to continue to deliver essential services to our local population, as well maintaining services and pathways that arose from the pandemic.

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. This year this review was streamlined to ensure that compliance with key standards had been maintained and any action plans put in place in for 2021-22 had been delivered. The CCG's Chief Operating Officer (Accountable Emergency Officer) had to provide written confirmation that the CCG remained **substantially compliant.**

The nature of the pandemic means that the CCG has been able to demonstrate compliance with the required exercises including:

- 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)

In addition to the pandemic the CCG also worked with partner organisations in response to threatened and actual flooding across the Humber and we have continued to work with partners around EU departure following the formal exit of the UK from Europe.

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:

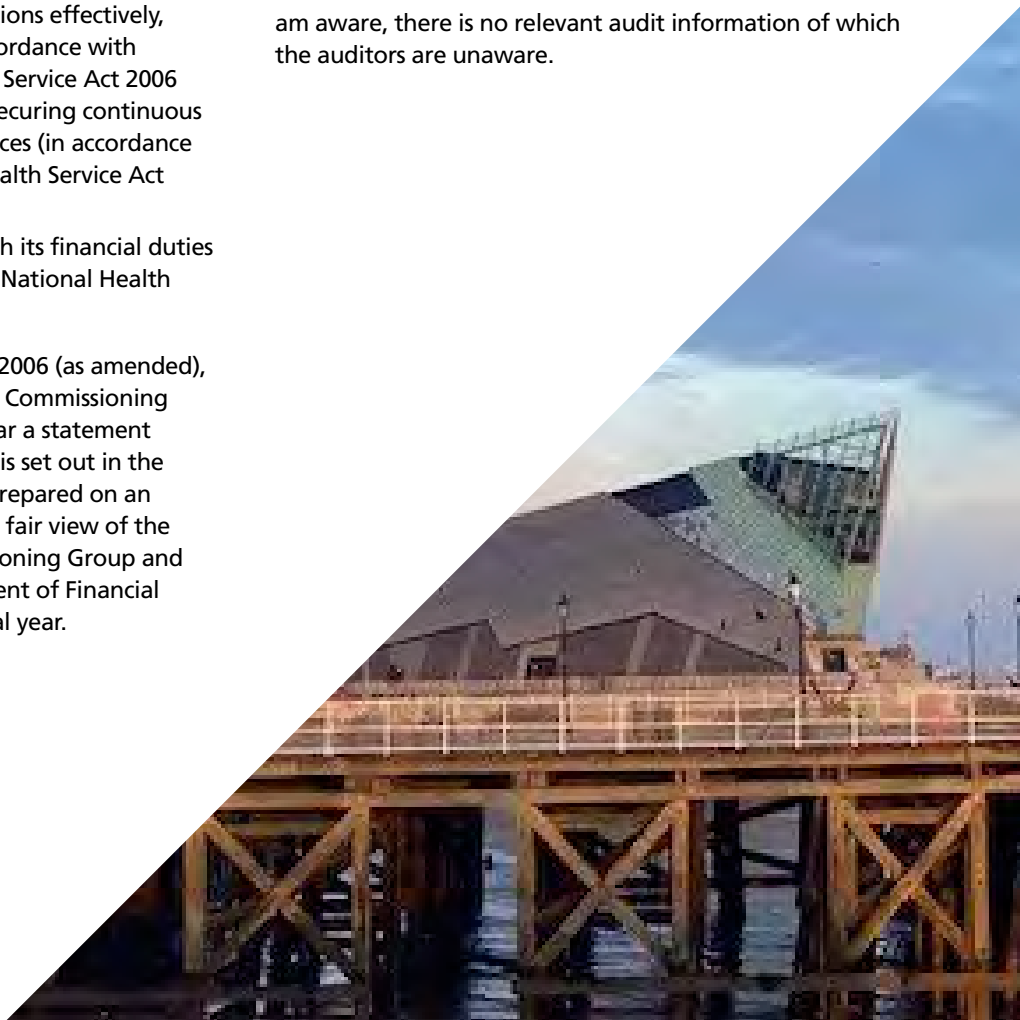
- The propriety and regularity of the public finances for which the Accountable Officer is answerable,
- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply 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 Section14R of the National Health Service Act 2006 (as amended)),
- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

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

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the 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 2021, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my CCG Accountable Officer Appointment Letter.

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

Governance arrangements and effectiveness

The main function of the Governing Body (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 32 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.

An Operational Delivery Group 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 adopted virtual meeting arrangements for all of its formal meetings as part of its ongoing business continuity response to COVID-19 major incident.These alternative operatuional arrangements maintained the resilience of these essential functions, with the significant majority of meetings remaining quorate.

The CCG governance framework for 2021-22 is summarised in the diagram below:

CCG governance framework and financhal Regulations

KEY
- Summary remit
- Policy approval areas

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

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

Council of Members (Bi-Monthly)

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

Clinical Commissioning Group Board (Bi-monthly)

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

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

Senior Leadership Team (weekly)

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

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

Planning & Commissioning Committee (Monthly)

- Service redesign
- Procurement
- Joint Commissioning
- Engagement
- CCG Commissioning programmes
- Financial Strategy
- Individual Funding Requests

- Commissioning policies
- Engagement strategies
- Planning

Quality & Performance Committee (Monthly)

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

- Quality
- Safeguarding
- Performance
- Clinical governance

Primary Care Commissioning Committee (Bi-monthly)

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

Integrated Audit & Governance Committee (Bi-monthly)

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

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

Remuneration Committee (Bi-annually)

- Recomendations for remuneration and Terms of Service of VSM and Board Members
- Performance review of VSMs

- VSM remuneration / Terms of Service Policies

Operational Delivery Group (Monthly)

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

Membership and Activity Summary for Council of Members, Governing Body and their Committees

Council of Members

The Council of Members has final authority for all Clinical Commissioning Group (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 2021-22, the Council met on six occasions. It ratified Interim Governing Body Arrangements and approved an annual work plan. It discussed and considered a wide range of agenda items and governance arrangements related to the establishment of the Integrated Care System (ICS) / Place and Humber Coast and Vale (HCV) and the CCG transition. Attendance at the Council of Members during the year was as follows:

	Date of Meeting					
Practice	**13/5/21**	**15/7/21**	**9/9/21**	**11/11/21**	**13/1/22**	**10/3/22**
Bridge Group Practice	✗	✗	✓	✓	✗	✗
CHCP East Park Practice	✗	✗	✗	✓	✓	✗
City Health Practice- Bransholme HC	✗	✗	✗	✗	✗	✗
CHP LTD Southcoates	✗	✗	✗	✗	✗	✗
Clifton House Medical Centre	✓	✗	✗	✗	✗	✗
Dr Jaiveloo	✗	✗	✗	✗	✗	✗
Delta Heathcare	✗	✓	✓	✓	✗	✗
East Hull Family Practice	✗	✓	✗	✓	✗	✓
Field View Surgery	✗	✗	✗	✗	✗	✗
Goodheart Surgery / KV Gopal Surgery	✗	✗	✗	✓	✓	✗
Haxby Group	✗	✗	✗	✗	✓	✓
Hendow GT	✗	✗	✗	✗	✗	✓
Hastings Medical Practice	✗	✗	✗	✓	✓	✓
Haxby Group, Burnbrae Surgery	✓	✗	✗	✗	✓	✓
Haxby Calvert and Newington Surgeries	✓	✗	✗	✗	✓	✓
James Alexander Family Practice	✗	✗	✗	✗	✗	✗
Kingston Health Hull	✗	✓	✓	✗	✓	✓

Please note, the blocked sections on the chart indicate 'not Quorate'.

	Date of Meeting					
Practice	**13/5/21**	**15/7/21**	**9/9/21**	**11/11/21**	**13/1/22**	**10/3/22**
Kingston Medical Centre, Riverside Medical Centre, Story Street Practice & Walk-in Centre, Quays Medical Centre / City Health Care Partnership City Centre	✖	✖	✖	✔	✔	✖
Modality Hull - Faith House Surgery / Newhall Group Practice / Rawcliffe & Partners, Springhead Medical Centre, Diadem Medical Practise	✔	✔	✔	✖	✖	✖
Newland Health Centre	✖	✖	✖	✖	✖	✖
Northpoint (Humber)	✖	✔	✔	✖	✖	✔
Orchard 2000 Group	✖	✖	✖	✔	✖	✖
Princes Medical Centre	✖	✔	✔	✖	✖	✔
Raut Partnership	✖	✖	✖	✖	✖	✔
St Andrews Surgery	✖	✖	✖	✖	✖	✖
Sutton Manor Surgery	✔	✔	✖	✔	✔	✔
Sydenham Group Practice	✖	✖	✖	✖	✖	✖
The Avenues Medical Centre	✖	✖	✔	✖	✖	✖
The Oaks Medical Centre	✖	✖	✖	✖	✖	✔
Weir and Partners	✔	✔	✔	✖	✖	✖
Wilberforce Surgery	✖	✖	✖	✖	✖	✖
Wolseley Medical Practice	✖	✖	✖	✖	✖	✖

Please note, the blocked sections on the chart indicate 'not Quorate'.

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. In addition, it discussed Primary Care Collaboratives / the Clinical Leadership Model / Operational Plan and Primary Secondary Care Interface. It also engaged in the development of local strategies such as the Hull Childrens Partnership and Health and Wellbeing Strategy.

It also maintained oversight of the response to the COVID pandemic.

Governing Body

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

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

The CCG Governing Body has met seven times during the year and was quorate on each occasion. Its agendas have incorporated a comprehensive range of reports to support delivery of its key functions, including the 2021-22 Operational Plan, Performance and Quality Reports (incorporating contracts, finance and quality), the Humber, Coast and Vale Integrated Care System Programme and the CCG's actions in the light of the NHS Long Term Plan. This included interim governance arrangements for the CCG, as a statutory body, as the HCV ICS has matured and entered shadow arrangements. It also maintained strategic oversight of the organisation's major incident response to the COVID-19 pandemic.

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

	Date of Meeting						
Membership	**28/5/21**	**23/7/21**	**24/9/21**	**22/10/21**	**26/11/21**	**28/1/22**	**25/3/22**
Chair / GP Member (Dr Dan Roper)	✖	✔	✔	✔	✔	✔	✔
Accountable Officer	✖	✔	✔	✖	✔	✔	✔
Interim Chief Operating Officer	✔	✔	✔	✔	✔	✔	✔
Chief Finance Officer	✔	✔	✖	✔	✔	✔	✔
GP Member (Dr Amy Oehring)	✔	✖	✔	✔	✔	✔	✔
GP Board Member (Dr Bushra Ali)	✔	✔	✔	✔	✔	✔	✔
GP Member (Dr James Moult)	✔	✔	✔	✖	✔	✔	✔
GP Member (Dr Masood Balouch)	✔	✖	✔	✔	✖	✔	✔
GP Member (Dr Vince Rawcliffe)	✔	✔	✔	✔	✔	✔	✖
Secondary Care Doctor	*	*	*	*	*	*	*
Practice Manager Member	✔	✔	✖	✔	✖	✔	✔
Interim Director of Nursing and Quality Executive Nurse / Interim Director of Nursing and Quality (Registered Nurse)	✔	✖	✔	✔	✔	✖	✔
Lay Representative Strategic Change	✔	✔	✖	✔	✖	✔	✔
Lay Representative Patient and Public	✔	✔	✔	✔	✔	✔	✔
Lay Representative Audit, Remuneration and Conflict of Interest Matters	✔	✔	✔	✖	✔	✔	✔

Please note, the blocked sections on the chart indicate 'Extraordinary Meeting'.
* -Post Vacant / Vacancy held

The Governing Body has continued to evaluate its effectiveness, including development sessions, throughout the year and initiate changes which build and strengthen its functionality. It 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, the risks to their achievement and mitigations.

