East Riding of Yorkshire
Clinical Commissioning Group

Annual Report and Accounts

Quarter 1 2022/2023 (1 April to 30 June)

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PERFORMANCE REPORT

Formal sign-off of this Annual Report and Accounts is by Stephen Eames as Chief Executive of the Humber and North Yorkshire Integrated Care Board, the legal entity that has replaced NHS East Riding of Yorkshire CCG. However, the content of the report covers and has been written by the responsible officers at the time the CCG existed.

Welcome from the Chief Officer

Welcome to East Riding of Yorkshire Clinical Commissioning Group's closing annual report and accounts for the Quarter 1 period 2022/23 which gives an overview of our performance over the final three months as a Clinical Commissioning Group, prior to us becoming Humber and North Yorkshire Integrated Care System – a partnership that brings together NHS service providers and commissioners with local authorities and other local partners to collectively plan health and care services to meet the needs of people across the Humber and North Yorkshire.

We believe this new collaboration will enable us to truly transform local services for our communities: achieving greater integration of health and care services will allow us to improve population health and reduce inequalities; support productivity and sustainability of services; and help the NHS to support social and economic development.

East Riding of Yorkshire has a long history of successful partnership working with people at the heart and with a breadth of qualities to enable genuine whole system change. Over the past two years, the response to the pandemic across the region demonstrated what can be achieved when health and care staff from different organisation and different roles work together, alongside communities to achieve shared goals. Building on this success, we want to create the conditions that enable and support health and care staff from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our residents. Much still needs to be done, but we will work together with patients, the public and our partners to address these challenges as we move into our new role.

Stephen Eames CBE

Chief Executive (Accountable Officer)

22 June 2023

Performance Overview

Welcome to the NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) 2022/23 annual report for 3 months ending 30 June 2022.

About us

NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) is a clinically led organisation responsible for planning and buying (commissioning) health services for the people living in East Riding of Yorkshire.

Our vision is **'Quality care, within budget, through partnership'**.

Our headquarters is at Health House, Grange Park Lane, Hull, HU10 6DT. We cover an extensive rural area of approximately 930 square miles across the East Riding of Yorkshire with representation through our 26 member GP practices that serve a registered patient population of circa 302,000. From 1 July 2019, all GP practices within East Riding of Yorkshire came together and developed seven Primary Care Networks (PCNs) based on their registered list. The seven PCNs are: Beverley, Bridlington, Cygnet, Harthill, Holderness, River and Wolds and Yorkshire Coast and Wolds and over the coming years, they will be required to implement changes based on nationally developed specifications.

We are committed to improving the care provided to our population, reducing health inequalities and raising the quality and standard of health services within our allocated budget.

How the CCG works

CCG's put local GPs at the heart of deciding what health services local people need and receive. All of our GPs use their experience and knowledge to influence and shape the decisions we make. GPs are involved throughout the commissioning activities of the CCG via representation on the Council of Members, as GP leaders on the Governing Body, in locality commissioning forums and through individual GPs leading specific work programmes and clinical areas.

The Clinical Chairperson of the Governing Body is a local GP. Other representatives on the Governing Body include GPs, a secondary care doctor, lay members, executive officers and partners from the East Riding of Yorkshire Council. You can find out more about the Governing Body representatives on page 46.

We work with clinicians, local people and their family's carers to make sure your health and social care services are effective and coordinated. We buy a range of services including:

- Hospital care for people needing planned surgery or other intervention e.g., hip replacement.
- Urgent and emergency care
- Rehabilitation care
- Community health services e.g., community nursing

- Mental health and learning disability services.
- Maternity and children's services

From 1 April 2018, we moved from jointly commissioning GP services with NHS England and NHS Improvement to take on fully 'delegated commissioning'. This means we now take on full responsibility for buying general practice services. This will allow us to work even more in partnership with our GPs and commission services that better support our local people now and in the future.

We do not commission other primary care services such as, dental care, pharmacy, or optometry (opticians) which is undertaken by NHS England and NHS Improvement. However, we recognise our role in helping to develop primary care and improve access to these services so have entered into primary care co-commissioning with NHS England and NHS Improvement.

Working in partnership

Working collaboratively means we have a stronger influence, which leads to better outcomes for our patients. It also allows us to provide greater scrutiny and influence on any decision that affects our area.

At East Riding of Yorkshire CCG, we work in partnership with neighbouring CCGs across Humber and North Yorkshire. We also work jointly with a wide range of organisations to ensure that East Riding of Yorkshire residents receive the health and social care services they need. These main organisations include:

- East Riding of Yorkshire Council
- Hull University Teaching Hospitals NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Humber Teaching NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust
- York Teaching Hospitals NHS Foundation Trust
- Spire Hull and East Riding Hospital
- City Health Care Partnership Community Interest Company
- Healthwatch East Riding
- East Riding GP Federations
- Humberside Police
- Humberside Fire and Rescue Services
- East Riding Voluntary and Community Sector

We are also a partner in the Humber, Coast and Vale Health and Care Partnership (HCV HCP), renamed Humber and North Yorkshire Health and Care Partnership (HNY HCP), from 1 April 2022. The Partnership covers a wider geographical footprint from York and Scarborough in North Yorkshire down to Grimsby, Scunthorpe and Goole in North and Northeast Lincolnshire. The partnership covers six NHS Clinical Commissioning Groups and six local authority boundaries representing these communities.

Financial development and performance, 3 months ending 30 June 2022

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 backlog and waiting lists developed as a result of the Covid-19 pandemic and the associated pressure on all areas of healthcare.

The financial regime for 2022/23 has enabled systems to plan and support response to the immediate and longer-term pressures faced in restoring services, delivering recovery targets and reducing waiting lists.

The CCG continued to focus on delivering value for money and ensuring robust financial control during its final 3 months of operation.

NHS East Riding of Yorkshire CCG's Annual Report and Accounts have been prepared on a Going Concern basis.

Our annual reports covering 2020/21 and 2021/22 inevitably focused on the immediate response of the Clinical Commissioning Group and its wider partners to the COVID-19 pandemic and, more latterly, how we increasingly learned, as a society, to live with COVID-19.

Even now, in the early part of 2022/23 many of our partner organisations are still supporting and treating people suffering directly from COVID-19 and those who require ongoing rehabilitation ('Long COVID-19'). Restrictions to prevent the spread of the disease and to protect our patients and the wider community are still in place in many facilities, reducing the ability to see and treat as many people as we did before the pandemic. Those waiting for planned surgery or support are particularly facing longer waiting times than anyone would like.

Despite these challenges, there remain many positives. New ways of working to support people and, in particular, a greater emphasis on how people are supported by their wider communities, is helping us think differently and resulting in more individual-focused care plans. Initiatives such as 'Waiting Well' (to support those on long waiting lists) and personalised care roles being recruited to in primary care (e.g., social prescribers) are good examples of a more social / community focused response. This type of support will help us to tackle health inequalities as we hear more about what is important to people and build on the strengths, they have to meet personal challenges.

The performance section that follows demonstrates the ongoing reality of the pandemic, measured through key indicators. However, the stories of the individuals that sit behind these numbers and how we continue to support and improve over the remainder of 2022/23 for their benefit remains the underpinning motivation for our collective effort across the health and care system.

Performance Analysis

Health and wellbeing strategy

Our East Riding Health & Wellbeing Strategy sets out a vision for:

"An East Riding where all residents are supported to enjoy their maximum potential for health, wellbeing and participation, throughout their lives."

The key priorities that underpin this ambition remain relevant in a world where we will all have to live with the direct and indirect impact of COVID-19. These are:

- Children & Young People in the East Riding enjoy good health & wellbeing.
- Working age adults reduce their risk of ill health East Riding residents achieve healthy, independent ageing and;
- Health inequalities in the East Riding are reduced.

We will continue to achieve this by taking a strengths-based approach, utilising the skills and knowledge of individuals, communities, and organisations, to focus on people and families and the outcomes we collectively want to achieve.

Our approach aims to empower individuals, enabling them to rely less on public services and to be able to turn to their community for support in the first instance.

Underpinning these ambitions are a series of supporting plans and strategies that will contribute wholly or in part to the broader objectives – there is no single sector or organisation that will deliver these ambitions in isolation.

Across the first quarter of 2022/23, the direct and indirect consequences of the Cost-of-Living crisis has emerged strongly and is influencing the thinking of the Health and Wellbeing Board and how it delivers its strategy. It is clear that many individuals, families, and communities will struggle to absorb these increases and the Board is exploring ways to help enhance those protective factors that will help people as well as looking at ways to meet the needs of our population across the autumn / winter when it is predicted that more and more people will face challenges. In addition to those already in receipt of benefit and support, the Board is particularly concerned about the 'working poor' who may need specific, tailored support.

The local NHS recognises it also has a role to play, not only in preparing for increased demand over the year but also being cognisant that our own workforce will also be challenged by the crisis. As such, we will take steps to support our workforce and to ensure we continue to offer support to our patients.

Health inequalities

The term 'health inequalities' is predominantly used to describe the differences in people's health across the whole population and between different population groups. However, it also refers to the types of care a person is in receipt of and the opportunities in life that they have been presented with to help them live healthy lives. Inequalities in health have been

observed, in socio-economic terms, using a variety of indicators and, in spatial terms, at various geographical levels.

Health inequalities are considered avoidable and socially determined by circumstances which are (mainly) beyond an individual's control. These circumstances have disadvantaged portions of our population and will continue to do so into the future as health inequalities nationally are found to be widening.

The impact of the pandemic on health inequalities has been recognised nationally by NHS England (NHSE). As a result, there has been a welcome and renewed ambition to mitigate these impacts and improve on our pre-pandemic position. This has taken several forms but has largely re-energised a focus on population health and Population Health Management as a tool to improve outcomes and address inequalities.

NHSE has directed the Core20PLUS5 approach to reducing health inequalities. Core 20 references the most deprived 20% of the population whilst 'PLUS' enables ICSs to identify additional population groups experiencing poorer than average health access, outcomes and/or experience. These could include coastal communities, sex workers, vulnerable migrants and other socially excluded groups.

'5' sets out five clinical areas of focus, linking to national programmes that have support from national / regional teams. These are Maternity, SMI, Chronic Respiratory Disease, Early Cancer diagnosis and Hypertension Case finding. The CCG continues to support all the above activities whilst ensuring that solutions are localised to meet the needs of our population.

Across the first quarter of 2022 ERY CCG worked with local partners, including the Local Authority and Voluntary sector, to understand the priorities for the East Riding within the CORE20PLUS5 programme. Analysis demonstrated 13 areas of the county were within the 10% most deprived with a further 4 areas identified when the 10-20% most deprived areas were considered. The majority of these areas were within the town and immediate surrounding areas of Bridlington, our largest town. Other areas included coastal communities such as Withernsea but also picked up areas of Beverley and other parts of the East Riding.

In addition, local intelligence and engagement with local people and practitioners informed the discussions around the 'PLUS' element of the programme. It was agreed that intelligence showed a need to focus on rural communities, coastal communities (informed by the CORE20 analysis) and inclusion groups. These are to be recommended for approval and adoption by the local Health and Care Committee in July. This will give strategic focus to ongoing work in these areas that commenced, in some cases, several years ago, and continued across the quarter 1 period. Examples include projects focusing on caravan communities, supporting local schools from a careers and emotional health and wellbeing perspective and engaging with local residents on a variety of issues specifically related to Bridlington.

Primary Care Networks across the East Riding have identified population groups suffering from inequality and have commenced work with system partners to address the health and wider socio-economic needs. This is complemented with specific funding to enable change including but not limited to workforce recruitment (Additional Roles Reimbursement Scheme (ARRS)). Specifically, within the ARRS initiative, is the ability and encouragement to recruit

to social prescriber roles – roles that support individuals to connect to their local communities and into services that are determinants of the socio-economic factors (e.g., loneliness, financial support, etc.).

Examples of areas that our Place and PCNs have chosen to focus on include:

- Primary and Secondary prevention of cardiovascular disease
- Mental health issues including self-harm.
- Childhood obesity
- Health and social needs in specific populations at greater risk e.g., those residing in caravan parks.
- Increased holistic support to those with a Learning Disability
- Vulnerable groups including financial vulnerability, those who are digitally excluded, etc.

All of these pieces of work form a part of our approach to population and will continue and be added to over the coming years.

Key areas of development in 2022/23

The ambitions set out in the NHS Long Term Plan and in our local Health and Wellbeing Strategy remain acutely relevant – however, the way in which we achieve these has already changed. We have accelerated aspects of services including a significant step forward in remote consultation and a renewed focus on health inequalities with approval given for specific, targeted support and interventions. We have brought forward plans to support people in mental health crisis and are working collaboratively across primary, community and secondary care to support those individuals on waiting lists and reduce the overall number.

The formation of Humber and North Yorkshire Integrated Care System (ICS) led by the statutory Integrated Care Board (ICB) is a major change in strategic governance designed to increase further integration between health (NHS) and care, ultimately to improve population health outcomes for our local people. This will include pushing thinking beyond traditional access to care issues and into the social-economic and environmental factors that are the underlying causes of health inequality.

The effects of these changes will have far-reaching consequences, which are being worked through currently, with opportunities maximised and risks mitigated. However, our focus remains on supporting and caring for the people of the East Riding through the agreed priorities for 2022/23 below:

a. Invest in our workforce – with more people (for example, the additional roles in primary care, expansion of mental health and community services, and tackling substantive gaps in acute care) and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.
b. Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.
c. Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards.
d. Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity– keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional

beds, through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and minimising ambulance handover delays.

e. Improve timely access to primary care – maximising the impact of the investment in primary medical care and primary care networks (PCNs) to expand capacity, increase the number of appointments available and drive integrated working at neighbourhood and place level.
f. Improve mental health services and services for people with a learning disability and/or autistic people – maintaining continued growth in mental health investment to transform and expand community health services and improve access.
g. Continue to develop our approach to population health management, prevent ill-health and address health inequalities – using data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities.
h. Exploit the potential of digital technologies to transform the delivery of care and patient outcomes – achieving a core level of digitisation in every service across systems.
i. Make the most effective use of our resources – moving back to and beyond pre-pandemic levels of productivity when the context allows this.
j. Establish ICBs and collaborative system working – working together with local authorities and other partners across their ICS to develop a five-year strategic plan for their system and places.

Humber, Coast and Vale Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership is one of 42 Integrated Care Systems (ICSs) which cover England to meet health and care needs across an area, coordinate services and plan in a way that improves population health and reduces inequalities between different groups. The Partnership comprises of NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations.

Working across a large geographical area, which includes the cities of Hull and York, and large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire, Humber and North Yorkshire Health and Care Partnership serves a population of 1.7 million people.

A key focus for the Partnership during the period of 1 April to 30 June 2022 was preparing for the introduction of the Health and Care Act 2022. This Act sees Integrated Care Boards (ICBs) established to take on NHS planning functions within each ICS.

During this period details were finalised for the ICB executive team and board members, which until 1 July 2022 were designate positions. Details of these can be found at www.humberandnorthyorkshire.icb.nhs.uk/board-members.

A new name was also introduced, with Humber and North Yorkshire Health and Care Partnership launched on 1 April 2022 to replace Humber, Coast and Vale. The new name was introduced to better reflect the geography of the region and provide an opportunity to refresh the Partnership's brand and identity.

Whilst much of the focus was on the introduction of the Health and Care Act, other programmes of work have continued and some of the key projects and achievements during this period are below:

Re-launching the ORCHA App Store

April 2022 saw the re-launch of the ORCHA App Store to help support people with choosing the right self-care apps. Apps present a fantastic opportunity to provide valuable health information which can help not only improve the quality of healthcare, but also help people to live healthier lives. The market is awash with apps, though, and we have no ability to see whether what is being downloaded will actually improve our health or if our personal data will be stored safely.

For that reason, Humber and North Yorkshire Partnership have partnered with ORCHA (the Organisation for the Review of Care and Health Applications) to deliver hnyhealthapps.co.uk and help to overcome these challenges. ORCHA carry out independent and impartial reviews of health and care related apps, and the resultant information is clearly presented throughout this website.

Becoming the first ICS to receive Menopause Friendly Accreditation

Humber and North Yorkshire Health and Care Partnership became the first ICS to receive Menopause Friendly Accreditation, working together with partner organisations to support the collective workforce.

The ICS has developed a programme to raise awareness of the menopause, its symptoms, and ways of managing them, and implications on long term health, as well as support to have GP and workplace conversations. Line managers are now armed with the information and tools needed to have supportive conversations and around 50 menopause advocates across the partnership have undergone specific menopause training that they can share with others.

DadPad app launched to support new and dads-to-be

The DadPad app is an easy-to-use, freely downloadable resource now available for new dads and dads-to-be in the Humber and North Yorkshire area. The app can be downloaded from the App Store or Goole Play and is packed with relevant information, as well as details on local support groups and service providers it aims to provide new fathers with guidance on how to develop the mindset, confidence and practical skills needed to meet their babies' physical and emotional needs.

Signing the NHS Smokefree Pledge

The NHS Long-Term Plan sets a target that by 2024 tobacco dependency treatment services will be available for all patients admitted to secondary care, maternity, and mental health settings.

The Humber and North Yorkshire Health and Care Partnership marked their dedication to this programme by signing The NHS Smokefree Pledge, committing to treating tobacco dependence and providing wider system support to reduce tobacco use. Each Trust will employ specialist teams offering highly effective and evidence-based treatments to patients upon admission, to help people manage their nicotine use whilst in hospital and offer everyone the opportunity to make a supported quit.

In addition to this, across the Humber and North Yorkshire Health and Care Partnership, funding has been obtained for a pilot scheme to offer an enhanced stop smoking service for staff. This will help those who smoke tobacco to manage their dependency at work and help to move towards a truly Smokefree NHS.

Humber Acute Services Review

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 2022, we have continued to involve patients, members of the public, staff, and other key stakeholders in a variety of ways. This has included, sending regular staff, partner and stakeholder newsletters, publishing and promoting the findings from surveys, and responding to questions raised. Since the programme launched in 2018, we have engaged with over 12,000 people and are committed to ensuring this process of listening continues throughout all stages of the programme.

Over the next few months, the Humber Acute Services programme team will be updating and refining our Equalities Impact Assessment (EQIA) to help us understand how any future changes to hospital services may impact people and communities who already face disadvantages and health inequalities. The findings from all our engagement activities will be used to inform this process, ensuring that the views and perspectives of patients, public and staff are considered at every stage.

Finally, extensive stakeholder mapping has recently been undertaken to ensure we are engaging and listening to impacted communities, groups, and individuals. This exercise has resulted in exciting new relationships and networks being established. These new networks will provide invaluable support during formal public consultation.

For more information on the Humber Acute Services Programme please visit our website: https://humberandnorthyorkshire.org.uk/our-work/humber-acute-services-review/
For regular updates, please sign up to our stakeholder newsletter: https://bit.ly/signmeup123

Emergency & unplanned care

All providers of urgent and Emergency care service across the East Riding have continued to report high demand and significant pressure, which is having a substantial impact on how services are delivered and the experience of patients accessing services. In addition, the impact of Covid -19 is still causing challenges both in terms of infection prevention measures that must be put in place and our workforce.

All system partners have continued to work collaboratively to prioritise and deliver a programme of work that aims to ensure patients are proactively managed in the right services. This will lessen the impact on emergency care services such as the Ambulance Service and the Emergency Department (ED) to ensure people are seen and treated in the right place, at the right time.

- Alternative pathways are in place and can be utilised by the ambulance service however the use was variable, and a communication/staff engagement campaign was implemented to update crews and increase the uptake of the out of hospital pathways where appropriate. This resulted in an increased use and reduction in the numbers of patients conveyed to hospital. This will be repeated.
- To support clinical decision making and signposting a single point of care coordination continues to be piloted. The first pathway tested is for those who have end of life needs and this has been proven successful, resulting in patients at end of life not having to attend the hospital when not necessary. The pilot is being expanded to include other pathways. This hub also links with the 2-hour crisis response initiative. This service has been expanded to cover 7 days a week and continues to support patients in the community who would have previously been taken to the ED.
- A multi-agency group have been working together to review the ambulance handover process on arrival at hospital. There is more pro-active oversight by senior clinical staff to support crews and patients who may have to wait. Other initiatives e.g. cohorting have been implemented to ensure ambulances can be released to respond to needs in the community.
- Multi-disciplinary teams continue to work together to support transfer of care/discharge. Additional processes have been put in place to manage the patients who are ready for discharge from the acute hospital but need some extra support. This has included voluntary sector support and community beds as a temporary measure if required. The system is in the process of appointing a single discharge coordinator to oversee and manage this work-stream.

Planned care

Covid-19 Vaccination Programme

Spring Booster Campaign 2022

In February 2022, recognising the small decline in observed vaccine effectiveness against hospitalisation for COVID-19 after the booster dose, Joint Committee on Vaccination and Immunisation (JCVI) recommended a spring booster campaign for individuals at higher risk of severe COVID-19. Many of the oldest adults received their booster vaccine dose in September or October 2021, and protection against severe disease is expected to continue to wane gradually by the autumn. As a precautionary strategy, an extra spring dose is being advised, to sustain protection whilst JCVI continues to review the epidemiological situation, ahead of an expected booster programme in autumn 2022.

The committee recommended that a booster dose should be given around 6 months after the last vaccine dose to:

- adults aged 75 years and over.
- residents in a care home for older adults, and
- individuals aged 12 years and over who are immunosuppressed.

Autumn Booster Campaign 2022

Following on from the spring campaign, the JCVI has recommended a move to regular, planned and targeted boosting as the most important strategy to control COVID-19. For the

2022 autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 and thereby optimise protection against severe COVID-19, specifically hospitalisation and death, over winter 2022/23.

The following groups are to be offered a COVID-19 booster vaccine in the autumn of 2022:

- residents in a care home for older adults and staff working in care homes for older adults.
- frontline health and social care workers
- all adults aged 50 years and over.
- persons aged 5 to 49 years in a clinical risk group.
- persons aged 5 to 49 years who are household contacts of people with immunosuppression.
- persons aged 16 to 49 years who are carers.

	Number of people who have had at least 1 dose	% of people who have had at least 1 dose	Number of people who have had at least 2 doses	% of people who have had at least 2 doses	Number of people who have had at least 3 doses	% of people (not just those eligible) who have had at least 3 doses
NHS East Riding of Yorkshire CCG	267,390	83.70%	256,426	85.90%	217,615	74.10%

Source: National Immunisation Management System (NIMS)
Published: 7 July 2022
https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/covid-19-vaccinations-archive/

Health & Wellbeing Bus

The Health & Wellbeing bus, kindly donated converted, customised, and branded by East Yorkshire Buses. People visiting the bus can just turn up, with no need for an appointment.

The success of the health and wellbeing bus is the result of a wide range of partners working together to support East Riding residents; City HealthCare Partnership (CHCP) administering the vaccinations, East Riding of Yorkshire Council who provided funding for the programme, HEY Smile supporting with volunteers and East Riding of Yorkshire CCG co-ordinating the whole programme.

The bus has enabled us to address areas of health inequalities by taking the vaccine to our communities which otherwise may have experienced difficulties accessing vaccination sites.

So far, the bus carried out over 100 site visits at places where it hasn't been possible to have a dedicated vaccination clinic. To date it has been a huge success with almost 3000 vaccinations administered.

The health and wellbeing bus continues to target areas with the lowest uptake of COVID-19 vaccinations, offering both 1st and 2nd and booster doses.

