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NHS
North Lincolnshire
Clinical Commissioning Group

Annual Report & Accounts 2020-21

A warm welcome

from our Accountable Officer and Chair

Emma Latimer
Accountable
Officer

Dr Faisel Baig
Chair

Welcome to the 2020-21 Annual Report and Accounts for NHS North Lincolnshire Clinical Commissioning Group (CCG).

We hope this will provide an overview of our progress and performance during what has undoubtedly been the most challenging year in the history of our National Health Service.

Sadly, we have lost many people to Coronavirus and on behalf of the CCG, we would like to offer our sincere condolences to all those who have lost loved ones.

There has not been a time since the NHS began where the working of doctors, nurses, care home staff and other frontline staff posed such a threat to their lives. Across the country, many health and care workers have lost their lives doing what they love – selflessly caring for others. They will always be remembered for their incredible bravery and heroic dedication. Our hearts go out to their loved ones.

But it is because of this bravery and unabated hard work that thousands of lives have been saved. North Lincolnshire's response to the pandemic has been a formidable one. Our frontline workers have put patient care above their own safety, while other key workers such as social care workers, teachers, police and many others have all shown incredible bravery too.

Our CCG staff have been working tirelessly, often long hours into the evenings, to do everything they can to help. Many have been redeployed to help tackle the pandemic where, at times, we have needed them the most.

Working alongside our partners has been pivotal and we have seen some excellent collaboration between our local healthcare providers, all four Humber CCGs, our Integrated Care System at Humber, Coast and Vale level and with North Lincolnshire Council.

GP practices have done an incredible job during the pandemic. There has been a significant increase in consultations by telephone, video or online, which has meant patients avoided seeing a clinician face- to-face, wherever possible, and therefore remained in the safety of their own home and which minimised the risk of them catching the virus. Face-to-face consultations have taken place throughout the pandemic, where clinically necessary or if IT access may have been an issue. And more recently, our four primary care networks have played a leading role in rolling out the Coronavirus vaccines to tens of thousands of our most vulnerable patients. Harry and Mary Williams, a married couple of more than seventy years, were the first residents to receive their vaccine at The Ironstone Centre in December. Since then, our surgeries have continued to vaccinate patients at a relentless pace.

The launch of a large-scale vaccination centre led by Safecare Network in the heart of Scunthorpe came following weeks of superb partnership working. The centre has already vaccinated thousands of people, including patients from further afield within a 45-mile radius. Furthermore, Ancora Pharmacy, in Scunthorpe, was the first pharmacy across the Humber, Coast and Vale to launch its own vaccination clinic.

At time of writing, more than 92 per cent of those over 50 years of age or with a serious underlying health condition have been vaccinated. This is an amazing achievement.

> "Thank you for making North Lincolnshire's response to this deadly virus one that we can all be so proud of".

The pandemic has highlighted health inequalities as an issue across the country. Here in North Lincolnshire, we have adopted a pro-active approach with our wonderfully diverse communities. We have taken Coronavirus vaccines to people who may otherwise have been hesitant to have the jab. We have set up vaccination clinics in mosques, temples, with the homeless and in villages where accessibility is a challenge. We will build on this work and in collaboration with North Lincolnshire Council and all

local partners, addressing inequalities will be at the heart of how we take the local NHS forward.

We are grateful to all of you. Thank you for making North Lincolnshire's response to this deadly virus one that we can all be so proud of.

We are delighted to say that North Lincolnshire CCG has achieved a 'good' NHS Oversight Framework rating for the first time.

NHS England and NHS Improvement recognised that the CCG has made a 'well-deserved improved rating' from last year, when the CCG had a rating of 'Requires Improvement'. They went on to explain that this 'reflects a key milestone in the progression of the headline rating over the past few years'.

Having recognised that the year has been particularly challenging, with the pandemic, they said: "We would like to take this opportunity to thank you and your teams and responding to the many challenges that you faced during the year to meet the health needs of your local population."

This marks a huge turnaround for our CCG and we would like to thank everyone who has contributed to this success.

Despite the difficult year, we have achieved a great deal. There are too many to list them all here so please do visit our 'highlights of the year' section later in the report for further details.

Things will look different next year. Emma Latimer has been appointed Geographic Partnership Director for the Humber, which is a critical role in the delivery of the Humber, Coast and Vale (HCV) Partnership's vision and ambitions under 'Next Steps for Integrated Care Systems' (ICSs).

The White Paper 'Integration and Innovation: working together to improve health and social care for all' was published in February 2021, and we are building on some of the fantastic collaborations we have seen through COVID within our workforce, governing bodies and system partners as we begin to operate in shadow form later this year. It is our hope that the ICS will cement the relationships between local people, their community and their health and care services in a greater way, to really address the deep-rooted health inequalities that exist in society.

We would like to thank our CCG Governing Body members who have been instrumental in not only North Lincolnshire CCG's response to the pandemic but also the continued growth and development of the organisation.

We want to thank all partners with a specific mention to our lay members and the local voluntary sector for all the hard work they are doing.

And of course a huge thanks must go to the public. This has been an immense challenge for us all, so thank you for your sacrifices. You have been patiently adhering to national guidelines in a bid to keep the Coronavirus infection rate in North Lincolnshire as low as possible. The patient is at the heart of everything we do so don't underestimate the role you have played in our region's response. Sacrificing time with your loved ones is not easy. For our younger readers, sacrificing some of the best days of your life to protect our older, vulnerable residents, is not easy. None of this has been easy. But you can all be proud of what you have achieved. We are in this together.

As a result of all your hard work there is now light at the end of the tunnel and we look forward to a brighter future.

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, 2021, have been prepared by 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.

2020-21 Annual Report & Accounts

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Performance Report

Emma Latimer
Accountable Officer

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 180,000. 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 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
- Safecare Network Ltd

We pride ourselves on our strong partnerships and work closely 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
Web: www.northlincolnshireccg.nhs.uk
Twitter: @northlincsccg

Helping you build a healthy future

Performance Overview 2020-21

from Emma Latimer, Accountable Officer

The Accountable Officer's performance overview highlights our key programmes of work, service transformation and performance during 2020-21 and explains how we are working – with our partners and the people of North Lincolnshire – to improve health.

This section includes updates on:

- North Lincolnshire CCG's role as a key member of the Humber, Coast and Vale Health and Care Partnership
- Joint strategic programmes
- Commissioning programme areas (such as planned care, unplanned care, cancer, maternity and mental health)
- Integrated care
- Primary care
- Engaging with people and our communities
- Delivering safe, high quality services
- Taking action on health inequalities
- A detailed financial and performance analysis will follow this.

Working together

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

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations striving to improve the health and wellbeing of its population (1.7 million) as well as the quality and effectiveness of services.

The Partnership works across an area of more than 1,500 square miles stretching along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber. Humber, Coast and Vale incorporates the cities of Hull and York and large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.

There are different organisations from across the health and social care sector which are formal members of the Partnership, including six clinical commissioning groups (including North Lincolnshire CCG, six local councils, four acute hospital Trusts, three mental health providers, three community services providers and two ambulance Trusts.

While 2020-21 has been a difficult year due to the challenges that Covid-19 has presented for our health and care system, it has been another year of success and achievement for the Partnership.

In May 2020, the Partnership announced it had become an Integrated Care System (ICS) a year earlier than required after its application for ICS status was ratified by NHS England and NHS Improvement (NHSEI). Working as an ICS enables local services to provide better and more joined-up care for patients and improve the health and quality of life of local people.

In November 2020, NHSEI set out principles for the future of ICSs in England and outlined two proposals for how ICSs could be embedded in legislation by April 2022. Much of the approach outlined in the NHSEI document is already being developed or is in place in partnerships across England including in Humber, Coast and Vale; and the partnership will build on that as it considers the adjustments that need to be made to reflect the policy changes.

As a health and care system the partnership is determined to emerge from the pandemic better equipped to tackle the health issues which affect our communities.

When faced with the rapid increase in Covid-19 cases and restrictions that were put in place to stop the spread of the virus, health and care teams across Humber, Coast and Vale worked quickly to make changes to the way they delivered services to ensure they could continue to provide the best possible care in a manner which was safe to staff and patients.

These innovations and changes were compiled into the Understanding our Response to Covid-19 rapid insights report. The reason for collating all these examples was so lessons could be learned and shared across the health and care system.

Following the initial response to Covid-19, the attention of the NHS turned to determining how we would gain the upper hand in the fight against Coronavirus. The Covid-19 vaccination programme is considered a key turning point in the fight and its roll-out is a significant step in the right direction as we look to return to a way of life which resembles the one we enjoyed before the pandemic.

To date the Humber, Coast and Vale Covid-19 vaccination programme has administered the vaccine to more than one million people – around three-quarters of the eligible population.

Below are just some of the other achievements of the work that has been undertaken in partnership across Humber, Coast and Vale over the year. By working collectively, the Partnership:

- Was awarded £16million to upgrade hospital A&E departments across the region to help respond to Covid-19 and winter pressures.
- Launched the Ask a Midwife Facebook service with maternity service providers so expectant and new mums could communicate with midwives conveniently to raise questions as their pregnancy or labour progressed.
- Introduced an emergency department digital integration system which allows people to be allocated a time via the NHS 111 service to visit A&E for non-life threatening conditions.
- Encouraged more than 6,500 people to complete suicide prevention training as part of the partnership's #TalkSuicide campaign – which equates to one person trained every 79 minutes.
- Launched the Humber, Coast and Vale staff resilience hub to support health, care and emergency service workers who may be struggling from the impact of Covid-19.
- Became one of only seven health and care partnerships to secure funding (worth £500,000) as part of a two-year national green social prescribing scheme aimed at helping communities hardest hit by Coronavirus by connecting people with nature and their local environments to improve their mental health and wellbeing.
- Provided more than 500 tablet devices to ensure that care home residents could remain connect to GPs from the outset of the Coronavirus pandemic.

The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region in order to deliver better and more accessible health and care services for the population. The programme involves the two acute Trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the four Humber Clinical Commissioning Groups (CCGs).

In October 2020, a review of the Humber Acute Services programme and governance was undertaken. As a result a comprehensive change programme was agreed, which aims to design and deliver better and more accessible health and care services for the population of the Humber over a 10 year period. A portfolio of three inter-related programmes was mobilised:

Interim Clinical Plan (Programme One)

Stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.

Core Hospital Services (Programme Two)

Long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.

Building Better Places (Programme Three)

Working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

Engaging 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 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 and networks

Local authority

We work in partnership with North Lincolnshire Council, and its 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.

ur providers include Northern Lincolnshire and Goole Hospitals NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust.

Events and outreach

This past year, the restrictions in place due to the Covid-19 pandemic have made reaching out to patients and the public face to face difficult.

In the early days of the pandemic we used our engagement networks to provide information about Covid-19 along with details of the support available to people during this difficult time. We have maintained our contact with our partners in both health and social care and the voluntary sector through email and virtual meetings, to ensure we are ready to pick up opportunities to meet face to face again once the restrictions ease.

The CCG has continued to meet with other public sector bodies on the North Lincolnshire Equality and Inclusion Forum virtually, 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, the CCG continues to carry out equality monitoring of our 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.

Throughout 2020/21 we have supported engagement work for the Humber Acute Services programme that considers our hospital services, continuing to facilitate the 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. More information about the review can be found here.

From 1 April 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.

At the start of the pandemic, many of our PPG Chairs Forum members were not familiar with meeting virtually, and almost all PPG meetings in practices had stopped as they could not take place face to face. As it became clear the restrictions would be for a long period of time, we explored the idea of holding our meetings virtually and supported group members to join us online. Although not all PPG members wished to join a meeting this way, we have kept those who couldn't join us updated accordingly. We have held two single topic meetings during 2020/21 on:

- Accessing GP services since the start of the pandemic
- The roll out of the COVID-19 vaccination

These meetings have been an opportunity for PPG Chairs to ask questions for GPs and the CCG to answer, allowing them to feedback to their PPGs by whatever method of communication they are using. They were both strongly attended.

How we have listened and responded

Primary care COVID-19 response

In response to the Covid-19 pandemic a number of changes were made to health services, in primary and secondary care, to ensure services were safe for patients and staff, in line with the Government's social distancing rules.

Some of the changes that were made were planned as future service improvements. During 2020-21, we carried out engagement to support decision making regarding what service changes should be kept, which should be amended, and which should be returned to how they were before the pandemic.

To avoid duplication and engagement fatigue the four Humber ICS CCGs worked together to develop questionnaires for patients, the public and staff working in primary care and carried out the survey across all four areas.

The patient and public questionnaire was open from 20 July 2020 and closed on 27 August 2020.

Patients who had accessed primary care from 23 March to mid-August, were sent an email or text message requesting they click a link and complete an online survey. Messaging also included the option for people to request a paper survey, which was posted to them with a return envelope. To improve accessibility, people were also assisted to complete the questionnaire over the phone.

Experience of primary care was also discussed with some existing patient groups to support this engagement exercise, such as the Carers Advisory Partnership and Cloverleaf Advocacy. Feedback on plans for the engagement was provided by our Patient and Community Assurance Group who considered if the changes to primary care might impact particular groups of people more than the general population, in particular those who share protected characteristics.

Across the Humber there were 7,751 responses to the questionnaire and although 2,592 did not indicate where their GP practice is or where they live, we do know that 613 responses were from North Lincolnshire.

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 group 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, North Lincolnshire Youth Council, 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 2020-21 our PCAG considered plans for engagement and our response to feedback about the following:

- Humber Acute Services engagement
- The Haven mental health support
- Northern Lincolnshire End of Life Strategy
- Ophthalmology engagement plan (Humber Acute Services)
- Primary care response to Covid-19 engagement

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.

Improving quality

Delivering safe, high quality services

North Lincolnshire CCG is passionate about ensuring high quality services are commissioned for our local population, not only now but also for our future generations.

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

With the emphasis being on ensuring high quality services and continuous improvement we are able to fulfil our statutory duty of improving the quality of care that is commissioned under section 14R of the Health and Social Care Act 2012.

In December 2019, the CCG approved a five-year quality strategy that identified a clear vision, objectives and outcomes for enhancing quality for all. Throughout 2020-21 we have ensured the fundamental principles and outcomes of the quality strategy were embedded in our core responsibilities, as well as in our response to the national pandemic. This included the development and ratification of a Quality Assurance and Improvement Framework during 2020 to support a consistent approach to quality assurance and improvement for the services we commission. The quality strategy has 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 Public and Patient 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.

Quality Assurance during the COVID-19 Pandemic

A core function of the CCG is to ensure commissioned services deliver safe, effective and high quality care.

This has been exceptionally important throughout 2020-21 as all provider organisations had to rapidly change the way they delivered services in response to the Covid-19 pandemic. As a CCG we also had to adapt our quality assurance mechanisms to support provider organisations, whilst ensuring robust oversight remained in place. This included streamlining Commissioner and Provider Quality

Assurance meetings to reduce the burden, triangulating data, maintaining scrutiny of safeguarding arrangements and seeking alternative approaches to quality oversight through closer collaboration with all system partners. Throughout this time the CCG has continued to ensure quality indicators from provider services were monitored and reported through to the Quality, Performance and Finance (QP&F) Committee, which reports directly to the Governing Body. This ensures that quality of care receives attention and scrutiny at the highest level within the CCG.

Additionally, 2020 saw the introduction of a bespoke Quality Assurance and Improvement Forum for oversight and support of primary care services within North Lincolnshire, who have also undergone extensive service delivery changes throughout 2020-21. This forum has enabled the quality of service provision within primary care to have a greater focus within the CCG, highlighting areas of excellence and increasing opportunities for shared learning and best practice.

Despite national pausing of some quality assurance mechanisms such as the Safety Thermometer and Family and Friends Tests, the CCG continued to work closely with provider organisations and local and regional quality surveillance forums to review the available data and maintain focus on the quality and safety priorities. Additionally, the CCG Nursing and Quality Team also reviewed, realigned and redeployed staff to support the Covid-19 response across the wider system, whilst maintaining core business functions within the CCG.

Care homes

Covid-19 brought unprecedented challenges for the Health and Care system and in response greater support and oversight was required for the Care Home Sector across North Lincolnshire.

This was achieved through the introduction of a Care Home Oversight Group which was established at the beginning of the pandemic to support our local care homes utilising a system wide, partnership approach.

This forum became the key focus for enabling health and social care partners to come together twice a week to share data and intelligence with the principal aim of supporting local care homes to prevent or manage any infectious outbreaks, including Covid-19. This approach also supported early identification of wider quality elements enabling bespoke support and actions to be instigated rapidly.