Integrated Audit and Governance Committee

The Integrated Audit and 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 2021-22, 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;
- scrutiny of CCG financial performance
- 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							
Membership	**21/4/21**	**11/5/21**	**26/5/21**	**6/7/21**	**7/9/21**	**9/11/21**	**11/1/22**	**8/3/22**
Lay Member Audit, Remuneration and Conflict of Interest Matters - Chair	✔	✔	✔	✔	✔	✔	✔	✔
Lay Member Strategic Change - Vice Chair	✔	✔	✔	✔	✔	✔	✔	✖
Lay Member Patient and Public Involvement	✔	✔	✔	✔	✖	✔	✔	✔

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

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 coordinating and reviewing commissioning plans prior to recommending them to the Governing Body setting out key commissioning priorities for the year which will deliver planned quality, innovation, productivity and prevention (QIPP) benefits.

In addition the Committee:

- Monitors the delivery of the agreed plans / service developments through regular updates and exception reporting across all service areas
- Reviews and oversees the implementation of NICE and other sources of guidance/guidelines that impact upon the CCG's commissioning functions
- Oversees and supports the aspects of joint working with partner CCGs across both the Humber geographical area and the whole Integrated Care System
- Reviews and approves service specifications and commissioning policies ensuring that financial governance has been maintained through the two formal sub-meetings of the Committee, as follows:
  - Pathway Review Group – a joint meeting across Hull and the East Riding that supports collaborative working on clinical pathways across providers and commissioners;
  - Procurement Panel – which ensures that the CCG follows relevant procurement legislation.

The Committee Chair provides updates to the CCG Governing Body as to the work undertaken by the Committee and the sources of confidence available in relation to the areas of responsibility of the committee. The committee met eight times during the year and was quorate each time.

The committee's activities included:

- overseeing the development of the CCG commissioning plans and the alignment to the ICS commissioning plan;
- receiving and reviewing a wide range of clinical commissioning policies, including those relating to prescribing;
- reviewing policies in relation to evidence-based interventions, overseeing the work of the Individual Funding Request (Exceptional Treatments) Panel including review of the Individual Funding Request (Exceptional Treatments) Annual Report
- review and approval of public health programmes, with specific focus on those that would be delivered in partnership with the CCG; and
- review of the progress and delivery of main work programmes.

Attendance at the Planning and Commissioning Committee during the year was as follows overleaf:

	Date of Meeting							
Membership	**7/5/21**	**4/6/21**	**6/8/21**	**1/10/21**	**3/12/21**	**7/1/22**	**4/2/22**	**4/3/22**
GP Board Member (VR) - Chair	✔	✔	✔	✔	✔	✔	✔	✖
GP Board Member (BA)	✔	✔	✖	✔	✔	✔	✔	✔
GP Board Member (MB)	✔	✔	✔	✔	✔	✖	✔	✔
GP Board Member (AO)	✔	✔	✔	✔	✔	✔	✔	✔
Director of Integrated Commissioning	*	*	*	*	*	*	*	*
Lay Representative Strategic Change Vice-Chair	✔	✔	✔	✔	✖	✔	✔	✔
Associate Director of Communication and Engagement	✔	✔	✖	✔	✔	✖	✔	✔
Deputy Director of Commissioning	✔	✔	✔	✔	✔	✔	✔	✔
Strategic Lead for Mental Health and Learning Disabilities	✖	✖	✔	✔	✔	✔	✔	✔
Strategic Lead - Primary Care	✔	✔	✔	✔	✖	✔	✖	✖
Strategic Lead for Children and Young People and Maternity	✔	✔	✔	✔	✖	✔	✔	✔
Strategic Lead for Planned Care (KB)	*	*	*	*	*	*	*	*
Deputy Director of Quality and Clinical Governance / Lead Nurse / Senior Representative / Senior Quality Representative	✔	✔	✔	✔	D	D	D	✔
Hull City Council Representative	✔	✖	✔	✖	✖	✖	✔	✖
Deputy Chief Finance Officer / Deputy Finance Officers / Senior Finance Representative (DS) (JD)	✔	✔	✔	✔	✔	✔	✔	✔
CCG Board Practice Manager Member	✔	✖	✖	✔	✔	✔	✖	✖
Medicines Optimisation Pharmacist	✔	✔	✔	✔	✔	✔	✔	✔

Apologies submitted D = Deputy Present | * Post Vacant

Quality and Performance Committee

The Quality and Performance Committee is responsible for the assurance and oversight of quality and performance, reporting on outcome measures in relation to activity, financial performance, improvements and in the delivery of the CCG's strategic priorities. Focussed on quality, safety and continuous improvement the committee has a key role in ensuring the experience of patients informs commissioning and reflects the needs of the people of Hull.

The Committee has met six 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 assurance and escalation.
- Scrutiny of financial delivery.
- Scrutiny of provider quality accounts.
- Monitoring the safeguarding programme of the CCG.
- Review and oversight of CCG associated with Quality and Performance.
- Monitoring of the CCG response to the COVID-19 pandemic.
- Scrutiny and review of clinical serious incidents in improving patient's safety.
- Monitoring and review of patient experience information, in informing the priorities of the committee and the wider CCG.

Attendance at the Quality and Performance Committee during the year was as follows overleaf:

	Date of Meeting					
Membership	**9/4/21**	**18/6/21**	**20/8/21**	**29/10/21**	**10/12/21**	**18/2/22**
CCG Board GP Member - Chair	✖	✔	✔	✖	✔	✔
Lay Member - Vice Chair	✔	✔	✔	✔	✔	✔
Interim Director of Nursing and Quality / Director of Quality and Clinical Governance/ Executive Nurse	✔	✖	✔	✔	✔	✖
Deputy Director of Quality and Clinical Governance/Lead Nurse / Interim Deputy Director of Nursing and Quality	✔	✔	✖	✔	✔	✔
Deputy Director of Commissioning	✔	✖	✖	✖	✔	✖
The Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery or a senior representative from the Teams	✔	✔	✔	✔	✔	✔
Associate Director of Communications and Engagement	✔	✔	✖	✔	✔	✔
Associate Medical Director	✔	✖	✔	✖	✔	✖
Secondary Care Doctor	*	*	*	*	*	*

Apologies submitted D = Deputy Present | * Post Vacant

Primary Care Commissioning Committee

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

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

- overseeing delivery of primary medical care medical care services, including restoration of services, in light of national guidance and requirements during the COVID-19 pandemic;
- reviewing the outcome of patient and public engagement in relation to the delivery of primary care medical services during the COVID-19 pandemic;
- implementation of the CCG's Strategic Commissioning Plan for Primary Care, including development of Primary Care Networks, commissioning of services from Primary Care Networks and delivery of the national Primary Care Network service specifications;
- contractual issues – including contract mergers and list closure requests; and
- primary care workforce and primary care finance.

Attendance at the Primary Care Commissioning Committee during the year was as follows below:

	Date of Meeting				
Membership	**23/4/21**	**25/6/21**	**22/10/21**	**17/12/21**	**25/2/22**
NHS Hull CCG Governing Body Lay Representative Patient & Public Chair	✔	✔	✔	✔	✔
NHS Hull CCG Governing Body Lay Representative Strategic Change Vice-Chair	✔	✔	✔	✔	✔
NHS Hull CCG Governing Body Lay Representative Audit, Remuneration and Conflicts of Interest Matters	✔	✔	✖	✔	✖
NHS Hull CCG Chief Officer / Accountable Officer	✖	✖	✖	✖	✖
NHS Hull CCG Chief Operating Officer	✔	✖	✔	✔	✔
NHS Hull CCG Chief Finance Officer (or nominated senior deputy)	✔	✔	✔	✖	D
NHS Hull CCG Director of Integrated Commissioning (or nominated senior deputy)	*	*	*	*	*
NHS Hull CCG Director of Quality and Clinical Governance/Executive Nurse (or immediate deputy) / NHS Hull CCG Director of Nursing and Quality (or nominated senior deputy)	✔	✖	✔	✔	D
NHS Hull CCG Governing Body GP Member(s) without a pecuniary interest (Dr Dan Roper)	✔	✔	✔	✔	✔
Hull City Council Director of Public Health (or senior representative from Hull City Council	✔	✔	✔	✔	✖
NHS Hull CCG Governing Body Registered Nurse	✔	✖	✔	✔	✖

Apologies submitted D = Deputy Present | * Post Vacant

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, and in particular for those officers employed on Very Senior Manager (VSM) terms and conditions. In so doing the committee has full regard to the organisation's circumstances as well as the provisions of any national agreements and NHS England guidance as necessary.

The committee met twice during the year and was quorate on each occasion. Highlights of the Committees activity included remuneration and terms of service considerations for VSMs. It also considered the update on the national terms and conditions for Agenda for Change and Statement of Appointments and Consultancy Contracts.

Attendance at the Remuneration Committee during the year was as follows right:

	Date of Meeting	
Membership	**20/5/21**	**17/12/21**
Lay Representative Audit, Remuneration and Conflict of Interest Matters - Chair	✔	✔
Lay Representative Strategic Change - Vice Chair	✔	✔
Lay Representative Patient and Public Involvement	✔	✔
CCG Chair	✔	✔

Integrated Commissioning Committee – Committees in Common

The Integrated Commissioning Committee is established 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 five times during 2021-22 and was quorate on each occasion.

Topics that the Committee considered included:

- The recommissioning of Services relating to, amongst others, Independent Visitors and Advocacy, community navigation and advice, integrated General and Welfare Advice, partnership and Social Prescribing and Welfare advice.
- Reviewed and agreed the development of a draft Food Strategy for Hull 2022-2027, approved the acceptance of a range of weight management grants and initiatives to support work to prevent and address obesity in the city
- Next steps for the development of the Hull Mental Health and Learning Disability Social Work Services and the Hull Send Strategy 2021-2024
- They also approved a phased integrated procurement approach for the commissioning of services for homeless people at risk of rough sleeping and authorised acceptance and distribution of a Rough Sleeping Drug and Alcohol Treatment from Public Health England to fund drug and alcohol treatment
- Authorized transitional arrangements for Thornton Court and Redirection of Resources to meet discharge to assess guidance
- A further grant towards the delivery of projects aimed at addressing mental health in the workplace, in addition and agreed a Prevention and Promotion Fund for Better Mental Health 2021-2022
- Approved the changes to the Better Care Fund– Outturn 2020/21
- Agreed the proposal to develop an Alliance Contract for integrated health and social care provision in the city of Hull

Attendance at the committee was as follows below:

	Date of Meeting				
Membership	**28/4/21**	**30/6/21**	**28/7/21**	**27/10/21**	**22/12/21**
CCG Chair - Chair	✔	✔	✔	✔	✔
Lay Member Remunaeration and Conflicts of interests - Vice Chair	✔	✔	✖	✖	✔
GP Board Member	✔	✖	✔	✔	✔

Membership as per Terms of Reference published on the CCG website

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 February 2022. 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, 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 Hull health champions, local businesses, community groups and voluntary sector organisations, 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 2022 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 2022/23 as part of the subsequent risk and control framework for the Humber and North Yorkshire Integrated Care Board.

Capacity to Handle Risk

The CCG's Accountable 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 2021-22 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 Counter Fraud Authority.

In April 2021 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. These were reviewed further by the Governing Body in February 2022 in the light of the extension to the existence of the CCG to 30th June 2022.

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 as required with additional supported via the in-house risk management specialists.