Primary care

The Additional Roles Reimbursement Scheme (ARRS)

The Additional Roles Reimbursement Scheme (ARRS) was introduced in England in 2019 as a key part of the government's manifesto commitment to improve access to general practice. The aim of the scheme is to support the recruitment of additional staff to provide direct patient care in general practice. The ARRS funding entitles Primary Care Networks to access funding to recruit to specific listed direct patient care roles including clinical pharmacists, social prescribing link workers, physician associates, physiotherapists, paramedics etc.

At the end of the financial year 21/22 there were 84.67 FTE ARRS roles in post across East Riding. This financial year the numbers in post have continued to rise which will provide additional capacity for appointments at GP practices across East Riding. By the end of quarter 1 the ARRS workforce had expanded by 12.24 FTE posts to 96.91 FTE ARRS staff across all East Riding PCNs.

NHS East Riding of Yorkshire Clinical Commissioning Group			
	April 2022	**May 2022**	**June 2022**
Direct Patient Care roles (ARRA funded)	88.78	93.78	96.91

Cardiovascular Disease – Primary Care Networks

Within the Primary Care Network (PCN) contract for 2022/23, there is a requirement to provide a cardiovascular disease (CVD) Prevention and Diagnosis service. This involves improving the diagnosis of hypertension and atrial fibrillation, identifying those at risk of familial hypercholesterolaemia and supporting earlier diagnosis of heart failure.

PCNs teams have been working with organisations such as community pharmacy, local authority and the voluntary sector to deploy a range of initiatives. This ranges from reviewing patients' records, face to face consultations, outreach teams and the use of social media.

The results are, 1000, more patients diagnosed with hypertension, 29 more patients diagnosed with atrial fibrillation, 370 more patients diagnosed with heart failure and 16 more with familial hypercholesterolaemia.

Holderness Health Administration Hub

Holderness Health PCN developed a plan as they were desperate for a short-term solution to their clinical and admin space issues. Due to the constraints of the estate, it was deemed that their properties were best suited to clinical space due in part to the positive recruitment and retention of the supporting Additional Reimbursement Roles drive. Therefore, admin

space, which was also a problem, particularly in trying to address some of the issues that are creating noise in the system. Recruiting more receptionists and admin staff was a challenge as there was literally nowhere for them to sit.

Holderness Health working with City Care undertook a search in Hedon area for suitable accommodation to house 50+ admin staff and other rooms for GPs to undertake on-line consultations and training facilities. A suitable facility we found and utilising some of the Winter Access Fund, the staff were relocated into the new premises. The new premises went live in Q1 2022/23.

The benefits of doing this realised so far are:

- Improved access for patients in existing practices
- ARRS located closer to GPs for leadership and mentorship.
- Creation of 'call hub' area – admin staff not talking up clinical space has improved call waiting times.
- Proactive Care Team (Care Co-ordinators, Social Prescribers, Health & Wellbeing Coach) established.
- Management Team (CEO, PA to CEO, Head of Patient Services, Head of Finance & Information, Head of Projects & Performance, Patient Services Manager (Frontline Services), Patient Services Manager (Admin & Estates) relocated.
- Clinical Pharmacists & Pharmacy Technicians space to undertake clinical reviews of medications.

Community Services

Community Care Equipment Services

Commissioners continue to work closely with the current provider NRS-Healthcare on agreed service development and improvement which takes into consideration the views of prescribers following a survey undertaken in April 2022.

NRS- Healthcare have been able to reappoint to their Occupational Therapy role and have launched a comprehensive training programme associated with core equipment to support community nurses and therapists across all prescriber organisations particularly during their induction and as products change/develop.

The service is currently finalising a review of peripheral stores located in prescriber organisations to ensure optimal levels of equipment are re-established following the difficulties of supply and demand during the covid pandemic and ensure services are in the best possible position to provide small items essential for discharge or to prevent admission.

The Recycle Return Programme continues to strengthen with a new container now at the Holme on Spalding Moor recycling centre - this is shared with Mediquip who supply some items to those East Riding residents under the Vale of York Alliance. Since launching the partnership programme between NRS-Healthcare Hull and East Riding community care equipment and FCC Environment on behalf of NHS commissioners in Hull and East Riding; Kingston Upon Hull City Council and the East Riding of Yorkshire County Council in August 2021; more than 804 items have been dropped off at the NRS Healthcare containers at four of the household waste and recycling sites in Hull and the East Riding of Yorkshire; 514 to

those sites in the East Riding of Yorkshire. Fifty two percent of all these items have since been refurbished and recycled, ready to be used by others in need.

Wheelchair service

The current service continues to have lengthy delays and breaches for 18-week Referral to Treatment Times (RTT) a clear recovery plan is in place and data at end of quarter 1 reflects that the ICS trajectories for children and young people are on target. The commissioner continues to work closely with the current provider to reduce both waiting times and improve service delivery. A new clinical lead has been appointed by the provider NRS, and the service has been successful in recruiting to a number of vacant posts.

The decision to reprocure was reached in March 2022 and notice served on the current provider. A significant amount of work has been undertaken by procurement; commissioning and communication engagement teams to revise the service specification in partnership with Hull Health and Care Partnership for a joint service to be commissioned from April 2023.

Better Care Fund

The BCF Governance is well established, and existing schemes are kept under review by the BCF Finance Group and BCF Programme Board. Schemes that have continued in Quarter 1 of 2022/23 include:

- **Short Term Offer and Discharge to Assess** – Occupational therapy and Short Term Offer Social work posts work flexibly across a number of settings to facilitate discharge home, prevent admission and maximise potential. The resource is a key part of the short-term offer project as the reablement response is developed further.
- **British Red Cross Assisted Discharge and Scarborough & Ryedale Carers Hospital to Home Service** – support patients who are medically fit and ready to be discharged from hospital by offering practical and emotional support in their own homes for a time limited period.
- **Hospital Social Workers** – posts in the hospital and Enhanced hospital teams to facilitate hospital discharge.
- **British Red Cross High Intensity User Service** – provides a 1-2-1 coaching approach for frequent attenders at the Emergency Department. The service works closely with other support agencies to provide wraparound care where needed, with the goal of reconnecting individuals with purpose and community.
- **Demographic Pressures / Fair Price of Care** – meeting pressures associated with increasing numbers of older people in the East Riding and Care Sector fees.
- **Falls Response** – partnership between City Health Care Partnership CIC and the Councils Lifeline service delivering a co-ordinated and rapid response for patients who fall at home.
- **Frailty Pathway** – virtual model with a dedicated multi-disciplinary team comprising therapists, social workers, and GP. The aim of the service is to support people to stay well at home, focusing on prevention and planning in advance.
- **Continence Assessment Service** – Rapid response continence assessment service following people discharged from hospital. Reviewing existing residents in care homes.

The BCF Programme Board also agreed the development of 5 new schemes at its March and June 2022 meetings:

- **Education and Workforce** – a number of workstreams to help address challenges in the Health and Care sector which include Care Sector Brand and Marketing, Learning Recognition and Transferability, Careers and Pathways, Health and Social Care Volunteering, Adult Social Care Academy and Reablement Skilled Workforce.
- **Digital** – taking a focus on supporting the Voluntary Community and Social Enterprise (VCSE) to become digitally mature.
- **Discharge to Assess Transformational Programme Funding** – procurement of a delivery partner to support the new Discharge to Assess transformational programme.
- **Community Equipment – Manual Handling** – additional equipment and training for Care Homes for manual handling to improve outcomes for patients and avoid hospital admissions.
- **Independent Evaluation Assistive Technology pilot** – the BCF Programme Board approved funding for an independent evaluation of a trial with some assistive technology for those with early onset cognitive memory impairment to determine if this enhances the health, wellbeing and independence of these clients. Working with the families, clients, carers, assessors and evaluation team will shape this service for the future.

Community Services

Commissioners continue to work closely with community provider, including City Health Care Partnership, local hospices, Marie Curie, the British Red Cross to deliver joined up community services to meet the needs of the local population. Some specific examples are outlined below:

Frailty

The Frailty Advice and Guidance line established at the start of the pandemic continues to be provided, enabling paramedics, GPs, other health and care professionals including care home staff to call for advice and guidance, enabling people to remain in their homes without being transported to / admitted to hospital inappropriately. The Frailty team also undertake the comprehensive geriatric assessments for all new care home residents; and continue to deliver the virtual frailty service across Holderness for people who live in their own home, putting personalised care plans in place and delivering proactive anticipatory care. Initial discussions have commenced regarding a potential roll out across the wider East Riding.

Palliative and End of life Care

Across Hull and the East Riding the statutory and voluntary agencies which deliver palliative and end of life care services have been mapped against the Ambitions Framework, and an action plan developed to improve the identified gaps / areas of weakness. This process has since been adopted across the Integrated Care System (ICS).

Falls

The BCF has funded a 'falls pick up' service delivered across the patch to people with a Lifeline, with an enhancement to the falls team (CHCP), to manage the increased number of referrals made as a consequence of strengthened pathways. Work is underway with both the East Riding of Yorkshire Council (Lifeline) and Humberside Fire and Rescue to develop a bid to secure funding to provide an enhanced falls pick up service for people who do not have Lifeline.

Wound care / lower limb pathway

CHCP are part of the National Wound Care Strategy Programme and are a first tranche implementation site delivering the Hull and East Riding Accelerated Lower Limb (HEAL) Wound Service.

They test the assumptions of the national business case and develop a blueprint for the implementation, which includes the development of clinical pathways and wound management digital systems; and they evaluate the implementation.

Nationally wound care costs circa £8.3 billion per annum; the aim of the National Wound Care Strategy Programme is to redesign current services, to streamline and simplify pathways, improve assessments and individual treatment plans, improve healing rates, and speed up referrals into secondary care where appropriate.

A service has been implemented in Hull and the redesign is taking place across the East Riding for people with lower limb and foot wounds. Early signs show improved healing rates in the east Riding, mirroring the positive outcomes in Hull.

Care homes

A range of multi-agency services continue to work together with the care homes across the East Riding. Support continues to be provided for care homes with outbreaks, with enhanced support plans developed where required. There is an increased emphasis on the use of technology, with the DREaMS team working with care homes to develop their digital maturity; and all homes have bene provided with pulse oximeters, and blood pressure monitoring machines to enable the remote monitoring of care home residents. The Enhanced Health in Care Homes Direct Enhanced Service continues to be delivered, with a comprehensive geriatric assessment undertaken by the frailty team for all new permanent residents; weekly catch ups with the GP/ care home support team; structured medication reviews and personalised and advanced care planning.

Fit Mums

Fit Mums have been commissioned to offer a range of well-being programmes across the East Riding, including the Let's Get Going Walk - to encourage people of all ages and abilities to become more active, eventually enabling then to link into their local Fit Mums walking / running groups. They have also established Bereavement Yoga and Bereavement Walks which bring together people who have lost a loved one, enabling them to undertake light activities with others who have similar experiences, they focus on enhancing both mental and physical well-being. The Forest Project is an innovative programme that offers support to children and young people who have lost a loved one. To assist participants in exploring, comprehending, and expressing their loss and grief, it incorporates age-appropriate reading and writing exercises with outdoor forest activities. Support and discussion of grief are carefully incorporated into the programme.

Parkinson's Service

The Parkinson's service has successfully recruited a Parkinson's Nurse who commenced with the service on the 1April 2022 as part of a two-year pilot, which followed a transition

period increasing face-to-face exposure in the East Riding clinic setting working alongside Parkinson Frailty Consultant obtaining Frailty mentorship and support. The Parkinson Nurse will develop the required competencies in Parkinson's and related disorders whilst engaging with Primary Care and Social Care colleagues in the East Riding of Yorkshire as recommended by Parkinson UK to manage patients holistically.

The Parkinson Nurse will offer phone, video and face-to-face consultations closer to the patients' home, including urgent and routine appointments. Links will continue to be established with Community Nurses, Matrons, Residential / Nursing homes who have Parkinson patients in their care to develop teaching sessions incl. Parkinson's, non-motor features, complications, administration of medication etc. sessions.

Performance on NHS Constitution and Quality Indicators 2022/23

The CCG 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 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.

NHS EAST RIDING CCG PERFORMANCE		Actual (YTD)	Target
NHS NATIONAL REQUIREMENTS			
Number of GP written referrals in the period in all specialties	2022/23	15,691 (Apr 22-Jun 22)	*
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2022/23	8,816 (Apr 22-Jun 22)	
All first outpatient attendances (consultant-led) in all specialties	2022/23	33,641 (Apr 22-Jun 22)	*

A&E Attendances – All Types	2022/23	31,276 (Apr 22-Jun 22)	*
A&E Attendances - Type 1	2022/23	14,978 (Apr 22-Jun 22)	*
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SitRep data)	2022/23	69.2% (Apr 22-Jun 22)	95%
Ambulance Response		**Actual (YTD)**	**Target**
Ambulance clinical quality – Category 1 - 7-minute response time - trust (time)	2022/23	00:09:34* (Apr 22-Jun 22)	00:07:00 (Minutes)

***Humber Coast and Vale figure**

Ambulance Handover		**Actual (YTD)**	**Target**
Ambulance Handover Time - Delays of +30 minutes - YAS trust level	2022/23	21,744* (Apr 22-Jun 22)	0

Waiting Times – Referral to Treatment (RTT)		**Actual (Month)**	**Target**
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.	2022/23	61.4% (Jun 22)	92%
Diagnostics		**Actual (YTD)**	**Target**
Diagnostics Test Waiting Times	2022/23	37.1% (Jun 22)	<1%

Cancer		**Actual (Month)**	**Target**
Cancer- All Cancer two week wait	2022/23	82.5% (Apr 22-Jun 22)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2022/23	40.7% (Apr 22-Jun 22)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis.	2022/23	87.0% (Apr 22-Jun 22)	96%
Cancer - 31 Day standard for subsequent cancer treatments -surgery	2022/23	77.7% (Apr 22-Jun 22)	94%
Cancer - 31 Day standard for subsequent cancer treatments -anti cancer drug regimens	2022/23	95.4% (Apr 22-Jun 22)	98%
Cancer - 31 Day standard for subsequent cancer treatments – radiotherapy	2022/23	54.1% (Apr 22-Jun 22)	94%
Cancer - All cancer 62-day urgent referral to first treatment wait	2022/23	61.3% (Apr 22-Jun 22)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2022/23	64.7% (Apr 22-Jun 22)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patient's priority	2022/23	83.3% (Apr 22-Jun 22)	No Target

NEW Cancer – 28 Day faster diagnosis standard	2022/23	70.9% (Apr 22-Jun 22)	75%

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.	2022/23	52.6% (Apr 22-Jun 22)	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.	2022/23	99.5% (Apr 22-Jun 22)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2022/23	1.5% (Apr 22-Jun 22)	*
People who are moving to recovery	2022/23	52.3% (Apr 22-Jun 22)	50%
Dementia - Estimated diagnosis rate	2022/23	56.9% (Apr 22-Jun 22)	66.7%

Cancelled Operations		**Actual (Month)**	**Target**
Urgent Operations Cancelled - Hull University Teaching Hospitals Trust	2022/23	Not reported after Feb 2020 due to Covid	0
Number of urgent operations cancelled for a second time - Hull University Teaching Hospitals Trust	2022/23	Not reported after Feb 2020 due to Covid	0

Stroke		**Actual (YTD)**	**Target***
Percentage of patients scanned within 1 hour of arrival to hospital	2020/21	52.1% (2020/21)	49.0% (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	66.0% (2020/21)	51.0% (2019-20)
Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis	2020/21	82.2% (2020/21)	84.3% (2019-20)
Percentage of patients assessed by a stroke specialist consultant physician within 24 hours of arrival at hospital	2020/21	92.9% (2020/21)	84.2% (2019-20)
Percentage of applicable patients receiving a joint health and social care plan on discharge	2020/21	99.1% (2020/21)	98.4% (2019-20)

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

** 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)).*

Maternity		Actual (YTD)	Target
Number of maternities*	2022/23	515 (Apr 22-Jun 22)	No Target
Maternal smoking at delivery*	2022/23	6.4% (Apr 22-Jun 22)	<12% (Local Target)
Breast feeding prevalence at 6-8 weeks	2022/23	45.6% (Apr 22-Jun 22)	No Target

***Only includes providers York, HUTHT, Mid-Yorks, CDaD, Leeds, NLAG. Excludes Harrogate, South Tees, NUFT**

Primary Care information		Actual (YTD)	Target
GP registered population counts by single year of age and sex (under 19s)	2022/23	57,390 (Jun 22)	No Target
GP registered population counts by single year of age and sex from the NHAIS (Exeter) Systems	2022/23	308,385 (Jun 22)	No Target

Climate change and sustainability

The Humber and North Yorkshire (HNY) region is home to just under one million people and accounts for 2% of England's population. The Humber region is home to some of the most deprived wards in the country and there are wide disparities in income, employment, education and training and levels of crime. In addition, the life chances of people can vary significantly across the Humber with many individuals and communities disproportionately affected by ill-health and premature death. Climate change inequality directly mirrors health inequality and will therefore lead to a greater divide across the HNY region.

The climate emergency is a health emergency and climate change threaten the foundations of good health. In 2018 the carbon emissions per capita in the East Riding were greater (7.8kt) than both the England (5.0kt) and Yorkshire and Humber (6.5kt) levels. The East Riding, as we have experienced over the past few decades, is susceptible to flooding and coastal erosion. The impacts of climate change are already starting to affect land, housing, and residents across the county.

The CCG has taken the opportunity to refresh and align our climate change / sustainability plan with the latest guidance, providing a framework for our approach to sustainability based on the cooperation of all individuals working within the CCG and relying heavily on collaboration from our partners and providers.

Our plan builds on foundations laid in previous years where the focus was on carbon hotspots including energy, travel and transport, waste, and pharmaceuticals. In addition, the CCG has worked with the emerging Greener NHS and HCV sustainability teams to support our partners and particularly Primary Care to make changes to the way they work. This includes undertaking an assessment of carbon emissions within some practices to enable changes to be made and to reduce the number of high-emitting prescribed inhalers. Holderness PCN has achieved the following in this context:

SENTINEL Plus is a quality improvement package developed with the aim of improving outcomes for adult asthma patients through identifying and addressing short-acting beta agonist (SABA) over-reliance. The successes we saw in 2021/22 in Holderness are now being rolled out across the East Riding as new PCNs take on the SENTINEL project and the PCN Direct Enhanced Specification for asthma care / climate change is implemented.

In addition, the Green Plan for the Humber and North Yorkshire Partnership is now being implemented.

Improving Quality

The Commissioning for Quality Innovation (CQUIN's) framework has been used for many years to support improvements in the quality of services and the creation of new, improved pathways of care. The CQUIN schemes for 2022/ 23 are now in progress. Conversations have been held with provider organisations to agree the schemes they will focus on this year which will drive forward improvements for the local population and support the healthcare system to improve quality outcomes.

On 1st July 2022, East Riding CCG along with the CCGs in the Humber and North Yorkshire transitioned into the Humber and North Yorkshire Health and Care Partnership Integrated Care System (ICS). Work is ongoing with our system partners to develop a place Quality Group which will bring system partners together to coordinate and plan services in a way that improves population health and reduces inequalities between different groups.

LeDeR

We are continuing to work collaboratively with our system partners within the Integrated Care System to jointly manage the reviews and to share learning. Integrated Care Systems are responsible for ensuring that LeDeR reviews are completed of the health and social care received by people with a learning disability and autistic people (aged four years and over) who have died. Discussions are ongoing regarding the establishment of a dedicated team who will undertake the LeDeR reviews across the Humber and North Yorkshire Health and Care Partnership footprint. This will ensure we are working to the policy requirements set by NHS England.

We are continuing to work in partnership with people with a lived experience of Learning Disability and their families to make improvements in services and have invited specialist support from local organisations who support people with Autism to join the Humber Steering Group and Review panel meetings.

Infection Prevention and Control

The Infection Prevention & Control team have continued to support the CCG COVID-19 response, while delivering business as usual activity.

During this time, the team have continued to work closely with colleagues in the East Riding of Yorkshire Public Health Team to deliver an outbreak response which includes schools, local businesses, and social care.

Infections

The CCG has reported 1 case of MRSA bacteraemia in the first quarter for a second year.

31 cases of Clostridium difficile have been attributed to the CCG during quarter one this is an increase of 4 cases based on quarter one 2021/22.

The CCG continues to review cases of MRSA Bacteraemia and Clostridium difficile cases in conjunction with secondary and primary care to improve patient outcomes.

Patient relations

To end March 2022, the service has received 64 enquiries and concerns relating to the COVID-19 and booster Vaccines. During 2021/22 there were 89 complaints received compared with 62 received in 2020/21, an increase of 43.5%. 44% of the patient complaints received by the CCG relate to care and treatment where more than one provider has been involved in the patient's care with the CCG facilitating a multi-agency complaint investigation. We welcome the opportunity to learn from patient feedback to improve the service, and work with our commissioned services and providers to understand key patient concerns in the local health economy and how these are addressed. The CCG received 396 patient concerns in 2021/22 compared with 466 in 2020/2021, a decrease of 15%. Our PALS service received 19 compliments during 2021/22 compared to 20 during 2020/21 regarding the services provided.

During April, May and June 2022 an additional 8 complaints, 73 concerns and 5 compliments were received.

The Patient relations team were unable to do a comparison to this period last year because there was an issue with the data recording the numbers were incorrectly documented, (43 complaints for the 3 months) and therefore the percentages are misleading for the complaints and concerns figures.

General Practice Nurse Steering Group

A General Practice Nurse steering group has been established within the East Riding to promote nurse leadership within Primary Care with representation at the steering group from most of the Primary Care Networks (PCN's) within the East Riding. Due to the focus on delivering the COVID-19 vaccination programme the work of the group has not progressed as planned however it should be recognised the positive impact the GPNs have had in delivering the programme. In 2022, the steering group will focus upon improving the quality of care for patients across practices and will focus on population health management.

A monthly newsletter is sent to all GPNs sharing information and relevant updates and resources to support practice.

Topics included are PHE updates including vaccinations & advice for primary care, workforce transformation group updates, health and wellbeing for NHS staff and links to conferences and webinars.

Safeguarding Children, Young People and Adults at Risk

Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework (SAAF, 2019) sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations. Fundamentally, it is the responsibility of the CCG to ensure that the principles and duties of safeguarding children, (including those who are

looked after) and adults are holistically, consistently, and conscientiously at the heart of what we do. Safeguarding adults and children is an overarching principle of the CCG Quality Strategy, and as such, the protection of children and adults from abuse and neglect is integral to delivering health and wellbeing, and a core component of all commissioning functions. The CCG has a legal responsibility to ensure the needs of children and adults at risk of abuse or suffering abuse are addressed in all the work they undertake and commission on behalf of the people of East Riding.

The CCG safeguarding team provides leadership and assurance across the health economy incorporating safeguarding adults, safeguarding children and children looked after and. The team continued to work closely with the East Riding Safeguarding Adult Board (SAB), Community Safety Partnership (CSP), Safeguarding Children Partnership (SCP) and the Corporate Parenting Board (CPB) to ensure communication and governance processes are in place. The integrated working across partner agencies including the Local Authority, Police, Health, education, and voluntary organisations ensures a collaborative approach to safeguarding adults and children (including Children Looked after) within East Riding. Through our partnership approach, multi-agency strategies, policies, and procedures we strive to provide improved outcomes for adults and children within all aspects of our safeguarding practice.

