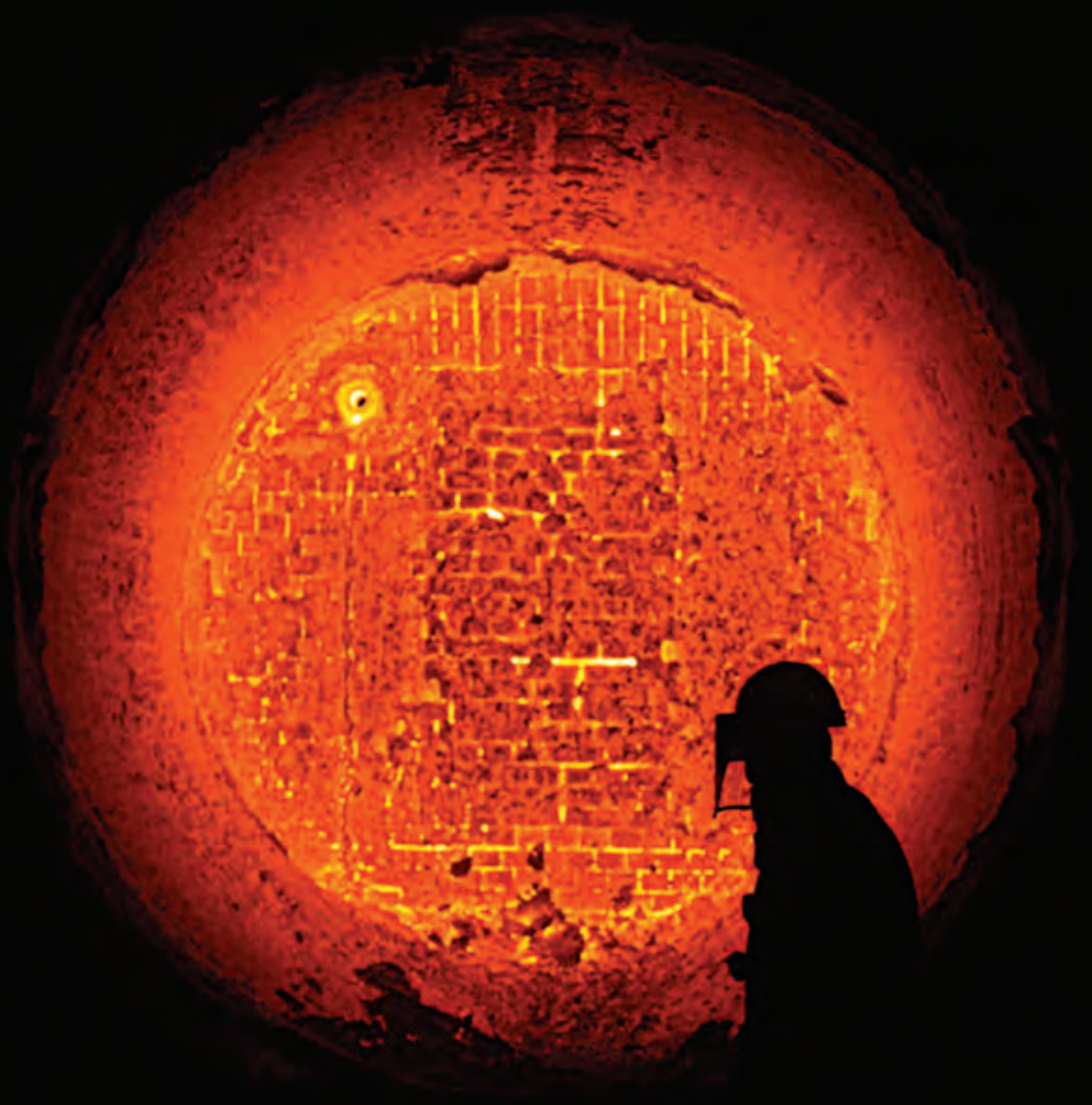
2019-20
ANNUAL REPORT & ACCOUNTS

NHS
North Lincolnshire
Clinical Commissioning Group



Helping you build a healthy future

A warm welcome

from our Accountable Officer and Chair

Emma Latimer
Accountable Officer

Dr Faisel Baig
Chair

Welcome to the 2019-20 Annual Report and Accounts for NHS North Lincolnshire Clinical Commissioning Group (CCG).

We hope it will provide an overview of our progress and performance over the last year, as we continue to work with patients and partners to help you build a healthy future.

At the time of producing this report, NHS North Lincolnshire CCG has a major role in the local response to the Coronavirus pandemic – to support and coordinate health and social care services with partners across the system.

There has not been a time since the NHS began where the conditions of doctors, nurses, care home staff and other frontline staff pose such a genuine threat to their health and even their lives.

We would therefore like to begin with a tribute to those frontline workers who are often putting patient care above their own safety. We are so grateful for everything they are doing during this difficult time, alongside all the other key workers such as police, teachers, transport workers and social care. Devastatingly, we have lost colleagues to this disease in other parts of the country and our hearts go out to them and their families.

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

Looking back over the year the team at North Lincolnshire CCG, and indeed the local NHS and our partners in the public and voluntary sectors, have worked hard to improve services for our population.

A new Urgent Treatment Centre was opened at Scunthorpe General Hospital in 2019 – an additional GP-led service designed to help safeguard A&E services for those patients who have a genuine emergency need.

Another critical piece of work has seen a new and combined musculoskeletal and chronic pain service introduced in January – offering a quicker, more streamlined service for patients across North Lincolnshire.

We are determined to put North Lincolnshire on the map for the right reasons and we did just that in February. Lung patients in North Lincolnshire were the first in the UK to benefit from a pioneering virtual reality pulmonary programme – offered for the first time on the NHS. GP practices in the region are now able to offer Chronic Obstructive Pulmonary Disease (COPD) patients a kit consisting of a virtual reality headset, wearable sensor and mobile data hotspot so they can partake in pulmonary rehab exercises, led by a digital instructor, from the comfort of their own home. Many people have worked hard to make this happen and we thank you all.

Moreover, we're pleased to say all North Lincolnshire GP practices are now part of a primary care network. These networks are set to improve access, availability and quality of primary care services. This has to be a positive change, not only in terms of practices working together, but ultimately for our patients too.

We also want to thank GP practices for their incredible hard work, particularly during the pandemic, in ensuring a huge rise in consultations by telephone and video. This meant patients avoided seeing the clinician face-to-face, wherever possible, and therefore remaining in the safety of their own home and limiting the risk of them catching the virus.

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

We're pleased to report that NHS England recognised North Lincolnshire CCG had made 'substantial progress' following an assessment.

NHS England acknowledged improved relationships with our partners, praised our development work of primary care and recognised improved delivery of better outcomes for the North Lincolnshire population. It also commended our work internally – in terms of organisational development and financial delivery. Our progress was described as a 'really positive direction of travel' and as a result, the CCG was formally removed from 'Special Measures' status.

We recognise there is more to be done and we endeavour to work as hard as we possibly can, both internally and with our partners, as we aim to help North Lincolnshire residents build a healthy future.

Thank you as always to our CCG staff, board members, lay members, GP practice teams and our local voluntary sector, for all the hard work you are doing.

Lastly, we would like to thank members of the public who have taken the time to help shape the work we have done. Many of you attend our meetings and we want that to continue moving forward. To all those unsung heroes who drive their patient participation groups, we would like to thank you, too. The patient is at the heart of everything we do. Your feedback plays a pivotal role in developing local services so they best meet the needs of the local communities that the CCG serves.

Thank you for taking the time to read our report.

Accessibility Statement

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

Emailing: NLCCG.ContactUs@nhs.net
Calling us on: 01652 251000 or
Tweeting us: @northlincsccg

You can also contact us by post:
NHS North Lincolnshire Clinical Commissioning Group
Health Place, Wrawby Road, Brigg, North Lincolnshire, DN20 8GS

The accounts for the year ended March 31, 2020 have been prepared by the NHS North Lincolnshire 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.

Contents

Part One: Performance Report

Part Two: Accountability Report

Part Three: Annual Accounts

Emma Latimer
Accountable Officer
22 June 2020

We are NHS North Lincolnshire CCG

NHS North Lincolnshire Clinical Commissioning Group (CCG) is responsible for planning and paying for healthcare services in the area. This is what we call 'commissioning'. Our ambition is to help local people live healthier lives and to make sure that when people do require health treatment they receive the best possible standard of care.

If you are registered with a North Lincolnshire GP practice, we are responsible for commissioning most of your healthcare. This includes mental health care, maternity services, treatments you receive in hospital, urgent and emergency care and some community services.

We are clinically led, which means that local doctors, nurses and other healthcare professionals have a central role in the work of the CCG. Our clinicians see North Lincolnshire patients every day and understand what our local population needs, making them ideally placed to make decisions about local care.

Our CCG brings together all 19 local practices and other health professionals to plan and design services to meet the needs of local patients. The number of patients registered with our GP practices is around 179,000. For a full breakdown of our member practices, branch sites, patient list sizes and locality, please turn to the 'Accountability' section of this report.

Where appropriate, we will jointly commission services with partners such as neighbouring North East Lincolnshire CCG or North Lincolnshire Council. The main health provider organisations that we have contractual arrangements for services with are:

- **Northern Lincolnshire and Goole NHS Foundation Trust**
- **Rotherham, Doncaster and South Humber NHS Foundation Trust**
- **East Midlands Ambulance Service NHS Trust**
- **Yorkshire Ambulance Service NHS Trust**

We also work with Healthwatch North Lincolnshire, the independent champion for local people who use health and social care services. We hold six Governing Body meetings and an Annual General Meeting each year, all of which are open to the public. For dates, times and venues, please contact us via the details below or visit our website:

You can contact us at:

NHS North Lincolnshire Clinical Commissioning Group,
Health Place, Wrawby Road, Brigg, North Lincolnshire, DN20 8GS

Tel: 01652 251000
Email: NLCCG.ContactUs@nhs.net
Website: www.northlincolnshireccg.nhs.uk
Twitter: @northlincsccg

Helping you build a healthy future

Performance Overview 2019-20

from Emma Latimer, Accountable Officer

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

This section includes key updates on:

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

A detailed financial and performance analysis, and the sustainability report, will follow this.

NHS Long Term Plan

Humber, Coast and Vale Health and Care Partnership

Medical advances and the development of technology-enabled healthcare have developed rapidly over recent years. In addition, the healthcare needs of the population have changed significantly as people live longer, with more complex health conditions. As a result, the NHS needs to adapt to this so that it can meet people's needs in the future.

In 2018, the Government announced £20.5bn of additional funding for the NHS in England by 2023-24. The NHS Long Term Plan, launched in January 2019 by NHS England, set out priorities for how this money will be spent over the next 10 years.

The NHS Long Term Plan will make sure the NHS has a bright future ahead of it. It will ensure that every penny is invested on the things that matter most, from providing high quality lifesaving treatment and care for patients and their families, to reducing pressure on hard-working NHS staff and investing in exciting new technologies.

The plan was drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. It sets out how the NHS can overcome challenges by:

- Doing things differently:
  giving people more control over their own health and the care they receive. Encouraging more collaboration between GPs, their teams and community services, as 'Primary Care Networks', to increase the services they can provide jointly. Increasing the focus on NHS organisations working with partners as an 'Integrated Care System', to plan and deliver services which meet the needs of their communities.
- Preventing illness and tackling health inequalities:
  the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- Backing our workforce:
  Increasing the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. The NHS will be a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- Making better use of data and digital technology:
  Providing more convenient access to services and health information for patients with a new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- Getting the most out of taxpayers' investment in the NHS:
  Working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for less, and reducing spend on administration.

The NHS Long Term Plan will help inform NHS North Lincolnshire CCG's strategic vision over the coming years. We have completed our own local strategic plan, which dovetails neatly into the priorities identified by NHS England. This is available on the CCG's website:

https://northlincolnshireccg.nhs.uk/publication-scheme/what-are-our-priorities-and-how-are-we-doing/

Working together

North Lincolnshire CCG is an active member of the Humber, Coast and Vale Health and Care Partnership.

The partnership is a collaboration of nearly 30 different organisations across a geographical area of more than 1,500 square miles taking in cities, market towns and remote rural and coastal communities.

We are working together to plan for the future of health and care services across North Lincolnshire and beyond and to find new ways to tackle the challenges that we face locally.

Humber, Coast and Vale Health and Care Partnership priorities

The partnership's collective priorities for its population are as follows:

- Healthier people – improving health and life expectancy through prevention initiatives and support for people to take care of themselves and their loved ones
- Better out-of-hospital care – creating services in local communities that are properly joined-up so people can only go into hospital when it is absolutely necessary and do not stay longer than they need to
- Better in-hospital care – creating more efficient hospital-based services for those who need them, making the best use of the resources and workforce across the system to plan and deliver hospital-based services
- Better mental health care – ensuring that mental health is seen to be equally important as physical health
- Better cancer care – helping more people survive cancer and support people in our region to live well and beyond cancer
- Balancing the books – We want to make the most of every penny available to deliver good quality local services within the funding available

How the partnership will achieve these aims

In order to achieve these ambitions, the partnership has established six work streams in each of the six areas covered by the CCGs within the partnership.

These place-based programmes are primarily working on achieving the first two priorities of healthier people and better out-of-hospital care.

In addition, there are three cross-cutting programmes of work which are working across the whole of the Humber, Coast and Vale area to plan services for local people. These programmes will help the partnership achieve its priorities to improve hospital-based care, mental health care and cancer care.

There are also established programmes of work (enablers) which will help to make the change happen by ensuring the basic building blocks needed to deliver the change are in place. These programmes are;workforce and staffing issues, buildings and estates, digital technology and finance.

Primary care in North Lincolnshire 2019-20

Primary care networks (PCNs) of practices working together in their neighbourhood were identified as an essential part of every Integrated Care System.

Under the Network Contract Directed Enhanced Service (DES), which began on July 1, 2019, three PCNs in North Lincolnshire were established.

Each PCN has appointed a Clinical Director who provides strategic and clinical leadership to help support change across primary and community health services.

Safe Care, the GP Federation for all 19 practices in North Lincolnshire, run the extended access service hours with GPs and other health care professionals, outside of core hours to all patients within the area.

The DES also provides additional resources to support PCNs in appointing additional workforce over the five-year period 2019-20 to 2023-24. From 2020-21, a further range of staff can be employed by PCNs though the DES including physician associates, physiotherapists, paramedics, pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists.

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

- Clinical director development
- Leadership, planning and partnerships
- Use of data and population health management
- Managing resources
- Integrating care

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
East Care Network	8	65,000	Dr Salim Modan
West Care Network	5	44,000	Dr Pratik Basu
South Care Network	6	72,000	Dr Hardik Gandhi & Dr Andrew Lee

Digital Enabled Care

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

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

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

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

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

From improved access to remote appointments, to being better supported in your own home, digital solutions are proving to be a key enabler for the delivery of care.

The NHS Long Term Plan has a strong emphasis on technology with digitally enabled care becoming mainstream across the NHS. The new five-year GP contract framework expands further on this and includes a significant focus on technology. We have been working closely with GPs and practices to look at better use of technology across North Lincolnshire, and continue to work closely to meet the aims of the Long Term Plan and five-year GP contract framework.

Here is a summary of some of the programmes that we are supporting practices with:

GP online presence

Practices are encouraged by the Long Term Plan and new GP contract to improve their online presence.

This includes patients being able to access digital records, order repeat prescriptions and book appointments online.

In order to better meet the accessibility requirements of our patients, as of April 2020, practices are now able to supplement face to face consultations with both video and electronic consultations over the internet.

NHS 111 direct booking

In North Lincolnshire, a significant number of practices have piloted NHS111 direct booking and the feedback from those practices has been positive, with efficient communication allowing the 111 service to fill GP appointment slots when appropriate to do so.

This is now being rolled out to all practices and forms part of the new GP contract where practices will make one appointment per 3,000 patients available each day for NHS111 to clinically triage and book patients in.

NHS App

The NHS App is available to download from Apple App and Google Play stores. Patients are able to use the app to check their symptoms using NHS111 online and the health A-Z, featured on the NHS website.

Throughout 2019-20, we worked together with our GP practices to ensure they all have the technical capabilities to offer full functionality of the app to their patient population. This includes using the app to book and manage appointments, order repeat prescriptions; securely view GP medical records, register as an organ donor and choose whether their data can be used for research.

In addition, the NHS App acts as a single identity tool for future health and care apps, therefore future proofing digital solutions and making the patient experience significantly smoother.

MJog

MJog is a two-way safe and secure patient messaging service that allows GP practices to send messages to their patients either over a text message or through a dedicated phone app, which the patient is then able to respond to in a few simple clicks.

This will help to improve efficiencies in practices by reducing 'did not attend' (DNA) appointments. To help increase

GP practice uptake of MJog we purchased a three-year package 'free' for all of the GP community - that includes an offer to adopt the then licence for any practice already using the system.

HumberHealthApps.co.uk

The CCG recognises that some patients want to have the empowerment to better support their own care through the use of digital tools, and to support them the CCG has launched Humberhealthapps.co.uk - an online tool to support patients find the App for them.

Collated by a group of health, usability and data security experts, Humberhealthapps.co.uk provides a rated library of the top health apps to provide an extra level of assurance to our patients that Apps are safe and effective.

Yorkshire and Humber shared care record

The Yorkshire and Humber Shared Care Record project, funded through the Local Health Care Record Exemplar (LHCRE), enables the sharing of records across health and social care, reducing risks by decreasing the amount of duplication.

The project offers a single source of information across all care settings, without replacing any systems. From within an individual's record, a professional will be able to open a portal showing the appropriate records from other professionals. Our local hospital trusts are signed up for the next phase of integration and work is underway for the inclusion of end of life, community and social care data sets.

Engage Consult

Engage Consult is an online consultation system that makes it possible for patients to submit their symptoms online and receive a response from their practice, which could be advice, signposting or booked in for an appointment. This can help to treat patients without the need for them to attend the practice.

Supporting clinicians with better technology

All the new digital tools being provided require the appropriate supporting technology in place to support the clinicians to provide the right service, in the right place and at the right time.

To support this there is currently a large programme of work under way to deliver superfast secure NHS broadband to every practice across the Humber.

In light of COVID-19, we have also introduced new tools for allowing GPs and their supporting staff to work in a truly agile manner, allowing them to continue to provide clinical services during a difficult time.

Engaging people and communities

Meeting our statutory duties for involvement

We adhere to the statutory guidance set out by NHS England for "Patient and public participation in commissioning health and care" and this is embedded into the methodology we use to deliver engagement.

This requires us to:

- Involve the public in governance
- Explain public involvement in commissioning plans/ business plans
- Demonstrate public involvement in annual reports
- Promote and publicise public involvement
- Assess, plan and take action to involve
- Feedback and evaluate
- Implement assurance and improvement systems
- Advance equality and reduce health inequalities
- Provide support for effective involvement
- Hold providers to account

In addition to being a statutory duty we believe that meaningful patient and public participation can help us to develop and deliver services that are safe, effective and efficient.

Our Engagement and Public Involvement Strategy sets out our principles for engagement.

North Lincolnshire CCG:

- Will meet its statutory duties to involve, engage and consult the public
- Will communicate via clear and concise means and transparently
- Expects to be accountable for the way in which it involves, engages and consults
- Believes responding to feedback from the public is as important as receiving it
- Believes in consistency and coherence in engagement and communication but will vary its approach to reflect local circumstances and sensitivities
- Will learn lessons from its engagement and communication activity and respond accordingly
- Believes engagement and communication must be authentic by operating within the context of financial and operational realities
- Will ensure effective links to tap into wider networks and groups – beyond just health
- Will ensure that people who engage with us are fully supported to do so

Developing our approach to involving communities

We have a number of ways in which patients and the public can get more involved in our work.

We are committed to working with the voluntary, community and faith sector to ensure that we hear from and respond to the most vulnerable members of our community. We consider these groups when planning patient and public involvement and go out to hear their views in a way that is most suited to them.

Ways that people get involved include:

- Our Lay Member for Patient and Public Involvement Our lay member represents the patient voice on the CCG's Governing Body.
- Healthwatch – we regularly engage with Healthwatch North Lincolnshire and involve them in our work. We use insight provided by Healthwatch to inform our programmes of work.
- Embrace Patient Network: This initiative enables local people to sign up to be involved in shaping the future of local healthcare in a number of ways, such as taking part in focus groups, reviewing information before it goes to the general public, as well as receiving regular communication from the CCG. To join Embrace, please contact us or visit our website https://northlincolnshireccg.nhs.uk/tell-us-what-you-think/embrace/
- The CCG website: The "tell us what you think" section of the website offers information on different ways patients can get involved with our work.
- Programme-specific involvement: We use local intelligence and relationships with the community and voluntary sector to ensure we speak with and involve the right people in our commissioning decisions, for example speaking to young families about how they seek help with urgent care needs.

Partnerships & networks

Local Authority

We work in partnership with North Lincolnshire Council, and their public health team.

Humber Coast and Vale Health and Care Partnership

We are an integral part of the Humber Coast and Vale Health and Care Partnership, which aims to help meet the challenges set out in the NHS Five Year Forward View – better health, transformed quality of care, and sustainable finances.

We all want to provide the best services for local people, to help them live well and enjoy life, and we know no individual organisation can do this on its own. We are working with our partners to facilitate public involvement in the work of the partnership across North Lincolnshire.

Providers

We work in partnership with our providers to deliver engagement across North Lincolnshire. Our providers include Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust.

Events and outreach

In order to reach out to patients and the public we organise events throughout the year, and actively participate in community, voluntary and partner organisation events.

In addition to events we hold, we also regularly attend and support events and patient meetings held by our partners in both health and social care and the voluntary sector. In 2019-20 we have strengthened our relationships with local community representatives, particularly those representing seldom-heard communities for example:

- Crosby International Day - an event celebrating cultural diversity
- Talking Newspapers for the visually impaired
- Carers Advisory Partnership for North Lincs
- Scunthorpe Multiple Sclerosis Society group
- Diabetes Group awareness day

We have continued to meet with other public sector bodies on the North Lincolnshire Equality and Inclusion Forum, to share best practice of engaging with those who experience the worst health outcomes. To help understand how well we are supporting or providing services fairly to all groups of people, we carry out equality monitoring of attendance at public engagement events, membership of PCAG and Embrace and participation in our surveys.

Working with local people

Our goal is to put patients at the heart of everything we do, learning from their lived experiences, listening to their ideas and thoughts and designing and commissioning services which meet the needs of our diverse population.

We have successfully engaged stakeholders, patients and the public in a range of activities to facilitate community involvement in how we design, deliver and improve local health services.

Throughout 2019-20 we have supported engagement work for the Humber Acute Services Review of hospital services, facilitating involvement of North Lincolnshire representatives in the Citizen's Panel. This has helped people in North Lincolnshire to have the opportunity to give their views and help shape plans for the future delivery of the region's hospital services. This year we have also hosted public workshops to consider the review of planned and unplanned care. More information about the review can be found here

From April 1, 2015 it has been a contractual requirement for all GP practices across England to establish and maintain a Patient Participation Group. Patient Participation Groups are the building blocks for engagement at GP practice level. Each GP practice has set up a group of patients interested in engaging with their work.