Risk Assessment

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

At the start of 2021-22 the CCG had no extreme (red) rated risk and sixteen high (amber) rated risks within its Corporate Risk Register. A summary of the highest risks (with a risk rating of 12) and their mitigations are as follows:

Risk	Controls	Assurances
Waiting times for Children and Young People (CYP) with Autism in the City exceed NHS Target of 18 weeks. This could result in CYP and families struggling to maintain daily life and CYP education attainment and wider social inclusion	Waiting list reduction trajectory agreed - 18 week compliant by June 2021. This is being monitored 6 weekly. Engagement with wider system support to facilitate interim support to CYP and families who are awaiting assessment and diagnosis.	Contract Management Board with lead provider (Humber Teaching NHS Foundation Trust). SEND - Hull City Council - monitoring monthly. A multi-agency Autism Spectrum Disorder Task Group established to implement a recovery plan for the Hull paediatric autism assessment and diagnosis waiting list.
Failure to produce a comprehensive balanced Medium Term Financial Plan that takes account of allocation adjustments (e.g. Better Care Fund, updated allocation formula) that reflects the commissioning strategy and complies with planning guidelines.	Months 1-6 were backed by the government to ensure a breakeven position. During that period expenditure changed significantly to what had originally been planned due to the new financial regime implemented due to Covid -19. For months 7-12 a revised financial regime has been developed and the CCG has produced a plan that is in-line with this. This reflects the expected expenditure for the rest of the year which cover System based funding (as host CCG) as well as other new policies such as the Hospital Discharge Scheme, changes in acute independent sector commissioning and primary care schemes.	Financial plan updates provided to Planning and Commissioning Committee on a regular basis. The CCGB will approve the financial plan prior to finalisation. Updates on planning guidelines and pending allocation adjustments are shared through CCGB, Senior Leadership Team, Planning and Commissioning Committee, Integrated Audit and Governance Committee.

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. This risk is further exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems.	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g.. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through the Network Directly Enhanced Services contract. Development of the Humber, Coast and Vale Integrated Care System primary care workforce modelling.	Primary Care Commissioning Committee. ICS Executive to oversee out of hospital care work-stream, including primary care development and resilience. External support for Primary Care Networks (PCNs) to cover support for addressing workforce challenges PCNs continuing to recruit to the ARRS posts. At end of Q3 approximately 3/4 of recruitment plans were achieved. Strong local delivery against the Covid-19 vaccination programme.
There is significant patient and public opposition to plans for the development of new models of care resulting in services not being sustainable.	Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Strategy.	Regular reports to the Communications and Engagement sub-group, Primary Care Commissioning Committee and Hull City Council Health and Wellbeing Overview and Scrutiny Commission.
Paediatric Speech and Language (SLT) Service. Waiting list for initial assessment and treatment is extensive. The previous joint local area SEND Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement.	The CCG continues to monitor and review progress on the SLT service development and improvement plan (SDIP) and evidence of improved performance and outcomes at bi-monthly service development meetings and through the Humber Foundation Trust Children's and Learning Disability Delivery Group. Contractual processes remain in place and the recent Contract Variation has included a revised Service Specification, SDIP and additional recurrent funding.	
Risk assessment of staff within general practice, in line with the NHS England and NHS Improvement "Risk assessments for at-risk staff groups" letter of 25th June 2020, and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services (e.g.. face:face consultations).	Risk assessment tools and guidance available for practices from NHS England.	Sitrep returns to NHS England and NHS Improvement Practices continue to deliver services in line with national general practice Standard Operating Procedure. CCG supporting practices with accommodation to support social distancing where necessary. Offer of Covid-19 vaccination to primary care staff in line with JCVI priority groups undertaken.

By the end of 2021-22, the CCG had three extreme risks and eighteen high risks within its Corporate Risk Register. The highest rated risks (with a risk rating of 16) were 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. This risk is further exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems.	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. 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. Development of HC&V primary care workforce modelling as part of out of hospital care work-stream.	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. External support for practice groupings to cover support for addressing workforce challenges
Loss of capacity and organisational memory as staff leave roles at NHS Hull Clinical Commissioning Group (CCG) - Wilberforce Court could leave CCG at risk of delivering key functions	CCG Due Diligence and Integrated Care System (ICS) / Integrated Care Board (ICB) readiness to operate programmes including, specialty, people plan, transition, workforce planning and records management process. Shadow Health and Care Partnership Committee been established with development workshops and operational delivery task and finish groups for key functions. Human Resources management of change programme underway. Organisational Development support for teams in place. Interim arrangements for Clinical Commissioning Group Board (CCG) / clinical leadership ready for consultation. Inclusion of teams in review of all CCG functions across the Humber aligned with other CCG's.	Hull CCG Due Diligence Closedown - Internal Task and Finish Group Hull shadow health and care partnership. Hull Senior Leadership Team (SLT) Internal Audit Review ICS programme management group. Humber SLT
There is a risk to patient safety due to NRS, from who Hull CCG commission wheelchair, assessment and provision service, being unable to manage the waiting lists for both initial assessment, clinical provision and reviews. As a result patients are experiencing increased waiting times and a lack of appropriate clinical expertise leading to harm.	Twice monthly meetings are in place with the provider to monitor the progress in respect of the management of the waiting lists. Monthly CMB meetings to review the contract requirements. Action plan submitted from NRS detailing the action to manage the waiting lists. Monthly meetings to review complaints and the outputs from these.	Provide regular updates via the governance structures to Quality and Performance. Regular internal meetings to review patient experience information received into the CCG. Quarterly reports sent as part of the data reporting submissions to NHS England highlighting the 18-week breaches.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The Governing Body, on behalf of the Council of Members, ensures that the organisation maintains a comprehensive system of internal control through the application of its standing orders, prime financial policies and scheme of delegation. These are supported by a comprehensive suite 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. For 2021-22, the CCG was assessed as having governance, risk management and control arrangements that provide high assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.

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 CCG maintains a process of continuous data quality improvement.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We have submitted a high 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 such assurances have been provided for 2021 - 22.

Both the NHS Business Services Authority and Capita have received qualified opinions from their respective auditors on account of further assurance being required on the adequacy of a small number of controls.

In relation to NHS Business Services Authority, their service auditor reported that there were insufficient logical access controls in place to appropriately restrict access to the development and production area of the NHS hub for part of the reporting period and therefore controls were not suitably designed to achieve Control Objective 2 "Controls provide reasonable assurance that security configurations

are created, implemented and maintained to prevent inappropriate access" during the period 1 April 2021 to 6 June 2021

In relation to Captia, their service auditor identified a qualification relating to four out of 17 control objectives for the period 2021 – 22. These matters were identified in a small number of the sample cases reviewed by the auditor and relate to:

- controls regarding pension record updates and errors arising from pension uploading processes.
- controls in place to investigate and resolve errors arising from the ISFE GP payment file upload process.
- controls in place to ensure the timely revoking of accounts, as appropriate, on the Active Directory (AD), PCSE Online, UNIX, NHAIS or Ophthalmic Payments systems and user access reviews, and
- controls in place to ensure the timely revoking of accounts, as appropriate, on the ISFE, LPA, PCSE Online, POL and Active Directory (AD) systems and user access reviews

I am advised that appropriate plans have been developed to strengthen the relevant controls during the forthcoming year by both organisations.

Control Issues

The CCG achieved a high level of performance across the operating framework requirements. For a significant part of 2021-22 the CCG continued to focus 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		Actual (2021-22)	Target
NHS NATIONAL REQUIREMENTS			
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 (SUS data)	2021-22	76.7% (Apr 2021-Feb 2022)	95%

Commentary

Performance against the A&E operational standard whereby patients should spend no more than 4 hours in A&E from arrival to admission, transfer or discharge has been variable during 2021-22 to date.

Throughout 2021-22, and the pandemic, there has been significant and continued demand on the urgent and emergency care pathways with flow through A&E being impacted by increasing numbers of individuals attending with suspected and confirmed Covid. This required the duplication of pathways to ensure that those with no signs of Covid were managed separately to those with suspected/confirmed Covid. We have also seen attendance, within the Urgent Treatment Centre (UTC) setting at Bransholme, surpass pre-pandemic levels from January 2022 and continuing to rise.

Work continues with NHS 111 and 999 to support them undertaking 'Hear and Treat' conversations, where they refer patients directly to the most appropriate service to meet their need. Further work is being undertaken to review all the different services that NHS 111 and 999, and other health and care services, can access and direct individuals to. This includes the development of a 2 Hour Crisis Response Service, to respond quickly to individuals in the community, who can be supported to stay at home with the right care. This reduces the need for a number of individuals having to go to A&E as their care can be better delivered by a different service, ensuring the patients receive the 'right treatment, in the right place, at the right time', and the best outcome for them.

		Actual (2021-22)	Target
RTT - The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2021-22	58.3% (Jan 2022)	92%
Number of patients waiting 52+ weeks on incomplete pathways	2021-22	2,288 (Jan 2022)	0

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 with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response, reducing the capacity to undertake less urgent interventions.

The Trust has continued to work to national guidance and have implemented recovery plans to ensure patients in need are supported.

Review of economy, efficiency and 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 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.

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 CCG. 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 the Counter Fraud Functional Standard; the LCFS resource is contracted in from Audit Yorkshire 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 requirement of the 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 the requirements of the Counter Fraud Functional Standard, which first became effective 1st April 2021 and are reviewed annually, the CCG completed an online Counter Fraud Functional Standard Return (CFFSR) to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as an 'Green' rating. This self-assessment (CFFSR) detailing our scoring was approved by the Chief Finance Officer and Audit Committee Chair prior to submission.

Head of Internal Audit Opinion.

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

The Head of Internal Audit concluded that:

Our overall opinion for the period 1 April 2021 to 31 March 2022 is:

From their review of the CCG's systems of internal control, high assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

The core and risk based reviews issued by Audit Yorkshire for 2021-22 were as follows:

Audit Area	Assurance Level
Governance and Risk Management Arrangements	High
Conflicts of Interest	High
Patient & Public Engagement and Experience	High

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 CCG 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 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 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 2021-22.

The role and conclusions of each were that a satisfactory framework was in place throughout the year.

Conclusion

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

Remuneration and Staff Report

Remuneration

The Remuneration and Staff Report 2021-22 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 policy 2021-22

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 Remuneration Committee for 2021-22 are detailed on pages 65-66 within the Governance Statement.

Remuneration Committee Membership 2021-22

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following (All memberships run from 1 April 2021 to 31 March 2022 unless stated otherwise):

Name	Title
Karen Marshall (Chair)	CCG Lay Representative
Ian Goode	CCG Lay Representative
Jason Stamp	CCG Lay Representative
Dr Dan Roper	CCG Chair

Senior manager remuneration 2021-22

(including salary and pension entitlements) (subject to audit)

Name and Title	(a) Salary (Bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) Performance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension - related benefits (bands of £2,500)	(f) TOTAL (a to e) (Bands of £5,000)
	£000	£	£000	£000	£000	£000
Emma Latimer - Chief Officer**	50-55	1,900	5-10	0	0-2.5	60-65
Emma Sayner - Chief Finance Officer***	55-60	3,700	5-10	0	15-17.5	80-85
Erica Daley - Interim Chief Operating Officer	105-110	4,100	0	0	0	110-115
Clare Linley - Director of Nursing and Quality (Executive Nurse) (to June 2021) ****	10-15	0	0	0	10-12.5	20-25
Debbie Lowe - Acting Director of Nursing & Quality (From July 2021)	70-75	0	0	0	25-27.5	95-100
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr James Moult - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Vincent Rawcliffe - CCG Governing Body Member	35-40	0	0	0	*	35-40
Dr Masood Balouch - CCG Governing Body Member	35-40	0	0	0	*	35-40
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr David Heseltine - CCG Governing Body Member (to April 2021)	0-5	0	0	0	*	0-5
Karen Marshall - Lay Member	10-15	0	0	0	0	10-15
Jason Stamp - Lay Member	10-15	0	0	0	0	10-15
Ian Goode - Lay Member	10-15	0	0	0	0	10-15
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

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

** Emma Latimer - from 01/11/2017-31/10/2019 was in joint post with NHS North Lincolnshire CCG and Hull CCG. From 01/11/2019-31/03/2022 is in joint post with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, Emma Latimer's full salary banding is £150-155k

*** Emma Sayner (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above relate to NHS Hull CCG, Emma Sayners full salary banding is £115-120k

**** Clare Linley - (from 13/05/20 - 30/06/2021) is in a joint post with North Lincolnshire CCG and Hull CCG.The values above relate to Hull CCG, however Clare Linley's full annual salary banding is £105-£110k (£25-30k to end June 21

Pension related benefits are the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at retirement age at the end of the financial year against the same figures of the beginning on the financial adjusted for inflation. The difference is then multiplied by 20 which represents the average number of years an employee receives their pension (20 years is a figure set out in the Department of Health Group Accounting Manual). The benefits and related CETV's do not allow for a potential future adjustment arising from the McCloud judgement.

