NHS Hull Clinical Commissioning Group Annual Report and Accounts Q1 2022-23

The accounts for the period ended 30 June 2022 have been prepared by the NHS Hull Clinical Commissioning Group under section 232 (schedule 15,3(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, within the approval of the Treasury, directed.

Welcome to the NHS Hull Clinical Commissioning Group Annual Report for Q1 2022-23

Welcome to the Annual Report and Accounts for NHS Hull Clinical Commissioning Group (CCG) for the first quarter of 2022-23. This report gives an overview of the CCG's performance during the three-month period April – June 2022.

We would like to thank, as always, the Clinical Commissioning Group staff, Board members, Lay members, GPs and their practice teams and our local voluntary sector for work during this period to improve the health and lives of people in Hull.

From 1 July 2022, Clinical Commissioning Groups (CCGs) were dissolved, and the Humber and North Yorkshire Integrated Care Board (ICBs) took over the responsibility for NHS functions and budgets.

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 Hull CCG. However, the content of the report has been written by the responsible officers at the time the CCG existed.

You can find out more about the work of the Humber and North Yorkshire Health and Care Partnership at www.humberandnorthyorkshire.org.uk

Accessibility statement

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Emailing: hnyicb-Hull.contactus@nhs.net

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Tweeting us @HullHCP

Post:
Humber and North Yorkshire Health and Care Partnership
Warehouse 8
Guildhall Road
Hull
HU1 1HJ

Contents

PERFORMANCE REPORT Q1 2022-23

Stephen Eames

Chief Executive (Accountable Officer)

Date 22 June 2023

We are NHS Hull Clinical Commissioning Group (CCG)

NHS Hull CCG is a clinically-led organisation, which brings together 32 local GP practices and other health professionals to plan and design services to meet local patients' needs. Our GP practices serve a registered population of approximately 307,000 across 21 wards. We had an allocated budget of £171.4 million for this reporting period. The retained surplus remained at £15.5 million

We commission (or buy) a range of services for the Hull population, including urgent care (such as A&E services and the GP out of hours service), routine hospital treatment, mental health and learning disability services, community care including district nursing and continuing health care. We share the same boundary as Hull City Council. Where appropriate, we jointly commission services with partners such as East Riding of Yorkshire CCG or Hull City Council. The main health provider organisations that we have contractual arrangements for services with are:

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

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

During this reporting period NHS Hull CCG hosted several national allocations on behalf of Humber Coast and Vale Integrated Care System (HVC). These included Covid funding, top-up funding for provider organisations and other System Development Funds (SDF). Payments to NHS organisation outside of HCV was reinstated, however this was under a nationally determined regime called Low Volume Activity arrangements (LVAs). Additional funding was provided for these.

A snapshot of 1st April to 30th June 2022		
How our money is spent:	**£m**	
Hospital	**94.0**	**54.9%**
Community Services	**14.2**	**8.3%**
Prescribing / Drugs	**12.5**	**7.3%**
Mental Health	**19.0**	**11.1%**
Continuing Healthcare	**7.0**	**4.1%**
Ambulance / Patient Transport	**5.4**	**3.2%**
Running Costs	**1.4**	**0.8%**
Other	**2.1**	**1.2%**
Primary Care	**14.6**	**8.5%**
Property Charges	**1.2**	**0.7%**
In Year Surplus	**0.0**	**0.0%**
Grand Total	**171.4**	**100.0%**

Performance Overview Q1 2022-23 from the Accountable Officer

Introduction

The Accountable Officer's Performance Overview highlights our key programmes of work, service transformation and performance during April to June 2022 and explains how we were working – with our partners and the people of Hull – to improve health in our city.

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

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

Contents

The Performance Overview updates on activity in the following areas during April to June 2022.

- Humber and North Yorkshire Health and Care Partnership
- Humber Acute Services programme
- Developing a Health and Care Place Partnership for Hull
- CCG commissioning programme areas (unplanned care, planned care, cancer, maternity, children and young people, mental health and integrated care)
- Primary care
- Digitally enabled care
- Engaging with people and communities
- Improving quality
- Taking action on health inequalities
- Contribution to the delivery of the health and wellbeing strategy for Hull
- Detailed financial and performance analysis
- Sustainability

Humber and North Yorkshire Health and Care Partnership Q1 2022-23

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-launch of 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.

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

Humber Acute Services programme Q1 2022-23

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

Developing a local Health and Care Partnership for Hull Q1 2022-23

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

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

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

Our Health and Wellbeing Strategy for Hull

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

A series of priorities were agreed during the first quarter of 2022-23 to enable the Partnership to become a joint committee of statutory partners. An Operating Framework has been established and a programme plan developed, including an integrated financial plan between the ICB and Hull City Council.

The Hull Health and Care Partnership has been meeting in shadow form since January 2022. It has a core membership made up from representatives from Hull City Council, NHS health and care providers including primary care, Healthwatch Kingston upon Hull and Hull voluntary sector representation. A series of supporting sub-groups have been established, including quality, finance, governance, citizen engagement and integrated delivery. The Partnership will continue to shape and mature relationships, and to embed citizen engagement and co-design into its delivery models.

Creating a Fairer Hull

Hull's Joint Health and Wellbeing strategy describes an ambitious vision around 'creating a fairer Hull'. Achieving this vision will require the whole system to mobilise as one. As we move forward, the partners will be required to make some difficult decisions together around prioritisation of resources, innovative service and funding models, workforce models and being mutually accountable for shared outcomes. Robust and transparent operating arrangements will need to be established to support this.

The development of a Poverty Truth Commission is another key pillar of the health inequalities work with a vision of eradicating poverty and inequality in the city of Hull. The CCG, as core member of the Poverty Truth Commission Advisory Group, provides mentorship, advice and support on the strategic direction of the Poverty Truth Commission.

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

Citizen Engagement Group

Two of the core values of the Hull Health and Care Partnership are **Intelligence based decisions** and **Communities driving change**. The recently developed Hull Plan on a page states:

We will actively engage with the people of Hull in a coordinated way and use what they tell us to inform how we develop our services.

The Citizen Engagement Group reports into the Health and Care Partnership and is focusing on developing an integrated and coordinated engagement process for the city which will facilitate the sharing of data, insight and learning across the local system.

The principles of this work will be to:

- Build on what is working well already
- Foster an environment of joint working and transparent decision making
- Develop a collaborative approach

There is an agreed national framework (Maturity Matrix) to help shape the approach and a key role of the Citizen Engagement Group will be to provide strategic direction and oversee the delivery of an action plan based on the specific requirements within the Maturity Matrix to enable Hull to become a “Thriving” place partnership.

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

CCG commissioning programmes update for Q1 2022-23

Unplanned (Emergency) Care

Our prime aim for 2022 was to continue to ensure that people who had urgent (unplanned) care needs were supported to access the right service for their clinical need. Our aim was to achieve *right care, right place, right time* and our focus was offering an appropriate clinical assessment to patients that met their needs as quickly as possible following contact with health services, delivered in a way they were comfortable with and clinically appropriate to support them getting the right care for their urgent care needs. This again has been against a background of social distancing and infection control measures across services.

In Hull we continue to work collaboratively with partners across Yorkshire and Humber and with the Yorkshire Ambulance Service (YAS), as our NHS 111 provider, to ensure there is sufficient capacity in the system to engage with NHS111 and encourage individuals to ring and speak to NHS 111 and use the online facility to help in deciding what service is most clinically appropriate and following telephone assessment people can receive a timed arrival slot into Accident & Emergency /Emergency Department Urgent Treatment Centres (UTC) and other alternative services and online triage directs them to the most appropriate service to meet their needs.

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

- Increased access to the Urgent Treatment Centres, as an alternative to the ED.
- All GP practices have appointments available through NHS 111 to support NHS 111 booking appointments for patients.
- We continue to ensure that alternative community pathways are profiled on the DOS (Directory of Services)
- YAS continue to deliver hear and treat and see & treat to reduce the need for individuals to be conveyed to hospital where clinically appropriate.
- Same Day Emergency Care (SDEC) pathways have been established for acute medicine, acute surgery, and frailty.
- Same day specialty clinics are being developed to support on the day appointments for patients with an urgent need.
- We fully implemented Two Hour Community Crisis Response service.

Impact of actions in 2022

In 2022 the use of urgent care services has increased and exceeds pre-pandemic levels.

The impact of this work is shown below:

- The percentage of individuals identified by NHS 111 as needing to attend a UTC has increased from 10% of all attendances in 2021 to 20% in 2022.
- For a range of other pathways, the percentage of individuals identified by NHS 111 as needing to be treated via those pathways rose from 19% of attendances in 2021 to 20% of attendances in 2022.
- Of all calls made to NHS 111 in 2020 80% of individuals were directed to A&E, in 2022 only 23% of individuals who made contact through NHS111 were directed to A&E.

We have continued to see individuals within our Bransholme Urgent Treatment Centre (UTC) with many more people choosing to attend there for treatment and advice on minor injuries and minor ailments.

Urgent Treatment Centre performance	April 2018 to March 2019 (Q1 – Q4)	April 2019 to March 2020 (Q1 – Q4)	April 2020 to March 2021 (Q1 – Q4)	April 2021 to March 2022 (Q1-Q4)	March 2022 to June 2022
Percentage of service users who receive treatment within four hours of referral to the service	99.50%	99.0%	99.5%	91.9%	81.8%
Number of telephone consultations only (defined as cases closed with only a telephone consultation)	*16,231	*17,209	*29,601	*29,192	7,426
Number of diagnostics	5,140	4,896	4,070	5,928	1,474

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

Similarly we have seen improving performance across our wider urgent care services between 2021/22 and 2022.

General community based unplanned care performance (Urgent Treatment Centre, Rapid Response, Out of Hours service)	April 2018 to March 2019 (Q1 – Q4)	April 2019 to March 2020 (Q1 – Q4)	April 2020 to March 2021 (Q1 – Q4)	April 2021 to March 2022 (Q1-Q4)	March 2022 to June 2022
Percentage of service users defined as 'urgent', who receive treatment within two hours of referral to the service	99.42%	99.1%	97.4%	98.4%	99.7%
Number of Face to face contacts	58,464	59,350	30,021	51,717	13,766

Performance against the four-hour A&E standard (Four hours from booking into A&E to being admitted, discharged or transferred to another facility) has continued to prove challenging during 2022 due to flow out of the hospital and COVID admittance.

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

Planned Care Q1 2022-23

We have continued our focus on promoting the best possible outcomes for our local patients though better understanding of the needs of our local population, working in partnership with all our commissioned providers to ensure that the services we commission meet those needs and working to reduce the waiting times currently associated with planned care at present which are above the levels we would like for our population.

We have built on those changes to services that our response to COVID prompted; for example increased use of patient initiated follow-up, virtual appointments; but we have also listened about what things our population is telling us they want including an increase in the number of face to face appointments. Regardless of this we continue to work against the background of COVID and increased infection risk, therefore whilst activity levels are increasing the level of planned care activity remains lower than pre-pandemic levels.

Pathway redesign

The increased focus on pathway redesign has continued with a review of what interventions we undertake that actually add value to the individual's care experience and those interventions that our population say do not really help them being educed. Patient initiated follow up, where the patient, if

clicnially stable, decides if they need a follow-up appointment rather than attending as a routine visit. Specific pathways we have started reviewing include pathways associated with pain services and ear wax pathways.

The Pathway Redesign Group has continued to work virtually reviewing a range of community and hospital based pathways to ensure that services reflect best practice and the needs of our population.

Alignment of our commissioning policies with those of our partner commissioners

Work increased to ensure that, wherever possible a consistent joint approach was in place across ourselves and North Lincolnshire, North East Lincolnshire and East Riding of Yorkshire CCGs to develop a consistent approach to how we review and apply NICE Guidance, National Evidence Based Interventions Guidance and other national documents that set out clinical best practice. This work has been reflected by increased joint working with our partner commissioners to the north of us, Vale of York and North Yorkshire CCGs. This work has also supported Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole Hospitals NHS FT in their work to integrate their services to provide equity of service.

Waiting Lists

Regrettably the negative impact of the COVID pandemic on capacity and waiting lists has persisted. Work has been supported to reduce the very longest waits and Hull and East Yorkshire Hospitals NHS Trust is on track to eliminate its very long waits and to start further reducing waiting times. People on waiting lists have continued to be contacted by their service provider and assessed on their current condition.

Humber Long COVID pathway

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

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

To support recovery, the **Humber Long COVID Triage and Assessment Service** has produced a 22-page **Post-COVID Patient Information Pack to help recovery after Covid** that contains exercises for breathing, managing your cough, coping with post COVID-19 fatigue and other impacts of the virus. This resource plus details of local rehabilitation courses can be accessed at www.hullccg.nhs.uk by searching for Long Covid.

Cancer

NHS Hull CCG continues to be an active member of the Humber, Coast and Vale Cancer Alliance supporting the maintenance and development of improved pathways to support earlier diagnosis and treatment commencement supported by a risk assessment model around clinical prioritisation. In addition, we are focussing on regaining the improved levels of cancer screening and survivorship that were being delivered pre-pandemic.

The continued presence of COVID still impacts on a number of pathways where available capacity to diagnose/treat patients is reduced due to the need to support infection control. This has led to slippage in the delivery of the cancer waiting times targets. To address this, in line with national guidance, cancer diagnosis and surgery has been prioritised over recent months to ensure that we continue to diagnose and treat cancers as early as possible.

One area that has been affected continues to be gastro-intestinal pathways and this has stimulated joint work across the Integrated Care System to look at more innovative ways of visualising the inside of the digestive tract with increased use of CT endoscopies where clinically appropriate.

Cancer champions

The aim continues to train as many Cancer Champions as possible in our region to help achieve the NHS Long Term Plan's ambition of diagnosing three out of four people with cancer at an early stage by 2028. Find out more at www.hnycanceralliance.org.uk

Targeted lung health checks

The CCG has continued to promote and support the targeted lung health checks. Detecting lung cancer in the early stages is extremely difficult as often people don't experience any symptoms and are not diagnosed until later clinical stages where the chance of recovery is less. A lung health check can help find any problems early, often before someone notices anything is wrong, and at a stage when treatment could be simpler and more successful.

Maternity, children and young people

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

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

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

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

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

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

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

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

Children and young people

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

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

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

Special Educational Needs and Disabilities (SEND)

The CCG continues to work with the Local Authority and the Hull Parent Carer Forum in the implementation of the completed Hull SEND Joint Commissioning Strategy and Co-production Charter which are key features of SEND Accelerated Progress Plan. There has been continued positive feedback from Department for Education, NHS England and the Hull Children's Commissioner in respect of progress made towards improvement as well as support for children, young people and their families during the pandemic. Notably, through holding the most recent review in a model of targeted

focus group meetings, they were provided with a more detailed insight into the direct impact of this planning upon individuals with SEND and all those who support them.

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

Mental Health

Children and young people's mental health

The main focus of the children's and young people's mental health commissioning team has been supporting the consolidation of services in anticipation of the transition from the Clinical Commissioning Group to the Hull Health and Care Partnership as part of the Humber and North Yorkshire Integrated Care System, with a refocus on local needs and priorities.

The Hull Thrive strategic partnership for children and young people's emotional wellbeing and mental health has set five priorities for coming year, over and above the ambitions of the NHS Long Term Plan

- Promotion of support and services across the city for children and young people
- Improve access to specialist mental health services, ensuring no wrong front door to access other support appropriate on need
- Progress the implementation of *Whole School Approaches for Emotional Wellbeing* and *Team around a School* across the city's education schools and colleges
- Ensure all schools and colleges have a senior management mental health lead, that has completed the Department for Education assured training.
- Provide a extensive workforce development offer to anyone who works with children and young people around emotional wellbeing and mental, including Youth Mental Health First Aid and managing anxiety

As part of this work, during the inaugural Hull Trauma Informed Schools conference, a workshop and activities were held promoting the support available to young people. The conference had over 600 attendees over two days from education, health and care professions.

Hull Mental Health Support Teams (MHSTs) went live in January 2022. In recognition of the engagement, co-production and service design with young people and schools – Hull received a visit from the Department for Education national team to visit the service and some of the schools part of the programme. A video case study has been develop with Sam a young person who had received support from the Hull MHST and is being showcased by NHS England and Department for Health and Social Care. To see the case study click here.

Learning Disabilities

Hull CCG and the Wellbeing Service have continued to work closely with Primary Care Networks and GP Practices to further improve its delivery rate of LD Annual Health Checks. Following an NHS England requirement for all general practices to offer all patients with a Learning Disability an Annual Health check who did not receive one in the last year to have received one by end of Quarter 2 in 2022-23, Hull has achieved 79.86% by Quarter 1 and will continue to work to achieve the national target by 30 September 2022. The NHS Long Term Plan has set an ambition that by 2023-24, at least 75% of people aged 14 or over with a learning disability will have had an annual health check.

The Wellbeing Service has worked with Dove House who provide training via the ECHO Platform to develop and provide training to Primary Care, Care Homes and Domiciliary Care. The Learning

Disability Awareness programme covers topics such as SMI and LD Annual Health Checks, Cancer Screening, accessible information and reasonable adjustments, ReSPECT (DNACPR/Mental Capacity and Best Interest) Documentation. Training has been delivered to 45 Primary Care staff and 150 social care staff.

As part of the regional screening and immunisation programme, an accessible video has been developed by a member of the team with lived experience explaining the FIT testing screening process for primary care to share with patients on their Learning Disability Register who are due to receive the kit so additional support is provided. The aim is to increase the uptake of screening for patients with Learning Disability.

In conjunction with the Humber Transforming Care Partnership, we have worked to develop an Easy Read Traffic Light Patient Passport to support the identification of reasonable adjustments of patients for their hospital journey. The Quality Lead has been working with Care Home leads and agreement has been achieved that this one document will support any patient group to identify their reasonable adjustments.

Adult mental health

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

Hull has focused on promoting and increasing access for annual health checks for people with severe mental illness and a health action plan to ensure that some of our most vulnerable people have access to care. This work has been supported by the Wellbeing Service who have provided training and advice to GP practices to enable them to meet the need of the patients and ensure they receive their annual health check. They have also worked with Hull CCG to cleanse the SMI Registers held in GP practices. This will support the increase in patients being invited in for their annual health check.

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

Dementia

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

Hull Dementia Collaborative has progressed and continues to foster partnership working across the city to support those living with, or supporting those with, dementia. A Distress in Dementia document has been developed and shared with all members of the Collaborative, PCN staff and Care Homes.