Additionally, the CCG has been instrumental in providing support, advice and training directly into care homes throughout the pandemic. This included IPC training across all 60 care homes in North Lincolnshire, training almost 2,000 care home staff and establishing an ongoing 'train the trainer' forum for IPC champions within the care home sector. The outcome from all of these actions has resulted in improved prevention and outbreak management across the care home sector and partnership support with a focus on improving outcomes for care home residents.

Infection, Prevention and Control

The CCG has been instrumental in supporting the Infection, Prevention and Control (IPC) agenda across North Lincolnshire throughout the last year, with a clear focus on responding to the Covid-19 pandemic, but also ensuring the wider IPC areas did not lose focus.

Environmental audits and IPC visits have been undertaken by the nursing team across many community settings such as care homes, General Practice surgeries and Covid-19 vaccination and testing facilities, to aid prevention and reduce the risk of any increased transmission. Additional to this, expansive IPC training has been undertaken across domiciliary care providers and personal health budget employees to ensure correct usage of personal protective equipment throughout the Covid-19 pandemic. The nursing team has also supported incident management meetings where a Covid-19 outbreak has occurred and has facilitated supportive actions and recommendations to prevent reoccurrence.

Additionally, in 2020 the CCG also prioritised reducing Escherichia Coli (E-Coli) rates across North Lincolnshire. Relevant data was reviewed and analysed and an action plan was developed. Actions included the delivery of IPC sessions for primary care and care home IPC leads coving a variety of topics including;

- The role of IPC Lead
- Reducing the chain of infection – best practice, hand audit and PPE
- Prevention of urinary tract infections – to dip or not to dip
- Waste management – environmental cleaning
- Equipment cleaning
- Asepsis – specimen collecting, laundry and linen management

The success of these actions, alongside wider IPC measures in relation to Covid-19, has resulted in a significant reduction in E-Coli cases across North Lincolnshire during 2020-21 with a 36% reduction in total cases compared with the 2019-20 position. The emphasis for this next year will be on sustaining this improvement and building on the success thus far.

Furthermore, the CCG also overachieved against the trajectory for Clostridioides Difficile infections, with 25 cases against a planned trajectory of no more than 27 cases during 2020-21 and successfully ended the year on zero MRSA cases.

Safeguarding

NLCCG has fulfilled its safeguarding responsibilities and delivery as one of the organisation's non- Covid-19 priorities in year, including ensuring compliance with NHS England & NHS Improvement Safeguarding Accountability and Assurance Framework (SAAF) 2019, and maintaining daily commitment to working on a multi-agency basis with children's and adult social care safeguarding referral teams.

The CCG's commitment to safeguarding partnerships has enabled us to be a pivotal leader in shaping the arrangements locally to ensure safe and robust arrangements are in place and maintained.

The CCG's Safeguarding Executive Lead has chaired the Children's Multi-Agency Resilience and Safeguarding (C-MARS) Board, along with being the C-MARS lead for scrutiny, assurance and training. Our Head of Safeguarding has continued to chair the C-MARS Safeguarding Practice Learning and Improvement Group.

The CCG's Safeguarding Executive lead has also been a core member of the Safeguarding Adult Board (SAB) Executive Group, as well as being the executive lead for the SAB's delivery of the Protection and Accountability core adult safeguarding principles. The Head of Safeguarding has chaired the SAB subgroup overseeing the delivery of Prevention and Proportionality.

The SAB published a Safeguarding Adult Review in June 2020, with the full report being available on the SAB website. Included in the learning from this review was a gap in the provision/availability of forensic medical examinations for adults who may have suffered injuries as a result of abuse or neglect. In response to this finding, NLCCG through the executive lead and named doctor escalated this regionally and nationally. The named doctor is leading a pilot across the Humber to introduce a network safeguarding adult forensic examiners. This is being supported directly by NHS England & Improvement and the Faculty for Forensic and Legal Medicine, with commitments from the Humber local authorities and Humberside Police. It is anticipated that this may be introduced across England after April 2022.

Looked after children

The Head of Safeguarding has maintained membership of the North Lincolnshire Corporate Parenting Board, Multi-Agency Looked After Partnership, and has chaired the Children in Care Health Reference Group.

A self-assessment of NLCCG's position against Promoting the Health and Welfare of Looked After Children (HM Government (2015)) competed in year demonstrated good compliance.

Learning Disability Mortality Reviews (LeDeR)

North Lincolnshire CCG has continued to ensure robust processes are in place for the management of Learning Disability Mortality Reviews (LeDer), ensuring high quality reviews are undertaken to enable any learning to be extracted for future improvements.

The Local Area Contacts (LACs) from North and North East Lincolnshire CCG's continue to work collaboratively to quality assure each completed review across Northern Lincolnshire and 2020 saw the first publication of a Northern Lincolnshire LeDeR Annual Report highlighting areas of good practice and development opportunities. Additionally during 2020-21 a Humber wide LeDeR steering group was established to enhance the collaborative working across the geographical partnership and develop opportunities for system wide learning and improvements.

In June 2020 a national trajectory was set to ensure any outstanding LeDeR reviews were completed by December 2020 and North Lincolnshire CCG achieved this requirement ahead of the deadline of 30 December 2020.

NHS Funded Care

In response to the COVID-19 pandemic the North Lincolnshire Continuing Healthcare (CHC) team adapted and changed its priorities to align to the changing national guidance which included the pausing of the CHC assessment process from March 2020 to the 31 August 2020. During this time some members of the CHC team were redeployed to assist the local response to the pandemic, including supporting the discharge process and changes, whilst other members actively maintained contact with individuals known to the service. Telephone and virtual reviews were initiated to enable the team to continue to review the quality of the services commissioned and respond timely to individuals changing needs to ensure safe, effective and high quality care for all.

Following a change to the national guidance to reintroduce the Decision Support Tool (DST) assessments from the 1 September 2020, the CHC team successfully completed all the required backlog DST assessments in advance of its own trajectory and that set by the national government.

Furthermore, the CHC team has coordinated 'FIT' testing and supplies of Personal Protective Equipment for individuals requiring aerosol generated procedures, ensuring that individuals and the workforce of North Lincolnshire has been kept safe through the Covid-19 pandemic. The designated lead has coordinated over 120 fit testing appointments ensuring the safety of both the individual and staff members has been at the forefront throughout.

The Hospital Discharge policy (August 2020) Discharge 2 Assess has been one of the many successes for North Lincolnshire. The national policy supported the review of existing pathways to ensure timely, safe discharges. This scheme actively supported individuals to be discharged when medically optimised. The policy ensured that NHS CHC and LA Care Act assessments had been completed with appropriate decisions being confirmed within six weeks following a discharge from hospital.

Despite the challenges of the national pandemic the CCG and local authority have continued to progress the care home contract project. The contract focuses on being fit for purpose for the next three years. The contract acknowledges the value of partnership and collaboration between all parties, not more so than with the providers themselves. It is envisaged that following consultation, new care home contracts will be in place by June 2021.

Mental health case management

Mental health case management is responsible for the oversight of people with mental health problems, learning disabilities and/or autism receiving individualised packages of care in services a CCG does not directly commission. This is underpinned by a range of national processes and guidance, including the Five Year Forward View for Mental Health (NHS England, 2016) which sets out a programme to eliminate inappropriate out of area placements for non-specialist acute care by 2021 and 117 aftercare arrangements and responsibilities in the Mental Health Act 1983 (amended 2007).

The local mental health case management service successfully returned under the operational management of North Lincolnshire CCG on 1 April 2020. Despite some initial workforce challenges and the service transferring during wave one of the Covid-19 pandemic, the service not only maintained oversight and assurance but also began its development plans for strengthening the service and partnerships during 2020-21.

As a responsible commissioner the team have maintained contact with providers ensuring patient care and treatment, remained person centred and was delivered to a high standard. A robust plan is in place to further develop the service as we progress into 2021-22.

Action to reduce health inequalities

NHS North Lincolnshire CCG has navigated unprecedented change during 2020-21, supporting staff to work safely, whilst working in partnership to coordinate an emergency response to support the people of North Lincolnshire in accessing vital healthcare services.

The Covid-19 pandemic has highlighted and widened stark health inequalities at a regional, national and global level, with the impact being borne disproportionately by Black, Asian and Minority Ethnic (BAME) individuals, people living in areas of high deprivation, those with a learning disability and others with protected characteristics.

North Lincolnshire CCG's commitment to enhancing the inequalities agenda led to the recruitment of a new role within the CCG during 2020-21 with a sole focus on the Equality and Inclusion agenda. The aim of this role is to support the wider CCG and local system partners in improving the understanding of the local position, enhance the current delivery plans ensuring all aspects of health inequalities and learning from the Covid-19 pandemic are fully embedded in the ongoing actions and support pace in the delivery.

The CCG has strived to keep up momentum in terms of embracing its equality duties and not simply focusing on maintaining legal compliance but continuing to make meaningful progress against the equality objectives and reducing the health inequalities gap.

A partnership approach

The CCG is a key member of the North Lincolnshire Health and Wellbeing Board, which is a partnership board and statutory committee of North Lincolnshire Council, established as part of the Health and Social Care Act 2012.

The CCG has worked in collaboration with partners from the Health and Wellbeing Board ensuring a prominent focus on the direct and indirect consequences of the Covid- 19 pandemic. In addition, the CCG has supported local partners with new and innovative pathways and initiatives to ensure that North Lincolnshire's most vulnerable population are at the heart of health care provision.

Bespoke support has been wrapped around specific community groups such as care home residents, the homeless population and our local BAME communities. An integrated approach to supporting our local population utilising a variety of methods has enabled many successes in areas such as Covid-19 outbreak management and increased uptake of the Covid-19 vaccination programme amongst some our most vulnerable local communities to improve their health outcomes.

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.

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.

In response to national guidance during 2020-21 North Lincolnshire CCG, alongside CCG partners across the Humber, completed a gap analysis against eight urgent actions aimed at understanding the local position and build on the measures already identified within NHS Long Term Plan in tackling health inequalities with the aim of protecting those at greatest risk. This has provided a number of opportunities for enhancing service provision aimed at reducing health inequalities as we move into 2021-22.

During 2020 specific services were commissioned in response to the pandemic to support vulnerable individuals such as a bespoke home visiting service for those who were required to shield, isolation clinics to safely assess potential or known Covid-19 individuals and a range of additional services to support mental health and wellbeing for both children and adults.

Equality Impact Assessments (EQIAs) were also conducted throughout 2020-21 for all newly commissioned services or changes to service delivery as a direct result of the Covid-19 pandemic response. All EQIAs enabled increased oversight and action planning in response to the findings which were shared with the relevant committees and executive team within the CCG and the outcomes feed directly into the local equality and inclusion delivery plan. These EQIAs highlighted the need to continue to ensure digital exclusion does not occur across North Lincolnshire as provider organisations continue to deliver services in alternative ways.

Additionally, EQIAs have continued to be completed for all routine commissioning decisions, including service specification, projects and policies and these are presented as part of the approval process at the Planning and Commissioning Committee. This provides the assurance that appropriate engagement and insight is used to inform our commissioning decisions.

Focus on the health inequalities agenda will continue as a high priority as we progress throughout 2021-22.

Out of hospital services

In 2020-21 the CCG agreed and commenced implementation of the Humber out of Hospital Frailty model, which includes the provision of proactive and responsive support services to people who are frail across the Humber area, through the development of integrated community and hospital frailty pathways.

Through this work, it is anticipated that people who are frail will have quicker and more streamlined access to the relevant care and support, to meet their needs and to prevent unnecessary hospital admission and unnecessary attendance in A&E.

Through the North Lincolnshire Frailty Working group, the following actions have been achieved in 2020-21:

- Agreed North Lincolnshire frailty vision, objectives and aims, in line with the Humber frailty model
- Mapped and agreed community proactive and responsive frailty pathways
- Developed North Lincolnshire frailty dashboard to baseline frail population and assess the impact of the frailty pathways
- Undertook two frailty mapping workshops to review current frailty pathways and agree improvement action to support winter resilience
- Designed and implemented urgent frailty winter plan to ensure an integrated response to frail and elderly
- Developed welcome home service with voluntary sector to support people on discharge from hospital
- Developed ambulance diversionary pathways for frail and elderly
- Implemented reporting and oversight process for the Frailty workstream via the Northern Lincolnshire Transformation Board.

Maternity

Maternity services have responded well to the pandemic, continuing to deliver core maternity services despite the challenges associated with restricted visiting and partner accompaniment.

During the pandemic the service has continued to strengthen its continuity of carer programme, with good progress made against the national requirements of Better Births. Continuity of carer refers to consistency in the midwife or clinical team that provides care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour and the postnatal period, which improves the experience of carer and improves birth outcomes.

Over the last year, working between the local Maternity Voices Partnership (MVP) has been strengthened and 2020-21 saw the CCGs formally remunerate the chair of the MVP. Throughout the pandemic the local MVP has enhanced its social media engagement and virtual listening events and has collected vital feedback from service users on their experiences of maternity care during the pandemic including families' experiences of hospital care, availability of GPs, 6-8 month postnatal checks and parents' views and experiences of virtual appointments. This invaluable insight into the pandemic from families is helping to shape further service delivery.

Urgent care

Through the early months of the pandemic, there was a significant reduction in emergency department attendances.

The restrictions put in place to manage the pandemic appears to have had a significant impact in reducing seasonal flu and respiratory conditions due to people staying at home and the associated reduced exposure. This had some positive impact on reducing hospital admissions for non- Covid-19 reasons. By creating capacity to manage the demands of patients with Covid-19, through the subsequent waves, emergency department attendances have risen back to pre-Covid-19 levels.

The focus for urgent care over the last year has been on supporting the flow of patients through the hospital through better facilitated discharge and the full implementation of Discharge to Assess.

Discharge to Access is the process by which patients are discharged from hospital (with additional support if required) and receive a full assessment of their ongoing care needs within their home setting. The system has also undertaken a number of Multi-Agency Discharge Events where all system partners work together to review and redesign discharge processes. This has led to a significant and sustained improvement in the discharge processes locally, which has in turn reduced the number of people remaining in hospital beyond the point at which they are fit for discharge. This has been supported by the commissioning of specific care home beds to facilitate hospital discharges through short stay placements.

A number of services have been put in place across primary and secondary care to support patients with Covid-19. This includes the setting up of specific isolation clinics for those patients with Covid-19 requiring face to face primary care appointments, the development of home-based monitoring for patients with Covid-19 who do not require hospital admission and a virtual ward to support the discharge from hospital of patients who have Covid-19. The CCG have increased senior clinical decision making and leadership within the Community Urgent Response Service which has supported more people to be managed within their own home during acute illness rather than be admitted to hospital. Patients using this service are cared for by a team of staff including a senior GP, emergency care practitioners and healthcare assistants who provide a visiting care service in the patients' own homes.

Planned care

Significant progress has been made as a healthcare system through the response to the requirements of Covid-19 and the response this has needed in terms of changing the way care is delivered.

These changes have enabled the system to rapidly move to virtual appointments, supported by the rapid implementation of technical solutions to support non-face to face appointments at scale across all healthcare providers serving North Lincolnshire.

The CCG, in partnership with North East Lincolnshire CCG and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust had already established an Outpatients Transformation Programme and the Covid-19 pandemic has enabled the system to make changes and improvements at a much faster pace due to the requirement of providers to find alternative delivery models. All providers have implemented virtual consultations within at least some of their services, and as a result, they have been able to maintain capacity within services compared to the capacity that can be delivered face to face in a socially distanced environment. This has also provided patients with an alternative to hospital attendance offering reduced time and travel requirements. Face to face appointments remain an option for those people not able to utilise digital options and for those where a face to face appointment is clinically required.

In conjunction with the Trust we have also started to implement patient initiated follow-ups. This enables patients to be discharged from hospital follow-up with advice about what to do if their condition deteriorates, for example a flare up of a long term condition. They also have access back to the hospital if they feel they do need a follow-up appointment. This helps people take control of their own condition and reduces their need to attend hospital appointments.

GP practices have also increasingly sought advice and guidance from hospital clinicians to support their management of a patient's condition rather than make a referral for an outpatient appointment.

All providers have experienced increasing waiting lists as a result of the Covid-19 requirements; increased infection prevention and control requirements have led to a reduction in the number of patients who can be seen in an outpatient clinic or treated in an operating theatre. The CCG has worked with the Trust and other providers to maximise the available surgical capacity within Northern Lincolnshire, including the use of independent sector providers for NHS work to tackle the building waiting lists. The Trust has also put in place processes to clinically assess those patients on waiting lists to keep them safe whilst waiting.