We work with Healthwatch North Lincolnshire to jointly host our local Patient Participation Group (PPG) Chairs Forum which meets quarterly. We use these valuable meetings to provide PPG Chairs with information about how local health services are provided and support them to share good practice and to develop their PPG. We listen to what they tell us about the views of their practice populations and use this insight to monitor and develop our plans for local services. Along with having a chance to network with each other and share views on how PPGs function, some of the topics they have discussed during 2019/20 have been:

- Digital and online services
- Patient involvement in research and development
- Record sharing in Yorkshire and Humber
- Changes to repeat prescribing

We provide support to enable people to be involved, including training and reimbursement of expenses for those who attend meetings.

How we have listened and responded

UTC engagement

In line with national NHS guidance, NHS North Lincolnshire Clinical Commissioning Group (CCG) developed plans during 2019 for an Urgent Treatment Centre (UTC), which is now co-located alongside the Accident and Emergency department at Scunthorpe General Hospital.

During January and February 2019, we gathered the views of patients and members of the public to help shape the new service.

A questionnaire was available online via a website link and posted on the NLCCG website.

The link was sent to members of our Embrace patient network, stakeholders and key contacts in the local community, and was posted on our social media pages.

Patient's views made a difference as they told us:

- Seeking urgent care can involve several steps that take place before you see the appropriate person, and people were less happy about the initial contact being with someone who is not medically trained.

  The UTC offers access to a mix of trained professionals including emergency care, mental health and social care practitioners from initial assessment through to treatment. Patients will have access to a range of appointments with GPs and other healthcare professionals the same day if required.

- Uncertainty about the definition of 'urgent' or 'emergency' was a clear theme, and presenting at A&E was therefore considered the safest thing to do.

  With the UTC in place, people will not need to decide for themselves which service they need to access (GP out of hours, A&E, UTC or extended access primary care). Their condition will be assessed when they seek care and they will be seen in the most appropriate place based on their clinical need, by the most appropriate clinician or professional.

- People told us that those with long term conditions often know what care they need and would benefit from a more direct route to urgent care.

We know that those with long term conditions often have a good understanding of what care they need from services. The UTC provides acute management of exacerbations of long term conditions, including supporting people to use any prescribed rescue medication in line with care plans.

Procurement of a new integrated muscoskeletal and pain service

A new, combined musculoskeletal (MSK) and chronic pain service has been providing a quicker, more streamlined service for patients in North Lincolnshire from January 2020.

In early 2019, North Lincolnshire Clinical Commissioning Group tendered for the new service to provide a single point of referral for the triage, assessment, diagnosis and management of MSK and chronic pain conditions. The Kirton Lindsey & Scotter Surgery, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), In-Health and St Hugh's Hospital are working together to deliver the Integrated MSK and Chronic Pain Service.

We supported the involvement of one of our community members on the procurement panel for this new service. We were mindful that the key to successful involvement of lay volunteers is to remember the person is a volunteer giving time, knowledge, expertise and experience. The member of the public was fully involved in the evaluation panel. After being involved in the process, we asked for feedback about what it was like to be involved in the procurement as a lay person and this has provided us with valuable points to improve and develop this type of engagement opportunity for others.

> "I would like to believe that my experience and involvement in the process will highlight the benefit lay volunteers can bring and encourage their further involvement, to the benefit of both commissioners and service users."
>
> **Lay volunteer on procurement panel**

The development of a late-night mental health service

In January 2020, the CCG successfully commissioned and mobilised a late-night mental health service in central Scunthorpe.

The Haven, which is delivered by Scunthorpe and District Mind, launched on January 9 and is designed to help reduce the risk of mental health crisis by providing a safe space for people who urgently need to talk to someone.

The service has been commissioned by North Lincolnshire Clinical Commissioning Group following feedback from mental health peer support groups and those attending a local homeless project that A&E is not a suitable environment for someone experiencing a mental health problem. Commissioners listened to what those with lived experience of mental health had been telling us during engagement on urgent care, and working with the local Crisis Care Concordat, a model for a drop in support service was developed.

Assuring our engagement plans

Our Patient and Community Assurance Group (PCAG) is responsible for overseeing our engagement work and assuring not only that we are carrying out our statutory duties to a high standard, but that we are responding effectively to the feedback we receive and using this to inform and influence our commissioning.

PCAG members were recruited via our Embrace patient network and nominations from the local voluntary and community sector. In addition to Embrace members, we have representation on the group from Healthwatch North Lincolnshire, Cloverleaf Advocacy, Westcliff Community Works and the Humber and Wolds Rural Action group. Meetings are chaired by our CCG Lay Member for Patient and Public Involvement.

During 2019-20 our PCAG considered plans for engagement and our response to feedback about the following:

- North Lincolnshire Mental Health Strategy
- NLCCG Strategy
- NLCCG Quality Strategy
- The Haven mental health service
- Changes to oncology services in North Lincolnshire

We would like to thank all of our patient and public participants. We really appreciate the time people have given to find out about our work and give us their views.

Hopefully the information in this section shows what a difference public involvement makes and how it's helping us to get services right for people in North Lincolnshire.

If you would like to find out more about what the CCG does or get involved in our work, we'd love to hear from you. Contact us at embrace.nlccg@nhs.net to find out more.

Highlights of the Year

Scunthorpe Urgent Treatment Centre opens to help relieve A&E pressures

A new Urgent Treatment Centre (UTC) was opened at Scunthorpe General Hospital in December 2019.

The additional, GP-led service is designed to help safeguard A&E services (which are consultant-led) for those that have a genuine emergency need.

The Urgent Treatment Centre is co-located alongside the hospital's Accident and Emergency department, which means that anyone attending the hospital without an emergency need is now seen by the UTC, which acts as a 'new front door' to the hospital.

The Haven

An initiative to provide late night support and safety for people with mental health problems launched in Scunthorpe on January 9, 2020.

The Haven was designed to help reduce the risk of mental health crisis by providing a safe space for people who urgently need to talk to someone.

The service is provided by the Scunthorpe arm of mental health charity, Mind, at their premises at Printer's Yard on Fenton Street, Scunthorpe.

The Haven offers mental health support to people aged 16 and over in North Lincolnshire in the evenings and at weekends, Thursday to Sunday, when they may need help most. As well as offering support, professionals are also able to refer and direct onwards to further services if required.

North Lincolnshire lung patients first in UK to benefit from NHS intelligent virtual rehab service

Lung patients in North Lincolnshire were the first in the UK to benefit from a pioneering virtual reality (VR) pulmonary rehabilitation programme - offered for the first time on the NHS from February 2020.

NHS North Lincolnshire CCG successfully submitted a bid to NHS England to fund the programme for people in North Lincolnshire living with Chronic Obstructive Pulmonary Disorder (COPD) in late 2019.

GP practices in North Lincolnshire are now able to offer COPD patients a kit consisting of a virtual reality headset, wearable sensor and mobile data hotspot so that they can partake in pulmonary rehab exercises, led by a digital instructor, from the comfort of their own home

The immersive app places the wearer in a sun-kissed beachside training routine environment. Historically, pulmonary rehabilitation classes have typically been delivered in hospital outpatient departments by a physiotherapist.

This additional service, delivered across the three Primary Care Networks in North Lincolnshire, provides an additional 501 pulmonary rehabilitation places a year.

Patients who choose this option can benefit from faster access to rehabilitation and are able to start treatment within one week of their referral.

New integrated MSK and chronic pain service for North Lincolnshire patients

A new, combined Musculoskeletal (MSK) and chronic pain service introduced in January 2020 is facilitating a quicker, more streamlined service for patients in North Lincolnshire.

In early 2019, the CCG tendered for a new service to provide a single point of referral for the triage, assessment, diagnosis and management of MSK and chronic pain conditions.

The Kirton Lindsey & Scotter Surgery, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), In-Health and St Hugh's Hospital teamed up to submit a bid for the Integrated MSK and Chronic Pain Service and were successfully appointed in August 2019.

Patients are referred directly into the new service, meaning they are seen by the most appropriate healthcare professional to meet their needs more quickly. The service is designed to support patients to be more involved in the management of their own condition supported by a range of professionals and resources to meet their needs.

Local record-sharing initiative recognised at HSJ Awards

A local initiative to improve information-sharing between healthcare providers was shortlisted for the Connecting Services and Information Award at the 2019 Health Service Journal (HSJ) Awards.

The judging panel, made up of a diverse range of highly influential and respected figures within the healthcare community, shortlisted the four Humber CCGs despite the tough competition from hundreds of applicants.

GP practices working together in Primary Care Networks

All North Lincolnshire GP practices are now part of a primary care network (PCN). These networks are set to improve access, availability and quality of primary care services.

A key feature of practices coming together as part of a primary care network means that every patient is able to access appointments early in the morning, later in the evening, as well as making use of those practices that open at weekends.

Reducing waste with changes to over-the-counter prescribing

GPs in North Lincolnshire no longer prescribe medicines that patients can buy over-the-counter for a range of minor health concerns, including hay fever, coughs and colds, aches and pains and sunburn.

Clinical Commissioning Groups (CCGs) in Humber, Coast and Vale adopted new guidance issued by NHS England in 2018 following the results of a public consultation on the prescribing of over-the-counter medicines for minor, short-term health concerns.

Patients are instead encouraged to visit their local pharmacy for advice and treatments, helping to free up GP appointments for those who need them most.

Celebrating the Year of the Nurse and Midwife

On January 8, 2020, the CCG was the first in the country to kick off celebrations for the Year of the Nurse and Midwife with a best practice learning event for North Lincolnshire practice nurses.

The itinerary included a presentation from special guest speaker Karen Storey, Primary Care Nursing Lead at NHS England.

New patient transport provider

Yorkshire Ambulance Service began providing the non-emergency patient transport service from March, 2020.

The non-emergency transport system exists to support people to get to and from hospital when they are too poorly or are otherwise physically unable to manage the journey themselves.

More joined-up care for our patients

NHS partners across the Humber broke new ground with an innovative initiative designed to help people lead healthier lives from their Smartphone and tablet.

With more than 325,000 health apps on the market, there is now a solution to help residents of the Humber region find the best and safest ones - in the shape of an easy-to-use library on the web: humberhealthapps.co.uk

For the first time, residents can access a raft of reviewed apps to improve their health and wellbeing from a single source - safe in the knowledge they have been tried and tested and that their personal data is secure.

State-of-the-art facilities for Ancora and Riverside surgeries

Two GP practices in North Lincolnshire have modernised and increased the size of their branch surgeries thanks to investments totalling £1.8million.

Ancora's new facilities at its Detuyll Street branch, in Scunthorpe, include three new consultation rooms, a minor operations unit, waiting room and reception and a service to support opioid-dependent patients.

The new facilities at the Broughton branch of Riverside Surgery, Brigg, include four new consultation rooms, waiting room and large reception area with accessible chairs and facilities.

One of the consultation rooms is specially designed to be learning disability friendly.

The extensions were funded through investment from the practices' GP partners and grants from NHS England.

Humber Acute Service Review public engagement events

Throughout 2019-20 we have supported engagement work for the Humber Acute Services Review of hospital services.

We have facilitated involvement of North Lincolnshire representatives in the Citizen's Panel. This has helped people in North Lincolnshire to have the opportunity to give their views and help shape plans for the future delivery of the region's hospital services. This year we have also hosted public workshops in North Lincolnshire to consider the review of planned and unplanned care.

For further details of these highlights please visit www.northlincsccg.nhs.uk.

Delivering safe, high quality services

At North Lincolnshire CCG we passionately believe that all patients should receive high quality services, regardless of where care is accessed.

We do this by working in partnership with our service providers and other key stakeholders to support, facilitate and drive improvements towards a healthier future for our local population.

This approach enables us to fulfil the statutory duty to improve the quality of care that is commissioned under section 14R of the Health and Social Care Act 2012.

During 2019-20, we developed a five-year Quality Strategy that identified a clear vision, objectives and outcomes for enhancing quality for all. The quality strategy is aligned to our overarching strategy and is a key enabler in achieving this. The vision we are striving towards is that 'The quality of all services that are commissioned for the people of North Lincolnshire are outstanding or good'.

This vision is underpinned by five quality objectives that incorporate specific quality outcomes and results. These quality objectives are:

1 Safe and effective care
We will commission care that is safe, effective and delivers a positive experience of care for our population.

2 Quality in new models of care and commissioning.
We will develop our approach to quality improvement and assurance to reflect changing models of care delivery and commissioning.

3 Quality improvement and assurance framework
We will develop and use a consistent approach to improving and assuring the quality of the care and services commissioned for the people of North Lincolnshire.

4 Patient and Public Involvement and Engagement
We will work with partners, members of the public and patients in North Lincolnshire and beyond to secure improvement in quality at scale and pace.

5 Data and Intelligence
We will use data and intelligence to identify priorities for quality improvement that will have the greatest positive impact on quality for the people of North Lincolnshire.

Safe and effective care

A core function of the CCG is to ensure commissioned services deliver safe, effective and high quality care. Throughout 2019-20 we have undertaken a multitude of approaches to seeking intelligence and ongoing assurance which include regular commissioner and provider quality assurance meetings, quality assurance visits and in-depth reviews where quality concerns had been identified. Two examples of the positive impact of this are below:

- In 2019 an in-depth review of serious incidents within the local acute trust's emergency department was completed, followed by a quality assurance visit to this area. This visit highlighted positive changes to paediatric patient pathways, improvements within ambulance handover processes and good evidence of learning from incidents was witnessed. This provided us with a comprehensive review of the local position and enabled scrutiny, challenge and assurance against progress.
- Site visits to the emergency ambulance service control room were conducted to seek assurance on the pathways and triaging of all calls, including those where a health care professional was in attendance. Comprehensive and positive assurances were identified and fed back into the CCG following this process.

During 2019-20, we re-established the Infection, Prevention and Control forums for primary care, care homes and domiciliary care. This has provided a mechanism for sharing learning across the system, improved collaborative working and uniformity of training between all partners. This forum has helped to support the local Infection, Prevention and Control agenda and we are pleased to confirm that it has met the trajectory against incidences of Clostridium Difficile for 2019-20. Additionally, improvement against the gram negative bloodstream infections continues with all partners across Northern Lincolnshire.

Throughout 2019-20 we have taken a lead role in the oversight and management of the Serious Incident process with the local acute provider trust. This has enabled a more robust and streamlined process, with increased grip and control, focusing on shared learning across themes and trends to improve patient safety and effectiveness.

Legislation changes for Child Death Review arrangements came into force in 2019. We have been instrumental in the development of these revised arrangements for Northern Lincolnshire, working with North East Lincolnshire CCG and North and North East Lincolnshire Councils, as their Child Death Review Partners.
The partners published their Child Death Review arrangements on June 26, 2019, and implemented these from September 29, 2019. A Child Death Review Partners Executive Group has been chaired by our Director of Nursing and Quality. The implementation group formed to oversee the delivery of the new arrangements and has been led by our Head of Safeguarding and ensures safe and effective processes are in place.

Quality in new models of care and commissioning

Ensuring quality is embedded as a golden thread throughout the CCG has been a key focus of delivery during 2019-20. Developments include enhancing quality within the commissioning cycle and across all the CCG delivery programmes.

As commissioning models develop to include multiple alliances, 2019 has seen the development of an internal alliance framework which ensures good governance and processes are in place with quality being an essential component. This framework has been piloted for the monitoring of the Urgent Treatment Centre with a view to expanding this across all alliances as we progress into 2020-21.

In June 2019, we partnered with North Lincolnshire Council (NLC) Domiciliary Care and Short Breaks Framework Agreement allowing the commissioning of all domiciliary care packages through the framework, or through a personal health budget in accordance with NHS England 'Right to Have' a personal health budget. The framework replaced separate contracting requirements with a single framework for domiciliary care within North Lincolnshire. Furthermore, the framework introduced a consistent and robust pricing structure that is fair, equitable and transparent.

Additionally in July 2019, we partnered with North Lincolnshire Council to apply the "Champion Scheme" within Residential and Nursing Homes. The criteria and requirements have been identified through partnership consultation and relate to Safeguarding, End of Life, Dignity in Care and Dementia Care. This approach has supported the assurance of the level of care being offered by the majority of homes in North Lincolnshire.

As part of the full delegation of Primary Care services within 2019, we continue to work closely with NHS England to develop the commissioned services with a quality focus being at the core of all discussions. The introduction of a Primary Care Specialist Nurse within the CCG is also fundamental in ensuring we have good support mechanisms, clear nursing leadership and oversight within this changing landscape.

Quality improvement and assurance framework

During 2019-20, we had a clear line of sight and sought assurance of quality indicators from provider services via the Quality, Performance and Finance (QP&F) Committee that reports directly to the Governing Body. This ensures that quality of care receives attention and scrutiny at the highest level within the CCG.

The QP&F committee receives an integrated QP&F report and in-depth reviews where quality concerns have been identified, enabling a thorough analysis and review which support ongoing escalation or the facilitation of improvement plans with provider services.

Additionally the QP&F committee has fully embedded the use of an assurance framework that provides a robust and standardised approach to assuring quality and performance from a provider and CCG perspective.

In 2019-20, our Quality and Nursing (Q&N) Team has commenced close partnership working with North East Lincolnshire CCG Q&N Team to support a shared approach to quality assurance of its joint providers. This has led to greater efficiencies of workforce, reduced duplication and a streamlined approach for provider services.

Throughout 2019-20, we continued to sustain and build on the achievements of 2018-19, ensuring the CCG's Compliance with the National Framework for Continuing Healthcare (CHC) and CCG statutory responsibilities. Throughout the year the service met the NHSE quality premiums defined as ensuring that at least 80% of cases with a positive Checklist reached an NHS CHC eligibility decision within 28 days and secondly, ensuring that less than 15% of CHC Decision Support Tool meetings took place in an acute hospital setting.

In respect of local safeguarding arrangements we, along with NLC and Humberside Police, were excited to participate in a national programme as one of 17 early adopter sites of multi-agency safeguarding children arrangements, legislated by the Children and Social Work Act 2017. Following completion of the early adopter pilot we have continued to actively contribute to the work of the Children's Multi-agency Resilience and Safeguarding (C-MARS) arrangements. The CCG's Safeguarding Executive Lead has acted as Vice Chair of the C-MARS Board throughout 2019-20, along with being the C-MARS lead for scrutiny, assurance and training. Our Head of Safeguarding has chaired the C-MARS Safeguarding Practice Learning and Improvement Group. This has enabled us to be a pivotal leader in shaping the arrangements locally to ensure safe and robust arrangements are in place and maintained.

As part of the quality improvement initiatives we have continued to include CQUINs within key provider contracts. CQUIN schemes are designed to spread good practice, build on success in delivering clinical improvements and generate real benefit to patients and provider services. The Q&N Team has worked in collaboration with commissioning and contracting colleagues to support providers to implement achievements against the national milestones. Improvements seen by the continued progress with CQUINs include:

- Increased uptake of the staff flu vaccine within main providers.
- Improved antibiotic prescribing in-line with NICE guidance
- Improvements in applying same day emergency care pathways to support admission avoidance schemes.

Patient and Public Involvement and Engagement

The Q&N Team is passionate about ensuring the patient voice is heard when commissioning or evaluating services.

We review national and local patient surveys to influence the direction of travel, participate in engagement events to gather feedback and actively seek public consultation when required. Recent patient participation has been utilised to assist the development of the 'Crisis Cafe' initiative within North Lincolnshire and to shape the service. To ensure the commissioned service meets the required needs, patient stories are being captured on the feedback about the 'Crisis Café' which will be presented to the Governing Body.

During 2019-20, NL Continued Health Care service has joined the NHS Patient Experience Pilot. The pilot commenced in early 2020. The findings will allow for improvements to the patient experience and service outcomes. This pilot will link to the Continuing Healthcare Assurance Tool (CHAT) - providing a full system approach to the assurance of CHC provision.

Additionally, we utilise the patient experience feedback we receive about its commissioned services to feed into quality assurance meetings, quality visits or when new services are being considered. This feedback is also shared with the Governing Body to ensure full oversight of board members.

Data and Intelligence

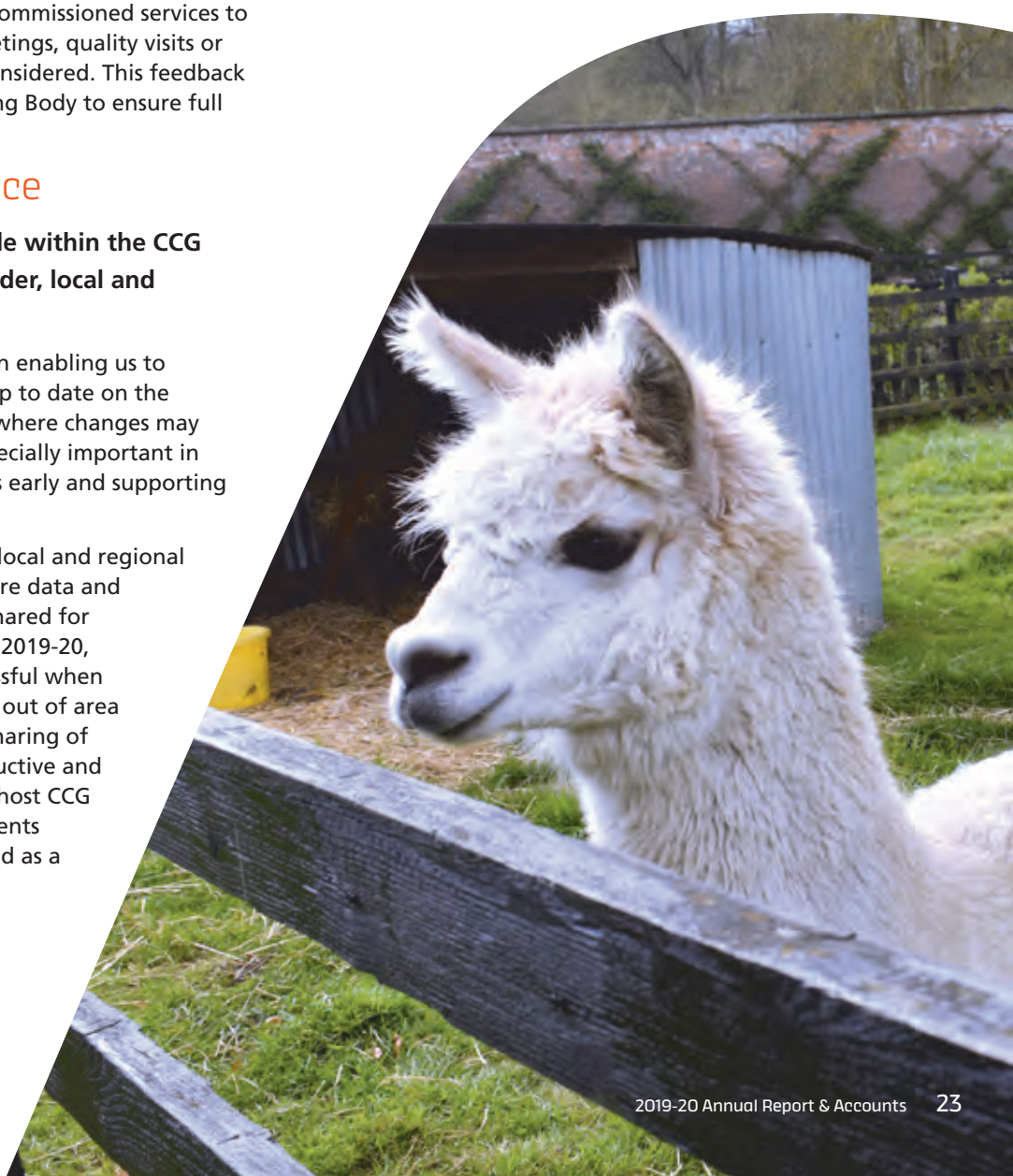
A richness of data is available within the CCG from a wide variety of provider, local and national sources.