We continued to see the challenges resulting from the ongoing pandemic Covid-19, but as a collective partnership the safety and welfare of children and adults remained high priority. The safeguarding team continued to work innovatively with commissioned services and partner agencies to ensure their statutory duties have been undertaken with regards to safeguarding.

Key achievements over the past year include:

- Continued to support and deliver emerging action plans and key messages from the Safeguarding Adult Board and Safeguarding Children Partnership including lessons from Child Safeguarding Practice Reviews, Learning Lesson Reviews, Safeguarding Adult Reviews and Domestic Homicide Reviews.
- Continue to support all multi-agency groups from the East Riding Safeguarding Adult Board (SAB), Community Safety Partnership (CSP), Safeguarding Children Partnership (SCP) and the Corporate Parenting Board (CPB).
- The CCG is one of the 3 key partners of the East Riding Safeguarding Children Partnership. The Chief Nurse is chair of the Chief Operators Accountability (COAG) and the Designated Nurse for Safeguarding Children chairs the Intrafamilial abuse and health Liaison Groups.
- The Designated Nurse for Adults is chair for the Domestic abuse sub-committee and the adult health liaison meeting; the Named GP for adults chairs the learning and audit sub-group.
- Continued partnership working with the CHANNEL/PREVENT and MAPPA panels to safeguard individuals and protect the public.
- To inform Primary care of high-risk victims of domestic abuse via the MARAC panel.
- Supporting the Domestic Abuse Partnership Board with the introduction of a Primary Care IDVA to support victims of Domestic Abuse
- Continued implementation of the ICON (infant crying is normal) programme within the 0-19 service, maternity services and Primary Care.

- Supporting Primary Care by offering safeguarding sessions via a monthly meeting led by the Named GPs, training and safeguarding forums virtually.
- Supporting and delivering training for trainee GPs for Safeguarding Children.
- Continue to be actively engaged in work across the wider Humber Coast and Vale Health providing effective leadership and collaborative working to support the arrangements moving towards the ICS.
- Continued to support the health role in Safeguarding and Partnership Hub to ensure a timely and appropriate information is shared to safeguard children and young people.
- Continued to support the health role in Safeguarding Adults Team to ensure a timely and appropriate information is shared to safeguard adults at risk.
- To support the implementation of the newly formed Partnership Integrated Triage (known as Pitstop) meeting with a view to improving early identification and understanding of need, harm and risk, identifying victims and interventions and reducing the harm experienced by individuals, families and communities in respect of information received by Humberside Police.
- To support East Riding Care Homes Steering Group, identifying safeguarding concerns.
- The Named GP for Adults continues to develop a Forensic Medical examination service for suspected physical abuse.
- In December 2021 the contract for the CLA health service integrated with Integrated Specialist Public Health Nursing Service (ISPHNS) contract and was awarded to Humber Teaching Foundation Trust. The Designated Nurse for Children Looked After and the lead commissioner have worked in partnership with Public health to ensure the effective mobilisation and transition of services has taken place.
- The Designated Nurse for Children Looked after is the regional representative at the NHSE/I North East and Yorkshire CLA meeting, communicating and sharing key messages and information.
- Improved access to dental provision for Children Looked encouraging children and young people having a dental health assessment as part of their statutory health assessment.

Continuing Healthcare

Continuing Healthcare East Riding of Yorkshire CCG holds the statutory responsibility to deliver Continuing Health Care (CHC) and Children's and Young People's Continuing Care as aligned to the principles of the National Framework for Continuing Healthcare and NHS-funded Nursing Care 2018 (revised).

The National Framework for Continuing Healthcare and NHS-funded Nursing Care 2018 (revised) requires the overall assessment and eligibility decision making process is completed within 28 calendar days from the date that the CCG receives the initial assessment. During the Covid-19 pandemic this process was paused however in September 2021 the decision was made by NHSE to reintroduce this timeframe to ensure CHC Teams were again working within the guidelines of the framework. NHSE mandate that CCGs must ensure in more than 80% of cases the NHS CHC eligibility decision is made within 28 days. A quarterly trajectory was set by NHSE with the aim that CCGs would meet the 80% target by 31 March 2022. The CCG CHC Team developed a process to undertake this and reached the 80% target of eligibility decisions been made within 28-days. The process is now embedded into the day-to-day practice of the CHC Team and has facilitated an improvement to the assessment of care needs enabling patients to have an assessment

and completed eligibility decision made in a timely manner and the CHC team continue to meet the 28-day timeframe achieving above the 80% target.

The CHC team are now undertaking assessments and reviews face to face. This is done in a safe and practicable way ensuring the safety of the CHC team, patients, family members, carers, and other members of the multi-disciplinary team. The reintroduction of the face-to-face visits has resulted in a personalised and patient centred assessment and ensures the quality and efficacy of the CHC processes continues to meet the needs of our patients.

The CHC Team has:

- Continued to work in collaboration and partnership with East Riding of Yorkshire Council (ERYC), with a focus on embedding quality and efficiency in practice.
- Embedded a quality assurance process supporting our fully health funded complex packages of care and developed and implemented a suite of quality assurance tools which provides assurance to the CCG board that greater quality and effectiveness of care is provided to our patients.
- Recruited a Personal Health Budget lead to provide individuals with increased choice, flexibility and control over the healthcare and support they receive. Personal Health Budgets (PHB) are a key component of the Government drive for wider personalisation of NHS care to give people greater individual choice and control over how their care is planned and delivered. The introduction of the post has led to the development of robust care and support plans which are underpinned by a newly developed policy.
- Continued to work with our ICS colleagues to ensure a seamless transition to the ICS in 2022. We have undertaken a gap analysis of our policies, systems, and processes to enable us to develop a more joined up approach as we move into the ICS.
- Embraced the upgraded IT system which has enabled more in-depth analysis of the cost of our packages of care and monitoring of review timescales, work continues to develop the system further to streamline the work for the administration team.
- Continued to work closely with the CCGs safeguarding team who have delivered safeguarding training and developed a programme of clinical supervision to support staff with complex cases to ensure the quality and safety of our patients is maintained.
- Continued to work closely with the Local Authority to set out a proposal to work on joint arrangements to manage the market and cost of care for CHC funded patients from 2021 onwards as part of the integrated care system.
- Delivered a number of training packages to health and social care partners within ERY covering all aspects of the CHC process including the completion of checklists, fast track referrals.
- Developed a combined transfer of care form with ERYC to embed a seamless process in relation to the funding of packages of care, this has streamlined the administrative process.
- The positive working relationships with our Integrated Care System (ICS) and Local Authority (LA) colleagues' have also ensured our interventions and support to our patients has continued to be of high quality, legally robust and delivered within a financially proportionate spend.

NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) response to the requirements of the Modern Slavery Act 2015

This statement comprises the Modern-Day Slavery and Human Trafficking statement of NHS East Riding of Yorkshire CCG (the organisation) for the financial year ending 31 March 2022 in accordance with Section 54, Part 6 of the Modern Slavery Act 2015.

The CCG recognises that it has a responsibility to take a robust approach to modern day slavery and human trafficking and is absolutely committed to its prevention within all corporate activities.

Definition of Offences

1. Modern Day Slavery, Servitude, Forced or compulsory labour.

A person commits an offence if:

I. The person holds another person in slavery or servitude and the circumstances are such that the person knows or ought to know that the other person is held in slavery or servitude,

or:

II. The person requires another person to perform forced or compulsory labour and the circumstances are such that the person knows or ought to know that the other person is being required to perform forced or compulsory labour.

2. Human Trafficking

A person commits an offence if:

I. The person arranges or facilitates the travel of another person (victim) with a view to being exploited:
II. It is irrelevant whether the victim consents to travel and whether or not the victim is an adult or a child.

3. Exploitation

A person is exploited if one or more of the following issues are identified in relation to the victim:

- Slavery, servitude, forced or compulsory labour.
- Sexual exploitation
- Removal of organs
- Securing services by force, threats and deception
- Securing services from children, young people and vulnerable persons.

Organisational Structure

NHS East Riding of Yorkshire CCG is a clinically led organisation that brings together 29 local GP practices and other health professionals to plan and design services to meet local

patients' needs. Our GP practices serve a registered patient population of 316,103. For more information on the organisation please see Annual Report and Accounts 2021/22 at https://www.eastridingofyorkshireccg.nhs.uk

NHS East Riding of Yorkshire CCG recognises safeguarding as a high priority for their organisation. In order to achieve this, we ensure we have arrangements in place to provide strong leadership, vision and direction for safeguarding. We make sure we have clear accessible policies and procedures in line with relevant legislation, statutory guidance and best practice.

We have a clear line of accountability for safeguarding within NHS East Riding of Yorkshire CCG. An Accountable Officer and Executive Lead for safeguarding are in place, and responsibility for safeguarding children and adults at risk is within the portfolio of the Director of Quality and Integrated Governance/ Executive Nurse. The designated nurses/professionals for safeguarding children and adults are an integral part of CCG activity. NHS East Riding of Yorkshire CCG ensures that organisations commissioned to provide services have appropriate systems that safeguard children in line with section 11 of the Children Act (2004), and adults in line with The Care Act (2014), The Mental Capacity Act (2005), and The Modern Slavery Act (2015).

The Policies in Relation to Slavery and Human Trafficking

Human Trafficking and Modern slavery guidance is included in the CCG's Safeguarding Policies.

The response to Human Trafficking and Modern Slavery is coordinated through membership of the East Riding Safeguarding Adults Board and Humber Modern Slavery Partnership.

The Due Diligence processes in relation to Modern Slavery and human trafficking in its Business and Supply Chains

We are committed to ensuring that there is no Modern Slavery or Human Trafficking in our supply chains or in any part of our business.

The CCG adheres to the National NHS Employment Checks/Standards.

This includes employees UK address, right to work in the UK and suitable references.

We have in place systems to encourage the reporting of concerns and the protection of whistle blowers. Where possible we build long standing relationships with our Providers and make clear our expectations of business behaviour. With regards to national or international supply chains; we expect these entities to have suitable anti-slavery and human trafficking policies and processes in place.

The parts of its business and supply chains, where there is a risk of Modern Slavery and Human Trafficking taking place, and the steps it has taken to assess and manage that risk.

The CCG is committed to social and environmental responsibility and has zero tolerance for Modern Slavery and Human Trafficking. Any identified concerns regarding Modern Slavery and Human Trafficking would be escalated as part of the organisational safeguarding process and in conjunction with partner agencies, such as the Local Authority and Police.

The effectiveness in ensuring that Modern Slavery and Human Trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considered appropriate.

The CCG aims to be as effective as possible in ensuring that Modern Slavery and Human Trafficking is not taking place in any part of our business or supply chains:

- Liaison with Safeguarding Leads within Provider services and East Riding of Yorkshire Council to identify safeguarding referrals pertaining to modern slavery and the outcomes of investigations undertaken.
- NHS employment checks and payroll systems (i.e. people bought into the country illegally will not have a National Insurance number).
- Level of communication with our commissioned providers in the supply chain and their understanding of, and compliance with, our expectations in relation to the NHS terms and conditions. These conditions relate to issues such as bribery, slavery and other ethical considerations.

Training about Modern Slavery and Human Trafficking is available to CCG staff

Reference is currently made to Modern Slavery and Human Trafficking within the organisation's Mandatory Safeguarding Children and Adult training programmes and is compliant with the recommendations in the Safeguarding Children and Young People: roles and competencies for healthcare staff Intercollegiate Document 4th Edition (RCN 2019) & Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate document. First edition: August 2018.

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's modern slavery and human trafficking statement for the current financial year.

For more information email: ERYCCG.ContactUs@nhs.net

Research and Development

East Riding of Yorkshire CCG (ERY CCG) has recognised the role of R & D in the pandemic and provides the evidence that the CCG has continued to maintain and develop its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

In response to the pandemic the national position from the Department of Health and Social Care (DHSC) was to 'pause' the site set up of any new or ongoing studies at NHS and social care sites not nationally prioritised as COVID19 studies.

With the emergence from COVID19 and the vaccine trial roll out work, the National Institute of Health and Care Research (NIHR) has re- commenced a fully active portfolio of NIHR research to improve the health and wealth of the nation. This not only continues to support COVID-19 NIHR research but brings in Non – COVID research across all sectors of health, social care and public health.

What is the Evidence Telling Us?

- The NIHR research activity within ERY General practices for the period from the 1 April 2022 to 30 June 2022 shows that 5 practices are recruiting into research trials, this equates to 17.2 % of ERY GP member practices being research active in this period. The number of participants recruited in this period was 46. The National Institute for Health and Care Research (NIHR) end of year performance measure is 45% of GP member practices being research active. The aspiration is to reach this target by the end of 2022/23.
- Two projects funded historically from the ERY CCG small grants scheme have reached the dissemination stage and are hoping to attain publications. This includes the following:
    1. GP experiences of safeguarding in care homes for older people - the study team are aiming to hold a dissemination/learning event in Autumn 2022 when the outputs from the project can be shared and publish the work in a recognised journal.
    2. A study of the barriers and facilitators for the use of Fear of childbirth outcome measures within the clinical context. – the study team held a research dissemination event on the 22 June at the University of Hull and are looking to hold other education event(s)for practitioners working in maternity and mental health settings. The study team have delivered training to both York and Humber Perinatal mental health teams and are collating an article for publication in a leading international journal.
- In the period from 1 April 2022 to 30 June 2022, the allocation of Research Capability Funding (RCF) is being utilised to support research capacity and research infrastructure in the ERY CCG area. The funding is supporting research and development capacity and the primary care workforce to enable more dedicated time to help grow and increase the number of GP practices who engage in research and widen the opportunities for the patient population in East Riding to take part in research trials.
- In the period 1 April 2022 to 30 June 2022, ERY CCG has continued to show a commitment to promoting research and the use of research evidence through the normal commissioning arrangements of Excess Treatment costs (ETCs) which is managed through the centralised NHS England model

The Definition of an ETCs is given below.

Definition of Excess Treatment Costs: A research study may result in care that differs from standard treatment in the NHS or is delivered in a different location. The associated NHS treatment costs may be less than or greater than the cost of standard treatment. If greater, the difference between the NHS treatment costs and the cost of the standard treatment is referred to as the NHS excess treatment costs (ETCs).

https://www.england.nhs.uk/wp-content/uploads/2021/09/B0355-excess-treatment-costs-guidance.pdf (sourced 6 September 2022)

NHS East Riding of Yorkshire NIHR Research Activity from 1 April 2022 to 30 June 2022.

Primary Care Network	Practice Name	Study Short Name	Recruitment Numbers
BRIDLINGTON PCN	Field House Surgery, Bridlington	Predicting and preventing relapse of depression in primary care	2
CYGNET EAST RIDING PCN	The Snaith and Rawcliffe Medical Group	Integrated CBT for depression trial (INTERACT RCT)	5
CYGNET EAST RIDING PCN	The Snaith and Rawcliffe Medical Group	PRINCIPLE	7
CYGNET EAST RIDING PCN	The Snaith and Rawcliffe Medical Group	DaRe2THINK	1
CYGNET EAST RIDING PCN	Bartholomew Medical Group	Aspirin To Target Arterial Events In Chronic Kidney Disease (ATTACK)	3
CYGNET EAST RIDING PCN	Bartholomew Medical Group	The Stream Trial	7
CYGNET EAST RIDING PCN	Bartholomew Medical Group	CANAssess 2	4
HOLDERNESS PRIMARY CARE HOME PCN	Holderness Health	PRINCIPLE	16
YORKSHIRE COAST & WOLDS PCN	Leven & Beeford Medical Practice	PRINCIPLE	1

NIHR ODP Data cut: 6/9/2022

NB: Data is owned by and extracted from the NIHR CRN Business Intelligence Unit.

Acknowledgements and thanks to the Local Clinical research nurse team in supporting this practice level data cut.

Emergency Preparedness Resilience and Response (EPRR)

The CCG continued to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These incidents ranged from extreme weather conditions to major transport accidents and to outbreaks of infectious diseases, including COVID and Monkey Pox.

The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services. As a Category 2 responder we worked closely with NHS England and other Health responders to coordinate responses to local incidents and to provide co-ordination and support in responding to large scale incidents. This role includes:

- Assessing the risk of emergencies occurring and using this to inform contingency planning to support the maintenance of service delivery;
- Developing emergency plans and business continuity management arrangements to ensure that the CCG could continue to operate effectively; and
- Ensuring arrangements were in place to make information available to the public to warn, inform and advise in the event of an emergency.

This CCG has continued to evolve in response to the learning arising from national and local incidents including adopting new ways of working and reinstating established ways of working that were more effective than the emergency measures enacted as a response to the COVID Pandemic. The pandemic proved effective in driving new ways of working, but we ensured we conserved those practices which we know our population valued that couldn't happen during the pandemic, such as face to face consultations. Strong emergency planning partnerships have developed and been maintained including a joint incident coordination team and proactive working with the Humber Local Resilience Forum to respond to incidents with wider impacts than health including power disruption and outages and environmental incidents.

Our emergency preparedness plan included a requirement for senior managers to provide an 'on-call' service outside of normal working hours. We continued to work closely with our neighbouring CCGs to deliver a shared 'on-call' across the Humber and this year has also seen greater alignment of support services for EPRR across the Humber and North Yorkshire Integrated Care System footprint.

Following a review of the 2020/21 Core assessment the CCG was assessed as demonstrating full compliance against the national criteria. This has provided the CCG with a sound foundation from which to develop effective emergency responses going forward.

Engaging people and communities

Because the NHS belongs to everyone, the foundations of everything we do are based on providing high quality health services that best meet the needs of our entire population. We have a legal duty to involve the public, as set out in Section 14Z2 of the Health and Social Care Act 2012. However, our desire to keep our patients and local residents involved in planning, redesigning and commissioning goes much deeper than just fulfilling our statutory obligations.

To ensure our engagement is accessible and rewarding as possible, we are always seeking new innovative ways to engage to reduce barriers and allow as many people as possible the opportunity to have their say. These include:

- Focus Groups
- Surveys
- Project Groups
- Insight polling
- Newsletters

- Website updates

As the last full year of the operation as a CCG comes to a close, we reflected 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 have opened up conversations with whole new audiences and is something that the NHS will continue to embrace over the coming years.

How we have worked with and involved patients and the public

Below are some of our well-established engagement programmes which we are committed to continuing for East Riding Place as we become part of the wider Humber and North Yorkshire Integrated Care Board:

Involve Membership

Our Involve patient and public network offers a range of ways to enable members to contribute as little or as much as they want, in a variety of ways which are timely, meaningful, and proportionate to inform and influence local health care planning and commissioning. We currently have 200 members and have continued to inform and involve them in our work.

We are always looking to welcome new involve members. If you would like to be more involved in shaping health and care services within your local community, please visit eastridingofyorkshireccg.nhs.uk/involve to learn more and join us.

GP Patient Engagement Group

We work closely with our GP Patient participation groups to ensure they play an active role in shaping primary care services. Our quarterly meetings continue to provide a forum for representatives from GP Patient Groups, Healthwatch and other local groups across the East Riding to meet and share good practice. Members continue to get involved in shaping and promoting our campaigns, such as the ***Help Us to Help You Get The Most Out of Your GP Practice*** Campaign which reminds people of some small things they can do to help ease the pressure on GP Practices.

Staff Health and Wellbeing Group

Our staff Health and Wellbeing Group provides a staff engagement forum for health and wellbeing activities across the organisation. This group helps to develop and support initiatives to enable a healthier, happier, and more engaged workforce. Membership is formed from a cross section of staff and representation is encouraged from all teams within the CCG, and this group will continue as we move into our new organisation.

Maternity Voices Partnership (MVP)

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. We are always

looking to welcome new members to our MVP network. If you would like to find out more information, please visit https://www.eastridingofyorkshireccg.nhs.uk/get-involved/mvp/

Mental Health Chat

Working in partnership with East Riding Council and Public Health we have a working group for people who have used mental health services to come together with mental health charity representatives, providers and clinicians to discuss and develop mental health services in the East Riding. With over 45 members, this ever-growing group continues to help inform the strategic priorities detailed in the Adult Mental Health and Dementia Strategy.

We are delighted that our face-to-face meetings resumed in April 2022, and we are always looking to welcome new members. If you would like to find out more information, please email hnyicb-ery.involve@nhs.net

How we have worked with and involved partners

We recognise that health, care, and wellbeing are not the sole responsibility of one organisation, so we actively seek opportunities to work together with all interested parties (stakeholders) in our engagement and involvement activities. This vision for enhanced integrated and partnership working across the system is also clearly set out in the NHS Long Term Plan.

East Riding Health & Care Committee

As our CCG comes to an end, a new multi-agency Health and Care Committee has been established. This committee will take on responsibility for agreeing, developing, monitoring and assuring delivery of new and existing system strategies, with a particular emphasis on what we can do differently in the East Riding to improve population health collaboratively. Whilst this group is in its infancy, a number of initial priorities have been agreed including immediate measures to help mitigate the impact of the 'Cost of Living' Crisis in conjunction with the Health and Wellbeing Board. A range of workshops and survey to inform the Joint Strategic Needs Assessment (JSNA) and the revised ERY Health and Wellbeing Strategy are underway, led by the Local Authority, to assess the current & future health, care & wellbeing needs of the local community. The feedback can be provided via https://intel-hub.eastriding.gov.uk/jsna-engagement/ and the results will inform local decision making.

Health, Care and Wellbeing Overview and Scrutiny Sub-Committee (OSC)

We have a good relationship with our OSC and provide regular updates to members about our engagement and involvement activity. The meeting papers can be found at: Health, care and wellbeing sub-committee (eastriding.gov.uk)

Health and Wellbeing Board

We are committed partners on the East Riding of Yorkshire Health and Wellbeing Board, which allows health and Local Authority representatives, along with other local organisations to work much more closely together to address local health needs and inequalities, with an aim of improving health and social care services within the East Riding. We also routinely engage with and inform the Health and Wellbeing Board of any changes to service provision, whether permanent or on a temporary basis.

Some of the topics discussed at the meeting in July 2022 included the outcome from the Pharmaceutical Needs Assessment engagement work as well as understanding the impact the 'cost of living' crisis is having and how health, social care and voluntary services can work together to support local people and staff. A range of support and signposting information is available at: Cost of living - help for households (eastriding.gov.uk)

Healthwatch East Riding of Yorkshire

We have a very positive working relationship with Healthwatch East Riding of Yorkshire. We meet regularly with them to share information and discuss local health plans and we have recently refreshed our Memorandum of Understanding to strengthen our relationship even further. We receive and review the valuable insight they provide to us through their health intelligence reports which are available at: Healthwatch Reports | Healthwatch East Riding (healthwatcheastridingofyorkshire.co.uk)

Supporting Diversity

We have a positive approach to equality and diversity, and we ensure the varying needs of people across the region are at the heart of all our engagement work and that their views are considered as part of our decision-making.

We are members of the East Riding Equalities Network. This is a virtual group made up of representatives from a wide range of protected groups – Lesbian, Gay, Bisexual and Transgender (LGBT), Black, Asian, and Minority Ethnic (BAME), Faith, Gypsy & Traveller, Older people, Economic Migrants, Learning Disabilities, Physical Disabilities, etc. This diverse group really help to influence our policies and decisions as well as provide valuable feedback during our broader engagement and consultation activities.

Supporting Carers

We recognise the important role that carers do every day to support family members. We have ensured that the voices of carers are represented at meetings such as the GP Patient Engagement Group and Citizen's Panel for the Humber Acute Services Review. We continue to promote within General Practice and Community Services the importance of carers being appropriately supported to look after their own health and wellbeing. This ensures that the needs of carers are at the heart of all the work we do.