The CCG, in conjunction with North East Lincolnshire CCG and the Trust, has redesigned pathways to make these more streamlined, for example straight to test and test before referral pathways, where the patient has investigations prior to their outpatient appointment. This removes the requirement for a consultation first and helps reduce waiting times in services such as cardiology, liver and audiology services.

Cancer

During 2020, the CCG and GP practices implemented a new type of test to accurately detect the possibility of bowel cancer.

This test, the Faecal Immunochemical Test, is a test to detect hidden or 'occult' blood in stool samples and helps to give a faster diagnosis whilst reducing the number of unnecessary colonoscopies required.

North and North East Lincolnshire CCGs, in conjunction with the Trust, have developed plans for the implementation of a rapid diagnostic pathway, in line with the national directive for the establishment of rapid diagnostic centres as part of the NHS Long Term Plan strategy. This aims to achieve faster diagnosis for patients with suspected cancer. The pathway will be implemented in spring 2021. Initially the pathway will support patients with gastro-intestinal problems, but will be expanded to cover other conditions.

A Cancer Champion Programme was launched with North Lincolnshire GP Practices during 2020, with the aim of training non-medical practice staff to support cancer campaigns. Staff received training on the importance of screening and early diagnosis and approaches to help increase participation in screening programmes.

The CCG has worked closely with Cancer Research UK to support practices in understanding their practice population and patient engagement with screening programmes such as cervical screening with the aim of increasing the number of patients who attend for screening.

End of Life

The CCG has worked closely with North East Lincolnshire CCG and providers across Northern Lincolnshire to improve end of life care for adults.

Partners came together in May 2020, supported by colleagues in NHS England and Improvement, to form a task and finish group to identify priorities for improvement. A Northern Lincolnshire End of Life Steering Group was established from July 2020 with senior representation from each organisation and delegated decision making responsibilities.

During 2020-21 we have:

- Introduced ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). ReSPECT is a process and a form. It creates a personalised recommendation for your clinical care in emergency situations where you are not able to make decisions or express your wishes. It includes decisions that a patient does not wish to be resuscitated, which has previously been documented on a DNACPR form (Do Not Attempt Cardiopulmonary Resuscitation). This policy was introduced in September 2020 and we continue to offer support and training to clinicians in its use.
- Implemented Electronic Palliative Care Co-ordination Systems (EPaCCS). EPaCCS record people's care preferences and important details about their care at the end of life. Information, available 24 hours a day, facilitates co-ordination of care between all health and care providers involved in caring for a patient at the End of Life. It supports appropriate treatment decisions to allow more people to experience a 'good death', in the place that they wish and with the appropriate level of intervention. Access has been rolled out across most organisations and we expect that over the following months professionals will be able to
- Access this in all settings and increasing numbers of records will be created. North Lincolnshire GP practices were part of the pilot running from early 2020 within the Humber, Coast and Vale Partnership.
- We have adopted a standard competency framework for End of Life care skills across all partners and are working together to develop access to standard training for agreed priority areas. Three initial priorities are being developed: clinical practice/direct patient care; communications skills and symptom management including last days of life.

We have also engaged with people who deliver end of life care to agree our ideal pathway – how we want people to be cared for through the last 12 months of life, their death and the support to those who are important to them after their death.

Building on that we engaged in early 2021 on our draft strategic framework for end of life with our partners and with wider stakeholders including a number of community forums. The strategy has now been signed off and will be launched in early in 2021-22.

Mental health and learning disabilities

Children and young people

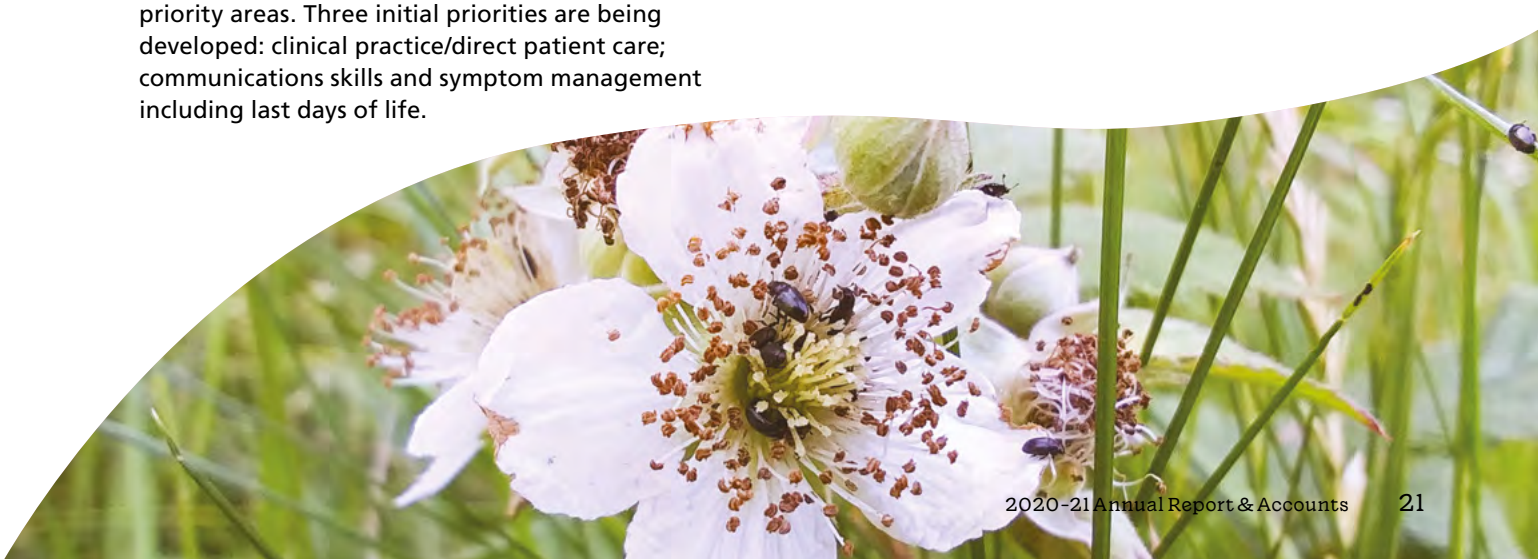
The CCG has worked with the public and stakeholders to develop a new children and young people's emotional health and wellbeing strategic plan.

Implementation of the plan commenced in late 2020-21 and will continue into 2021-22, focusing on mental wellbeing, prevention of mental ill health as well as improving access to services for the most vulnerable young people.

The CCG has continued to work closely with North Lincolnshire Council to implement the One Family approach, a partnership approach which aims to create a system where partners across health, care and education work together to provide and commission integrated services for children and young people.

The CCG has worked closely with its HCV colleagues to develop, promote and locally implement digital approaches and interventions for young people and CAMHS (Child and Adolescent Mental Health Services) services, with expansion of the offering of virtual or digital appointments as well as alternative digital mental health support being made available.

The CCG has worked locally and with Humber, Coast and Vale to promote and ensure access to mental health support during the pandemic, in recognition of the impact of Covid-19 restrictions and school closures on the mental wellbeing of children and young people. This has included the additional offer of Kooth, an online counselling service as well as the promotion of existing service offers.



All Age Mental Health and Learning Disabilities

The CCG has continued to deliver in line with its All Age Mental Health Strategy and invest in the delivery of mental health services and support for people in crisis.

This has included the extension of the Crisis Café service, with adaptations to increase service availability during the pandemic and the development of plans for a Crisis House to be delivered in 2021.

In line with The NHS Operating Plan and national guidance, the CCG has increased investment into IAPT (Improving Access to Psychological Therapy Service). Whilst the predicted increase in demand due to the pandemic has not yet materialised, this has enabled the service to continue to provide rapid access to support. The CCG, in conjunction with RDaSH who provide the IAPT service, and other partners has promoted the profile of mental health services available to ensure all those needing support know how and where to access services.

The CCG has put an increased focus into understanding the need and designing new care pathways for people with autism or ADHD in partnership with service users, RDaSH, North Lincolnshire Council

and voluntary sector care providers. The CCG has invested money into an increased service offer to assess for autism and ADHD for both children and adults and as a result the CCG is confident that we will see reductions in waiting times over the next twelve months. In addition, the CCG is working closely with HCV colleagues to develop a wider service model for autism over the coming year.

Working closely with primary care and partners, we have seen an increased uptake of the learning disability annual health check and will continue into 2021-22 to ensure all eligible people are offered and where required, supported to access their health check.

Mental Health Investment Standard

North Lincolnshire CCG is now compliant with the Mental Health Investment Standard.

Health and Wellbeing Strategy

North Lincolnshire Health and Wellbeing Board (HWBB) is a statutory committee of the council and the key partnership within North Lincolnshire committed to working together to improve the health and wellbeing of the local population and reduce health inequalities.

The CCG plays an active role within the HWBB, with representation from the CCG Chief Operating Officer and the Chair, reporting on local health issues and plans in addition to the submission of plans such as the Better Care Fund.

Health and Care Integration Plan

The Health and Care Integration Plan, 2019-24 was approved by the Health and Wellbeing Board in June 2019 and out four strategic priorities which underpin our shared strategies and plans. These are:

- Enabling safe care
- Care closer to home
- Right care, right place
- Best use of resources.

Significant progress has been made during 2020-21, with the Covid-19 pandemic driving change at pace including the following achievements;

Training of care home and home care staff; infection prevention control training has been provided to all front-line care home and homecare staff, with champions now identified in all organisations to ensure training remains up to date, and audits are undertaken.

The training has included donning and doffing of PPE, with face-to-face assessment of whether this was being undertaken correctly.

Workforce training and support to care homes, along with the provision of additional equipment to support digital care, for example digital thermometers, pulse oximeters and iPads to facilitate virtual consultations between patients and the GP or community nurse.

Commissioning of voluntary sector support to those with identified needs.

Mobilisation of the social prescribing model across North Lincolnshire Primary Care Networks (PCNs), helping people access alternative non-medical services to support their wellbeing needs.

Integrated commissioning

North Lincolnshire CCG works closely with North Lincolnshire Council to explore opportunities for integrated commissioning to improve the outcomes of North Lincolnshire residents and to get the best value from services on behalf of the Health and Wellbeing Board.

This approach to integrated commissioning has supported the commissioning of the North Lincolnshire Carer Support service, including how it provides additional support to carers during the pandemic, the review of services within the intermediate tier, including inpatient rehabilitation and home based re- enablement to ensure the capacity is available to meet future needs. During 2020-21, the pandemic has meant this focus has been on ensuring the services are configured to meet the different demands associated with people discharged following Covid-19.

Delivery of the integration agenda is through the Integrated Adults Partnership and the Integrated Children's Trust. This includes representation from key health and care commissioners, providers and the voluntary sector. The Integrated Adults Partnership and has been instrumental in the delivery of the frailty programme during 2020-21 including supporting a number of new services such as voluntary sector provision of support to people on discharge from hospital.

The Integrated Children's Trust has membership from a wide range of stakeholders including health, social care and education and during 2020-21 has been instrumental in the joint development of the One Family Approach to ensure a more integrated service delivery model.

New Long Covid-19 Triage and Assessment Service

Patients in North Lincolnshire experiencing the long term symptoms of Coronavirus can now access specialist help from the Humber Long Covid-19 Triage and Assessment Service.

This Humber-wide approach involves clinicians from GP, hospital and community settings across the four Humber CCG areas.

Most patients with ongoing symptoms following Covid-19 will come under the care of their GPs, who will encourage self-management and support them while other causes of the symptoms are explored, and ruled out first, for up to 12 weeks. The new service will support those whose condition has not improved or symptoms resolved after 12 or more weeks. Patients will need to be referred into the new service by their own GP through practice systems.

The service, which launched in March 2021, brings a range of specialist clinical input together, including respiratory, geriatric, rehabilitation, mental health, therapies and others. The clinical team will review each patient's needs and will follow up with recommendations on the most appropriate support to manage ongoing care and recovery. This may include an appropriate treatment plan and/or onward referral to other specialist services and they will let patients and their GPs know of the recommendation.

The NHS also has an excellent new online resource available to everyone without referral at www.yourCOVIDrecovery.nhs.uk

Primary care

In North Lincolnshire, under the Network Contract Directed Enhanced Service (DES), there are now four Primary Care Networks (PCNs) which have been established.

Each have their own clinical director to help develop and expand the networks and provide a more effective service for patients.

Each PCN has been working hard to progress within their organisation development plans in order to mature as a network. This includes increased efforts to recruit additional workforce to help develop the networks and increase capacity.

PCN	Number of practices	Total patients (nearest 1,000)	Clinical Director
East Network	5	32,000	Dr Salim Modan
South Network	6	72,000	Dr Hardik Gandhi & Dr Andrew Lee
North Network	3	33,000	Dr Toby Blumenthal
West Network	5	44,000	Dr Pratik Basu

Covid-19

Following confirmation that the Pfizer/BioNTech vaccine had been approved in England to treat Covid- 19, the NHS was the first healthcare system in the world to offer the Covid-19 vaccine to those most at risk.

All GP practices were asked to sign up and collaborate to identify one suitable premises from which their Primary Care Network Grouping would be capable of delivering the requirements of the Covid-19 vaccination enhanced service if approved.

In North Lincolnshire the four Covid-19 vaccination sites which were approved were:

East Network

Riverside Surgery, Brigg

South Network

The Ironstone Centre, Scunthorpe North Network – Central Surgery, Barton

West Network

Pinfold Surgery, Owston Ferry

In North Lincolnshire the first site to become operational was the Ironstone Centre, which started vaccinating patients the week commencing 14 December 2020. Following this, the other three sites were brought on line in a phased manner to support the vaccination programme. North Lincolnshire was deemed one of the top areas in the country, administering the highest amount of vaccinations to patients within the shortest amount of time.

Video consultations and total triage

Due to the pandemic primary care have had to work differently, introducing digital solutions and new innovations to allow greater accessibility for patients requiring clinical services. Each practice adopted video consultations and a total triage model to prevent the risk of transmission to ensure they kept the public and the staff safe while maintaining services as best as possible.

NHS 111 direct booking in North Lincolnshire is now live for all practices and allows the 111 service to directly book into a GP appointment slot when appropriate to create a smoother process for patients who need to see a clinician.

Pulmonary rehabilitation in virtual reality

Concept Health Technologies were engaged by North Lincolnshire CCG to deliver pulmonary rehabilitation in virtual reality to patients in North Lincolnshire living with long term lung conditions.

North Lincolnshire discharged the first batch of patients who benefited from following the six-week pulmonary rehabilitation programme in the safety of their homes. All the patients reported feeling fitter and stronger on completion of the programme.

All face to face pulmonary rehabilitation programmes across the country had been suspended owing to the Covid-19 lockdown. Almost 19% of all Covid-19 related hospital admissions are patients diagnosed with chronic obstructive pulmonary disease (COPD). A significant majority of patients suffering moderate to severe symptoms of COPD were asked to shield, however the above programme provided these patients the opportunity to participate in pulmonary rehabilitation which helps to prevent physical deterioration and improves clinical outcomes should a patient catch an infection.

Participating in Pulmonary Rehabilitation in Virtual Reality (PRinVR) provided patients the power to transform their health in the safety of their own homes with a remote monitoring system able to detect deterioration before the patient becomes symptomatic and allows the GP to be alerted in advance so an intervention can take place.

North Lincolnshire has continued to deliver the service through remote enrolling whilst following government guidelines on social distancing and quarantine measures.

Community Response Team in North Lincolnshire

Due to the Covid-19 outbreak In North Lincolnshire, the extended access service was paused up until the 30 June 2020 and the resource was redirected to fund the 'Community Response Team' (CRT) GP role. This role commenced on the 25 April 2020, with a GP based in Global House, Scunthorpe, seven days a week, 8am-8pm.

The aim of the CRT GP was to provide a point of contact to support crisis management for care homes and support the wider Community Response Team by providing senior clinical advice and decision making to situations where acute care needs from practices and care homes are identified. This includes, but is not limited to:

- Supporting urgent crisis management of patients to avoid unnecessary admittance to hospital
- Performing remote care planning where the urgent need is highlighted by team members working in the community (advanced clinical practitioners/do not attempt cardio-pulmonary resuscitation)
- To support the patients registered GP, the Community Response Team GP can provide acute back up if crisis does occur in the general deterioration of patients
- Improving patient care through timely access to medicines (including out of hours)
- Advice for End of Life care and management with support from the on-call end of life consultants to support decision making with regards to hospital admissions
- Supporting rapid availability of palliative care medications through prescribing and drug chart completion when requested
- Working closely with community teams to enable more effective community multidisciplinary working to improve patient care.