This intelligence is paramount in enabling us to identify our priorities, remain up to date on the current position and influence where changes may be required. Quality data is especially important in identifying deteriorating trends early and supporting the necessary improvements.

We are actively involved in the local and regional Quality Surveillance Group where data and intelligence is scrutinised and shared for improvement purposes. During 2019-20, this has been particularly successful when sharing information relating to out of area placements for patients. This sharing of intelligence has enabled constructive and well-informed discussions with host CCG leads and significant improvements for patients have been identified as a result of this.

Data and intelligence has helped to shape the priorities for the Infection, Prevention and Control agenda locally and is currently being used to shape the next steps with the Antimicrobial Resistance programme that we are participating in across the Humber, Coast and Vale. Additionally the robust use of data regarding the health profile of the local population has helped shape the NL Prevention Plan that has highlighted four key priorities for focused work streams to improve the health of the local population and reduce inequalities. The Prevention Plan has strong links to our Strategy and Quality Strategy and progress will continue into 2020-21.

NL CHC team reviews and measures its outcomes through utilisation of the CHAT. The CHAT tool enables us to rate our CHC Provision against the Key Lines Of Enquiry (KLOE) from the National Operating Model. The CHAT is a complete quality and compliance management tool. A significant amount of the quality areas are green noting compliance.



Action to reduce health inequalities

Public Sector Equality Duty

The Public Sector Equality Duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

The CCG discharges its duty by ensuring that the varying needs of our local population are at the heart of our commissioning process and our engagement work and that their views are taken into account as part of this process.

We remain committed to ensuring that our services are commissioned in a way that aims to meet the needs of our local population. The Equality Delivery System (EDS2) framework has been used to support the mainstreaming of equalities into all our core business functions.

The CCG also uses the Equality Delivery System self-assessment tool to assess how it's commissioning of services address health inequalities.

We gain assurance that our providers are meeting their statutory requirements under the Equality Act 2010 through our contract management process.

A Partnership approach to equalities

The CCG continues to work collaboratively with Northern Lincolnshire and Goole NHS Foundation Trust via the Equality and Inclusion Meeting.

We continued to be an active member of the North Lincolnshire Equalities and Inclusion Forum hosted by North Lincolnshire Council in 2019-20. Through this forum we have formed closer links with the population, and we have used these links to gain feedback on the EDS2 framework.

The CCG has also attended the Yorkshire & Humber Equality and Diversity Network Meeting during 2019-20 to form closer partnership working with peers. Through this network we access information on national and local best practice which we use to support improvement in our local arrangements including national developments with the Disability Equality Scheme and the updated EDS tool template.

Workforce Race Equality Standard (WRES)

In accordance with the Public Sector Equality Duty, the CCG has shown due regard to the Workforce Race Equality Standard (WRES) during 2019-20. We have collated staff data as outlined within the WRES reporting template for 2019 and aim to improve representation and workplace experiences at all levels for black and minority ethnic staff.

The CCG has published its Workforce Race Equality Standard (WRES) report and is working with local providers to ensure the WRES is incorporated in a meaningful way.

Gender pay gap reporting

The CCG employed 59 staff as at March 31, 2019 and therefore is not subject to this reporting duty.

However, we do regularly analyse our workforce data, including pay band by gender. Salaries are reviewed by our Remuneration Committee, which follows national guidelines and best practice. At the end of the Accountability section of this report we list the salaries and total remuneration received by members of the CCG Board.

Equality impact assessments

Equality impact assessments are undertaken as a routine part of our commissioning processes and we have reviewed our approach to ensure that this process is as effective as possible.

The equality impact assessment tool further supports the CCG in understanding the relevance and effect that our policies and service changes could have on the diverse population that the CCG, and the Humber Coast and Vale Care Partnership, serves.

Translation services

Our translation service is provided by Ongo Translation Services and is available to CCG staff and North Lincolnshire GP Practices. This service is available on a face- to-face basis, via telephone and via British Sign Language.

To evaluate the CCG's approach and provide recommendations to further strengthen our work going forward, we engaged the services of an external expert consultant in December 2019.

The review identified the good progress the CCG made during the year in following areas:

- Robust assessment of CCG compliance against EDS2 outcomes
- CCG accreditation with Disability Confident scheme
- CCG accreditation with Mindful Employer scheme
- Comprehensive review of compliance with the Equality Duty across the CCG main providers
- An increase in the number of commissioning decisions, including service specifications, projects and policies, where equality impact assessments have been completed

To further strengthen our approach for 2020-21 we will:

- Establish an Equality Reference Group
- Strengthen the Equality Delivery System in terms of engagement with local interest groups
- Develop new equality objectives for 2020-2023
- Ensure compliance with the Accessible Information Standard
- Support equality and inclusion staff training across the CCG

CCG equality and inclusion meeting

To support equality and inclusion the CCG has established an Equality and Inclusion Group.

The meeting reports to the CCG's Quality Performance and Finance Committee. Delivery of the CCG's Equality and Inclusion Plan is reviewed at the Equality and Inclusion meeting.

Commissioning to reduce health inequalities

Our commissioning priorities are informed by the Local Integrated Strategic Assessment.

This assessment, last published in January 2019, developed by the Local Authority, CCG and other partners is an assessment of local health and wellbeing considering a range of factors including the environment, community safety, health, geographical, economic and social inclusion and diversity which all take account of the wider determinants of health.

This comprises a suite of documents which form an integrated intelligence base about the place of North Lincolnshire, which is summarised within the wider Integrated Strategic Assessment.

We use this information to prioritise our plans to ensure they focus on areas of greatest need. It helps us identify geographical areas or population groups who have greater need, enabling us to focus on these groups with the aim of reducing health inequalities.

We consider in the commissioning of our services the opportunities for commissioning targeted services to address health inequalities within North Lincolnshire. In addition, working in conjunction with the local authority, we identify those areas where integrated commissioning of health and care provision will better meet the needs of the local population.

Our plans for 2019-20 focused on:

- Prevention
  Promoting a healthy start in life through the reduction in the number of mothers who smoke

  Increasing the number of healthy years people have through raising awareness, early identification and management of long term conditions such as heart disease and cancer

  Promoting self-management and access to support for the wider determinants of health, through the development of a community asset and social prescribing model. This service, which is about to be launched, will enable people to access trained staff to identify and help them access health services to improve their wellbeing.
- Reducing reliance an acute services
  Managing demand for healthcare through redesign of services to ensure patients are provided with the lowest level of intervention which is clinically appropriate and the delivery of more care through community based services. This includes ensuring GPs getting clinical advice from a hospital specialist about a patient - without the patient needing to attend hospital.
- Out of hospital care
  Increasing the commissioning of community-based services which are delivered within care networks. Care networks are based on geographical locations with integrated health and care delivery and primary care at the heart.
- Primary care
  Ensuring primary care is sustainable for the future, through further development of integrated care networks, centred on primary care. During 2019 - 20 we have continued to support the development of these networks, particularly supporting workforce recruitment and retention and the development of IT infrastructure.
- Vulnerable people
  Securing improvements in both adult and children and young people's mental health and wellbeing

  Ensuring services promote the principles of rights, independence, choice and inclusion.
- Medicines management
  Ensuring high quality and safe prescribing which reflects national and local guidance, including reducing prescribing of medicines where clinically indicated to improve quality of life.

Health and wellbeing

A final review of the Health and Wellbeing Strategy 2013-18 was undertaken in 2019.

The Health and Wellbeing Strategy has been replaced by the North Lincolnshire Health and Care Place Plan 2018-21 and Integration Plan 2019 – 24.

The two priorities identified in 2016 were tobacco and obesity.

Update on tobacco: Progress has been made in reducing smoking prevalence across the North Lincolnshire population and currently around 81.5% of our population does not smoke tobacco. However, adult smoking prevalence in North Lincolnshire remains above the England average.

The Adolescent Lifestyle Survey shows a continued decrease in the number of smokers in the school age population. As an example of this success, smoking prevalence among year 10 girls was 22% in 2004 and had fallen to 2% in 2016.

Smoking in pregnancy rates in North Lincolnshire had remained close to 20% for the last eight years compared to a rate of 10.8% in England and 14.2% in Yorkshire and the Humber region for 2017-18. However, smoking in pregnancy has reduced significantly in the first three quarters of 2019-20 down to 14.8% in quarter three meaning we are making very good progress towards reaching the England average.

Actions have been taken across the whole North Lincolnshire Tobacco Control Plan that will have contributed to this decline.

Update on obesity: The proportion of children overweight or obese in North Lincolnshire has been above the national average for several years, both for children in reception (ages 4 and 5 years) and year 6 (10-11 years), with the prevalence in 2017-18 being significantly above average for both measures.

In North Lincolnshire, a whole-system approach is being taken to address the wide ranging and complex web of determinants of obesity in our population. The CCG has been a partner in this approach.

To date we have mapped factors that contribute to healthy/unhealthy weight, looked at the levers that can 'disrupt' the negative elements of the system, and we are now using behavioural change methodology and community engagement to develop action plans.

Key programmes of activity to promote healthy weight in North Lincolnshire include the Get Going child weight management programme, the HENRY programme for early years, and the Healthy Lifestyle Service.

Work to address the wider determinants of obesity includes the young person led study of obesogenic environments, health in all policies approaches, the Physical Activity Partnership and the Food in North Lincolnshire Partnership.

Joint Health & Wellbeing Strategic Priorities 2019-24

A Health and Wellbeing partnership stakeholder group, including the CCG, worked collectively to produce a 'health and wellbeing priorities framework' which identifies a number of high level priorities, outcomes and indicators based on evidence from the Integrated Strategic Assessment (ISA) 2019.

A series of three workshops were held where the ISA was used to prioritise health issues for North Lincolnshire. Workshops included discussion on health economics, the role of the Health & Wellbeing Board (HWB), prioritisation methodologies, wider determinants of health, place planning, and healthy places.

Four 'strategic priorities' were agreed by partners:

- Best start
- Healthy and resilient communities
- Equity of opportunities for people's health and wellbeing
- Healthy lives for all

The strategic priorities were then used to group the key areas for development into 'high level outcomes' and consider appropriate 'indicators'. In addition, the groups identified five key enablers which they considered necessary to achieve the outcomes.

North Lincolnshire Health and Wellbeing Strategic Priorities 2019-24

	Key areas for development		
Strategic Priorities	**High Level Outcomes**	**Indicators**	**Systems & Enablers**
Best start	• Healthy pregnancies • Healthy, thriving babies and children • Safe and stable family relationships	• Improve breastfeeding rates • Reduce smoking rates before, during and after pregnancy • Improve perinatal mental health • Prevent maternal and child hood obesity	• Intelligence led joint commissioning • Place partners work together - shared resources, shared information, seamless pathways • Integrated health & social care provision • Integrated workforce development • Community engagement led service development • Maximizing digital and innovative solutions for improving health & wellbeing
Healthy and resiliant communities	• Systems are organised to enable people to flourish, and where possible meet their own needs • People feel connected to, and supported by, their community • People have pride and belonging in where they live • People can easily get where they need to go; and those that can are enabled to walk, cycle or use public transport	• Increase social connectedness • Increase community engagement • Create health places • Promote sustainable and active travel	
Equity of opportunities for people's health & wellbeing	• More families prospering • Reduced inequalities in life expectancy, and healthy life expectancy • Reduced inequalities in child health outcomes	• Narrow the gaps in educational attainment and emotional wellbeing • Support people into good quality work • Quality housing that meets peoples current and future needs • Reduce the risk of developing long term conditions • Equitable access to quality healthcare	
Healthy lives for all	• People are empowered to take control of their own health & wellbeing • The environment is designed to help people keep and stay healthy • More people make healthy choices • More people feel good and function well • Older people live healthier and more inepended lives, feel supported and have a good quality of life	• Improve mental health & wellbeing • Increase levels of physical activity • Reduce harm from tobacco, alcohol & other harmful addictions • Incresae the proportion of people of a healthy weight • Improve health literacy • Increased health related quality of life for older people	

The North Lincolnshire Health and Care Place Plan 2018-21 and Integration Plan, 2019-24

The Integration Plan reflects the Health and Wellbeing Board's responsibilities to promote integration and sets out the aim to transform lives through the development of a sustainable and enabling integrated care system across North Lincolnshire.

The plan focuses on empowering the population and in doing so, should achieve the following outcomes:

People

- Improved Health and Wellbeing
- Improved quality of life
- Improved experience of personal joined up care
- Empowered and connected with their communities

Place

- Improved population health
- Healthy Place

Integrated Care System

- Value and sustainability
- Cost effective, making best use of resources
- Care at the right place and right time with the right leadership
- Demand is well managed across life stages
- Sustainable fit between needs and resources

Achieving these ambitions will ensure that the people of North Lincolnshire have improved health and wellbeing and experience reduced inequalities. We play a significant role in the delivery of this plan, working closely with North Lincolnshire Council and other stakeholders to improve the health and wellbeing of the population.

The governance arrangements are in place to support delivery of these outcomes with a Committee in Common reporting to the Health and Wellbeing Board, supported by an Integrated Quality and Commissioning Executive and two sub-committees; the Integrated Adults Partnership and the Children's Trust.

The North Lincolnshire Place Plan 2018-21, developed through wide engagement with partners and stakeholders, sets out the actions required to deliver our agreed outcomes for sustainable and enabling services.

During 2019-20, as a system we have;

- Developed the model for the Gateway to Care - to deliver a single access point for the people of North Lincolnshire, available 24 hours a day to ensure people are able to access the most appropriate services to meet their need. This brings together physical health, mental health and social care.
- Developed the Urgent Treatment Centre, meeting the national requirements for designation. This ensures people presenting with urgent care needs can access care by the most appropriate person, including, where appropriate, primary care
- Developed the model and infrastructure for an Integrated Care Centre, providing holistic assessment and management of the most frail in our population
- Agreed an all age Mental Health Strategy for North Lincolnshire and commenced implementation - with public and stakeholder engagement to start later in 2020
- Developed and commenced implementation of a social prescribing model, supporting people to improve their health and wellbeing through non-medical models
- Increased integration between organisational teams, developed joint roles and shared processes where appropriate and shared use of buildings
- Worked with Primary Care Networks and other providers to integrate service provision to achieve better outcomes and seamless care for people.

Performance analysis, how are we doing?

Operational and constitutional indicators

The CCG's performance against the rights and pledges set out in the NHS Constitution and a number of identified areas of focus are reported to our Governing Body through a set of defined key indicators and associated targets.

The CCG achieved 16 of these 31 standards (see tables below). This is the year end position with the exception of; cancelled operations not offered another date within 28 days, which is the Q3 (December 2019) position.

Performance has been achieved in the following:

- Cancer 2 week waiting times
- Breast cancer 2 week wait
- Cancer 31 day wait – first definitive treatment
- Cancer 31 day subsequent waits – surgery
- Cancer 31 day subsequent waits – anti cancer drug regimens
- Cancer 31 day subsequent waits – radiotherapy
- Cancer 62 day waiting time – consultant decision to upgrade status
- Ambulance category 1 90th centile
- % of patients who wait 6 weeks or less to access IAPT services
- % of patients who wait 18 weeks or less to access IAPT services
- % care programme approach receiving follow-up in 7 days
- Early intervention in psychosis
- Mixed sex accommodation
- No urgent operations cancelled for 2nd time
- MRSA
- Clostridium difficile

Performance has not been achieved in the following:

- 18 week referral to treatment (incomplete pathways)
- 52 week waiting times
- Diagnostic 6 week waits
- 12 hour trolley waits
- 4 hour A&E waiting times (trust-wide local monthly reporting)
- Cancer 62 day referral to treatment times – screening service
- Cancer 62 day wait referral to treatment times – first definitive referral from GP referral
- Cancelled operations not offered another date within 28 days
- Ambulance category 1 mean waiting time
- Ambulance category 2 mean waiting time
- Ambulance category 2 90th Centile
- Ambulance category 3 90th Centile
- Ambulance category 4 90th centile
- % of people who have depression and receive psychological therapies (IAPT)
- IAPT % of patients moving to recovery

Performance challenges remain across a range of indicators including but specifically the following:

Referral to treatment times and 52 Weeks

Referral to treatment times continue to fall below required standards, specifically at our two main local acute providers, Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH).

Specialties with significant pressure continue to be Ear, Nose and Throat, General Surgery and Ophthalmology.

The CCG has successfully maintained the overall waiting list size, and has in fact reduced this number by 8%, and has seen a reduction in the very long waiting patients.

In March 2020, the CCG reported a small number of breaches of the 52-week standard despite efforts to eliminate these.

A&E four-hour Waits

This target has been challenging during 2019-20 and the year-end position did not meet the target nor did it meet the local trajectory that was set as part of the CCG's operating plan.

In particular, the Scunthorpe A&E department saw high levels of activity during January and February 2020 which negatively affected the levels of performance.

A system wide response to transforming discharge processes has supported improved patient flow.

In March 2020, the position was 81.1% of patients waiting less than four hours which is deterioration on the March 2019 position of 82.1%. This saw an annual average of 78.0% achieved.

Cancer waiting times

The CCG has experienced difficulties with some of the pathways at different times during 2019-20 although, on the whole, delivery of cancer waits has been strong.

In particular, the 62-day referral to treatment waiting times have not delivered to the standard required. Many of the breaches in this area related to cross-trust pathways, increases in clinical complexity and specific issues around the reliability of equipment and delays in diagnostics.

The local acute trust is involved in the development of a steering group for faster diagnosis across the STP to share learning and ideas.

Six week diagnostic waiting times

Diagnostic six-week waiting times remain an area of significant concern with CCG level performance at 21.71% in March 2020 - against a target of 1%.

The majority of the breaches relate to Magnetic Resonance Imaging (MRI) at NLaG.

NLaG has commenced clinical harm reviews of all patients whose diagnostic appointment is overdue by 25% or more (e.g. waiting time of more than eight weeks).

During the January 2020 Quality Review Meeting, NLaG confirmed that this process remains in place and no patient harm has been identified due to prolonged waiting times.

The CCG will continue to monitor progress and seek assurance regarding improvements against these key actions through the monthly Quality Review Meeting.

Ambulance response programme (ARP)

East Midlands Ambulance Service (EMAS) performance against the ARP standards continued to be a challenge for the trust during 2019-20 with ongoing performance pressures reported by the trust in North Lincolnshire.

The CCG continues to work closely with the trust and partners to improve EMAS performance in North Lincolnshire. It reviews the quality impact of performance challenges through the contract management process and via quality monitoring initiatives, including clinical site visits, thematic reviews of quality data (including incidents, complaints and concerns) and the development of a joint EMAS improvement plan with partners. Key findings from these quality monitoring initiatives are included in the integrated Quality Performance and Finance Report, which is submitted to the Governing Body.

In February 2020, the outstanding actions from a Northern Lincolnshire CCG and EMAS joint improvement plan were transferred into the Lincolnshire county improvement plan. This will enable continual monitoring and oversight via the contractual route.

Dementia

The CCG's position in relation to percentage of dementia diagnosis rates is underachieving at 62.3% in March 2020 against the target of 66.7%. The STP level is at 64.1%.

Actions to date have not been effective in increasing dementia diagnosis. Work on this is continuing, with three main areas of focus:

- Working with primary care and the mental health provider to ensure dementia diagnosis registers are reviewed and are accurate
- Launch and use of Dear Doctor and Diadem tool across care homes and other providers
- Review of current pathways and future commissioning requirements

The CCG has appointed a dedicated GP Clinical lead which we believe will have a significant impact on improving performance.

Increasing Access to Psychological Therapies (IAPT)

The access target was achieved to November 2019 but then began to deteriorate. The recovery target is also now below trajectory.

The IAPT service is currently experiencing training and recruitment challenges, however, RDaSH is looking at innovative ways to overcome these. They recruited staff who began in post, in March 2020.

The CCG is working with RDaSH to agree an implementation plan for long term conditions in IAPT - in order to support sustainable delivery.

Current performance positions

Detailed in the following are the current performance positions against the CCG's operational and constitutional targets, which form part of the reporting framework to its Governing Body.

Most are monitored monthly by the CCG's performance and quality teams and form part of its Integrated Governance Report (IGR). Deviation and off-track performance is reported and monitored as part of the Report, which is received monthly by the Quality, Performance and Finance Committee (QPF) and Governing Body.