Integrated Delivery Q1 2022-23

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

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

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

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

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

Primary care in Hull Q1 2022-23

2022-23 is the fourth year of the five-year framework for the GP contract which implements the commitments set out in the *NHS Long Term Plan.*

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

Hull Primary Care Networks 2022-23
From May 2022 there were seven PCNs as follows:

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
Marmot	4	22,000	Dr Scot Richardson
HASP*	5	27,000	Dr Monisha Singh
Medicas	4	62,000	Dr Majid Abdulla

Modality	1	57,000	Dr Elizabeth Dobson
Venn	7	50,000	Dr Amy Oehring
Haxby	3	33,000	Dr Laura Balouch
Symphonie	8	55,000	Dr Kanan Pande

*Hull Association of Similar Practices (HASP)

The wider practice clinical team

The GP contract provides resource to support PCNs to appoint additional workforce throughout the period to 2023-24. In 2022-23 the PCNs in Hull continued to expand the number of additional roles working in primary care including clinical pharmacists, pharmacy technicians, social prescribing link workers, nurse training associates, first contact physiotherapists, physician associates, health and wellbeing coaches and care co-ordinators to support them to deliver services to their patients.

Enhanced access service

The PCNs in Hull have developed their plans for the delivery of the Enhanced Access service in Hull which will provide access to a range of general practice appointments and services until 8pm Monday to Friday and on Saturdays between 9am and 5pm.

Our newsletter *My city, My health, My care* contains information on the changes and developments within GP care in Hull. You can read it at www.hullccg.nhs.uk

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

Digitally enabled care Q1 2022-23

During the three-month period between April-June 2022, we have continued to build on the digital enhancements that were originally deployed in response to the Covid-19 Pandemic, which are now a business as usual approach to how we are supporting our population and professionals, to provide the best possible level of care.

Key programmes of work to enhance digital enablement and to ensure that our health and social care teams have access to the latest digital tools, are as follows:

- We believe that every patient should only have to tell their story once and to ensure that each professional directly involved in a patient's care is fully informed to make decisions, we continue to accelerate the deployment of our shared care record system – The Yorkshire and Humber Care Record.
- We have continued to replace older computer devices within GP Practices, to ensure access to appropriate equipment for use
- We continue to work on the implementation of a secure clinician to clinician messaging solution, to allow care professionals to seek advice from their peers.
- All GP practices now have access to Online and Video Consultation facilities.
- We continue to develop the use of the NHS App to provide convenient access to GP Services and to assist patients to manage their own care requirements, this includes a view of hospital records for some of our population.
- We continue to develop the use of the Humber & North Yorkshire self-care app store to allow the local population to easily access suitable apps to support their wellbeing. This is now being enhanced to include support to Elective Care patients within some of our local acute trusts, while they wait for appointments.

We do however recognise that digital solutions do not always provide the most accessible or appropriate method of communication for all patients and this is managed via our dedicated Digital Inclusion Network, to ensure that service accessibility is at the heart of everything we do:

- We worked with NHS England to develop a resource pack, to support patients to know how to best access their practices for digital, non-digital and face to face appointments and support.
- We are actively working to ensure that all practice websites are as easy to use as possible.
- Some practices now have the ability to record how digitally enabled their patients are, to ensure that they offer the most appropriate style of care to individuals.
- We have workstreams underway looking at how we can provide supported digital access to those patients who normally wouldn't be able to access, for example tools for digital access within rural locations such as village halls.

Care Homes remain an important element within our care community and we are dedicated to ensuring that all providers are connected to the wider care community:

- All of our care homes have been provided with access to a secure NHS Mail address.
- All of our care homes have been provided with a connected tablet to allow access to video consultations, proxy medication ordering and other on-line health services, from a residents bedside if required.
- We are actively working with our IT partners to improve Wi-Fi access within whole care home premises.
- Our care community has developed a support team to support care homes to improve their digital maturity.
- We have developed a first of type Care Home IT Operating Model to outline the services and support required by providers, to ensure they receive the support required to allow digital access.

It is important that we continue to support the reconfiguration of clinical services to ensure that patients are seen in the most appropriate location and to increase capacity within the care system:

- We have implemented a clinical booking system which allows NHS 111 to book callers into Urgent Care settings and this is being developed to allow any care provider to directly book into another care provider to allow a more efficient experience for patients.
- We continue to support the move to diagnostic services being offered within community settings, increasing capacity within other local services.

Engaging people and communities Q1 2022-23

As the last full year of 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 has opened up conversations with whole new audiences.

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

Hull Champions

We continue to support our network of 127 active Hull Champions, which is made up of local groups and projects which support health and wellbeing. These groups have continued to play a key role in supporting local residents with health and wellbeing, with mental health support being an area of key focus. The Champions have continued promoting our key public health messages and have been particularly valuable in targeting information around the covid vaccination programme.

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

Working Voices

Working Voices provides the opportunity to engage with and support the health and wellbeing of local employees via a network of 40 businesses. This enables a reach of around 23,425 people - allowing the voices of the workforce to be heard – as well as a means of sharing health information directly to the workplace.

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

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

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

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

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

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

Maternity Voices Partnership (MVP) offers vital feedback route

The Maternity Voices Partnership (MVP) has continued to provide a vital route for feedback for parents and families. The MVP has made use of social media to ensure feedback opportunities have been available to local families through the pandemic and beyond. Families are encouraged to feed back about each service throughout their pregnancy and following the birth of their child. Themes over the

past 12–18 months have largely focused on the implications of the COVID restrictions on birthing experiences.

Public involvement in health service design and planning

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

Our commitment to engaging with the people who use our services goes way beyond the statutory requirements, and up to June 2022 the CCG was able to gather the views of thousands of local residents, patients, clinicians and professionals despite the ongoing challenges that the pandemic has brought. Here are some highlights of our service level engagement during the first quarter of 2022-23:

We 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 24th May 2022, 10 weeks after the launch of the service and chaired independently by Hull and East Riding of Yorkshire Healthwatch. Co-produced surveys for parents/carers and staff, made available from 19th April to 18th May resulted in 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 October.

Videos/resources:

The Engagement Team has supported children and young people from Matthew's Hub and H&ER Kids YPEG groups to design and develop ways to explain and promote the service. Young people felt an animated video that describes neurodiversity and the service itself would be useful for CYP and parents/carers. Animation completed and will be showcased end of October at a celebration event for the groups.

We are also working closely with the group to develop ideas and co-produce an independent service and system-wide website that will provide information, resources and access.
Services have contributed a series of videos about their service that will be accessible via the website.

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

Improvement work is now in progress following the listening events in 2021, and new projects of work have begun. Parents and carers will be involved from the outset, and throughout, so that the identified solutions are co-produced.

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

Pride in Hull

We developed an NHS partnership presence at Hull Pride to break down barriers to accessing health service for LGBTQ+ community and provide engagement opportunities to inform service development. An initial insight survey was developed and shared across LGBTQ+ networks to determine what information, support and services the LGBTQ+ community want to access at Pride this year. This confirmed the need for information around:

- Health screening
- GP access and sign up
- Mental Health Support
- Barriers to accessing services.

Inclusion in Action in Primary Care
Earlier this year, we ran a series of Equality, Diversity and Inclusion sessions for staff working in and supporting primary care in Hull. The sessions explored:

- Patterns that shape our world, through the lens of identity.
- How these patterns can lead to exclusion and inequalities.
- The principle of advantage- often invisible to those who hold it.
- The idea of the ‘dominant identity’ and its impact

We asked attendees to look to the future:

- What would an accessible, inclusive environment look and feel like?
- How do we design and deliver better and more inclusive services for all?
- How do we open employment opportunities and create more inclusive and enriching workplaces?

One of the main priorities identified in these sessions was to have a shared space/ resource to share practical solutions, and ongoing learning and development.

We are proposing an ‘Inclusion in Action Network’ for primary care to:

- Meet regularly to share insight and challenges.
- Develop an online repository to share resources and examples of good practice.
- Provide a space to develop as individuals discovering new connections and learning.

Young people and health pilot

Plans have begun to pilot an engagement exercise with children and young people to inform service development and practice for organisations across Hull working with children and young people.

The main aims are:

- Determine what health/healthy means to children and young people in Hull.
- Determine children and young people's health priorities to target support, information and improvements based on the needs and wants of the population.
- Gather insight into key areas of health that can filter across all organisations and projects in the city.
- Annual data gathering to provide up to date insight and understanding of health beliefs, concerns, issues and needs over time.

This will help:

- To widen our engagement, reach and improve relationships with key youth networks in the city.
- to inform the development of campaigns, services and support. Feed into the children's programme at ICS level.
- Reduce potential for burnout and disengagement with this population- reduce overload of surveys etc. hard to reach and engage with.

This approach was very well received during Hull's Healthy Holidays play days in June where we engaged with over 400 children and young people under age of 15.

We are now looking to develop an engagement **toolkit** with a number of activities for differing ages and group dynamics. Linking with partners across the city to capitalise on existing opportunities and bring key networks together to work better proactively and in collaboration when listening and learning from cyhildren and young people.

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 will be published later in 2022.

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

Digital storytelling

Digital online communication has a key role in enhancing our communications and engagement work. Our website and social media channels are a well-established source of information for patients, public, staff, stakeholders and potential employees. Our website meets accessibility standards and is enhanced with language translation options and Browsealoud software to support the visually impaired.

Our social media accounts have continued to build a strong following which enables us to reach vast numbers and a wide range of people Hull. We work in partnership with local organisations to support initiatives across a wider social media footprint locally by sharing content. We also use paid for social media adverts to promote key areas of work and reach a larger or more targeted audience.

Throughout April – June 2022, we developed several videos to enhance key areas of work. Some examples include:

Sam's story – A video case study was produced highlighting the work of the Mental Health Support Team Service. The case study featured 15-year-old Sam who had received worry management support from the service. This was produced in partnership with the Department for Education and the Department for Health and Social Care and will be featured as a national case study in the future.

Watch Sam's story: https://www.youtube.com/watch?v=VG0KUr9nY3M

What to expect from the Long Covid Triage and Assessment Service animation – An animation developed to help patients understand more about the Long Covid Triage and Assessment Service, including clearly highlighting steps within the process, and what is happening to manage wait times. https://www.youtube.com/watch?v=yk97ome9tUY&t=

Teaming up for Health video relaunch series - The CCG supported and featured in a week-long social media relaunch of the Teaming up for Health partnership with Hull FC Foundation and Hull KR Foundation in May 2022. A series of videos were produced to shine a light on the support available through the partnership and shared across social media by key partners. This video explains more about the partnership and features Hull Place Director, Erica Daley: https://youtu.be/saYKc0jAMX8

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

We produce a number of newsletters to update on CCG work programmes and to further reach households in Hull, in print and online, we contribute regularly to a number of platforms and publications with blogs, first person pieces, interviews and features.

Get involved
Twitter: @HealthinHull @HullChampions @ThePeoplesPanel

Facebook pages: NHSHullCCG, Hull2020 Champions, The Peoples Panel and Healthier Hull.
Search '**NHS Hull CCG'** on youtube.
Our media policy can be found at www.hullccg.nhs.uk

Enhancing patient experience Q1 2022-23

We are committed to making sure that the views and experiences of patients and the public inform every stage of the commissioning process. Seeking patient experience was been integral to our surveys and procurement of new health services during the period.

Our 'in-house' Patient Relations service provided valuable insight into the day to day experience of patients accessing the services we commission. This intelligence was used throughout the CCG in planning future services, quality monitoring and service improvement. Softer intelligence is discussed on a weekly basis at Senior Leadership Team meetings and reported to the Quality and Performance Committee which helps identify issues early and minimise any adverse impact for patients and the public. Please see page 53 in the Accountability Report for information on handling complaints during the period.

We welcome feedback on experiences of local health services:

Email: hnyicb-hull.pals@nhs.net
Phone: 01482 335409
Address: Patient Relations (Hull), Humber and North Yorkshire Health and Care Partnership, Warehouse 8, Guildhall Road, Hull HU1 1HJ

Improving Quality Q1 2022-23

We continue to be passionate about ensuring high quality services are commissioned for our local population. During the first period of 2022-23 we continually reviewed our commissioning intentions, setting measurable quality standards and placing the needs of our patients and population at the heart of our commissioning decisions and our work.

This has been exceptionally important throughout the first quarter of 2022-23 as all provider organisations continued to respond and recover from the COVID-19 pandemic. The CCG has adapted existing mechanism of delivery to further strengthen and support provider organisations, developing new approaches whilst ensuring robust oversight and assurance of existing services.

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

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

With a clear focus on continuous quality improvement, the CCG is able to drive innovation and support a healthier future for our local population. We continue to ensure an integrated, whole system response, using nationally produced guidance and ensuring safe local delivery.

Within the quarter one period the CCG continued to ensure quality indicators from providers are monitored and reported to its Quality and Performance Committee, which reports directly to the Governing Body.

Patient safety - serious incidents

The CCG has a robust serious incident (SI) management process and works with all provider organisations for continuous improvement in patient safety, agreeing on quality improvement priorities. A SI panel review meeting reviews completed investigations against a set of assurance expectations. From this, quality improvement plans can drive improvements contributing to an overall improvement in patient safety and patient experience.

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

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

We have two newly appointed nominated patient safety specialists, one of which is the chair of the Humber and North Yorkshire patient safety specialist delivery group and we continue to actively support the delivering of the National Patient Safety Strategy. End-to-end reviews continue to identify and share learning, helping to embed change and improvements within our systems and processes.

Learning Disabilities Mortality Review (LeDeR)

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

area contacts continue to be established themselves as reviewers and, in offering support to families, carers and our safeguarding team, continue to be an integral to the LeDeR process. Reporting to the Safeguarding Adults and Children's Board, our learning informs the work of the system, our priorities for improvements and supports education for partners across the system.

Safeguarding Adults and Children

The Safeguarding team at Hull CCG has remained actively engaged with safeguarding teams across Humber and North Yorkshire Health to progress work towards transition to becoming an Integrated Care System, ensuring a focus on improving outcomes for adults, children, and families.

The safeguarding team including the Designated and Named Professionals have continued to fulfil their roles in line with national and local guidance in relation to safeguarding children and adults and for Children Looked After. This work involves provision of case-based support and advice as required for health providers and participation in multi-agency case reviews and sub-groups of the partnerships including Safeguarding Adults Board, Safeguarding Children Partnership, Community Safety Partnership, Humber Modern Slavery Partnership (including the Devolved Decision-making pilot for National Referral Mechanism (NRM) for under 18s), Counter Terrorism Prevent, Multi Agency Public Protection Arrangements (MAPPA).

The Designated Professional and Nurses have contributed to multi agency statutory reviews with a focus on establishing the learning and its delivery for better outcomes for adults and children. During Q1, the Hull CCG Safeguarding team has been working with system colleagues to progress recruitment to the posts of Designated Doctor for Safeguarding Children and Designated Doctor for Looked After Children/Children in Care which became vacant during this period due to the retirement of the post holder.

The Named Doctors for Safeguarding Children and Adults continue to co-facilitate Level 3 Safeguarding Training for GPs across Hull and East Riding of Yorkshire alongside colleagues at CHCP, and have ensured continued provision of safeguarding case discussions, advice and support as required with primary care professionals, and contribution to multi-agency statutory reviews and audit as appropriate.

Work commenced as a result of the audit against Domestic Abuse (DA) Minimum Standards and the implementation of a new Hull Health and Care Partnership staff Domestic Abuse Policy to align with the Domestic Abuse Act 2021. The team is actively engaged in the partnership work led by the DA Strategic Board to implement Hull's updated DA Strategy and Implementation plan for the city.

Work has continued alongside colleagues in the Local Maternity Services to embed the ICON programme 'Babies cry, you can cope' with a further focus on supporting neonatal teams to access the resources across the region.

The safeguarding team has worked with local partners to produce a consultation response to the recently published draft Codes of Practice for the Mental Capacity (Amendment) Act 2019 Liberty Protection Safeguards.

The team has been responsive to emerging need for assurance in relation to learning from significant safeguarding cases and also national responses to the ongoing challenges created by the pandemic, particularly for children and adults at risk.

Looked After Children

The CCG has maintained a multi-agency approach with both Designated Nurse and Designated Doctor for Children Looked After. We maintain our role in the Integrated Looked After Children and Care

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

Special Educational Needs and Disabilities (SEND)
The CCG continues works in partnership with children, young people, their families, the SEND and Children's Services teams of Hull City Council and our health providers locally and regionally to ensure a timely health response all the way through the processes of education, health and care needs assessment, planning and review.

Continuing Healthcare
It has continued to be another successful quarter with respect to the assessment and decision-making process for confirming Continuing Healthcare (CHC) and Children and Young People's Continuing Care (CC) eligibility. New processes have been implemented to align the adults and children's pathway to ensure parity of experience and quality, notably improving the interface between the national frameworks, particularly for people experiencing transition into adulthood.

The local service continues to meet, in some instances exceed the national service delivery requirements, with continued good practice noted in providing people with decisions about their eligibility for Continuing Healthcare funding within the 28-day target, throughout the year.

The all-ages team have continued to support our community of eligible people throughout the pandemic recovery phase, supporting peoples continued understanding of the various changes in legislation and guidance to safeguard and improve people's experiences of discharge from hospital.

Working through the local referral pathway and system partners the team introduced the new consent form and made the necessary updates to the checklist and data collection processes.

The Hull adults Continuing Healthcare (CHC) and Children and Young People's Continuing Care (CC) offer, continued to work with the other Humber CCGs, to benchmark practice and review opportunities to align policies and processes.

The new digital platform for Personal Health Budget (PHB) management has been fully implemented and has already started to improve the experience of people organising their care and support through PHB's. The increased, accessibility and transparency has significantly reduced the administration and auditing burden for the PHB holder and the CCG.

The CCG has achieved all necessary arrangements to ensure that reporting of the new NHS England Patient Level Data (PLD) reporting regime has been optimised and successful. The CCG are in a good position to support the current quarter reporting to transition fully to the monthly PLD returns.

Commissioning for Quality and Innovation (CQUINs)

CQUIN schemes are designed to deliver clinical quality improvements and drive transformational change. During the pandemic CQUIN schemes were suspended, and then reintroduced for 2021-22 by NHS England. Within the first quarter of 2022-23 the CCG worked with larger providers to agree CQUINs to support quality and innovation in patient care and embed best practice learning.

Primary Care
The CCG remains committed to strengthening support to PCNs and Lead Nurses for recruitment and training through regular lead nurse meetings. Further progress includes developing and supporting Trainee Nurse Associates (TNAs) and newly registered nurses via the GPN Development Scheme and assisting registered nurses to become nurse practitioners. Working with primary care the CCG has

supported the training needs analysis, to further workforce development such as additional Advanced Nursing Practitioners and Advance Phlebotomists.

Personalisation
Having successfully piloted the Virtual Wallet, a digital Personal Health Budget project this has been supported to continue for a further 12-month period, this commitment ensures continuity for existing users, and greater opportunity to maximise its use across NHS Funded Care pathways.