Enhanced health in care homes

The NHS Long Term Plan (2019) included a commitment as part of the Ageing Well Programme to roll out enhanced health in care homes (EHCH) across England by 2024, commencing in 2020.

This reflects an ambition for the NHS to strengthen its support for the people who live and work in and around care homes.

In the new scheme of enhanced primary and community care support, care homes were to be aligned to Primary Care Networks (PCNs) and Clinical Commissioning Groups (CCGs) as a way to join up care for better outcomes for patients. Within this framework, the PCN will help deliver structured, multidisciplinary and personalised support across a variety of health imperatives for the individual patient.

Some of the benefits of this service includes:

- Improving the experience, quality and safety of care for people living in care homes, their families and their carers
- Reducing avoidable ambulance journeys, A&E attendances and emergency admissions to hospital for people living care home residents
- Improving sub-optimal medication regimes in care homes
- Supporting more people living in care homes to die in a place of their choosing.

All care homes in North Lincolnshire are now aligned with a Primary Care Network.

Digital Enabled Care

This last year has seen significant changes to the way that digital solutions have been utilised across health and social care services.

The very early days of the Covid-19 pandemic saw us rapidly deploying enhanced digital technology to allow our workforce to work in an agile manner from any appropriate location.

This included enabling primary care services to deliver care at distance where appropriate and increasing accessibility for patients to clinical services via online and video consultations.

We continue to work closely with our local care home providers to ensure that they are able to communicate effectively with healthcare services and have deployed video consultation facilities to every care home, allowing rapid access to GP care.

Over recent years we have been working to embed consumer focused technology to patients to allow them to better support their own health and wellbeing and now more than ever, smart phone apps have become a normal part of everyday life with more services now available to access via handheld technology.

We continue to encourage the public to access the NHS App to allow easy access to symptom checking, donor preferences and online GP services.

We continue to encourage patients to manage their own conditions and health issues via the humberhealthapps.co.uk site which provides a portal from which patients can search for apps to support their own wellbeing, with the confidence that every app has been reviewed and rated via set criteria around clinical usability and data security.

We strive to ensure that clinicians are supported by having access to the best possible information available at their fingertips, empowering them to make key decisions, via the continued access to 'The Yorkshire and Humber Care Record'. This provides the basis for a single point of truth, and will provide a holistic view of the care received by a patient across health and social care.

To ensure that clinicians are fully empowered to make key decisions, we are deploying a shared end of life record across care partners, ensuring that all those involved in the care of a patient are aware of important patient choices and that they have a voice about their care.

To ensure that our GP services are able to utilise the latest digital systems and technology, we have upgraded all our practices to secure NHS broadband (The HSCN Network), ensuring that GPs are fully equipped to adopt our new powerful solutions.

To support improved access to unplanned care facilities we have supported the national 111 First programme, allowing patients to receive a booked arrival time in emergency departments, and even a direct booking into their GP.

In the latter part of 2020, GP vaccination hubs and large vaccination centres were established at pace due to a strong and coordinated collaborative response between the CCGs and primary care and with support from multiple local IT support providers.

The rapid development of digital enablers has resulted in a programme of work to reduce the digital exclusion gap to ensure that those without access to IT equipment or skills are not excluded from accessing health and social care services.

We have engaged with industry leaders in digital inclusion to ensure that we develop a fully inclusive roadmap of development and we are supporting some exciting work streams across the system around developing digital access hubs alongside practice portals which will assess an individual's digital maturity.

Highlights of the Year

NHS North Lincolnshire CCG achieves 'Good' rating

NHS North Lincolnshire CCG was rated as 'Good' for the first time under NHS England and NHS Improvement's NHS Oversight Framework.

All 135 CCGs in England are evaluated each year for leadership, financial performance, planning and patient and public involvement. The NHS Oversight Framework for 2019-20 replaced what was the CCG Improvement and Assessment Framework (IAF).

NHS England and NHS Improvement recognised that the CCG made a 'well-deserved improved rating' from the previous year, when the CCG had a rating of 'Requires Improvement'. They went on to explain that this 'reflects a key milestone in the progression of the headline rating over the past few years'.

Free online mental health support service launched to help children and young people in North Lincolnshire

A free online mental health and emotional wellbeing support service was launched to help children and young people living in North Lincolnshire, Hull and East Yorkshire.

People aged between 11 and 25 in these areas can register to use Kooth, a free, anonymous online counselling and emotional wellbeing service which can be accessed using a computer, smartphone or tablet device.

Kooth is accredited by the British Association for Counselling and Psychotherapy; children and young people can register to receive one-on-one online sessions with qualified counsellors, receive and provide peer-to-peer support through moderated online forums, and read and contribute articles.

Fourth primary care network developed in North Lincolnshire

From July 1, 2020, there was a change to the primary care network system in North Lincolnshire – with a new network established. Previously, there were three primary care networks covering North Lincolnshire. Following recent changes there is now a fourth.

The added network is called North Care Network and consists of Central Surgery Barton, Winterton Medical Practice and Bridge Street Surgery.

New process gives patients more say on their emergency care and treatment

A new process was introduced to give residents across Northern Lincolnshire more say about what happens to them if they need emergency care or treatment.

ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) is a nationally developed process led by the Resuscitation Council (UK). ReSPECT creates personalised recommendations for a person's clinical care in a future emergency, where they may be unable to make or express choices.

It is designed to allow patients greater influence on what happens to them, and that their wishes are carried out appropriately, should they ever find themselves in an emergency situation where they are not able to express their wants and/or needs.

North Lincolnshire pharmacies offer virtual consultations to most vulnerable patients

Pharmacies across North Lincolnshire began virtual consultations to support the most vulnerable patients who were shielding throughout Coronavirus lockdown.

The winter months saw a significant increase in pressure on health services due to colder temperatures and with the continued battle against Covid-19.

Pharmacists were and still are offering consultations over the telephone, and in some pharmacies online or via video call, for those who may be particularly vulnerable. Pharmacies also have a private consultation room for those who prefer to see a clinician in person.

New medicine service in North Lincolnshire

A free medicine advice service provided by pharmacists was introduced across North Lincolnshire.

If you're prescribed a medicine to treat a long-term condition for the first time, you may be able to get extra help and advice about your medicine from your local pharmacist through a free scheme called the New Medicine Service (NMS).

The service is available for those who have been prescribed a new medicine for certain conditions. You can talk to the pharmacist when you first start taking your medicine and ask any questions you may have about it. For example, you might want to know about side effects or how you can fit your treatment around your lifestyle.

Through the scheme the patient will then receive a second and third appointment to discuss any issues, and to ask any further questions. After the third appointment the service then ends, but the pharmacist will still be able to discuss the medicines if help is needed.

Electronic system to improve patients' end of life care shared nationally as best practice

Details of an electronic system supporting people who are receiving end of life care in the Humber, Coast and Vale Care Partnership area, have been published nationally, to share with other health and care organisations as best practice.

The Electronic Palliative Care Co-ordination System (EPaCCS) is a palliative care shared record, which enables different health and care organisations to share information about a patient's end of life preferences and care plans. GP practices, hospices, hospitals and other health and care providers are now using EPaCCS to transform end of life care for people in the area.

The system, provided by software supplier Black Pear, was piloted across Scarborough, Ryedale, Vale of York and North Lincolnshire and is currently being rolled out further across the region.

The blueprints of the EPaCCS system have been shared online as part of the Global Digital Exemplar (GDE) Blueprinting programme. GDE blueprints are intended to help other NHS organisations to deliver digital capabilities more quickly and cost effectively than has been possible in the past.

NHS North Lincolnshire CCG named regional winner in NHS Parliamentary Awards

NHS North Lincolnshire CCG has been named regional winners and shortlisted for a national award, in the NHS Parliamentary Awards 2021.

The CCG has been shortlisted in the Excellence in Primary Care Award category for the virtual reality pulmonary rehabilitation programme.

Lung patients in North Lincolnshire were the first in the UK to benefit from a pioneering virtual reality 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, form 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.

The awards are due to take place in the summer.

North Lincolnshire joins Covid-19 immunisation programme

North Lincolnshire joined the largest immunisation programme in history, with the first local Covid-19 PfizerBioNTech vaccinations administered on 15 December 2020.

Nurses, paramedics, pharmacists and other NHS staff began to work alongside GPs to vaccinate those eligible at the time, which included people aged 80 and over, as well as care home workers and residents.

Practice teams worked rapidly to redesign their sites and put in place safe processes to meet the tough logistical challenges of offering the vaccination.

Scunthorpe pharmacy leading the way to deliver hundreds of Covid-19 vaccinations

A Scunthorpe pharmacy became the first in the Humber region to offer Covid-19 vaccines.

The Ancora Practice on Ashby Road was the first pharmacy to take the step, and its longer opening hours and weekend slots have helped to speed up the rollout in North Lincolnshire.

Local GPs encourage Coronavirus vaccine confidence amongst culturally diverse communities

Across England, GPs have raised concerns over a lower uptake of Coronavirus vaccination among patients from ethnic minority backgrounds – warning that misinformation has left some patients reluctant to come forward.

NHS CCGs across the Humber, Coast and Vale area, came together to coordinate video messages from GPs and promote them to enhance confidence in the vaccine and dispel any vaccine myths.

The Humber, Coast and Vale Coronavirus vaccine information videos in different languages can be viewed on their YouTube channel.

Baths Hall joins the fight to protect the nation from COVID-19

The Baths Hall on Doncaster Road opened up as a vaccination centre on 19 March.

The centre is being managed by Safecare Network and sees a team of vaccinators administer jabs to help bolster North Lincolnshire's fight against the pandemic. The vaccination, which is free, is being offered to those who live within 45 miles of The Baths Hall, in the priority order as identified by the Joint Committee for Vaccinations and Immunisations (JCVI).

People can use the national booking service to reserve a slot at a NHS vaccination centre or one of the pharmacy-led services across the country.

Pulmonary rehab shortlisted for HSJ Value Awards

North Lincolnshire CCG has been shortlisted in the 2021 HSJ Value Awards.

The Virtual Reality Pulmonary Rehabilitation programme of work has been nominated in the Respiratory Care Initiative of the Year category. The programme now has a chance of winning both the NHS Parliamentary Awards and the HSJ Value Awards in summer 2021. Patient experience of this work has been incredibly positive.

Community Response Team

An innovative project, which improved the delivery of care to patients in the community during the pandemic, was shortlisted for the HSJ Awards.

Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) was praised for its innovations following strong partnership working with North Lincolnshire CCG.

The nomination recognised community services' response to the pandemic and in particular how community staff adapted how they delivered care to patients and developed new ways of working.

A GP role has been created to provide clinical decision-making capacity to support community teams that are working to manage patients' urgent care at home. The role is being evaluated for its benefits for patient care and more efficient working of the local care system.

Community practitioners often need clinical advice to be confident that managing a patient at home is a safe and appropriate option. Seeking GP advice, especially out of hours, can be time consuming; therefore, having a GP available is helping to manage patient care in a different way, for example, avoiding hospital admission or unnecessary attendance at A&E.

For further details of these highlights please visit https://northlincolnshireccg.nhs.uk.

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 10 of these 28 standards (see tables below). This shows the most recent position available to the CCG for each indicator at the time of writing, ranging from January–March 2021 (report periods for each indicator can be found in the dashboard section of this report).

Performance has been achieved in the following:

- Cancer 2 Week Waiting Times
- 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
- Early intervention in psychosis
- 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)
- Breast Cancer 2 week wait
- Cancer 31 Day Wait – first definitive treatment
- Cancer 31 Day Subsequent Waits – Surgery
- Cancer 62 Day Referral to Treatment Times – Screening Service
- Cancer 62 Day Wait Referral to Treatment Times – first definitive referral from GP referral
- 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
- Dementia Diagnosis
- % of people who have depression and receive psychological therapies (IAPT)
- IAPT % of patients moving to recovery

Covid-19 has, and continues to, negatively impact on performance across provider organisations nationally, regionally and locally. The indicators seeing the greatest impact relate to the following areas:

- 18 Week referral to treatment times
- Diagnostic waiting times
- 52 week waits
- A&E performance – including 12 hour trolley breeches
- Some cancer indicators

Performance challenges remain across a range of indicators, including 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 Hospital NHS Foundation Trust (HUTH).

NLaG has continued to see the impact of the Covid-19 pandemic in relation to increased numbers of patients waiting over 52 weeks for routine treatment. Elective activity continues to be delivered from Goole District Hospital seven days a week and elective work was reintroduced at Scunthorpe Hospital at the end of February 2021.

NLaG has confirmed that each specialty has a 'plan on a page' detailing individual trajectories and targets to improve the waiting list position, this includes narrative regarding the current position, potential issues, plans to recover and any required escalations.

The CCG remains concerned about the potential quality impact relating to prolonged waiting times for treatment.

A clinical validation of surgical waiting lists project is underway which produce a clinically validated waiting list that allows operating lists to run effectively. Trusts need to understand where the greatest risks of harm exist and how capacity should be prioritised to address it.

Six week diagnostic waiting times

Diagnostic six week waiting times remains an area of significant concern with CCG level performance at 40.80% in March 2021 - against a target of 1%.

NLaG continues to experience a number of challenges due to the residual effects of the COVID-19 pandemic. With regards to the diagnostic position, CT, colon and endoscopy capacity remains particularly challenging across NLaG, with two-week waits and longest waiters remaining a priority.

NLaG has reported an improving position due to additional capacity provided via a new CT scanner at the Grimsby site becoming operational in late January 2021.

Additional capacity is also being provided by mobile scanners from NHSEI and the Independent Sector capacity continues to be utilised.

The CCG remains concerned about the potential quality impact relating to delayed diagnosis due to the waiting times for diagnostics.

Clinical review and stratification of long diagnostic waits, as in place for RTT waits, is being undertaken to prioritise patients and mitigate where possible any harm caused by these delays.

A&E four hour waits

This target has been challenging during 2020-21 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 2021 which negatively affected the levels of performance.

The Emergency Department are currently seeing levels of patients which is more or less at the pre- Covid-19 levels and the department still faces pressure in moving patients through the system as a result of zoning and swabbing. There have been challenges with the workforce in terms of number and skill mix across the Trust which has impacted upon delivery of the patient flow and A&E 4 hour target.

In February 2021, the position was 73.3% of patients waiting less than four hours which is a deterioration on the February 2020 position of 74.2%. 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 2020-21 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.

Cancer surgery continues to be prioritised and use of the independent sector to support timely access to surgery and diagnostics continues. All elective surgery including cancer patients have been risk stratified in line with national guidance. The Humber Coast and Vale (HC&V) Cancer Alliance are working with Integrated Care System partners to ensure mutual aid is available and are continuing with plans to establish an elective (diagnostic and surgical) hub within the region. Additionally there is a joint oncology working group between NLaG and Hull University Teaching Hospital to maximise the available consultant oncology resource.

Furthermore, there is an ongoing national communication campaign encouraging patients to attend their GP if they are experiencing any symptoms which may be suspected cancer. This is supported by additional local communications.

Ambulance Response Programme (ARP)

East Midlands Ambulance Service's (EMAS) performance against the ARP standards continued to be a challenge for the Trust in 2020-21 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 2021, 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 53.6% in February 2021 against the target of 66.7%.

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

Where a diagnosis of dementia is confirmed, a copy of the completed DiADeM tool is then saved into the patient's notes as it forms part of their clinical record.

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 CCG failed to achieve the required level of performance in the following IAPT standards:

- The percentage of people who receive psychological therapies achieving 1.7% against the 2.4% standard.
- The percentage of people who are moving to recovery achieving 47.4% against the 50%

The service saw a significant reduction in people accessing the service during the first wave of the pandemic but has since seen an increase in referrals. The service continues to commence treatment within six weeks, achieving 100% against a target of 75%.