Referral to Treatment Times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Referral to Treatment pathways: incomplete	Mar-20	74%	92%	82%	-7.5%	⌄
Number of >52 week Referral to Treatment in Incomplete Pathways	Mar-20	4	0	-	4	⌃

A+E Waiting Times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
A+E 4 Hour Wait	Mar-20	81.1%	95%	90%	-8.9%	⌄
12 Hour Trolley Waits	Mar-20	1	0	-	1	⌄

Diagnostic Waiting times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
6 Week Diagnostic Waiting Times	Mar-20	21.71%	1%	7%	20.7%	⌄

Cancer Waiting Times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Cancer 2 Week Wait	Mar-20	97.9%	93%	-	5%	⌃
Cancer 2 Week Wait: Breast Symptoms	Mar-20	93.2%	93%	-	0.2%	⌃
Cancer 31 Day: First Definitive Treatment	Mar-20	100%	96%	-	4%	⌃
Cancer 31 Day: Subsequent Treatment for Surgery	Mar-20	100%	94%	-	6%	‹ ›
Cancer 31 Day: Subsequent Treatment for anti Cancer Drug Regimens	Mar-20	100%	98%	-	2%	‹ ›
Cancer 31 Day: Subsequent Treatment for Radiotherapy	Mar-20	100%	94%	-	6%	‹ ›
Cancer 62 Day Referral to Treatment	Mar-20	66.7%	85%	82.5%	-22%	⌄
Cancer 62 Day Referral to Treatment from NHS Screening Service	Mar-20	57.1%	90%	-	-33%	⌄
Cancer 62 Day Referral to Treatment; Consultant upgrade of status	Mar-20	100%	90%	-	10%	‹ ›

Ambulance Response Program (ARP)	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Ambulance clinical quality: Category 1 - 7 Minute Mean	Mar-20	00:07:59	00:07:00	-	00:00:59	⌄
Ambulance clinical quality: Category 1 - 15 Minute 90th centile response	Mar-20	00:14:26	00:15:00	-	0.4%	⌄
Ambulance clinical quality: Category 2 - 18 Minute Mean	Mar-20	00:28:19	00:18:00	-	00:10:19	⌄
Ambulance clinical quality: Category 2 - 90th centile response	Mar-20	00:57:39	00:40:00	-	00:17:39	⌄
Ambulance clinical quality: Category 3 - 120 minute response	Mar-20	03:58:11	02:00:00	-	01:58:11	⌄
Ambulance clinical quality: Category 4 - 180 minute response	Mar-20	04:38:00	03:00:00	-	6.81%	⌄

Mixed Sex Accommodation Breaches	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Ambulance clinical quality: Category 1 - 7 Minute Mean	Feb-20	0	0	-	0	⌃

Hospital Cancellations	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Cancelled Operations	Q3 19-20	1.9%	0.8%	-	1.1%	⌃
Cancelled Operations for the 2nd Time	Feb-20	0	0	-	0	‹ ›

Mental Health	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Dementia Diagnosis Rate	Mar-20	62.3%	66.7%	-	-4.4%	⌃
IAPT Entering Treatment	Feb-20	0.9%	1.5%	-	-0.6%	⌄
IAPT Recovery Rates	Feb-20	33.3%	50%	-	-16.7%	⌄
IAPT < 6 Week Waits	Feb-20	77.8%	75%	-	2.8%	⌄
IAPT < 18 Week Waits	Feb-20	100%	95%	-	5%	⌄
CPA Follow Ups	Q4 19-20	100%	95%	-	5%	⌄
Early Intervention Psychosis (1st Episode Sychosis) 2 Week Wait	Mar-20	100%	50%	-	50%	‹ ›

Healthcare Associated Infections	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
MRSA	Mar-20	0	0	-	0	⌄
C Difficile	Mar-20	2	3	-	-1	⌃

Sustainability Report

Introduction

NHS North Lincolnshire Clinical Commissioning Group is committed to shaping and commissioning health services that are environmentally appropriate, meet the health needs of the local population and are financially sustainable.

Sustainability is about the effective use of natural resources and behaving in a way that manages and minimises the impact we have on our environment. It requires us to pay particular attention to travel, facilities management and procurement. As a commissioner of healthcare services and as an employer, we recognise the need to minimise our impact on the environment.

During 2019-20 we have maintained our initiatives from 2018-19 to reduce our carbon footprint. These include:

- Reducing our printing
- Asking staff to turn off all computer monitors when not in use by implementing a screensaver reminder
- Placing 'turn it off when not in use – save energy' stickers on all light switches throughout the building
- Asking staff to ensure that all sockets not in use are turned off at the wall

Governance

We continue to use a Sustainability Impact Assessment (SIA) template, as this tool enables the CCG to assess and anticipate the likely sustainability implications of a policy, strategy or service design/redesign. The template is embedded within the organisation's corporate templates that support decision making functions.

Travel

We continue to support our ambition to reduce our carbon footprint by using unified communications tools as an alternative to face to face meetings; these include teleconferencing and virtual meeting rooms.

Facilities management

NHS Property Services Limited (NHS PS) manages the building from which the CCG operates. We have a lease/rental agreement with NHSPS and all utility bills are shared on a proportionate basis across the building's occupants.

Access to information

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

FOI	2019-20
Number of FOI requests processed	254
Percentage of requests responded to within 20 working days	100%
Average time (in days) taken to respond to an FOI request	17 days

The CCG provided the full information requested in 79 cases. The CCG did not provide the information requested in 61 cases because an exemption was applied to either part of, or to the whole request. The exemptions applied were;

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

The CCG did not provide all the information requested in 114 cases; partial information was provided and where the CCG did not hold the information, the applicant was redirected, where possible, to other organisation(s) that may hold the information.

The CCG received one request for an Internal Review of an FOI response provided during the year. The review concluded the correct exemptions had been applied to the response.

The Section 45 Code of Practice under FOIA recommends that public authorities with over 100 Full Time Equivalent (FTE) employees publish FOIA compliance statistics as part of their publication schemes. As a matter of best practice the CCG publishes its FOIA reports on a quarterly basis at the link below: https://northlincolnshireccg.nhs.uk/publication-scheme/what-are-our-priorities-and-how-are-we-doing/

Our publication scheme contains documents that are routinely published; this is available on our website: https://northlincolnshireccg.nhs.uk/publication-scheme/

We certify that the CCG has complied with HM Treasury's guidance on cost allocation and the setting of charges for information.

What do we want to achieve now?

Our ambition is to improve our performance and achieve a rating of "good" from NHS England.

We want to commission services that ensure the residents of North Lincolnshire receive high quality and safe healthcare, delivered in the most suitable location by staff with appropriate skills and experience.

In early 2019, our Governing Body approved a five-year strategy for how we intend to deliver a healthy future for our population. 2019-20 formed year one of this strategy. The strategy guides how we will plan and pay for healthcare services in North Lincolnshire over the next five years. It details how we plan to provide high quality, proactive care - which is more joined up, improves outcomes, safety and experience and makes best use of the "North Lincolnshire pound".

Our strategy is available to view on our website at: https://northlincolnshireccg.nhs.uk/publication-scheme/what-are-our-priorities-and-how-are-we-doing/.

Our health and care system faces significant challenges and we can only resolve these by working together more closely with our partners.

Our strategy and the 2020-21 operational plan addressed how we will wrap services around people rather than their conditions or diseases. Healthcare plans will consider the whole person, not just an isolated condition.

Our goal is to keep our population as healthy as possible, enabling people to understand and manage their mental and physical health, preventing ill-health and support to access wellbeing interventions, thereby improving the overall health and wellbeing of our population and reducing the demand on the health and care system. We will promote healthy behaviours and an active lifestyle.

The significant features of our strategy for 2019-20 and beyond are:

1 Shifting our focus from 'in hospital' services to 'out of hospital' services

2 A shift from reactive to preventative and proactive care

3 Cultural and behavioural change - people will take a greater responsibility for their own health and wellbeing

4 Equal value on mental and physical health throughout all we do

In order to deliver this, we will strengthen primary care and work with primary care networks to develop and deliver services at scale, improving access both face to face and through on-line services, supported by the development of additional and new roles to provide added capacity.

We will support our primary care networks to work closely with other services so that care is more integrated and seamless for patients and increase the range of mental and physical health services delivered within the community rather than hospital settings.

We will also continue to work with our local hospitals to make sure they have safe, good quality and sustainable services for those who need to use them.

Emma Latimer
Accountable Officer
22 June 2020

Corporate Governance Report

North Lincolnshire CCG Members' Report

The Members' Report contains details of our CCG member practices, our Governing Body membership, membership of the Integrated Audit and Governance Committee and where people can find Governing Body member profiles and the register of interests.

Our CCG membership

NHS North Lincolnshire CCG is a clinically led organisation that brings together local GP practices and other health professionals to plan and design services to meet local patients' needs. Our GP practices serve a population of around 179,000 people.

The CCG has 19 member practices – including a number of branch surgeries – taking the overall number of medical centres in North Lincolnshire to 34.

Member Practices 2019-20

PRACTICE NAME	Sites from which services are delivered
Ashby Turn Primary Care Partners	The Link, Ashby, Scunthorpe, DN16 2UT
West Common Lane Teaching Practice	Dorchester Road, Scunthorpe, DN17 1YH Collum Lane, Scunthorpe, DN16 2SZ
The Killingholme Surgery	Town Street, South Killingholme, DN40 3EL
The Birches Medical Practice	Ironstone Centre, West Street, Scunthorpe, DN15 6HX Ashby Branch Surgery, Collum Lane, Scunthorpe, DN16 2SZ
Riverside Surgery	Barnard Avenue, Brigg, DN20 8AS Broughton Surgery, 27 Brooklands Avenue, Broughton, DN20 0DY
Cedar Medical Practice	275 Ashby Road, Scunthorpe, DN16 2AB Ironstone Centre, West Street, Scunthorpe, DN15 6HX
Central Surgery	King Street, Barton Upon Humber, DN18 5ER The Surgery, St Nicholas School, Ulceby, DN39 6TB The Village Surgery, Howe Lane, Goxhill, DN19 7JD
Ancora Medical Practice	291 Ashby Road, Scunthorpe, DN16 2AB 20 Detuyll Street, Scunthorpe, DN15 7LS
Cambridge Avenue Medical Centre	Medical Centre, Cambridge Avenue, Bottesford, Scunthorpe, DN16 3LG Messingham Family Health Centre, Wendover Road, Messingham, DN17 3SN
Market Hill	Ironstone Centre, West Street, Scunthorpe, DN15 6HX
Church Lane Medical Centre	Orchid Rise, Scunthorpe, DN15 7AN
West Town Surgery	80 High Street, Barton Upon Humber, DN18 5PU
The Surgery	Traingate, Kirton in Lindsey, DN21 4PQ Scotter Surgery, Scotton Road, Scotter, Gainsborough, DN21 3SB
The Oswald Road Medical Centre	70-80 Oswald Road, Scunthorpe, DN15 7PG

PRACTICE NAME	Sites from which services are delivered
South Axholme Practice	The Surgery, High Street, Epworth, DN9 1EP Haxey Surgery, 30 Church Street, Haxey, DN9 2HY 32 High Street Belton, DN9 1LR Pinfold Surgery, Station Road, Owston Ferry, DN9 1AW Jubilee Surgery, School Lane, West Butterwick, DN17 3LB
Trent View Medical Practice	45 Trent View, Keadby, DN17 3DR Crowle Medical Centre, The Health Centre, Chancery Lane, Crowle, Scunthorpe, DN17 4HN Skippingdale Surgery, Ferry Road West, Scunthorpe, DN15 8EA
The Medical Centre	Victoria Road, Barnetby, North Lincs, DN38 6HZ
The Surgery	Manlake Avenue, Winterton, DN15 9TA Norfolk Avenue, Burton Upon Stather, DN15 9EW
Bridge Street Surgery	53 Bridge Street, Brigg, North Lincs, DN20 8NT

Our CCG Governing Body
Membership for 2019-20

NHS North Lincolnshire CCG's Governing Body meets in public on a bi-monthly basis. It has responsibility for leading the development of the CCG's vision and strategy – as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives.

Residents and partner organisations are encouraged to attend these meetings to develop a better understanding of their NHS - both locally and nationally.

NHS North Lincolnshire CCG Governing Body Membership 2019/2020

Chair and Chief Officer

Dr Faisel Baig
Chair
Membership Dates:
1 April 2019 – 31 March 2020

Emma Latimer
Chief Officer
(Accountable Officer)
Membership Dates:
1 April 2019 – 31 March 2020

GP Board Members

Dr Neveen Samuel
Membership Dates:
1 April 2019 – 31 August 2019

Dr Salim Modan
Membership Dates:
1 April 2019 – 31 March 2020

Dr Hardik Ghandi
Membership Dates:
1 April 2019 – 31 March 2020

Dr Gary Armstrong
Membership Dates:
1 April 2019 – 31 March 2020

Dr Pratik Basu
Membership Dates:
1 April 2019 – 31 March 2020

Secondary Care Doctor

Dr Richard Shenderey
Membership Dates:
1 April 2019 – 31 December 2019

Dr James Woodard
Membership Dates:
13 February 2020 - 31 March 2020

Lay Representatives

Erika Stoddart
Lay Member for Governance
Membership Dates:
1 April 2019 – 31 March 2020

Janice Keilthy
Lay Member for Public and Patient Involvement
Membership Dates:
1 April 2019 – 31 March 2020

Heather McSharry
Lay Member for Equality and Inclusion
Membership Dates:
1 April 2019 – 31 March 2020

Governing Body Officer Members

Emma Sayner
Chief Finance Officer
Membership Dates:
1 April 2019 – 31 March 2020

Alex Seale
Chief Operating Officer
Membership Dates:
1 April 2019 – 31 March 2020

Clare Linley
Director of Nursing and Quality.
Membership Dates:
1 April 2019 – 31 March 2020

Associated Members

Dr Satpal Shekhawat
Medical Director
Membership Dates:
1 April 2019 – 31 December 2019

Geoff Day
Director of Primary Care
Membership Dates:
13 February 2020 - 31 March 2020

Penny Spring
Director of Public Health
Membership Dates:
1 April 2019 – 31 December 2019

Departing Members 2019/2020:

Dr Neveen Samuel, GP Board Member, 31 August 2019
Dr Richard Shenderey, Secondary Care Doctor to the Governing Body, 31 December 2019

Our committees

Five 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, Performance and Finance Committee
- Primary Care Commissioning Committee
- Remuneration Committee.

For full details of committee functions, membership and attendance for 2019-20 please see the appendix section at the end of the Accountability section.

Register of interests

Information about our obligation to declare conflicts of interest can be found in the CCG's constitution.

For further information regarding the CCG's Conflict of Interest processes please visit: https://northlincolnshireccg.nhs.uk/publications/lists-and-registers/

Personal data-related incidents

The CCG recognises the importance of maintaining data in a safe and secure environment. It uses the Serious Incidents Requiring Investigation (SIRI) tool to assess any matters involving potential data loss to the organisation.

The CCG had no such incidents during 2019-20.

Statement of disclosure to auditors

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

- So far as the member is aware, there is no relevant audit information of which the CCG's auditor is unaware that would be relevant for the purposes of their audit report
- The member has taken all the steps that they ought to have taken in order to make him or herself aware of any relevant audit information and to establish that the CCG's auditor is aware of it.

Modern Slavery Act

NHS North Lincolnshire CCG fully supports the Government's objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual Slavery and Human Trafficking Statement as set out in the Modern Slavery Act (2015).

Emergency Preparedness, Resilience and Response (EPRR)

The CCG is required to develop and maintain sufficient plans to ensure that the organisation and all commissioned services are well prepared to respond effectively to major incidents or emergencies.

These plans serve to mitigate the risk to public and patients and ensure that critical functions can be maintained in the event of unforeseen disruption to services. Our key role and responsibilities in relation to EPRR include:

- Ensuring all contracts with commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitoring compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable core standards
- Ensuring robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24 hours a day, seven days a week
- Ensuring effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Being represented at the Local Health Resilience Partnership (LHRP), either on their own behalf or through a nominated lead CCG representative
- Providing a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Supporting NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents.

We certify that the CCG has incident response plans in place, which are fully compliant with the NHS England EPRR Framework (2015).

The CCG regularly reviews and makes improvements to its EPRR plans, including business continuity. These plans provide assurance that the CCG has robust processes in place to meet its statutory duties.

Statement of Accountable Officer's Responsibilities

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

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 North Lincolnshire CCG's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information.

Emma Latimer
Accountable Officer
22 June 2020

Annual Governance Statement 2019-20

Introduction and Context

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

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

As at April 1, 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

North Lincolnshire CCG comprises 19 practices covering a population of about 179,000 (February 2018).

It is served by one main acute provider, including community services (Northern Lincolnshire and Goole Foundation Trust, NLAG), one specialist acute provider (Hull University Teaching Hospitals NHS Trust, HUTH) and one mental health provider (Rotherham, Doncaster and South Humber Foundation Trust, RDaSH). North Lincolnshire CCG is largely coterminous with the Local Authority (North Lincolnshire Council). For 2019-20 it had a total budget of £279.266 million.

North Lincolnshire CCG area is geographically large, with more than half of its population living in rural areas. This creates distinct neighbourhoods and localities, each with their own unique characteristics and sense of identity, with different population profiles and needs. For example, the Scunthorpe North locality comprises mainly younger citizens, high levels of rented accommodation, with higher levels of Black and Minority Ethnic (BME) residents than elsewhere in the CCG area. Whereas the Axholme locality comprises higher number of more affluent, older people, living in private accommodation, with a higher incidence of long term conditions associated with the older population.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money.

I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Officer Appointment Letter.

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

For fuller details of the Accountable Officer's personal responsibilities please refer to section 'Statement of Accountable Officers responsibilities' on page 41.

Governance arrangements and effectiveness

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

North Lincolnshire CCG has a constitution that has been agreed by the Council of Members and sets out the responsibilities and arrangements in place to commission services for the residents of North Lincolnshire. The constitution includes the Scheme of Delegation and Reservation, Authority to Act, Standing Orders and prime financial policies. It identifies the governing principles, rules and procedures to ensure accountability and probity for the running of the CCG ensuring that decisions are taken in a transparent and open manner promoting the best interests for the people for whom we commission services.

The North Lincolnshire CCG Constitution includes provisions which regulate:

- Its membership and geographical area of coverage.
- The arrangements for the discharge of our functions and those of our
- Governing Body.
- The procedures we will follow in making decisions and securing transparency in decision making.
- Arrangements for discharging our duties in relation to Registers of Interests and
- Managing Conflicts of Interests.

The Governing Body and committee structure introduction

The Governing Body has its functions identified as set out in the Constitution which has been agreed by member practices.

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 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 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 19 member practices and has overall authority on the CCG's business.

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

The following committees support the Governing Body:

- Integrated Audit & Governance Committee
- Quality Performance & Finance Committee
- Planning & Commissioning Committee
- Primary Care Commissioning Committee
- Remuneration Committee
- Senior Leadership Team

The Governing Body

During 2019-20, the Governing Body met six times in public and was quorate at each meeting.

The Governing Body also held six workshop sessions. Attendance figures for the Governing Body and other committees are attached at Appendix 1.

Work that helped promote Governing Body assurance and effectiveness included:

- Full and active participation in the Health and Wellbeing Board and its supporting working groups.
- Regular reviews of the CCG's Strategic Risk Register.
- Full and active participation in the Humber, Coast & Vale Strategic Transformation Partnership (STP).
- Participation in the CCG Improvement and Assessment Framework review for NHS England.

The Governing Body is supported by a number of the strategic committees, which are set out below.

The Integrated Audit & Governance Committee

Chaired by the CCG Lay Member for Governance, and including additional lay representation, the committee met as eight times during the year and was quorate at each meeting.

The committee is responsible for providing assurance to the Governing Body on processes operating within the organisation for risk, control and governance. It has delegated responsibility for oversight of risk management and internal control, internal audit, external audit, value for money whilst reviewing the findings of other significant assurance functions including counter fraud.

Highlights of its work include:

- Review of draft annual report and annual accounts
- Tackling compliance issues e.g. taxation, legal and constitutional issues (e.g. tender waivers) and gaining relevant assurances.
- Review of Counter Fraud and security work
- Monitoring the implementation of audit recommendations
- Regular updates on detailed financial policies and procedures, scheme of delegation and progress against the financial recovery plan
- Supporting the development of assurance mapping to record internal, semi-independent assurance to the CCG linking with the Strategic Risk Register

Planning & Commissioning Committee

The Planning & Commissioning Committee met 12 times and was quorate at each meeting.

The Planning & Commissioning Committee is chaired by a GP Board Member with delegated authority from the Council of Members. Its remit is to ensure the planning, commissioning and procurement of commissioning related business is in line with the commissioning strategy and organisational objectives.

Highlights of its work include:

- Approval of work programs to meet the six priorities; prevention, primary care, out of hospital Care, children and maternity, mental health and learning disabilities and hospital based care
- Development and approval of a primary care quality scheme to improve quality of care across all indicators
- Approval of the All Age Mental Health Strategy. Key areas of work for 2019-20 were:
    - Mental health wellbeing
    - Community based mental health care
    - Mental health crisis care
    - Children and young people's mental health
    - Dementia
- Redesigned services for children and young people with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder resulting in additional investment to support diagnosis and support for children and their families
- Redesign of our community services to ensure services are responsive to changing local need and supporting more people to be cared for safely in their own home setting rather than being admitted to hospital
- Approval of a range of commissioning policies, developed to ensure consistency in access across the Humber, Coast and Vale, reducing variation in services known as the 'post code lottery'
- Development of a Hospital Liaison Service. This service provides mental health assessments in A&E and mental health support to patients in wards, reducing pressure on the mental health crisis team thus improving their response time to other service users
- Development of a pilot model to provide a crisis café – offering people with early developing mental health crisis to access help and support without needing to attend A&E or call an ambulance

The Quality Performance & Finance Committee

The Quality Performance & Finance Committee is chaired by the CCG Lay Member for Patient & Public Involvement.

The committee met six times during the year and all meetings were quorate. The remit of the committee is to ensure the continuing development, monitoring and reporting of performance outcome metrics in relation to the clinical commissioning group's quality improvement, financial performance and management plans.

Highlights of the work undertaken by the committee:

- Input and ratification of the latest CCG's Quality Strategy 2019-21.
- In-depth reviews and analysis of serious incidents where themes or trends highlighted areas of concern. These have included reviews of Maternity services and the Emergency Department.
- CCG self-assessment against the equality delivery system tool and development of an action plan.
- Reviewed arrangements for gaining assurance on compliance with Schedule 4 and 6 across the CCG main providers.
- Reconciled CQUIN schemes across the CCG main providers, and some smaller providers where CQUIN schemes are in place.
- Focused review of East Midlands Ambulance Service performance through the development of a Joint Improvement Plan.
- Consistent utilisation and consolidation of a framework to determine the Committee's level of assurance of services, providers and the CCG's responsibilities.

Primary Care Commissioning Committee

This is a committee with the principal purpose of commissioning primary medical services for the people of North Lincolnshire.

It is chaired by the CCG Lay Member for Patient & Public involvement and has met four times with each meeting being quorate.

Highlights of work undertaken by the group include:

- Improving access to primary care
- Estates Technology and Transformation Fund
- Review and approval of practice mergers and closure lists
- Agreement of Primary Care Networks and organisational development monies
- Local service specifications through Primary Care Networks
- Review of medicines optimisation in care homes
- Review of activity for First Contact practitioner Service
- Review of Primary Care Contractual changes and approval to sign changes in line with NHSE/I guidance.
- Development of a Provider Forum
- Use of Apex Workforce tool
- GP and Practice Nurse recruitment/retention – GP Registrar event, support for GP and PN Bursary and international recruitment.

The Remuneration Committee

The Remuneration Committee is chaired by the Lay Member for Patient & Public Involvement.

The Group has delegated responsibility from the Governing Body for advising it on all aspects of salary not covered by Agenda for Change, arrangements for the termination of employment, monitoring and evaluating the performance of Governing Body Members and approving human resources policies and procedures.

The Remuneration Committee met four times during the year and was quorate at each meeting, and its main performance role in 2019-20 was to undertake a:

- Review of Very Senior Managers terms and conditions
- Review of Governing Body GP's remuneration
- Review of Lay Member remuneration

The CCG's use of the UK Corporate Governance Code

To ensure compliance with best Governance practice, the CCG also refers to the UK Corporate Governance code.