The CCG operates a performance related pay (PRP) element as part of the remuneration of those senior officers on Very Senior Manager (VSM) contracts. An entitlement to PRP is determined by performance against agreed objectives through the Personal Development Review (PDR) process. Furthermore, eligibility for PRP is also subject to the CCG's achievement of all of its statutory financial targets as well as due regard to any national guidance issued by NHS England with respect to such awards.

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

and 4 are not eligible for consideration of a performance award.

The Remuneration Committee scrutinises individual VSM officer performance against their annual objectives and recommends for the Governing Body's approval the performance band to be assigned against each VSM.

Senior manager remuneration 2020-21

(including salary and pension entitlements) (subject to audit)

Name and Title	(a) Salary (Bands of £5,000)	(b) Expense payments (taxable) to nearest £100*	(c) Perfor-mance pay and bonuses (bands of £5,000)	(d) Long term performance pay and bonuses (bands of £5,000)	(e) All pension-related benefits (bands of £2,500)	(f) TOTAL (a to e) (Bands of £5,000)
	£000	£	£000	£000	£000	£000
Emma Latimer - Chief Officer**	50-55	2,800	5-10	0	0-2.5	60-65
Emma Sayner - Chief Finance Officer***	55-60	3,600	5-10	0	10-12.5	75-80
Erica Daley - Interim Chief Operating Officer	105-110	5,200	0	0	0-2.5	115-120
Clare Linley - Director of Nursing and Quality (Executive Nurse)****	45-50	0	0	0	55-57.5	100-105
Dr Daniel Roper - Chair of Clinical Commissioning Group Governing Body	90-95	0	0	0	*	90-95
Dr James Moult - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Vincent Rawcliffe - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Masood Balouch - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Bushra Ali - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr Amy Oehring - Clinical Commissioning Group Governing Body Member	35-40	0	0	0	*	35-40
Dr David Heseltine - Clinical Commissioning Group Governing Body Member	5-10	0	0	0	*	5-10
Karen Marshall - Lay Member	10-15	0	0	0	0	10-15
Jason Stamp - Lay Member	10-15	0	0	0	0	10-15
Ian Goode - Lay Member	10-15	0	0	0	0	10-15
Mark Whitaker - Practice Manager	5-10	0	0	0	0	5-10

Notes:

* 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 01/11/2019) is in joint post with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, Emma Latimer's full salary banding is £150-155k

*** Emma Sayner (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above are relate to NHS Hull CCG, Emma Sayner's full salary banding is £115-120k

**** Clare Linley - (from 13/05/20) is in a joint post with North Lincolnshire CCG and Hull CCG. The values above relate to NHS Hull CCG, however Clare Linley's full salary banding is £100-£105k

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).

Pensions Table 2021-22

(subject to audit)

Name and Title	a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	(e) Cash quivalent Transfer Value at 1 April 2020	(f) Real increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2021	(h) Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Emma Latimer - Chief Officer	0-2.5	0-2.5	45-50	110-115	810	0	810	0
Emma Sayner - Chief Finance Officer	0-2.5	0-2.5	35-40	60-65	501	58	545	0
Erica Daley - Interim Chief Operating Officer	0	0	0	0	0	0	0	0
Clare Linley - Director of Nursing and Quality (Executive Nurse) (April to June 2021)	**	**	**	**	**	**	**	**
Debbie Lowe - Acting Director of Nursing & Quality (From July 2021)	0-2.5	0	10-15	20-25	163	25	188	0
Dr Daniel Roper - Chair of CCG Governing Body	*	*	*	*	*	*	*	*
Dr James Moult - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Vincent Rawcliffe - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Masood Balouch - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Bushra Ali - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Amy Oehring - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr David Heseltine - CCG Governing Body Member (to April 2021)	*	*	*	*	*	*	*	*
Karen Marshall - Lay Member	0	0	0	0	0	0	0	0
Jason Stamp - Lay Member	0	0	0	0	0	0	0	0
Ian Goode - Lay Member	0	0	0	0	0	0	0	0
Mark Whitaker - Practice Manager	0	0	0	0	0	0	0	0

Notes

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

** For pension information for Clare Linley, please see NHS North Lincolnshire CCG Annual Report

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.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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 2021-22 (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 2021-22.

There was no compensation for early retirement or loss of office or payments to past directors during 2021-22. The CCG has no losses or special payments to report in 2021-22, however a contractual payment in relation to an agreed departure was made to the value of £5.6k was made in 2021-22, this cost was shared with NHS North Lincolnshire CCG, this equated to £2.8k per CCG.

Fair Pay Disclosure (subject to audit)

Percentage change in remuneration of highest paid director

2021-22

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	0.0%	0.0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	-6.5%	0.0%

2020-21

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	-3.5%	0.0%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole	-16.2%	0.0%

in 2021-22 there has been no change in respect of highest paid director. The reduction of 3.5% was due to reduced benefit in kind.

In 2021-22 and 2021-22 the salary and allowances have reduced. This is mainly due to reduction of employees year on year.

Pay ratio information

Reporting bodies are required to disclose the relationship between the total remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The banded remuneration of the highest paid director / member in [the organisation] in the financial year 2021-22 was £140-145k (2020-21, £145-150k).

The remuneration of the highest paid director / Member has decreased slightly due to reduced Benefit in Kind in 2021-22.

The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2021-22	25th percentile	Median	75th percentile
Total remuneration (£)	38,285	45,839	63,862
Salary component of total remuneration (£)	38,285	45,839	63,862
Pay ratio information	4:1	3:1	2:1
2020-21 (Restated)			
Total remuneration (£)	33,176	44,503	62,001
Salary component of total remuneration (£)	33,176	44,503	62,001
Pay ratio information	4:1	3:1	2:1

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 slight increase in both total remuneration and salary compared to previous year is due to increase in Agenda for Change Pay Scale. This in effect shows minimal change year on year and no change on the pay ratio.

Remuneration ranged from £15-20k to £185-190k (2020-21 £15-20k-£185-190k).

In 2021-22, 3 (2020-21, 6) 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.

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 2021-22

Our external auditor is Mazars, Salvus House, Aykley Heads, Durham, DH1 5TS. Auditors' remuneration in relation to April 2021 to March 2022 totalled £56,280 for statutory audit services. This covered audit services required under the Audit Commission's Code of Audit Practice (giving opinion on, the Annual Accounts and work to examine our use of resources and financial aspects of corporate governance).

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

Better payments practice code
(subject to audit)

The CCG has signed up to the Better Payments Practice Code and aims to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. During 2021-22 NHS Hull CCG paid 95.82% of non NHS trade invoices within target and 96.64% of NHS trade invoices within target. Further details are on page 22 of the Annual Accounts.

Staff Report

Promoting Equality 2021-22

NHS Hull CCG continues to embrace its equality duties, rather than simply focus on legal compliance, and has made meaningful progress against its equality objectives and driven real change.

The pandemic has continued to highlight and widen stark health inequalities, particularly affecting Black, Asian and Minority Ethnic NHS staff and patients, as well as those with disabilities. The CCG has over many years developed strong relationships in our communities and strengthened our equality impact assessment approach, and this has paid dividends in our response to the pandemic. It has been particularly significant as the equality impact assessment of the vaccination programme provided insight and data and enabled community engagement approaches to underpin our targeted delivery of this programme. Further information on COVID-19 equalities impact and our response in detailed further on in this section.

Social, community and human rights obligations

We are committed to promoting equality and eliminating discrimination as an employer, and in ensuring that the services we commission are accessible and inclusive. We recognise our duties under the Human Rights Act 1998 and the Equality Act 2010, including the Public Sector General Equality Duty to pay due regard to:

1. Eliminating unlawful discrimination, harassment and victimisation. This includes sexual harassment, direct and indirect discrimination on the grounds of a protected characteristic. The protected characteristics defined by the Equality Act are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (further defined in 3.2 below).
2. Advancing equality of opportunity between people who share a protected characteristic and people who do not share it. This means:
   - Removing or minimising disadvantage experienced by people due to their personal characteristics
   - Meeting the needs of people with protected characteristics
   - Encouraging people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.
3. Fostering good relations between people who share a protected characteristic and people who do not share it, which means:
   - Tackling prejudice, with relevant information and reducing stigma
   - Promoting understanding between people who share a protected characteristic and others who do not.

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

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

COVID-19 Equality Impact

It is widely documented that COVID-19 has disproportionately impacted Black, Asian and Minority Ethnic communities and disabled people. Following national research our understanding of the risk factors affecting ethnic minorities became much clearer. We now know:

- the main factors behind the higher risk of COVID-19 infection for ethnic minority groups include occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely populated urban areas with poor air quality and higher levels of deprivation
- once a person is infected, factors such as older age, male sex, having a disability or a pre-existing health condition (such as diabetes) are likely to increase the risk of dying from COVID-19
- while ethnicity itself was not thought to be a risk factor, recent research by Oxford University identified the gene responsible for doubling the risk of respiratory failure from COVID-19, carried by 61% of people with South Asian ancestry – this goes some way to explaining the higher death rates and hospitalisations in that group
- The Kings Fund and Race and Health Observatory have both identified structural, institutional and interpersonal racism as a significant factor.

These insights have been crucial in shaping the government's response to COVID-19.

The early efforts, informed by the emerging data and scientific advice, focused on preventing the risk of infection and protecting key frontline workers who were most at risk. This included risk-assessing over 95% of frontline NHS staff by September 2020 and national guidance on how to make workplaces secure for those who were not able to work from home.

The approach to the pandemic evolved as our understanding of the risk factors developed. For example, in the second wave of the pandemic, the risk of dying from COVID-19 was much higher for the Bangladeshi and Pakistani ethnic groups resulted in more specific actions for this population.

The most significant measure to protect ethnic minorities from the risk of COVID-19 infection, and to save lives, has been the vaccination programme. The largest mass-vaccination programme in British history has been delivered through an unprecedented partnership approach between national and local government, health agencies, and the voluntary and community sector. Through combined efforts we have seen increases in both positive vaccine sentiment and vaccine uptake across all ethnic groups since vaccine deployment began. There are a number of wider public health lessons in relation to ethnic minorities including:

- ensuring the success of vaccination deployment is carried over to other public health programmes, such as winter flu and COVID-19 booster vaccinations – this includes continuing to use respected local voices to build trust within ethnic minority groups and to help tackle misinformation
- not treating ethnic minorities as a homogenous group – COVID-19 has affected different ethnic groups in different ways throughout the pandemic and a 'one size fits all' approach is not an effective way of tackling public health issues
- avoiding stigmatising ethnic minorities by singling them out for special treatment, which could be taken to imply that they are vulnerable or, in the case of COVID-19, were somehow at fault for the spread of the virus.
- improving the quality of health ethnicity data so that patterns and trends can be spotted quicker in future.

The impact of COVID on disabled people has also been profound with disabled people in the UK facing an increased risk of ill health and death during the Covid-19 pandemic when compared to the rest of the population:

- 6 people in 10 who die from COVID-19 (compared to around 20% of the population reporting to be disabled).
- People with learning disabilities are disabilities with COVID -19 are five times more likely to be admitted to hospital and eight times more likely to die compared with the general population of England, according to a British Medical Journal (BMJ) study .
- COVID accounts for 8 in 10 deaths of people with a learning disability https://www.mencap.org.uk/press-release/eight-10-deaths-people-learning-disability-are-covid-related-inequality-soars

The Office for National Statistics (ONS) has found the negative social impacts of the pandemic have been greater for disabled people, including impact on mental and physical wellbeing.

The Health Foundation reports on the impact of disrupted health services disproportionately impacting disabled people .

Our response

Local engagement and collaboration with system partners, including the voluntary sector, has continued throughout the COVID-19 pandemic which has aided bespoke and targeted support into some of our most vulnerable communities. Bespoke support has been wrapped around specific community groups such as care home residents, the homeless population and our local ethnic minority communities.