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	Feb 21	61.74%	92%	77%	-15.3%	⌄
Number of >52 week Referral to Treatment in Incomplete Pathways	Feb 21	1.010	0	-	1010	⌄

Diagnostic Waiting times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
6 Week Diagnostic Waiting Times	Feb 21	41.52%	1%	9%	40.5%	⌄

A+E Waiting Times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
A+E 4 Hour Wait	Feb 21	73.27	95%	-	-21.7	⌄
12 Hour Trolley Waits	Feb 21	6	0	-	6	⌄

Cancer Waiting Times	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Cancer 2 Week Wait	Feb 21	95.2%	93%	-	2%	⌄
Cancer 2 Week Wait: Breast Symptoms	Feb 21	75.7%	93%	-	-17.3%	⌄
Cancer 31 Day: First Definitive Treatment	Feb 21	86.7%	96%	-	9.3%	⌄
Cancer 31 Day: Subsequent Treatment for Surgery	Feb 21	90%	94%	-	-4%	⌃
Cancer 31 Day: Subsequent Treatment for anti Cancer Drug Regimens	Feb 21	100%	98%	-	2%	‹ ›
Cancer 31 Day: Subsequent Treatment for Radiotherapy	Feb 21	100%	94%	-	6%	‹ ›
Cancer 62 Day Referral to Treatment	Feb 21	58.8%	85%	78%	-22%	⌄
Cancer 62 Day Referral to Treatment from NHS Screening Service	Feb 21	60%	90%	86%	-30%	⌃
Cancer 62 Day Referral to Treatment; Consultant upgrade of status	Feb 21	Nil Return	90%	-		

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	Feb 21	00:07:08	00:07:00	-	00:00:08	^
Ambulance clinical quality: Category 1 - 15 Minute 90th centile response	Feb 21	00:12:35	00:15:00	-	00:02:25	^
Ambulance clinical quality: Category 2 - 18 Minute Mean	Feb 21	00:23:28	00:18:00	-	00:05:28	^
Ambulance clinical quality: Category 2 - 90th centile response	Feb 21	00:47:09	00:40:00	-	00:07:09	^
Ambulance clinical quality: Category 3 - 120 minute response	Feb 21	02:42:54	02:00:00	-	00:42:54	^
Ambulance clinical quality: Category 4 - 180 minute response	Feb 21	03:03:18	03:00:00	-	00:03:18	^

Mental Health	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
Dementia Diagnosis Rate	Feb 21	53.6%	66.7%	-	-13.10%	v
IAPT Entering Treatment	Jan 21	1.7%	2.4%	-	-0.7%	v
IAPT Recovery Rates	Jan 21	47.4%	50%	-	-2.6%	^
IAPT < 6 Week Waits	Jan 21	100%	75%	-	25%	^
IAPT < 18 Week Waits	Jan 21	100%	95%	-	5%	^
Early Intervention Psychosis (1st Episode Sychosis) 2 Week Wait	Jan 21	100%	50%	-	50%	< >

Healthcare Associated Infections	Period	Actual	National Target	Improvement Target if Applic	Variance	Annual Direction of Travel*
MRSA	Mar 21	0	0	-	0	< >
C Difficile	Mar 21	1	3	-	-2	^

Sustainable Development

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 2020-21 due to the Covid-19 pandemic the CCG adopted an even greater agile working strategy, giving staff the option to work from home full time or if required access to the building. The building remained open to those staff that chose to come to work for whatever reason which saw a significant fall in the use of utilities over the reporting period.

Governance

The CCG continues 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

Due to Covid-19 travel was kept to an absolute minimum and therefore significantly reduced our carbon footprint.

Use of Microsoft Teams and Zoom enabled business to carry on as normal without the requirement for travel. This has also been a big cost saving.

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.

Part Two: Accountability Report

Emma Latimer
Accountable Officer

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 you 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 180,000 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 2020-21

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
The Oak Tree Medical Practice	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

Practice Name	Sites from which services are delivered
The Oswald Road Medical Centre	70-80 Oswald Road, Scunthorpe, DN15 7PG
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 2020-21

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.

Chair and Chief Officer

Dr Faisel Baig
Chair
Membership Dates:
1 April 2020 – 31 March 2021

Emma Latimer
Chief Officer
(Accountable Officer)
Membership Dates:
1 April 2020 – 31 March 2021

GP Board Members

Dr Hardik Ghandi
Membership Dates:
1 April 2020 – 31 March 2021

Dr Salim Modan
Membership Dates:
1 April 2020 – 31 March 2021

Dr Pratik Basu
Membership Dates:
1 April 2020 – 31 March 2021

Dr Gary Armstrong
Membership Dates:
1 April 2020 – 31 March 2021

Secondary Care Doctor

Dr James Woodard
Membership Dates:
1 April 2020 – 31 March 2021

Lay Representatives

Erika Stoddart
Lay Member for Governance
Membership Dates:
1 April 2020 – 31 March 2021

Janice Keilthy
Lay Member for Public and Patient Involvement
Membership Dates:
1 April 2020 – 31 March 2021

Heather McSharry
Lay Member for Equality and Inclusion
Membership Dates:
1 April 2020 – 31 March 2021

Governing Body Officer Members

Emma Sayner
Chief Finance Officer
Membership Dates:
1 April 2020 – 31 March 2021

Alex Seale
Chief Operating Officer
Membership Dates:
1 April 2020 – 31 March 2021

Clare Linley
Director of Nursing and Quality.
Membership Dates:
1 April 2020 – 31 March 2021

Associated Members

Dr Satpal Shekhawat
Medical Director
Membership Dates:
1 April 2020 – 31 March 2021

Geoff Day
Director of Primary Care
Membership Dates:
1 April 2020 – 31 March 2021

Penny Spring
Director of Public Health
Membership Dates:
1 April 2020 – 30 September 2020

Departing Members 2020-21

Penny Spring, Director of Public Health, 30 September 2020

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
- Integrated Commissioning (Committees in Common)

For full details of committee functions, membership and attendance for 2020-21 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 process please visit: https://northlincolnshireccg.nhs.uk/publications/lists-and-registers/

Access to Information

During the period from 1 April 2020 to 31 March 2021, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

FOI	2020/2021
Number of FOI requests processed	173
Percentage of requests responded to within 20 working days	100%
Average time (in days) taken to respond to an FOI request	14 days

The CCG provided the full information requested in 75 cases. The CCG did not provide all the information requested in 30 cases because an exemption was applied either to part of, or to the whole request. The exemptions applied were;

- The information was accessible by other means.
- The cost of providing the information exceeded the limits set by the FOIA.
- Information requested related to personal data or would constitute a breach of confidentiality.
- Disclosure of information would be likely to prejudice the commercial interests of any person.

In 68 cases, the CCG was unable to provide all the information requested, as it was either not held in full, or only partially held. Where the CCG did not hold the information, the applicant was redirected, where possible, to other organisation(s); that may hold the information.

The CCG did not receive any requests for an internal review of an FOI response provided during the year.

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

Handling complaints

There may be occasions when the experience of local health services fall short of patient and service user expectations.

All local providers of NHS services have well established complaints procedures which enable such concerns to be investigated and responded to in line with their process and policies.

Additionally North Lincolnshire CCG also has a complaints process and policy which manages, responds to and learns from complaints, concerns and compliments made about services and the way in which they are commissioned. The CCG complaints policy has been reviewed and updated during 2020 and is consistent with latest guidance and recommendations.

For further information regarding the CCG's complaints process please visit the CCG website at https://northlincolnshireccg.nhs.uk/

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 any potential data loss to the organisation.

The CCG had no such incidents during 2020-21.

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 Strategic Health Gold Command response for Covid-19 which replaced the LHRP during 2020-21. 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 NHS 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 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
10 June 2021

Annual Governance Statement 2020-21

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, 2020, 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 around 180,000.

It is served by one main acute provider, including community services (Northern Lincolnshire and Goole Foundation Trust, NLaG), one specialist acute provider (Hull and East Yorkshire Trust, HEYHT) 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 2020-21 it had a total budget of £297,814 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 uni q ue 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 (BAME) 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 51.

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 approved by NHS England. It 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
- Integrated Commissioning (Committees in Common)
- Executive Management Group

The Governing Body

During 2020-21, 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.

The GB received and considered a number of items and reports throughout the year in order for it to gain suitable assurance in the achievement of the strategic objectives of the CCG. This included reports in relation to:

- Organisational response in relation to the Coronavirus pandemic
- Achievement of key organisational performance and financial targets
- Full and active participation in the development of Humber Coast & Vale Integrated Care System (HCV ICS)

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
- Reviewing Strategic and Corporate Risk Registers
- Monitoring the Contracts Register
- Assurance with respect to the actions and response of the CCG to the COVID-19 pandemic

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 range of enhanced services to be delivered in Primary Care over and above that of core contracted services
- Development and approval of a range of services to support the care of people with Covid 19 including a specific Primary Care based isolation clinic providing face to face primary care for people with Covid 19, additional Primary Care support for people advised to shield during the Covid pandemic, Primary care monitoring services for people with Covid 19
- Approval of a number of pathway changes with the acute Trust to reduce the impact of covid 19 on other services
- Approval of a lymphoedema service specification for community based service delivery
- Development and approval of an integrated health and social care speech and language service specification for children and young people
- 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'
- Approval of a service specification for Primary Care based point of care testing for INR
- Consultation and input into the development of the End of Life Strategic Framework
- Approval of the service specification for the Primary Care Network Mental Health model
- Consultation and approval of the Emotional and Mental Health Strategy for Children and Young People

The Quality, Performance & Finance Committee

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

The committee met 6 times during the year and all meetings were quorate. The purpose of the Committee is to receive assurance regarding the continuing development, monitoring and reporting of quality, performance and financial outcome metrics in relation to the Clinical Commissioning Group (CCG) quality improvement, financial performance and management plans.

Highlights of the work undertaken by the committee include:

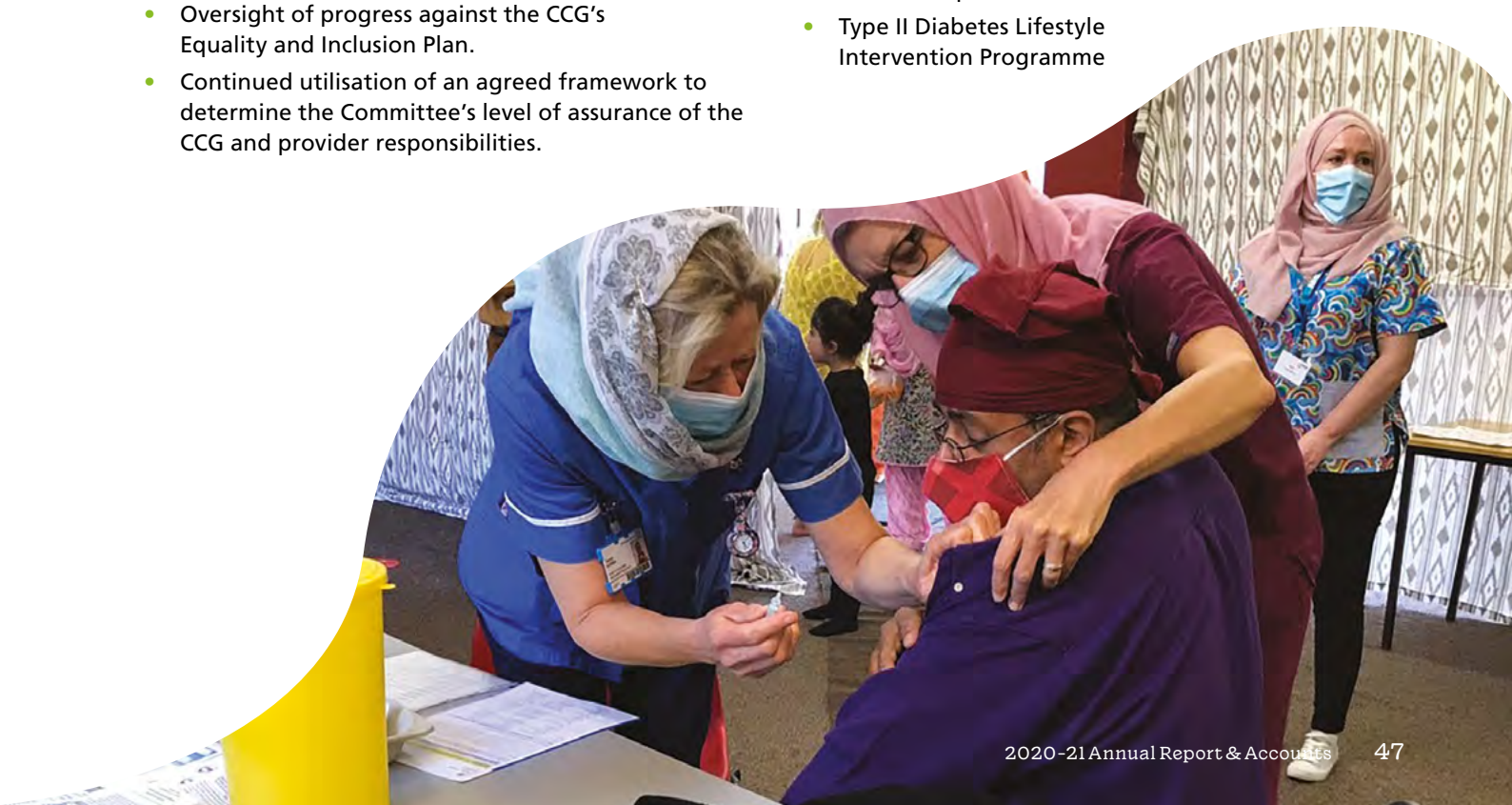
- Ratification of the Quality Assurance and Improvement Framework to support delivery of the Quality Strategy
- Oversight of the quality and performance indicators of local providers in light of the COVID-19 pandemic response and any associated improvement / recovery plans
- Regular update and oversight of the CCG response to the COVID-19 pandemic, including local data and intelligence, changes to governance arrangements, identification of any newly commissioned services and key risks associated with the pandemic
- Implementation of a Primary Care Quality Assurance and Improvement forum as a sub group of the Committee with regular reporting agreed
- Inclusion of regular updates from a Communication and Engagement perspective
- Oversight of progress against the CCG's Equality and Inclusion Plan.
- Continued utilisation of an agreed framework to determine the Committee's level of assurance of the CCG and provider 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 six times in 2020/21 with each meeting being quorate. Highlights of work undertaken by the group include:

- Improving access to primary care
- Estates Technology and Transformation Funding
- Development of Primary Care Networks and organisational development monies
- Local service specifications through Primary Care Networks
- Review of enhanced services Community Pharmacy
- Review of Primary Care Contractual changes and approval to sign changes in line with NHSE/I guidance.
- GP and Practice Nurse recruitment/retention – GP Registrar event, support for GP and PN Bursary and international recruitment
- Additional Roles Reimbursement scheme, including support to rotational models with wider providers
- Primary Care Covid19 Response
- Redeployment of Extended Access to Community Response Team Service
- Continued work on the Network DES, to include alignment of Care Homes
- Development of Home Oximetry
- Out of Hospital Transformation
- Type II Diabetes Lifestyle Intervention Programme



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 three times during the year and was quorate at each meeting, and its main performance role in 2020-21 was to undertake a review of:

- Remuneration Considerations for VSMs
- Governing Body GP remuneration
- Governing Body Lay Member Remuneration
- Agenda for Change T&C of Service (TCS Advisory Notice 01/20)
- VSM Framework
- Collaboration and co-ordination with other CCG's Remuneration Committees with respect to VSM joint management posts

Integrated Commissioning (Committees in Common)

This new committee met for first time in April 2020 and looked at Terms of Reference and a potential workplan for the committee and arrangements for the following:

- Integrated Health & Care Plan
- The two joint commissioning plans for both adults and children
- The Integration Framework
- The ICP Strategic Commissioning Plan
- ICP Governance

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
- Undertaken an assurance mapping exercise against a range of CCG functions undertaking a rolling programme mapping assurance throughout the year
- Reviewed counter fraud and security arrangements
- Considered the Strategic Risk Register and received appropriate assurance with regards to risk management and controls within the organisation
- 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 all the 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. The CCG has appointed an Equality, Diversity and Inclusion Manager to further support its work in this regard. It also has an Equality and Inclusion Group that is accountable to the Quality, Performance and Finance Committee. Further details of the work of the CCG in this respect can be found on Page 21 of the CCG Annual Report.

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 and mitigations.

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
- 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

The CCG's capacity to handle risk

The Risk Management Strategy, updated in February 2020, 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, Audit Yorkshire 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 and GDPR as standard.

The key elements of the Risk Management Strategy are:

- To support the Governing Body in carrying out its duties effectively. The Integrated Audit and Governance Committee provides assurance (and the Quality Performance and Finance 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 CCG staff have undertaken the Electronic Staff Record (ESR) Information Governance training – Data Security Awareness Level 1. 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, gaps in control or and assurance and direct or indirect influence on risk mitigation. The operational risks remain on the corporate register or directorate risk registers.

An Assurance Framework based upon Department of Health and "best practice" guidance has been in place throughout the year.