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

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

Action to reduce health inequalities in Hull Q1 2022-23

The COVID-19 pandemic has continued to illustrate the gap between the least deprived and the most deprived communities. NHS Hull CCG serves a population that is in the fourth-most deprived local authority in England and more than 50% of the population of the city are in the Core20 population nationally, most of these are in the most deprived 10%. As a result, health inequalities continued to be a focus of the work of the CCG and the local system, with the aim of continuing to try to reduce the gap. In the last year the CCG has been a leader in working towards this aim.

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

Social determinants of health

The CCG is a strategically important partner in the local system, working with the local authority, and other partner organisations to tackle the social determinants of health as many require a multi-agency approach. However, equitable access to high quality health services is clearly within the remit and control of the CCG. The CCG has taken a number of actions in the last year which work to address some of the inequalities and inequities that have not yet been addressed. In addition to the Core20 population set out by NHS England, other notable groups, which would fit in the "plus" of Core20plus5, that have been actively considered during the period are people with a learning disability, Inclusion Health populations, and those people seeking asylum in the UK and have been placed in the Home Office Initial Accommodation system but were accommodated in one of two hotels in Hull.

Learning disability

Having recognised that our learning disability population were not accessing health checks, and with the aim of maintaining health, identifying disease early, and optimising treatment where necessary, the CCG has worked with general practices through a local community provider to understand and break down the barriers stopping this population accessing this service; this work has continued into the new financial year, and will continue into the Hull Health and Care Partnership. Based on activity to date, significantly more people with a learning disability have been able to access their annual health check, and there has been important learning identified to improve uptake further in the future. There will have been additional benefits in terms of encouraging this group to take up the offer of cancer screening, where without the clinical conversation that comes with the health check, some might otherwise not have taken this up.

Supporting people seeking asylum

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

Inclusion health

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

NHS Hull CCG has had a primary care service that supports a small element of the 'inclusion population' it was clear from a pilot that was undertaken and support by the Pathway charity that a model specifically for homelessness was required. To deliver this in a joint approach the Local Authority and CCG completed a joint procurement exercise of a new service to support homeless individuals, recognising that this is one of our populations that experiences some of the most extreme inequalities with severe and multiple disadvantages. The service was mobilised and has actively been working with homeless individuals, and rough sleepers within the hospital environment and in the community. In addition to delivering the inclusion health service, the provider has supported several COVID outbreak situations in hostels and has also delivered COVID-19 vaccinations to this population, ensuring equity of access to the vaccination programme.

COVID-19 vaccination programme

NHS Hull CCG worked with NHS England and Humber and North Yorkshire Integrated Care Partnership colleagues to deliver the COVID-19 vaccination programme over the last year, with planning ongoing for delivery of the next phase of the programme in the Autumn/Winter period. While delivering the vaccination programme, it was observed that some populations were taking up the offer of vaccination at a different rate to others; these populations were often located in some of the most deprived parts of the city. To address this, the CCG worked with one of Hull's Primary Care Networks and Hull City Council colleagues to provide more accessible vaccination sites for communities in higher deprivation areas, co-locating with local authority mobile testing sites, and working in collaboration with Humberside Fire and Rescue Service to make use of their mobile shelters. This work significantly increased the uptake of the vaccination, and testing in populations where lower uptake of both was evident.

Additional work around inequalities carried out in Q1 that connects with the wider operational planning requirements around health inequalities:

Differential funding to Primary Care Networks (PCNs) was agreed to support health inequalities plans, recognising the increased work that deprivation requires, as a one-off through the Primary Care Commissioning Committee.

As part of the Direct Enhanced Service (DES), PCNs are required to have plans in place around tackling inequalities. The DES does not provide any additional income to reflect deprivation, which confers increased risk of illness and earlier death, therefore PCNs serving more deprived populations are likely to have higher levels of illness, lower levels of health literacy, need to spend more resources encouraging patients to attend, and need to spend more time with the patients to achieve the same outcomes as PCNs in more affluent areas. Recognising the inequality in workload and outcomes, the CCG took the decision to differentially fund PCNs based on socio-economic status.

Contributing to the delivery of the health and wellbeing strategy for Hull Q1 2022-23

From April 2022 the CCG continued to work as a key partner within the Hull Health and Wellbeing Board to deliver the improved health outcomes for the city. During this period the Deputy Chair, Dr Dan Roper, (Hull CCG Chair) retired on 31 March 2022 and was replaced by Erica Daley (then Hull CCG Interim Chief Operating Officer) as Deputy Chair.

Erica continued to work in direct collaboration with the then Health and Wellbeing Board Chair, Councillor Hester Bridges, until May 2022 when the Health and Wellbeing appointed a new Chair, Councillor Linda Chambers, as part of a political administration change at Hull City Council. A relationship with the new Chair has quickly formed, and despite the changes, Hull CCG continued to ensure the Health and Wellbeing Board meets its strategic aims, whilst remaining responsive to the needs of the health and care system and the citizens of Hull throughout a further challenging year.

In addition to the new Deputy Chair, the Health and Wellbeing Board had representation from two CCG GP Board members throughout April – June 2022 to ensure ongoing input to the work of the Health and Wellbeing Board and the achievement of the aims and objectives of the Joint Health and Wellbeing Strategy (JHWS).

The Clinical Commissioning Group was replaced by the Humber and North Yorkshire Integrated Care System from 1 July 2022. Erica Daley, now Place Director for Hull, continues in her role as Deputy Chair of the Hull Health and Wellbeing Board. Dr Elizabeth Dobson is the Primary Care Networks' representative. Details of NHS provider and clinical representation on the Board can be found at www.hullcc.gov.uk

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

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

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

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

Priority 1. Proactive Prevention
Priority 2. Reducing Health Inequalities
Priority 3. System Integration

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

- **Community-driven change**
- **Intelligence-based decisions**
- **Co-ordination at Place**
- **Collective accountability**

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

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

The CCG Annual CCG report is circulated to Health and Wellbeing Board members off agenda for comment and feedback.

Performance on NHS Constitution and Quality Indicators Q1 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 Oversight Framework 2022-23, published in June 2022, states this updated framework will take effect from 1 July 2022 and the existing oversight arrangements as set out in the System Oversight Framework 2021/22 apply until this date.

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

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

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

The NHS Constitution sets access standards for emergency care, elective (non-emergency) care and cancer services, and the CCG has an obligation to ensure all our health care providers strive to meet these to ensure patients in Hull receive the right standards and quality of care.

Key performance tables and commentary for NHS Hull CCG for Quarter 1 of 2022-23 are below.

Please note: *The 'Actual' position quoted is at 30th June 2022 unless stated otherwise in brackets.*

NHS NATIONAL REQUIREMENTS		Actual (YTD)	Target
Number of GP written referrals in the period in all specialties	2022-23	12,406 (Apr-Jun 2022)	*
Number of other (non-GP) referrals for a first consultant outpatient episode in the period in all specialties	2022-23	5,500 (Apr-Jun 2022)	*
All first outpatient attendances (consultant-led) in all specialties	2022-23	27,803 (Apr-Jun 2022)	*
A&E Attendances – All types (SUS data)	2022-23	39,740 (Apr-Jun 2022)	*
A&E Attendances - Type 1 (SUS data)	2022-23	21,260 (Apr-Jun 2022)	*
A&E waiting time performance - All types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SUS data)	2022-23	66.5% (Apr-Jun 2022)	95%

** Operational planning for 2022-23 was based on different methodology and therefore targets are not measurable against this data.*

Please note: A&E attendances for type 1 and all types, and A&E waiting time performance is taken from Secondary Uses Service (SUS) data.

Commentary:

Performance against the A&E operational standard whereby patients should spend no more than 4 hours in A&E from arrival to admission, transfer or discharge has been variable throughout 2021-22 into 2022-23.

Throughout the pandemic, there has been significant and continued demand on the urgent and emergency care pathways with flow through A&E being impacted by increasing numbers of individuals attending with suspected and confirmed Covid. This required the duplication of pathways to ensure that those with no signs of Covid were

managed separately to those with suspected/confirmed Covid. We have also seen attendance, within the Urgent Treatment Centre (UTC) setting at Bransholme surpass pre-pandemic levels from January 2022 and continuing to rise.

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

Ambulance Response		Actual (YTD)	Target
Ambulance clinical quality – Category 1 - 7 minute response time - Trust	2022-23	00:09:34* (Apr-Jun 2022)	00:07:00 (Minutes)

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

Commentary:

The indicator above relates to Yorkshire Ambulance Service regional information. This remains a priority work stream for Hull & East Riding with plans in place to increase the utilisation of alternative pathways for the ambulance service and to streamline the process when an ambulance attends A&E.

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

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

Commentary:

Long delays in ambulance handover and turnaround are detrimental to clinical quality and patient experience and are costly to the NHS. Ideally, ambulance turnaround should be complete within 30 minutes, allowing 15 minutes for patient handover to A&E and 15 minutes to clean and prepare the ambulance vehicle to be ready for the next call. Ambulance handover and Crew Clear delays are against zero-tolerance targets and work is in place to reduce the number and level of delays.

Waiting Times – Referral to Treatment (RTT)		Actual (Month)	Target
The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period	2022-23	58.6% (Jun 2022)	92%

Commentary:

The NHS constitution states patients should wait no more than 18 weeks from GP Referral to Treatment (RTT). Delivery of the target has been challenging as a result of increased demand and capacity issues across the local system with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response, reducing the capacity to undertake less urgent interventions.

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

Diagnostics		Actual (Month)	Target
Diagnostics Test Waiting Times - % of patients waiting 6+ weeks for a diagnostic test	2022-23	34.9% (Jun 2022)	<1%

Commentary:

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

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

Commentary:

Cancer		**Actual (YTD)**	**Target**
Cancer- All Cancer two week wait	2022-23	82.4% (Apr-Jun 2022)	93%
Cancer - Two week wait for breast symptoms (where cancer not initially suspected)	2022-23	39.4% (Apr-Jun 2022)	93%
Cancer - Percentage of patients receiving first definitive treatment within 31 days of a cancer diagnosis	2022-23	87.4% (Apr-Jun 2022)	96%
Cancer - 31 Day standard for subsequent cancer treatments - surgery	2022-23	80.0% (Apr-Jun 2022)	94%
Cancer - 31 Day standard for subsequent cancer treatments - anti cancer drug regimens	2022-23	97.3% (Apr-Jun 2022)	98%
Cancer - 31 Day standard for subsequent cancer treatments – radiotherapy	2022-23	61.6% (Apr-Jun 2022)	94%
Cancer - All cancer 62 day urgent referral to first treatment wait	2022-23	57.1% (Apr-Jun 2022)	85%
Cancer - 62 day wait for first treatment following referral from an NHS cancer screening service	2022-23	68.2% (Apr-Jun 2022)	90%
Cancer - 62 day wait for first treatment for cancer following a consultant's decision to upgrade the patients priority	2022-23	10.0% (Apr-Jun 2022)	No Target
NEW Cancer – 28 Day faster diagnosis standard	2022-23	71.4% (Apr-Jun 2022)	75%

The NHS Constitution includes a number of targets relating to treatment for cancer patients.

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

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

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	88.0% (Apr-Jun 2022)	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	99.4% (Apr-Jun 2022)	95%
% of people who have depression and/or anxiety disorders who receive psychological therapies	2022-23	5.2% (Apr-Jun 2022)	*
People who are moving to recovery	2022-23	54.4% (Apr-Jun 2022)	50%

Dementia - Estimated diagnosis rate	2022-23	64.0% (Jun 2022)	66.7%

Commentary:

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

The psychological therapies service has seen maintained performance in the Recovery Standard throughout the pandemic.

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

Commentary:

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

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

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

Commentary:

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

Emergency hospital admissions are monitored monthly to ensure pathways commissioned are delivering key outcomes.

Maternity		Actual (YTD)	Target
Number of maternities	2022-23	794 (Apr-Jun 2022)	No Target
Maternal smoking at delivery	2022-23	18.89% (Apr-Jun 2022)	<21% (Local Target)
Breast feeding prevalence at 6-8 weeks	2021-22	33.7% (Jan-Mar 2022)	No Target

Commentary:

Maternal smoking at delivery continues to be below the local target (21%) but significantly above the national rate of 9.1% (2021-22), remaining a priority.

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

Primary Care information		Actual (Month)	Target
GP registered population counts by single year of age and sex (under 19s)	2022-23	68,383 (Jun 2022)	No Target
GP registered population counts by single year of age and sex from the NHAIS System	2022-23	306,954 (Jun 2022)	No Target

Performance and financial analysis Q1 2022-23

Financial position 1 April to 30 June 2022

The financial allocation for the final three month period of Hull Clinical Commissioning Group is linked to system wide financial control total for the Humber and North Yorkshire Integrated Care Board (ICB) for the full 2022-23 financial year. The ICB has a statutory duty to achieve financial balance, however in order to achieve this funding could be transferred between the last three months of the CCG and the first nine months of the ICB.

As a result of this NHS Hull CCG received funding of of £171.4m for this reporting period. The cumulative historic surplus of £15,508m has remained the same due to the breakeven position reported here. This has transferred into the ICB.

NHS Provider contracts were based on those in place during the previous financial with uplifts/adjustments being made as per planning guidance. Payments to NHS providers outside of the system resumed, however this was under a nationally determined regime called Low Volume Activity arrangements (LVAs). Additional funding was provided for these.

As was the case in 2021-22 Hull CCG acted as the lead for several elements of system level funding such as Covid Funding, System Top-up Funding, Elective Recovery Funding.

The CCG spent £1,327k on the administration of the organisation in this reporting period which was within the running cost allocation available.

Financial development and performance 1 April to 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 Covid-19 pandemic and the associated pressure on all areas of healthcare. The different financial regime that we have been working within has enabled systems to maintain delivery of services, however the financial pressure that is being faced in order to achieve recovery targets is substantial. The level of collaboration and cooperation between partners in producing balanced financial plans for 2022-23 has been significant.

NHS Hull CCG's Annual Report and Accounts have been prepared on a Going Concern basis. This is because its services will continue to be by another public sector entity, the ICB.

Managing our resources July 2022 and beyond

The financial plans for the second part of the 2022-23 financial year are a continuation of those used during the first part. The six individual financial plans have come together to form a single plan however work is continuing to adapt and develop these plans in order to maximise the opportunities that this now enables and to reflect the new ways of working.

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

- decisions taken closer to the communities they affect are likely to lead to better outcomes.

- collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- collaboration between providers (ambulance, hospital and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

Sustainability Report Q1 2022-23

Introduction

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Spending money well and considering the social and environmental impacts is enshrined in the Public Services (Social Value) Act (2012).

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

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

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

Our organisation evaluates the environmental and socio-economic opportunities during our procurement process through the inclusion of appropriate social clauses within our tender documentation and contracts.

The CCG works with NHS Property Services and Community Health Partnerships (the organisations that own/lease local healthcare facilities) to ensure we will comply with our obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012.

ACCOUNTABILITY REPORT Q1 2022-23

Stephen Eames

Chief Executive (Accountable Officer)

Date 22 June 2023

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

Corporate Governance Report

Hull CCG Members Report Q1 2022-23

The Members' Report contains details of our CCG membership practices, our Board membership (sometimes referred to as a Governing Body), membership of the Audit and Integrated Governance Committee and where people can find Board member profiles and the register of interests.

NHS Hull CCG member practices at June 2022

	Practice Name	Practice Address	Primary Care Network
1	Goodheart Surgery	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	HASP
2	Delta Healthcare	Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	HASP
3	Laurbel Surgery	Laurbel Surgery, 14 Main Road, Bilton, Hull, HU11 4AR	HASP
4	Kingston Health	▪ Kingston Health, Wheeler Street, Hull, HU3 5QE ▪ Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	HASP
5	Raut Partnership	▪ Highlands Health Centre, Lothian Way, Hull, HU7 5DD ▪ Littondale, Sutton Park Hull, HU7 4BJ	HASP
6	Dr GT Hendow	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Marmot
7	Northpoint	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Marmot
8	Princes Medical Centre	Princes Court, 2 Princes Avenue, Hull, HU5 3QA	Marmot
9	James Alexander Practice	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Marmot
10	East Hull Family Practice	▪ Morrill Street Health Centre, Morrill Street, Hull, HU9 2LJ ▪ Longhill Health Care Centre, 162-164 Shannon Road, Hull HU8 9RW	Medicas

		▪ 81 Southbridge Road, Victoria Dock, Hull, HU9 1TR ▪ Park Health Centre, 700 Holderness Road, Hull, HU9 3JR	
11	Marfleet Group Practice	▪ Marfleet Primary Care Centre, Preston Road, Hull, HU9 5HH ▪ Hauxwell Grove, Middlesex Road, Hull, HU8 0RB	Medicas
12	Orchard 2000	▪ Orchard 2000 Medical Centre, 480 Hall Road, Hull, HU6 9BS ▪ Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Medicas
13	St Andrews Group Practice	▪ The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB ▪ Newington Health Centre, 2 Plane Street, Hull, HU3 6BX	Medicas
14	Modality Hull	▪ Alexandra Health Care Centre, 61 Alexandra Road, Hull, HU5 2NT. ▪ New Hall Surgery, Oakfield Court, Cottingham Road, Hull, HU6 8QF. ▪ West Hull Health Hub, 61 Calvert Lane, Hull HU4 6BN, ▪ Bilton Grange Health Centre, 2 Diadem Grove, Hull, HU9 4AL	Modality
15	Haxby – Kingswood & Orchard Park	▪ Kingswood Healthcare Centre, 10 School Lane, HU7 3JQ ▪ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX	Haxby
16	Haxby – Calvert & Newington	▪ Newington Health Centre, 2 Plane Street, Hull, HU3 6BX ▪ The Calvert Health Centre, 110A Calvert Lane, Hull, HU4 6BH	Haxby
17	Haxby – Burnbrae Surgery	Burnbrae Surgery, 445 Holderness Road, HU8 8JS	Haxby
18	Field View Surgery	840 Beverley Road, Hull, HU6 7HP	Venn
19	The Bridge Group	▪ The Orchard Centre, 210 Orchard Park Road, Hull, HU6 9BX ▪ The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB	Venn
20	Sutton Manor Surgery	St Ives Close, Wawne Road, Hull, HU7 4PT	Venn
21	CHCP – City Centre	▪ Kingston Medical Centre, 151 Beverley Road, Hull, HU3 1TY ▪ Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA ▪ Riverside Medical Centre, The Octagon, Walker Street, Hull, HU3 2RA	Venn
22	CHCP – East Park	Park Health Centre, 700 Holderness Road, Hull, HU9 3JA	Venn
23	CHP Ltd – Southcoates & Marfleet	▪ Southcoates Medical Centre, 225 Newbridge Road, Hull, HU9 2LR ▪ 358 Marfleet Lane, Hull, HU9 5AD	Venn
24	CHP Ltd - Bransholme	Bransholme Health Centre, Goodhart Road, Hull, HU7 4DW	Venn
25	Newland Health Centre	Newland Health Centre, 187 Cottingham Road, Hull, HU5 2EG	Symphonie
26	Sydenham House Group Practice	The Elliott Chappell Health Centre, 215 Hessle Road, Hull, HU3 4BB	Symphonie
27	Wilberforce Surgery	Wilberforce Health Centre, 6-10 Story Street, Hull, HU1 3SA	Symphonie

28	The Avenues Medical Centre	The Avenues Medical Centre, 149 - 153 Chanterlands Avenue, Hull, HU5 3TJ	Symphonie
29	Wolseley Medical Centre	Wolseley Medical Centre, Londesborough Street, Hull, HU3 1DS	Symphonie
30	Clifton House Medical Centre	Clifton House Medical Centre, 263 - 265 Beverley Road, Hull, HU5 2ST	Symphonie
31	The Oaks Medical Centre	The Oaks Medical Centre, Council Avenue, Hull, HU4 6RF	Symphonie
32	Hastings Medical Centre	919 Spring Bank West, Hull, HU5 5BE	Symphonie

See www.hullccg.nhs.uk for Practice websites

CCG Board Membership Q1 2022-23

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

Hull CCG Board members

(All memberships run from 1 April 2022 – 30 June 2022 inclusive unless stated otherwise)

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

CCG Committees Q1 2022-23

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

- Integrated Audit and Governance Committee

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

For full details of committee functions, membership and attendance for April – June 2022 please see the Governance Statement.