Though the CCG is not formally required to comply with the UK Corporate Governance Code provisions, it has used the principles of the Corporate Governance Code as a guide to improving corporate governance, including those aspects of the Code that are considered most relevant to the CCG and "best practice".

Using the principles of the UK Corporate Code to support "best practice" the CCG has:

- Reviewed declarations of interest and CCG compliance with statutory requirements
- Participated in a 360-degree stakeholder review against a range of performance criteria
- Undertaken an assurance mapping exercise against a range of CCG functions
- Reviewed counter fraud and security arrangements
- Considered the Strategic Risk Register
- Reviewed Very Senior Managers (VSM) roles, responsibilities remuneration and performance
- Reviewed Governing Body appointments and clinical leads

Discharge of statutory functions

Following establishment, the arrangements put in place by the CCG (and explained within the Corporate Governance Framework) and developed with extensive expert external legal input, have been reviewed to ensure compliance with the all relevant legislation.

That legal advice also informed the matters reserved for Membership Body and Governing Body decision and the scheme of delegation.

In light of the Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and legislative requirements and regulations. As a result, I can confirm that North Lincolnshire CCG 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 CCG's statutory duties.

Risk management arrangements and effectiveness

Arrangements for the identification, mitigation and management of risk play an integral role within the overall corporate CCG's governance functions.

As outlined in its Risk Management Strategy, North Lincolnshire CCG has adopted a risk management process where logical steps are taken to manage risks effectively. Following on from setting priorities, potential risks or opportunities are then identified and evaluated before a course of action is determined to address the identified risks. As few risks remain static and new issues are likely to emerge, it is essential that all risks captured are routinely monitored.

In addition, reporting of risk issues and in particular reporting and reflecting on any adverse events that do occur is essential to ensure that the CCG continuously improves its risk management activities. Risk management is embedded within the activities of North Lincolnshire CCG through the risk process. The assurance framework is reviewed by the Senior Leadership Team which ensures that the process is kept live and relevant.

Members of staff are able to report any concerns through an electronic desktop incident reporting process, which is actively encouraged and each incident is reviewed and investigated as applicable. Finally, the CCG is also committed to eliminating avoidable risks relating to either staff, patients, clients or other stakeholders.

In particular, North Lincolnshire CCG is committed to eliminating any form of discrimination and aims to commission services that are accessible, delivered in a way that respects the needs of each individual whilst being inclusive to everyone.

All new policies, projects or functions have an equality impact assessment conducted on them. The CCG has a tool and guidance for use by staff to help identify the likely impact. Specific training has been provided to CCG members and staff.

In addition, North Lincolnshire CCG actively engages with public stakeholders for example:

- Partnership working with the Local Authority through the Health and Wellbeing Board and liaison with the Health Scrutiny Panel
- Establishment of a Patient and Community Assurance Group
- A risk register has been held for the Better Care Fund, which is reviewed at least monthly
- Council of Members which is made up of a healthcare representative from each CCG member practice. The Council of Members participate and are engaged in the development of North Lincolnshire CCG Strategy and plans
- Governing Body meetings are held in public allowing a transparent and public decision making process
- Seeking assurance on our approach to patient and public involvement through working with local community members on our Patient and Community Assurance Group (PCAG)
- Engaging through Embrace, the CCG's patient engagement network comprising local people who are interested in being involved in CCG decision making
- Working closely with our local Healthwatch in jointly hosting the North Lincolnshire Patient Participation Group Chairs Forum
- Meeting with voluntary, community and social enterprise sector and faith groups
- Public drop in sessions to ensure that the CCG is regularly listening to people's experiences of the services we commission

The CCG's capacity to handle risk

The Risk Management Strategy, updated in 2019, is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

Governance and internal control of the organisation is an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the policies, aims and objectives of North Lincolnshire CCG
- Evaluate the likelihood of those risks being realised and the impact should they be realised and to manage them efficiently, effectively and economically

The CCG's Integrated Audit and Governance Committee has assured itself that the organisation has adequate arrangements in place for countering fraud and reviews the outcomes of counter fraud work.

North Lincolnshire CCG implements anti-fraud prevention measures and counter fraud risks in compliance with NHS Protect Standards on countering fraud, bribery and corruption. To ensure compliance with the standards the CCG contracts with an external provider AuditOne who supply Local Counter Fraud Specialist (LCFS) services to the organisation via an annual fraud plan.

The Fraud Plan includes initiatives to promote fraud awareness, deterrence and prevention and also to investigate suspected cases of fraud, and if required, apply a range of potential sanctions including criminal, civil and disciplinary measures. Progress against the Internal Audit Plan is monitored at the Integrated Audit and Governance Committee. The Local Counter Fraud Specialist is directly responsible to the Chief Financial Officer and all fraud work is reported to the CCG Integrated Audit & Governance Committee.

The CCG's policies have been updated to reflect counter fraud policy and the 2010 Bribery Act as standard.

The key elements of the Risk Management Strategy are:

- To support the Governing Body in carrying out its duties effectively. The Quality Performance & Finance Committee provides assurance (and Integrated Audit & Governance Committee independent assurance) that the risk registers and assurance framework are regularly reviewed and updated and that corresponding robust and adequately progressed risk treatment plans exist.
- That the Accountable Officer has overall accountability for ensuring there is a sound system in place for the management of risk and is responsible for ensuring systems and processes are implemented to comply with the strategy.

New risks identified for inclusion on the risk register and assurance framework are assessed for likelihood and consequence using a 5 x 5 risk matrix in accordance with the risk management strategy. The Strategic Risk Register identifies the risks to the delivery of the organisation's strategic objectives whilst the Corporate Risk Register focuses on operational risks.

If the assessment of the risk is higher than the risk appetite, further action will be taken to reduce the likelihood and/or impact of the risk occurring.

Risks to data security are managed through a suite of information governance policies and all qualifying CCG staff have undertaken the Electronic Staff Record (ESR) Information Governance training. Any data security incidents are reported through the CCG's incident reporting system and notified to the Information Governance Manager for investigation.

Risk Assessment

The CCG recognises the need for a robust focus on the identification and management of risks and therefore places risk within an integral part of our overall approach to governance. Consequently risk management is an explicit process in every activity the CCG and its staff take part in.

The CCG has a robust process for identification and mitigation of risks and where there have been serious incidents, responding to them quickly and ensuring that lessons learnt from them are implemented swiftly across the CCG.

The Risk Management Strategy reflects the risk management processes within the CCG and its responsibilities for management of risks. Those risks which were deemed to be a strategic risk have been allocated to the Strategic Risk Register and risk owners asked to identify assurances on control; positive assurances; gaps in control and gaps in assurance. The operational risks remain on the corporate register or directorate risk registers.

An Assurance Framework based upon Department of Health and "best practice" guidance was adopted by the CCG and updated in 2019.

The CCG as part of its commitment to enhancing risk assessments and management the CCG has undertaking a risk profiling exercise for its Governing Body and Heads of Service.

A key element of the framework is the Strategic Risk Register that provides a structure and process to enable the organisation to focus on the risks that might compromise the achievement of its strategic objectives.

The Strategic Risk register maps out the key controls to mitigate the risks and provides a mechanism to inform the Governing Body of the assurances received about the effectiveness of these controls. It is a dynamic tool and is reviewed at public meetings of the Governing Body and regularly by the Quality Performance & Finance Committee. The Integrated Audit & Governance Committee provides independent assurance.

The Strategic Risk Register provides an effective focus on strategic and reputational risk rather than operational issues, and highlights any gaps in control and assurances. It provides the Governing Body with confidence that systems and processes are in place and that it operates in a way that is safe and effective.

The key risks on the assurance framework as of the end of March 2020 are highlighted in the table below:

Risk Description	Current Risk Rating
If the CCG fails to take relevant action to improve health inequalities and promote population health it will face increases in preventable illnesses and a subsequent increase in demand for services.	12
If the CCG fails to deliver a new model of integrated community services there will be no capacity or resources to fund a sustainable acute model.	15
If the CCG fails to develop alternative out of hospital provision in the right place the acute sector does not have a workforce or resources to deliver the forecast demand.	15
There is a risk of harm to patients due to failure of NLaG to meet all control targets for quality.	16
If the CCG fails to deliver its constitutional targets this may result in the CCG being rated as inadequate.	15
Risk of harm to patients due to EMAS failure to meet its control standards.	12
There has been a process of stabilisation in relation to the CCG's financial recovery and performance which has been achieved by implementing 1) firmer control on financial delegation as well as 2) being more robust as a responsible commissioner. Any relaxation in these two key elements will risk the CCG losing grip and control on overall financial performance in year and in the future.	12

Note: Covid-19 has been identified as an ongoing risk for the CCG and its operations.

Each 'strategic' risk is owned by a lead director and is reviewed and updated on a regular basis. The Quality Performance & Finance Committee reviews the Corporate Risk Register and Strategic Risk Register. The Corporate Risk Register identifies the highest rated operational risks faced by the CCG. The Governing Body reviews the Strategic Risk Register twice yearly. The Integrated Audit & Governance Committee reviews the Strategic Risk Register at every meeting, providing independent assurance to the Governing Body. The Executive Team reviews the Strategic Risk Register on a monthly basis. This gives significant assurance that systems are in place and that there is a clear audit trail.

A Heads of Service Meeting, with representatives from each directorate, reviews the CCG's Directorate Risk Registers. This meeting determines if risks are appropriately assigned and do not overlap, key risks are identified and escalated if appropriate in line with the CCG's Risk Strategy. Individual Directorate Risk Registers are reviewed at directorate team meetings.

The CCG has undertaken an exercise to identify the 'risk appetites' of all Governing Body members and Heads of Service. Risk appetite is aligned to the following risk categories: reputation, compliance, financial, operational and strategic. The resultant heat maps allow the CGG Governing Body, committees and staff to more effectively focus resources and attention on key risks that are 'out of appetite'. All the CCG's risk registers are linked to the CCG's agreed risk appetites by risk type to support the effective management of risks across the organisation.

The CCG recognises that it remains on a journey of improvement and intends to review, improve and strengthen its approach with a range of improvements next year. This work will include;

- More emphasis on the effectiveness of risk mitigation plans both at a strategic and operational level
- Ongoing work to further embed risk management in CCG activities and as a key tool in the strategic leadership of the CCG
- Provision of more links to strategic risks that identify full range of mitigating actions being taken by the CCG
- A continued focus on partnership risks and in relation to procurement and project initiatives.

Other sources of assurance

Internal Control Framework

A system of internal control consists of a set of processes and procedures 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 system of internal control was based on a process to:

- Identify and prioritise risks to the achievement of the CCG's objectives;
- Consider the likelihood of those risks being realised
- Measure the impact should they be realised
- Manage them effectively

The CCG's system of internal control has been in place for the year up to March 31, 2020 and up to the date of the approval of the Annual Report and Accounts.

Underpinning the prime financial policies, the CCG has detailed financial policies and a supporting scheme of delegation.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest for CCGs (published in June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management.

To support the CCGs undertaking this task, NHS England has published a template audit framework.

The CCG has carried out an annual audit of conflicts of interest and has received substantial assurance. The audit report made a recommendation to include some additional detail in the register of interests and register of gifts and hospitality and these points have been addressed.

A link to the CCG's register of interests for the reader is provided here:

https://northlincolnshireccg.nhs.uk/wp-content/uploads/2020/03/NLCCG-COI-Register-March-2020.pdf

The CCG has undertaken in-house training and awareness-raising for staff and submitted positive quarterly and annual return to NHS England regarding compliance with national requirements.

Data quality

Data was collated and managed by eMBED on behalf of North Lincolnshire CCG.

Data was presented to the Governing Body, its sub committees and Council of Members, it is sourced from national systems and local data sources. Where possible the data is triangulated from national systems and alternative sources to ensure accuracy. eMBED had in place internal procedures and controls in order to ensure data presented was of the best quality possible. Any data issues noted in source data is reviewed and identified with the source provider.

Should data issues arise resulting from internal processes, a route cause analysis is undertaken, corrective actions put in place and ongoing learning identified.

The Primary Care Commissioning Committee also reviewed the range and quality of data regarding primary care and identified further improvements, and the CCG Board received regular quality and corporate performance reports during the year, which were refined following user feedback.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information.

The NHS Information Governance Framework is supported by an information governance toolkit and the annual submission process provides assurances to the CCG, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

Data security risks are addressed through mapping all information assets for the CCG, identifying data owners and risk assessing all data flows, in and out, including security during transfers and at rest. The Information Technology environment has also been risk assessed to ensure that adequate security for information on the networks is in place.

North Lincolnshire CCG places high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. We have an information governance management framework that the CCG applies to the management of all information assets. The framework includes an Information Governance Group which is a sub group of the Quality Performance & Finance Committee.

The CCG continued to develop information governance processes and procedures in line with the Information Governance toolkit and Senior Information Risk Officer (SIRO) guidance and ensuring it is embedded amongst CCG staff. The CCG has an appointed Data Protection Officer and Caldicott Guardian.

The CCG has ensured all qualifying staff members undertake annual information governance training and have implemented a number of measures to ensure they are aware of their information governance roles and responsibilities.

There are policies and processes in place for information incident reporting and investigation of serious incidents.

The following information governance policies were reviewed and updated during 2019-20:

- Data Protection and Confidentiality Policy
- E-mail Use Policy
- Information Security Policy
- Information Governance Framework and Strategy
- Data Protection Impact Assessments
- Code of Confidentiality Guidelines

Processes implemented allow the CCG to fulfil its requirements under the Freedom of Information Act and Data Protection Act relating to the protection, use and processing of subject access requests.

The CCG has an incident reporting system for all staff and local general practices that encompasses information governance incidents allowing staff a single point of reporting.

The development of policies and the framework has allowed us to achieve a level two compliance with all the relevant information governance toolkit standards. The CCG has a trained Caldicott Guardian in place able to offer expert advice and support.

The CCG has included information risk within the CCG's Risk Management Policy and has processes in place to identify information Asset Owners and Controllers. We have processes where the Information Asset Owners assess risks to assets in their areas and report to the SIRO annually.

The CCG uses an Integrated Governance dashboard to summarise its performance. The dashboard summarises performance against mandatory information governance requirements. It is reviewed on a regular basis by the CCG Quality Performance & Finance Committee.

The CCG continues to develop and enhance information risk assessment and management procedures as part of overall risk management and ongoing work is undertaken to fully embed an information risk culture throughout the organisation.

The CCG has submitted a compliance score for the Data Security Protection Toolkit in March 2020 and received a substantial compliance grading from Internal Audit. North Lincolnshire CCG had no lapses of data security or Information Security Incidents during 2019-20.

Business Critical Models

The CCG recognises the principles as reflected in the Macpherson report as a direction of travel for business modelling in respect of service analysis, planning and delivery.

Key business critical models have been identified. However, further work is planned during 2020-21 to provide additional details of why these areas are business critical, associated key risks and to further develop the quality assurance process. In line with the Macpherson report we recognise and have identified that policy simulation (its impact on people and finances), forecasting, financial evaluation, allocation, workforce, procurement and planning are key areas where we use models.

Current quality assurance systems are in place to manage our business risks including:

- Business Intelligence reporting/financial reporting
- Customer feedback (e.g. patient complaints)
- Risk assessment (including risk registers and an assurance framework)
- Internal and external Audit
- Public and Patient Involvement and Engagement
- Third Party Assurance mechanisms (Service Auditor reports / NHS England/ EPRR / Business Continuity etc.)

The CCG can confirm that these quality assurance processes are used across our business critical areas as appropriate.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control).

This is achieved through a risk-based plan of work, agreed with management and approved by the Audit & Integrated Governance Committee, which aims to provide a reasonable level of assurance subject to any inherent limitations.

The Head of Internal Audit Opinion provided includes their opinion on the Assurance Framework, and the risk based audit assignments across the critical business systems to inform the Annual Governance Statement.

The CCG has also conducted an assurance mapping exercise to identify the CCG's assurance landscape and this continues to be further developed as systems, processes and partner relationships continue to evolve and embed.

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

Third party assurances

In developing the CCG Assurance Map and review of sources of assurance the CCG has considered services provided by service organisations and the assurance required as received by or via service auditor reports.

Third party assurance report for hosted financial services gave substantial assurance.

Due to the pandemic, there have been delays in assurance for CAPITA and SPS. The CCG however has internal compensating control systems in place.

Additionally the CCG has an assurance map which is monitored by the Integrated Audit & Governance Committee. The assurance map includes the identification of issues or concerns relating to third party service providers enabling the CCG to take actions as appropriate.

Control Issues

Introduction

Identification and mitigation/management of control issues is a key feature of sound risk management systems.

As of March 2020, the CCG was meeting 16 out of 31 of its constitutional and operational targets.

Details of performance against these targets and highlights of plans to support improved performance for the future are set out in the performance section. Following the pandemic being declared, the CCG has acknowledged it is not business as usual and new challenges and demands have presented, resulting in some changed practices. The CCG has demonstrated leadership through co-ordinating the local health economy response.

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

Introduction

Sound corporate governance has played a key role within the CCG's overall pursuit of improved economy, efficiency and effectiveness.

2019-20 Performance

The CCG's control total for 2019-20 was set at a deficit of £1m. As a result, the CCG was eligible for funding from the Commissioner Sustainability Fund (CSF) which will allow the CCG to deliver a balanced in year position and therefore carry forward a lower level of cumulative deficit than would otherwise have been the case.

A summary of the CCG's Financial Performance in 2019-20 can be seen below:

Financial Duties	Target	Outturn RAG	RAG Explanation
1 Maintain expenditure within the agreed control total	Planned control total or better achieved	✔	The CCG's expenditure is £8k under the agreed control total
2 Maintain expenditure within the allocated cash limit	Cash drawdown less than cash limit	✔	The CCG has maintained expenditure within its cash allocation for 2019-20
3 Ensure running costs do not exceed our agreed admin allocation	Expenditure less than or equal to allocation	✔	At Month 12 running cost spend is less than allocation
4 Provide 0.5% contingency	0.5%	✔	Contingency held throughout 2019-20 and used to mitigate in year pressures
5 Ensure compliance with the better payment practice code (BPPC)	Greater than or equal to 95% by Number/Value	✔	BPPC was achieved in month and YTD for both NHS and Non NHS suppliers, for both number and value of invoices
6 Achievement of the Mental Health Investment Standard	Growth of 5.80% or greater	✔	The CCG has achieved its Mental Health Investment Standard for 2019-20

Medium term financial strategy

The NHS Long Term Plan requires an integrated approach to strategic and operational planning, where systems are expected to bring together member organisations to develop a common set of principles.

To support submission of the Humber Coast and Vale Long Term Plan the CCG produced a five-year financial plan which set out how we will allocate resources to deliver the requirements of the Long Term Plan including the commitment to increase investment in mental health, primary and community health services as a share of total NHS revenue spend across the five years from 2019-20 to 2023-24.

Governance arrangements to promote improvements in economy, efficiency and effectiveness

The Governing Body has overarching responsibility for ensuring that North Lincolnshire CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the groups principles of good governance (its main function).

The CCG's constitution allows for the delegation of responsibility to ensure appropriate arrangements are in place for the CCG to fulfil this duty to the Integrated Audit & Governance Committee and requires that it undertakes functions as set out in its Terms of Reference as agreed by the Governing Body.

The Internal Audit & Integrated Governance Committee receives regular reports on financial governance and reviews the Annual Accounts, Annual Governance Statement and Head of Internal Audit Opinion. The Governing Body receives a Finance Report from the Chief Finance Officer at every meeting, where open challenge takes place.

The Chief Finance Officer is a member of the Governing Body and is responsible for providing financial advice to the group and for ensuring financial control and accounting systems are in place.

The role of Chief Finance Officer includes:

- Being the Governing Body's professional expert on finance and ensuring, through robust systems and processes, the regularity and propriety of expenditure is fully discharged
- Making appropriate arrangements to support and monitor the CCG's finances;
- Overseeing robust audit and governance arrangements leading to propriety in the use of the CCG's resources
- Being able to advise the Governing Body on the effective, efficient and economic use of the CCG's allocation to remain within that allocation and deliver required financial targets and duties
- Producing the financial statements for audit and publication in accordance with the statutory requirements to demonstrate effective stewardship of public money and accountability to NHS England
- Being the Governing Body lead officer for Business Intelligence

Delegation of functions

The CCG's Accountable Officer (AO) delegate's responsibilities to support compliance with the standards set out in annex 3.1 of 'Managing Public Money' (July 2013 annexes revised July 2015).

The annex identifies feedback from delegation chains as a key input to the governance statement. The CCG systems enable the AO to work with staff to make informed decisions about planned progress and take corrective action as appropriate. The CCG reviews a wide range of feedback from delegated functions including; assessing the use of resources, management of risks and budget management.

The CCG for example holds regular contract meetings, led by the CCG Chief Finance Officer with eMBED. These meetings are used to set and review performance indicators, assess information captured from internal audit or ongoing risk evaluation and identify any issues/trends causing concern. An issue log identifies concerns and gives assurance that actions are being undertaken.

Feedback from the ongoing assessment of delegated functions is acted upon as appropriate. For example, a risk relating to completion of Information Asset Flows (leading to a threat of the CCG not achieving level 2 with the Information Governance toolkit) was identified through the IG sub Group and corrective action taken to ensure compliance.

Finally, the Annual Governance Statement draws to a close by summarising external viewpoints on the CCG's governance arrangements, before ending with the Accountable Officer's personal review of the CCG's governance, risk management & Internal control arrangements.

Counter fraud arrangements

The Integrated Audit and Governance Committee has assured itself that the organisation has adequate arrangements in place for countering fraud and regularly reviews the outcomes of counter fraud work.

The CCG has an accredited Local Counter Fraud Specialist (LCFS) in place to undertake work against NHS Counter Fraud Authority Standards; the LCFS resource is contracted in from AuditOne and is part of a wider Fraud Team resource with additional LCFS resource available as and when required. The Chief Finance Officer is accountable for fraud work undertaken and a Counter Fraud Annual Report (detailing counter fraud work undertaken against each standard) is reported to the Integrated Audit & Governance Committee (IAGC) annually.

There is an approved and proportionate risk-based counter-fraud work plan in place which is monitored by the IAGC meeting. In line with NHS Counter Fraud Authority Commissioner Standards, which first became effective on April 1, 2015 and are reviewed annually, the CCG has completed an online Self Review Tool (SRT) quality assessment in March 2020 to assess the work completed around anti-fraud, bribery and corruption work. This self- assessment (SRT) rated the CCG as green and has been approved by the Chief Finance Officer. Should an NHS Counter Fraud Authority quality assurance inspection be undertaken then any recommendations would be acted upon – to date the CCG has not been subject to an NHS Counter Fraud Authority quality inspection.

Head of Internal Audit Opinion

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

The Head of Internal Audit concluded that:

My Overall Opinion Is:

> "From my review of your systems of internal control, I am providing an opinion of substantial assurance that the system of internal control has been effectively designed to meet the organisation's objectives and that the controls are being consistently applied".