Voluntary and Community Sector (VCS)

We have strong links with a range of voluntary groups either directly or through umbrella organisations such as Humber & Wolds Rural Action, East Riding Voluntary Action Services, The Courtyard, One Humber etc. We are a member of the local Voluntary Services Strategy Steering Group and work extensively with local branches of national charities such as Mind, Age UK, Diabetes UK, Dementia Friends and Smile Foundation.

We cannot thank the VCS enough for the help and support given during the Coronavirus pandemic and supporting our various projects and campaigns by sharing our engagement opportunities to their individual networks and enabling people in all communities to take part and have their say in their healthcare services.

You Said, We Did … co-production work April – June 2022

Neurodiversity service development engagement (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.

The first of four service review sessions was held on 24 May 2022, 10 weeks after the launch of the service and chaired independently by Hull and ERY Healthwatch. Co-produced surveys for parents/carers and staff were made available from April 19 to May 18 (56 responses) supported by stakeholder discussion groups (10 parents/carers, 5 staff) prior to the session. Stakeholder views and experiences were analysed and themed to form the basis for the session, to agree potential solutions and inform onward service planning and development. The three key themes were:

- Improving communication and clarity of service
- Improving involvement in the process
- Managing resource

39 stakeholders attended and participated in the 2-hour review session that was positively evaluated. All potential solutions have been collated into a system service action plan that will be reviewed and taken forward by the relevant stakeholders and groups. The 'We Said - We Did' report will be approved by the overseeing Delivery Group and Humber Children's Partnership Oversight Board and inform the next service review session planned for September. Next review session is 6 October 2022.

Working towards a healthy Bridlington

Building on the Healthy Bridlington work of 2021/22, a system wide health and care listening event was held at the Bridlington Spa in June 2022. Around 70 health and care professionals, along with members of the Bridlington Health Forum and patient participation groups attended to talk through concerns and community aspirations for changes to improve local care.

The event focussed on 4 key areas: Primary and Community Care, Elective (Planned) Care, Urgent (Unplanned) Care as well as Frailty and End of Life Care. Each key area was looked at through a service perspective and a real-life patient experience case study, followed by breakout workshops to exchange views. The aim was to seek consensus on what 'good' looks like and to identify areas where partners could address any gaps in integrated service provision locally.

Discussions will continue throughout 2022/23 to focus on how the key themes which were identified can be addressed together such local hospital services, recruitment and retention and communications.

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

Up to June 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 is expected to 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/

New campaign launched aimed at helping people get the most out of the GP Practice

With the involvement of local patient participation group members and primary care colleagues, a new campaign 'Help Us to Help You – Get the most out of your GP Practice', was launched highlighting some of the small things patients can do to help get the most out of their GP practice.

The coronavirus pandemic has left local GP Practices experiencing huge demand for their services with practices seeing and treating 40% more patients than at the start of the pandemic. Many patients who managed their problems during the pandemic are now visiting their doctor as their conditions become more severe. Waiting times for treatment within hospitals has grown sharply with GPs having to reassess patients for possible referral elsewhere. In addition, practices are also having to pick up on care where hospitals are struggling.

Running across radio and social media from 20 June 2022, the campaign informs people how they can support their GP practice to relieve some of their pressures and allow staff to

deal with more enquiries. By adopting these simple habits their GP Practice can treat and see more patients more quickly and more efficiently.

These include simple measures such as making sure you cancel appointments if people can no longer make them – in 2021 there were 58,000 missed appointments in the East Riding area that could have been allocated to someone else. All GP practices offer internet services and by signing up to these people can book appointments, request a 'fit note', order prescriptions and much more without having to ring the GP practice. Where possible, people should talk to the receptionist and give them some basic information about the health complaint or condition. These fully trained care navigators can identify who may or may not need to see a doctor and they can direct people to another healthcare professional or service to get the right treatment more quickly.

There are many more measure people can adopt, and further information is available at www.helpyourdoctor.co.uk. It is hoped that if everyone tries to adopt some of these simple habits, practices will be able to deal with more patients, more quickly and more effectively.

We want to say a BIG thank you to all of our patient and public partners

We are very lucky to have a number of patient and public volunteers who give lots of time and energy to our CCG meetings as patient and public representatives on a regular basis. Your involvement really makes a big difference and helps us ensure we put patients at the heart and centre of everything we do. We really look forward to continuing to work with you all in our new NHS landscape – Thank You.

Further information

The new Humber and North Yorkshire Integrated Care Board is officially established on 1 July 2022 and the co-produced engagement strategy ***Working with People and Communities*** is available at: 1 July 2022, 9:30am - Humber and North Yorkshire Integrated Care Board (ICB)

This welcome framework will enable us to build on best practice as we innovate for the future.

For more information on our past engagement and involvement activity, please visit the 'Get Involved' area of the CCG website: https://www.eastridingofyorkshireccg.nhs.uk/get-involved/

Equality, Diversity and Inclusion

As a CCG our main legal duties are:

- The Equality Act, 2010
- The Human Rights Act, 1998
- The Public Sector Equality Duty

There are several national frameworks and standards we also work hard to meet:

- Equality Delivery System (EDS2 – becoming EDS3)
- Gender Pay Gap reporting
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Accessible Information Standard.

The CCG plays a key role in addressing equality and health inequalities, as commissioners, as employers and as local system leaders and is committed to promoting equality and eliminating discrimination. The CCG also supports the work of the Integrated Care Board and Partnership in terms of system transformation and EDI is intrinsic part of change and transformation at strategic and operational levels across the Integrated Care System. This work seeks to eliminate discriminatory processes and functions in our organisations and services and reduce health inequalities across our communities – particularly where those inequalities are driven by entrenched disparities in protected groups and marginalised people.

Equality Objectives

Our equality objectives, developed through extensive engagement with staff and local equality networks are:

Objective 1 - Our services will be as accessible as possible and appropriate to users' needs	**Objective 2** - Our workforce will be more representative (both directly and through our contracted provision) and equipped to deal with culturally sensitive issues.
• Review and refresh of equality networks and engagement groups including development of staff equality networks. • Working in partnership to develop EDS3 engagement plan. • Continued review and strengthening of EQIA review, sign-off and assurance process including strengthening of the assurance of primary care equality impact assessments. • Strengthened EDI links with Primary Care Networks, Integrated Care System, Provider Alliances and the Local Authority • Greater assurance and support around the delivery of the Accessible Information Standard. • Alignment of interpretation and translations services contracts with Hull CCG.	• Provide guidance and support for the Personal Development Review process in terms of matching E&D objectives to appraisal process. • Supporting our workforce in any transition arrangements as the new integrated care system configures. • Development of a robust equality, diversity and inclusion training programme including Board level development sessions.

Equality and Quality Impact Assessments

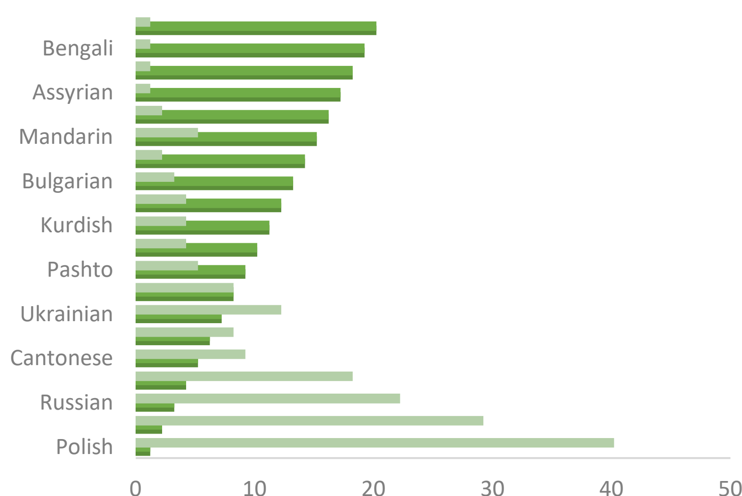
The CCG has strengthened its approach to tackling health inequalities and has a integrated impact assessment process, incorporating equality and quality analysis for all corporate and HR policies as well as commissioning decisions and clinical policies.

A partnership approach to equalities

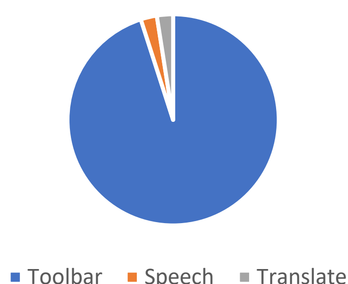
We are currently developing an EDI structure for the ICB and taking this transitional period as an opportunity to review existing strategies and plans as a partnership to ensure a far-reaching and impactful transformation for our people and communities. We continue to play an active part in local and regional networks, with a focus on sharing resources, joining up engagement activity, and gaining an understanding of the needs of our population from an equality's perspective.

Translation & Interpretation

The CCG provides a full range of translation and interpretation services for all CCG staff and GP practices within the East Riding of Yorkshire; this includes British Sign Language (BSL) and other services for people with sensory impairments through our contracts with Language is Everything and AA Global. For April to June 2022, we spent £2,057 on translation and interpretation services. The top languages requested are detailed below:



The CCG also uses the BrowseAloud assistive technology software to make our website more accessible, for example, translating information to other languages or adding text-to-speech functionality. From April to June, the technology was used 202 times. The graph below outlines which features were used:



CCG as an employer

The CCG uses NHS Jobs for its recruitment activities, which gathers information on seven of the key protected characteristics. This information is collated and reviewed annually through the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) to ensure that recruitment practices for the CCG are inclusive, fair and equitable. This is supported by robust recruitment and selection and equality and diversity training.

We are committed to creating an inclusive environment and building on the CCG mandatory EDI training we've delivered a range of successful innovative and interactive sessions for CCG and Practice staff across the East Riding.

Working across the Integrated Care System we have also established two staff networks providing a space for both Black, Asian and Minority Ethnic staff and Disabled staff to discuss issues and ideas and to share best practice. We are developing our plans to establish further system-level, collaborative networks, such as the LGBTQIA+ Staff Network and a Women's Network. A great deal of work is taking place through an ICS Menopause Network, and we are now recognised as a menopause-friendly organisation.

Freedom of Information

During the period from 1 April 2022 to 30 June 2022, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

FOI	2022/2023
Number of FOI requests processed	50
Percentage of requests responded to within 20 working days	100%
Average time (in days) taken to respond to an FOI request	14 days

The CCG provided the full information requested in 15 cases. The CCG did not provide all the information requested in 7 cases because an exemption was applied either to part of, or to the whole request. The exemptions applied were.

- The information was accessible by other means.
- Information requested related to personal data and compliance would breach the principles in Data Protection Legislation.

In 28 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 did not receive any requests for an internal review of an FOI response provided during the Quarter.

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.eastridingofyorkshireccg.nhs.uk/publication-scheme/what-are-our-priorities-and-how-are-we-doing/

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

Accountability Report

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

Members Report

Directors Report Extract - List of Member Practices as of 30 June 2022

Practice Name	Address
Anlaby Surgery	Haltemprice Leisure Centre, Springfield Way, Anlaby HU10 6QJ
Bartholomew Medical Group	Goole Health Centre, Woodland Avenue, Goole DN14 6RU
The Beverley Health Centre	Manor Road, Beverley HU17 7BZ
Eastgate Medical Group	37 Eastgate, Hornsea HU18 1LP
Field House Surgery	18 Victoria Road, Bridlington YO15 2AT
Greengates Medical Group	117-119 Walkergate, Beverley HU17 9BP
King Street Medical Centre	168 King Street, Cottingham HU16 5QJ
The Health Centre	Thornton Dam Lane, Gilberdyke HU15 2UL

Holderness Health	Church View Surgery, 5 Market Hill, Hedon, HU12 8JE
The Hessle Grange Medical Practice	11 Hull Road, Hessle HU13 9LZ
Peeler House Surgery	1 Ferriby Road, Hessle HU13 0RG
Leven & Beeford Medical Practice	29 High Stile, Leven HU17 5NL
Manor House Surgery	Providence Place, Bridlington YO15 2QW
Market Weighton Group Practice	Medforth Street, Market Weighton YO43 3FF
The Medical Centre	Cranwell Road, Driffield YO25 6UH
The Medical Centre	Pinfold Street, Howden DN14 7DD
The Mitchell Practice	The Surgery, 15 School Lane, North Ferriby HU14 3DB
Montague Medical Practice	Fifth Avenue, Goole DN14 6JD
North Beverley Medical Centre	Pighill Lane, Off Woodhall Way, Beverley HU17 7JY
The Old Fire Station Surgery	Albert Terrace, Beverley HU17 8JW
The Ridings Medical Group	4 Centurion Way, Welton Road, Brough HU15 1AY
The Park Surgery	6 Eastgate North, Driffield YO25 6EB
Park View Surgery	87 Beverley Road, Hessle HU13 9AJ
Practice 1, The Medical Centre	Station Avenue, Bridlington YO16 4LZ
Practice 2, The Medical Centre	Station Avenue, Bridlington YO16 4LZ
Practice 3, The Medical Centre	Station Avenue, Bridlington YO16 4LZ
The Snaith & Rawcliffe Medical Group	The Marshes, Butt Lane, Snaith DN14 9DY
Willerby & Swanland Surgery	45 Main Street, Willerby, Hull HU10 6BP

Wolds View Primary Care Centre	Entrance A, Bridlington Hospital, Bessingby Road, Bridlington YO16 4QP

Director Report Extract – Governing Body & Committee Membership as at 30 June 2022

Members	From – To	Declared Interests
Dr Faisel Baig **Interim CCG Clinical Chairperson** Non-voting Member of: • Governing Body	01/04/2022 – 30/06/2022	• Specialist Advisor, Care Quality Commission • Out of Hours GP, Core Care Links • Examiner, Admissions Interviewer and Small Group Tutor, The University of Sheffield Medical School • Spouse working as a salaried GP at Riverside Surgery • Freelance GP, various General Practice Providers • Member, Safecare Network, North Lincolnshire • Chair, Scunthorpe Towns Fund Board (North Lincolnshire Council) • GP Appraiser, NHS England (Declared on the North Lincolnshire CCG DoI register)
Emma Latimer **Interim Accountable Officer** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Senior Leadership Team:	01/04/2022 – 30/06/2022	• Director of York Health Economic Consortium Limited • Accountable Officer of Hull CCG and North Lincolnshire CCG
Dr David Fitzsimons **GP Governing Body lead with oversight of the Vulnerable People Services across East Riding** Voting Member of: • Governing Body • Quality, Performance & Finance Committee	01/04/2022 – 30/06/2022	▪ Clinical Director for Harthill PCN from 1/12/21 employed by YHP for the role. ▪ GP with Extended Role in Frailty for CHCP (w.e.f 1/4/22) ▪ Dr Fitzsimons wife is a Charge Nurse at Hull University Teaching Hospitals NHS Trust

• Service Re-design & Commissioning Committee		
Dr Richard Little **GP Governing Body lead with oversight of the Hull University Teaching Hospital Health System** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Service Re-design & Commissioning Committee	01/04/2022 – 30/06/2022	▪ GP Partner – Greengates Medical Group, Beverley and is a Federation Shareholder, Yorkshire Health Partners.
Richard Dodson **Chief Finance Officer** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Senior Leadership Team • Primary Care Commissioning Committee • Service Re-design & Commissioning Committee	01/04/2022 – 30/06/2022	▪ Mr Dodson is a Director of RAM Lettings ▪ Mr Dodson is a patient registered at Springhead GP Surgery in Hull ▪ Mr Dodson's wife is Deputy Chief Finance Officer at Hull Clinical Commissioning Group ▪ Mr Dodson's father is a Director of AK Sheet Metal Fabrications (and other associated companies) ▪ Brother is a Director of Vic Coupland Ltd ▪ Brother is Director of AK sheet metal fabrications (and other associated companies)
Paula South **Interim Chief Operating Officer.** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Senior Leadership Team • Service Re-design &	01/04/2022 – 30/06/2022	▪ None

Commissioning Committee • Primary Care Commissioning Committee		
Sally Ann Spencer - Grey **Lay Member – Patient & Public Participation / Patient Champion** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Service Re-design & Commissioning Committee • Primary Care Commissioning Committee	01/04/2022 – 30/06/2022	▪ Independent lecturer and consultant, working in health, social care and in the voluntary sector. ▪ Charity Trustee of the National Gulf Veterans and Families Association. ▪ Part time Lecturer for The University of Hull Faculty of Health Sciences
Andrew Middleton **Lay Member (Vice-Chair)** Voting Member of: • Governing Body • Quality, Performance & Finance Committee • Audit & Integrated Governance Committee • Remuneration Committee • Primary Care Commissioning Committee	01/04/2022 – 30/06/2022	▪ Lay Chair of Performer List Decision Panels in NHSE Midlands Group and South Yorkshire. ▪ Lay Chair of Appointment Advisory Committees at University Hospitals, Leicester (for consultant grade posts) ▪ Lay Member (Finance), Derby & Derbyshire CCG ▪ Independent Non-Executive Director for Finance and Governance, Barnsley Healthcare Federation (commencing August 2021)
Martin Wright **Lay Member, Audit & Governance** Voting Member of: • Governing Body • Quality, Performance & Finance Committee	01/04/2022 – 30/06/2022	• Lay Member & Audit Committee Chair for NHS Kirklees CCG • Mr Wright's wife is Business Manager for Adult ADHD & Autism Services at South West Yorkshire Partnership NHSFT

• Audit & Integrated Governance Committee • Remuneration Committee		
Tracey Craggs **Interim Director of Nursing & Quality** Voting Member of: • Governing Body • Quality, Performance & Finance Committee (from 2.8.21) • Senior Leadership Team • Service Re-design & Commissioning Committee	01/04/2022 – 14/06/2022	▪ None
Andy Kingdom **Head of Public Health (Statutory Director of Public Health) at East Riding of Yorkshire Council** Non-Voting Member of: • Governing Body • Quality, Performance & Finance Committee Voting Member of: • Service Re-design & Commissioning Committee (other Public Health colleagues normally attend)	01/04/2022 – 30/06/2022	• None

Register of Interests

The CCG publishes all relevant declarations in line with the NHSE 'Managing Conflicts of Interest: revised statutory guidance for CCGs 2017'. Details of Governing Body members declarations are mentioned above and can also be found here:
http://www.eastridingofyorkshireccg.nhs.uk/governing-body/members/

Each director: knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Personal data related incidents

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 a Data Protection and Security Toolkit (DPST) and the annual submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the DPST. We have ensured all staff undertake annual information governance training, we maintain through our IG Team a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities and we provide regular IG training sessions and IG updates, including General Data Protection Regulation (GDPR) updates to staff through monthly staff meetings and staff briefings.

There are processes in place for incident reporting and investigation of serious incidents. We have continued to develop information risk assessment and management procedures and a programme has been established to fully embed an information risk culture throughout the organisation against identified risks.

There were no significant personal data related incidents to report during the period 1 April to 30 June 2022.

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.

Modern Slavery Act

NHS East Riding of Yorkshire Clinical Commissioning Group fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31st June 2022 is published on our successor organisation, Humber and North Yorkshire Integrated Care Board's website.

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 Interim Accountable Officer of East Riding of Yorkshire 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 East Riding of Yorkshire Clinical Commissioning Group’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.

I also confirm that as far as I am aware, there is no relevant audit information of which the CCG’s auditors are unaware, and that as 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 the CCG’s auditors are aware of that information.

Stephen Eames CBE

Chief Executive (Accountable Officer)

22 June 2023

Governance Statement 2022/23 (Quarter 1)

Introduction and context

NHS East Riding of Yorkshire CCG is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The clinical commissioning group'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 2022, the clinical commissioning group is not subject to any directions from NHS England and NHS Improvement (NHSE&I) issued under Section 14Z21 of the National Health Service Act 2006.

The Clinical Commissioning Group lies within the boundaries of the East Riding of Yorkshire and is responsible for the commissioning of healthcare services for the majority, but not all, of the East Riding of Yorkshire population (the Pocklington population are the responsibility of the Vale of York CCG). As such we work closely with our neighbouring CCGs to promote consistency of commissioning with our major provider organisations and with East Riding of Yorkshire Council to ensure that we are jointly commissioning and transforming services to improve the overall health and wellbeing of our population.

As at the end of June 2022, the CCG consisted of 29 GP Practices.

Scope of responsibility

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

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

Governance arrangements and effectiveness

The main function of the governing body 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 Council of Members (CoM) approved and adopted the CCG's Constitution at its meeting on 11th October 2012 and changes have been periodically made and approved ever since and subsequently ratified by NHSE&I. A further review of the Constitution took place during 2020/21 but in the light of guidance from NHSE&I dated 1st March 2021 relating to CCG Constitutions, and in response to the Covid 19 pandemic, no changes have been made as *'unless the proposed changes are business critical, then changes to CCG constitutions should be kept to a minimum'*.

Good governance is at the heart of the CCG's vision and values. Integral to the vision of the CCG is recognition that 'the CCG will promote good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties'. Furthermore, the CCG's values recognise that 'good corporate governance arrangements are critical to achieving the Group's objectives'.

In accordance with section 14L (2) (b) of the 2006 Act, Section 4.4 of our Constitution reflects that the Group will at all times observe 'such generally accepted principles of good governance as are relevant to it' in the way it conducts its business. These include:

- the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds, the management of the organisation and the conduct of its business.
- the Good Governance Standard for Public Services.
- the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'.
- the seven key principles of the NHS Constitution.
- the Equality Act 2010; and
- All other applicable legislation.

The CCG's Constitution is published on the CCG's website at http://www.eastridingofyorkshireccg.nhs.uk/publications/constitutions/.

Council of Members

Upon its establishment, the Clinical Commissioning Group Governing Body appointed a Council of Members in accordance with its Constitution. The Council of Members is comprised of a GP Practice Representative from each of the 29 GP Practices of the Group. Subject to the provisions of the 2006 Act, the Council of Members exercises all those functions of the Group that have not been delegated to the Governing Body (or other Sub-Committees) under the Constitution. In particular, the Council of Members is responsible for:

- Determining the arrangements by which the member practices of the CCG approve those decisions that are reserved for the membership.
- Considering and approving applications to NHSE&I on any matter concerning the CCG's:
- Constitution, Scheme of Reservation and Delegation and any other arrangements for taking urgent decisions
- Approving the CCG's vision and overall strategic direction
- Approving commissioning plans which are at the absolute discretion of the Council of Members regarded as major or otherwise of significance to the entire area
- Approving arrangements to appoint member Practice representatives to the Governing Body

- Approving arrangements to appoint Governing Body members
- Approving arrangements for the identification, selection and appointment of the Chair of the Governing Body

Although the Council of Members met twice during 2021/22 with agendas pertaining to its duties, it has not met since July 2021. The absence of regular Council of Members meetings during 2021/22 and in to 2022/23 was largely due to the significant pressures on Primary Care due to the pandemic but there was also no requirement to vote on any strategic decisions during this period.

We are a clinically led organisation, which brings together local GP Practices and other health professionals to plan and design services to meet local patients' needs. Member Practices of NHS East Riding of Yorkshire CCG during Quarter 1 of 2022/23 are reflected below.