Personal data related incidents Q1 2022-23

The CCG recognises the importance of maintaining data in a safe and secure environment. It uses the Serious Incidents Requiring Investigation (SIRI) tool to assess any matters involving potential data loss to the organisation. The tool requires the reporting of any data incident rated at level 2 or above via the information governance toolkit. **The CCG has had no such incidents during April – June 2022.**

Modern Slavery Act Q1 2022-23

NHS Hull CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2022 is published on our website at www.hullccg.nhs.uk

Access to Information Q1 2022-23

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	51
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 20 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 24 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.hullccg.nhs.uk/freedom-of-information-and-sharing-information/freedom-of-information/

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

Handling complaints Q1 2022-23

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

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

During the first quarter of 2022 the CCG did not receive any formal complaints.

As we moved from a CCG into the NHS Humber and North Yorkshire Integrated Care Board (ICB) on the 1st July 2022 we are working towards a more integrated model for Patient Relations across our area. This will include the introduction of a new complaints policy that cover the six areas, this will provide a more consistent approach to complaint handling, the policy is based on The Parliamentary and Health Service Ombudsman (PHSO) new standards framework for dealing with complaints. We are looking to implement this policy shortly; in the meantime we continue to work to our current policy that can be found on the Hull Health & Care website www.hullccg.nhs.uk

Raising concerns – whistleblowing Q1 2022-23

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

Emergency Preparedness, Resilience and Response Q1 2022-23

The CCG continues to have a responsibility to:

(1) Ensure it can respond appropriately if there is an emergency that affects the City of Hull (or wider); such as floods, cyber-attacks, pandemic infections, etc. In order to do this the CCG has several policies and processes which sets out the CCG's role.
(2) Ensure that it can continue working as an organisation (business continuity) as well as responding appropriately to any emergency situations.

This process is called Emergency Preparedness, Resilience and Response (EPRR).

The CCG responded to national guidelines to start stepping down its response to the COVID Pandemic and supporting partner organisations to continue to develop their response to meet national policy directions whilst reflecting the need to be able to respond to sudden increases in the number of cases as behaviours changed and the wider population started returning to normal activities. This leadership role helped ensure that the wider health and care community was

supported to continue to deliver essential services to our local population, as well maintaining services and pathways that arose from the pandemic.

The biggest impact on service delivery requiring a coordinated response has been the increase in demand for services as individuals have started accessing healthcare again which has led in increased demand for ambulance journeys as well as increased attendances at A&E. The CCG has been actively working with partners to ensure that the local population can access the care they need when they need it and can leave hospital and go back to tehri own home when their clinical condition has improved.

Statement of Disclosure to Auditors

Each individual who is a member of the CCG at the time the Members' Report is approved confirms:

- so far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report

- the member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Statement of Accountable Officer's Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Stephen Eames to be the Accountable Officer of NHS Hull Clinical Commissioning Group.

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

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

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

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

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

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Hull 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.

Governance Statement Q1 2022-23

Introduction and context

NHS Hull Clinical Commissioning Group (CCG) is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

At 1 April 2022, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

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

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

Governance arrangements and effectiveness

The main function of the Governing Body (known as the CCG Board) is to ensure that the Group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG maintains a constitution and associated standing orders, prime financial policies and scheme of delegation, all of which have been approved by the CCG's membership and certified as compliant with the requirements of NHS England.

Taken together these documents enable the maintenance of a robust system of internal control. The CCG remains accountable for all of its functions, including any which it has delegated.

The scheme of delegation defines those decisions that are reserved to the Council of Members and those that are the responsibility of its Governing Body (and its committees), CCG Committees, individual officers and other employees.

The Council of Members comprises representatives of the 32 member practices and has overall authority on the CCG's business. It receives performance updates at each of its meetings as to the progress of the CCG against its strategic objectives.

The Governing Body has responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the

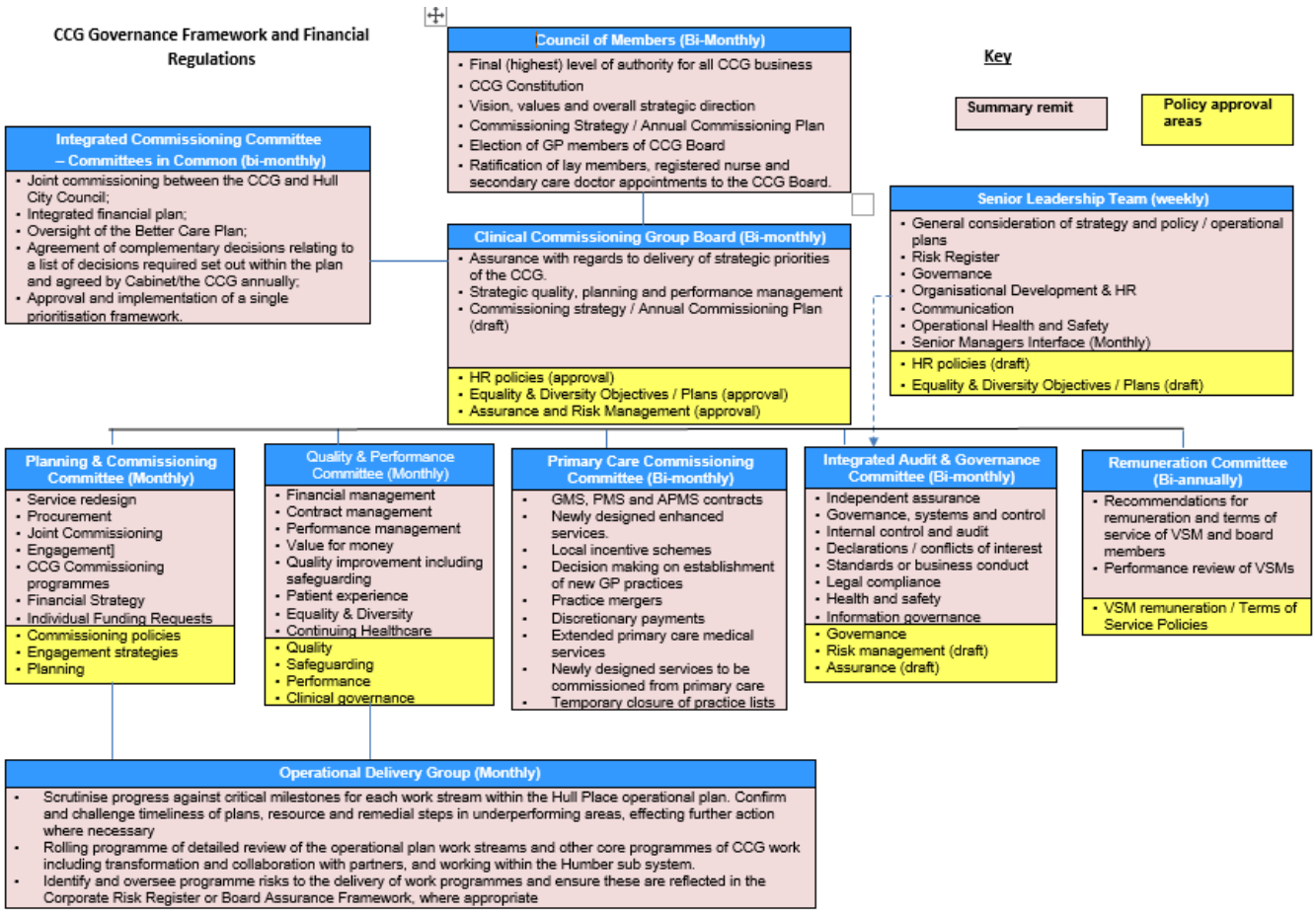
achievement of the CCG's objectives. It has established six committees to assist it in the delivery of the statutory functions and key strategic objectives of the CCG. It receives regular opinion reports from each of its committees, as well as their minutes. These, together with a wide range of other updates, enable the Governing Body to assess performance against these objectives and direct further action where necessary.

The Integrated Audit and Governance Committee provides the Governing Body with an evaluation of the sources of assurance available to the CCG. Significant matters are escalated through the risk and control framework and reviewed by the committee. The Governing Body is represented on all the committees so as to ensure that it remains sighted on all key risks and activities across the CCG.

An Operational Delivery Group has been maintained by the CCG throughout the year to agree priorities and monitor progress against a programme of work to deliver the CCG's commissioning strategy and operational plan.

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

The CCG governance framework for April – June 2022 is summarised in the diagram below:



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

Council of Members

The Council of Members has final authority for all Clinical Commissioning Group (CCG) business and established the vision, values and overall strategic direction for the organisation. It has reserved powers with respect to authorisation of the CCG constitution, commissioning strategy and election / ratification of key appointments to the CCG Governing Body.

During April - June 2022, the Council met on one occasion.

It discussed and considered a wide range of agenda items and governance arrangements related to the establishment of the Integrated Care System (ICS) / Place and Humber Coast and Vale (HCV) and the CCG transition. It also considered future clinical engagement and achievements and learning from the Council of Members Group to take forwards.

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

Attendance at the Council of Members for the reporting period was as follows:

DATE OF MEETING	**12/05/22**		
MEMBERSHIP PRACTICE			
Bridge Group Practice	√		
CHCP - East Park Practice	X		
City Health Practice – Bransholme Health Centre	X		
CHP LTD – Southcoates	X		
Clifton House Medical Centre	X		
Dr Jaiveloo	X		
Delta Healthcare	X		
East Hull Family Practice	X		
Field View Surgery	X		
Goodheart Surgery	X		
Haxby Group	√		
Hendow GT	X		
Hastings Medical Practice	X		
Haxby Group, Burnbrae Surgery	√		
Haxby Calvert and Newington Surgeries	√		
James Alexander Family Practice	X		
Kingston Health Hull	√		
CHCP City Centre	X		
Modality Hull	√		
Newland Health Centre	X		
Northpoint (Humber)	X		
Orchard 2000 Group	X		
Princes Medical Centre	X		
Raut Partnership	√		
St Andrews Surgery	X		
Sutton Manor Surgery	√		
Sydenham Group Practice	X		
The Avenues Medical Centre	X		
The Oaks Medical Centre	√		
Weir and Partners	X		
Wilberforce Surgery	X		
Wolseley Medical Practice	X		
KEY			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			

Governing Body

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

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

The CCG Governing Body has met three times during the reporting period and was quorate on each occasion. Its agendas have incorporated a comprehensive range of reports to support delivery of its key functions, including the Performance and Quality Reports (incorporating contracts, finance and quality), and updates in relation to the Integrated Care System transition governance as a statutory body. It also approved the NHS Hull CCG Annual Report 2021-22, annual accounts and governance statement. It maintained strategic oversight of the organisation's major incident response to the COVID-19 pandemic.

The Governing Body has continued to evaluate its effectiveness, including development sessions, to initiate changes which build and strengthen its functionality. It has committed to the previously approved organisational development strategy, which includes a comprehensive programme of development as a team and consideration of the CCG strategic objectives, and the risks to their achievement and mitigations.

DATE OF MEETING	22/04/22	27/05/22	24/06/22
MEMBERSHIP			
Chair / GP Member (Dr Dan Roper)	*	*	*
Accountable Officer	x	√	x
Interim Chief Operating Officer	√	√	√
Chief Finance Officer	√	√	x
GP Member (Dr Amy Oehring)	*	*	*
GP Board Member (Dr Bushra Ali)	x	√	√
GP Member (Dr James Moult)	√	√	√
GP Member (Dr Masood Balouch)	x	√	√
GP Member (Dr Vince Rawcliffe)	√	√	√
Secondary Care Doctor	*	*	*
Practice Manager Member	√	√	x
Interim Director of Nursing and Quality Executive Nurse / Interim Director of Nursing and Quality (Registered Nurse)	√	√	√
Lay Representative Strategic Change	√	√	√
Lay Representative Patient and Public	√	√	√
Lay Representative Audit, Remuneration and Conflict of Interest Matters	√	√	√
Membership as per the CCG Constitution			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			
* Post Vacant / Vacany held			

Integrated Audit and Governance Committee

The Integrated Audit and Governance Committee is responsible for providing assurance to the CCG Governing Body on the processes operating within the organisation for risk, control and governance. It assesses the adequacy of assurances that are available with respect to financial, corporate, clinical and information governance. The committee is able to direct further scrutiny, both internally and externally where appropriate, for those functions or areas where it believes insufficient assurance is being provided to the CCG Governing Body.

During April – June 2022, the committee met on two occasions. The committee's activities included:

- receiving and reviewing the board assurance framework and risk register
- considering reports and opinions from a variety of internal and external sources including external audit, NHS Counter Fraud Authority, internal audit and the other committees of the Governing Body; scrutiny of CCG financial performance
- reviewing and approving policies
- receiving and scrutinising reports on declarations of interest and gifts and hospitality;
- assurance in relation to the controls and mitigations in place during the transition from the CCG to the Humber and North Yorkshire Integrated Care Board
- reviewing the annual accounts and annual governance statement and made recommendations to the Governing Body; and,
- through its work programme provided assurance to the Governing Body that the system of internal control is being implemented effectively.

Attendance at the committee during the year was as follows:

DATE OF MEETING	**20/04/22**	**25/05/22**	
MEMBERSHIP			
Lay Member Audit, Remuneration and Conflict of Interest Matters - Chair	√	√	
Lay Member Strategic Change - Vice Chair	√	X	
Lay Member Patient and Public Involvement	√	X	
Membership as per Terms of Reference published on the CCG website			
KEY			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			

Planning and Commissioning Committee

The Planning and Commissioning Committee is responsible for ensuring that the planning, commissioning and procurement of commissioning-related business is in line with the CCG organisational objectives. In particular, the committee is responsible for coordinating and reviewing commissioning plans prior to recommending them to the Governing Body setting out key commissioning priorities for the year which will deliver planned quality, innovation, productivity and prevention (QIPP) benefits.

In addition, the Committee:

- Monitors the delivery of the agreed plans / service developments through regular updates and exception reporting across all service areas.
- Reviews and oversees the implementation of NICE and other sources of guidance/guidelines that impact upon the CCG's commissioning functions.
- Oversees and supports the aspects of joint working with partner CCGs across both the Humber geographical area and the whole Integrated Care System.
- Reviews and approves service specifications and commissioning policies ensuring that financial governance has been maintained through the two formal sub-meetings of the Committee, as follows:

    - Pathway Review Group – a joint meeting across Hull and the East Riding that supports collaborative working on clinical pathways across providers and commissioners; Procurement Panel – which ensures that the CCG follows relevant procurement legislation.

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

The committee's activities included:

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

Attendance at the Planning and Commissioning Committee was as follows:

DATE OF MEETING	06/05/22	10/06/22
MEMBERSHIP		
GP Board Member (VR) - Chair	√	√
GP Board Member (BA)	√	√
GP Board Member (MB)	√	√
GP Board Member (AO)	√	*
Director of Integrated Commissioning	*	*
Lay Representative Strategic Change Vice-Chair	√	√
Associate Director of Communication and Engagement	√	X
Deputy Director of Commissioning	√	√
Strategic Lead for Mental Health and Learning Disabilities	√	X
Strategic Lead - Primary Care	X	√
Strategic Lead for Children and Young People and Maternity	X	X
Strategic Lead for Planned Care	*	*
Deputy Director of Quality and Clinical Governance / Lead Nurse / Senior Representative / Senior Quality Representative	√	√
Hull City Council Representative	X	√
Deputy Chief Finance Officer / Deputy Chief Finance Officers / Senior Finance Representative (DS) (JD)	√	√
CCG Board Practice Manager Member	√	√
Medicines Optimisation Pharmacist	√	√

Membership as per Terms of Reference published on the CCG website
KEY
Apologies submitted D = Deputy Present
X not in attendance
√ in attendance
* Post Vacant

Quality and Performance Committee

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

The Committee met on two occasions during April - June 2022 and was quorate on each occasion. An update report is produced by the committee after each meeting for consideration by the Governing Body as to the sources of confidence available in relation to the areas of responsibility of the committee. The committee's activities included:

- Review and oversight of CCG business associated with Quality and Performance
- Review of provider quality and performance assurance and escalations.
- Scrutiny and commissioner feedback of provider quality accounts.
- Receive and review of the Annual Reports for CCG activity and statutory duties.
- Assurance and monitoring the safeguarding programme of the CCG.
- Assurance and monitoring of the CCG response to the COVID-19 pandemic.

- Scrutiny and review of clinical serious incidents and improvements in patient's safety.
- Monitoring and review of patient experience, in informing the priorities of the committee and the wider CCG.
- Scrutiny of financial delivery of commissioned services.