During the year, Internal Audit issued the following audit reports:

Audit Area	Audit Area
Conflicts of Interest	Substantial
Risk Management	Substantial
Primary Medical Care Commissioning	Substantial
Assurance Framework	Substantial
Financial management / Control	Substantial
Data Security Protection Toolkit Safeguarding Governance	Substantial
Safeguarding arrangements	Good
Procurement	Good

Review of the effectiveness of Governance, Risk Management & Internal Control

As Accountable Officer, I have specific responsibility for reviewing the effectiveness of the system of internal control.

In addition, as Accountable Officer for the whole of the CCG, the Chief Officer is responsible for achieving the organisational objectives in the context of sound and appropriate business processes and reporting risks to the Governing Body.

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors and the executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principal objectives have been reviewed.

I have been advised on the implications of my review of the effectiveness of the system of internal control by the Governing Body, the Integrated Audit & Governance Committee and Quality, Performance & Finance Committee, and where appropriate a plan is in place to address weaknesses and ensure continuous improvement of the system.

In particular, my review is also informed by:

- External Audit providing progress reports to the Integrated Audit & Governance Committee and the Annual Completion Report within the CCG
- Internal Audit review of systems of internal control and progress reports to the Integrated Audit & Governance Committee, especially the Head of Internal Audit Opinion
- Assurance reports on risk and governance received from the Integrated Audit &
- Governance Committee
- Performance management systems
- Internal committee structure with delegated responsibility for risk identification, evaluation, control, review and assurance
- Review of the Strategic Risk Register action plans to address any identified weaknesses and ensure continuous improvement of the system is in place via the Assurance Framework and also via action plans embedded within the Risk Registers
- The Corporate Risk Register

In addition to myself, the following committees and officers have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in 2019/20 and have managed risks assigned to them.

The Governing Body: Responsible for providing clear commitment and direction for Risk Management within the organisation. The Governing Body delegates responsibility for oversight and independent assurance on risk management to the Integrated Audit & Governance Committee and delegates responsibility for operational and clinical risk management to the Quality, Performance & Finance Committee.

The Integrated Audit & Governance Committee: Responsible for providing an independent assurance of the arrangements for risk management within the organisation, with specific responsibilities for financial risk management. It undertakes its own annual self-assessment of its effectiveness and reviews Internal and External Audits, the Assurance Framework, financial governance reports and the Register of Interests.

The Quality Performance & Finance Committee: As the Committee with overarching responsibility for risk management, it provides assurance to the Governing Body that appropriate clinical risk management arrangements are in place across the organisation. The Committee is underpinned by various sub groups covering areas including health & safety, emergency planning, information governance, infection control, quality in contracts and incident management.

Chief Finance Officer: As Senior Responsible Officer for NHS finances across the CCG, the Chief Finance Officer is responsible for ensuring that the organisation complies with the CCG's Constitution to achieve financial targets and reports financial risks to the Governing Body.

The NHS England Local Area Team: The CCG had quarterly Assurance Reviews with the Local Area Team of NHS England.

Conclusion

With the exception of the internal control issues I have outlined in my statement , my review confirms that the CCG has a system of internal controls that supports the achievement of its policies, aims and objectives that is "fit for purpose" and that these control issues either have been, or are being, mitigated and addressed.

Annual Governance Report Appendix

NL CCG Governing Body wef 01.04.19 - 31.03.20

	Date of Meeting												
Name	11.04.19	09.05.19 Workshop AM	09.05.19 Workshop PM	13.06.19	11.07.19 Workshop	08.08.19	12.09.19 Workshop	10.10.19	14.11.19 Workshop	12.12.19	09.01.20 Workshop	13.02.20 GB Meeting	12.03.20 Workshop
Dr Faisel Baig	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Emma Latimer	✔	✖	✖	✔	✔	✔	✖	✔	✖	✔	✔	✔	✖
Alex Seale	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔
Emma Sayner	✔	✔	✔	✔	✔	✖	✔	✔	✖	✔	✔	✔	✔
Clare Linley	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔
Geoff Day	✔	✖	✖	✔	✔	✔	✖	✔	✖	✔	✔	✔	✖
Dr Satpal Shekhawat	✔	✔	✔	✖	✔	✔	✔	✔	✖	✔	✔	✔	✔
Dr Hardik Gandhi	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔
Dr Salim Modan	✔	✔	✔	✔	✖	✔	✔	✖	✔	✔	✔	✔	✔
Dr Neveen Samuel	✔	✖	✖	✔	✖	✔							
Dr Gary Armstrong	✖	✖	✔	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔
Dr Pratik Basu	✖	✔	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔	✔
Janice Keilthy	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Heather McSharry	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔	✔	✔	✔
Erika Stoddart	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Dr Richard Shenderey	✔	✖	✖	✔	✔	✔	✔	✔	✔	✔			
Dr James Woodard													✔
Penny Spring	✔	✖	✖	✔	✖	✔	✖	✔	✖	✔	✖	✖	✖
Cheryl George	✖	✖	✖	✖	✔	✖	✖	✖	✖	✖	✖	✔	✖

Primary Care Commissioning Committee wef 01.04.19 - 31.03.20

	Date of Meeting					
Name	23.05.19	27.06.19	22.08.19	24.10.19	23.01.20	27.02.20
Janice Keilthy	✔	✔	✔	✔	✔	✔
Heather McSharry	✖	✔	✔	✔	✔	✔
Emma Sayner	✖	✖	✖	✖	✖	✖
Dr Andrew Lee	✔	✖	✖	✔	✔	✖
Dr Salim Modan	✔	✔	✔	✔	✔	✖
Dr Faisel Baig	✔	✔	✔	✖	✔	✔
Clare Linley	✔	✖	✔	✔	✔	✔
Alex Seale	✖	✔	✖	✔	✔	✔
Dr Satpal Shekhawat	✔	✖	✔	✖	✔	✔
Penny Spring	✔	✖	✔	✖	✔	✔
Cheryl George Consultant in Public Health	✖	✔	✖	✔	✔	✖
Jill Burgess Allen Consultant in Public Health	✖	✖	✔	✖	✖	✔
Erika Stoddart	✔	✔	✔	✔	✖	✔
Carol Lightburn, Chair, Healthwatch	✔	✔	✔	✔	✔	✔
Simon Barrett, Chief Executive, Humberside LMC	✖	✔	✖	✖	✔	✔
Dr Saskia Roberts, Medical Director, Humberside LMC	✖	✖	✔	✔	✖	✖
Geoff Day	✔		✔	✔	✔	✔
Chris Clarke, Snr Commissioning Manager, NHSE	✔	✔	✔	✔	✔	✔
Helen Philips, Programme Lead, NHSE	✖	✖	✔	✔	✔	✔
Bill Lovell, Deputy Chief Finance Officer	✔	✖	✖	✖		
Louise Tilley,Deputy Chief Finance Officer	✖	✔	✔	✖	✔	✔
Erica Ellerington, NHSE	✔	✔	✔	✔	✔	✖

Remuneration Committee wef 01.04.19 - 31.03.20

	Date of Meeting				
Name	**26.03.19**	**25.04.19**	**11.07.19**	**28.11.19**	**27.02.19**
Janice Keilthy	✔	✔	✔	✔	✔
Dr Salim Modan	✔	✔	✔	✔	✖
Erika Stoddart	✖	✖	✔	✔	✔
Dr Satpal Shekhawat	✔	✖	✖	✖	✖
Dr Faisel Baig	✔	✔	✔	✔	✔
Heather McSharry	✔	✔	✔	✔	✔

Council of Members - 01.04.19 - 31.03.20

	Date of Meeting											
Name	25.04.19	23.05.19	27.06.19	25.07.19	22.08.19	26.09.19	24.10.19	28.11.19	26.12.19	23.01.20	27.02.20	26.03.20
Ancora	✔	✔	✔	✖	CANCELLED	✔	✖	✔	CANCELLED	✔	✔	CANCELLED
Ashby Turn	✔	✔	✔	✔		✖	✔	✔		✔	✔	
Barnetby	✖	✔	✔	✔		✔	✔	✔		✔	✔	
Bridge St	✔	✔	✔	✔		✔	✔	✔		✖	✖	
Cambridge Avenue	✔	✔	✔	✖		✔	✔	✔		✔	✔	
Cedars	✔	✔	✔	✖		✔	✔	✔		✔	✔	
Central	✔	✔	✔	✔		✔	✖	✔		✔	✔	
Church Lane	✖	✖	✔	✔		✔	✖	✖		✔	✔	
Market Hill	✔	✔	✔	✔		✖	✖	✔		✔	✔	
Oswald Rd	✔	✖	✔	✔		✔	✔	✔		✔	✔	
Riverside	✔	✔	✖	✖		✖	✔	✔		✔	✔	
South Axholme	✔	✔	✔	✔		✔	✖	✔		✔	✔	
Killingholme	✔	✔	✔	✔		✔	✔	✔		✔	✔	
The Birches	✔	✔	✔	✔		✖	✖	✔		✔	✔	
Kirton and Scotter	✔	✔	✔	✔		✔	✖	✔		✔	✔	
Trent View	✔	✖	✔	✔		✔	✔	✔		✔	✔	
West Common Lane	✔	✔	✔	✖		✔	✔	✔		✔	✔	
West Town	✔	✔	✔	✔		✔	✖	✔		✔	✔	
Winterton	✔	✔	✔	✔		✖	✔	✔		✔	✔	

Planning & Commissioning Committee wef 01.04.19 - 31.03.20

	Date of Meeting											
Name	18.0.19 - Virtual meeting	16.05.19	20.06.19	18.07.19	15.08.19	19.09.19	17.10.19	21.11.19	19.12.19	16.01.20	20.02.20	19.03.20
Dr Gary Armstrong	✖	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔
Emma Latimer	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖	✖
Alex Seale	✖	✔	✔	✔	✔	✖	✔	✔	✖	✖	✔	✔
Clare Linley	✔	✔	✖	✖	✔	✖	✔	✔	✔	✖	✔	✔
Dr Faisel Baig	✔	✔	✖	✔	✔	✖	✔	✔	✖	✔	✖	✔
Dr Salim Modan	✔	✔	✔	✖	✔	✔	✖	✔	✔	✔	✖	✔
Dr Neveen Samuel	✖	✔	✔	✔	✖							
Dr Hardik Gandhi	✖	✖	✔	✔	✔	✔	✔	✔	✔	✖	✔	✖
Dr Pratik Basu	✖	✖	✖	✔	✔	✖	✔	✔	✖	✖	✔	✔
Dr Satpal Shekhawat	✖	✔	✖	✔	✔	✔	✖	✔	✖	✖	✔	✔
Bill Lovell, Deputy Chief Finance Officer	✖	✖	✖	✖	✖	✖	✖	✖				
Chloe Nicholson Quality Manager	✖	✔	✔	✔	✖	✔	✖	✖	✖	✖	✖	✖
Hazel Moore Head of Nursing	✖	✖	✔	✖	✖	✖	✖	✖	✖	✖	✖	✖
Jane Ellerton Head of Strategic Commissioning	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✖
Janice Keilthy	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔	✔	✔
Heather McSharry	✔	✔	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔
Geoff Day	✔	✔	✔	✖	✖	✖	✖	✖	✖	✔	✔	✔
*Penny Spring Director of Public Health	✖	✖	✖	✖	✖	✖	✖	✖	✔	✖	✖	✖
Cheryl George Consultant in Public Health	✖	✔	✔	✖	✖	✖	✖	✖	✖	✖	✖	✖
Jilla Burgess Allen Consultant in Public Health	✔	✖	✖	✔	✔	✔	✔	✖	✖	✔	✔	✔

Quality, Performance & Finance Committee wef 01.05.19 - 31.03.20

	Date of Meeting						
Name	02.05.19	04.07.19	05.09.19	07.11.19	06.12.19	02.01.20	05.03.20
Janice Keilthy	✔	✔	✔	✔	CANCELLED	✔	✔
Heather McSharry	✔	✔	✔	✔		✔	✔
Clare Linley	✔	✔	✔	✔		✖	✔
Emma Sayner	✔	✖	✖	✖		✖	✖
Jane Ellerton Head of Strategic Commissioning	✔	✖	✔	✔		✔	✔
Hazel Moore Head of Nursing	✔	✔	✔	✖		✔	✖
Dr Satpal Shekhawat	✔	✔	✔	✔		✔	✔
John Pougher Head of Governance	✔	✔	✖	✖		✔	✔
Chloe Nicholson Quality Manager	✔	✔	✔	✖		✖	✖
Louise Tilley Deputy Chief Finance Officer	✔	✔	✔	✔		✔	✔
Bill Lovell Deputy CFO	✔	✖	✖	✖		✖	✖
Alex Seale	✔	✔	✔	✖		✔	✖
Geoff Day	✖	✖	✖	✖		✔	✖

Integrated Audit & Governance Committee 01.04.19 - 31.03.20

	Date of Meeting							
Name	18.04.19 - Virtual meeting	16.05.19	20.06.19	18.07.19	15.08.19	19.09.19	17.10.19	21.11.19
Erika Stoddart	✔	✔	✔	✔	✔	✔	✔	✔
Janice Keilthy	✔	✔	✔	✔	✔	✔	✔	✔
Heather McSharry	✔	✖	✖	✔	✔	✔	✖	✔

** 17.04.19 - Extraordinary private meeting to review annual accounts
** 22.05.19 Extraordinary meeting to approve the annual accounts

Remuneration and staff report

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

- Staff induction
- Bullying and harassment
- Attendance management
- Recruitment and selection

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

- Recruitment and selection
- Learning and development
- Annual leave
- Secondment
- Retirement
- Starting salaries and reckonable service
- Bullying and harrassment
- Grievance
- Substance misuse

Staff consultation

Recognising the benefits of partnership working, North Lincolnshire CCG has been an active member of the North Yorkshire, Humber and Leeds Social Partnership Forum organised by the eMBED Workforce Team.

On April 1, 2019, the eMBED Health Consortium contract came to an end and the North Yorkshire, Humber and Leeds Social Partnership Forum ceased to exist.

The CCG is now a member of the newly created Humber CCG Social Partnership Forum organised by the HR Team supporting the three Humber CCGs: North Lincolnshire, East Riding of Yorkshire and Hull. 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.

Staff Survey

All NHS trusts are required to participate in the NHS Staff Survey although the CCG has chosen, on a voluntary basis, to undertake the NHS Staff Survey since 2013.

Previously, these surveys have been administered by the HR team whilst employed by North Yorkshire and Humber CSU and eMBED Health Consortium. On April 1, 2019, the eMBED Health Consortium contract came to an end and the HR team transferred (TUPE) to be employed by Hull CCG, supporting in addition; East Riding of Yorkshire CCG and North Lincolnshire CCG.

The three CCGs considered it inappropriate that HR team members conduct the survey and have access to and manipulate confidential data for themselves, HR colleagues and wider CCG colleagues and took the decision to outsource the Staff Survey for 2019-20. This gave the opportunity for a different style of survey which would reflect the needs of the CCGs, which are in some areas quite different from those of NHS trusts.

The 2019-20 response rate for North Lincolnshire CCG employees was 76.4%. This is considered to be high for the health sector and suggests an engaged team. The average satisfaction rate for those staff has increased from 53.7% in 2018-19 to 68.6%.

From the results, areas that performed well included:

- Staff feel supported by colleagues
- Manager supportive in crisis and takes interest in health and wellbeing
- Appraisal process and clarifying objectives
- Staff feel trusted to do their jobs

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

The results of the surveys are also being championed by staff. This is done in a variety of ways, through the Health and Wellbeing Forums and direct action groups specifically created to consider the results. The benefit of this is that these groups are run by staff for staff.

Workplace health, safety and wellbeing

As an organisation, North Lincolnshire CCG has made some good progress with the Staff Forum.

The CCG Executive Team continues to be highly supportive of the group, considering its recommendations in response to the staff survey and other feedback received and providing an opportunity within Team Brief to feedback to all staff.

The forum is concerned with more than staff health and wellbeing. As a voice for the staff, it also considers wider elements such as the findings of the Staff Survey. It was agreed that the Staff Forum required re-energising and therefore a new Terms of Reference

has been agreed.

Membership of the Forum is required from all directorates in the CCG, and is encouraged across a range of staff roles. The re-focused forum will explore ways to develop a positive employee experience such as recognition schemes and staff benefits. Forum members are equal partners and share responsibilities which means actions can be allocated without becoming too onerous for a small number. Over the coming year the forum will look to:

- Introduce a recognition scheme – this is an opportunity for staff to recognise each other, colleague to colleague
- Further consider the staff survey outputs, ensuring a positive environment for all
- Engage with local organisations to explore opportunities for staff benefits
- Continue working on the North Lincolnshire Healthy Workplace Awards Scheme which recognises organisations that value a healthy workforce and commit to creating a healthy culture for their employees.

The CCG is working towards the bronze level award which will recognise its work on a set of health promotion initiatives with staff throughout the year. Our Staff Forum takes the lead on coordinating this work, and CCG staff have taken part in health themed coffee mornings, a healthy lunch event and the team-based 10,000 steps challenge. We have supported healthy lifestyles by updating our information board with details of local exercise groups and advice on a range of health topics.

The Staff Forum looks forward to delivering on more outputs throughout the year.

Annual Workforce Report, North Lincolnshire CCG, April 1, 2019 to March 31, 2020

Number of senior civil service staff (or senior managers) by band.

Pay band	Total
Band 8a	6
Band 8b	5
Band 8c	4
Band 8d	0
Band 9	0
VSM	3
Governing body	
Any other spot salary	2

Staff numbers and costs

Entities should provide an analysis of staff numbers and costs, analysed as in the groupings in the example accounts format but analysed by 'permanently employed' staff and 'other' staff.

Assignment category	Total
Permanent	57
Fixed term	4
Statutory office holders	
Bank	0
Honoray	

Staff composition

Entities should provide an analysis of the number of persons of each sex who were directors, senior civil servants (or equivalent) and employees of the company.

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

Sickness absence data

NHS bodies are also required to report on staff sickness. The information is also required on the summarisation schedules for consolidation purposes and will be issued by DH after draft accounts submission.

Absence	Total
Average sickness %	2.9%
Total number of FTE days lost	612

Staff policies

The CCG values and recognises 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 bullying and harassment and attendance management.

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

- Change Management Policy
- Pay Protection
- Flexitime Policy
- Retirement Policy
- Equality and Inclusion Policy
- Other Leave Policy
- Recruitment and Selection Policy
- Substance Misuse Policy
- Starting Salaries and Reckonable Service Policy
- Bullying and Harassment
- Grievance Policy.

The CCG has a Health and Safety Group that meets on a quarterly-basis and is supported by the CCG Risk Manager who is NEBOSH qualified. A range of health and safety policies and procedures support the work of this group and are subject to regular review. The CCG monitors any health and safety incidents and reviews these at the group to identify any potential learning. The CCG had no serious or reportable incidents during 2019-20.

Staff training forms an important part of the CCG's commitment to health and safety and as of the March 31, 2020 staff training compliance was 97.9% for fire, 100% health and safety and 100% for moving and handling.

A fire risk assessment was conducted in May 2019, fire warden training undertaken and regular drills were held throughout the year. A health and safety assessment audit was taken in November 2019 and we self-assessed at a score of 93%. An action plan has been produced and implemented to further improve performance.

CCG whistleblowing

The CCG has an approved whistleblowing – freedom to speak up policy.

There is also an identified freedom to speak up guardian, an appointed executive lead and nominated lay member with whistleblowing responsibilities. The CCG had no reported whistleblowing concerns during 2019-20.

Other employee matters

The CCG has no other employee matters to disclose.

Remuneration of Very Senior Managers

When non-consolidated bonuses (Performance Related Pay) are taken into account, the CCG does not have any employees who were paid a salary of £150,000 in 2019/20.

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

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100*** £00's	(c) Performance pay and bonuses (bands of £5,000) £000's	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £2,500) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Gary Armstrong - GP Member	25-30	0	0	0	0	25-30
Faisel Baig - Chair	75-80	0	0	0	12.5-15	90-95
Pratik Basu - GP Member	30-35	0	0	0	0	30-35
Hardik Gandhi - GP Member	30-35	0	0	0	0	30-35
Janice Keilthy - Lay Member	5-10	0	0	0	0	5-10
Clare Linley - Director of Nursing & Quality	90-95	0	0-5	0	0	95-100
Heather McSharry - Lay Member	5-10	0	0	0	0	5-10
Salim Modan - GP Member	45-50	0	0	0	5-7.5	50-55
Neeven Samuel - GP Member (up to 31 August 2019)	15-20	0	0	0	0	15-20
Alex Seale - Chief Operating Officer	95-100	2,700	0-5	0	20-22.5	120-125
Satpal Shekhawat - GP Member / Associate Medical Director (AMD)	60-65	0	0-5	0	0	60-65
Erika Stoddart - Lay Member	5-10	0	0	0	0	5-10
Emma Latimer - Chief Officer*	60-65	6,200	10-15	0-5	0-2.5	75-80
Emma Sayner - Chief Finance Officer*	55-60	3,500	15-20	0-5	7.5-10	75-80
Dr Richard Shenderey - Secondary Care Consultant * (up to 31 December 2019)	0-5	0	0	0	0	0-5
Dr James Woodard - Secondary Care Consultant * (from 1 February 2020)	0-5	0	0	0	0	0-5
Penny Spring - Director of Public Health*	0	0	0	0	0	0
Geoff Day - Director of Primary Care*	0	0	0	0	0	0

*** The following 6 Senior Postholders are not paid directly by North Lincolnshire CCG:**

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

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

3) Penny Spring - Employed by North Lincolnshire Council (NLC) and recieves no remuneration from North Lincolnshire CCG.

4) Geoff Day - Employed by NHS England and Improvement and recieves no remuneration from North Lincolnshire CCG.

5) Dr Richard Shenderey - is remunerated via Airedale NHS Foundation Trust. The payment detail above relates only to his work for North Lincolnshire CCG.

6) Dr James Woodard - is remunerated via The University Hospitals Derby and Burton NHS Foundation Trust. The payment detail above relates only to his work for North Lincolnshire CCG.