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 Integrated Audit and Governance Committee. The Quality Performance and Finance 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 2021 are highlighted in the table below:

Risk Description	Current Risk Rating	Risk Mitigations and Controls
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	16	The NL Place Plan has a strong focus on prevention and reducing health inequalities, with joint working with North Lincolnshire Council. CCG has a lead GP for the prevention programme, a self-care plan and social prescribers within Primary Care Networks which help mitigate the risk. Any new services commissioned or redesigned always have equality as a central focus and, working with NLC, continue o gain insight as to how the pandemic has impacted on health inequalities particularly with vulnerable and at risk groups.
If NLAG fails to deliver a new model of integrated community services there will not be capacity or resources to fund a sustainable acute model	15	Contract variation not yet transacted due to Covid revised contractual processes. Performance reporting structures and processes being developed by NLAG but not yet fully in place. NLAG and CCG are working together with other partners to deliver transformation of community services. Progress continues to be made against the plan, with specific areas prioritised to support Covid pandemic.
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	Integrated Children's Trust and Integrated Adults Partnership now established with work streams identified. Northern Lincolnshire Transformation and Performance Operational Delivery Group now established to draw together the oversight of transformation schemes. Work has continued throughout the Covid period but priorities reviewed in light of Covid pandemic. Stakeholder sign up to the vision for services. Work continues to address the implication for financial flows of the activity shift. Progress on this is impacted by the national guidance relating to contracting processes in 21/22 and the release of NLAG acute costs.

Risk Description	Current Risk Rating	Risk Mitigations and Controls
There is a risk of harm to patients due to Failure of NLAG to meet all Control targets for Quality.	16	Oversight of NLaG's key quality outcomes continues to be monitored by the Quality Review Mechanism and external scrutiny is provided via the Quality Board. Further deterioration of 52 week waits, cancer performance and diagnostic waiting times have been impacted due to Covid-19. NLaG are continually undertaking a risk stratification and clinical harm review process to ensure patients are being seen in order of clinical priority, followed by the longest waiters. Recovery Plans were developed in Autumn 2020 across the Humber system however performance against these have been impacted by the 2nd wave of the Covid-19 pandemic across the whole system and these are currently being refreshed. Use of the Independent Sector is continuing to support waiting times wherever possible. Some CQC actions have also been impacted by the Covid-19 system pressures however CQC have regular dialogue with the Trust and NHSEI are continuing to support NLaG.
If the CCG fails to deliver its constitutional targets this may result in the CCG being assessed as inadequate.	15	The CCG continues to work closely in a system approach with NLAG to secure additional capacity and to transform services. The Humber acute services review (HASR) programme will support development of alternative service models to address capacity issues. NLAG service development and improvement plan focuses on reducing outpatient demand which will free up capacity. Outpatient Transformation plan in place and progress being made against the targets for reducing follow-ups. Delivery of the programme is overseen by Northern Lincolnshire Transformation and Performance Operational Delivery Group. Progress made in implementation of outpatient plans, although impact on changes below plan due to impact of Covid. Independent sector capacity (St Hugh's, New Medica) being utilised where possible and Goole District Hospital converted to green elective site. Risk stratification processes in place to assess those on waiting lists. Clinical validation processes in place to review overdue follow-ups. RTT and 52-week targets will not be met.

Note: Covid-19 has been identified as an ongoing risk for the CCG throughout 2020-21.

The CCG was an active member of the Humber area major incident arrangements, with executive director representation at the Strategic Co-ordinating Group meetings and senior officer representation at the Tactical Co-ordinating Group meetings led by the Local Resilience Forum. In addition, the CCG enacted its internal major incident and business continuity arrangements, with the CCG's Accountable Officer chairing a health services cell for the Humber area.

The specific risks in relation to the impact of COVID-19 were subject to increased frequency of review in- year and reflected in the CCG's Strategic and Corporate Risk Registers, as appropriate. Each 'strategic' risk is owned by a lead director and is reviewed and updated on a regular basis. The Integrated Audit & Governance Committee reviews the Corporate Risk Register and Strategic Risk Register. The Corporate Risk Register identifies the highest rated and 'Out of Appetite' operational risks faced by the CCG. The Governing Body reviews the Strategic Risk Register twice yearly. The Quality, Performance & Finance Committee reviews the Strategic Risk Register quarterly, providing independent assurance to the Governing Body. The Executive Management Group reviews the Strategic Risk

Register on a quarterly 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 where the 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.

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 31 March 2021 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 2017) 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.

Audit Yorkshire carried out an annual audit of conflicts of interest and the CCG has received substantial assurance. The audit report made some minor recommendations around noting when conflicts are notified at meetings and how these are recorded in line with current NHSE guidelines. These points have been addressed.

A link to the CCG's register of interests for the reader is provided here: https://northlincolnshireccg.nhs.uk/publications/lists-and-registers/

The COI work was paused by NHSE in April 2020 due to the Covid pandemic, so there were no quarterly data submissions carried out on COI during 2020-21.

Although the data collection activity was stopped on COI by NHSE, the obligations on CCG's to manage conflicts, including the training elements, remained in place.

Data quality

Data was collated and managed by NHS East Riding of Yorkshire Clinical Commissioning Group on behalf of North Lincolnshire CCG.

Data was presented to the Governing Body, its 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. NHS East Riding of Yorkshire Clinical Commissioning Group 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 Integrated Audit & Governance Committee (IA&GC).

The CCG continued to develop information governance processes and procedures in line with the Data Security Protection Toolkit (DSPT) 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, including board members undertake annual information governance training (Data Security Awareness training Level 1) 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 2020-21:

- Acceptable Computer Use Policy
- Confidentiality Audit Policy
- Confidentiality: Code of Conduct Policy
- Data Protection & Confidentiality Policy
- E-Mail Use Policy
- Information Security Policy
- Mobile Working Policy
- Records Management Policy
- Safe Haven Policy

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 Performance 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.

NHS Digital have revised the DSPT submission deadline for 2020-21 to June 2021. As part of the revised date NLCCG were to submit a Data Security and Protection Toolkit 'Baseline' assessment for NHS North Lincolnshire CCG before the end of February 2021. Confirmation has been received from NHS Digital of this submission. NLCCG had no lapses of data security incidents during 2020-21. The CCG continues its work in preparation for submission in advance of this deadline of June 21 and is projecting it will achieve substantial compliance against the requirements of the toolkit- subject to the completion of a review by Audit Yorkshire.

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. 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 third parties and the assurance required as received by or via service auditor reports.

The CCG currently contracts with a number of external organisations for the provision of support services and functions. This specifically includes the NHS Business Services Authority, and Capita. Assurances on the effectiveness of the controls in place for these third parties are received in part from an annual Service Auditor Report from the relevant service and I have been advised that such assurances have been provided for 2020/21.

Both the NHS Business Services Authority and Capita have received qualified opinions from their respective auditors on account of further assurance being required on the adequacy of a small number of controls. I am advised that appropriate plans have been developed to strengthen the relevant controls during the forthcoming year by both organisations.

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 2021 (based on the most recently available information), the CCG was meeting 10 out of 28 of its constitutional and operational targets. In particular, performance was below the required target in the following areas:

NHS NL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD Feb-21)	Target
A&E waiting time - total time in the A&E department, SitRep data	2020-21	73.3%	95%

Commentary:

Whilst the Trust saw a significant reduction in A/E activity in the first half of 2020/21, levels returned to pre-covid levels. NLaG year-end position was 80.6% against the 95% target. Performance has deteriorated due to the operational challenges faced by the emergency department needing to maintain social distancing measures, whilst managing patient flow through the department of the different cohorts of patients e.g. Covid positive, Covid suspected and Non Covid presentations.

A Northern Lincolnshire system wide Multi-Agency Discharge Event (MADE) was undertaken in January 2021 with good impact on improving patient flow. Work was established to embed changes in practice across the system, however over quarter 4 there has been an increase in acuity of patients presenting along with increasing attendance levels. In February 2021, Emergency Department attendances were at 85% of February 2020 levels.

NHS NL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (Month Feb-20)	Target
RTT - The percentage of incomplete pathways within 52 weeks for patients on incomplete pathways at the end of the period.	2020-21	61.74%	92%

Commentary:

In February 2021, 1010 North Lincolnshire patients waited over 52 weeks. This position has continued to deteriorate over the last year across all providers. The Humber Coast and Vale ICS had 15,821 breaches of the 52 week wait in February 2021. NL CCG therefore accounts for 6.38% of all HCV 52 week wait breaches.

National reporting shows that the CCG position in relation to Incomplete RTT performance is marginally below the England average in January 2021 at 66.2%, but just above the Humber Coast and Vale ICS average at 59.5% in January 2021.

Goole District General Hospital operating as a green elective site. The system continues to work with NLaG and IS providers to utilise available IS capacity. This includes Orthopaedics, General surgery, gynaecology, urology and ophthalmology. Shift of activity has been lower than plan with IS providers making spare capacity available to other Trusts with good uptake.

All patients on the waiting list are risk stratified to ensure the most clinically urgent are prioritised.

NHS NL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD Feb-21)	Target
Access to services: Diagnostics	2020-21	**41.52%**	**1%**

Commentary:

Diagnostics: CCG performance against the Diagnostic Waiting Time Standard failed to achieve the national standard in February 2021 with a slightly improved position since the last submission.

41.52% of patients waited over 6 weeks to receive an appointment in February against the standard of <1%. This equates to 3506 breaches of the diagnostic waiting times standard, with the CCG performance comparable to neighbouring CCGs. Performance has been significantly impacted by reduced throughput associated with Covid infection and prevention requirements.

CT colon and endoscopy remain the main challenges. Utilisation of IS capacity is established to maximise local capacity. In addition. NLaG has had an additional CT scanner on-line from January 2021. Clinical pathways have been reviewed in terms of utilising alternative diagnostic tests where clinically appropriate to reduce demand on pressures diagnostics, with a number of pathway changes made. Risk stratification processes are in place to ensure those with highest clinical urgency are prioritised.

NHS NL CCG PERFORMANCE NHS NATIONAL REQUIREMENTS		Actual (YTD Feb-21)	Target
Access to services - Cancer			
Cancer – 2ww for suspected cancer (breast cancer) (%)	2020-21	**86.4%**	**93%**
Cancer - 31 Day standard for diagnosis to first definitive treatment within 31 days (all cancers) (%)	2020-21	**88.1%**	**96%**
Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%)	2020-21	**60.6%**	**85%**

Commentary:

NL CCG performance had been fairly consistent up to January 2021, where performance reduced to 86.4%, however numbers are relatively small and this equated to 6 patients breaching the target, of which 3 were due to patient choice.

Cancer 31 day target (all cancers): The CCG performance deteriorated slightly further by February 2021 to 88.1%, however this equates to 7 breaches.

Cancer 62 day target: The CCG saw a further deterioration in January 2021 to 60.6% after a significant improvement in December (73%). Main reasons for breaches relate to clinical and diagnostic capacity. Cancer patients are prioritised for surgery, with risk assessment processes in place.

Full information regarding performance against the CCG's detailed targets and highlights of plans to support improved performance for the future are set out in the performance section of the CCG Annual Report. 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.

2020-21 Performance

Responding to the Covid 19 pandemic provided a unique set of both operation and financial challenges for the financial year 2020-21.

In order to support the operational response normal financial and contractual arrangements were suspended and replaced with two separate financial regimes covering the period April 20 - September 20 (H1) and October 20 – March 21 (H2) respectively.

H1 April – September saw the NHS operating under a full cost recovery system. This was replaced for the H2 period October – March with a system wide financial control total allocated to the Humber Coast and Vale ICS that all NHS member organisations were required to work within.

This funding envelope was further supplemented with additional funds for System Development, the Hospital Discharge Scheme and Acute Independent Sector Reimbursements.

The statutory duty for each organisation to achieve financial balance remained. Partners across the system worked together achieve this ensuring the most effective deployment of resource across the system.

As a result of this NHS North Lincolnshire CCG received a total in year funding allocation of £297.8m, against which it is reporting an in year surplus of £31k.

In addition to the financial regime changes noted above, significant changes were noted in relation to the contractual arrangements. The most notable of these was the suspension of local NHS Provider contracts with nationally determined values replacing locally negotiated payments and the national procurement of independent sector capacity replacing local commissioning arrangements.

The CCG spent £2,957k on the administration of the organisation in 20-21 against an available allocation of 3,599k. The surplus allocation was utilised on the purchase of health care services.

Financial development and performance 2020-21

The CCG's accounts have been prepared under a direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

There are significant financial challenges to the NHS as a whole, driven largely by the Covid-19 pandemic and the associated pressure on all areas of healthcare.

The financial regime imposed in 2020-21 has enabled systems to respond to the immediate pressures, however the financial pressure that will be faced as we move towards further restoring services and delivering recovery targets is likely to be substantial.

In order to focus on delivering treatment as quickly as possible the previous system of efficiency in NHS Commissioning, namely the Quality, Innovation, Productivity and Prevention or QIPP programme, was suspended for the year. The CCG has continued to focus on delivering value for money and ensuring robust financial control despite the changing and unpredictable circumstances in which we have been operating.

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

Managing our resources 2021-22 and beyond

The annual NHS finance and operational planning round has been delayed, and in order to support this the current financial framework will continue into H1 (April to September) 2021/22.

Funding envelopes for H1 of 2021-22 are based on the expenditure incurred in H2 (October – March) of 2020-21. This includes system top-up and Covid allocations. The funding for Independent Sector acute contracts will also be returned to CCGs. Adjustments will also be made for a limited number of items outside of the envelopes, including System Development Funding and the Hospital Discharge Scheme.

Guidance on the funding and associated arrangements for the remainder (H2 September – March) of 2021-22 have yet to be published, however the challenges and ambitions set out in the NHS Long Term Plan remain a key focus for the CCG.

Continued focus will remain on the NHS Long Term Plan's vision of health and care being joined up locally around peoples needs. This work is guided by the following principles:

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

Finance leaders across the Humber Coast and Vale ICS continue to work together to understand the implications and associated transitional arrangements required to ensure the smooth implementation of the legislative changes outlined in the Integrating Care: Next Steps for Integrated Care Systems (ICSs) published on the 24th November 2020. It is intended to move to the implementation of shadow arrangements during 2021-22.

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) delegates 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 Off i c e r with third party providers who support the commissioning functions of the CCG. 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. 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 Governance and Audit Committee has assured itself that the organisation has adequate arrangements in place for countering fraud and regularly reviews the outcomes of counter fraud work.

As stated earlier in this Statement, the CCG has a team of accredited Counter Fraud Specialists (LCFSs) that are contracted to undertake counter fraud work proportionate to identified risks. 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 Governance and Audit Committee annually. In January 2020, the NHS Counter Fraud Authority (NHSCFA) issued Standards for Commissioners – fraud, bribery and corruption to LCFSs and Chief Finance Officers. The standards outlined an organisation's corporate responsibilities regarding counter fraud and the key principles for action.

The standards are as follows:

- Strategic governance – this sets out the requirements in relation to the strategic governance arrangements of the organisation to ensure that anti-crime measures are embedded at all levels across the organisation.
- Inform and Involve – this sets out the requirements in relation to raising awareness of crime risks against the NHS, and working with NHS staff and the public to publicise the risks and effects of crime against the NHS.
- Prevent and Deter – this sets out the requirements in relation to discouraging individuals who may be tempted to commit crime against the NHS and ensuring that opportunities for crime to occur are minimised.
- Hold to Account – this sets out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes, and seeking redress.

There is an approved and proportionate risk based counter fraud work plan in place which is monitored at Integrated Governance and Audit Committee meetings, in accordance with Standards for NHS Commissioners.

In line with NHS Counter Fraud Authority Commissioner Standards, which first became effective 1st April 2015 and are reviewed annually, the CCG completed an online Self Review Tool (SRT) quality assessment to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as an 'Amber' rating. This self-assessment (SRT) detailing our scoring was approved by Chief Finance Officer prior to submission.

It should be noted that at the end of July 2020 the NHSCFA issued a circular concerning the publication by the Cabinet Office of the Government Functional Standard GovS 013: Counter Fraud (Functional Standard). The circular outlined the NHSCFA's plans for the Functional Standard to be introduced across the NHS, detailing the intended arrangements and timescales. On 29 January 2021, the NHSCFA rolled out new counter fraud requirements for NHS-funded services in relation to the Functional Standard. All NHS bodies will be expected to work towards covering all 13 requirements by the end of 2021/22. Organisations were issued a Functional Standard Return on 23rd March 2021 and will need to submit this by the deadline of the end of May 2021. As with the previous SRT, this process should be overseen by the organisation's CFO and Audit Committee Chair in line with the organisation's existing approach to counter fraud assurance. The counter fraud work plan for 2021/22 will be designed to align to the requirements of the new standard.

Head of Internal Audit Opinion

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

The Head of Internal Audit concluded that:

> From my review of your systems of internal control, I am providing and opinion that significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.