Attendance at the Quality and Performance Committee was as follows:

DATE OF MEETING	29/04/22	17/06/22	
MEMBERSHIP			
CCG Board GP Member - Chair	√	√	
Lay Member - Vice Chair	√	√	
Interim Director of Nursing and Quality / Director of Quality and Clinical Governance/Executive Nurse	√	√	
Deputy Director of Quality and Clinical Governance/Lead Nurse / Interim Deputy Director of Nursing and Quality	X	X	
Deputy Director of Commissioning	√	√	
Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery or a senior representative from the Teams	√	√	
Associate Director of Communications and Engagement	√	√	
Associate Medical Director	√	√	
Secondary Care Doctor	*	*	
Membership as per Terms of Reference published on the CCG website			
KEY			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			
* Post Vacant			

Primary Care Commissioning Committee

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

During April - June 2022 the committee met on two occasions and was quorate each time. The committee's activities included:

- overseeing delivery of primary medical care services;
- implementation of the CCG's Strategic Commissioning Plan for Primary Care, including development of Primary Care Networks, commissioning of services from Primary Care Networks and delivery of the national Primary Care Network service specifications;
- contractual issues – including contract mergers and list closure requests; and
- primary care workforce and primary care finance.

Attendance at the Primary Care Commissioning Committee was as follows:

DATE OF MEETING	22/04/22	24/06/22	
MEMBERSHIP			
NHS Hull CCG Governing Body Lay Representative Patient and Public Chair	√	√	
NHS Hull CCG Governing Body Lay Representative Strategic Change Vice-Chair	√	√	
NHS Hull CCG Governing Body Lay Representative Audit, Remuneration and Conflicts of Interest Matters	√	√	
NHS Hull CCG Chief Officer / Accountable Officer	x	x	
NHS Hull CCG Chief Operating Officer	√	√	
NHS Hull CCG Chief Finance Officer (or nominated senior deputy)	√	√	
NHS Hull CCG Director of Integrated Commissioning (or nominated senior deputy)	*	*	
NHS Hull CCG Director of Quality and Clinical Governance/Executive Nurse (or immediate deputy) / NHS Hull CCG Director of Nursing and Quality (or nominated senior deputy)	√	√	
NHS Hull CCG Governing Body GP Member(s) without a pecuniary interest	*	*	
Hull City Council Director of Public Health (or senior representative from Hull City Council	√	√	
NHS Hull CCG Governing Body Registered Nurse	*	*	
Membership as per Terms of Reference published on the CCG website			
KEY			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			
* Post Vacant			

Remuneration Committee

The purpose of the committee is to advise and assist the Governing Body in meeting its responsibilities on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the CCG, and in particular for those officers employed on Very Senior Manager (VSM) terms and conditions. In so doing the committee has full regard to the organisation's circumstances as well as the provisions of any national agreements and NHS England guidance as necessary.

The committee met once during the reporting period April - June 2022 and was quorate.. Highlights of the Committees activity included remuneration and terms of service considerations for VSMs.

Attendance at the Remuneration Committee was as follows:

DATE OF MEETING	12/05/22		
MEMBERSHIP			
Lay Representative Audit, Remuneration and Conflict of Interest Matters - Chair	√		
Lay Representative Strategic Change - Vice Chair	√		
Lay Representative Patient and Public Involvement	√		
CCG Chair	*		
Membership as per Terms of Reference published on the CCG website			
KEY			
	Was not a member at the time		
	Extraordinary Meeting		
	Not Quorate		
Apologies submitted D = Deputy Present			
X not in attendance			
√ in attendance			

Integrated Commissioning Committee – Committees in Common

The Integrated Commissioning Committee is established to facilitate shared decision-making between the CCG and Hull City Council with respect to joint commissioning and the integrated financial plan. The committee met two times during April – June 2022 and was quorate on each occasion.

Topics that the Committee considered included:

- Approval of the final Better Care Fund Plan for 2021-22 as the basis for the Better Care Fund Plan for 2022/23
- Approval of the continuation of financial contributions by the NHS Hull CCG to the Council
- Approval of the additional aligned funds including the voluntary Sector Fund, Changing Lives Fund and Care@Home Fund
- Approval of proposals for deployment of 'New Burdens' Domestic Abuse Act DLUHC grant funding for 2022 – 2025 to support the recommissioning of domestic abuse 'relevant accommodation' and the commissioning of a framework contract
- The extension of current contracts in relation to Integrated Sexual and Reproductive health services.
- The extension of current contract in relation to the Musculoskeletal services
- The direct award of a 12-month contract in relation to Integrated Community Services
- The separation of the Community Care Equipment and Wheelchair Services contracts
- The direct award of a 12-month contract in relation to Community Care Equipment
- Approval of the preferred procurement procedure for the procurement of Wheelchair Services (assessment and provision)

Attendance at the committee was as follows:

DATE OF MEETING	27/04/22	22/06/22
MEMBERSHIP		
CCG Chair - Chair	*	*
Lay Member Remuneration and Conflicts of Interest Matters - Vice Chair	√	√
GP Board Member	√	√
Membership as per Terms of Reference published on the CCG website		
KEY		
	Was not a member at the time	
	Not Quorate	
	Extraordinary Meeting	
Apologies submitted D = Deputy Present		
X not in attendance		
√ in attendance		
* Post Vacant		

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance; however, we have reported on our corporate governance arrangements by drawing upon the best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the CCG.

We have described through the narrative within this annual governance statement and our annual report and accounts four of the five main principles of the Code: namely, leadership, effectiveness, accountability and remuneration.

The CCG is a statutory NHS organisation. It does not have shareholders and we do not therefore report on our compliance with the fifth main principle of the Code; relations with shareholders. We do however set out within this annual governance statement and our annual report and accounts how we have discharged our responsibilities with regards to our members and the general public.

Discharge of Statutory Functions

Considering recommendations of the 2013 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

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

Risk management arrangements and effectiveness

The CCG maintains a Risk Management Strategy which sets out its appetite for risk, together with the practical means through which risk is identified and evaluated as well as the control mechanisms through which it is managed. It creates a framework to achieve a culture that encourages staff to:

- Avoid undue risk aversion but rather identify and control risks which may adversely affect the operational ability of the CCG.
- Compare and prioritise risks in a consistent manner using defined risk grading guidance; and
- Where possible, eliminate or transfer risks or reduce them to an acceptable and cost-effective level or otherwise ensure the organisation accepts the remaining risk.

The Risk Management Strategy was reviewed and updated in February 2022. The CCG maintains a Risk Register through an electronic reporting system which is accessible to all staff.

Risks are systematically reviewed at the Integrated Audit and Governance Committee and other committees of the Governing Body, senior managers and individual risk owners. The Risk Register assesses the original and mitigated risks for their impact and likelihood and tracks the progress of individual risks over time through a standardised risk grading matrix. Risks that increase in rating are subject to additional scrutiny and review.

All formal papers, strategies or policies to the Council of Members, Governing Body or its committees are assessed for their risks against the defined framework. All new or updated policies of the CCG are subject to equality impact assessments which gauge and mitigate wider public risks.

The CCG maintains an active programme of engagement with the public and other stakeholders on key strategic and service decisions and considers its plans in the light of any risks identified. This work includes engagement with the CCG's Hull health champions, local businesses, community groups and voluntary sector organisations, the CCG equality group and a combination of formal and informal consultations on key aspects of its commissioning programme.

The system has been in place in the CCG for the period ending 30 June 2022 and up to the date of approval of the Annual Report and Accounts. The process of review and strengthening of the risk and control framework of the CCG will continue throughout 2022/23 as part of the subsequent risk and control framework for the Humber and North Yorkshire Integrated Care Board.

Capacity to Handle Risk

The CCG's Accountable Officer has overall responsibility for risk management. Through delegated responsibility the Associate Director of Corporate Affairs has day to day management of the organisations risk management process. The specific responsibilities of other committees, senior officers, lay members and all other staff within the CCG are clearly articulated.

The Board Assurance Framework is an essential part of the CCG's risk and governance arrangements. It provides the means through which threats to the achievement of the organisation's strategic objectives are clearly identified, assessed and mitigated. It has been subject to regular review throughout the reporting period and is received at each meeting of the Integrated Audit and Governance Committee. The committee provides an opinion to the Governing Body as to the adequacy of the assurances available with respect to management of the risks identified within the Board Assurance Framework. In doing so the committee draws upon the sources of assurance available to it, including the work of the CCG's external auditors, a comprehensive internal audit programme and the work of NHS Counter Fraud Authority.

In April 2021 the Governing Body completed a comprehensive review of the risks within the Board Assurance Framework to ensure that these continue to reflect the evolving strategic objectives of the organisation as well as its updated strategic plan. These were reviewed further by the Governing Body in February 2022 in the light of the extension to the existence of the CCG to 30th June 2022.

The Integrated Audit and Governance Committee maintains oversight of the risks to the CCG through review of the Risk Register at each of its meetings. It provides an opinion to the Governing Body as to the adequacy of assurances available with respect to the control mechanisms for risk. The other committees of the Governing Body receive and review risks pertaining to their areas of responsibility at each of their meetings.

Both the Board Assurance Framework and the Corporate Risk Register are reviewed by the Governing Body. The Governing Body and its Quality and Performance Committee have continued to maintain rigorous oversight of the performance of the CCG and the Integrated Audit and Governance Committee has assessed the adequacy of the assurances available in relation to performance. Comprehensive quality and performance reports are a standing item at the Governing Body and each of these committee meetings.

Staff training on risk management is provided as required with additional supported via the in-house risk management specialists.

Risk Assessment

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

For the reporting period April – June 2022 the CCG had eight extreme (red) rated risk and fifteen high (amber) rated risks within its Corporate Risk Register. A summary of the highest risks (with a risk rating of 16 or above) are as follows:

Risk	Controls	Assurances
Risk ID 961 Risk of not fulfilling duties with respect to ensuring eligible people having access to personalised care and support through Personal Health Budgets (PHB) due to current arrangements for case management. A decision taken in August 2017 to transfer the case	New referrals for CHC that have been supported by the LA has included people who already receive their care and support through a LA funded Direct Payment (DP). The DP provided by the LA enables the employment of a PA or an agency to meet personal care needs and/or a day service where socialisation has been identified as a need. Working with the CHCP Team steps have been made prior to the Coronavirus National Pandemic to	The impact of the controls has been limited, however, the position is reported regarding PHB has been reported within the CCG internal governance structure, with detail being shared through quarterly performance reporting as well as by exception to the Quality & Performance Committee.

management, care/support planning and brokerage functions for CHC eligible people to the Local Authority has impacted on the CCG being able to increase the offer of Personal Health Budgets (PHB) for eligible people. risk rating 20	review the existing Eligibility screening and Decision Support Tool process, to include indicative budget setting which is a required step in being able to provide eligible people with the information they need to decide whether they wish to take up a PHB. Discussions continue with the CHCP team to identify eligible people who would benefit from a PHB in meeting their assessed care and support needs and negotiate the opportunity within their current contracted terms to provide this support on a case-by-case basis. Although this step does start to mitigate the risk of the CCG not meeting its statutory duties with respect to PHB as a default offer and the longer-term solution is dependent on the decision regarding the allocation of resource pertaining to the full case management, support/care planning and brokerage for CHC as highlighted in Risk 960. Although the access to PHB is limited to eligible people, alternative provision through contracted services is accessible and therefore, no eligible person is left with their assessed and identified primary health need not being me.	Progress and update relating to the CHC operational delivery redesign, which includes PHB operational delivery is reported to the CCG Senior Leadership Team (SLT) and through the Joint Commissioning Forum (JCF) PHB data is captured in a dedicated personalisation quarterly reporting regime to NHS-EI The issue pertaining to the static numbers of eligible adults has been raised and is an exception to the CCG's high level of performance with respect to Children's Continuing Care and Wheelchair PHB's
Risk ID 902 CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. This risk is further	Development and implementation of CCG primary care workforce strategy and associated initiatives e.g. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce.	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of

exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems. risk rating 16	Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES. Development of HC&V primary care workforce modelling as part of out of hospital care work-stream.	hospital care work-stream. External support for practice groupings to cover support for addressing workforce challenges
Risk 960 NHS Hull CCG have an existing provision in place with the Hull City Council (HCC) as part of the Continuing Healthcare service. This being through a Sec 75 arrangement for the Case management, care/support planning, MCA/BI and brokerage functions. HCC have faced ongoing challenges in recruiting to roles and have now confirmed an intent to end this arrangement. NHS Hull CCG therefore need to ensure a future state; one with provision and arrangements in place for an end-to-end service. NHS Hull CCG hold statutory duties in respect of ensuring case management for people eligible for Continuing Healthcare as directed by the National Framework. The CCG is at risk of not meeting its statutory duties in respect of case management for people eligible for Continuing Healthcare as directed by the National Framework.	Throughout 2019 and 2020 the CCG have been actively working with the LA and the contracted provider CHCP to mitigate any gaps in provision and risks as a result of the LA's resource implications. Daily and weekly engagement with the LA adult social care team to and the CHCP team to ensure that eligible people are supported appropriately. The Head of NHS Funded Care also receives regular (daily and weekly) case load data in relation to CHC funded people and were any delays or gaps in case progression has occurred this is escalated to the Head of NHS Funded Care through weekly meetings with the Contracted Provider CHCP and with the LA through dedicated forums. Weekly joint decision-making forums with the LA regarding CHC eligibility decisions, and joint Working Forum for the ratification of care and support plans to be commissioned for a CHC eligible person. This has meant that the day-to-day case management, support/care planning and brokerage functions	Through the CCG's internal governance structure, regular reporting has taken place to Quality & Performance Committee, this has occurred through usual quarterly performance reporting and by exception. Updates in relation to the position of the redesign and the impact of the national Pandemic have been provided through the Joint Commissioning Forum as well as the CCG's Senior Leadership Team. Quarterly performance reporting providing assurance to the NHS-EI team responsible for overseeing CHC of Hulls' continued performance in meeting the expectations of the National Framework.

The existing arrangement with the Hull City Council through a Sec 75 arrangement is to end. Following the LA review of the arrangement the CCG has identified urgent need to consider a different option for delivery. Without securing an alternative, eligible people are at risk of not having their assessed eligible needs met and the CCG is at risk of not meeting its statutory responsibilities. risk rating 16	for CHC funded people has been provided within their existing limited staff resources. Through negotiation additional oversight provided by the CHCP clinical team to give assurance that the proposed care and support plans, brokered service are deemed proportionate and able to meet the defined eligible health needs. The mitigation is focused on managing the risks of a fragmented delivery for CHC eligible people, where they have several potential contacts to provide them with advice and support, there is lack of consistency. A redesign Terms of Reference and structure has been agreed previously and work will commence to re-instigate this process to provide the CCG with viable options to provide a permanent resolution to this risk.	
Risk 970 Loss of capacity and organisational memory as staff leave roles at NHS Hull Clinical Commissioning Group - Wilberforce Court could leave CCG at risk of delivering key functions. risk rating 16	CCG Due Diligence and Integrated Care System (ICS) / Integrated Care Board (ICB) readiness to operate programmes including, specialty, people plan, transition, workforce planning and records management process. 25.02.22 Erica Daley Shadow Health and Care Partnership Committee been established with development workshops and operational delivery task and finish groups for key functions. HR management of change programme underway. OD support for teams in place. Interim arrangements for CCG Board / clinical leadership ready for consultation. Inclusion of teams in review of all CCG functions across	Hull CCG Due Diligence Closedown - Internal Task and Finish Group 25.02.22 Erica Daley - Hull shadow health and care partnership Hull SLT Internal Audit Review 25.02.22 Erica Daley ICS programme management group. Humber SLT

	the Humber aligned with other CCG's.	
Risk 973 There is a risk to patient safety due to Nottingham Rehabilitation Supplies (NRS), from who Hull CCG commission wheelchair, assessment and provision service, being unable to manage the waiting lists for both initial assessment, clinical provision and reviews. As a result, patients are experiencing increased waiting times and a lack of appropriate clinical expertise leading to harm. risk rating 16	Twice monthly meetings are in place with the provider to monitor the progress in respect of the management of the waiting lists. Monthly CMB meetings to review the contract requirements. Action plan submitted from NRS detailing the action to manage the waiting lists. Monthly meetings to review complaints and the outputs from these.	To provide regular updates via the governance structures to Quality and Performance. Regular internal meetings to review patient experience information received into the CCG. Quarterly reports sent as part of the data reporting submissions to NHS England highlighting the 18-week breaches.

Other sources of assurance

Internal Control Framework

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

The Governing Body, on behalf of the Council of Members, ensures that the organisation maintains a comprehensive system of internal control through the application of its standing orders, prime financial policies and scheme of delegation. These are supported by a comprehensive suite of financial and governance policies.

The Integrated Audit and Governance Committee routinely consider performance and other reports which enable it to assess the effectiveness of internal control mechanisms. It then provides an opinion to the Governing Body as to the adequacy of these.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2017) requires CCGs to undertake an annual internal audit of conflicts of interest management. For 2022/23, the CCG was assessed as having governance, risk management and control arrangements that provide high assurance that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.

Data Quality

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

Information Governance

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

We have submitted a high level of compliance with the data security and protection toolkit assessment and have established an information governance management framework. Information governance processes and procedures have been developed in line with the data security and protection toolkit. We have ensured all staff undertake annual information governance training and have taken steps to ensure staff are aware of their information governance roles and responsibilities.

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

Business Critical Models

The CCG recognises the principles reflected in the Macpherson Report as a direction of travel for business modelling in respect of service analysis, planning and delivery. An appropriate framework and environment is in place to provide quality assurance of business critical models within the CCG. The CCG has adopted a range of quality assurance systems to mitigate business risks.

These include:

- Stakeholder experience including patient complaints and serious untoward incident management arrangements.
- Risk Assessment (including risk registers and a board assurance framework);
- Internal Audit Programme and External Audit review.
- Executive Leads with clear work portfolios.
- Policy control and review processes.
- Public and Patient Engagement, and
- Third Party Assurance mechanisms.

Third party assurances

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.

There were several 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.

Control Issues

The CCG achieved a high level of performance across the operating framework requirements. For a significant part of 2021 -22 the CCG continued to focus on the leadership of the local system response to the Coronavirus Pandemic. This has included taking steps to ensure the continuity and indeed accelerate, where appropriate, the resource flow through the local system whilst continuing to maintain a sound and robust control framework.

Final performance reporting was disrupted on account of the major incident actions in response to the Coronavirus Pandemic, however, performance had been below the target level and unlikely to have recovered by the year-end in the following areas:

NHS HULL CCG PERFORMANCE		**Actual (2021/22)**	**Target**
NHS NATIONAL REQUIREMENTS			
A&E waiting time performance - All Types -% of patients who spent 4 hours or less in A&E from arrival to transfer, admission or discharge (SUS data)	2021-22	76.7% (Apr 2021-Feb 2022)	95%
<u>Commentary</u> Performance against the A&E operational standard whereby patients should spend no more than 4 hours in A&E from arrival to admission, transfer or discharge has been variable during 2021-22 to date.			

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

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

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

Commentary

The NHS constitution states patients should wait no more than 18 weeks from GP Referral to Treatment (RTT). Delivery of the target has been challenging as a result of increased demand and capacity issues across the local system with the redeployment of staff to meet the ongoing needs of wards and intensive care bedded areas in support of the pandemic response, reducing the capacity to undertake less urgent interventions.