An integrated approach to supporting our local population utilising a variety of methods has enabled many successes in areas such as COVID-19 outbreak management and uptake of the COVID vaccination programme. For example, bespoke vaccination sessions were delivered for people with a learning disability within a smaller, more familiar setting, with easy read information materials and with additional time allowed for appointment slots.

1 https://lordslibrary.parliament.uk/covid-19-pandemic-impact-on-people-with-disabilities/
2 https://www.bmj.com/company/newsroom/people-with-learning-disabilities-extremely-vulnerable-to-the-effects-of-covid-19/
3 https://www.health.org.uk/news-and-comment/blogs/the-forgotten-crisis-exploring-the-disproportionate-impact-of-the-pandemic

Equality, diversity and inclusion in the workforce

The CCG reports on the Workforce Race Equality Standard (WRES) and, although not mandated, also reports on the Workforce Disability Equality Standard (WDES) in order to be open and transparent. NHSE also mandates the Equality Delivery System (EDS) standard for CCG's. These three standards form part of the CCG's Equality, Diversity and Inclusion (EDI) Outcomes Plan

The WRES and WDES highlight any differences between the experience and treatment of Black and Ethnic Minority staff, disabled staff and candidates, with a view to closing these gaps through the development and implementation of action plans focused upon continuous improvement over time. The EDS is a toolkit and framework for assessing how NHS organisations are performing with regard to equality, diversity and human rights and NHS Hull CCG is currently working towards a limited implementation plan to consolidate stakeholder networks of local interest groups prior to the move towards the Integrated Care System

Although previous actions in the EDI Outcomes Plan have been implemented successfully e.g. recruitment training for managers and wider advertising of roles through community networks, the CCG has been unable to make satisfactory progress on attracting and recruiting more BME staff and work is underway to better understand what the barriers to this are including learning from provider trusts in the area. Further discussion is also being undertaken in conjunction with the staff wellbeing group to look at the results of local pulse surveys around experiences of staff in regards to equal opportunities for career progression, harassment, bullying or abuse and discrimination including whether experiences or treatment of BME and disabled staff is different in these particular areas and identify possible further support to staff. The staff wellbeing group is also considering how uptake in future surveys could be improved.

Other policies and activities undertaken to improve the diversity and inclusiveness of the workforce include;

- Development and implementation of a range of HR Bitesize training sessions that consider unconscious bias and equality issues whilst following key HR processes.
- Introduction of an agile working policy with individual personal plans and reviewed a number of existing policies such as flexible working including a revised EQIA.
- A review of recruitment processes including feedback on the recruitment experience to look for improvements, a document to audio function to allow for alternative application forms.
- The launch of an Employee Assistance Programme
- The renewal of the CCG's Mindful Employer Charter

Staff policies

As an employer the CCG recognises and values people as individuals and accommodates differences, where possible, by making adjustments.
Policies in place to support this include:

- Agile Working
- Managing Attendance
- Flexible Working
- Recruitment and Selection

Six policies were reviewed or developed through to approval in 2021-22:

- Dignity and Respect
- Flexible Working
- Agile Working
- Managing Attendance
- Recruitment and Retention
- Starting Salaries

A number of policies are currently in consultation. Our policies are available at www.hullccg.nhs.uk

Staff engagement, workforce health and wellbeing

The CCG did not participate in a staff survey in 2021-22 therefore do not have a staff engagement percentage, however activities this year to support staff engagement and workforce health and wellbeing are detailed below.

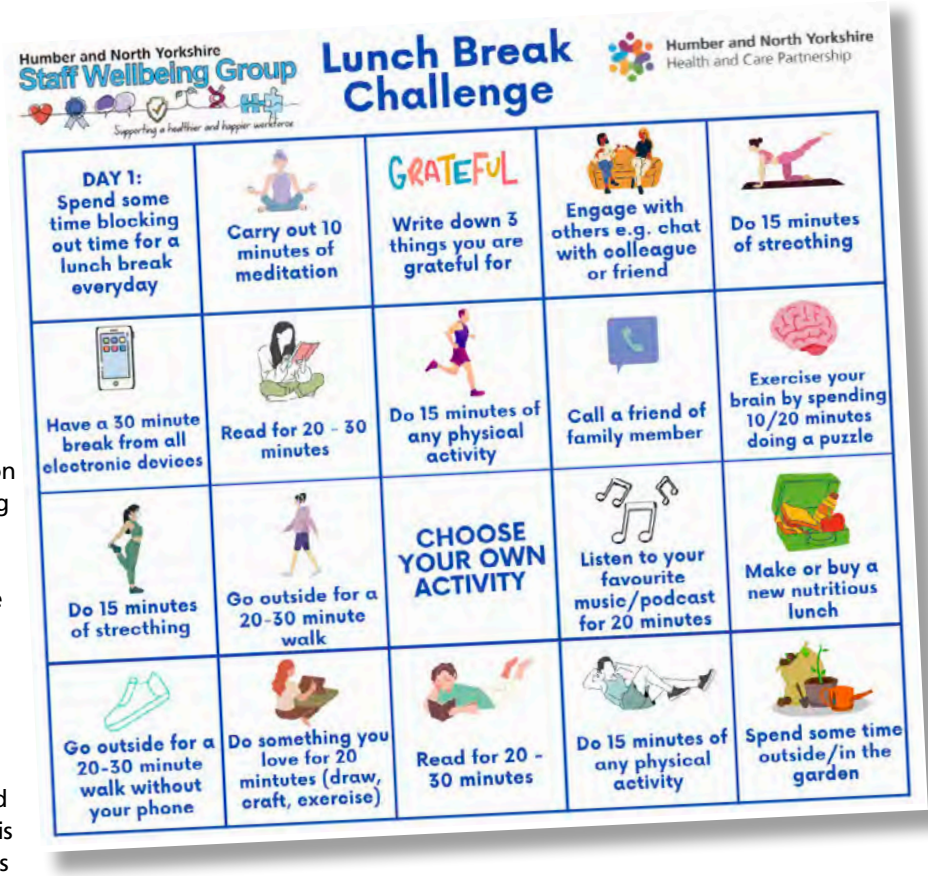
The Human Resources and Organisational Development (HR and OD) team has delivered regular updates at bi-weekly team briefings including; training opportunities, wellness action plans and guides, national health and wellbeing apps and useful websites to support wellbeing whilst staff continue to work predominately from home. A substantial number of staff have accessed 1:1 coaching support and training opportunities, and for people interested in becoming a qualified coach, bespoke courses have also been offered.

NHS Hull CCG provides support for physical and emotional wellbeing through management and self-referral to Occupational Health services. This includes the ability to access counselling sessions and colleagues who are trained Mental Health First Aiders. Staff and their immediate family members also have access to an Employee Assistance Programme (EAP); a support network that offers expert advice and compassionate guidance 24/7 covering a wide range of issues. EAP services include legal information, online CBT and bereavement support, with access to a wellbeing portal which offers a virtual library of wellbeing information. Articles and self help guides provide support on a range of health and advisory issues as well as instant advice for good physical and mental health. A smartphone app is also available with a weekly mood tracker, mini health checks and breathing techniques.

NHS Hull CCG runs a quarterly morale tracker; a short survey designed to give a better insight into morale, staff experiences at work and their health and wellbeing. The survey supports the People Promise – "we each have a voice that counts" and provides regular insight into the working experience of staff to support improvement action.

All staff have been offered a flu vaccination via Occupational Health and staff identified by NHS Hull CCG as being frontline were prioritised for COVID-19 vaccination. Individual staff risk assessments were undertaken early in the pandemic and personal plans developed to identify and mitigate any equality or diversity issues that may impact on staff safety. These remain in place.

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



A wider understanding of Menopause

NHS Hull Clinical Commissioning Group recognises that peri-menopause and menopause have the potential to affect individuals in the workplace which may present a range of challenges. The CCG aims to remove the taboo surrounding menopause to ensure employees experiencing symptoms are supported at work. To do this the CCG is committed to ensuring that all employees are treated fairly and with dignity and respect and is taking a proactive stance by promoting a wider understanding of menopause to prevent discriminatory or exclusionary behaviour. Part of this work includes the implementation of a menopause policy, delivery of staff training and ongoing communication around menopause.

It is hoped that these steps will help encourage more open conversations and aid in creating an environment where staff can openly raise any issues to get the right support at work and give managers the confidence to be able to support staff. The CCG is committed to continue to develop its support to colleagues in partnership with local organisations in the Humber, Coast and Vale area to achieve a menopause friendly accreditation.

Health and Safety performance 2021-22

The resurgence of COVID-19 (Omicron) has continued to be a significant challenge to the organisation in terms of health and safety during the year, particularly with guidance changes that have significantly reduced the return to working face-to-face.

The CCG has continued to foster and encourage a positive health and safety culture, particularly through systematic reviews of risk assessments relating to both the work environment and the individual needs of staff; and also through the introduction and implementation of the Agile Working Policy.

The Health, Safety and Security Group has continued to meet online quarterly to review health and safety performance and ensure that all relevant legal requirements are being met, including the arrangements and induction necessary for new starters.

Wherever possible, CCG staff have largely continued to work from home during the year and the organisation has ensured that appropriate risk assessments have been reviewed for each individual to ensure they can work safely, and have appropriate space and equipment, both at home or in CCG premises. A COVID-secure risk assessment has been completed for the CCG offices at Wilberforce Court and minimal staffing has been maintained there, following all of the recommendations. This risk assessment has been reviewed regularly in response to changes in guidance.

Overall compliance for statutory and mandatory health and safety training at 31 March 2022 was 81% against a target of 85%. 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 were no reported health and safety incidents within the organisation in 2021-22.

Staff consultation

Recognising the benefits of partnership working, NHS Hull CCG is an active member of the Humber, North Yorkshire and Vale of York CCGs' Joint Social Partnership Forum (SPF) which is organised by the Human Resources Team. The forum works across the six Humber and North Yorkshire CCGs: Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, North Yorkshire and Vale of York.

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. The CCG also attends the Yorkshire and Humber SPF. HR policies are reviewed and job descriptions evaluated and banded in partnership with staff side colleagues.

Trade union facility time 2021-22

Trade Union Facility Time	
Number of relevant union officials during 2021-22	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	£2,479
Total pay bill	£5,485,551
Percentage of total pay bill spent on facility time	0.05%

Paid Trade Union Activities	
Time spent on trade union activities as a percentage of paid facility time	38%

CCG staff numbers 2021-22 (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 2021 and 31 March 2022.

Pay band	Total
Band 8a	14
Band 8b	11
Band 8c	6
Band 8d	4
Band 9	1
VSM	6
Governing body	16 *
Any other spot salary	21*
Assignment category	**Total**
Permanent	78
Fixed term	10
Statutory office holders	9
Bank	3
Honorary	18*

*GP, Lay and other non-CCG staff members as at 31 March 2022

Gender composition for staff, Governing Body and Council of Members 2021-22

Between 1 April 2021 and 31 March 2022 the gender composition of the NHS Hull CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)*	8	7
CCG Membership (Council of Members)**	6	26

*One vacancy on the CCG Board.
**Please note some members may represent more than one practice.

The gender composition for NHS Hull CCG employees at 31 March 2022 was as follows:

Pay band	Female	Male
Band 8a	12	2
Band 8b	7	4
Band 8c	3	3
Band 8d	3	1
Band 9	1	0
VSM	4	2
Governing body**	8	8
Any other spot salary	8	13
All other employees (including apprentice if applicable)	36	10

** Includes VSM and other spot salaries

Sickness Absence Data

The sickness absence data for NHS Hull CCG between 1 April 2021 and 31 March 2022 is below:

Absence	Total
Average sickness %	1.41%
Total number of FTE days lost	397

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. The CCG have set a local target for reducing sickness absence and the ongoing work to improve staff health and wellbeing supports this aim.