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

Audit	Assurance Level
Governance and Risk Management Arrangements	High
Conflicts of Interest	Significant
Key Financial Controls	High
Data Security and Protection Toolkit	Fieldwork Underway but no major concerns identified

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 I am also 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 Strategic Risk Register 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
- Assessment of the impact of the proposals set out in the Government's White Paper for the NHS.

In addition to myself, the systems and mechanisms set out within this Statement. and officers have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in 2020/21 and have managed risks assigned to them. In particular:

- 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:
  As the Committee with overarching responsibility for risk management, it provides assurance to the Governing Body that appropriate risk management arrangements are in place across 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 Committee is underpinned by various sub groups covering areas including health & safety, emergency planning and information governance.
- The Quality Performance & Finance Committee:
  Responsible for providing assurance to the Governing Body that appropriate clinical risk management, financial and performance arrangements are in place across the organisation. The Committee is underpinned by various sub groups covering areas including, 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 its statutory financial obligations to achieve financial targets and reports financial risks to the Governing Body.
- NHS England Yorkshire & The Humber
  The CCG had quarterly Assurance Reviews with NHS England Yorkshire & the Humber.

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 - 01.04.20 - 31.03.21

	Date of Meeting											
Name	09.04.20	14.05.20 Workshop	11.06.20	09.07.20 Workshop	13.08.20	10.09.20 Workshop	08.10.20	12.11.20 Workshop	10.12.20	14.01.21 Workshop	11.02.21	11.03.21 Workshop
Dr Faisel Baig	✔	CANCELLED	✔	✔	✔	CANCELLED	✔	✔	✔	CANCELLED	✔	✔
Emma Latimer	✔		✔	✔	✔		✔	✔	✔		✔	✖
Alex Seale	✔		✔	✔	✔		✔	✔	✔		✔	✔
Emma Sayner	✔		✔	✔	✖		✔	✔	✔		✔	✔
Clare Linley	✔		✔	✔	✔		✔	✔	✔		✔	✔
Geoff Day	✔		✔	✔	✔		✔	✔	✔		✔	✔
Dr Satpal Shekhawat	✔		✔	✔	✔		✔	✔	✔		✔	✔
Dr Hardik Gandhi	✔		✔	✔	✖		✔	✔	✔		✔	✔
Dr Salim Modan	✔		✔	✔	✔		✔	✔	✔		✔	✔
Dr Gary Armstrong	✔		✔	✔	✔		✔	✔	✔		✔	✔
Dr Pratik Basu	✔		✔	✔	✔		✔	✔	✔		✔	✔
Janice Keilthy	✔		✔	✔	✔		✔	✔	✔		✔	✔
Heather McSharry	✔		✔	✔	✔		✔	✔	✔		✖	✔
Erika Stoddart	✔		✔	✔	✔		✔	✔	✔		✔	✔
Dr James Woodard	✔		✔	✔	✔		✔	✔	✔		✔	✖
Penny Spring	✖		✖	✖	✔		✖	✖	✖		✖	✖
Jilla Burgess Allen			✖	✖	✖		✖	✖	✔		✖	✖
Cheryl George			✔	✖	✖		✔	✖	✖		✖	✖

Primary Care Commissioning Committee - 01.04.20 - 31.03.21

Name	Date of Meeting							
	23.04.20	14.05.20	25.06.20	27.08.20	22.10.20	24.12.20	28.01.21	25.02.21
Janice Keilthy	CANCELLED	✔	✔	✔	✔	CANCELLED	✔	✔
Heather McSharry		✔	✔	✔	✔		✖	✔
Emma Sayner		✖	✖	✔	✖		✖	✖
Dr Andrew Lee		✔	✔	✖	✖		✔	✖
Dr Salim Modan		✔	✔	✔	✔		✔	✔
Dr Faisel Baig		✔	✔	✔	✔		✔	✔
Clare Linley		✔	✖	✔	✖		✔	✔
Helen Davis		✖	✔	✖	✔		✖	✖
Alex Seale		✔	✔	✔	✔		✔	✔
Dr Satpal Shekhawat		✔	✔	✔	✖		✔	✔
Penny Spring		✖	✖	✖	✖		✖	✖
Cheryl George Consultant in Public Health		✖	✔	✖	✖		✖	✖
Jill Burgess Allen Consultant in Public Health		✖	✖	✔	✖		✖	✖
Stephen Pintus		✖	✖	✖	✖		✖	✖
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		✔	✔	✔	✔		✔	✔
Louise Tilley, Deputy Chief Finance Officer		✔	✔	✖	✔		✔	✔
Erica Ellerington, NHSE		✔	✔	✖	✔		✔	✔
Adam Ryley		✔	✔	✔	✔		✔	✖

Remuneration Committee 01.04.20 - 31.03.21

	Date of Meeting		
Name	04.06.20	11.11.20	28.01.21
Janice Keilthy	✔	✔	✔
Dr Salim Modan	✔	✔	✔
Erika Stoddart	✔	✔	✔
Heather McSharry	✔	✔	✖

Council of Members 01.04.20 - 31.03.21

	Date of Meeting											
Name	23.04.20	28.05.20	25.06.20	23.07.20	27.08.20	24.09.20	22.10.20	26.11.20	24.12.20	28.01.21	25.02.21	25.03.21
Ancora	CANCELLED	✔	✔	✔	✔	✔	✔	✔	CANCELLED	✔	✔	✔
Ashby Turn		✔	✔	✔	✖	✔	✔	✔		✖	✔	✔
Barnetby Dr Ahmed		✔	✔	✔	✔	✔	✔	✔		✖	✔	✔
Bridge St		✔	✔	✔	✔	✔	✔	✔		✔	✔	✔
Cambridge Avenue		✔	✔	✖	✔	✔	✔	✔		✔	✔	✔
Cedar		✔	✔	✔	✔	✔	✔	✔		✔	✔	✔
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 01.04.20 - 31.03.21

	Date of Meeting											
Name	23.04.20	21.05.20	18.06.20	16.07.20	20.08.20	17.09.20	15.10.20	19.11.20	17.12.20	21.01.21	18.02.21	18.03.21
Dr Gary Armstrong	✔	✔	✔	✔	✖	✔	✖	✔	✔	✔	✔	✔
Alex Seale	✔	✔	✔	✔	✔	✔	✖	✖	✔	✔	✖	✖
Clare Linley	✔	✔	**Represented by Helen Davis**									
Helen Davis	✖	✖	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔
Dr Faisel Baig	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔	✔	✖
Dr Hardik Gandhi	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Dr Pratik Basu	✔	✔	✔	✔	✔	✔	✔	✔	✖	✔	✔	✔
Dr Satpal Shekhawat	✔	✔	✖	✔	✔	✔	✔	✖	✔	✖	✔	✔
Janice Keilthy	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Heather McSharry	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Geoff Day	✔	✖	✖	✖	✔	✖	✖	✖	✖	✖	✖	✖
Greg Gough Consultant in Public Health	✖	✖	✔	✖	✖	✖	✖	✖	✖	✖	✖	✖
Jilla Burgess Allen Consultant in Public Health	✔	✔	✖	✔	✔	✔	✔	✔	✔	✔	✖	✖

Quality Performance & Finance Committee 01.04.20 - 31.03.21

	Date of Meeting					
Name	07.05.20	02.07.20	02.07.20	05.11.20	05.11.20	04.03.21
Janice Keilthy	✔	✔	✔	✔	✔	✔
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	✔	✔	✖	✖		
Louise Tilley Interim Deputy Chief Finance Officer	✔	✔	✔	✔	✔	✔
Alex Seale	✖	✔	✔	✔	✖	✔
Geoff Day	✖	✖	✖	✖	✖	✖
Helen Davis	✔	✔	✔	✔	✔	✔
Mark Williams Head of Communication and Engagement					✔	✔

Integrated Audit and Governance Committee 1.04.20 - 31.03.21

	Date of Meeting							
Name	23.04.20*	20.05.20*	20.05.20	01.07.20	02.09.20	04.11.20	06.01.21	03.03.21
Erika Stoddart	✔	✔	✔	✔	✔	✔	✔	✔
Janice Keilthy	✔	✔	✔	✔	✔	✔	✔	✔
Heather McSharry	✔	✔	✔	✔	✔	✔	✔	✔

* Extraordinary meeting

Remuneration and Staff Report

Remuneration Report

Senior manager remuneration (including salary and pension entitlements) (Subject to Audit) Salary Table 2020-21

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	15-20	0	0	0	0	15-20
Faisel Baig - Chair	85-90	0	0	0	0	85-90
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 ***	10-15	0	0	0	0	10-15
Clare Linley - Director of Nursing & Quality **	55-60	0	5-10	0	70-72.5	135-140
Heather McSharry - Lay Member ***	10-15	0	0	0	0	10-15
Salim Modan - GP Member	45-50	0	0	0	0	45-50
Alex Seale - Chief Operating Officer ****	110-115	6,800	5-10	0	97.5-100	225-230
Satpal Shekawat - GP Member / Associate Medical Director (AMD)	60-65	0	0	0	0	60-65
Erika Stoddart - Lay Member ***	10-15	0	0	0	0	10-15
Emma Latimer - Chief Officer*	50-55	2,800	10-15	0-5	0-2.5	60-65
Emma Sayner - Chief Finance Officer*	55-60	3,600	15-20	0-5	10-15	85-90
Dr James Woodard - Secondary Care Consultant*	5-10	0	0	0	0	5-10
Penny Spring - Director of Public Health (up to 2 November 2020)*	0	0	0	0	0	0
Geoff Day - Director of Primary Care (up to 31 March 2021)*	0	0	0	0	0	0

*** The following 5 Senior Post holders are not paid directly by North Lincolnshire CCG:**

1) Emma Latimer (from 01/11/2019) is currently in joint posts with North Lincolnshire CCG, Hull CCG and East Riding of Yorkshire CCG. The values above relate to NHS Lincolnshire CCG, however Emma Latimer's respective salary banding is £150-155k.

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

3) 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.

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

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

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

*** The salary banding includes a backdated pay award in respect of 2019/20. The salary banding excluding this would be £5-£10k

**** The salary banding includes a backdated pay award in respect of 2019/20. The salary banding excluding this would be £105-110k

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

Individual VSM performance is assessed as falling in one of four bands, with Bands 1 and 2 being eligible for consideration of PRP, with a maximum award of between 5% and 15% being paid to a Band 1 VSM and 3% to a Band 2 VSM. Bands 3 and 4 are not eligible for consideration of a performance award. The Remuneration Committee scrutinises individual VSM officer performance against their annual objectives and recommends for the Governing Body's approval the performance band to be assigned against each VSM.

Salary Table 2019-20

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 Shekawat - 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 5 Senior Post holders 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 receives no remuneration from North Lincolnshire CCG.

4) Geoff Day - Employed by NHS England and Improvement and receives 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, whilst other GPs are Clinical Leads and some GPs have combined both roles

Pensions Table 2020-21

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 2021 (bands of £5,000) £000's	(d) Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000) £000's	(e) Cash Equivalent Transfer Value at 1 April 2020 £000's	(f) Real Increase in Cash Equivalent Transfer Value £000's	(g) Cash Equivalent Transfer Value at 31 March 2021 £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	0	0	0	0	0	0	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	5-7.5	17.5-20	40-45	125-130	799	144	971	0
Heather McSharry - Lay Member*	0	0	0	0	0	0	0	0
Salim Modan - GP Member *	0	0	0	0	0	0	0	0
Alex Seale - Chief Operating Officer	5-7.5	7.5-10	35-40	80-85	573	85	683	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 - Chief Officer +	0	0	0	0	0	0	0	0
Emma Sayner - Chief Finance Officer +	0	0	0	0	0	0	0	0
Dr James Woodard - Secondary Care Consultant**	0	0	0	0	0	0	0	0
Penny Spring - Director of Public Health (up to 2 November 2020)**	0	0	0	0	0	0	0	0
Geoff Day - Director of Primary Care (up to 31 March 2021)**	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 James Woodard is employed by The University Hospitals of Derby and Burton Foundation Trust, Penny Spring is employed by North Lincolnshire Council 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 2020/21

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

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 real increase in CETV. This is more likely to affect the 1995 and the 2008 Section.

This does not affects the calculation of the real increase in pension benefits, column (a) and (b) of Table 2, or the Single total figure table, column (e) of Table 1

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

The CCG made no payments in respect of early retirement or for loss of office in 2020-21.

Payments to past members (subject to audit)

The CCG made no payments to past members in 2020-21.

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 2020/21 was £145- 150k (2019/20: £150-155k). This was 3.31 times (2019/20: 3.48) the median remuneration of the workforce, which was £44.5k (2019/20: £43.8k).

In 2020-21, 13 (2019-20: 11) employees received remuneration in excess of the highest-paid director/ Member. Remuneration ranged from £15,790 to £169,115 (2019-20: £17,652 to £153,930).

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.

Staff Report

CCG Staff numbers 2020-21 (senior managers)

Please see table below for information on number of senior managers by band and analysed by 'permanently employed' and 'other' staff for NHS North Lincolnshire CCG between 1 April 2020 and 31 March 2021.

Pay band	Total
Band 8a	7
Band 8b	5
Band 8c	3
Band 8d	-
Band 9	-
VSM	3
Governing body	8*
Any other spot salary	8
Assignment category	**Total**
Permanent	65
Fixed term	1
Statutory office holders	8
Bank	-
Honorary	14

**GP, Lay and other non-CCG staff members as at 31 March 2021

Gender composition for staff, Governing Body and Council of Members 2020-21

Between 1 April 2020 and 31 March 2021 the gender composition of the NHS North Lincolnshire CCG Board and Council of Members was as follows:

	Female	Male
CCG Board (Governing Body)	5	7
CCG Membership (Council of Members)	2	17

The gender composition for NHS North Lincolnshire CCG employees at 31 March 2021 was as follows:

Pay band	Female	Male
Band 8a	6	1
Band 8b	3	2
Band 8c	3	-
Band 8d	-	-
Band 9	-	-
VSM	3	-
Governing body**	5	7
Any other spot salary	3	5
All other employees (including apprentice if applicable)	40	5

** Includes VSM staff

Sickness absence Data

The sickness absence data for NHS North Lincolnshire CCG between 1 April 2020 and 31 March 2021 is below:

Absence	Total (2020-21)
Average sickness %	2.12%
Total number of FTE days lost	464

The CCG regularly reviews reasons for absence and all sickness is managed in line with the organisation's Attendance Management Policy which can be found at www.northlincolnshireccg.nhs.uk.

Turnover

The average staff turnover for NHS North Lincolnshire CCG between 1 April 2020 and 31 March 2021 is below

Turnover Total
1.24%

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

Staff engagement, workforce health and wellbeing

The HR and OD team have delivered regular updates at bi-weekly team briefings including; training opportunities, Wellness Action Plans and guides, national Health and wellbeing apps and useful websites to support wellbeing whilst staff continue to work predominately from home.

NHS North Lincolnshire CCG also provides support to physical and emotional wellbeing through management and self-referral to Occupational Health services, including the ability to access counselling sessions. Staff also have access to colleagues who are trained mental health first aiders. A staff wellbeing measure will be undertaken via the next staff survey.

All staff have been offered the flu vaccination via Occupational Health and those staff who were identified by NHS North Lincolnshire CCG as being frontline, have also been offered the Covid-19 vaccination. Individual staff risk assessments were undertaken early in the pandemic and personal plans developed to identify and mitigate any equality or diversity issues that my impact on staff safety.

The HR and OD team have also refreshed the leavers survey, which can be completed online and is sent to both those leaving the organisation as well as those going on secondment. The survey enables the CCG to understand reasons for leaving and identify any improvements in staff experience.

A review of recruitment processes and mechanisms for sharing vacancies is under way and already wider sharing for vacancies across voluntary and community sectors has been instigated. The recruitment audit is ongoing but does include a section on advert placement to attract a diverse workforce. The HR and OD team has delivered two sessions of Recruitment and Selection training and plan to run a further session virtually in the year.

All staff have the opportunity to discuss and agree their own individual objectives as part of their annual Personal Development Review, when any relevant training and development needs are also identified. A training needs assessment and review will be undertaken in 2021 as part of the Humber CCG People Plan and should identify areas where managers need support to take responsibility for EDI issues.

Equality and Diversity Staff policies

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

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

Four policies were reviewed/developed through to approval in 2020-21:

- Change management
- Secondment
- Other leave

Our policies are available at:
https://northlincolnshireccg.nhs.uk/

Disability policy

As a Disability Confident employer, North Lincolnshire CCG is committed to supporting people with a disability or health condition to find, and stay in, work.

The CCG has also signed the Mindful Employer Charter with the ambition to support the mental health and wellbeing of staff. During the year, CCG staff have had access to a number of free online resources to support with their mental health and wellbeing including Headspace, Liberate Meditation and Unmind.