The GPs who are listed in this Table have varying amounts of pay - because some GPs are only GP members, whilist other GPs are Clinical Leads and some GPs have combined both roles

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

Name and Title	(a) Salary (bands of £5,000) £000's	(b) Expense payments (taxable) to nearest £100*** £00's	(c) Performance pay and bonuses (bands of £5,000) £000's	(d) Long term performance pay and bonuses (bands of £5,000) £000's	(e) All pension-related benefits (bands of £2,500) £000's	(f) TOTAL (a to e) (bands of £5,000) £000's
Gary Armstrong - GP Member	25-30	0	0	0	0	25-30
Faisel Baig - Chair (Formerly GP Member & a Clinical Lead)	70-75	500	0	0	15-17.5	85-90
Pratik Basu - GP Member	15-20	0	0	0	35-37.5	50-55
Hardik Gandhi - GP Member	30-35	0	0	0	0	30-35
Janice Keilthy - Lay Member	5-10	200	0	0	0	5-10
Clare Linley - Director of Nursing & Quality	50-55	700	0	0	55.0-57.5	105-110
Heather McSharry - Lay Member	5-10	200	0	0	0	5-10
Salim Modan - GP Member	40-45	100	0	0	62.5-65.0	105-110
Neeven Samuel - GP Member (up to 31 August 2019)	40-45	200	0	0	0	40-45
Alex Seale - Chief Operating Officer	35-40	300	0	0	55.0-57.5	95-100
Satpal Shekhawat - GP Member / Associate Medical Director (AMD)	40-45	0	0	0	10-12.5	55-60
Erika Stoddart - Lay Member	5-10	0	0	0	0	5-10
Emma Latimer - Chief Officer (Note 1)	55-60	3,100	5-10	0	See Hull CCG AR	65-70
Emma Sayner - Chief Finance Officer (Note 3)	70-75	5,400	5-10	0	See Hull CCG AR	85-90
Dr Richard Shenderey - Secondary Care Consultant **	5-10	0	0	0	0	5-10
Dr Margaret Sanderson - Chair	20-25	100	0	0	0	20-25
Dr Robert Jaggs-Fowler *	25-30	400	0	0	0	25-30
Liane Langdon - Project Lead - Transforming Care (Note 2)	10-15	300	0	0	0	10-15
Julie Warren (note 4)	10-15	0	0	0	0	10-15
Catherine Wylie	35-40	0	0	0	0	35-40
Richard Young	30-35	300	0	0	0	30-35
Caroline Briggs ***	80-85	2,500	0	0	0-2.5	85-90

NB. values relating to non taxable expense payments e.g. travel reimbursement, are included in column (b) in the table above

* Dr Robert Jaggs-Fowler's salary covered the following roles : Primary Care Director, Safeguarding GP & Medical Director

** Dr Richard Shenderey is remunerated via Airedale NHS Foundation Trust. The payment detail above relates only to his work for North Lincolnshire CCG.

*** Caroline Briggs works jointly across both North Lincolnshire & North East Lincolnshire CCGs.

GENERAL NOTE

The GPs who are listed in this Table have varying amounts of pay - because some GPs are only GP members, whilist other GPs are Clinical Leads and some GPs have combined both roles

Three Senior Postholders are not paid directly by North Lincolnshire CCG:

1) Emma Latimer (Chief Officer) is also Chief Officer at Hull CCG (with Salary costs split 50:50 between the two organisation) and is on the payroll at Hull CCG, with a Total Salary of £140k - £145k.

2) Liane Langdon was on secondment to NHS England delivering this role.

3) Emma Sayner (Chief Financial Officer) is also Chief Financial Officer at Hull CCG (with Salary costs split 50:50 between the two organisation) and is on the payroll at Hull CCG, with a Total Salary of £115k - £120k.

4) Julie Warren (Turnaround Director) is the substantive Locality Director for North Yorkshire & The Humber, and is paid via the payroll of NHS England. She was the CCG Turnaround Director from 1/4/2018 through to 31/10/2018.

Pension benefits as at 31 March 2020 (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500) £000's	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000's	(c) Total accrued pension at pension age at 31 March 2020 (bands of £5,000) £000's	(d) Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £000's	(e) Cash Equivalent Transfer Value at 1 April 2019 £000's	(f) Real Increase in Cash Equivalent Transfer Value £000's	(g) Cash Equivalent Transfer Value at 31 March 2020 £000's	(h) Employers Contribution to stakeholder pension £000's
Gary Armstrong - GP Member *	0	0	0	0	0	0	0	0
Faisel Baig - Chair	0 - 2.5	0	15 - 20	25 - 30	189	4	210	0
Pratik Basu - GP Member *	0	0	0	0	0	0	0	0
Hardik Gandhi - GP Member *	0	0	0	0	0	0	0	0
Janice Keilthy - Lay Member *	0	0	0	0	0	0	0	0
Clare Linley - Director of Nursing & Quality	0	0	35 - 40	105 - 110	764	4	799	0
Heather McSharry - Lay Member *	0	0	0	0	0	0	0	0
Salim Modan - GP Member	0 - 2.5	0	5 - 10	20 - 25	150	4	164	0
Neeven Samuel - GP Member * (up to 31 August 2019)	0	0	0	0	0	0	0	0
Alex Seale - Chief Operating Officer	0-2.5	0	30-35	70-75	529	18	573	0
Satpal Shekhawat - GP Member / Associate Medical Director (AMD) *	0	0	0	0	0	0	0	0
Erika Stoddart - Lay Member *	0	0	0	0	0	0	0	0
Emma Latimer - Accountable Officer +	See Hull CCG AR	0	0	0	0	0	0	0
Emma Sayner - Chief Finance Officer +	See Hull CCG AR	0	0	0	0	0	0	0
Dr Richard Shenderey - Secondary Care Consultant ** (up to 31 December 2019)	0	0	0	0	0	0	0	0
Dr James Woodard - Secondary Care Consultant ** (from 1 February 2020)	0	0	0	0	0	0	0	0
Penny Spring - Director of Public Health *	0	0	0	0	0	0	0	0
Geoff Day - Director of Primary Care **	0	0	0	0	0	0	0	0

* These members have either left the NHS pension scheme or are not members of the NHS pension scheme for managers.

** No pension details are available to the CCG for these individuals as they are not paid through the CCG's payroll. Dr Shenderey is paid by Airedale NHS Foundation Trust, Dr James Woodard is paid by The University Hospitals of Derby and Burton Foundation Trust and Geoff Day is employed by NHS England and Improvement

+ For pension details related to these individuals please see Hull CCG's Annual Report & Accounts 2019/20

PLEASE NOTE: COLUMNS (E) PLUS (F) DO NOT SUM TO EQUAL (G) DUE TO THE NATURE OF THE CALCULATION.

Cash equivalent transfer values

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time.

The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

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

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

The method used to calculate CETVs changes, to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If the individual concerned was entitled to a GMP, this will affect the calculation of the real increase in CETV. This is more likely to affect the 1995 Section and the 2008 Section. This does not affect the calculation of the real increase in pension benefits, column (a) and (b) , or the Single total figure, column (e).

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).

Compensation on early retirement of for loss of office (subject to audit)

The CCG made no payments in respect of early retirement or for loss of office in 2019-20.

Payments to past members (subject to audit)

The CCG made no payments to past members in 2019-20.

Pay multiples (subject to audit)

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

The banded remuneration of the highest paid director/ Member in North Lincolnshire CCG in the financial year 2019/20 was £160-165k (2018/19: £160-165k). This was 3.71 times (2018/19: 3.96) the median remuneration of the workforce, which was £43.8k (2018/19: £41.0k).

In 2019-20, there were no employees who received remuneration in excess of the highest-paid director/ Member. Remuneration ranged from £17,652 to £153,920 (2018-19: £17,460 to £168,167)

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.

Additional guidance for this disclosure requirement is available at Annex 4 of the FReM which cites the Hutton review of Fair Pay – Implementation Guidance.

Staff numbers and costs

Staff Numbers (subject to audit)

	2019-20			2018-19		
Average number of people employed	**Permanent Employees**	**Other**	**Total**	**Permanent Employees**	**Other**	**Total**
Total	61.20	1.03	62.23	62.27	2.35	64.62
Of the above: Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

Staff costs tables 2019-20 (subject to audit)

	Admin			Programme			Total		
Employee Benefits	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**	**Permanent Employees £'000**	**Other £'000**	**Total £'000**
Salaries and wages	1,465	203	1,668	1,223	58	1,281	2,688	261	2,949
Social security costs	159	-	159	128	-	128	287	-	287
Employer contributions to the NHS Pension Scheme	325	-	325	148	-	148	473	-	473
Other pension costs	-	-	-	-	-	-	-	-	-
Apprenticeship Levy	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	1	-	1	1	-	1
Gross Employee Benefits Expenditure	**1,949**	**203**	**2,152**	**1,500**	**58**	**1,558**	**3,449**	**261**	**3,710**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**1,949**	**203**	**2,152**	**1,500**	**58**	**1,558**	**3,449**	**261**	**3,710**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**1,949**	**203**	**2,152**	**1,500**	**58**	**1,558**	**3,449**	**261**	**3,710**

Expenditure on consultancy

The CCG had no spend on consultancy in 2019/20.

Off-payroll engagements

Table 1: Off-payroll engagements longer than six months

The CCG has no existing off-payroll engagements as of March 31, 2020

Table 2: New off-payroll engagements

Where the reformed public sector rules apply, entities must complete Table 2 for all new off-payroll engagements, or those that reached six months in duration, between April 1, 2019 and March 31, 2020, for more than £245 per day and that last for longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between April 1, 2019 and March 31, 2020	2
Of which:	
Number assessed as caught by IR35	2
Number assessed as not caught by IR35	
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	
Number of engagements reassessed for consistence/ assurance purposes during the year	
Number of engagements that saw a change to IR35 status following the consistency review	

Table 3: Off-payroll engagements / senior official engagements

The CCG has had no off-payroll engagements of Board members or senior officials with significant financial responsibility between April 1, 2019 and March 31, 2020.

Exit packages, including special (non-contractual) payments

The CCG had no exit packages, including special (non-contractual) payments or other departures during 2019-20.

Parliamentary Accountability and Audit Report

NHS North Lincolnshire CCG is not required to produce a Parliamentary Accountability and Audit Report.

Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at page 25 of the Annual Accounts Section. An audit certificate and report is also included in this Annual Report at page 26 of the Annual Accounts Section.

Emma Latimer
Accountable Officer
Authorised for issue 1 June 2020

Annual Accounts 2019-20

CONTENTS **Page Number**

The Primary Statements:

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

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(152)	(375)
Other operating income	2	(754)	(500)
Total operating income		**(906)**	**(875)**
Staff costs	4	3,710	3,575
Purchase of goods and services	5	276,013	236,710
Depreciation and impairment charges	5	-	-
Provision expense	5	-	-
Other Operating Expenditure	5	449	444
Total operating expenditure		**280,172**	**240,729**
Net Operating Expenditure		**279,266**	**239,854**
Finance income		-	-
Finance expense		-	-
Net expenditure for the year		**279,266**	**239,854**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**279,266**	**239,854**
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 Intangibles		-	-
Net (gain)/loss on revaluation of Financial Assets		-	-
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 available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**279,266**	**239,854**

Please note that throughout the accounts process the figures are presented in £000s.
This rounding process has in places resulted in issues with the totals not reflecting the rounded figures.

The notes on pages 5 to 25 form part of this statement.

Statement of Financial Position as at 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Non-current assets:			
Property, plant and equipment		-	-
Intangible assets		-	-
Investment property		-	-
Trade and other receivables		-	-
Other financial assets		-	-
Total non-current assets		-	-
Current assets:			
Inventories		-	-
Trade and other receivables	9	1,206	2,542
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	10	16	26
Total current assets		**1,222**	2,568
Non-current assets held for sale		-	-
Total current assets		**1,222**	2,568
Total assets		**1,222**	2,568
Current liabilities			
Trade and other payables	11	(17,505)	(19,243)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total current liabilities		**(17,505)**	(19,243)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(16,283)**	(16,675)
Non-current liabilities			
Trade and other payables		-	-
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total non-current liabilities		**-**	-
Assets less Liabilities		**(16,283)**	(16,675)
Financed by Taxpayers' Equity			
General fund		(16,283)	(16,675)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(16,283)**	(16,675)

The notes on pages 5 to 25 form part of this statement

The financial statements on pages 1 to 4 were approved by the Integrated Audit and Governance Committee on June 19, 2020 and signed on its behalf by:

Emma Latimer

Accountable Officer

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

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(16,675)	0	0	**(16,675)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(16,675)**	**0**	**0**	**(16,675)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating expenditure for the financial year	(279,266)			**(279,266)**
Net gain/(loss) on revaluation of property, plant and equipment		0		**0**
Net gain/(loss) on revaluation of intangible assets		0		**0**
Net gain/(loss) on revaluation of financial assets		0		**0**
Total revaluations against revaluation reserve		**0**		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain/(loss) on revaluation of other investments and Financial Assets (excluding available for sale financial assets)			0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(279,266)**	**0**	**0**	**(279,266)**
Net funding	279,658	0	0	**279,658**
Balance at 31 March 2020	**(16,283)**	**0**	**0**	**(16,283)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(14,822)	0	0	**(14,822)**
Transfer of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(14,822)**	**0**	**0**	**(14,822)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Impact of applying IFRS 9 to Opening Balances	0			0
Impact of applying IFRS 15 to Opening Balances	0			0
Net operating costs for the financial year	(239,854)			(239,854)
Net gain/(loss) on revaluation of property, plant and equipment		0		0
Net gain/(loss) on revaluation of intangible assets		0		0
Net gain/(loss) on revaluation of financial assets		0		0
Total revaluations against revaluation reserve		0		**0**
Net gain (loss) on available for sale financial assets	0	0	0	0
Net gain (loss) on revaluation of assets held for sale	0	0	0	0
Impairments and reversals	0	0	0	0
Net actuarial gain (loss) on pensions	0	0	0	0
Movements in other reserves	0	0	0	0
Transfers between reserves	0	0	0	0
Release of reserves to the Statement of Comprehensive Net Expenditure	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0
Transfers by absorption to (from) other bodies	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(239,854)**	**0**	**0**	**(239,854)**
Net funding	238,001	0	0	238,001
Balance at 31 March 2019	**(16,675)**	**0**	**0**	**(16,675)**

The notes on pages 5 to 25 form part of this statement

Statement of Cash Flows for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(279,266)	(239,854)
Depreciation and amortisation	5	0	0
Impairments and reversals	5	0	0
Non-cash movements arising on application of new accounting standards		0	0
Movement due to transfer by Modified Absorption		0	0
Other gains (losses) on foreign exchange		0	0
Donated assets received credited to revenue but non-cash		0	0
Government granted assets received credited to revenue but non-cash		0	0
Interest paid		0	0
Release of PFI deferred credit		0	0
Other Gains & Losses		0	0
Finance Costs		0	0
Unwinding of Discounts		0	0
(Increase)/decrease in inventories		0	0
(Increase)/decrease in trade & other receivables	9	1,336	(1,330)
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	11	(1,738)	3,143
Increase/(decrease) in other current liabilities		0	0
Provisions utilised		0	0
Increase/(decrease) in provisions		0	0
Net Cash Inflow (Outflow) from Operating Activities		**(279,668)**	(238,041)
Cash Flows from Investing Activities			
Interest received		0	0
(Payments) for property, plant and equipment		0	0
(Payments) for intangible assets		0	0
(Payments) for investments with the Department of Health		0	0
(Payments) for other financial assets		0	0
(Payments) for financial assets (LIFT)		0	0
Proceeds from disposal of assets held for sale: property, plant and equipment		0	0
Proceeds from disposal of assets held for sale: intangible assets		0	0
Proceeds from disposal of investments with the Department of Health		0	0
Proceeds from disposal of other financial assets		0	0
Proceeds from disposal of financial assets (LIFT)		0	0
Non-cash movements arising on application of new accounting standards		0	0
Loans made in respect of LIFT		0	0
Loans repaid in respect of LIFT		0	0
Rental revenue		0	0
Net Cash Inflow (Outflow) from Investing Activities		**0**	0
Net Cash Inflow (Outflow) before Financing		**(279,668)**	(238,041)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		279,658	238,001
Other loans received		0	0
Other loans repaid		0	0
Capital element of payments in respect of finance leases and on Statement of Financial Position PFI and LIFT		0	0
Capital grants and other capital receipts		0	0
Capital receipts surrendered		0	0
Non-cash movements arising on application of new accounting standards		0	0
Net Cash Inflow (Outflow) from Financing Activities		**279,658**	238,001
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(10)**	(40)
Cash & Cash Equivalents at the Beginning of the Financial Year		**26**	66
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		0	0
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**16**	26

The notes on pages 5 to 25 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 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

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

1.2 Accounting Convention

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

1.3 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with North Lincolnshire Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for the Better Care Fund and a note to the accounts provides details of the income and expenditure.
The pool is hosted by North Lincolnshire Clinical Commissioning Group. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.4 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
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.

1.5 Employee Benefits

1.5.1 Short-term Employee Benefits

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

1.5.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.
For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

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

1.6 Other Expenses

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

1.7 Property, Plant & Equipment

1.7.1 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.

1.7.2 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.

1.7.3 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.

1.7.4 Depreciation, Amortisation & Impairments

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

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

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

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

1.8 Leases

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

1.8.1 The Clinical Commissioning Group as Lessee

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

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

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

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

1.9 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.

1.10 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:
Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.50% (2018-19: positive 0.29%) in real terms. All general provisions are subject to four separate discount

- A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.11 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.

1.12 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.

1.13 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.
A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.
Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.14 Financial Assets

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

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and ;
- Financial assets at fair value through profit and loss.

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

1.14.1 Financial Assets at Amortised cost

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

1.15 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.

1.15.1 Other Financial Liabilities

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

1.16 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 (where reported in financial statements)

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.

Disclosure of the critical judgements made by the clinical commissioning group's management, as required by IAS 1.122. The clinical commissioning group occupies property owned and managed by NHS Property Services Ltd. While our arrangements with NHS Property Services fall within the definition of operating leases, the rental charge for future years has not yet been agreed. Consequently, this note does not include future minimum lease payments for these arrangements.

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.

Vulnerable People Packages of Care

The primary basis for estimating the forecast level of expenditure not yet invoiced is recorded package costs in the Broadcare patient database.

Analysis during 2019-20 (supported by similar analysis in previous financial years) has shown that due to peaks and troughs in the numbers of packages for individual months this basis can produce fluctuating expenditure trends which are difficult to justify. Therefore, the solution adopted to address this issue is summarised below:

* First a simple rolling annual trend is generated using moving averages
* Then the Broadcare based expenditure projection is adjusted for any relevant local intelligence

For Continuing Healthcare Packages, the following adjustments are also made:

* Pre panel packages are recorded on Broadcare at a nominal package value to reflect that on average only 1 in 5 will be found eligible.
*NHS England are responsible for legacy cases that were included in the risk pool, therefore an adjustment will be made to ensure all such cases are not reflected in the CCG estimates.

Prescribing

There is a delay of almost two months between the end of an accounting period and receipt of the Practice Prescribing Monitoring Document (PMD) showing the actual prescribing expenditure by GPs. As a result data for February and March prescribing expenditure was not available at the time of production of the annual accounts. An estimate of outstanding prescribing expenditure is therefore calculated using the forecast in the NHS BSA PMD prescribing reports and any relevant local intelligence.

Healthcare Non Contract Activity

Due to the time lag between the end of a period and the invoicing of activity data to CCGs an estimate has been made of expenditure.

The estimated expenditure is based on expenditure incurred for the year to date, with a reference to the actual invoiced spend and activity recorded on the Secondary Uses Service (SUS).

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

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

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

2 Other Operating Revenue

		2019-20 Total £'000	2018-19 Total £'000
	Income from sale of goods and services (contracts)		
	Education, training and research	**-**	-
1*	Non-patient care services to other bodies	**71**	295
	Patient transport services	**-**	-
	Prescription fees and charges	**60**	80
	Dental fees and charges	**-**	-
	Income generation	**-**	-
	Other Contract income	**21**	-
	Recoveries in respect of employee benefits	**-**	-
	Total Income from sale of goods and services	**152**	**375**
	Other operating income		
	Rental revenue from finance leases	**-**	-
	Rental revenue from operating leases	**-**	-
	Charitable and other contributions to revenue expenditure: NHS	**-**	-
	Charitable and other contributions to revenue expenditure: non-NHS	**-**	-
	Receipt of donations (capital/cash)	**-**	-
	Receipt of Government grants for capital acquisitions	**-**	-
	Continuing Health Care risk pool contributions	**-**	-
	Non cash apprenticeship training grants revenue	**-**	-
2*	Other non contract revenue	**754**	500
	Total Other operating income	**754**	**500**
	Total Operating Income	**906**	**875**

Explanatory Notes

1* Non-patient care services to other bodies included £126k income in respect of the Healthy Lives Healthy Futures programme in 2018-19. This programme ceased on 31 March 2019 and therefore the value in 2019-20 is nil.

2* Other non contract revenue includes £554k income in respect of the Transforming Care Programme (2018-19: £211k).

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

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Source of Revenue								
NHS	-	5	-	-	-	-	-	-
Non NHS	-	66	-	60	-	-	21	-
Total	**-**	**71**	**-**	**60**	**-**	**-**	**21**	**-**

	Education, training and research	Non-patient care services to other bodies	Patient transport services	Prescription fees and charges	Dental fees and charges	Income generation	Other Contract income	Recoveries in respect of employee benefits
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Timing of Revenue								
Point in time	-	-	-	-	-	-	-	-
Over time	-	71	-	60	-	-	21	-
Total	**-**	**71**	**-**	**60**	**-**	**-**	**21**	**-**

3.2 Transaction price to remaining contract performance obligations

North Lincolnshire CCG has no contract revenue expected to be recognised in the future periods related to contract performance obligations.

4. Employee benefits and staff numbers

4.1.1 Employee benefits — Total — 2019-20

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**2,687**	**262**	**2,949**
Social security costs	**287**	**0**	**287**
Employer Contributions to NHS Pension scheme	**473**	**0**	**473**
Other pension costs	**0**	**0**	**0**
Apprenticeship Levy	**0**	**0**	**0**
Other post-employment benefits	**0**	**0**	**0**
Other employment benefits	**0**	**0**	**0**
Termination benefits	**1**	**0**	**1**
Gross employee benefits expenditure	3,448	262	3,710
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**
Total - Net admin employee benefits including capitalised costs	3,448	262	3,710
Less: Employee costs capitalised	**0**	**0**	**0**
Net employee benefits excluding capitalised costs	3,448	262	3,710

4.1.1 Employee benefits — Total — 2018-19

	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**2,632**	**315**	**2,947**
Social security costs	**281**	**0**	**281**
Employer Contributions to NHS Pension scheme	**328**	**0**	**328**
Other pension costs	**0**	**0**	**0**
Apprenticeship Levy	**0**	**0**	**0**
Other post-employment benefits	**0**	**0**	**0**
Other employment benefits	**0**	**0**	**0**
Termination benefits	**19**	**0**	**19**
Gross employee benefits expenditure	3,260	315	3,575
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**
Total - Net admin employee benefits including capitalised costs	3,260	315	3,575
Less: Employee costs capitalised	**0**	**0**	**0**
Net employee benefits excluding capitalised costs	3,260	315	3,575

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**61.20**	**1.03**	**62.23**	**62.27**	**2.35**	**64.62**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

4.3 Exit packages agreed in the financial year

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

	2018-19 Compulsory redundancies		2018-19 Other agreed departures		2018-19 Total	
	Number	£	Number	£	Number	£
Less than £10,000	3	18,589	-	-	3	18,589
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	-	-	-	-	-	-
Over £200,001	-	-	-	-	-	-
Total	**3**	**18,589**	**-**	**-**	**3**	**18,589**

* As a single exit package can be made up of several components each of which will be counted separately in this table, the total number will not necessarily match the total number in the table above, which will be the number of individuals.