Staff turnover

The average staff turnover for NHS Hull CCG between 1 April 2021 and 31 March 2022 is below:

Turnover	Total
	1.16%

Average turnover rates within NHS Hull CCG are low, therefore not giving any cause for concern. Ongoing work to improve staff engagement, health and wellbeing and organisational culture support the key commitments in the NHS People Plan in respect of staff retention

Staff costs table 2021-22 (subject to audit)

	ADMIN			PROGRAMME			TOTAL		
	Perm Permanent Employees £'000	Other Other £'000	Total £'000	Perm Permanent Employees £'000	Other Other £'000	Total £'000	Perm Permanent Employees £'000	Other Other £'000	Total £'000
	N4A	N4B	N4C	N4D	N4E	N4F	N4G	N4H	N4I
Salaries and wages	2,242	50	2,292	1,865	140	2,005	4,107	190	4,297
Social security costs	249	1	250	202	15	216	451	15	467
Employer contributions to the NHS Pension Scheme	485	1	486	209	18	227	694	19	712
Other pension costs	1	-	1	1	-	1	2	-	2
Apprenticeship Levy	8	-	8	-	-	-	8	-	8
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**2,985**	**52**	**3,037**	**2,277**	**172**	**2,449**	**5,262**	**224**	**5,486**
Less: Recoveries in respect of employee benefits (note 4.1.2)	(90)	-	(90)	(127)	-	(127)	(217)	-	(217)
Net employee benefits expenditure including capitalised costs	**2,895**	**52**	**2,947**	**2,150**	**172**	**2,322**	**5,045**	**224**	**5,269**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**2,895**	**52**	**2,947**	**2,150**	**172**	**2,322**	**5,045**	**224**	**5,269**

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2022, for more than £245 per day:	Number
Number of existing engagements as of 31 March 2022	2
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2021 and 31 March 2022, for more than £245 per day	Number
No. of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	2
Of which:	
No. not subject to off-payroll legislation	1
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	1
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2021 and 31 March 2022	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	16

Other payments during 2021-22
(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 2021-22.

There was no compensation for early retirement or loss of office or payments to past directors during 2021-22. The CCG has no losses or special payments to report in 2021-22, however a contractual payment in relation to an agreed departure was made to the value of £5.6k was made in 2021-22, this cost was shared with NHS North Lincolnshire CCG, this equated to £2.8k per CCG.

Expenditure on consultancy
(subject to audit)

There was expenditure of £5,906 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.

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 at pages 81 and 90 .

An audit certificate and report is also included in this Annual Report at pages 3-6 of the Annual Accounts section.

Part Three:

Annual Accounts 2021-22

17 June 2022

Emma Latimer
Accountable Officer

NHS Hull Clinical Commissioning Group
Annual Accounts 2021-22

Foreword to the Accounts

These accounts for the year ended 31 March 2022 have been prepared by the NHS Hull Clinical Commissioning Group in accordance with the Department of Health Group Accounting Manual 2021/22 and NHS England SharePoint Finance Guidance Library.

Emma Latimer

Accountable Officer
Authorised for issue
17th June 2022

NHS Hull Clinical Commissioning Group - Annual Accounts 2021-22

CONTENTS

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

Report on the audit of 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 2022, 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 accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2021/22 as contained in the Department of Health and Social Care Group Accounting Manual 2021/22, 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 2022 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 2021/22; 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.

Emphasis of Matter – transfer of the CCG's functions to the Integrated Care Board

We draw attention to notes 1.1 (Going Concern) and 16 (Events after the end of the reporting period) of the financial statements, which highlight that the Health and Care Act 2022 gained Royal Assent on 28 April 2022. As disclosed in notes 1.1 and 16 of the financial statements, it is the intention that the CCG's functions will transfer to a new Integrated Care Board from 1 July 2022. Given services will continue to be provided by another public sector entity, the financial statements are prepared on a going concern basis. Our opinion is not modified in respect of this matter.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

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 2021/22 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.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act2014.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the CCG, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non- compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Integrated Audit and Governance Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to

any indications of non-compliance throughout our audit; and
- considering the risk of acts by the CCG which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:
- making enquiries of management and the Integrated Audit and Governance Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Integrated Audit and Governance Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in December 2021.

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

Report on 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 2022.

We have not completed our work on the CCG's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2022. We will report the outcome of our work on the CCG's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

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 work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in December 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration 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 under the Code of Audit Practice

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; 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.

Use of the audit report

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

Certificate

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 satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Kirkham (Jun 20, 2022 15:10 GMT+1)

Mark Kirkham

Partner

For and on behalf of Mazars LLP 3

Wellington Place

Leeds LS1

4AP

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Income from sale of goods and services	2	(2,008)	(562)
Other operating income	2	(732)	(53)
Total operating income		**(2,740)**	**(615)**
Staff costs	4	5,486	5,444
Purchase of goods and services	5	709,486	554,470
Depreciation and impairment charges	5	6	9
Provision expense	5	-	-
Other Operating Expenditure	5	1,127	719
Total operating expenditure		**716,105**	**560,642**
Net Operating Expenditure		**713,365**	**560,027**
Net expenditure for the Year		**713,365**	**560,027**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**713,365**	**560,027**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Items that may be reclassified to Net Operating Costs			
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**713,365**	**560,027**

Statement of Financial Position as at 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Non-current assets:			
Property, plant and equipment	8	-	6
Total non-current assets		-	6
Current assets:			
Trade and other receivables	9	2,568	1,045
Cash and cash equivalents	10	10	18
Total current assets		**2,578**	1,063
Non-current assets held for sale		-	-
Total current assets		**2,578**	1,063
Total assets		**2,578**	1,069
Current liabilities			
Trade and other payables	11	(38,761)	(34,253)
Total current liabilities		**(38,761)**	(34,253)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(36,183)**	(33,184)
Non-current liabilities			
Total non-current liabilities		**-**	-
Assets less Liabilities		**(36,183)**	(33,184)
Financed by Taxpayers' Equity			
General fund		(36,183)	(33,184)
Total taxpayers' equity:		**(36,183)**	(33,184)

The notes on pages 11 to 27 form part of this statement

The financial statements on pages 7 to 10 were approved by the Governing Body on [date] and signed on its behalf by:

Chief Accountable Officer
Emma Latimer

17th June 2022

Statement of Changes In Taxpayers Equity for the year ended 31 March 2022

Changes in taxpayers' equity for 2021-22	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Balance at 01 April 2021	(33,184)	-	-	**(33,184)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(33,184)**	**-**	**-**	**(33,184)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22				
Net operating expenditure for the financial year	(713,365)			**(713,365)**
Total revaluations against revaluation reserve		**-**		**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(713,365)**	**-**	**-**	**(713,365)**
Net funding	710,366	-	-	**710,366**
Balance at 31 March 2022	**(36,183)**	**-**	**-**	**(36,183)**

Changes in taxpayers' equity for 2020-21	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Balance at 01 April 2020	(28,197)	-	-	**(28,197)**
Transfer of assets and liabilities from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2021	**(28,197)**	**-**	**-**	**(28,197)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating costs for the financial year	(560,027)			**(560,027)**
Total revaluations against revaluation reserve		**-**		**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(560,027)**	**-**	**-**	**(560,027)**
Net funding	555,040	-	-	**555,040**
Balance at 31 March 2021	**(33,184)**	**-**	**-**	**(33,184)**

The notes on pages 11 to 27 form part of this statement

Statement of Cash Flows for the year ended 31 March 2022

	Note	2021-22 £'000	2020-21 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(713,365)	(560,027)
Depreciation and amortisation	5	6	9
(Increase)/decrease in trade & other receivables	9	(1,523)	1,712
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	11	4,508	3,278
Increase/(decrease) in other current liabilities		-	-
Net Cash Inflow (Outflow) from Operating Activities		**(710,374)**	(555,028)
Cash Flows from Investing Activities			
Interest received		-	-
Net Cash Inflow (Outflow) from Investing Activities		**-**	-
Net Cash Inflow (Outflow) before Financing		**(710,374)**	(555,028)
Net Cash Inflow (Outflow) from Financing Activities		**710,366**	555,040
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(8)**	12
Cash & Cash Equivalents at the Beginning of the Financial Year		18	6
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**10**	18

The notes on pages 11 to 27 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 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.
The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish clinical commissioning groups (CCG). ICBs will take on the commissioning functions of CCGs. The Bill was given Royal Assent and became an Act of Parliament on the 28th April 2022. The intention is that all the CCG functions, assets and liabilities will therefore transfer to an ICB on the 1st July 2022.
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. The statement of financial postion has therefore been drawn up at 31 March 2022 on a 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 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Kingston upon Hull City Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, each commissioner is responsible for decisions on the use of the resources held by them under the section 75. The CCG has determined that joint control does not exist and they are accounting for their own transactions. [Note 14 page 22]

1.4 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.

1.5 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.
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.

1.6 Employee Benefits

1.6.1 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.

1.6.2 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 if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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.

1.7 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.

1.8 Grants Payable

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

1.9 Property, Plant & Equipment

1.9.1 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.

1.9.2 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

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

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

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

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.

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

1.9.3 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 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.

1.10.1 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.

1.11 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. Cash, bank and overdraft balances are recorded at current values.

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.

1.12 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.

1.13 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.

1.14 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.

1.15 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.

1.16 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).

1.17 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.

1.17.1 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

1.17.2 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 at £50.0m based on 10 months actual and 2 months accrual of £8.05m.
- Purchase of Healthcare (non block contracts) - The full year figure is estimated at £100.2m based on actual information plus accruals of £8.6m for outstanding invoices for care received.
- Continuing Care - this is based upon the client database of occupancy at the financial year end. The annual cost is estimated at £29.1m which includes an accrual for invoices not yet received of £5.3m.

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

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The clinical commissioning group will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the clinical commissioning group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date.
For leases commencing in 2022/23, the clinical commissioning group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

NHS Hull CCG have assessed the conditions of IFRS16 Leases as at 31st January 2022 against all contracts and have concluded that no contracts meet the requirements of the standard, therefore there is no current impact on NHS Hull CCG accounts. From April 1st 2022, new contracts will be assessed against IFRS 16 and adopted as appropriate.
IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted. Insurance contracts are not material at the CCG. From April 1st 2023, new contracts will be assessed against IFRS 17 and adopted as appropriate.

2 Other Operating Revenue

	2021-22 Total £'000	2020-21 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**-**	-
Non-patient care services to other bodies	**572**	477
Other Contract income ***1**	**1,219**	2
Recoveries in respect of employee benefits ***2**	**217**	83
Total Income from sale of goods and services	**2,008**	**562**
Other operating income		
Non cash apprenticeship training grants revenue	**-**	1
Other non contract revenue ***3**	**732**	52
Total Other operating income	**732**	**53**
Total Operating Income	**2,740**	**615**

***1** 2021/22 is higher due to tranformation income received that was passed through to providers
***2** Recoveries in respect of employee benefits are for secondments and shared posts.
***3** 2021/22 is higher due to income received for GP IT and refunds from the local authority for continuing healthcare charges.