PRACTICE
Anlaby Practice
Bartholomew Medical Group
Cranwell Road, Driffield
Eastgate Medical Practice
Field House Surgery
Gilberdyke Health Centre
Greengates Medical Group
King Street Medical Centre, Cottingham
Holderness Health
Hessle Grange Medical Practice
Howden Medical Centre
Leven and Beeford
Manor House Surgery
Manor Road Health Centre
Market Weighton Surgery
Montague Medical Centre
North Beverley Medical Centre
North Ferriby Practice
Old Fire Station, Beverley
Park Surgery, Driffield
Park View Surgery, Hessle
Peeler House, Surgery
Practice 1
Practice 2
Practice 3
Ridings Medical Group
Snaith & Rawcliffe
Willerby & Swanland Surgery
Wolds View Surgery

Governing Body

The CCG is headed by a Governing Body comprised of Executive Directors, Lay Members and GP Leads with the appropriate balance of skills, experience, independence, and knowledge to ensure that their respective duties are appropriately discharged. There is a clear division of responsibilities, a clear process for decision-making and a suitably qualified and experienced Chair responsible for leadership of the Governing Body.

The CCG Board also includes a number of non-voting members who bring individual skills and advance our partnership approach including Public Health representatives from East Riding of Yorkshire Council.

The Governing Body ensures that the organisation consistently follows the principles of good governance applicable to NHS organisations. This includes the oversight and development of systems and processes for financial control, organisational control, clinical governance and risk management. In addition, the Governing Body (via its Quality, Performance & Finance Committee) oversees strategic and corporate risks against the CCG's objectives via the Assurance Framework. All of the CCG's formal sub-committees have actively participated and been involved in the generation of principal risks to the organisation and Assurance Framework process.

There are clear accountability arrangements in place throughout the organisation and the Governing Body ensures that there are proper and independent assurances given on the soundness and effectiveness of the systems and processes in place and continues to review the needs of its stakeholders on an ongoing basis and how the CCG can, with partners, meet its key objectives and outcomes, including how it meets its duty of quality.

The Governing Body's functions are conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 of the 2012 Act, together with any other functions connected with its main functions as may be specified in the Constitution. The Governing Body functions include ensuring that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function); monitoring performance against plans; and providing assurance of strategic risk.

There were a number of changes in Governing Body membership during Quarter 1 of 2022/23; these included:

- Dr Anne Jeffreys stepped down from her role as CCG Clinical Chair on 31 March 2022. As an interim measure, Dr Faisal Baig (Chair at North Lincolnshire CCG) was co-opted on to the Governing Body for the meeting in June as an additional GP representative but without voting rights.
- Dr Tanya Webb stepped down from her role as GP Governing Body Lead with oversight of the NLaG Health System on 31 March 2022.
- Dr Christiane Loch stepped down as GP Governing Body Lead with oversight of the York Foundation Trust Health System on 31 March 2022.
- Tracey Craggs stepped down from her role of Interim Director of Nursing & Quality on 14 June 2022.

In accordance with nationally mandated guidance, the Governing Body met just once between April and June 2022, the meeting taking place on 14 June; the meeting was quorate.

Membership (and the declared interests) of the Governing Body during Quarter 1 of 2022/23 is published on the CCG's website http://www.eastridingofyorkshireccg.nhs.uk and is also reflected within this annual report (as part of the Members Report) at Pages 44 to 45.

Attendance was as follows:

Membership		
CCG Member	Position	Attended Y/N
Dr Faisal Baig	Interim Clinical Chairperson (non-voting) GP & Chair, NHS North Lincolnshire Clinical Commissioning Group	Y
Emma Latimer	Interim Accountable Officer	N
Andrew Middleton	Lay Member (Vice Chair)	Y
Paula South	Interim Chief Operating Officer	Y
Dr David Fitzsimons	GP Portfolio Lead with oversight of Vulnerable People Services across the East Riding	Y
Richard Dodson	Chief Finance Officer	Y
Martin Wright	Lay Member - Audit & Governance	Y
Tracey Craggs	Interim Director of Nursing & Quality	Y
Dr Richard Little	GP Portfolio Lead with oversight of the Hull University Teaching Hospitals Health System	Y
Sally-Ann Spencer Grey	Lay Member - Patient and Public Participation	Y

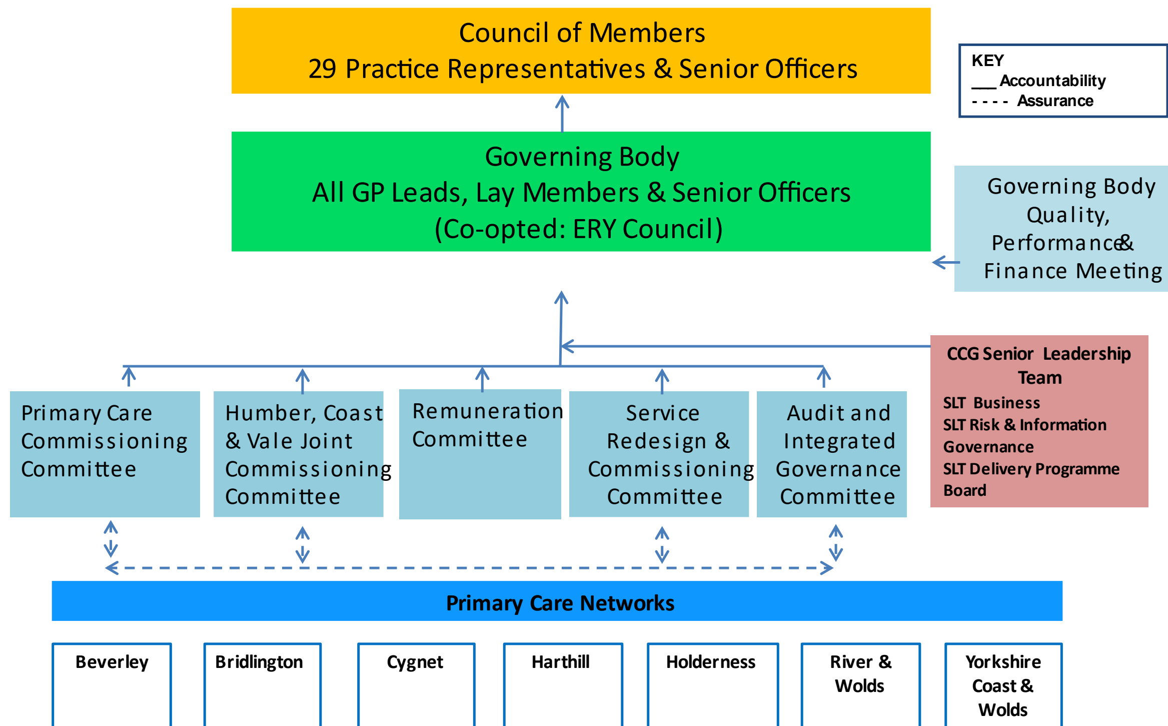
Notes

East Riding of Yorkshire Councils Public Health team were represented at 7 Business meetings and 3 In Public meetings in a non-voting capacity in 2021/22 but were not present at the meeting in June 2022.

No decisions were taken at the June 2022 Governing Body meeting.

In addition to (and approved by) the Governing Body, the CCG's governance structure includes an Audit & Integrated Governance Committee (AIGC), Service Re-design and Commissioning Committee (SRCC), Remuneration Committee, Primary Care Commissioning Committee, a Governing Body Quality, Performance and Finance Meeting and Humber Coast & Vale (HCV) Joint Commissioning Committee along with Primary Care Networks (PCNs) and a Senior Leadership Team. Note that in the 3-month period to 30 June 2022, not all Committees found it necessary to meet; further details is provided later in this report.

A chart showing how these sub-committees and groups sit within the CCG's overall governance framework is shown below:



Further information regarding the clinical commissioning group's Constitution, governance framework and activities can be found on the CCG website; http://www.eastridingofyorkshireccg.nhs.uk

The CCG's sub-committee governance structure is explained further below:

Audit & Integrated Governance Committee (AIGC)

The Terms of Reference for the AIGC ensure that all statutory duties of an Audit Committee are fulfilled and have been revised and reviewed in year in accordance with good practice as defined in the NHS Audit Committee Handbook. The Terms of Reference also recognise a need for the Audit Committee to look at issues of wider integrated governance along with risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives.

Membership of the Committee is determined and approved by the CCG Governing Body. Membership during the period April to June 2022/23 comprised of:

Voting Members		Attendance (max 2)
Name	Position	
Martin Wright	Lay Member – Audit & Governance – Chair of Committee	2
Andrew Middleton	Lay Member (Vice Chair)	2
Angela Broekhuizen	Lay Member AIGC (but not a voting member of the Governing Body)	2

Non-Voting (In Attendance)		Attendance (Max. 2)
Name	Position	
Richard Dodson	Chief Finance Officer	2
Andy Growns	Head of Corporate Governance & Organisational Development	2
Helen Matchett	Head of Finance	2
External Audit	Mazars	2
Internal Audit	Audit Yorkshire	1 (Max. 1)

The AIGC met twice during the period 1 April to 30 June 2022; both meetings were quorate.

Key areas covered by the AIGC's agendas during this period were as follows:

- Standing items covering Internal Audit and External Audit and an update from the local Counter Fraud Team
- Updates on the Corporate Risk Register (including review of the latest Board Assurance Framework).
- Briefings covering Freedom of Information and Information Governance
- Regular governance (reporting and compliance) updates covering Use of the Seal, Sponsorship, Gifts and Hospitality, Waiving of Standing Orders, Bad Debts and Special Payments.
- Reviews of the draft and final Annual Reports, Annual Governance Statement, Annual Accounts (year-end accounting policies, year-end timetable, and agreement of balances) and Head of Internal Audit Opinion Statement with delegated authority from the Governing Body.
- Review of minutes from Sub-Committees
- Oversight of Due Diligence arrangements as CCG transitions over to ICB including review of the CCG Due Diligence Assurance Statement

Service Re-design and Commissioning Committee (SRCC)

The Service Re-design and Commissioning Committee is directly accountable to the CCG Governing Body for the planning, commissioning, and procurement of commissioning related business in line with CCG's organisational objectives.

As outlined above, there were a number of changes in Governing Body (and Sub-Committee) membership during Quarter 1 of 2022/23. Only one SRCC meeting took place during this period; the meeting was quorate, and the following items were considered.

- The Committee reviewed and approved the proposed Medicines Optimisation work plan for 2022/2023 project areas and agreed that the CCG Extended Medicines Management Scheme milestones OptimiseRx and OpenPrescribing should be carried forward into 2022/2023.
- The Committee considered the provision of funding to continue the existing Optimise Prescription Medicine Service and considered the provision of additional funding to extend the Optimise Prescription Medicine Service across a wider geographical footprint within the East Riding of Yorkshire Council footprint.

- The Committee received an update on Operational Planning arrangements.

Remuneration Committee

The Remuneration Committee is a statutory requirement of any NHS organisation. As such the Remuneration Committee has been established in accordance with good governance and its role is reflected in the NHS East Riding of Yorkshire Clinical Commissioning Groups Constitution (Section 6.6.4 b) refers).

No meetings were deemed necessary during April to June 2022.

Primary Care Commissioning Committee

The role of the committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which have been reserved to NHSE&I.

Membership of the Committee is determined and approved by the CCG Governing Body. Two meetings were held during the period 1 April to 30 June 2022; both were quorate. During this period, the Committee:

- Received and noted Primary Care contractual updates and contract variations from NHSE and considered and approved Practice list closure applications where applicable and a boundary change application.
- Received updates on Finance, Estates and Covid 19

All Primary Care Commissioning Committee papers for meetings held in public can be found on the CCG's website at http://www.eastridingofyorkshireccg.nhs.uk.

Governing Body Quality, Performance and Finance Meeting (QPFC)

This 'in Committee' meeting of the full Governing Body has responsibility for the oversight and management of:

- the development and implementation of the CCG Quality Improvement programme across all CCG commissioning activities.
- the reporting, monitoring, and on-going development of performance outcome metrics in relation to commissioning and financial management work programmes; and
- oversight and management of quality, performance, and finance in relation to all commissioned services

No QPFC meetings took place between 1 April and 30 June 2022; all outstanding quality, performance and finance related issues were picked up at the full Governing Body meeting in June 2022.

UK Corporate Governance Code

We (as an NHS body) are not required to comply with the UK Corporate Governance Code. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the clinical commissioning group.

For the period 1 April and 30 June 2022, the CCG applied certain principles of the Code, noting that not all elements (it is principally aimed at private companies) are directly relevant to a CCG. As a statutory NHS organisation, the CCG 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 via this annual governance statement and our annual report and accounts how we have discharged our responsibilities with respect to our members and the general public.

Discharge of Statutory Functions

In light of recommendations of the 1983 Harris Review, the clinical commissioning group has routinely 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.

Prior to transition, 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.

The CCG has a clear strategy detailing how it will achieve its local and statutory responsibilities. The Governing Body reviewed and agreed a new vision, key strategic priorities and outcomes for the 2019/2024 CCG Strategy in July 2019 and recommended the strategy for approval by the Council of Members; this took place in September 2019.

The CCG must ensure that it operates within its allocated revenue resources in any financial year. Expenditure in excess of this is a breach of the CCG's financial duties. The CCG's financial position is summarised within the 'Performance Overview' section of the Annual Report at page 6.

Risk management arrangements and effectiveness

As outlined in the Risk Management Strategy which was refreshed during 2020/21 and approved by the AIGC in March 2021, a risk management process has been adopted where necessary steps are taken to identify and manage risks effectively. On an annual basis, organisational objectives are reviewed in order to identify and assess any potential risks to their achievement, and the level of risk is determined using a 5 x 5 likelihood and consequence risk matrix (see chart below):

Risk Matrix

Likelihood of occurrence	Consequence/ Severity				
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Almost Certain (5)	5	10	15	20	25

Where a risk is assessed as being particularly high, we look at what actions are required to help reduce its rating, such as putting in place additional staff or developing new policies. When there is confidence that steps have been put in place to reduce the risk, a residual (reduced) risk grading is applied.

To ensure a robust approach is taken for the management of risks, the CCG maintains a Risk Register which houses all risks that have been assessed as having a significant or major impact on achievement of the CCG objectives. New risks identified for inclusion on the risk register and assurance framework are assessed for likelihood and consequence using a 5 x 5 risk matrix in accordance with the CCG risk management strategy.

Any risk with an initial score of 15 or above (major risk) is reported to the Audit & Integrated Governance Committee as well as the actions that are being taken to reduce it, alongside any associated assurance processes. If following implementation of the specified actions the risk is higher than the organisations risk appetite, a request will be made for further action to be taken to reduce the likelihood and/or impact of the risk occurring. If this is not possible, the AIGC will consider acceptance of the risk ensuring appropriate contingency plans are in place to bring the risk exposure level (residual risk) to an agreed acceptable level.

To support the Governing Body in carrying out its duties with regards to Risk Management, the Audit & Integrated Governance Committee provide assurance through regular risk reports, that there are corresponding robust and adequately progressed risk mitigation plans in place, and that risks are regularly reviewed and updated.

Our Internal Auditors reviewed our Risk Management arrangements during quarter 1 of 2022/23 as part of a wider review also covering Governance arrangements, Financial Governance and the Transition Programme and the audit offered **significant assurance**.

The review confirmed that the CCG continued to maintain oversight of its risks throughout this period with high level monitoring being performed by the Audit & Integrated Governance Committee in accordance with its terms of reference.

Risk Management is embedded within the activities of the CCG through the risk process. All CCG senior managers are aware of their responsibilities in relation to the identification and management risks and must ensure that they are recorded on the Risk Register.

The risk register was reviewed during Q1 of 2022/23 by the Senior Leadership Team and they act on behalf of the Governing Body to ensure that mitigation plans are in place to manage the risks identified.

Staff and GPs are able to report any concerns through the incident reporting process which is openly encouraged, and each incident is reviewed and investigated as applicable.

All Governing Body and sub-committee meetings and Staff Meetings include ‘any Significant Safety Concerns’ as a standing agenda item which is considered at the beginning of meetings to ensure sufficient time is always available to permit thorough review.

The management of Serious Incidents has been outsourced to Hull CCG since 2016. The arrangements between the 2 parties are set out in a Memorandum of Understanding (MOU). This covers the serious incidents reported by the main providers for ERYCCG patients from Hull University Teaching Hospitals NHS Trust, Humber Teaching NHS Foundation Trust, City Health Care Partnership, Spire, and Yorkshire Ambulance Service.

Although the administration and management of serious incidents is outsourced, the CCG is heavily involved in requiring satisfactory resolution of incidents and assurances from providers that appropriate steps have been taken to prevent recurrence and these assurances and any updates on ongoing concerns have been regularly provided to our Governing Body.

Prevention of Risk

The risk management strategy is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. Governance and internal control of the organisation is an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the policies, aims and objectives of NHS East Riding of Yorkshire Clinical Commissioning Group
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically.
- Be a deterrent to risks arising (e.g. fraud deterrents)

The Audit & Integrated Governance Committee has assured itself that the organisation has adequate arrangements in place for countering fraud and reviews the outcomes of counter fraud work. It also approves and monitors the counter fraud work programme.

Management of current risks

Each risk on the risk register is reviewed at least quarterly by its risk owner. The CCGs Risk Lead (provided during 1 April to 30 June 2022 by the North of England Commissioning Support Service) meets with the risk owners to review and update their risks. The update details any additional controls or assurances that have been identified, revision of the risk rating and a progress update against recorded action plans.

A risk report is produced for the Senior Leadership Team which highlights any changes in risk rating, addition of new risks and removal of any fully treated risks from the Risk Register.

Capacity to Handle Risk

During Q1 of 2022/23, the CCGs Interim Accountable Officer remained ultimately accountable for ensuring sound systems for risk management are in place and implemented. There was also Executive Officer and management commitment to, and leadership of, the Risk Management Strategy and Policy at CCG level.

To successfully implement the Risk Management Strategy the CCG has periodically provided risk management training for staff and our Governing Body. We continue to recognise the need to be a ‘learning organisation’ and to continuously improve the way we do things by actively promoting and encouraging learning across all business activities; identifying things that could go wrong as part of a systematic approach to risk management; and seeking to increase engagement in proactive risk management and early intervention techniques.

Risk Assessment

The Board Assurance Framework notifies the AIGC of the major and significant risks in the Risk Register which have a residual risk score of 15 or above, which indicate that there is a significant (amber) / major (red) risk to the achievement of the CCG objectives.

Each risk is graded using the risk matrix, in order to establish its priority (grade). Risk assessment involves identifying concerns, evaluating the risk they pose, considering what control measures are currently in place and identifying what further control measures may be required to manage the risk.

The content of the Board Assurance Framework is agreed by the Senior Leadership Team.

As at the end of June 2022, the corporate risk register reflects 14 risks with an initial and / or residual score of major, details are provided below:

Risk Description	Likelihood x Consequence		Risk Rating	Likelihood x Consequence		Risk Rating
	L	C		L	C	
The climate emergency is a health emergency. Climate Change is occurring with a potential impact on health with worsening health inequalities; increase in breathing problems; mental health issues; increase in UV exposure - increase skin cancer and cataracts cases in the UK; toxic air - increase in respiratory diseases air pollution is linked to higher rates of cancer; increased in disease-spreading insects; communicable diseases become more common: water scarcity.	**5**	**4**	**20**	**4**	**4**	**16**
If the ICB does not commission timely, safe, sustainable, and effective care services then this may lead to reduced positive patient experience, outcomes, and potential harm - York FT	**4**	**5**	**20**	**4**	**5**	**20**
Due to the impact of the pandemic people have either been unable or have not wished to access services and treatment, this has resulted in an increase in the number of people on waiting lists and the numbers trying to access services. If the healthcare system is unable to support and manage safety this demand, then there is an increased risk to the ERY place population of poor health outcomes.	**5**	**4**	**20**	**5**	**4**	**20**
If the trajectory predicted by Hull University Teaching Hospital for patients waiting for treatment (including, Diagnostics, Cancer and RTT) continues due to the impact of COVID -19, then there is a risk to these patients sustaining clinical harm	**4**	**5**	**20**	**4**	**5**	**20**
If Hull University Teaching Hospital do not improve in a number of quality issues that have been identified at the Trust, then there is a risk that	**5**	**4**	**20**	**5**	**4**	**20**

patients may suffer harm and the ICB could suffer from damage to reputation.						
If the system is not able to support YAS 999 to be able to respond to calls in the timeframes described within the Ambulance response programme, then there is a risk that harm will occur to patients in the East Riding	5	4	20	4	4	16
Due to the business continuity issues that the East Riding of Yorkshire Council is facing around the brokerage of Domiciliary care packages, there is a risk that the ERY will not be able to deliver its responsibilities to its patients (via CHC) - this includes all patient groups, including fast track end of life patients	5	4	20	5	4	20
If East Riding place fails to strengthen the Primary Care Workforce, this may impact on the long-term sustainability of primary care resulting in the inability to deliver, quality, effective and accessible clinical services, and poor patient experience	4	5	20	4	4	16
Delays in accessing the right service at the right time: If the care provided by the unplanned care services across the system is not safe or of a high quality then there is a risk that patients will sustain harm and not have a positive experience.	4	5	20	4	4	16
If the CCG and partner agencies (LA and Humber CCG's) do not commission services to support and provide wrap around care to young adults with behavioural/mental health issues, then there is a risk that these individuals will become homeless and go into crisis meaning that their lives will be significantly impacted.	4	4	16	4	4	16
As a result of the transition to the ICS, there is a risk of insufficient work force, talent management and succession planning system wide which could lead to an inability to deliver the organisation's statutory duties and objectives.	4	4	16	4	4	16
If Northern Lincolnshire and Goole Hospital trust does not improve at pace with support from the commissioners following the last CQC inspection, then the CCG's patients that access their services will not receive safe, sustainable for effective care.	4	4	16	4	3	12
If the CCG and partner agencies (LA and Humber CCG's) do not commission services to support and provide wrap around care to adults with LD and or Autism, then there is a risk that these individuals will become homeless and go into crisis meaning that their lives will be significantly impacted.	3	5	15	3	4	12

CAMHS eating disorder referrals and caseload have increased significantly and core CAMHS is receiving a much larger proportion of urgent referrals than pre-Covid. This is creating the risk that the service will be unable to meet the needs of the population which could impact on the wider system in terms accessing inappropriate services. If needs remain unmet, they may escalate to the point of requiring higher cost services.	**4**	**3**	**12**	**4**	**4**	**16**

Effective management and monitoring of the above risks and the timely reporting of these risks (through its Board Assurance Framework and Corporate Risk Register) has ensured that clear controls and assurances have been identified to manage and mitigate these areas of concern and in a number of cases, the residual risk score has decreased. Where there remain gaps in control and assurance, these are being actively monitored and managed via clear action plans and progress is routinely reported to the Audit & Integrated Governance Committee acting on behalf of the Governing Body.

Other sources of assurance

Internal Control Framework

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

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

Annual audit of conflicts of interest management

In February 2017 NHS England published new cross-system guidance on Managing Conflicts of Interest in the NHS. Specific guidance for CCGs was issued in June 2017 in the form of 'Managing conflicts of interest: Revised statutory guidance for CCGs 2017'. This guidance requires that all CCGs undertake an audit of conflicts of interest management on an annual basis. The results of the audit are required to be reflected in the CCG's annual governance statement and should be discussed in the end of year governance meeting with NHS regional teams.

Our Internal Auditors (Audit Yorkshire) recently concluded their 2021/22 year-end assessment work; the overall objective of the review was to provide assurance on the arrangements to manage conflicts of interest, in particular whether they comply with legislative requirements. The following control objectives were determined for the review:

- The CCG's arrangements comply with the requirements specified in the 'Managing conflicts of interest: Revised statutory guidance for CCGs 2017' or the 'NHS Oversight Framework 2019/20: CCG Metrics Technical Annex'.
- The CCG registers are managed and administered in line with the statutory guidance.