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

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

The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control. The CCG continues to meet all of its statutory financial duties. Budgets were established and maintained against all CCG business areas and performance monitored via a Quality and Performance Report as a standing item at the Governing Body and Quality and Performance Committee.

Individual budget holders have regular budget review meetings to ensure that any cost pressures are adequately considered, managed or escalated as necessary.

The Integrated Audit and Governance Committee receive a regular update from the Quality and Performance Committee as to the economic, efficient and effective use of resources by the CCG. The Integrated Audit and Governance Committee advise the Governing Body on the assurances available with regards to the economic, efficient and effective use of resources.

An internal audit programme of activity is agreed and established to assess the adequacy of assurances available to the CCG in relation to the economic, efficient and effective use of resources. The findings are reported to the Integrated Audit and Governance Committee.

Delegation of functions

The CCG undertakes a regular process of review of its internal control mechanisms, including an annual internal audit plan. All internal audit reports are agreed by senior officers of the CCG and reviewed by the Integrated Audit and Governance Committee.

Budgets were established and maintained against all CCG business areas and performance monitored via a quality and performance report as a standing item at the Governing Body and Quality and Performance Committee. Individual budget holders have regular budget review meetings to ensure that any cost pressures are adequately considered, managed or escalated as necessary.

Counter fraud arrangements

The 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 2022 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

Following completion of the planned audit work for the 2022/23 Quarter 1 accounting period.

for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG's system of risk management, governance and internal control.

The Head of Internal Audit concluded that:

Our final **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 core and risk based reviews issued by Audit Yorkshire were as follows:

Audit Area	Outcome
Governance arrangements	It was confirmed that good governance arrangements were maintained in the period under review. The Governing Body continued to meet during this 3-month period, with meetings occurring on 27 May 2022 and 24 June 2022. Both meetings were quorate. All four sub-committees of Hull CCG also continued to meet and operated in line with their Terms of Reference and Hull CCG's Scheme of Reservation and Delegation. The Governing Body meetings included consideration of key governance arrangements including a review of the Corporate Risk Register; the Board Assurance Framework; Committee Annual Reports for the Quality and Performance Committee, the Primary Care Commissioning Committee and the Internal Audit and Governance Committee annual report. A review of minutes for supporting committees confirmed that the Planning & Committee, the Primary Care Commissioning Committee and the Quality and Performance Committee were all quorate during quarter 1 in 2022/23. This was not the case for the Integrated Audit and Governance Committee meeting on the 25 May 2022. It was therefore agreed that any decisions would be referred to the Governing Body. One decision was deferred in this manner and the Governing Body approved it at their meeting on 24 June 2022. It was 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 can be confirmed that the CCG continued to maintain oversight of its risks throughout this period. The Governing Body received and approved the Board Assurance Framework and Corporate Risk Register on 24 June 2022. It was confirmed that the Risk Register included updates relating to the transition of risks from Hull CCG to the Humber and North Yorkshire Integrated Care Board. Both documents were presented to the Integrated Audit & Governance Committee on 25 May 2022. Review of the risk registers also continued to take place at the sub committees of the Governing Body.
Transition Programme	Audit Yorkshire continued to support Hull CCG in its work to transition to the Humber and North Yorkshire ICB. This included: • Routine attendance at workstream meetings for oversight of the Due Diligence process, Governance, Finance, Information Governance, and the Shared Business Services project board, as well as the overarching Transition Board. This supported the transition of statutory functions from the CCG to the Humber and North Yorkshire ICB. Work undertaken was in line with the requirements of the 'CCG Closedown & ICB Establishment Due Diligence Checklist'. • A review of the final due diligence position and process as at 31 May 2022. The audit work 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. This work also sought to ensure that outstanding actions (as at 31 May 2022) had been appropriately identified and allocated to responsible officers for completion by 30 June 2022 or after 1 July 2022. An opinion of **Significant Assurance** was provided.
Financial Governance	We 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. With respect to the final financial plan for 2022/23 (incorporating Quarter 1), the forecast balanced position for Hull CCG in Quarter 1 and the 9-month ICB Financial plan to March 2023 was presented to two Governing Body Lay Members on 29 June 2022 for approval. Both had received delegated authority to approve the Financial Plan by all Governing Body members. Budgets had been loaded onto the Finance system based on a draft plan submitted in April. NHSEI received financial reports based on Hull CCG's position against this draft budget so financial probity

<table>
<tr><td></td><td>remained in place during Quarter 1 against what was known at that time.

Testing confirmed that the financial monitoring report for month 3 agreed to the trial balance which incorporated the initial allocations received and the forecast outturn as per the plan.

During Quarter 1 the Integrated Audit and Governance Committee continued to receive assurances on key financial controls.</td></tr>
<tr><td>Outstanding Audit Recommendations and Risks</td><td>Work continued to track and update outstanding audit recommendations so that a final position was established for transfer to the Humber and North Yorkshire ICB.

The position for Quarter 1 as at 30 June 2022 was:

<table>
<tr><th>Overdue</th><th>Overdue with Revised Date</th><th>Not Yet Due</th><th>Implemented</th><th>Total</th><th>% Overdue</th></tr>
<tr><td>0</td><td>2</td><td>1</td><td>2</td><td>5</td><td>40%</td></tr>
</table>

These have been reported to the Humber and North Yorkshire ICB Internal Audit Committee.</td></tr>
</table>

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

The whole Governing Body of the CCG has been collectively accountable for maintaining a sound system of internal control and has been responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is an annual statement by the Accounting Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accounting Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process;
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all the evidence required to support the Annual Governance Statement requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion (limited to Quarter 1 of 2022/23 in this instance), 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 Committee, which should provide a reasonable level of assurance, subject to the inherent limitations described below.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of a risk-based plan that was designed to meet the assurance requirements for Quarter 1 of 2022/23. It is one component that the Governing Body should take into account in making its Annual Governance Statement.

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

Conclusion

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

Remuneration Report Q1 2022-23

The Remuneration and Staff Report sets out the organisation's remuneration policy for directors and senior managers. It reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers.

The definition of "senior manager" is - those persons in senior positions having authority or responsibility for directing or controlling the major activities of the CCG. This means those who influence the decisions of the CCG rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members. It is usually considered that regular attendees of the CCG's Board meetings are its senior managers.

Remuneration policy Q1 2022-23

NHS Hull CCG follows NHS England, and other relevant, guidance in remuneration (pay awarded) to very senior managers (VSMs). Hull CCG Remuneration Committee comprises the lay members and the chairman of the CCG Board. It provides advice and recommendations to the Board about appropriate remuneration and terms of service for VSMs and proposes calculation and scrutiny of any termination payments, considering any relevant national guidance. Attendance and activities of the Remuneration Committee for 2022-23 are detailed on pages 65-66 within the Governance Statement.

Remuneration Committee Membership Q1 2022-23

Membership of the NHS Hull CCG Remuneration Committee is comprised of the following (All memberships run from 1 April 2022 to 30 June 2022 unless stated otherwise):

Name	Title
Karen Marshall (Chair)	CCG Lay Representative
Ian Goode	CCG Lay Representative
Jason Stamp	CCG Lay Representative
Vacant	CCG Chair

Senior manager remuneration Q1 2022-23 (including salary and pension entitlements) (subject to audit)

Senior Manager Remuneration 2022-23							
Name and Title	**(a)Salary (Bands of £5,000)**	**(b)Expense payments (taxable) to nearest £100***	**(c)Performance pay and bonuses (bands of £5,000)**	**(d)Long term performance pay and bonuses (bands of £5,000)**	**(e)All pension-related benefits (bands of £2,500)**	**(f) TOTAL (a to e) (Bands of £5,000)**	**Full Year Salary (Bands of £5,000)****
	£000	**£**	**£000**	**£000**	**£000**	**£000**	**£000**
Emma Latimer - Chief Officer**	10-15	200	0-5	0	0-2.5	15-20	150-155
Emma Sayner - Chief Finance Officer***	10-15	900	0-5	0	2.5-5	20-25	115-120
Erica Daley - Interim Chief Operating Officer	25-30	1,000	0-5	0	0	30-35	105-110
Debbie Lowe - Acting Director of Nursing & Quality (From July 2021)	20-25	0	0	0	5-7.5	25-30	90-95
Dr James Moult - CCG Governing Body Member	5-10	0	0	0	0	5-10	35-40
Dr Vincent Rawcliffe - CCG Governing Body Member	5-10	0	0	0	0	5-10	35-40
Dr Masood Balouch - CCG Governing Body Member	5-10	0	0	0	0	5-10	35-40
Dr Bushra Ali - CCG Governing Body Member	5-10	0	0	0	0	5-10	35-40
Karen Marshall - Lay Member	0-5	0	0	0	0	0-5	10-15
Jason Stamp - Lay Member	0-5	0	0	0	0	0-5	10-15
Ian Goode - Lay Member	0-5	0	0	0	0	0-5	10-15
Mark Whitaker - Practice Manager	0-5	0	0	0	0	0-5	5-10

*Taxable expenses and benefits in kind are expressed to the nearest £100.
**Emma Latimer - From 01/11/2017-31/10/2019 was in joint post with NHS North Lincolnshire CCG and Hull CCG. From 01/11/2019-30/06/2022 is in joint post with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, Emma Latimer's full salary banding is £150-155k
*** Emma Sayner (from 01/12/17-31/06/2022) is in joint post with Hull CCG and North Lincolnshire CCG. The values above are related to NHS Hull CCG, Emma Sayner's full salary banding is £115-120k
**** Full year equivalent salaries listed in this column

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

Department of Health Group Accounting Manual). The benefits and related CETV's do not allow for a potential future adjustment arising from the McCloud judgement. The CCG operates a performance related pay (PRP) element as part of the remuneration of those senior officers on Very Senior Manager (VSM) contracts. An entitlement to PRP is determined by performance against agreed objectives through the Personal Development Review (PDR) process. Furthermore, eligibility for PRP is also subject to the CCG's achievement of all of its statutory financial targets as well as due regard to any national guidance issued by NHS England with respect to such awards. Individual VSM performance is assessed as falling in one of four bands, with Bands 1 and 2 being eligible for consideration of PRP, with a maximum award of 5% being paid to a Band 1 VSM and 3% to a Band 2 VSM. Bands 3 and 4 are not eligible for consideration of a performance award. The Remuneration Committee scrutinises individual VSM officer performance against their annual objectives and recommends for the Governing Body's approval the performance band to be assigned against each VSM.

The figures in the table above include the costs relating to April-June 2022 for any pay awards made throughout 2022-23 unless national direction from NHS England dictates otherwise.

Senior manager remuneration 2021-22 (including salary and pension entitlements) (subject to audit)

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

* It is not possible to provide the pension related benefits in relation to GPs due to their practitioner membership of the NHS pension scheme.
**Emma Latimer - From 01/11/2017-31/10/2019 was in joint post with NHS North Lincolnshire CCG and Hull CCG. From 01/11/2019-31/03/2022 is in joint post with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Hull CCG, Emma Latimer's full salary banding is £150-155k.
*** Emma Sayner (from 01/12/17) is currently in joint post with Hull CCG and North Lincolnshire CCG. The values above are related to NHS Hull CCG, Emma Sayner's full salary banding is £115-120k
****Clare Linley - (from 13/05/20 to 30/06/2021) is in a joint post with North Lincolnshire CCG and Hull CCG. The values above relate to NHS Hull CCG; however, Clare Linley's full annual salary banding is £105-£110k (£25-30k to end June 2021)

Pensions Table 2022-23 (subject to audit)

Name and Title	(a)Real increase in pension at pension age (bands of £2,500)	(b)Real increase in pension lump sum at pension age (bands of £2,500)	(c)Total accrued pension at pension age at 30 June 2022 (bands of £5,000)	(d)Lump sum at pension age related to accrued pension at 30 June 2022 (bands of £5,000)	(e)Cash Equivalent Transfer Value at 1 April 2022	(f)Real increase in Cash Equivalent Transfer Value	(g)Cash Equivalent Transfer Value at 30 June 2022	(h)Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Emma Latimer - Chief Officer	0-2.5	0-2.5	45-50	110-115	810	0	810	0
Emma Sayner - Chief Finance Officer	0-2.5	0-2.5	35-40	60-65	545	6	559	0
Erica Daley - Interim Chief Operating Officer	0	0	0	0	0	0	0	0
Debbie Lowe - Acting Director of Nursing & Quality (From July 2021)	0-2.5	0-2.5	10-15	20-25	188	3	196	0
Dr James Moult - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Vincent Rawcliffe - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Masood Balouch - CCG Governing Body Member	*	*	*	*	*	*	*	*
Dr Bushra Ali - CCG Governing Body Member	*	*	*	*	*	*	*	*
Karen Marshall - Lay Member	*	*	*	*	*	*	*	*
Jason Stamp - Lay Member	*	*	*	*	*	*	*	*
Ian Goode - Lay Member	*	*	*	*	*	*	*	*
Mark Whitaker - Practice Manager	*	*	*	*	*	*	*	*

Notes

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

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 because of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

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

Real increase in CETV

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

Other payments during Q1 2022-23 (subject to audit)

The CCG can confirm that there were no senior manager service contracts, exit packages, severance packages made during 2022-23.

There was no compensation for early retirement or loss of office or payments to past directors during 2022-23. The CCG has no losses or special payments to report in 2022-23.

Fair Pay Disclosure and Pay ratio information Q1 2022-23 (subject to audit)

Percentage change in remuneration of highest paid director

2022-23

	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%

2021-22

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

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.

In 2022-23 and 2021-22 the salary and allowances have reduced. This is mainly due to reduction of employees year on year.

Pay ratio information

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

The banded remuneration of the highest paid director / member in [the organisation] in the financial year 2022-23 was £135-140k (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.

2022-23	**25th percentile**	**Median**	**75th percentile**
Total remuneration (£)	38,304	48,099	65,262
Salary component of total remuneration (£)	38,304	48,099	65,262
Pay ratio information	4:1	3:1	2:1
2021-22			
Total remuneration (£)	38,285	45,839	63,862
Salary component of total remuneration (£)	38,285	45,839	63,862
Pay ratio information	4:1	3:1	2:1

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.

There is slight decrease in both total remuneration and salary compared to previous year is due to reduced higher paid employees. This in effect shows minimal change year on year and no change on the pay ratio.

Remuneration ranged from £20-25k to £185-190k (2021-22 £15-20k-£185-190k).

In 2022-23, 4 (2021-22, 3) employees received remuneration, which when grossed up to a full time equivalent, was in excess of the highest-paid member of the Governing Body. These employees are part time clinical advisory staff.

Please note for the purpose of this calculation the GP members of the Governing Body have been considered to be akin to non-Executive as described in the Hutton Fair Pay Review and as such their salaries have not been grossed up to a standard whole time equivalent.

Audit costs Q1 2022-23

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

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

Better payments practice code Q1 2022-23 (subject to audit)

The CCG has signed up to the Better Payments Practice Code and aims to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. For the period 1 April 2022 to 30 June 2022 NHS Hull CCG paid 97.47% of non-NHS trade invoices within target and 97.20% of NHS trade invoices within target. Further details are within the Annual Accounts.

Staff Report

Promoting Equality Q1 2022-23

NHS Hull CCG acknowledges the meaningful progress against its equality objectives during the time of its existence and has over many years developed strong relationships in our communities and strengthened our equality impact assessment approach. Embedding responsibility for promoting equality and eliminating discrimination across all our directorates has driven real change.

As we transition to working within an Integrated Care System, we recognise the importance of this vital agenda and commit to maintain momentum by working closely with other organisations across the system. We will not lose sight of the value of working at Place and neighbourhood level to ensure we listen to and understand our local communities and work in partnership with local authorities to address health inequalities and strengthen local accountability.

We have agreed the following guiding principles for equality, diversity and inclusion which demonstrate how we want to work at Place:

- To ensure our workforce is well supported.
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all.
- To demonstrate leadership on equality and inclusion through collaboration.
- To ensure that our governance and decision making pays due regard to equalities.
- To ensure that all our diverse communities can have their voices heard and their views are considered in our decision making.

During the period April – June 2022, the CCG has continued to deliver on several EDI initiatives:

Support for Primary Care

We co-ordinated a two-part workshop for our Primary Care Networks (PCNs) which was specifically tailored to primary care and health inequalities and delivered a Protected Time for Learning (PTL) session for reception, administrative and care navigation staff from Symphony PCN around *How to register a Transgender Patient and become a Trans Ally.*

The work supporting primary care staff will continue via a dedicated PTL for all staff working in primary care across the whole city in October and the development of an Inclusion in Action network will support the sharing of ideas and good practice.

We will build on the work with the LGBTQ+ community by having a presence at Hull Pride this July, coordinating several health service providers and local VCS support organisations in a ‘Health Marquee’ with the aims of breaking down barriers and promoting services to the LGBTQ+ community and understand issues experienced by this community when accessing health services.

A considerable number of staff working in Hull are also in the process of undertaking a training programme through the LGBT Foundation with around 10 staff becoming accredited LGBT champions.

Menopause accreditation

The Humber and North Yorkshire Health and Care Partnership has recently gained Menopause accreditation. Menopause awareness sessions have been delivered to its workforce and in Hull we

have supported with bespoke menopause awareness sessions to local employers through the Working Voices initiative.

Supporting deaf and hard of hearing residents

A programme of work has been establishment to support deaf and hard of hearing residents, with some of the challenges they face having been particularly heightened during the pandemic especially difficulties lipreading when masks are being worn. Initiatives include general deaf awareness training, ensuring patients' accessibility needs are recorded on clinical IT systems, raising awareness of support available (including BSL interpreters) both to patients and NHS staff and identifying and training accessibility champions.

Working in partnership

In addition to the Health and Wellbeing Board which has a clear remit around tackling health inequalities, there are a number of partnership initiatives which we continue to support alongside the local authority; the Health Inequalities Group, the Building Forward Together Programme which will drive forward a new collaborative relationship between the voluntary and community sector and its public sector partners to achieve better outcomes for the city, the Hull Community Vaccination Champions Programme, and another increasingly important pillar of work is via the Financial Inclusion Network the Poverty Truth Commission whose vision is eradicating poverty and inequality in the city of Hull.

We will be taking forward the vision for embedding EDI work within communities for the new Hull Health and Care Partnership and this will be an essential consideration in developing Hull's delivery model.

Social, community and human rights obligations

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

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

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

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

Staff policies - equality, diversity, and inclusion in the workforce Q1 2022-23

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

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

- Development and implementation of a range of HR Bitesize training sessions that consider unconscious bias and equality issues whilst following key HR processes.
- A full day recruitment and selection training was developed and implemented.