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

	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000	2021-22 Recoveries in respect of employee benefits £'000	2020-21 Non-patient care services to other bodies	2020-21 Other Contract income	2020-21 Recoveries in respect of employee benefits
Source of Revenue						
NHS	147	1,075	68	2	-	33
Non NHS	425	144	149	475	2	50
Total	**572**	**1,219**	**217**	**477**	**2**	**83**

	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000	2021-22 Recoveries in respect of employee benefits £'000	2020-21 Non-patient care services to other bodies	2020-21 Other Contract income	2020-21 Recoveries in respect of employee benefits
Timing of Revenue						
Point in time	572	1,219	217	477	2	83
Over time	-	-	-	-	-	-
Total	**572**	**1,219**	**217**	**477**	**2**	**83**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total 2021-22		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,107	190	**4,297**
Social security costs	451	15	**466**
Employer Contributions to NHS Pension scheme	694	19	**713**
Other pension costs	2	-	**2**
Apprenticeship Levy	8	-	**8**
Gross employee benefits expenditure	5,262	224	**5,486**
Less recoveries in respect of employee benefits (note 4.1.2)	(217)	**-**	**(217)**
Total - Net admin employee benefits including capitalised costs	5,045	224	**5,269**
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	5,045	224	**5,269**

4.1.1 Employee benefits

	Total 2020-21		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	4,055	211	4,266
Social security costs	444	20	464
Employer Contributions to NHS Pension scheme	670	34	704
Other pension costs	3	-	3
Apprenticeship Levy	7	-	7
Gross employee benefits expenditure	5,179	265	5,444
Less recoveries in respect of employee benefits (note 4.1.2)	**(83)**	**-**	(83)
Total - Net admin employee benefits including capitalised costs	5,096	265	5,361
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	5,096	265	5,361

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	2021-22 Total £'000	2020-21 Total £'000
Employee Benefits - Revenue				
Salaries and wages	(179)	-	**(179)**	(69)
Social security costs	(20)	-	**(20)**	(8)
Employer contributions to the NHS Pension Scheme	(18)	-	**(18)**	(6)
Total recoveries in respect of employee benefits	**(217)**	-	**(217)**	(83)

4.2 Average number of people employed

	2021-22			2020-21		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**69.83**	**4.17**	**74.00**	73.99	4.63	78.62
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	-	-	-

4.3 Exit packages agreed in the financial year

	2021-22 Compulsory redundancies		2021-22 Other agreed departures		2021-22 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	1	2,833	1	2,833
Total	**-**	**-**	**1**	**2,833**	**1**	**2,833**

	2020-21 Compulsory redundancies		2020-21 Other agreed departures		2020-21 Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
Total	**-**	**-**	**-**	**-**	**-**	**-**

	2021-22 Departures where special payments have been made		2020-21 Departures where special payments have been made	
	Number	£	Number	£
Total	**-**	**-**	**-**	**-**

Analysis of Other Agreed Departures

	2021-22 Other agreed departures		2020-21 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	1	2,833	-	-
Total	**1**	**2,833**	**-**	**-**

4.4 Pension costs

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

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

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 b viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The 2016 funding valuation also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-

5. Operating expenses

	2021-22 Total £'000	2020-21 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England ***1**	1,698	1,172
Services from foundation trusts ***2**	163,404	85,133
Services from other NHS trusts ***3**	300,622	245,140
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies ***4**	129,283	114,655
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	49,988	50,972
Pharmaceutical services	209	218
General Ophthalmic services	-	13
GPMS/APMS and PCTMS ***5**	53,230	48,634
Supplies and services – clinical	563	555
Supplies and services – general ***6**	1,818	773
Consultancy services ***7**	11	9
Establishment ***8**	910	1,366
Transport	7	6
Premises	4,869	4,694
Audit fees ***9**	56	56
Other non statutory audit expenditure		
· Internal audit services ***10**	-	-
· Other services	9	9
Other professional fees ***11**	1,966	962
Legal fees	198	15
Education, training and conferences	645	87
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	1
Total Purchase of goods and services	**709,486**	**554,470**
Depreciation and impairment charges		
Depreciation	6	9
Total Depreciation and impairment charges	**6**	**9**
Provision expense		
Total Provision expense	**-**	**-**
Other Operating Expenditure		
Chair and Non Executive Members	378	385
Grants to Other bodies ***12**	599	-
Clinical negligence	-	-
Research and development (excluding staff costs)	37	86
Expected credit loss on receivables	1	-
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure ***13**	112	248
Total Other Operating Expenditure	**1,127**	**719**
Total operating expenditure	**710,619**	**555,198**

***1** Increased expenditure with NHSE/I for ICS development costs.
***2** Increased expenditure with Humber Teaching NHS Foundation Trust, York Teaching Hospital NHS Foundation Trust and Northern Lincolnshire & Goole NHS Foundation Trust for Elective Recovery Fund, Elective Plus and the national system funding for COVID and Top-Ups for the Humber area as part of the block contract arrangements.
***3** Increased expenditure with Hull University Teaching Hospital NHS Trust for Elective Recovery Fund, Elective Plus and national system funding for COVID and Top-Ups for the Humber area as part of the block contract arrangements.
***4** Increased due to independent sector expenditure being paid by NHSE/I in 2020/21, also increased cost for the hospital discharge programme.
***5** Increases in primary care network payments, increase take up of additional roles, payments relating to long covid and improved access/extended hours now being delivered by primary care rather than the independent sector.
***6** Increased expenditure on Intergrated Care System programme support.
***7** Consultancy costs in relation to the transition to Integrated Care System.
***8** 2020/21 included additional costs for IT equipment purchased as part of different working arrangements due to the pandemicand higher data lines cost due to changing provider.
***9** The total value for Audit fees includes £9.4k of non reclaimable VAT, this is the same value as in 2020/21
***10** Internal audit fees are included in Other professional fees as hosted by YorkTeaching Hospital (£35k, in 2020/21 they were £18k Oct to Mar only).
***11** Increase in spend on Intergrated Care System as a whole and for the Humber as lead CCG.
***12** Grant money received from NHSE/I for IT related schemes
***13** see below

Description of Other Expenditure 2021-22	Amount £000
Teaming Up For Health Project	105
Reach Publishing - Health Promotion	2
Eskimo Soup - Vaccination Campaign	4
Total	**112**
Description of Other Expenditure 2020-21	**Amount £000**
Celebration of Older Peoples Event	5
Childrens University	10
Childrens Wellbeing Sponsor	15
Communications Campaign	16
Eskimo Soup - Got Your Back Project	41
Fredrick Holmes School	1
High Fiver Project	25
History Troupe Project	11
Retention Project	14
Teaming Up For Health Project	110
Total	**248**

6.1 Better Payment Practice Code

Measure of compliance	2021-22 Number	2021-22 £'000	2020-21 Number	2020-21 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	10,956	196,367	10,012	168,687
Total Non-NHS Trade Invoices paid within target	10,498	186,782	9,738	164,142
Percentage of Non-NHS Trade invoices paid within target	**95.82%**	**95.12%**	**97.26%**	**97.31%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	655	464,879	961	333,917
Total NHS Trade Invoices Paid within target	633	464,656	928	333,342
Percentage of NHS Trade Invoices paid within target	**96.64%**	**99.95%**	**96.57%**	**99.83%**

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

	2021-22 £'000	2020-21 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**-**	**-**

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2021-22 Land £'000	2021-22 Buildings £'000	2021-22 Other £'000	2021-22 Total £'000	2020-21 Land £'000	2020-21 Buildings £'000	2020-21 Other £'000	2020-21 Total £'000
Payments recognised as an expense								
Minimum lease payments	-	562	-	**562**	-	982	-	**982**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**562**	**-**	**562**	**-**	**982**	**-**	**982**

7.1.2 Future minimum lease payments

	2021-22 Land £'000	2021-22 Buildings £'000	2021-22 Other £'000	2021-22 Total £'000	2020-21 Land £'000	2020-21 Buildings £'000	2020-21 Other £'000	2020-21 Total £'000
Payable:								
No later than one year	-	299	-	**299**	-	273	-	**273**
Between one and five years	-	-	-	**-**	-	273	-	**273**
After five years	-	-	-	**-**	-	-	-	**-**
Total	**-**	**299**	**-**	**299**	**-**	**547**	**-**	**547**

8 Property, plant and equipment

2021-22	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2021	43	**43**
Cost/Valuation at 31 March 2022	**43**	**43**
Depreciation 01 April 2021	37	**37**
Charged during the year	6	**6**
Depreciation at 31 March 2022	**43**	**43**
Net Book Value at 31 March 2022	**-**	**-**
Total at 31 March 2022	**0**	**0**
Asset financing:		
Total at 31 March 2022	**0**	**0**

9.1 Trade and other receivables

	Current 2021-22 £'000	Non-current 2021-22 £'000	Current 2020-21 £'000	Non-current 2020-21 £'000
NHS receivables: Revenue ***1**	314	-	29	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	-	-	-	-
NHS accrued income	-	-	-	-
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	353	-	190	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments ***2**	1,278	-	175	-
Non-NHS and Other WGA accrued income	195	-	332	-
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	427	-	319	-
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	-	-	-
Total Trade & other receivables	**2,568**	**-**	**1,045**	**-**
Total current and non current	**2,568**		**1,045**	

***1** Invoices raised in March not paid by 31st March 2022.
***2** Payments raised at the end of March not matched against the invoice until April.

9.2 Receivables past their due date but not impaired

	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000
By up to three months	241	73	-	44
By three to six months	-	36	(11)	-
By more than six months	-	-	-	1
Total	**241**	**109**	**(11)**	**45**

10 Cash and cash equivalents

	2021-22 £'000	2020-21 £'000
Balance at 01 April 2021	18	6
Net change in year	(8)	12
Balance at 31 March 2022	**10**	**18**
Made up of:		
Cash with the Government Banking Service	10	18
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**10**	**18**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2022	**10**	**18**
Patients' money held by the clinical commissioning group, not included above	-	-

11 Trade and other payables

	Current 2021-22 £'000	Non-current 2021-22 £'000	Current 2020-21 £'000	Non-current 2020-21 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	377	-	443	-
NHS payables: Capital	-	-	-	-
NHS accruals ***1**	5,593	-	188	-
NHS deferred income	-	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	9,479	-	8,550	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	22,854	-	24,694	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	72	-	69	-
VAT	-	-	-	-
Tax	73	-	65	-
Payments received on account	-	-	-	-
Other payables and accruals	313	-	244	-
Total Trade & Other Payables	**38,761**	**-**	**34,253**	**-**
Total current and non-current	**38,761**		**34,253**	

Other payables include £312,823 outstanding pension contributions at 31 March 2022, £243,685 at 31st March 2021.

***1** Final Elective Recovery Fund/system related payments transacted in March.

12 Financial instruments

12.1 Financial risk management

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

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

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

12.1.1 Currency risk

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

12.1.2 Interest rate risk

The NHS 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 NHS clinical commissioning group therefore has low exposure to interest rate fluctuations.

12.1.3 Credit risk

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

12.1.4 Liquidity risk

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

12.1.5 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.

12 Financial instruments cont'd

12.2 Financial assets

	Financial Assets measured at amortised cost 2021-22 £'000	Total 2021-22 £'000	Financial Assets measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other receivables with NHSE bodies	142	142	4	4
Trade and other receivables with other DHSC group bodies	(31)	(31)	162	162
Trade and other receivables with external bodies	751	751	385	385
Other financial assets	-	-	-	-
Cash and cash equivalents	10	10	18	18
Total at 31 March 2022	**872**	**872**	**569**	**569**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2021-22 £'000	Total 2021-22 £'000	Financial Liabilities measured at amortised cost 2020-21 £'000	Total 2020-21 £'000
Trade and other payables with NHSE bodies	134	**134**	278	**278**
Trade and other payables with other DHSC group bodies	6,990	**6,990**	13,439	**13,439**
Trade and other payables with external bodies	31,492	**31,492**	20,402	**20,402**
Other financial liabilities	-	**-**	-	**-**
Private Finance Initiative and finance lease obligations	-	**-**	-	**-**
Total at 31 March 2022	**38,616**	**38,616**	**34,119**	**34,119**

13 Operating segments

Hull CCG operates with one segment that is the commissioning of healthcare.

14 Pooled Budgets

Better Care in Hull is NHS Hull CCG and Hull City Council's shared vision of integrated local health and social care services.

Through a Section 75 Pooled Budget Agreement, the Better Care programme was established in 2014 as part of a government initiative, the Better Care Fund. The key aims of Better Care is to:

- Offer care closer to home.
- Care provided by the right health and social care professional.
- Reduce the demand on A&E.
- Reduce hospital admissions.

- Keep people living independently as long as possible in their own home.

The Section 75 arrangement allocated budgets across schemes including; Community Services, Reablement and Rehabilitation, Home and Residential Care, Avoidable Admissions and Social Care. Hull CCG acts as the lead commissioner for health related services and Hull City Council acts as the lead commissioner for social care related service.