- The CCG has processes in place to identify, declare and manage conflicts of interest in respect of commissioning decisions, including primary medical services commissioning.
- All CCG staff and the staff from member practices that are involved in CCG decision making have completed their mandatory online conflicts of interest training.
- The recommendations made in the 2020/21 Conflicts of Interest Audit Report (ref. 2020/21-01) are fully implemented.

The audit concluded that *'the CCG can demonstrate that there are effective arrangements in place to manage conflicts of interest in how the CCG conducts its business. Testing found that they are acting fairly and transparently and in the best interests of their patients and local populations through managing conflicts of interest as part of their day-to-day activities' and the review offered an overall assurance of 'High'.*

Data Quality

The CCG Governing Body is advised by its 'In Committee' Quality, Performance & Finance meetings as to the maintenance of a satisfactory level of data quality available to the CCG and the CCG maintains a process of continuous data quality improvement.

In accordance with the UK Corporate Governance Code (referred to earlier), the Council of Members, Governing Body and sub-committee members have been provided with a range of strategic information covering quality, finance, performance, strategy, policy and risk throughout the year in a form and of a quality appropriate to enable them to discharge their duties.

Information Governance

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

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have established an information governance management framework and have developed information governance processes and procedures in line with the information governance toolkit. During 2021/22 NHS Hull and NHS East Riding Clinical Commissioning Groups (CCG) established a Joint Information Governance Steering Group (IGSG). The purpose of the group is to oversee and drive the broader Information Governance Agenda, the implementation of the CCG's Information Governance Framework, including identifying lines of accountability and to ensure that information governance practices and procedures are embedded throughout the CCGs. This group provides the Audit and Integrated Governance Committee (AIGC) with the assurance that effective information governance best practice mechanisms and controls are in place within the organisation.

We have ensured staff undertake annual information governance training, we maintain through our IG Team a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities and we provide regular IG training sessions and IG updates through monthly staff meetings and staff briefings.

There are processes in place for incident reporting and investigation of serious incidents. We continue to develop information risk assessment and management procedures and a programme has been established to fully embed an information risk culture throughout the organisation against identified risks.

Risks to data security are managed through our suite of information governance policies and any data security incidents are reported through the CCG's incident reporting system (Safeguard) and notified to the Information Governance Delivery Manager for investigation.

The CCG has published a Privacy or Fair Processing Notice on its website http://www.eastridingofyorkshireccg.nhs.uk/how-we-use-your-information-fair-processing-notice/staff-fair-processing-note/ which informs what personal information the CCG holds and processes, the legal basis for doing so and the purposes. This notice was reviewed within year to ensure its accuracy.

The Data Security and Protection (DSP) Toolkit replaced the previous Information Governance toolkit from April 2018. The DSP Toolkit is an online self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly. Whilst CCGs were required to complete the DSP Toolkit for 2021/22, with a deadline of 30 June 2022, CCGs were not required to complete a baseline assessment for 2021/22 and not required to complete a DSP Toolkit audit for 2021/22. Looking forward, Integrated Care Boards (ICBs) whilst not required to complete the DSP Toolkit for 2021/22 will be required to complete it in 2022/23.

During 2021/22 and into 2022/23, the CCG's Information Asset Register (IAR) was again extensively reviewed and updated to ensure that information flows were fully accounted for and analysed. This work, which built upon work which commenced in 2016/17, was conducted with the aim of identifying and recording information assets so that Information Asset Owners could be assigned, and risks could be assessed.

The CCG further recognises the importance of maintaining data in a safe and secure environment. During quarter 1 of 2022/23, no significant data breaches have been reported by the CCG.

Business Critical Models

The CCG and its key support services partners during 2021/22 (and through quarter 1 of 2022/23) continued to recognise the principles as reflected in the Macpherson report as a direction of travel for business modelling in respect of service analysis, planning and delivery.

Each year, as part of the organisations ongoing risk processes the CCG undertakes risk assessments which cover our business-critical models (including the key areas of service provision and delivery).

A range of quality assurance systems are currently in place to manage our business risks including:

- Business Intelligence reporting / financial reporting
- Customer feedback

- Risk Assessment (including risk registers and an assurance framework)
- Internal and External Audit
- Executive Leads with clear work portfolios
- Policy control and review processes
- Public and Patient Involvement and Engagement
- Third Party Assurance mechanisms (Service Auditor reports / NHSE&I – EPRR / Business Continuity etc)
- Triangulation of patient experience, complaints, concerns and quality data reports.

We can confirm that all of these quality assurance processes are used across our business-critical areas as appropriate.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e., the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management, and approved by the Audit & Integrated Governance Committee, which aims to provide a reasonable level of assurance subject to any inherent limitations.

The Head of Internal Audit opinion provided includes opinion on the Assurance Framework, and the risk-based audit assignments across the critical business systems to inform the Annual Governance Statement. The Head of Internal Audit Opinion does not imply that Internal Audit have reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its Annual Governance Statement.

Third party assurances

During 2021/22 (and through quarter 1 of 2022/23) the CCG continued to contract with a number of external organisations for the provision of back-office services and functions. Assurances on the effectiveness of the controls in place for these are received in part from an annual Service Auditor Report from the relevant service.

The CCG receives financial transaction and reporting services from the NHS Shared Business Services (SBS). Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives financial transaction and reporting services from NHS Business Services Authority with regards to prescribing. Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives financial transaction services from NHS Digital with regards to GP Payments. Service auditor reports are received on an annual basis and gives assurance on this business arrangement.

The CCG receives payroll services from the national NHS Electronic Staff Record (ESR), administered by Victoria Pay Services. Service auditor reports are also received on an annual basis and gives assurance on this business arrangement.

The CCG receives Individual Funding Request (IFR), Medicines Management, Non-Contract Activity support & Data Services for Commissioning Regional Offices support (DSCRO) from North East Commissioning Support (NECS).

Assurance is gained through regular contract monitoring and review meetings where outstanding issues are raised and resolved, and future improvements are discussed and agreed.

For each of the material systems where third parties handle transactions the CCG has gained assurance via the following:

Work undertaken by Audit Yorkshire (our Internal Auditors)

Internal work undertaken by the CCG.

External assurance. (Please note Service Auditor Reports are only produced annually so not available for accounts to 30 June 2022)

There were a number of qualified Service Auditor Reports for 2021/22 and these were summarised in our full Annual Governance Statement for 2021/22. We were assured that actions were being taken to address the concerns identified and a further update will be provided in the successor body Annual Report for 2022/23.

Review of economy, efficiency & effectiveness of the use of resources

Section 5.2 of the CCG's Constitution (under General Duties) outlines the functions that the Clinical Commissioning Group is responsible for exercising with specific reference at 5.2.3 to the need of the organisation to act effectively, efficiently, and economically by:

a) Delegating responsibility for this function to the Governing Body.

b) Discharging duties in accordance with a Scheme of Delegation, approved by the Council; and

c) Monitoring the delivery of the Group's general duties through the Group's reporting mechanisms.

Furthermore, at section 6.6.1 of the CCG's Constitution, one of the functions the Governing Body has conferred on it by sections 14L(2) and (3) of the 2006 Act, inserted by section 25 the 2012 Act is to ensure that the group has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function).

Section 7.6 of the CCG's Constitution delegates responsibility to the Chief Finance Officer to 'advise the Governing Body on the effective, efficient and economic use of the group's allocation to remain within that allocation and deliver required financial targets and duties'. The mechanism to report this is through the Corporate Performance Report.

Internal Audit is responsible for assessing the effectiveness of the system of internal control within the CCG, details of which are summarised in the Head of Internal Audit Opinion Statement which is presented to the Governing Body and Audit and Integrated Governance Committee annually.

Third party assurances (where available) are provided where services are provided by external bodies.

Delegation of functions

Annex 3.1 of 'Managing Public Money (July 2013 with annexes revised as at July 2015) lists feedback from delegation chains as a key input to the governance statement.

The CCG's Accountable Officer (AO) delegates responsibilities within the organisation so as to control its business and meet the standards set out in Annex 3.1 of the above guidance. The systems used to do this provide adequate insight into the business of the organisation and its use of resources to allow the AO to make informed decisions about progress against business plans and, if necessary, with the support of the Senior Leadership Team and Governing Body, steer performance back on track.

The CCG considers a wide range of feedback received through the delegation of functions both internally and externally to the organisation. This extends to the use of resources, response to risks and the extent to which in-year targets (e.g., budgets) have been met.

Feedback is received through the receipt of information and assessments to generate a full appreciation of performance and risks as they are perceived from within the organisation (our governance structures support this approach). In addition, we encourage:

- end-to-end assessments of processes
- a high-level overview of the organisation's business so that systemic risks can be considered.
- any evidence from internal control failures or poor risk management (captured through Internal Audit reviews, ongoing risk evaluation, incident reporting etc); and
- Potentially, information from whistle-blower's.

The issues identified through these activities are dealt with adequately elsewhere within the annual governance statement; ongoing assessment of feedback from delegation chains is undertaken and acted upon where necessary.

Counter fraud arrangements

The Audit and Integrated Governance Committee 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 a team of accredited Counter Fraud Specialists (LCFS) that are contracted to undertake counter fraud work proportionate to identified risks.

In March 2022 the NHS Counter Fraud Authority (NHSCFA) issued the most recent iteration of the Government Functional Standard GovS 013: Counter Fraud (Functional Standard), which was initially introduced in February 2021.

The standard outlines an organisation's corporate responsibilities regarding counter fraud and the key principles for action. In March 2021 the LCFS produced an annual counter fraud plan 2021/22 aligned to the standards, which was followed by a Quarter 1 2022/23 counter fraud plan. The Quarter 1 workplan is intended to provide the organisation a counter fraud provision and manage transitional risks prior to the introduction of the ICB. The plan was reviewed and approved at the June 2022 Audit Committee.

The CCG's Audit Committee reviews and approves the annual counter fraud plans, which identify the actions to be undertaken to promote an anti-fraud culture, prevent and deter fraud and investigate suspicions of fraud. The LCFS also produces an annual report for the CCG and regular progress reports for the review and consideration of the Chief Finance Officer and the Audit Committee.

The Chief Finance Officer for the CCG is proactively and demonstrably responsible for tackling fraud, bribery and corruption and the LCFS regularly attends the Audit Committee. The CCG has also appointed an officer at the CCG as a Counter Fraud Champion to assist and support the work of the LCFS.

The LCFS completes an annual self-assessment of compliance against the NHSCFA's standards, which is reviewed and approved by the Chief Finance Officer and Audit Committee Chair prior to submission to the NHSCFA. The 2021/22 was completed and submitted to the NHSCFA in May 2022, which recognised the CCG as being 'green' overall identifying that the organisation was fully compliant against 12 of the 13 requirements that make up the standard.

A summary of the return is included within the Annual Counter Fraud Report 2021/22, which was submitted to the CCG's June 2022 Audit Committee for review.

Head of Internal Audit Opinion

The Head of Internal Audit Opinion forms part of the Annual Report for NHS East Riding of Yorkshire Clinical Commissioning Group, in which the planned internal audit coverage and outputs during the period 1 April to 30th June 2022 and Audit Yorkshire's Key Performance Indicators (KPIs) are detailed.

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

The overall opinion for the period 1 April 2022 to 30 June 2022 provides Significant Assurance, that that there was a good system of internal control designed to meet the organisation's objectives, and that controls were generally being applied consistently.

The audit programme at the CCG has also been undertaken in the context of the imminent transition to Integrated Care Boards (ICBs). An element of internal audit work during 1st April to 30th June has been to support and provide assurance on this transition process.

The basis of Internal Audit's opinion was the assurances obtained from across the organisation's critical business systems; specifically audit reviews covering the following key areas:

- Governance arrangements
- Risk Management
- Transition Programme
- Financial Governance
- An assessment of Outstanding Audit Recommendations and Risks

The outcome from Internal Audit Work for Quarter 1 of 2022/23 was as follows:

Governance arrangements - It was confirmed that good governance arrangements were maintained in the period under review. It was also confirmed that potential conflicts of interest continued to be recorded and reported in meetings in line with the statutory guidance for the 'Management of Conflicts of Interest'. The Declaration Register, Gifts and Hospitality Register and Contracts Register all remained up to date during Quarter 1 of 2022/23.

Risk Management – it was confirmed that the CCG continued to maintain oversight of its risks throughout this period with high level monitoring being performed by the Audit & Integrated Governance Committee in accordance with its terms of reference.

Transition Programme – a review of the final due diligence position and process as at 31 May 2022 was undertaken in readiness for the Accountable Officer letter sent on 1 June 2022 to the designate ICB Chief Executive, and NHS England and Improvement (NHSEI) Regional lead. An opinion of **Significant Assurance** was provided.

Financial Governance – Internal Audit conducted focussed testing to confirm that key financial controls continued to operate during this period. It was confirmed that approval of orders and invoices agreed to the Operational Scheme of Delegation. Extensive work was undertaken to manage debtor and creditor balances in readiness for the transition to the ICB. Control accounts continued to be reconciled and appropriately approved, whilst controls over journals and user access to the financial ledger were maintained.

An assessment of Outstanding Audit Recommendations and Risks - Work continued to track and update outstanding audit recommendations so that a final position was established for transfer to the ICB. The position for Quarter 1 as at 30 June 2022 was:

Overdue	Overdue with Revised Date	Not Yet Due	Implemented	Total	% Overdue
0	0	0	5	5	0%

No legacy recommendations have therefore been reported to the Humber and North Yorkshire ICB.

As can be seen from the outcomes above, the CCG has maintained excellent internal control during a period of significant change and challenge.

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

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principles objectives have been reviewed. As described above, I am assured by our Internal Auditors that the CCGs Assurance Framework provides the CCG with a comprehensive mechanism for the management of the principal risks to meeting its strategic objectives and supports the compilation of this quarter 1 Annual Governance Statement.

I have been advised of the result of the effectiveness of the system of internal control by Internal Audit as well as other explicit review / assurance mechanisms and the work of the Governing Body, the Audit & Integrated Governance Committee, and Senior Leadership Team, where appropriate, and plans to address weaknesses and ensure continuous improvement of the system are in place and are continually reviewed.

As described earlier, the Governing Body plays a key role in ensuring that the organisation consistently follows the principles of good governance applicable to NHS organisations. This includes the oversight of systems and processes for financial control, organisational control, clinical governance and risk management.

The Audit & Integrated Governance Committee (AIGC) has a clear mandate to review the system of integrated governance, risk management and internal control, across the whole of the CCG's activities that support the achievement of the CCG's objectives, and this is reflected within the CCG's constitution and the AIGC's Terms of Reference. The AIGC has a clear work plan, refreshed in year and annually which ensures that it covers all necessary business activities as defined in the NHS Audit Committee Handbook.

The Quality, Performance & Finance Committee and Service Re-design and Commissioning Committee (SRCC) also have key roles to play in maintaining effective internal control across critical business systems such as risk, clinical governance, quality improvement, planning, commissioning, and procurement of commissioning related business.

The CCG and the population it serves benefits from excellent partnership working with the East Riding of Yorkshire Council. A wide range of officers has strengthened this collaboration through addressing the COVID pandemic and in seeking to reduce health inequalities. Leadership collaboration has been reinforced though the Joint Health and Care Committee, which is chaired by the CCG's Lay Vice Chair.

Conclusion

With the exception of the risks that I have outlined in this statement, my review confirms that the clinical commissioning group overall has a sound internal control framework which includes robust governance and risk management systems that support the achievement of its policies, aims and objectives. We continue to put in place mitigating actions to address those risks that have been identified; no other significant control issues have been identified in year.

As highlighted within the report, the CCG has significant and realised risks in relation to provider performance against NHS Constitutional targets and there has been a significant and continued impact on performance throughout 2021/22 and quarter 1 of 2022/23 due to COVID-19.

The Covid-19 pandemic has meant that since March 2020, this has been the most challenging period for the NHS in its history. Despite the challenges, notable success has been achieved in supporting the most vulnerable and ensuring that local NHS services have not been overwhelmed. However, the consequences of the protracted lockdown are significant with backlogs in NHS waiting lists, the human and systemic impact on the Care sector, suppressed demand into mental health and cancer services (among others) with new demand emerging.

From 1 July 2022 Clinical Commissioning Groups (CCGs) will be dissolved and NHS Integrated Care Boards (ICBs) will be the organisations with responsibility for NHS functions and budgets. NHS Humber and North Yorkshire ICB will be responsible for the NHS spend and performance of 1.7 million people, covering a diverse region which includes North Yorkshire, Vale of York, Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire.

Place Committees will enable increased autonomy and delegation of local decision making to a formal Joint Committee. It is anticipated that these Place Committees will receive delegated duties and resources from the ICB to make decisions about resourcing and services. They will also undertake joint decision-making at a place level with Local Authority, VCSE and other bodies to improve local services and outcomes.

The effects of this legislation will have far reaching consequences which are being worked through currently, with opportunities maximised and risks mitigated. Notwithstanding the imminent legislative changes, throughout 2021/22 and quarter 1 of 2022/23 our focus has steadfastly remained on supporting and caring for the people of the East Riding through clear, agreed priorities.

Remuneration and Staff Report

Remuneration Committee

The Remuneration Committee is a statutory requirement of any NHS organisation. As such the Remuneration Committee has been established in accordance with good governance and its role is reflected in the CCG's Constitution. Members of the Remuneration Committee must be drawn from the Governing Body.

No meetings were deemed necessary during April to June 2022.

Policy on the remuneration of senior managers

In determining the remuneration for Very Senior Manager (VSM) posts, the CCG consider the principles of national guidance, where available, as well as finding from local benchmarking and other external factors e.g., NHS Pay Review Body pay circulars and local organisational context.

Remuneration of very senior managers

National advice received in September 2021 included a caveat that the CCG's Remuneration Committee may use its discretion to consider awarding non-consolidated pay awards. The CCG do not consider such awards.

The tables below show the CCG's Senior Managers Remuneration, including salary and pensions benefits for the reporting period 1 April 2022 – 30 June 2022.

SALARIES AND ALLOWANCES (subject to audit)		Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Full Year Equivalent Salary (bands of £5,000)
Name	**Title**	**£000's**	**£s**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Tracey Craggs	Interim Director of Nursing and Quality	20-25	0	0	0	0	20-25	100-105
Richard Dodson	Chief Finance Officer	25-30	0	0	0	7.5-10	35-40	110-115
Emma Latimer*	Interim Accountable Officer	10-15	200	0-5	0	0	15-20	150-155
Paula South	Interim Chief Operating Officer	25-30	1000	0	0	7.5-10	35-40	110-115
Dr David Fitzsimons	GP Governing Body lead with oversight of the Vulnerable People Services across East Riding	10-15	0	0	0	2.5-5	15-20	40-45
Dr Richard Little	GP Governing Body lead with oversight of the Hull University Teaching Hospital Health System	10-15	0	0	0		10-15	40-45
Andrew Middleton	Lay Member (Vice-Chair)	0-5	0	0	0		0-5	15-20
Sally-Anne Spencer Grey	Lay Member – Patient & Public Participation / Patient Champion	0-5	0	0	0		0-5	15-20
Martin Wright	Lay Member, Audit & Governance	0-5	0	0	0		0-5	10-15
Dr Faisel Baig	Interim CCG Clinical Chairperson							
Andrew Kingdom	Head of Public Health (Statutory Director of Public Health) at East Riding of Yorkshire Council							

Denotes employees who are either not direct employees of the CCG or are employees of the CCG who are not contributing to the NHS non-practitioner pension scheme as a consequence of their CCG role

*Emma Latimer was in joint posts with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS East Riding CCG, however Emma Latimer's respective salary banding is £150 - £155k

An entitlement to Performace Related Pay (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.

All Pension Related Benefits is the increase in the annual pension entitlement determined in accordance with the HMRC method. This compares the accrued pension and the lump sum at age 60 at the end of the financial year against the same figures at the beginning of the financial year, after removing the individual's contributions and adjusting 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 CCG Annual Reporting Guidance).

The 'Total' column is not a representation of remuneration received by the CCG's senior employees in 2022-23. The total reflects a combination of the annual remuneration received and a forecast of the increase in future pension entitlements (as detailed in the calculation above).

PENSIONS BENEFITS (subject to audit)		**Real Increase in pension at pension age (bands of £2500)**	**Real increase in pension lump sum at pension age (bands of £2500)**	**Total accrued pension at pension age at 30 June 2022 (bands of £5000)**	**Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5000)**	**Cash Equivalent Transfer Value at 1 April 2022**	**Real increase in Cash Equivalent transfer value**	**Cash Equivalent transfer value at 30 June 2023**	**Employer's contribution to stakeholder pension**
Name	**Title**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Tracey Craggs	Interim Director of Nursing and Quality	0	0	40-45	95-100	863	2	872	0
Richard Dodson	Chief Finance Officer	0-2.5	0-2.5	45-50	95-100	866	10	886	0
Emma Latimer*	Interim Accountable Officer								
Paula South	Interim Chief Operating Officer	0-2.5	0-2.5	40-45	130-135	1030	12	1054	0
Dr David Fitzsimons	GP Governing Body lead with oversight of the Vulnerable People Services across East Riding	0-2.5	0-2.5	20-25	40-45	321	3	328	0
Dr Richard Little	GP Governing Body lead with oversight of the Hull University Teaching Hospital Health System								
Andrew Middleton	Lay Member (Vice-Chair)								
Sally-Anne Spencer Grey	Lay Member – Patient & Public Participation / Patient Champion								
Martin Wright	Lay Member, Audit & Governance								
Dr Faisel Baig	Interim CCG Clinical Chairperson								
Andrew Kingdom	Head of Public Health (Statutory Director of Public Health) at East Riding of Yorkshire Council								

[grey box] Denotes employees who are either not direct employees of the CCG or are employees of the CCG who are not contributing to the NHS non-practitioner pension scheme as a consequence of their CCG role.

It is important to note that the pension values for the GPs of the Governing Body relate to their non-practitioner employment only as provided by the Business Services Authority. Whilst this will include, from 1st April 2014, the work undertaken in their capacity as a senior manager of the CCG it might also include other non-practitioner work. These pension values will also include contributions made in previous employments in a non-practitioner role.

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.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023.

HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Benefits and related CETVs do not allow for any potential future adjustment arising from the McCloud judgement.

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).

Staff Report

CCG Staff numbers Quarter 1 - 2022 (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 East Riding of Yorkshire CCG between 1 April 2022 and 30 June 2022.