Staff policies Q1 2022-23

When transferring to the ICB a single suite of employment policies was developed in partnership with trade union colleagues. For existing employees, where contractual policies are protected due to TUPE regulations, a single suite of non-contractual policies and procedures where developed. 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.

The HR team identified there were some 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

Staff engagement, workforce health and wellbeing Q1 2022-23

A staff engagement survey was carried out 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.

60% of Hull CCG's staff participated in the survey. 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.

The Human Resources and Organisational Development (HR and OD) team has delivered regular updates at bi-weekly team briefings including training opportunities, wellness action plans and guides, national health and wellbeing apps and useful websites to support wellbeing whilst staff continue to work predominately from home. A substantial number of staff have accessed 1:1 coaching support and training opportunities.

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

NHS Hull CCG runs a quarterly morale tracker; a short survey designed to give a better insight into morale, staff experiences at work and their health and wellbeing. The survey supports the People Promise – "we each have a voice that counts" and provides regular insight into the working experience of staff to support improvement action. 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. Several 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 our staff can discuss and agree their own individual objectives as part of their annual Personal Development Review, where any relevant training and development needs are also identified.

Health and Safety performance Q1 2022-23

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

Throughout the period, the CCG continued to foster and encourage a positive health and safety culture, particularly through systematic reviews of risk assessments relating to both the work

environment and the individual needs of staff, and also through the introduction and implementation of the Agile Working Policy.

The Health, Safety and Security Group continued to meet online quarterly to review health and safety performance and ensure that all relevant legal requirements are being met, including the arrangements and induction necessary for new starters. All Health and Safety related policies have been reviewed/updated and the next review dates on all were extended to 30th June 2022.

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

Overall compliance for statutory and mandatory health and safety training on 30 June 2022 was 81% against a target of 85%. All risk assessments for the organisation such as COSHH, manual handling and fire are up to date and all appropriate control measures are in place. There were no reported health and safety incidents within the organisation in the period 1 April to 30 June 2022.

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

In anticipation of the abolition of CCGs on 30 June 2022 and the establishment of the Integrated Care Boards on 1 July 2022, a formal consultation with Trade union representatives via the Humber, and North Yorkshire Social Partnership Forum and staff of the 6 Humber and North Yorkshire CCGs: Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, North Yorkshire and Vale of York commenced on the 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 transferred 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 transferred on their existing terms and conditions of service, with staff below board level covered by an employment commitment who “lifted and shifted” into the new organisation. Consultation with staff not covered by the employment commitment commenced prior to transfer and any staff in place at the transfer date also formed 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 worked in partnership to ensure a safe transfer of staff.

Recognising the potentially challenging time for staff, several services, resources and initiatives were in place to support staff to improve or maintain positive mental and physical wellbeing. These included: 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.

A single suite of employment policies needed to be developed for the ICB. In partnership with SPF, the HR team has developed a single suite of non-contractual policies. A two-week consultation period was held in June 2022 where 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.

Trade union facility time Q1 2022-23

Trade Union Facility Time	
Number of relevant union officials during Q1 2022-23	1
Full Time Equivalent employee number	1
Percentage of time spent on facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£107
Total pay bill	£1,442,433
Percentage of total pay bill spent on facility time	0.01%

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

Other employee matters

Recognising the benefits of partnership working, Hull 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 six Humber and North Yorkshire 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.

CCG staff numbers Q1 2022-23 (senior managers)

Please see table below for information on number of senior managers by band and analysed by 'permanently employed' and 'other' staff for NHS Hull CCG as of 30 June 2022.

Pay band	Total
Band 8a	14
Band 8b	11

Band 8c	6
Band 8d	4
Band 9	1
VSM	9
Governing body	15 *
Any other spot salary	21
Assignment category	Total
Permanent	80
Fixed term	12
Statutory office holders	9
Bank	3
Honorary	21**

*Includes VSM's and other spot salaries members ** Includes governing body members

Gender composition for staff, Governing Body and Council of Members Q1 2022-23

Between 1 April 2023 and 30 June 2022, the gender composition of the NHS Hull CCG Board and Council of Members was as follows:

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

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

The gender composition for NHS Hull CCG employees at 30th June 2022 was as follows:

Pay band	Female	Male
Band 8a	12	2
Band 8b	7	4
Band 8c	3	3
Band 8d	3	1
Band 9	1	0
VSM	7	2
Governing body**	8	7
Any other spot salary	14	8
All other employees (including apprentice if applicable)	34	11

** Includes VSM and other spot salaries

Sickness absence data Q1 2022-23

The sickness absence data for NHS Hull CCG between 1 April 2022 and 30 June 2022 is below:

Absence	Total

Average sickness %	1.02%
Total number of FTE days lost	85.1

The CCG regularly reviewed reasons for absence and all sickness is managed in line with the organisation's Attendance Management Policy which can be found at www.hullccg.nhs.uk. The CCG had set a local target for reducing sickness absence and the ongoing work to improve staff health and wellbeing supported this aim.

Staff turnover Q1 2022-23

The average staff turnover for NHS Hull CCG between 1 April 2022 and 30 June 2022 is below:

Turnover	Total
	3.3%

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

Staff engagement percentages Q1 2022-23

60% of Hull CCG's staff participated in the CCG's staff engagement survey.

Staff costs table Q1 2022-23 (subject to audit)

	ADMIN			PROGRAMME			TOTAL		
	Perm Permanent Employees £'000	Other Other £'000	Total £'000	Perm Permanent Employees £'000	Other Other £'000	Total £'000	Perm Permanent Employees £'000	Other Other £'000	Total £'000
Salaries and wages	636	9	646	431	37	468	1,068	46	1,114
Social security costs	78	-	78	50	3	53	128	3	131
Employer contributions to the NHS Pension Scheme	144	-	144	48	3	51	192	3	195
Other pension costs	-	-	-	0	-	0	0	-	0
Apprenticeship Levy	3	-	3	-	-	-	3	-	3
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**861**	**9**	**870**	**529**	**43**	**572**	**1,391**	**52**	**1,442**
Less: Recoveries in respect of employee benefits	(33)	-	(33)	(29)	-	(29)	(62)	-	(62)
Net employee benefits expenditure including capitalised costs	**828**	**9**	**837**	**500**	**43**	**543**	**1,328**	**52**	**1,380**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**828**	**9**	**837**	**500**	**43**	**543**	**1,328**	**52**	**1,380**

Table 1: Length of all highly paid off-payroll engagements Q1 2022-23

For all off-payroll engagements as of 30 June 2022, for more than £245 per day:

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

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

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

	Number
No. of temporary off-payroll workers engaged between 1 April 2022 and 30 June 2022	3
Of which:	
No. not subject to off-payroll legislation	2
No. subject to off-payroll legislation and determined as in-scope of IR35	0
No. subject to off-payroll legislation and determined as out of scope of IR35	1
No. of engagements reassessed for compliance or assurance purposes during the year	0
Of which: no. of engagements that saw a change to IR35 status following review	0

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 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.	12

Other payments during 2022-23 (subject to audit)

The CCG can confirm that there were no senior manager service contracts, exit packages, severance packages made during 2022-23.

There was no compensation for early retirement or loss of office or payments to past directors during 2022-23. The CCG has no losses or special payments to report in 2022-23.

Expenditure on consultancy (subject to audit) Q1 2022-23

There was expenditure of £1,000 for the provision to management of objective advice and assistance outside of the 'business as usual' environment relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives, i.e. consultancy expenditure..

Parliamentary Accountability and Audit Report

NHS Hull Clinical Commissioning Group is not required to produce a Parliamentary Accountability and Audit Report but has opted to include disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges in this Accountability Report at pages 82 and 95.

An audit certificate and report are also included in this Annual Report at in the annual accounts page 96.

ANNUAL ACCOUNTS Q1 2022-23

Stephen Eames

Chief Executive (Accountable Officer)

Authorised for issue

Date 22 June 2023

NHS Hull Clinical Commissioning Group
Accounts 01 April 2022 to 30 June 2022

Foreword to the Accounts

These accounts for the year ended 30 June 2022 have been prepared by the NHS Hull Clinical Commissioning Group in accordance with the Department of Health Group Accounting Manual 2022/23 and NHS England SharePoint Finance Guidance Library.

NHS Hull Clinical Commissioning Group - Accounts 01 April 2022 to 30 June 2022

CONTENTS **Page Number**

The Primary Statements:

Notes to the Accounts

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

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Hull Clinical Commissioning Group ('the CCG') for the 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 1.2 (going concern) and note 15 (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 Hull 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 Hull Clinical Commissioning Group in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Kirkham (Jun 29, 2023)

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 year ended 30 June 2022

	Note	01 April 2022 to 30 June 2022 £'000	2021-22 £'000
Income from sale of goods and services	2	(175)	(2,008)
Other operating income	2	-	(732)
Total operating income		**(175)**	**(2,740)**
Staff costs	4	1,443	5,486
Purchase of goods and services	5	169,977	709,486
Depreciation and impairment charges	5	-	6
Provision expense	5	-	-
Other Operating Expenditure	5	108	1,127
Total operating expenditure		**171,528**	**716,105**
Net Operating Expenditure		**171,353**	**713,365**
Finance income		-	-
Finance expense		-	-
Net expenditure for the Year		**171,353**	**713,365**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**171,353**	**713,365**
Other Comprehensive Expenditure			
Items which will not be reclassified to net operating costs			
Net (gain)/loss on revaluation of PPE		-	-
Net (gain)/loss on revaluation of right-of-use assets		-	-
Net (gain)/loss on revaluation of Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Total other comprehensive net expenditure		**-**	**-**
Comprehensive Expenditure for the year		**171,353**	**713,365**

Statement of Financial Position as at 30 June 2022

	Note	01 April 2022 to 30 June 2022 £'000	2021-22 £'000
Non-current assets:			
Total non-current assets		-	-
Current assets:			
Inventories		-	-
Trade and other receivables	8	1,940	2,568
Cash and cash equivalents	9	13	10
Total current assets		**1,953**	2,578
Non-current assets held for sale		-	-
Total current assets		**1,953**	2,578
Total assets		**1,953**	2,578
Current liabilities			
Trade and other payables	10	(34,080)	(38,761)
Total current liabilities		**(34,080)**	(38,761)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(32,127)**	(36,183)
Non-current liabilities			
Total non-current liabilities		-	-
Assets less Liabilities		**(32,127)**	(36,183)
Financed by Taxpayers' Equity			
General fund		(32,127)	(36,183)
Total taxpayers' equity:		**(32,127)**	(36,183)

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

The financial statements on pages 7 to 10 were approved by the Audit Committee on the 22nd June 2023 and signed on its behalf by:

Chief Executive (Accountable Officer)

Statement of Changes In Taxpayers Equity for the year ended 30 June 2022

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 01 April 2022 to 30 June 2022				
Balance at 01 April 2022	(36,182)	-	-	**(36,182)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(36,182)**	**-**	**-**	**(36,182)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 01 April 2022 to 30 June 2022				
Total transition adjustment for initial application of IFRS 16	-			**-**
Net operating expenditure for the financial year	(171,353)			**(171,353)**
Net gain/(loss) on revaluation of property, plant and equipment		-		**-**
Net gain/(loss) on revaluation of right-of-use assets		-		**-**
Net gain/(loss) on revaluation of intangible assets		-		**-**
Net gain/(loss) on revaluation of financial assets		-		**-**
Total revaluations against revaluation reserve		**-**		**-**
Net gain (loss) on available for sale financial assets	-	-	-	**-**
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			-	**-**
Net gain (loss) on revaluation of assets held for sale	-	-	-	**-**
Impairments and reversals	-	-	-	**-**
Net actuarial gain (loss) on pensions	-	-	-	**-**
Movements in other reserves	-	-	-	**-**
Transfers between reserves	-	-	-	**-**
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	**-**
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	**-**
Transfers by absorption to (from) other bodies	-	-	-	**-**
Reserves eliminated on dissolution	-	-	-	**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial year	**(171,353)**	**-**	**-**	**(171,353)**
Net funding	175,409	-	-	**175,409**
Balance at 30 June 2022	**(32,127)**	**-**	**-**	**(32,127)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2021-22				
Balance at 01 April 2021	(33,184)	-	-	**(33,184)**
Transfer of assets and liabilities from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2022	**(33,184)**	**-**	**-**	**(33,184)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2021-22				
Net operating costs for the financial year	(713,365)			**(713,365)**
Net gain/(loss) on revaluation of property, plant and equipment		-		**-**
Net gain/(loss) on revaluation of right-of-use assets		-		
Net gain/(loss) on revaluation of intangible assets		-		**-**
Net gain/(loss) on revaluation of financial assets		**-**		**-**
Total revaluations against revaluation reserve		-		**-**
Net gain (loss) on available for sale financial assets	-	-	-	**-**
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)	-	-	-	**-**
Net gain (loss) on revaluation of assets held for sale	-	-	-	**-**
Impairments and reversals	-	-	-	**-**
Net actuarial gain (loss) on pensions	-	-	-	**-**
Movements in other reserves	-	-	-	**-**
Transfers between reserves	-	-	-	**-**
Release of reserves to the Statement of Comprehensive Net Expenditure	-	-	-	**-**
Reclassification adjustment on disposal of available for sale financial assets	-	-	-	**-**
Transfers by absorption to (from) other bodies	-	-	-	**-**
Reserves eliminated on dissolution	-	-	-	**-**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(713,365)**	**-**	**-**	**(713,365)**
Net funding	710,366	-	-	**710,366**
Balance at 31 March 2022	**(36,183)**	**-**	**-**	**(36,183)**

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

Statement of Cash Flows for the year ended 30 June 2022

	Note	01 April 2022 to 30 June 2022 £'000	2021-22 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(171,353)	(713,365)
Depreciation and amortisation	5	-	6
(Increase)/decrease in trade & other receivables	8	629	(1,523)
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in trade & other payables	10	(4,681)	4,508
Increase/(decrease) in other current liabilities		-	-
Net Cash Inflow (Outflow) from Operating Activities		**(175,406)**	(710,374)
Cash Flows from Investing Activities			
Interest received		-	-
Net Cash Inflow (Outflow) from Investing Activities		**-**	-
Net Cash Inflow (Outflow) before Financing		**(175,406)**	(710,374)
Cash Flows from Financing Activities			
Net Cash Inflow (Outflow) from Financing Activities		**175,409**	710,366
Net Increase (Decrease) in Cash & Cash Equivalents	9	**3**	(8)
Cash & Cash Equivalents at the Beginning of the Financial Year		**-**	-
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		10	18
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**13**	10

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

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2021-22 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on the going concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Where a CCG ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.
NHS Hull CCG was dissolved on 30 June 2022 have joined with the NHS Humber and North Yorkshire Integrated Care Board with effect from 1 July 2022.

1.2 Accounting Convention

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

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

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of absorption accounting. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.
Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.4 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Kingston upon Hull City Council [in accordance with section 75 of the NHS Act 2006]. Under the arrangement, each commissioner is responsible for decisions on the use of the resources held by them under the section 75. The CCG is accounting for its own transactions without recognising a share of the assets, liabilities, revenue and expenditure of the pooled budget. [Note 14 page 22]

1.5 Operating Segments

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

1.6 Revenue

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

1.70 Employee Benefits

1.7.1 Short-term Employee Benefits

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

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as 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.

Notes to the financial statements

1.8 Other Expenses

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

1.9 Grants Payable

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

1.10 Property, Plant & Equipment

1.10.1 Recognition

Property, plant and equipment is capitalised if:

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

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

1.10.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date
Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

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

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.
IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.
An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.10.3 Subsequent Expenditure

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

1.11 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration.
The clinical commissioning group assesses whether a contract is or contains a lease, at inception of the contract.

No leases have been identified in this period under IFRS 16

Notes to the financial statements

1.11.1 The Clinical Commissioning Group as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.
The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The HM Treasury incremental borrowing rate of 0.95% is applied for leases commencing, transitioning or being remeasured in the 2022 calendar year under IFRS 16.
Lease payments included in the measurement of the lease liability comprise
-Fixed payments;
-Variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement;
-The amount expected to be payable under residual value guarantees;
-The exercise price of purchase options, if it is reasonably certain the option will be exercised; and
-Payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.
Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.
The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.
The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Accordingly, right-of-use assets that are held for their service potential and are in use are subsequently measured at their current value in existing use.

Right-of-use assets for leases that are low value or short term and for which current value in use is not expected to fluctuate significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.
Other than leases for assets under construction and investment property, the right-of-use asset is subsequently depreciated on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.
Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.
For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy. Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.
Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

1.12 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.
In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.13 Clinical Negligence Costs

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

1.14 Non-clinical Risk Pooling

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

1.15 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.

1.16 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.

1.17 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.18 Critical accounting judgements and key sources of estimation uncertainty

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

1.18.1 Critical accounting judgements in applying accounting policies

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

1.18.2 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.
- Accruals
There are a number of estimated figures within the accounts. The main areas where estimated are included are:
- Prescribing - The full year figure is estimated on the spend for the last 12 months.
- Purchase of Healthcare (non block contracts) - The full year figure is estimated on the month 2 actual information
- Continuing Care - this is based upon the client database of occupancy at the financial year end.

Notes to the financial statements

1.19 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.
In addition, the group will no longer charge provisions for operating leases that it assesses to be onerous to the statement of comprehensive net expenditure. Instead, the group will include the payments due under the lease with any appropriate assessment for impairments in the right-of-use asset.

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 terms 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.

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 [£Xm] or right-of-use assets and lease liabilities of [£Xm]. The weighted average incremental borrowing rate applied at 1 April 2022 is 0.95% and on adoption of IFRS 16 there was an [£Xm] 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	0
Impact of discounting at 1 April 2022 using the weighted average incremental borrowing rate of 0.95%	0
Operating lease commitments discounted used weighted average IBR	0
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	0
Lease liability at 1 April 2022	**0**

1.2 New and revised IFRS Standards in issue but not yet effective

● 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.