Decisions on the use of resources are made by the lead commissioner who contracts directly with the providers, where appropriate, and manages the performance. The performance of each of these schemes is monitored and reported to Local Health & Wellbeing Board and NHS England on a quarterly basis.

The actual contractual arrangements do not result in joint control being established, thus the CCG accounts for transactions on a gross accounting basis. Details of the pool income and expenditure are as follows;

	Total £000's	Hull CCG £000's	s75 Payment £000's	HCC £000's
Expenditure	50,572	26,089	(3,542)	28,025

NHS Hull CCG is the lead commissioner for £22,547k of funding included within the £26,089k in the Better Care Fund. This expenditure is included within the costs outlined in note 5.

15 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
York and Scarborough Teaching Hospitals NHS Foundation Trust
NHS Property Services & Community Health Partnerships
Humber Teaching NHS Foundation Trust
Yorkshire Ambulance Services NHS Trust
Northern Lincolnshire & Goole NHS Foundation Trust
Leeds Teaching Hospitals NHS Trust

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

Hull City Council

Details of related party transactions with individuals are as follows:

	2021-22 Payments to Related Party £'000	2021-22 Receipts from Related Party £'000	2021-22 Amounts owed to Related Party £'000	2021-22 Amounts due from Related Party £'000
Dr Dan Roper - Chair of NHS Hull Clinical Commissioning Group				
1/5 share of property in Springhead Medical Centre - Modality Partnership - Part of Modality PCN (see below)	18,918	-	16	-
Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group				
Partner at Modality Partnership Hull - Part of the Modality PCN (see below)	18,918	-	16	-
Spouse is an employee at Hull University Teaching Hospital NHS Trust	282,977	-	4,711	-
Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group				
Practising GP in Hull, Council of members Representative for Haxby Group (Kingswood & Orchard Park) - Part of Nexus PCN (see below)	4,333	-	4	-
Spouse is a Clinical Director for Nexus PCN	26,899	-	21	-
Dr James Moult - GP member of NHS Hull Clinical Commissioning Group				
General Practitioner partner at Modality Partnership - Part of Modality PCN (see below)	18,918	-	16	-
Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	282,977	-	4,711	-
Dr Amy Oehring - GP member of NHS Hull Clinical Commissioning Group				
GP Partner at Sutton Manor Surgery - Part of Nexus PCN (see below)	4,650	-	2	-
Board Member of Nexus PCN	26,899	-	21	-
Ian Goode - Lay member of NHS Hull Clinical Commissioning Group				
Employee at East Riding of Yorkshire Council	1,146	-	391	-
Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group				
Chief Officer North Bank Forum for Voluntary Organisations -	195	-	-	-
North Bank Forum for Voluntary Organisations sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	533	-	1	-
Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Health Centre - Part of Symphonie PCN (see below)	964	-	-	-
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie PCN (see below)	3,492	-	-	-
David Heseltine - Secondary Care Doctor member of NHS Hull Clinical Commissioning Group				
Consultant at York and Scarborough Teaching Hospitals NHS Foundation Trust	12,238	-	35	-
Emma Latimer - Chief Officer				
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	16	-	-	66
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	3	-	-	2
Emma Sayner - Chief Finance Officer				
Citycare Board Member	85	-	3	-
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	16	-	-	66
Clare Linley - Director of Nursing and Quality (Executive Nurse) (to June 2021)				
Director of Nursing and Quality NHS North Lincolnshire Clinical Commissioning Group	16	-	-	66

15 Related party transactions continued.

Hull CCG GP Practices are now all part of one of 5 Primary Care Networks (PCNs) and as such practices within those groups are somewhat related. Transactions are shown in the GP PCNs below:

	2021-22 Payments to Related Party £'000	2021-22 Receipts from Related Party £'000	2021-22 Amounts owed to Related Party £'000	2021-22 Amounts due from Related Party £'000
Modality GP PCN	**26,603**	**-**	**17**	**-**
St Andrew's Group Practice	2,740	-		-
Modality Partnership	18,918	-	16	-
Dr Cook BF	1,194	-		-
Kingston Health (Wheeler st & Park HC)	2,945	-		-
Delta Healthcare	806	-	1	-
Symphonie GP PCN	**17,093**	**-**	**3**	**-**
Wilberforce Surgery	1,226	-		-
The Avenues Nedical Centre	3,492	-		-
Oaks Medical Centre	2,537	-	2	-
Wolseley Medical Centre	2,195	-	-	-
Clifton House	2,912	-	-	-
Sydenham House Group Practice	2,594	-	-	-
Hastings Medical Centre	1,173	-	1	-
Newland Health Centre	964	-	-	-
Nexus GP PCN	**26,900**	**-**	**21**	**-**
CHP LTD- Bransholme	1,044	-	-	-
CHCP - City Centre (KMC, Riverside & Story St)	6,398	-	5	-
CHP LTD - Southcoates (incl Marfleet)	1,815	-	3	-
CHCP - East Park	1,356	-	1	-
Haxby - Burnbrae	1,357	-	1	-
Haxby - Calvert & Newington	3,207	-	3	-
Haxby - Kingswood & Orchard Park	4,333	-	4	-
Bridge Group (Orchard Park & Elliott Chappell)	2,740	-	2	-
Sutton Manor Surgery	4,650	-	2	-
Bevan Ltd PCN	**14,928**	**-**	**67**	**-**
Orchard 2000 (Orchard Park & Bransholme)	2,677	-	3	-
James Alexander Practice	4,021	-	2	-
Goodheart Surgery	1,973	-	2	-
Dr GT Hendow	842	-	1	-
Raut Partnership (Highlands & Sutton Park)	1,334	-	1	-
Humber FT - NorthPoint	1,456	-	0	-
Humber FT - Princes Medical Centre	1,579	-	57	-
Dr G Javeloo Practice	1,046	-	1	-
Medicas PCN	**15,563**	**-**	**8**	**-**
East Hull Family Practice	10,769	-	8	-
Marfleet Group Practice	4,794	-	-	-

15 Related party transactions continued.

	2020-21 Payments to Related Party £'000	2020-21 Receipts from Related Party £'000	2020-21 Amounts owed to Related Party £'000	2020-21 Amounts due from Related Party £'000
Dr Dan Roper - Chair of NHS Hull Clinical Commissioning Group				
1/5 share of property in Springhead Medical Centre - Modality Partnership - Part of Modality PCN (see below)	18,745	-	-	-
Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group				
Partner at Modality Partnership Hull - Part of the Modality PCN (see below)	18,745	-	-	-
Spouse is an employee at Hull University Teaching Hospital NHS Trust	228,744	-	-	-
Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group				
Practising GP in Hull, Council of members Representative for Haxby Group (Kingswood & Orchard Park) - Part of Nexus PCN (see below)	4,165	-	-	-
Dr James Moult - GP member of NHS Hull Clinical Commissioning Group				
General Practitioner partner at Modality Partnership - Part of Modality PCN (see below)	18,745	-	-	-
Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	228,744	-	-	-
Dr Amy Oehring - GP member of NHS Hull Clinical Commissioning Group				
GP Partner at Sutton Manor Surgery - Part of Nexus PCN (see below)	3,047	-	-	-
Ian Goode - Lay member of NHS Hull Clinical Commissioning Group				
Employee at East Riding of Yorkshire Council	681	-	-	-
Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group				
Chief Officer North Bank Forum for Voluntary Organisations - sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	523	-	-	-
Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Health Centre - Part of Symphonie PCN (see below)	953	-	-	-
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie PCN (see below)	2,432	-	-	-
David Heseltine - Secondary Care Doctor member of NHS Hull Clinical Commissioning Group				
Consultant at York Teaching Hospital NHS Foundation Trust	826	-	-	-
Dr Vince Rawcliffe - GP member of NHS Hull Clinical Commissioning Group				
Works as a Locum at Hull GP Practices				
Daughter is practice manager of Modality - Part of Modality PCN (see below)	26,624	-	-	-
Emma Latimer - Chief Officer				
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	-	-	12	-
Director of York Health Economic Consortium Limited	-	1	-	1
Emma Sayner - Chief Finance Officer				
Citycare Board Member	(187)	-	-	-
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-
Joy Dodson - Director of Integrated Commissioning (to August 2020)				
Husband Chief Finance Officer for NHS East Riding of Yorkshire Clinical Commissioning Group	-	-	12	-
Clare Linley - Director of Nursing and Quality (Executive Nurse)				
Director of Nursing and Quality NHS North Lincolnshire Clinical Commissioning Group	-	-	30	-

15 Related party transactions continued.

Hull CCG GP Practices are now all part of one of 5 Primary Care Networks (PCNs) and as such practices within those groups are somewhat related.

	2020-21 Payments to Related Party £'000	2020-21 Receipts from Related Party £'000	2020-21 Amounts owed to Related Party £'000	2020-21 Amounts due from Related Party £'000
Modality GP PCN	**26,625**	**-**	**-**	**-**
St Andrew's Group Practice	2,802	-	-	-
Modality Partnership	18,745	-	-	-
Dr Cook BF	1,290	-	-	-
Kingston Health (Wheeler st & Park HC)	2,985	-	-	-
Delta Healthcare	803	-	-	-
Symphonie GP PCN	**16,146**	**-**	**0**	**-**
Wilberforce Surgery	1,231	-	-	-
The Avenues Nedical Centre	2,432	-	-	-
Oaks Medical Centre	2,536	-	-	-
Wolseley Medical Centre	2,298	-	-	-
Clifton House	2,962	-	0	-
Sydenham House Group Practice	2,617	-	-	-
Hastings Medical Centre	1,117	-	-	-
Newland Health Centre	953	-	-	-
Nexus GP PCN	**25,216**	**-**	**-**	**-**
CHP LTD- Bransholme	1,073	-	-	-
CHCP - City Centre (KMC, Riverside & Story St)	6,331	-	-	-
CHP LTD - Southcoates (incl Marfleet)	1,912	-	-	-
CHCP - East Park	1,347	-	-	-
Haxby - Burnbrae	1,364	-	-	-
Haxby - Calvert & Newington	3,164	-	-	-
Haxby - Kingswood & Orchard Park	4,165	-	-	-
Bridge Group (Orchard Park & Elliott Chappell)	2,813	-	-	-
Sutton Manor Surgery	3,047	-	-	-
Bevan Ltd PCN	**14,299**	**-**	**51**	**-**
Orchard 2000 (Orchard Park & Bransholme)	2,754	-	-	-
James Alexander Practice	3,251	-	0	-
Goodheart Surgery	1,546	-	-	-
Dr GT Hendow	882	-	-	-
Raut Partnership (Highlands & Sutton Park)	1,297	-	-	-
Humber FT - NorthPoint	1,477	-	1	-
Humber FT - Princes Medical Centre	1,573	-	51	-
Dr G Javeloo Practice	1,042	-	-	-
Dr KV Gopal (now merged with Goodheart Surgery)	477	-	(1)	-
Medicas PCN	**15,354**	**-**	**2**	**-**
East Hull Family Practice	10,491	-	2	-
Marfleet Group Practice	4,863	-	-	-

16 Events after the end of the reporting period

There is one non-adjusting post balance sheet event. This relates to the Health and Social Care Bill that was introduced into the House of Commons on 6 July 2021. The Bill allows for the establishment of Integrated Care Boards (ICB) across England. ICBs will take on the commissioning functions of CCGs. The Bill was passed on 28th April 2022 and the intention is that the CCG functions, assets and liabilities will therefore transfer to an ICB on the 1st July 2022 (2020-21 none).

17 Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2021-22 Target	2021-22 Performance	2020-21 Target	2020-21 Performance
Expenditure not to exceed income	716,280	716,104	560,648	560,642
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	713,541	713,365	560,033	560,027
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	5,684	4,906	5,431	4,764

Funding and expenditure for Hull CCG has increased over 2021/22 due to a host commissioner role the CCG undertook whereby funds for the whole of the ICS (Humber Coast & Vale Integrated Care System) under the COVID financial regime were distributed through the CCG to a range of NHS organisations across the ICS. The value of this was £106,264k.

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