Pay band	Total
Band 8a	21
Band 8b	9
Band 8c	9
Band 8d	0
Band 9	1
VSM	2
Governing body	15*
Any other spot salary	18**
Assignment category	Total
Permanent	113
Fixed term	12
Statutory office holders	9
Bank	1
Honorary	11

* Also included in other spot salary section

**Including apprentices/non agenda for change/GP/Lay Members etc

Gender composition for staff, Governing Body and Council of Members Quarter 1 -2022

Between 1 April 2022 and 30 June 2022, the gender composition of the NHS East Riding of Yorkshire CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)	8	7
CCG Membership (Council of Members)	3	26

The gender composition for NHS East Riding of Yorkshire CCG employees at 30 June 2022 was as follows:

Pay band	Female	Male
Band 8a	18	3
Band 8b	9	0
Band 8c	6	3
Band 8d	0	0
Band 9	1	0
VSM	1	1
Governing body***	8	7
Any other spot salary	9	9
All other employees	69	14

*** Includes VSM staff

Sickness Absence Data

The sickness absence data for NHS East Riding of Yorkshire CCG between 1 April 2022 and 30 June 2022 is below:

Absence	Total
Average sickness %	6.97%
Total number of FTE days lost	882

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 https://www.eastridingofyorkshireccg.nhs.uk/publications/policies/

Turnover

The average staff turnover for NHS East Riding of Yorkshire CCG between 1 April 2022 and 30 June 2022 is below:

Turnover	Total
	6.2%

Average turnover rates within NHS East Riding of Yorkshire 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 engagement, workforce health and wellbeing

A staff engagement survey was carried out across the six Humber Coast and Vale CCGs in April 2022. The survey was designed to obtain anonymous feedback on staff experience of working for the CCG over the previous 12 months. The questions covered the following areas together with the opportunity to provide feedback via a free text question:

- Your job
- Your team
- People in your organisation
- Your managers
- Your health, wellbeing and safety at work
- Your personal development
- Your organisation
- Your experience during the COVID-19 pandemic.

69% of ERY CCG's staff participated in the survey, which was above the average of 64% across the 6 CCGs. The overall survey results for the CCG were generally positive and have been shared with both the Senior Leadership Team (SLT) and the Humber Social Partnership Forum (SPF). An action plan is currently being developed with the support of SPF. The areas for development and areas of strength together with the action plan will be shared with staff.

Below are details of further activities undertaken to support staff engagement and workforce health and wellbeing:

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 & guides, national Health and Wellbeing Apps and useful websites to support wellbeing whilst staff continue to work predominately from home. A large number of staff have accessed 1:1 coaching support and training opportunities for those interested in becoming a qualified coach have also been offered.

NHS East Riding of Yorkshire CCG provides support to physical and emotional wellbeing through management and self-referral to Occupational Health services, including the ability to access counselling sessions and access to colleagues who are trained Mental Health First Aiders. Staff and their immediate family members also have access to an Employee Assistance Programme; a support network that offers expert advice and compassionate guidance 24/7 covering a wide range of issues. Services include legal information, online CBT and bereavement support. In addition, staff also have access to a wellbeing portal which offers a virtual library of wellbeing information. The articles and self-help guides available through this library provide support on a range of health and advisory issues as well as instant guidance to aid physical and mental health. A smartphone app is also available as part of the support which includes access to features such as a weekly mood tracker, mini health checks and breathing techniques.

NHS East Riding of Yorkshire CCG have also run 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 an integral part of the People Promise – "we each have a voice that counts" and provides regular insight into the working experience of staff to support actions for improvement. As a result of this survey a working group was established with representatives from the staff health and wellbeing group to create a 'lunch break challenge' which ran throughout the month of June with the aim of encouraging more staff to take their lunch break every day. A number of employees across the Humber and North Yorkshire patch took part in the challenge which involved doing a different activity every day on your lunch break and 2 prizes were awarded at the end of the month.

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

Staff consultation – Abolishment of CCGs and establishment of Integrated Care Boards

In anticipation of the abolishment of CCGs on 30 June 20022 and the establishment of the Integrated Care Boards on 1 July 2022, a formal consultation with Trade union representatives via the Humber, Coast & Vale Social Partnership Forum and staff of the 6 Humber Coast and Vale CCGs: Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, North Yorkshire and Vale of York. commenced 4 April 2022 and concluded on 6 May 2022. The consultation concerned the intent to transfer the employment of the staff from the 6 CCGs to the Humber and North Yorkshire Integrated Care Board (the ICB) together with proposed measures in connection with the transfer. The consultation did not cover structures for the ICB.

The following cohorts will transfer into the ICB:

- All permanent CCG employees
- All CCG employees on a Fixed Term Contracts that go beyond 30 June 2022
- Agency Work arrangements that go beyond 30 June 2022*
- Secondments into the CCG that go beyond 30 June 2022**

*Novation of contract, not transfer of employment

**Secondment will transfer into the ICB, continue to be employed by substantive employer

Employees will transfer on their existing terms and conditions of service, with staff below board level covered by an employment commitment and will lift and shift into the new organisation. Post transfer as a result of several sender organisations coming together, there may be a change to job titles, functions, roles to align with the way place partnership of the ICB is going to work, with any changes being discussed on an individual 1:1 basis. Consultation with staff not covered by the employment commitment commenced prior to transfer and any staff in place at transfer date will also form part of the transfer scheme, transferring into the ICB either in a new designate role or in a displaced position.

The legal mechanism for the transfer of staff from the CCG to the ICB was a statutory transfer order made by NHS England, ensuring the protection of employees' substantive terms and conditions of employment. The process followed the legal requirement of the Transfer of Undertaking (Protection of Employment) Regulations (TUPE) and the Cabinet Office Statement of Practise "Staff Transfer in Public Sector" (COSOP). The Trade Union Colleagues and the Designate ICB Executives have been working in partnership to ensure a safe transfer of staff.

A regular series of FAQ's were issued during the consultation period and staff invited to request either a formal or informal 1-2-1 meeting.

Recognising the potentially challenging time for staff, a number of services, resources and initiatives were in place to support staff to improve or maintain positive mental and physical wellbeing. These include Employee Assistance Programme (EAP), Self-referral and line management referral to Occupational Health, First line mental health support through to targeted support offered by the Resilience Hub provided by mental health professions, 'Our People' app, local Humber Resources and Organisational Development Business Partnering team and Trade Union Representatives.

It is the intention of the ICB to have a single suite of employment policies for all newly appointed staff or those who change their contract with the ICB following transfer. These have been developed in consultation with Trade Union representatives.

For exiting employees, it is the intention of the ICB to have a suite of non-contractual policies and procedures. In partnership with SPF, the HR team has developed a single suite of non-contractual policies. Following an extensive comparison of each CCG's policies it was proposed the policy with the most up to date best practice be adopted by the remaining CCGs. Staff were invited to provide feedback on how the policies varied from their current CCG policies and whether they were in in agreement with the proposed policies applying to them. In line with TUPE, existing staff will transfer with their existing contractual policies.

During the comparison of policies, the HR team identified there were both contractual and non-contractual policies due for review across all 6 CCGs. A full review of these policies took place and were updated to ensure they reflected up to date best practice. Staff were invited to feedback and comment on the content of these polices. All feedback and views on the content of these policies was incorporated into the policy, where appropriate. These policies are listed below:

- Managing Work Performance Policy
- Disciplinary Policy
- Redeployment Policy
- Induction and Probation
- Recruitment and Selection
- Flexible Working

Trade Union Facility Time

Other employee matters

Recognising the benefits of partnership working, East Riding of Yorkshire CCG is an active member of the Humber and North Yorkshire CCG Social Partnership Forum which is organised by the Human Resources Team. The forum works across the 6 Humber CCGs: Hull, East Riding of Yorkshire, North Lincolnshire, North Yorkshire, Vale of York and North-East Lincolnshire CCG. 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 both the Humber Coast and Vale SPF. HR policies are reviewed, and job descriptions evaluated and banded in partnership with staff side colleagues.

Facility time is paid time off during working hours for trade union representative to carry out trade union duties. To promote transparency and allow for public scrutiny, the Trade Union (Facility Time Publication Requirements) Regulations 2017 require all public-sector organisations that employ more than 49 full-time employees to submit data relating to the use of facility time in their organisation.

Number of trade union representatives in organisation	1
Percentage of time spent on facility time	0.13 %
Amount spent on facility time	0.844

Diversity and Inclusion

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

- Staff Induction

- Dignity and Respect
- Attendance Management
- Recruitment and Selection
- Agile Working
- Menopause
- Flexible Working

The CCG has adopted an agile working policy which allows employees greater flexibility in how they manage their work and personal life and offers more choice in when and where employees undertake their role. This will benefit staff with various protected characteristics.

The CCG has also reviewed their Attendance Management policy in 2022 which now includes the provision of disability leave to help employees manage their disability and will be launched in the near future.

Our policies are available at https://www.eastridingofyorkshireccg.nhs.uk/publications/policies/

The CCG has continued to increase knowledge and support for people going through menopause and continued to promote the menopause policy. Numerous training events have been held educating both managers and employees on menopause and the CCG is working towards becoming a menopause friendly accredited organisation.

The HR team have run multiple recruitment and selection training sessions for employees to attend to raise awareness and knowledge on unconscious biases, equality legislation, improving diversity and positive action.

The CCG does not have any targets set in relation to diversity and inclusiveness.

Staff Policies

When transferring to the ICB it is the intention of the ICB to have a single suite of employment policies for all newly appointed staff or those who change their contract with the ICB following transfer. These have been developed in consultation with Trade Union representative. For exiting employees, it is the intention of the ICB to have a suite of non-contractual policies and procedures. In partnership with SPF, the HR team has been developing a single suite of non-contractual policies. Following an extensive comparison of each CCG's policies it was proposed the policy with the most up to date best practice be adopted by the remaining CCGs. Staff were invited to provide feedback on how the policies varied from their current CCG policies and whether they were in in agreement with the proposed policies applying to them. In line with TUPE, existing staff will transfer with their existing contractual policies.

During the comparison of policies, the HR team identified there were both contractual and non-contractual policies due for review across all 6 CCGs. A full review of these policies took place and were updated to ensure they reflected up to date best practice. Staff were invited to feedback and comment on the content of these polices. All feedback and views on the content of these policies was incorporated into the policy, where appropriate. These policies are listed below:

- Managing Work Performance Policy
- Disciplinary Policy
- Redeployment Policy
- Induction and Probation
- Recruitment and Selection
- Flexible Working

Our policies are available at https://www.eastridingofyorkshireccg.nhs.uk/publications/policies/

Off-payroll engagements

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 30 June 2022 for more than £245(1) per day:

	Number
Number of existing engagements as of 30 June 2022	6
Of which, the number that have existed:	
for less than one year at the time of reporting	0
for between one and two years at the time of reporting	1
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	2

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

East Riding CCG can confirm that all existing off-payroll engagements have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

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

For all off-payroll engagements between 1 April 2022 and 30 June 2022, for more than £245(1) per day.

	Number
No. of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Of which:	
No. not subject to off-payroll legislation(2)	0
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	0
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	0
the number 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

(1) The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

(2) A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

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 1 April 2022 and 30 June 2022:

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.	4

Fair Pay Disclosure

Percentage Change in Remuneration of Highest Paid Director

	Salary and allowances	Performance pay and bonuses
The percentage change from the previous financial year in respect of the highest paid director	-3.6%	-66.7%
The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole.	-6.9%	0.0%

in 2022/23 there has been no change in respect of highest paid director. The reduction of 3.6% was due to reduced benefit in kind. The performance pay was significantly reduced in 2022/23.

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 show the salary component.

The banded remuneration of the highest paid director/member in East Riding CCG in the financial period 1 April 2022 to 31 Jun 2022 was £135-140k (-4% against 2021/22: £140-145k).

The remuneration of the highest paid director/Member has decreased slightly due to reduced Benefit in Kind in 2022/23.

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

Quarter 1 2022-23	25th percentile	Median	75th percentile
Total remuneration (£)	£31,996	£43,808	£54,619
Salary component of total remuneration (£)	£31,996	£43,808	£54,619
Pay ratio information	4.30	3.14	2.52
2021-22			
Total remuneration (£)	£25,269	£40,057	£53,219
Salary component of total remuneration (£)	£24,882	£40,057	£53,219
Pay ratio information	5.73	3.56	2.68

In Quarter 1 2022/23, 8 (2021/22, 8) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £19.8k to £187.7k (2021/22: £17.4k - £187.7k)

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 changes in ratios and percentages reflect the decrease in remuneration package of the highest paid Very Senior Manager.

Parliamentary Accountability and Audit Report

East Riding of Yorkshire Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report on pages 99 to 119. An audit certificate and report is also included in this Annual Report on pages 91 to 95.

The Annual Accounts

FOREWORD TO THE ACCOUNTS

These accounts for the year ended 30 June 2022 have been prepared by the East Riding of Yorkshire Clinical Commissioning Group (NHS ERYCCG) 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.

Independent auditor's report to the Board of NHS Humber & North Yorkshire Integrated Care Board in respect of NHS East Riding of Yorkshire Clinical Commissioning Group

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS East Riding of Yorkshire Clinical Commissioning Group ('the CCG') for the three-month period ended 30 June 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 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by NHS England 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 30 June 2022 and of its net expenditure for the three-month period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; 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 NHS Humber and North Yorkshire Integrated Care Board

We draw attention to note 1.1 (going concern) and note 14 (events after the reporting period) of the financial statements which highlight that, following the Health and Care Act 2022, the CCG's functions transferred to the NHS Humber and North Yorkshire 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 2022/23 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 Act 2014.

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 related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

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 Audit 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 Audit 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 Audit 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 statements 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 three-month period ended 30 June 2022.

We have nothing to report in this respect.

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 January 2023.

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 and Staff Report subject to audit have been properly prepared in accordance with the Health and Social Care Act 2012; and
- the other information published together with the audited financial statements in the Annual Report for the financial period 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 Board of the NHS Humber and North Yorkshire Integrated Care Board in respect of NHS East Riding of Yorkshire Clinical Commissioning Group, 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 Board of the NHS Humber and North Yorkshire Integrated Care Board, 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 Board of the NHS Humber and North Yorkshire Integrated Care Board, as a body, for our audit work, for this report, or for the opinions we have formed.

Certificate

We certify that we have completed the audit of NHS East Riding of Yorkshire Clinical Commissioning Group in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Kirkham, Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

29 June 2023

Statement of Comprehensive Net Expenditure for the 3-month period to 30 June 2022

	Note		30-Jun-22	31-Mar-22
	Note		£'000	£'000
Income from Sale of Goods & Services	2		(537)	(3,055)
Other Operating Income	2		(200)	(492)
Total Operating Income			**(737)**	**(3,547)**
Staff Costs	4.1		1,858	7,399
Purchase of Goods & Services	5		130,100	534,245
Depreciation & Impairment Charges	13a		43	-
Other Operating Expenditure	5		54	302
Total Operating Expenditure			**132,055**	**541,946**
Net Operating Expenditure			**131,318**	**538,399**
Finance Expense			2	-
Net Expenditure for the 3 month period to 30 June 2022			**131,320**	**538,399**
Total Net Expenditure for the 3 month period to 30 June 2022			**131,320**	**538,399**
Comprehensive Expenditure for the 3 month period to 30 June 2022			**131,320**	**538,399**

The notes on pages 99 to 119 form part of this statement.

Please note that throughout the accounts the figures are presented in £000.

This rounding process has in places resulted in issues with the totals not reflecting the rounded figures.

Statement of Financial Position for the 3 month period to 30 June 2022

	Note		30-Jun-22	31-Mar-22
			£'000	£'000
Non-Current Assets				
Right-of-use Assets	13a		808	-
Total Non-Current Assets			**808**	**-**
Current Assets				
Trade & Other Receivables	8		3,538	3,255
Cash & Cash Equivalents	9		278	8
Total Current Assets			**3,816**	**3,263**
Total Assets			**4,624**	**3,263**
Current Liabilities				
Trade & Other Payables	10		(41,361)	(43,280)
Lease Liabilities	13a		(183)	-
Total Current Liabilities			**(41,544)**	**(43,280)**
Total Assets less Current Liabilities			**(36,920)**	**(40,017)**
Non-Current Liabilities				
Lease Liabilities	13a		(626)	-
Total Non-Current Liabilities			**(626)**	**-**
Assets less Liabilities			**(37,546)**	**(40,017)**
Financed by Taxpayers' Equity				
General Fund			(37,546)	(40,017)
Total Taxpayers' Equity			**(37,546)**	**(40,017)**

The notes on pages 99 to 119 form part of this statement.

The financial statements on pages 90 to 119 were approved by the Humber & North Yorkshire ICB Board on the 22-June-2023 and signed on its behalf by;

Stephen Eames

Chief Executive (Accountable Officer)

22 June 2023

Statement of Changes in Taxpayers' Equity for the 3 month period to 30 June 2022

		General Fund
CCG 2022		**£'000**
CCG Balance at 1 April 2022		**(40,017)**
Net Recognised CCG Expenditure for the 3 month period to 30 June 2022		**(131,320)**
Net funding		133,791
CCG Balance at 30 June 2022		**(37,546)**
CCG 2021-22		**£'000**
CCG Balance at 1 April 2021		**(47,171)**
Operating Expenditure for the Financial Year		**(517,751)**
Net Recognised CCG Expenditure for the Financial Year		**(538,399)**
Net funding		545,553
CCG Balance at 31 March 2022		**(40,017)**

Statement of Cash Flows for the 3-month period to 30 June 2022

		30-Jun-22	31-Mar-22
	Note	£'000	£'000
Net Cash Inflow (Outflow) from Operating Activities			
Net operating expenditure	16	(131,320)	(538,399)
Depreciation and amortisation		43	-
(Increase)/decrease in trade & other receivables	8	2,717	(4,470)
Increase/(decrease) in trade & other payables	10	(4,919)	(2,682)
Net Cash Inflow (Outflow) from Operating Activities		**(133,479)**	**(545,551)**
Cash Flows from Investing Activities			
Interest received	13a	2	-
Net Cash Inflow (Outflow) from Investing Activities		**2**	**-**
Net Cash Inflow (Outflow) before Financing		**(133,477)**	**(545,551)**
Net Cash Inflow (Outflow) from Financing Activities			
Grant in Aid Funding Received		133,791	545,553
Repayment of lease liabilities		(44)	-
Net Cash Inflow (Outflow) from Financing Activities		**133,747**	**545,553**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**270**	**2**
Cash & Cash Equivalents at the Beginning of the Financial Year	9	8	6
Cash & Cash Equivalents at the End of the Financial Year	9	**278**	**8**

The notes on pages 99 to 119 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 (GAM) 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

"The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 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.

When clinical commissioning group ceased to exist on 1 July 2022, the services continued to be provided (using the same assets, by another public sector entity) by ICBs. Accordingly, the financial statements for CCGs for 3 months ending 30 June 2022 have been prepared on a Going Concern basis."

1.2 Accounting Conventions

These accounts have been prepared under the historical cost covention modified to account for certain financial assets and financial liabilities.

1.3 Pooled Budgets

The Clinical Commissioning Group has entered into a pooled budget arrangement with East Riding of Yorkshire Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the management of commissioning health and social care resources related to the Better Care Fund (BCF). Parties to the agreement contribute to a pooled commissioning budget which is overseen by the Health and Wellbeing Board (HWB).

Whilst the section 75 agreement constitutes a joint operation under IFRS 11, the substance of the commissioning transactions related to the Fund's spending plans indicates that neither the CCG nor the council are either a joint operator or lead commissioner. Therefore, each organisation accounts for its own transactions without recognising its interest in its share of total assets, liabilities, revenue and

expenditure that relate to the whole Fund. The income and expenditure relating to this arrangement is detailed in Note 18.

The Clinical Commissioning Group has entered into a pooled budget with East Riding of Yorkshire Council and the host is East Riding of Yorkshire Council. The Clinical Commissioning Group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreements.

1.4 Revenue and Income

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 the performance obligations part of a contract that has an original expected duration of one year or less.

• The Clinical Commissioning Group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

• The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

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

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.

1.5 Employee Benefits

1.5.1 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.

1.5.2 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.

1.6 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.

1.7 Cash & Cash Equivalent

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.

1.8 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 the NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Clinical Commissioning Group.

1.9 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.

1.10 Financial Assets

Financial assets are recognised when the Clinical Commissioning Group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been

delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;

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

1.10.1 Financial Assets at Amortised Cost

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

1.11 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.

1.11.1 Other Financial Liabilities

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

1.12 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.

1.13 Critical Accounting Judgements & Key Sources of Estimation Uncertainty

In the application of the Clinical Commissioning Group's accounting policies, management is required to make judgements, estimates and assumptions. These are regularly reviewed.

1.13.1 Critical Judgements in Applying Accounting Policies

The CCG has no Critical Judgements

The Clinical Commissioning Group has no expenditure which meets the definition of a provision.

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods

of care before establishment of the Clinical Commissioning Group. However, the legal liability remains with the Clinical Commissioning Group.

1.13.2 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 estimates are included are:

- Prescribing - which includes an estimated figure of £9,558,978

- Purchase of Non-NHS Healthcare - The full year figure is estimated on the actual invoicing received to date.

1.14 Adoption of new standards

On 1 April 2022, the clinical commissioning group adopted IFRS 16 'Leases'. The new standard introduces a single, on statement of financial position lease accounting model for lessees and removes the distinction between operating and finance leases.
Under IFRS 16 the group will recognise a right -of-use asset representing the group's right to use the underlying asset and a lease liability representing its obligation to make lease payments for any operating leases assessed to fall under IFRS 16. There are recognition exemptions for short term leases and leases of low value items.

1.14.1 Impact assessment

The clinical commissioning group has applied the modified retrospective approach and will recognise the cumulative effect of adopting the standard at the date of initial application as an adjustment to the opening retained earnings with no restatement of comparative balances. IFRS 16 does not require entities to reassess whether a contract is, or contains, a lease at the date of initial application. HM Treasury has interpreted this to mandate this practical expedient and therefore the group has applied IFRS 16 to contracts identified as a lease under IAS 17 or IFRIC 4 at 1 April 2022.

The group has utilised three further practical expedients under the transition approach adopted:

a) The election to not make an adjustment for leases for which the underlying asset is of low value.

b) The election to not make an adjustment to leases where the lease term ends within 12 months of the date of application

c) The election to use hindsight in determining the lease term if the contract contains options to extend or terminate the lease.

1.14 Adoption of new standards (Cont)

The most significant impact of the adoption of IFRS 16 has been the need to recognise right-of-use assets and lease liabilities for any buildings previously treated as operating leases that meet the recognition criteria in IFRS 16. Expenditure **on** operating leases has been replaced by interest on lease liabilities and depreciation on right-of-use assets in the statement of comprehensive net expenditure.

As of 1 April 2022, the group recognised £0.808m of right-of-use assets and lease liabilities of £0.808m. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was no impact to tax payers' equity.

The group has assessed that there is no significant impact on its current finance leases due to the immaterial value on the statement of financial position and no significant impact on the limited transactions it undertakes as a lessor because IFRS 16 has not substantially changed the accounting arrangements for lessors.

The following table reconciles the group's operating lease obligations at 31 March 2022, disclosed in the group's 21/22 financial statements, to the lease liabilities recognised on initial application of IFRS 16 at 1 April 2022.

	Total
	£'000
Operating lease commitments at 31 March 2022	-850
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	8
Operating lease commitments discounted used weighted average IBR	-842
Add: Finance lease liabilities at 31 March 2022	0
Add: Peppercorn leases revalued to existing value in use	0
Add: Residual value guarantees	0
Add: Rentals associated with extension options reasonably certain to be exercised	0
Less: Short term leases (including those with <12 months at application date)	0
Less: Low value leases	0
Less: Variable payments not included in the valuation of the lease liabilities	34
Lease liability at 1 April 2022	-808

1.15 Accounting Standards not yet adopted

● 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.

The impact of this cannot yet be assessed.