2 Other Operating Revenue

	01 April 2022 to 30 June 2022 Total £'000	2021-22 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	-	-
Non-patient care services to other bodies	113	572
Other Contract income	-	1,219
Recoveries in respect of employee benefits	62	217
Total Income from sale of goods and services	**175**	**2,008**
Other operating income		
Other non contract revenue	-	732
Total Other operating income	**-**	**732**
Total Operating Income	**175**	**2,740**

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

	01 April 2022 to 30 June 2022 Non-patient care services to other bodies £'000	01 April 2022 to 30 June 2022 Recoveries in respect of employee benefits £'000	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000	2021-22 Recoveries in respect of employee benefits £'000
Source of Revenue					
NHS	-	24	147	1,075	68
Non NHS	113	38	425	144	149
Total	**113**	**62**	**572**	**1,219**	**217**

	01 April 2022 to 30 June 2022 Non-patient care services to other bodies £'000	01 April 2022 to 30 June 2022 Recoveries in respect of employee benefits £'000	2021-22 Non-patient care services to other bodies £'000	2021-22 Other Contract income £'000	2021-22 Recoveries in respect of employee benefits £'000
Timing of Revenue					
Point in time	113	62	572	1,219	217
Over time	-	-	-	-	-
Total	**113**	**62**	**572**	**1,219**	**217**

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total		01 April 2022 to 30 June 2022
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	1,068	46	**1,114**
Social security costs	128	3	**131**
Employer Contributions to NHS Pension scheme	192	3	**195**
Other pension costs	0	-	**0**
Apprenticeship Levy	3	-	**3**
Other post-employment benefits	-	-	**-**
Other employment benefits	-	-	**-**
Termination benefits	-	-	**-**
Gross employee benefits expenditure	1,391	52	**1,443**
Less recoveries in respect of employee benefits (note 4.1.2)	(62)	-	**(62)**
Total - Net admin employee benefits including capitalised costs	1,329	52	**1,381**
Less: Employee costs capitalised	-	-	**-**
Net employee benefits excluding capitalised costs	1,329	52	**1,381**

4.1.1 Employee benefits

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

4.1.2 Recoveries in respect of employee benefits

	Permanent Employees £'000	Other £'000	01 April 2022 to 30 June 2022 Total £'000	2021-22 Total £'000
Employee Benefits - Revenue				
Salaries and wages	**(51)**	**-**	**(51)**	(179)
Social security costs	**(6)**	**-**	**(6)**	(20)
Employer contributions to the NHS Pension Scheme	**(5)**	**-**	**(5)**	(18)
Other pension costs	**-**	**-**	**-**	-
Other post-employment benefits	**-**	**-**	**-**	-
Other employment benefits	**-**	**-**	**-**	-
Termination benefits	**-**	**-**	**-**	-
Total recoveries in respect of employee benefits	(62)	-	(62)	(217)

4.2 Average number of people employed

	01 April 2022 to 30 June 2022			2021-22		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**72.52**	**4.41**	**76.93**	69.83	4.17	74.00
Of the above:						
Number of whole time equivalent people engaged on capital	**-**	**-**	**-**	**-**	**-**	**-**

4.4 Exit packages agreed in the financial year

	01 April 2022 to 30 June 2022 Compulsory redundancies		01 April 2022 to 30 June 2022 Other agreed departures		01 April 2022 to 30 June 2022 Total	
	Number	£	Number	£	Number	£
Total	**-**	**-**	**-**	**-**	**-**	**-**

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

	01 April 2022 to 30 June 2022 Departures where special payments have been made		2021-22 Departures where special payments have been made	
	Number	£	Number	£
Total	**-**	**-**	**-**	**-**

Analysis of Other Agreed Departures

	01 April 2022 to 30 June 2022 Other agreed departures		2021-22 Other agreed departures	
	Number	£	Number	£
Contractual payments in lieu of notice	-	-	1	2,833
Total	**-**	**-**	**1**	**2,833**

4.5 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal 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:

4.5.1 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

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.

4.5.2 Full actuarial (funding) valuation

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

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

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

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

5. Operating expenses

	01 April 2022 to 30 June 2022 Total £'000	2021-22 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	273	1,698
Services from foundation trusts	42,070	163,404
Services from other NHS trusts	70,750	300,622
Provider Sustainability Fund	-	-
Services from Other WGA bodies	-	-
Purchase of healthcare from non-NHS bodies	28,336	129,283
Purchase of social care	-	-
General Dental services and personal dental services	-	-
Prescribing costs	12,559	49,988
Pharmaceutical services	58	209
General Ophthalmic services	-	-
GPMS/APMS and PCTMS	13,725	53,230
Supplies and services – clinical	128	563
Supplies and services – general	138	1,818
Consultancy services	1	11
Establishment	178	910
Transport	2	7
Premises	1,309	4,869
Audit fees	56	56
Other non statutory audit expenditure		
· Internal audit services	-	-
· Other services	9	9
Other professional fees	364	1,966
Legal fees	1	198
Education, training and conferences	21	645
Funding to group bodies	-	-
CHC Risk Pool contributions	-	-
Non cash apprenticeship training grants	-	-
Total Purchase of goods and services	**169,978**	**709,486**
Depreciation and impairment charges		
Depreciation	-	6
Amortisation	-	-
Impairments and reversals of property, plant and equipment	-	-
Impairments and reversals of right-of-use assets	-	-
Impairments and reversals of intangible assets	-	-
Impairments and reversals of financial assets	-	-
· Assets carried at amortised cost	-	-
· Assets carried at cost	-	-
· Available for sale financial assets	-	-
Impairments and reversals of non-current assets held for sale	-	-
Impairments and reversals of investment properties	-	-
Total Depreciation and impairment charges	**-**	**6**
Provision expense		
Change in discount rate	-	-
Provisions	-	-
Total Provision expense	**-**	**-**
Other Operating Expenditure		
Chair and Non Executive Members	65	378
Grants to Other bodies	-	599
Clinical negligence	-	-
Research and development (excluding staff costs)	-	37
Expected credit loss on receivables	-	1
Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
Inventories written down	-	-
Inventories consumed	-	-
Other expenditure	43	112
Total Other Operating Expenditure	**108**	**1,126**
Total operating expenditure	**170,086**	**710,619**

6.1 Better Payment Practice Code

Measure of compliance	01 April 2022 to 30 June 2022 Number	01 April 2022 to 30 June 2022 £'000	2021-22 Number	2021-22 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	2,565	50,695	10,956	196,367
Total Non-NHS Trade Invoices paid within target	2,500	50,343	10,498	186,782
Percentage of Non-NHS Trade invoices paid within target	**97.47%**	**99.31%**	**95.82%**	**95.12%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	107	112,510	655	464,879
Total NHS Trade Invoices Paid within target	104	112,485	633	464,656
Percentage of NHS Trade Invoices paid within target	**97.20%**	**99.98%**	**96.64%**	**99.95%**

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

	01 April 2022 to 30 June 2022 £'000	2021-22 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**-**	**-**

7 Property, plant and equipment

01 April 2022 to 30 June 2022	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2022	43	43
Disposals other than by sale	(43)	(43)
Cost/Valuation at 30 June 2022	**-**	**-**
Depreciation 01 April 2022	43	43
Disposals other than by sale	(43)	(43)
Depreciation at 30 June 2022	**-**	**-**
Net Book Value at 30 June 2022	**-**	**-**
Asset financing:		
Total at 30 June 2022	**-**	**-**

8.1 Trade and other receivables

	Current 01 April 2022 to 30 June 2022 £'000	Non-current 01 April 2022 to 30 June 2022 £'000	Current 2021-22 £'000	Non-current 2021-22 £'000
NHS receivables: Revenue	126	-	314	-
NHS receivables: Capital	-	-	-	-
NHS prepayments	-	-	-	-
NHS accrued income	531	-	-	-
NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
NHS Contract Assets	-	-	-	-
Non-NHS and Other WGA receivables: Revenue	151	-	353	-
Non-NHS and Other WGA receivables: Capital	-	-	-	-
Non-NHS and Other WGA prepayments	474	-	1,278	-
Non-NHS and Other WGA accrued income	241	-	195	-
Non-NHS and Other WGA Contract Receivable not yet invoiced/non-invoice	-	-	-	-
Non-NHS and Other WGA Non Contract trade receivable (i.e pass through funding)	-	-	-	-
Non-NHS Contract Assets	-	-	-	-
Expected credit loss allowance-receivables	-	-	-	-
VAT	415	-	427	-
Private finance initiative and other public private partnership arrangement prepayments and accrued income	-	-	-	-
Interest receivables	-	-	-	-
Finance lease receivables	-	-	-	-
Operating lease receivables	-	-	-	-
Other receivables and accruals	-	-	1	-
Total Trade & other receivables	**1,939**	**-**	**2,568**	**-**
Total current and non current	**1,939**		**2,568**	
Included above:				
Prepaid pensions contributions	-		-	

8.2 Receivables past their due date but not impaired

	01 April 2022 to 30 June 2022 DHSC Group Bodies £'000	01 April 2022 to 30 June 2022 Non DHSC Group Bodies £'000	2021-22 DHSC Group Bodies £'000	2021-22 Non DHSC Group Bodies £'000
By up to three months	-	(13)	241	73
By three to six months	-	-	-	36
By more than six months	-	-	-	-
Total	**-**	**(13)**	**241**	**109**

9 Cash and cash equivalents

	01 April 2022 to 30 June 2022 £'000	2021-22 £'000
Balance at 01 April 2022	10	18
Net change in year	3	(8)
Balance at 30 June 2022	**13**	**10**
Made up of:		
Cash with the Government Banking Service	13	10
Cash with Commercial banks	-	-
Cash in hand	-	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**13**	**10**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 30 June 2022	**13**	**10**
Patients' money held by the clinical commissioning group, not included above	-	-

10 Trade and other payables	Current 01 April 2022 to 30 June 2022 £'000	Non-current 01 April 2022 to 30 June 2022 £'000	Current 2021-22 £'000	Non-current 2021-22 £'000
Interest payable	-	-	-	-
NHS payables: Revenue	415	-	377	-
NHS payables: Capital	-	-	-	-
NHS accruals	6,717	-	5,593	-
NHS deferred income	102	-	-	-
NHS Contract Liabilities	-	-	-	-
Non-NHS and Other WGA payables: Revenue	6,887	-	9,479	-
Non-NHS and Other WGA payables: Capital	-	-	-	-
Non-NHS and Other WGA accruals	19,496	-	22,854	-
Non-NHS and Other WGA deferred income	-	-	-	-
Non-NHS Contract Liabilities	-	-	-	-
Social security costs	85	-	72	-
VAT	-	-	-	-
Tax	84	-	73	-
Payments received on account	-	-	-	-
Other payables and accruals	295	-	313	-
Total Trade & Other Payables	**34,081**	**-**	**38,761**	**-**
Total current and non-current	**34,081**		**38,761**	

11 Financial instruments

11.1 Financial risk management

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

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

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

11.1.1 Currency risk

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

11.1.2 Interest rate risk

The NHS clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England.

11.1.3 Credit risk

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

11.1.4 Liquidity risk

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

11.1.5 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

11 Financial instruments cont'd

11.2 Financial assets

	Financial Assets measured at amortised cost 01 April 2022 to 30 June 2022 £'000	Total 01 April 2022 to 30 June 2022 £'000	Financial Assets measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Trade and other receivables with NHSE bodies	633	633	142	142
Trade and other receivables with other DHSC group bodies	224	224	(31)	(31)
Trade and other receivables with external bodies	193	193	751	751
Other financial assets	-	-	-	-
Cash and cash equivalents	13	13	10	10
Total at 30 June 2022	**1,063**	**1,063**	**873**	**873**

11.3 Financial liabilities

	Financial Liabilities measured at amortised cost 01 April 2022 to 30 June 2022 £'000	Total 01 April 2022 to 30 June 2022 £'000	Financial Liabilities measured at amortised cost 2021-22 £'000	Total 2021-22 £'000
Loans with group bodies	-	**-**	-	**-**
Loans with external bodies	-	**-**	-	**-**
Trade and other payables with NHSE bodies	377	**377**	134	**134**
Trade and other payables with other DHSC group bodies	7,855	**7,855**	6,990	**6,990**
Trade and other payables with external bodies	25,577	**25,577**	31,491	**31,491**
Other financial liabilities	-	**-**	-	**-**
Private Finance Initiative and finance lease obligations	-	**-**	-	**-**
Total at 30 June 2022	**33,809**	**33,809**	**38,616**	**38,616**

12 Operating segments

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

13 Pooled Budgets

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

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

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

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

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

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

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

	01 April 2022 to 30 June 2022	01 April 2022 to 30 June 2022	01 April 2022 to 30 June 2022	01 April 2022 to 30 June 2022
	Total £000's	Hull CCG £000's	s75 Payment £000's	HCC £000's
Expenditure	13,248	6,944	(1,212)	7,515

NHS Hull CCG is the lead commissioner for £5.7k of funding included within the £6.9k in the Better Care Fund. This expenditure is included within the costs outlined in note 5.

	2021-22	2021-22	2021-22	2021-22
	Total £000's	Hull CCG £000's	s75 Payment £000's	HCC £000's
Expenditure	50,572	26,089	(3,542)	28,025

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

14 Related party transactions

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

NHS England
NHS East Riding of Yorkshire CCG
NHS North Lincolnshire CCG

Hull University Teaching Hospital NHS Trust

York Teaching Hospital NHS Foundation Trust

NHS Property Services & Community Health Partnerships
Humber Teaching NHS Foundation Trust
Yorkshire Ambulance Services NHS Trust
Nrothern Lincolnshire & Goole NHS Foundation Trust

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

Hull City Council

Details of related party transactions with individuals are as follows:

Details of related party transactions with individuals are as follows:

	01 April 2022 to 30 June 2022 Payments to Related Party £'000	01 April 2022 to 30 June 2022 Receipts from Related Party £'000	01 April 2022 to 30 June 2022 Amounts owed to Related Party £'000	01 April 2022 to 30 June 2022 Amounts due from Related Party £'000
Dr Bushra Ali - GP member of NHS Hull Clinical Commissioning Group				
Partner at Modality Partnership Hull - Part of the Modality PCN (see below)	4,703	0	0	0
Spouse is an employee at Hull University Teaching Hospital NHS Trust	65,294	0	4,174	0
Dr Masood Balouch - GP member of NHS Hull Clinical Commissioning Group				
Practising GP in Hull, Council of members Representative for Haxby Group (kingswood & Orchard Park) - Part of Haxby PCN (see below)	2,438	0	0	0
Spouse is a Clinical Director for Haxby PCN	2,438	0	0	0
Dr James Moult - GP member of NHS Hull Clinical Commissioning Group				
General Practitioner partner at Modality Partnership - Part of Modality PCN (see below)	4,703	0	0	0
Honouree Contract with Hull University Teaching Hospital NHS Trust Cardiology Team	65,294	0	4,174	0
Ian Goode - Lay member of NHS Hull Clinical Commissioning Group				
Employee at East Riding of Yorkshire Council	183	0	0	0
Jason Stamp - Lay member of NHS Hull Clinical Commissioning Group				
Chief Officer North Bank Forum for Voluntary Organisations - North Bank Forum for Voluntary Organisations sub contract for the Connect Well Hull Social Prescribing Service (Citizens Advice Bureau)	134	0	1	0
Mark Whitaker - Practice Manager Member of NHS Hull Clinical Commissioning Group				
Practice Manager in a GP Practice - Newland Health Centre - Part of Symphonie PCN (see below)	274	0	0	0
Wife is a Practice Manager at Avenues Medical Centre - Part of Symphonie PCN (see below)	834	0	0	0
Emma Latimer - Chief Officer				
Interim Accountable Officer NHS North Lincolnshire Clinical Commissioning Group	0	0	0	0
Interim Accountable Officer NHS East Riding of Yorkshire Clinical Commissioning Group	0	0	0	0
Emma Sayner - Chief Finance Officer				
Citycare Board Member	59	0	3	0
Interim Chief Finance Officer NHS North Lincolnshire Clinical Commissioning Group	0	0	0	0

Hull CCG GP Practices are now all part of one of 7 Primary Care Networks (PCNs) and as such practices within those groups are somewhat related.

14 Related party transactions continued.

	01 April 2022 to 30 June 2022 Payments to Related Party £'000	01 April 2022 to 30 June 2022 Receipts from Related Party £'000	01 April 2022 to 30 June 2022 Amounts owed to Related Party £'000	01 April 2022 to 30 June 2022 Amounts due from Related Party £'000
Modality GP PCN	**4,703**	**0**	**0**	**0**
Modality Partnership	4,703	0	0	0
Symphonie GP PCN	**4,345**	**0**	**0**	**0**
Wilberforce Surgery	324	0	0	0
The Avenues Nedical Centre	834	0	0	0
Oaks Medical Centre	641	0	0	0
Wolseley Medical Centre	554	0	0	0
Clifton House	739	0	0	0
Sydenham House Group Practice	670	0	0	0
Hastings Medical Centre	309	0	0	0
Newland Health Centre	274	0	0	0
Venn PCN	**4,761**	**0**	**18**	**0**
CHP LTD- Bransholme	271	0	0	0
Dr Cook BF	298	0	0	0
CHCP - City Centre (KMC, Riverside & Story St)	1,656	0	0	0
CHP LTD - Southcoates (incl Marfleet)	436	0	0	0
CHCP - East Park	352	0	0	0
Bridge Group (Orchard Park & Elliott Chappell)	699	0	1	0
Sutton Manor Surgery	1,048	0	18	0
HASP PCN	**2,194**	**0**	**0**	**-17**
Goodheart Surgery	528	0	0	0
Raut Partnership (Highlands & Sutton Park)	341	0	0	0
Kingston Health (Wheeler st & Park HC)	850	0	0	0
Delta Healthcare	204	0	0	0
Dr G Javeloo Practice	271	0	0	0
Medicas PCN	**5,377**	**0**	**0**	**0**
East Hull Family Practice	2,772	0	0	0
Orchard 2000 (Orchard Park & Bransholme)	670	0	0	0
St Andrew's Group Practice	692	0	0	0
Marfleet Group Practice	1,244	0	0	0
Marmot PCN	**1,961**	**0**	**0**	**21**
Dr GT Hendow	212	0	0	0
Humber FT - NorthPoint	388	0	0	0
James Alexander Practice	957	0	0	0
Humber FT - Princes Medical Centre	405	0	0	0
Haxby PCN	**2,438**	**0**	**0**	**0**
Haxby - Burnbrae	349	0	0	0
Haxby - Calvert & Newington	865	0	0	0
Haxby - Kingswood & Orchard Park	1,224	0	0	0

14 Related party transactions continued.

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

14 Related party transactions continued.

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

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

15 Events after the end of the reporting period

There are no post balance sheet events which will have a material effect on the financial statements of the clinical commissioning group or consolidated group.
There is one non-adjusting post balance sheet event this relates to the Health and Social Care Bill that was introduced into the House of Commons on 6 July 2021. The Bill allows for the establishment of Integrated Care Boards (ICB) across England with ICBs taking on the commissioning functions of CCGs. The Bill was passed on 28th April 2022 and the functions, assets and liabilities transferred the Humber and North Yorkshire on the 1st July 2022.

16 Financial performance targets

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

	01 April 2022 to 30 June 2022 Target	01 April 2022 to 30 June 2022 Performance	2021-22 Target	2021-22 Performance
Expenditure not to exceed income	171,528	171,528	716,280	716,104
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	171,353	171,353	713,541	713,364
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	1,327	1,327	5,684	4,906