These tables report the number and value of exit packages agreed in the financial year. The expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the [insert name of scheme used for compulsory redundancies].

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

Where **entities** has agreed early retirements, the additional costs are met by NHS **Entities** and not by the NHS Pension Scheme, and are included in the tables. Ill-health retirement costs are met by the NHS Pension Scheme and are not included in the tables.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

4.4 Pension costs

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

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

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

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

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

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018 updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

4.4.2 Full actuarial (funding) valuation

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

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

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

5. Operating expenses

		2019-20 Total £'000	2018-19 Total £'000
	Purchase of goods and services		
	Services from other CCGs and NHS England	87	85
1*	Services from foundation trusts	142,380	135,914
	Services from other NHS trusts	24,098	22,682
	Provider Sustainability Fund	-	-
	Services from Other WGA bodies	-	-
2*	Purchase of healthcare from non-NHS bodies	34,913	31,733
	Purchase of social care	6,923	6,553
	General Dental services and personal dental services	-	-
	Prescribing costs	34,129	32,180
	Pharmaceutical services	-	-
	General Ophthalmic services	-	-
3*	GPMS/APMS and PCTMS	27,329	916
	Supplies and services – clinical	253	87
	Supplies and services – general	1,914	2,007
	Consultancy services	-	-
	Establishment	290	820
	Transport	1,817	1,821
	Premises	321	416
	Audit fees	43	43
	Other non statutory audit expenditure		
	· Internal audit services	-	-
4*	· Other services	10	-
	Other professional fees	1,151	1,232
	Legal fees	35	49
	Education, training and conferences	320	172
	Funding to group bodies	-	-
	CHC Risk Pool contributions	-	-
	Non cash apprenticeship training grants	-	-
	Total Purchase of goods and services	**276,013**	**236,710**
	Depreciation and impairment charges		
	Depreciation	-	-
	Amortisation	-	-
	Impairments and reversals of property, plant and equipment	-	-
	Impairments and reversals of intangible assets	-	-
	Impairments and reversals of financial assets		
	· Assets carried at amortised cost	-	-
	· Assets carried at cost	-	-
	· Available for sale financial assets	-	-
	Impairments and reversals of non-current assets held for sale	-	-
	Impairments and reversals of investment properties	-	-
	Total Depreciation and impairment charges	**-**	**-**
	Provision expense		
	Change in discount rate	-	-
	Provisions	-	-
	Total Provision expense	**-**	**-**
	Other Operating Expenditure		
	Chair and Non Executive Members	-	-
	Grants to Other bodies	449	437
	Clinical negligence	-	-
	Research and development (excluding staff costs)	-	-
	Expected credit loss on receivables	-	-
	Expected credit loss on other financial assets (stage 1 and 2 only)	-	-
	Inventories written down	-	-
	Inventories consumed	-	-
	Other expenditure	-	7
	Total Other Operating Expenditure	**449**	**444**
	Total operating expenditure	**276,462**	**237,154**

Explanatory Notes

1* Services from foundation trusts expenditure has increased during 2019-20, mainly as a result of increased spend with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust of £7,104k.

2* Purchase of healthcare from non-NHS bodies expenditure has increased during 2019-20, mainly as a result of:
- increased expenditure with St Hughes Hospital of £601k
- increased expenditure with New Medica of £467k
- increased expenditure with Spire Hospitals of £367k
- increased expenditure with Spa Medica of £267k

3* GPMS/APMS and PCTMS expenditure has increased by £25,013k during 2019-20 as a result of the Primary Care delegated budgets which transferred to the CCG on 1 April 2019.

4* Non-audit services are in respect of Mental Health Investment Standard assurance that NHSE requires CCGs to obtain from an independent reporting accountant, to demonstrate their investment in mental health expenditure rises at a faster rate than their overall published programme funding.

5* The total operating expenditure for 2019-20 includes £265k of costs relating to Coronavirus

6.1 Better Payment Practice Code

Measure of compliance (target 95%)	**2019-20 Number**	**2019-20 £'000**	2018-19 **Number**	2018-19 **£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	9,756	81,332	10,421	53,399
Total Non-NHS Trade Invoices paid within target	9,676	80,772	10,404	53,307
Percentage of Non-NHS Trade invoices paid within target	**99.18%**	**99.31%**	**99.84%**	**99.83%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,144	171,795	2,238	156,594
Total NHS Trade Invoices Paid within target	2,133	171,739	2,236	156,589
Percentage of NHS Trade Invoices paid within target	**99.49%**	**99.97%**	**99.91%**	**100.00%**

6.2 The Late Payment of Commercial Debts (Interest) Act 1998	**2019-20 £'000**	2018-19 £'000
Amounts included in finance costs from claims made under this legislation	-	-
Compensation paid to cover debt recovery costs under this legislation	-	-
Total	**-**	**-**

7. Operating Leases

7.1 As lessee

North Lincolnshire Clinical Commissioning Group has lease arrangements with NHS Property Services for the buildings it occuplies.

7.1.1 Payments recognised as an Expense	2019-20				2018-19			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	252	-	**252**	-	413	-	**413**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**252**	**-**	**252**	**-**	**413**	**-**	**413**

Whilst our arrangements with NHS Property Services Limited fall within the definition of operating leases, rental charge for future years has not yet been agreed . Consequently this note does not include future minimum lease payments for the arrangements.

Minimum lease payments for building have reduced in 2019-20 as the CCG handed back Ashby Clinic to NHS Property Services Limited.

8 Property, plant and equipment

2019-20	Land £'000	Buildings excluding dwellings £'000	Dwellings £'000	Assets under construction and payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Cost or valuation at 01 April 2019	-	-	-	-	-	-	25	-	25
Addition of assets under construction and payments on account				-					-
Additions purchased	-	-	-	-	-	-	-	-	-
Additions donated	-	-	-	-	-	-	-	-	-
Additions government granted	-	-	-	-	-	-	-	-	-
Additions leased	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(25)	-	(25)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Cost/Valuation at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Depreciation 01 April 2019	-	-	-	-	-	-	25	-	25
Reclassifications	-	-	-	-	-	-	-	-	-
Reclassified as held for sale and reversals	-	-	-	-	-	-	-	-	-
Disposals other than by sale	-	-	-	-	-	-	(25)	-	(25)
Upward revaluation gains	-	-	-	-	-	-	-	-	-
Impairments charged	-	-	-	-	-	-	-	-	-
Reversal of impairments	-	-	-	-	-	-	-	-	-
Charged during the year	-	-	-	-	-	-	-	-	-
Transfer (to)/from other public sector body	-	-	-	-	-	-	-	-	-
Cumulative depreciation adjustment following revaluation	-	-	-	-	-	-	-	-	-
Depreciation at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Net Book Value at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Purchased	-	-	-	-	-	-	-	-	-
Donated	-	-	-	-	-	-	-	-	-
Government Granted	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Asset financing:									
Owned	-	-	-	-	-	-	-	-	-
Held on finance lease	-	-	-	-	-	-	-	-	-
On-SOFP Lift contracts	-	-	-	-	-	-	-	-	-
PFI residual: interests	-	-	-	-	-	-	-	-	-
Total at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

Revaluation Reserve Balance for Property, Plant & Equipment

	Land £'000	Buildings £'000	Dwellings £'000	Assets under construction & payments on account £'000	Plant & machinery £'000	Transport equipment £'000	Information technology £'000	Furniture & fittings £'000	Total £'000
Balance at 01 April 2019	-	-	-	-	-	-	-	-	-
Revaluation gains	-	-	-	-	-	-	-	-	-
Impairments	-	-	-	-	-	-	-	-	-
Release to general fund	-	-	-	-	-	-	-	-	-
Other movements	-	-	-	-	-	-	-	-	-
Balance at 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

8.1 Cost or valuation of fully depreciated assets

The cost or valuation of fully depreciated assets still in use was as follows:

	2019-20 £'000	2018-19 £'000
Land	-	-
Buildings excluding dwellings	-	-
Dwellings	-	-
Plant & machinery	-	-
Transport equipment	-	-
Information technology	-	25
Furniture & fittings	-	-
Total	**-**	**25**

8.2 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Buildings excluding dwellings	0	0
Dwellings	0	0
Plant & machinery	0	0
Transport equipment	0	0
Information technology	3	5
Furniture & fittings	0	0

	9 Trade and other receivables	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
1*	NHS receivables: Revenue	650	-	1,750	-
	NHS receivables: Capital	-	-	-	-
	NHS prepayments	413	-	595	-
	NHS accrued income	-	-	-	-
	NHS Contract Receivable not yet invoiced/non-invoice	-	-	-	-
	NHS Non Contract trade receivable (i.e pass through funding)	-	-	-	-
	NHS Contract Assets	-	-	-	-
	Non-NHS and Other WGA receivables: Revenue	100	-	174	-
	Non-NHS and Other WGA receivables: Capital	-	-	-	-
	Non-NHS and Other WGA prepayments	-	-	-	-
	Non-NHS and Other WGA accrued income	-	-	8	-
	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	42	-	15	-
	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	**1,206**	**-**	**2,542**	**-**
	Total current and non current	**1,206**		**2,542**	
	Included above:				
	Prepaid pensions contributions	-		-	

Explanatory Notes

1* NHS receivables: Revenue in 2018-19 included a receivables balance with Bolton CCG of £1,206k which was paid in full during 2019-20.

9.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	26	31	1,242	61
By three to six months	5	-	-	25
By more than six months	-	-	235	44
Total	**31**	**31**	**1,477**	**130**

North Lincolnshire CCG did not hold any collateral against receivables outstanding at 31 March 2020

9.2 Loss allowance on asset classes

North Lincolnshire CCG has no loss allowances to report.

10 Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	26	66
Net change in year	(10)	(40)
Balance at 31 March 2020	**16**	**26**
Made up of:		
Cash with the Government Banking Service	16	26
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**16**	**26**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2020	**16**	**26**
Patients' money held by the clinical commissioning group, not included above	-	-

	11 Trade and other payables	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
	Interest payable	-	-	-	-
	NHS payables: Revenue	805	-	1,785	-
	NHS payables: Capital	-	-	-	-
1*	NHS accruals	1,033	-	4,312	-
	NHS deferred income	-	-	-	-
	NHS Contract Liabilities	-	-	-	-
	Non-NHS and Other WGA payables: Revenue	2,210	-	1,413	-
	Non-NHS and Other WGA payables: Capital	-	-	-	-
2*	Non-NHS and Other WGA accruals	12,658	-	11,551	-
	Non-NHS and Other WGA deferred income	-	-	-	-
	Non-NHS Contract Liabilities	-	-	-	-
	Social security costs	42	-	43	-
	VAT	-	-	-	-
	Tax	38	-	41	-
	Payments received on account	-	-	-	-
3*	Other payables and accruals	719	-	98	-
	Total Trade & Other Payables	**17,505**	**-**	**19,243**	**-**
	Total current and non-current	**17,505**		**19,243**	

Explanatory Notes

1* NHS accruals have decreased during 2019-20, mainly as a result of:
- decreased accrual with Northern Lincolnshire and Goole Hospitals NHS FT of £767k
- decreased accrual with Lincolnshire Partnership NHS FT of £498k
- decreased accrual with Hull University Hospitals NHS Trust of £567k
- decreased accrual with Lincolnshire Community Health Services NHS Trust of £182k

2* Non-NHS and Other WGA accruals includes £1,182k in respect of GMS and PMS creditors from the delegated Primary Care budgets (2018-19: nil)

3* Other payables and accruals includes £204k outstanding pension contributions at 31 March 2019 (31 March 2019: £49k). The balance in 2019-20 includes £156k of outstanding pension contributions for GP's which are part of the delegated Primary Care expenditure (2018-19: nil)

12 Financial instruments

12.1 Financial risk management

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

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

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

12.1.1 Currency risk

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

12.1.2 Interest rate risk

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

12.1.3 Credit risk

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

12.1.4 Liquidity risk

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

12.1.5 Financial Instruments

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

12 Financial instruments cont'd

12.2 Financial assets

	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000	Financial Assets measured at amortised cost 2018-19 £'000	Equity Instruments designated at FVOCI 2018-19 £'000	Total 2018-19 £'000
Equity investment in group bodies		-	-		-	-
Equity investment in external bodies		-	-		-	-
Loans receivable with group bodies	-		-	-		-
Loans receivable with external bodies	-		-	-		-
Trade and other receivables with NHSE bodies	318		318	1,739		1,739
Trade and other receivables with other DHSC group bodies	334		334	31		31
Trade and other receivables with external bodies	98		98	162		162
Other financial assets	-		-	-		-
Cash and cash equivalents	16		16	26		26
Total at 31 March 2020	**766**	**-**	**766**	**1,958**	**-**	**1,958**

12.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000	Financial Liabilities measured at amortised cost 2018-19 £'000	Other 2018-19 £'000	Total 2018-19 £'000
Loans with group bodies	-		**-**	-		**-**
Loans with external bodies	-		**-**	-		**-**
Trade and other payables with NHSE bodies	160		**160**	151		**151**
Trade and other payables with other DHSC group bodies	8,469		**8,469**	11,453		**11,453**
Trade and other payables with external bodies	8,796		**8,796**	7,457		**7,457**
Other financial liabilities	-		**-**	98		**98**
Private Finance Initiative and finance lease obligations	-		**-**	-		**-**
Total at 31 March 2020	**17,425**	**-**	**17,425**	**19,159**	**-**	**19,159**

13 Contingencies

		2019-20 £'000	2018-19 £'000
	Contingent liabilities		
1*	HMRC review of Kier Vat	574	472
2*	Contract Dispute	266	-
	Net value of contingent liabilities	**840**	**472**

1* Her Majesty's Revenue & Customs (HMRC) are reviewing the Value Added Tax (VAT) that has been recovered in relation to the services provided by Kier Business Services LTD (eMBED Commissioning Support Contract) that was procured under the national Lead Provider Framework arrangement.

The CCG has reclaimed VAT in line with the relevant VAT category, however should HMRC determine VAT has been incorrectly recovered there may be a cost to the organisation at some point in the future.

NHS England are in discussion with HMRC in relation to this matter.

2* North Lincolnshire CCG has an outstanding contract dispute with a former provider, which arose during 2019-20.

Following unsuccessful mediation, and in line with the Dispute Resolution Process of the NHS Standard Contract, this matter has been referred to the Centre for Effective Dispute Resolution (CEDR) for expert determination.

14 Operating Segments

North Lincolnshire CCG considers they only have one operating segment, namely the commissioning of healthcare services.

15 Pooled Budget

North Lincolnshire CCG are part of a pooled budget arrangement for the Better Care Fund (BCF) with North Lincolnshire Council.

The table below includes details of these arrangements, along with the financial values recognised in the CCG's accounts:

			Amounts recognised in Entities books ONLY 2019-20				Amounts recognised in Entities books ONLY 2018-19			
Name of arrangement	Parties to the arrangement	Description of principal activities	Assets	Liabilities	Income	Expenditure	Assets	Liabilities	Income	Expenditure
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Pooled Budget - Better Care Fund (BCF)	North Lincolnshire CCG & North Lincolnshire Council	The integration of Health & Social Care so that people can manage their own health & wellbeing, to live independently in their community, for as long as possible.	0	0	0	11,977	0	0	0	11,338

16 Related party transactions

Details of related party transactions with individuals are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Dr Faisel Baig				
CCG Chair				
Out of Hours GP - Core Care Links	794	0	0	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Spouse freelance work at Lindsey Lodge Hospice	1,104	0	1	0
Emma Latimer				
Chief Officer				
Chief Officer - Hull CCG	447	200	0	84
Chief Officer - East Riding CCG	180	904	0	65
Emma Sayner				
Chief Finance Officer				
Chief Finance Officer - Hull CCG	447	200	0	84
Citycare Board Member	53	0	0	0
Humberside Fire and Rescue (HFR) Solutions Board Member	1	0	0	0
Alex Seale				
Chief Operating Officer				
Partner Govenor for Northern Lincolnshire & Goole NHS FT	119,643	60	0	38
Dr Satpal Singh Shekhawat				
Associate Medical Director				
GP Partner at Kirton Lindsey Surgery (member of the South Primary Care Network), including MCATs provider	2,055	5	78	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Geoff Day				
Interim Director of Primary Care				
Head of Commissioning, North Yorkshire and Humber NHS England and Improvement	104	2,120	0	136
Dr Naveen Samuel				
GP Member (up to 31 August 2019)				
Partner at Winterton Practice (member of the East Primary Care Network) including Minor Surgery provider	1,823	1	0	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Dr Salim Modan				
GP Member				
Partner at Riverside Surgery (member of the East Primary Care Network)	2,011	1	32	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Director of the East Primary Care Network *	-	-	-	-
Dr Hardik Gandhi				
GP Member				
Partner at Cedar Medical Practice (member of the South Primary Care Network)	990	1	0	0
Member of Safecare, North Lincs GP Federation and provides GP OOH Services	1,197	0	6	0
Spouse works as a Consultant Obstetrician and Gynaecologist in Scunthorpe General Hospital	119,643	60	0	38
Director of the South Primary Care Network *	-	-	-	-
Dr Pratik Basu				
GP Member				
Salaried GP at the Birches Practice (member of the West Primary Care Network)	991	1	0	0
Salaried GP at Market Hill Practice (member of the West Primary Care Network)	802	1	0	0
Salaried GP for Core Care Links	794	0	0	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Director of the West Primary Care Network *	-	-	-	-
Dr Gary Armstrong				
GP Member				
Partner at South Axholme Practice (member of West Primary Care Network)	2,300	2	0	0
Member of Safecare, North Lincs GP Federation	1,197	0	6	0
Dr Richard Shenderey (up to 31 December 2019)				
Secondary Care Consultant to Governing Body				
Consultant at Airedale General Hospital	6	0	0	0

Explanatory Notes

* From 1 July 2019, each of the 19 North Lincolnshire General Practices became a member of a Primary Care Network (PCN). There are 3 PCN's (South, East and West) within North Lincolnshire. Whilst the PCN's have provided services for the CCG during 2019-20, all financial transactions have been conducted with the lead practice of each PCN and therefore these transactions are not separately reported in the table above.

Only relationships with a financial transaction are disclosed.

The Department of Health and Social Care (DHSC) is regarded as a related party. During the year the 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
- North East Lincolnshire CCG

. NHS Trusts

Hull University Teaching Hospitals NHS Trust
East Midlands Ambulance Service NHS Trust
Leeds Teaching Hospitals NHS Trust
United Lincolnshire Hospitals NHS Trust
Lincolnshire Community Health Services NHS Trust
Yorkshire Ambulance Service NHS Trust

. NHS Foundation Trusts

Northern Lincolnshire & Goole NHS Foundation Trust
Rotherham Doncaster & South Humber NHS Foundation Trust
Doncaster & Bassetlaw Hospitals NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
Sheffield Children's NHS Foundation Trust
Northumberland, Tyne & Wear NHS Foundation Trust

- NHS Litigation Authority; and,
- NHS Business Services Authority.
- NHS Property Services

In addition, the clinical commissioning group has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with :

North Lincolnshire Council
HM Revenue and Customs
National Insurance Fund

16 Related party transactions cont'd

As members of the CCG, GP Practices are considered to be a related party and details of transactions with the practices are as follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
Ancora Medical Practice	2,591	1	6	0
Cedar Medical Practice	990	1	0	0
Cambridge Avenue Medical Centre	1,765	1	0	0
Kirton Lindsey Surgery	2,055	5	78	0
Ashby Turn Primary Care Partners	1,710	1	0	0
West Common Lane Teaching Practice	1,178	0	0	0
Killingholme Practice	276	0	0	0
Riverside Surgery	2,011	1	32	0
West Town Surgery	418	1	0	0
Barnetby Medical Centre	574	0	0	0
Winterton Medical Practice	1,823	1	0	0
The Central Surgery Barton	2,315	1	13	0
Bridge Street Surgery	990	0	0	0
Trent View Medical Practice	1,736	1	0	0
The Birches Medical Practice	1,023	1	0	0
Market Hill 8 to 8 Centre	802	1	0	577
Church Lane Medical Centre	1,142	1	0	0
The Oswald Road Medical Surgery	630	11	23	10
South Axholme Practice	2,300	2	0	0

17 Financial performance targets

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

	2019-20 Target	**2019-20 Performance**	2018-19 Target	2018-19 Performance
Expenditure not to exceed income	280,180	280,172	240,740	240,729
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	279,274	279,266	239,865	239,854
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	4,057	3,074	3,831	3,520

After receipt of £1m Commissioner Sustainability Fund in 2019-20, North Lincolnshire CCG has achieved its financial performance targets.

18 Events after the end of the reporting period

North Lincolnshire CCG has made no adjustments for events at the end of the reporting period.

19 Losses and special payments

Losses

The total number of NHS clinical commissioning group losses and special payments cases, and their total value, was as follows:

	Total Number of Cases 2019-20 Number	**Total Value of Cases 2019-20 £'000**	Total Number of Cases 2018-19 Number	Total Value of Cases 2018-19 £'000
Administrative write-offs	-	-	-	-
Fruitless payments	-	-	-	-
Store losses	-	-	-	-
Book Keeping Losses	-	-	-	-
Constructive loss	-	-	-	-
Cash losses	-	-	-	-
Claims abandoned	-	-	1	7
Total	**-**	**-**	**1**	**7**

20 Continuing Healthcare Retrospective Claims: Accounting Treatment

Under the Accounts Direction issued by NHS England on 12 February 2014, NHS England is responsible for accounting for liabilities relating to NHS Continuing Healthcare claims relating to periods of care before establishment of the clinical commissioning group. However, the legal liability remains with the CCG. The total value of legacy NHS Continuing Healthcare claims accounted for by NHS England on behalf of the CCG is as follows:

	2019-20 £000's	2018-19 £000's
Accrual	0	0
Provision	0	0
Contingent Liability	250	581
	250	581

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

Report on the financial statements

Opinion on the financial statements

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

In our opinion, the financial statements:

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

Basis for opinion

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

Conclusions relating to going concern

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

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

Other information

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

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

We have nothing to report in this regard.

Opinion on regularity

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

Responsibilities of the Accountable Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

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

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

Matters on which we are required to report by exception

We are required to report to you if:

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

We have nothing to report in these respects.

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

Matter on which we are required to report by exception

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

We have nothing to report in this respect.

Responsibilities of the Accountable Officer

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

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

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

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

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

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

Use of the audit report

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

Certificate

We certify that we have completed the audit of NHS North Lincolnshire CCG in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Mark Kirkham, Partner

For and on behalf of Mazars LLP

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

24 June 2020

Helping you build
a healthy future

NHS North Lincolnshire Clinical Commissioning Group,
Health Place, Wrawby Road, Brigg, North Lincolnshire, DN20 8GS

01652 251000
NLCCG.ContactUs@nhs.net
www.northlincolnshireccg.nhs.uk

Designed by Umber Creative