2. Operating Income

	30-Jun-22	31-Mar-22
	Total	Total
	£'000	£'000
Income from sale of goods and services (contracts)		
Non-patient care services to other bodies	432	2,617
Recoveries in respect of employee benefits	105	438
Total Income from sale of goods and services	**537**	**3,055**
Other Operating Income		
Other revenue	200	492
Total Other operating income	**200**	**492**
Total Operating Income	**737**	**3,547**

3. Disaggregation of Income - Income from sale of goods and services

	30-Jun-22				31-Mar-22
	Total	Recoveries in respect of employee benefits	Non-patient care services to other bodies		Total
	£'000	£'000	£'000		£'000
Source of Revenue					
NHS	**3**	-	3		**34**
Non NHS	**534**	105	429		**3,021**
Total	**537**	**105**	**432**		**3,055**
Timing of Revenue					
Over time	**537**	105	432		**3,055**

4. Employee Benefits & Staff Numbers

4.1 Employee benefits

	Total	Permanently Employed Total	Other Total
for the 3 month period to 30 June 2022	£'000	£'000	£'000
Salaries and wages	1,467	1,285	182
Social security costs	148	148	-
Employer contributions to NHS Pension Scheme	241	241	-
Apprenticeship Levy	2	2	-
Gross CCG employee benefits expenditure	1,858	1,676	182
Less: Recoveries in respect of employee benefits	(105)	(105)	-
Net CCG employee benefits expenditure	1,753	1,571	182

	Total	Permanently Employed Total	Other Total
31 March 2022	£'000	£'000	£'000
Salaries and wages	5,795	5,290	505
Social security costs	549	549	-
Employer contributions to NHS Pension Scheme	1,042	1,042	-
Apprenticeship Levy	13	13	-
Gross CCG employee benefits expenditure	7,399	6,894	505
Less: Recoveries in respect of employee benefits	(438)	(438)	-
Net CCG employee benefits expenditure	6,960	6,455	505

4.2 Average Whole Time Equivalent employees

	30-Jun-22			31-Mar-22		
	Total	Permanent	Other	Total	Permanent	Other
Total	115.64	104.44	11.20	117.08	108.85	8.23

The impact of charges made by NHS East Riding of Yorkshire CCG to other CCG's and the recharges received into NHS East Riding of Yorkshire CCG from other CCG's in relation to the Hosted Services are included in the costs and average wte Notes 4.1 & 4.2 above.

NHS East Riding of Yorkshire CCG hosts and recharges to other CCGs the following services: Infection & Prevention Control, Patient Relations, Freedom of Information, Research & Development, Information Governance and Financial Services

NHS East Riding of Yorkshire CCG incurs costs recharged from other CCGs for the following services: Information Technology, Strategic Clinical Network, Human Resources, Serious Incidents & Sharing Federations and Legal Services

NHS East Riding of Yorkshire CCG hosts the Humber Coast & Vale Cancer Alliance. The CCG receives additional funding for hosting the Cancer Alliance.

4.3 Exit packages and severance payments agreed in the financial year

In April to June 2022 NHS East Riding of Yorkshire CCG did not make any Lieu of Notice, Exit or Severance payments.

In 2021-22 NHS East Riding of Yorkshire CCG did not make any Lieu of Notice, Exit or Severance payments.

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

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

4.4.1 Accounting valuation

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

4.4.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 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 reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

5. Operating Expenses

	30-Jun-22 Total £'000	2021-22 Total £'000
Purchase of Healthcare from NHS/DHSC bodies		
Services from other CCGs and NHS England	470	1,414
Services from Foundation Trusts	29,854	117,939
Services from other NHS Trusts	43,228	169,100
Purchase of goods and services		
Purchase of healthcare from non-NHS bodies	23,836	110,956
Purchase of social care	672	3,507
Prescribing costs	13,977	61,313
General ophthalmic costs	61	244
GPMS/APMS and PCTMS	14,243	54,684
Supplies and services – clinical	3	12
Supplies and services – general	3,045	11,556
Consultancy services	2	144
Establishment	69	1,175
Transport	72	69
Premises	169	1,055
Audit fees	52	52
Other non statutory audit expenditure		
• Other services (MHIS)	-	18
Internal Audit Fees	-	35
Other professional fees	314	880
Legal Fees	11	19
Education, training and conferences	23	73
Total Purchase of goods and services	130,101	534,245
Depreciation and impairment charges		
Depreciation	43	-
Total Depreciation and impairment charges	43	-
Other Operating Expenditure		
Chair and Non Executive Members	45	255
Clinical negligence	1	8
Other expenditure	8	40
Total Other Operating Expenditure	54	302
Total operating expenditure	130,198	534,547
Audit Fees include VAT		

6. Better Payment Practice Code

6.1 Measure of compliance

		30-Jun-22		31-Mar-22	
		Number	£'000	Number	£'000
Non-NHS Payables					
Total Non-NHS trade invoices paid in the year		1,782	49,451	6,861	191,412
Total Non-NHS trade invoices paid within target		1,689	46,176	6,487	180,980
Percentage of non-NHS trade invoices paid within target		94.78%	93.38%	94.55%	94.55%
NHS Payables					
Total NHS trade invoices paid in the year		148	70,928	632	297,326
Total NHS trade invoices paid within target		140	70,898	611	297,127
Percentage of NHS trade invoices paid within target		94.59%	99.96%	96.68%	99.93%

The Better Payment Practice Code requires the Clinical Commissioning Group to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

7. Trade & Other Receivables

		Current	Current
		30-Jun-22	31-Mar-22
		£'000	£'000
NHS		696	779
Non-NHS		2,841	2,476
Total Trade & Other Receivables		3,537	3,255

The majority of trade is with NHS England. As NHS England is funded by Government to provide funding to Clinical Commissioning Groups to commission services, no credit scoring of them is considered necessary.

7.1 Receivables past their due date but not impaired

		30-Jun-22	31-Mar-22
		£'000	£'000
By up to three months		963	747
Total		963	747

8. Cash & Cash Equivalents

		30-Jun-22	31-Mar-22
		£'000	£'000
Balance at 1 April		8	6
Net change in period		270	2
Balance at 30 June 2022		278	8
Made up of:			
Cash with the Government Banking Service		278	8
Cash and cash equivalents as in Statement of Financial Position		278	8
Balance at 30 June 2022		278	8

9. Trade & Other Payables

		Current	Current
		30-Jun-22	31-Mar-22
		£'000	£'000
NHS		1,797	(2,454)
Non-NHS		39,564	45,733
Total Trade & Other Payables		41,361	43,280

Other payables include £102,612 outstanding pension contributions at 30 June 2022 (relates to June payments, and are included here due to timing). The value at 31 March 2022 was £93,337.

10. Financial Instruments

10.1 Financial risk management

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

Because NHS East Riding of Yorkshire CCG 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.

NHS East Riding of Yorkshire CCG 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 NHS East Riding of Yorkshire CCG in undertaking its activities.

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

10.1.1 Currency risk

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

10.1.2 Interest rate risk

NHS East Riding of Yorkshire CCG 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. NHS East Riding of Yorkshire CCG therefore has low exposure to interest rate fluctuations.

10.1.3 Credit risk

Because the majority of NHS East Riding of Yorkshire CCG revenue comes via parliamentary funding, NHS East Riding of Yorkshire CCG 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.

10.1.4 Liquidity risk

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

10.1.5 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.

10.2 Financial assets

	Measured at amortised cost
	£'000
Receivables:	
• NHS	573
• Other DHSC Group Bodies	11
• Non-NHS	1,572
Cash and cash equivalents	278
Total at 30 June 2022	**2,434**

	Measured at amortised cost
	£'000
Receivables:	
• NHS	(2,348)
• Other DHSC Group Bodies	3,015
• Non-NHS	777
Cash and cash equivalents	8
Total at 31 March 2022	**1,452**

10.3 Financial liabilities

	Measured at amortised cost
	£'000
Payables:	
• NHS	451
• Other DHSC Group Bodies	2,222
• Non-NHS	39,231
Total at 30 June 2022	**41,904**

	Measured at amortised cost
	£'000
Payables:	
• NHS	(2,832)
• Other DHSC Group Bodies	1,280
• Non-NHS	44,678
Total at 31 March 2022	**43,126**

11. Operating Segments

NHS East Riding of Yorkshire CCG considers they only have one operating segment namely the commissioning of healthcare services.

12. Related Party Transactions

NHS East Riding of Yorkshire CCG has had a significant number of material transactions with entities for which the Department of Health and Social Care is regarded as the parent.

These include:

NHS England
Department of Health and Social Care
NHS England
NHS Hull CCG
NHS North East Lincolnshire CCG
NHS North Lincolnshire CCG
NHS North Yorkshire CCG
NHS Vale of York CCG
NHS North of England CSU

NHS Foundation Trusts
Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust
Harrogate & District NHS Foundation NHS Trust
Humber Teaching Hospitals NHS Foundation Trust
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust

NHS Trusts
Hull University Teaching Hospitals NHS Trust
Mid Yorkshire Hospitals NHS Trust
Leeds Teaching Hospitals NHS Trust
Yorkshire Ambulance Service NHS Trust

NHS Resolution

NHS Business Services Authority

NHS Property Services

In addition, NHS East Riding of Yorkshire CCG has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with:

Hull City Council
East Riding of Yorkshire Council
HM Revenue and Customs
National Insurance Fund

The following pages provide details of related party transactions with Providers and GP Practices that individuals are associated with employed by NHS East Riding of Yorkshire CCG.

12. Related Party Transactions

	CCG Payments to Related Party	CCG Receipts from Related Party	CCG Amounts Owed to Related Party	CCG Amounts Due from Related Party
	£000's	£000's	£000's	£000's
2022				
(values relate to all invoices received into, or sent from the CCG in period 1st April 2022 to 30th June 2022)				
Emma Latimer, Interim Accountable Officer				
Accountable Officer - NHS Hull Clinical Commissioning Group	2	-	-	-
Interim Accountable Officer - NHS North Lincolnshire Clinical Commissioning Group	-	- 5	-	-
Dr David Fitzsimons, GP Governing Body Lead for Mental Health				
Clinical Director for Harthill PCN (employed by Yorkshire Health Partners Ltd for the role)	78	-	-	-
Wife - Charge Nurse at Hull University Teaching Hospitals NHS Trust	33,972	- 11	-	- 11
Dr Richard Little, GP Governing Body Lead for Hull University Teaching Hospital Health System				
Shareholder of Yorkshire Health Partners Ltd	1,492	-	89	-
GP partner, Greengates Medical Group, Beverley	1,089	-	0	-
Richard Dodson, Chief Finance Officer				
Wife - Deputy Chief Finance Officer at NHS Hull Clinical Commissioning Group	2	-	-	-
Andrew Middleton, Lay Member - Vice Chair				
Chair of Performers List Decision Panels (Midlands Group and South Yorkshire), NHS England	49	- 128	3	- 573
Martin Wright, Lay Member - Governing Body Lead Audit & Governance				
Lay Member and Audit Committee Chair, NHS Kirklees Clinical Commissioning Group	22	-	-	-
All GP Practices within NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) are represented at the Council of Members which is a decision making body of the CCG. Practices are also grouped into Primary Care Networks (networks) and within the CCG there are seven networks.				
Beverley Primary Care Network				
Greengates Medical Group	1,089	-	0	-
Manor Road Surgery	511	-	-	-
North Beverley Medical Centre	436	-	-	-
The Old Fire Station Surgery	395	-	6	-
Bridlington Primary Care Network				
Field House Surgery (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
Manor House surgery (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
Practice One	283	-	-	-
Practice Three, The Medical Centre	493	-	5	-
Wolds View Surgery (part of City Health Care Partnership CIC)	171	-	-	-
Cygnet Primary Care Network				
Bartholemew Medical Group	849	-	-	-
Gilberdyke Health Centre	349	-	-	-
Howden Medical Practice	287	-	-	-
Montague Medical Practice	294	-	-	-
Snaith & Rawcliffe Medical Group	753	-	1	-
Harthill Primary Care Network	78	-	-	-
Anlaby Surgery	152	-	-	-
The Chestnuts Surgery (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
Hallgate Surgery (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
Market Weighton Practice (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
North Ferriby Surgery	74	-	-	-
Park View Surgery	455	-	-	-
Peeler House Surgery (part of Humber Teaching NHS Foundation Trust)	11,612	-	- 0	-
Willerby & Swanland Surgery	455	-	-	-
Holderness Primary Care Network				
Holderness Health (South Holderness Medical Practice)	2,381	-	1	-
River & Wolds Primary Care Network				
Hessle Grange Medical Practice	441	-	-	-
The Ridings Medical Group	1,797	-	3	-
Yorkshire Coast & Wolds Primary Care Network				
Eastgate Medical Group	736	-	1	-
Leven & Beeford Medical Practice	866	-	-	-
The Medical Centre	797	-	0	-
The Park Surgery	1,022	-	-	-

		CCG Payments to Related Party	CCG Receipts from Related Party	CCG Amounts Owed to Related Party	CCG Amounts Due from Related Party
		£000's	£000's	£000's	£000's
2021-22					
(values relate to all invoices received into, or sent from the CCG and any accruals above £300k in period 1st April 2021 to 31st March 2022)					
Emma Latimer, Interim Accountable Officer					
Accountable Officer - NHS Hull Clinical Commissioning Group		465	235	-	-
Interim Accountable Officer - NHS North Lincolnshire Clinical Commissioning Group		42	152	-	-
Dr David Fitzsimons, GP Governing Body Lead for Mental Health					
GP Partner – Holderness Health (Holderness Health is now shareholder of Yorkshire Health Partners Ltd)		8,735	-	144	-
Clinical Director for Harthill PCN from 1/12/21 employed by Yorkshire Health Partners Ltd		3,319	-	738	-
Wife - Charge Nurse at Hull University Teaching Hospitals NHS Trust		148,906	54	10	3,015
Dr Anne Jeffreys, Clinical Chairperson					
GP Partner at Ridings Medical Group (Dispensing Practice)		5,697	4	1	-
Member of Yorkshire Health Partners (GP Federation)		3,319	-	738	-
Husband - Professor of Cardiology at Hull University Teaching Hospitals NHS Trust		148,906	54	10	3,015
Dr Richard Little, GP Governing Body Lead for Hull University Teaching Hospital Health System					
Shareholder of Yorkshire Health Partners Ltd		3,319	-	738	-
GP partner, Greengates Medical Group, Beverley		3,908	8	-	-
Richard Dodson, Chief Finance Officer					
Wife - Deputy Chief Finance Officer at NHS Hull Clinical Commissioning Group		465	235	-	-
Sally Ann Spencer-Grey, Lay Member - Patient Champion					
Part time lecturer - University of Hull		8	-	-	-
Andrew Middleton, Lay Member - Vice Chair					
Chair of Performers List Decision Panels (Midlands Group and South Yorkshire), NHS England		177	1,243	-	646
Martin Wright, Lay Member - Governing Body Lead Audit & Governance					
Lay Member and Audit Committee Chair, NHS Kirklees Clinical Commissioning Group		52	-	-	-
Wife - Business Manager for Adult ADHD & Autism Services at South West Yorkshire Partnership NHS Foundation Trust		8	-	-	-
Dr Tanya Sweeting (aka Dr Tanya Webb) GP Governing Body Lead for North Lincolnshire and Goole Health System					
GP Partner Gilberdyke Surgery		1,267	-	-	-
Shareholder Yorkshire Health Partners Ltd		3,319	-	738	-
Occasional locum work at Park View Practice, Hessle		443	-	-	-
Occasional locum work at Dr Mitchel's Practice, North Ferriby		259	-	-	-
Dr Christiane Loch, GP Governing Body Lead for York Foundation Trust Health System					
Salaried GP Manor House Surgery, Humber Teaching NHS Foundation Trust		46,822	-	232	-
Salaried GP with special interest in Older People (Frailty Team) with City Health Care Partnership CIC		43,387	2	291	-

All GP Practices within NHS East Riding of Yorkshire Clinical Commissioning Group (CCG) are represented at the Council of Members which is a decision-making body of the CCG.

Practices are also grouped into Primary Care Networks (PCN's) and within the CCG there are seven networks.

The following lists the transactions between the CCG, the networks and the Practices:

Beverley Primary Care Network		195	-	-	-
Greengates Medical Group		3,908	8	-	-
Manor Road Surgery		1,825	-	-	-
North Beverley Medical Centre		1,456	-	-	-
The Old Fire Station Surgery		1,618	-	6	-
Bridlington Primary Care Network					
Field House Surgery (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
Manor House surgery (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
Practice One		970	-	1	-
Practice Two		87	-	9	-
Practice Three		1,598	-	20	-
Wolds View Surgery (part of City Health Care Partnership CIC)		625	-	-	-
Cygnet Primary Care Network					
Bartholemew Medical Group		3,494	-	- 1	-
Gilberdyke Health Centre		1,267	-	-	-
Howden Medical Practice		1,030	-	-	-
Montague Medical Practice		1,097	-	6	-
Snaith & Rawcliffe Medical Group		2,733	- 1	-	-
Harthill Primary Care Network					
Anlaby Surgery		539	-	-	-
The Chestnuts Surgery (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
Hallgate Surgery (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
Market Weighton Practice (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
North Ferriby Surgery		259	-	-	-
Park View Surgery		443	-	-	-
Peeler House Surgery (part of Humber Teaching NHS Foundation Trust)		46,822	-	232	-
Willerby & Swanland Surgery		1,010	-	86	-
Holderness Primary Care Network					
Holderness Health (South Holderness Medical Practice)		8,685	-	144	-
Holderness Health (Church View Surgery)		50	-	-	-
River & Wolds Primary Care Network					
Hessle Grange Medical Practice		1,651	-	-	-
The Ridings Medical Group		5,697	4	1	-
Yorkshire Coast & Wolds Primary Care Network		214	-	-	-
Eastgate Medical Group		2,720	-	-	-
Leven & Beeford Medical Practice		3,303	-	-	-
The Medical Centre		2,983	-	-	-
The Park Surgery		3,657	22	-	-

13 Leases

13a.1 Right-of-use assets

for the 3 month period tp 30-Jun-2022	Buildings excluding dwellings £'000	Total £'000
Cost or valuation at 01 April 2022	-	-
IFRS 16 Transition Adjustment	850	850
Cost/Valuation at 30 June 2022	**850**	**850**
Charged during the year	43	43
Depreciation at 30 June 2022	**43**	**43**
Net Book Value at 30 June 2022	**808**	**808**

13a.2 Lease liabilities

for the 3 month period tp 30-Jun-2022	30-Jun-22 £'000	2021-22 £'000
Lease liabilities at 01 April 2022	-	-
IFRS 16 Transition Adjustment	850	-
Interest expense relating to lease liabilities	2	-
Repayment of lease liabilities (including interest)	(44)	-
Lease liabilities at 30 June 2022	**808**	**-**

13a.3 Lease liabilities - Maturity analysis of undiscounted future lease payments

	30-Jun-22 £'000	2021-22 £'000
Within one year	(174)	-
Between one and five years	(652)	-
After five years	-	-
Balance at 30 June 2022	**(826)**	**-**
Effect of discounting	18	-
Included in:		
Current lease liabilities	(182)	-
Non-current lease liabilities	(626)	-
Balance at 30 June 2022	**(808)**	**-**

13a.4 Amounts recognised in Statement of Comprehensive Net Expenditure

	30-Jun-22 £'000	2021-22 £'000
Depreciation expense on right-of-use assets	43	-
Interest expense on lease liabilities	2	-
Expense relating to variable lease payments not included in the measurement of the lease liability	144	-

13a.5 Amounts recognised in Statement of Cash Flows

	30-Jun-22 £'000	2021-22 £'000
Total cash outflow on leases under IFRS 16	(44)	-
Total cash outflow for lease payments not included within the measurement of lease liabilities	(144)	-

14. Events After the Reporting Period

There is a non-adjusting event after the reporting period, this relates to the Health and Social Care Bill that was introduced into the House of Commons on 6 July 2021. The Bill allowed for the establishment of Integrated Care Boards (ICB) across England and abolished Clinical Commissioning Groups (CCG). ICBs took on the commissioning functions of CCGs. The CCG functions, assets and liabilities were transferred to an ICB on 1 July 2022. When clinical commissioning group ceased to exist on 1 July 2022, the services continued to be provided (using the same assets, by another public sector entity) by ICBs

15. Provisions & Contingent Liabilities

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of NHS East Riding of Yorkshire CCG. However, the legal liability remains with NHS East Riding of Yorkshire CCG. The total value of legacy NHS Continuing Healthcare provisions accounted for by NHS England on behalf of NHS East Riding of Yorkshire CCG at 30 June 2022 is £0.236m (£0.236m as at 31 March 2022).

NHS Resolution is responsible for accounting for liabilities relating to Clinical Negligence claims for NHS East Riding of Yorkshire CCG. The CCG contributes towards the excess fee charged for the claim. This contribution is a combination of both provision and contingent liability (inline with IAS 37).

At 30th June 2022, no provisions were identified in NHS Resolution's Accounts in respect of these claims of the NHS East Riding of Yorkshire CCG (£0 as at 31 March 2022).

16. Financial Performance Duties

Clinical Commissioning Groups have a number of financial duties under the National Health Service Act 2006 (as amended).

NHS East Riding of Yorkshire CCG's performance against those duties were as follows:

National Health Service Act Section		30-Jun-22			31-Mar-22	
	Duty	Target £'000	Performance £'000	Duty Achieved	Target £'000	Performance £'000
223H(1)	Expenditure not to exceed income	**132,057**	**132,057**	Yes	**541,946**	**541,946**
223I(2)	Capital resource use does not exceed the amount specified in Directions	**-**	**-**	Yes	**-**	**-**
223I(3)	Revenue resource use does not exceed the amount specified in Directions	**131,320**	**131,320**	Yes	**538,399**	**538,399**
223J(1)	Capital resource use on specified matter(s) does not exceed the amount specified in Directions	**-**	**-**	Yes	**-**	**-**
223J(2)	Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	**-**	**-**	Yes	**-**	**-**
223J(3)	Revenue administration resource use does not exceed the amount specified in Directions	**1,436**	**1,436**	Yes	**6,146**	**3,975**

Note: For the purposes of 223H(1); expenditure is defined as the aggregate of gross expenditure on revenue and capital in the financial year; and, income is defined as the aggregate of the notified maximum revenue resource, notified capital resource and all other amounts accounted as received in the financial year (whether under provisions of the Act or from other sources, and included here on a gross basis).

(1) Each Clinical Commissioning Group must, in respect of each financial year, perform its functions so as to ensure that its expenditure which is attributable to the performance by it of its functions in that year does not exceed the aggregate of:
(a) the amount allotted to it for that year under section 223G,
(b) any sums received by it in that year under any provision of this Act (other than sums received by it under section 223G), and
(c) any sums received by it in that year otherwise than under this Act for the purpose of enabling it to defray such expenditure.

17. Losses and Special Payments

To 30th June 2022 there were no Losses or Special Payments made (same for 2021-22).

18. Pooled Budgets

NHS East Riding of Yorkshire CCG (ERYCCG) has implemented the Better Care Fund via a Section 75 Pooled Budget arrangement with Vale of York CCG (VOYCCG) and East Riding of Yorkshire Council (ERYC).

The Section 75 arrangement allocated budgets across schemes including; Community Services, Rea-blement and Rehabilitation, Ambulatory Care, Home and Residential Care, Avoidable Admissions and Social Care.

The performance of each of these schemes is monitored and reported to the 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 ac-counts for transactions on a gross accounting basis. Details of the pool income and expenditure are as follows;

		TOTAL	ERYCCG	s75 Payment	ERYC	VOYCCG
		£'000	£'000	£'000	£'000	£'000
Income		(9,672)	(5,588)	2,013	(5,690)	(407)
Expenditure		9,672	5,588	(2,013)	5,690	407
Surplus/Deficit		**0**	**0**	**0**	**0**	**0**