We actively encourage people with disabilities to apply for positions in our organisation and are commitment to interviewing job applicants with disabilities where they meet the minimum criteria for the job.

When candidates are invited to the interview they are asked to contact the HR Team if they require any reasonable adjustments to be made. Staff members who have a disability will be supported with any reasonable adjustments required where recommendations may be made regarding working environment, working patterns, training and development or referrals to other agencies such as Access to Work. Occupational Health will also provide support to staff if they acquire a disability, or should an existing disability or health condition worsen, to enable them to continue in their current role.

Staff members who have disabilities have the opportunity to discuss their development through our Personal Development and Review process. An equality impact analysis is undertaken on all newly proposed Human Resources policies to determine whether it has a disparate impact on disability and, where identified, action is considered to mitigate this.

Should circumstances change with an employee's disability status during their employment then the framework within the Attendance Management Policy would be used. The Attendance Management Policy provides an opportunity through Return to Work interviews to discuss additional support needs which can be sought from Occupational Health if required.

Staff consultation

Recognising the benefits of partnership working, North Lincolnshire CCG is an active member of the Humber CCG Social Partnership Forum which is organised by the Human Resources Team.

The forum works across the three Humber CCGs: Hull, East Riding of Yorkshire and North Lincolnshire. The aim of the Partnership Forum is to provide a formal negotiation and consultation group for the CCGs and the Trade Unions to discuss and debate issues in an environment of mutual trust and respect.

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

Trade Union Facility Time Reporting Requirements

Not applicable.

Raising concerns – whistleblowing arrangements

The CCG has a Whistleblowing policy and procedure in place at www.northlincolnshireccg.nhs.uk for staff and external parties to raise concerns without fear or reprisal or victimisation which demonstrates the CCG's commitment and support to those who come forward.

Concerns may relate to unlawful conduct, financial malpractice, malpractice related to patients, employees, the public or the environment. Where concerns have been raised the CCG has carried out an investigation following due process outlined in the Policy and reported the outcomes as appropriate.

Other employee matters

Staff Numbers (subject to audit)

	2020-21			2019-20		
Average number of people employed	Permanent Employees	Other	Total	Permanent Employees	Other	Total
Total	64.57	0.71	65.28	61.20	1.03	62.23
Of the above: Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

Staff Costs table 2020-21 (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	1,568	24	1,592	1,501	35	1,536	3,069	58	3,127
Social security costs	168	-	168	156	-	156	323	-	323
Employer contributions to the NHS Pension Scheme	341	-	341	177	-	177	518	-	518
Other pension costs	0	-	0	-	-	-	0	-	0
Apprenticeship Levy	-	-	-	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-	-	-	-
Other employment benefits	-	-	-	-	-	-	-	-	-
Termination benefits	-	-	-	-	-	-	-	-	-
Gross Employee Benefits Expenditure	**2,076**	**24**	**2,100**	**1,834**	**35**	**1,868**	**3,910**	**58**	**3,968**
Less: Recoveries in respect of employee benefits (note 4.1.2)	-	-	-	-	-	-	-	-	-
Total - Net admin employee benefits including capitalised costs	**2,076**	**24**	**2,100**	**1,834**	**35**	**1,868**	**3,910**	**58**	**3,968**
Less: Employee costs capitalised	-	-	-	-	-	-	-	-	-
Net employee benefits expenditure excluding capitalised costs	**2,076**	**24**	**2,100**	**1,834**	**35**	**1,868**	**3,910**	**58**	**3,968**

Expenditure on consultancy

The CCG had no spend on consultancy in 2020/21.

Off-payroll engagements

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

The CCG has no existing off-payroll engagements costing more the £245 per day as of 31 March 2021.

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

	Number
No. of temporary off-payroll workers, engaged between 1 April 2020 and 31 March 2021	1
Of which:	
No. not subject to off-payroll legislation	
No. subject to off-payroll legislation and determined as in-scope of IR35	
No. subject to off-payroll legislation and determined as out of scope of IR35	1
No. of engagement reassessed for compliance or assurance purposes during the year	
Of which: no. of engagements that saw a change to IR35 status following review	

Table 3: Off-payroll board members/senior official engagements

The CCG has had no off-payroll engagements of Board members or senior officials with significant financial responsibility between April 1, 2020 and March 31, 2021.

Exit packages, including special (non-contractual) payments

The CCG had no exit packages, including special (non-contractual) payments or other departures during 2020-21.

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 on page 27. An audit certificate and report is also included in this report at page 28 of the Annual Accounts Section.

Part Three:
Annual Accounts

Emma Latimer
Accountable Officer

NHS North Lincolnshire CCG - Annual Accounts 2020-21

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The Primary Statements:

Notes to the Accounts

Statement of Comprehensive Net Expenditure for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Income from sale of goods and services	2	(268)	(152)
Other operating income	2	-	(754)
Total operating income		**(268)**	**(906)**
Staff costs	4	3,968	3,710
Purchase of goods and services	5	293,473	276,013
Depreciation and impairment charges	5	-	-
Provision expense	5	-	-
Other Operating Expenditure	5	641	449
Total operating expenditure		**298,082**	**280,172**
Net Operating Expenditure		**297,814**	**279,266**
Finance income		-	-
Finance expense		-	-
Net expenditure for the Year		**297,814**	**279,266**
Net (Gain)/Loss on Transfer by Absorption		-	-
Total Net Expenditure for the Financial Year		**297,814**	**279,266**
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		-	-
Net (gain)/loss on assets held for sale		-	-
Actuarial (gain)/loss in pension schemes		-	-
Impairments and reversals taken to Revaluation Reserve		-	-
Items that may be reclassified to Net Operating Costs			
Net (gain)/loss on revaluation of other Financial Assets		-	-
Net gain/loss on revaluation of available for sale financial assets		-	-
Reclassification adjustment on disposal of available for sale financial assets		-	-
Sub total		**-**	**-**
Comprehensive Expenditure for the year		**297,814**	**279,266**

Statement of Financial Position as at 31 March 2021

	Note	2020-21 £'000	2019-20 £'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	8	920	1,206
Other financial assets		-	-
Other current assets		-	-
Cash and cash equivalents	9	16	16
Total current assets		**936**	1,222
Non-current assets held for sale		-	-
Total current assets		**936**	1,222
Total assets		**936**	1,222
Current liabilities			
Trade and other payables	10	(18,448)	(17,505)
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total current liabilities		**(18,448)**	(17,505)
Non-Current Assets plus/less Net Current Assets/Liabilities		**(17,512)**	(16,283)
Non-current liabilities			
Trade and other payables		-	-
Other financial liabilities		-	-
Other liabilities		-	-
Borrowings		-	-
Provisions		-	-
Total non-current liabilities		**-**	-
Assets less Liabilities		**(17,512)**	(16,283)
Financed by Taxpayers' Equity			
General fund		(17,512)	(16,283)
Revaluation reserve		-	-
Other reserves		-	-
Charitable Reserves		-	-
Total taxpayers' equity:		**(17,512)**	(16,283)

The notes on pages 5 to 27 form part of this statement

The financial statements on pages 1 to 4 were approved by the Integrated Audit and Governance Committee on 9 June 2021 and signed on its behalf by:

Emma Latimer

Accountable Officer

31 March 2021

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2020-21				
Balance at 01 April 2020	(16,283)	0	0	**(16,283)**
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 2021	**(16,283)**	**0**	**0**	**(16,283)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2020-21				
Net operating expenditure for the financial year	(297,814)			**(297,814)**
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	**(297,814)**	**0**	**0**	**(297,814)**
Net funding	296,584	0	0	**296,584**
Balance at 31 March 2021	**(17,512)**	**0**	**0**	**(17,512)**

	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 of assets and liabilities from closed NHS bodies	0	0	0	**0**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2020	**(16,675)**	**0**	**0**	**(16,675)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating costs 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	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)**

The notes on pages 5 to 27 form part of this statement

Statement of Cash Flows for the year ended 31 March 2021

	Note	2020-21 £'000	2019-20 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(297,814)	(279,266)
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	8	286	1,336
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade & other payables	10	943	(1,738)
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		**(296,584)**	(279,668)
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		**(296,584)**	(279,668)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		296,584	279,658
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		**296,584**	279,658
Net Increase (Decrease) in Cash & Cash Equivalents	9	**(0)**	(10)
Cash & Cash Equivalents at the Beginning of the Financial Year		**16**	26
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**	16

The notes on pages 5 to 27 form part of this statement

Notes to the financial statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2020-21 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis.

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

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

1.2 Accounting Convention

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

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

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

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

1.4 Pooled Budgets

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

1.5 Operating Segments

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

1.6 Revenue

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

• As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,

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

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

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

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

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

Payment terms are standard reflecting cross government principles.

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

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

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

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

Notes to the financial statements

1.7.2 **Retirement Benefit Costs**

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

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

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

1.8 **Other Expenses**

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

1.9 **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.

1.9.1 **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.

1.10 **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.

1.11 **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:

All general provisions are subject to four separate discount rates according to the expected timing of cash flows from the Statement of Financial Position date:

• A nominal short-term rate of 0.02% (2019-20: 0.51%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.

• A nominal medium-term rate of 0.18% (2019-20: 0.55%) 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% (2019-20: 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% (2019-20: 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.

1.12 **Clinical Negligence Costs**

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

1.13 **Non-clinical Risk Pooling**

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

Notes to the financial statements

1.14 **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.

1.15 **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.

1.15.1 **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.

1.16 **Financial Liabilities**

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

1.16.1 **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.

1.17 **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.

1.18 **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).

1.19 **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.

1.19.1 **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.

Notes to the financial statements

1.19.2 **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 2020-21 (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 (applies for 2019-20 only)

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).

1.20 **Climate Change Levy**

Expenditure is recognised in line with the levy charged, based on the chargeable rates for energy consumption per the rates detailed in the Climate Change Levy documentation.

1.21 **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 2020-21. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2022/23, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- IFRS 16 Leases – The Standard is effective 1 April 2022 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.

It is not possible to assess the financial impact of these new accounting standards at this stage.

2 Other Operating Revenue

		2020-21 Total £'000	2019-20 Total £'000
	Income from sale of goods and services (contracts)		
	Education, training and research	**-**	-
	Non-patient care services to other bodies	**84**	71
	Patient transport services	**-**	-
1*	Prescription fees and charges	**165**	60
	Dental fees and charges	**-**	-
	Income generation	**-**	-
	Other Contract income	**20**	21
	Recoveries in respect of employee benefits	**-**	-
	Total Income from sale of goods and services	**268**	**152**
	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
	Total Other operating income	**-**	**754**
	Total Operating Income	**268**	**906**

Explanatory Notes

1* Prescription fees and charges income increased in 2020-21 as a result of increased income from prescribing rebate schemes.

2* Other non contract revenue included £554k income in respect of the Transforming Care Programme in 2019-20. The value in 2020-21 is nil.

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

2020/21	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
Source of Revenue								
NHS	-	-	-	-	-	-	-	-
Non NHS	-	84	-	165	-	-	20	-
Total	**-**	**84**	**-**	**165**	**-**	**-**	**20**	**-**

	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	-	84	-	165	-	-	20	-
Total	**-**	**84**	**-**	**165**	**-**	**-**	**20**	**-**

2019/20	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 future periods related to contract performance obligations.

4. Employee benefits and staff numbers

4.1.1 Employee benefits

	Total 2020-21		
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**3,069**	**58**	**3,127**
Social security costs	**323**	**0**	**323**
Employer Contributions to NHS Pension scheme	**518**	**0**	**518**
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	**0**	**0**	**0**
Gross employee benefits expenditure	3,910	58	3,968
Less recoveries in respect of employee benefits (note 4.1.2)	**0**	**0**	**0**
Total - Net admin employee benefits including capitalised costs	3,910	58	3,968
Less: Employee costs capitalised	**0**	**0**	**0**
Net employee benefits excluding capitalised costs	3,910	58	3,968

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

4.2 Average number of people employed

	2020-21			2019-20		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**64.57**	**0.71**	**65.28**	**61.20**	**1.03**	**62.23**
Of the above:						
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**	**-**	**-**	**-**

4.3 Pension costs

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

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

4.3.1 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 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 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.

4.3.2 Full actuarial (funding) valuation

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

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

5. Operating expenses

		2020-21 Total £'000	2019-20 Total £'000
	Purchase of goods and services		
	Services from other CCGs and NHS England	73	87
1*	Services from foundation trusts	149,951	142,380
2*	Services from other NHS trusts	27,175	24,098
	Provider Sustainability Fund	-	-
	Services from Other WGA bodies	-	-
3*	Purchase of healthcare from non-NHS bodies	39,603	34,913
	Purchase of social care	7,285	6,923
	General Dental services and personal dental services	-	-
	Prescribing costs	35,071	34,129
	Pharmaceutical services	-	-
	General Ophthalmic services	-	-
	GPMS/APMS and PCTMS	28,721	27,329
	Supplies and services – clinical	314	253
	Supplies and services – general	3,102	1,914
	Consultancy services	-	-
	Establishment	651	290
4*	Transport	82	1,817
	Premises	332	321
5*	Audit fees	51	43
	Other non statutory audit expenditure		
	· Internal audit services	-	-
	· Other services	10	10
	Other professional fees	631	1,151
	Legal fees	117	35
	Education, training and conferences	304	320
	Funding to group bodies	-	-
	CHC Risk Pool contributions	-	-
	Non cash apprenticeship training grants	-	-
	Total Purchase of goods and services	**293,473**	**276,013**
	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	531	449
	Grants to Other bodies	-	-
	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	-	-
6*	Other expenditure	110	-
	Total Other Operating Expenditure	**641**	**449**
	Total operating expenditure	**294,114**	**276,462**

Explanatory Notes

1* Services from foundation trusts expenditure has increased during 2020-21, mainly as a result of:
- Increased expenditure with Northern Lincolnshire and Goole Hospitals NHS FT of £7,012k
- Increase expenditure with Rotherham Doncaster and South Humber Mental Health FT of £1,516k
- Reduced expenditure with Non Contract NHS FT providers of £1,712k

2* Services from other NHS trusts expenditure has increased during 2020-21, mainly as a result of:
- Increased expenditure with Hull University Teaching Hospital NHS Trust of £956k
- Increased expenditure with Yorkshire Ambulance Service NHS Trust of £2,606k
- Reduced expenditure with Non Contract NHS Trust providers of 462k

3* Purchase of healthcare from non-NHS bodies expenditure has increased during 2020-21, mainly as a result of:
- Increased expenditure on the Hospital Discharge Programme of £4,997k
- Increased expenditure with Kirton Lindsey Surgery of £542k mainly in respect of the Integrated MSK Service
- Increased expenditure on mental health and learning disability specialist packages of care of £2,343k
- Reduced expenditure with Spire Hospitals of £2,028k. During 2020-21 NHS activity with Spire Hospital has been contracted and paid for by NHS England.
- Reduced expenditure with St Hughes Hospital of £2,166k. During 2020-21 NHS activity with St Hughes Hospital has been contracted and paid for by NHS England.

4* In 2019-20 Transport expenditure included £1,493k in relation the contract for Patient Transport Services. In 2020-21 this service was delivered by Yorkshire Ambulance Service NHS Trust and the associated costs are included within services from other NHS trusts

5* Audit fees include £47k of expenditure in relation to the external audit fee which is inclusive of £8k value added tax

6* Other expenditure relates to two special payments made during 2020-21, as disclosed in note 18

7* The total operating expenditure for 2020-21 includes £6,466k in relation to Covid-19 (2019-20: £265k)

6.1 Better Payment Practice Code

Measure of compliance (target 95%)	**2020-21 Number**	**2020-21 £'000**	2019-20 **Number**	2019-20 **£'000**
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	9092	84,737	9756	81,332
Total Non-NHS Trade Invoices paid within target	9005	83,386	9676	80,772
Percentage of Non-NHS Trade invoices paid within target	**99.04%**	**98.41%**	**99.18%**	**99.31%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	771	180,448	2144	171,795
Total NHS Trade Invoices Paid within target	753	179,897	2133	171,739
Percentage of NHS Trade Invoices paid within target	**97.67%**	**99.69%**	**99.49%**	**99.97%**

6.2 The Late Payment of Commercial Debts (Interest) Act 1998	**2020-21 £'000**	2019-20 £'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 CCG has lease arrangements with NHS Property Services for the buildings it occupies.

12.1.1 Payments recognised as an Expense

	2020-21				2019-20			
	Land £'000	Buildings £'000	Other £'000	Total £'000	Land £'000	Buildings £'000	Other £'000	Total £'000
Payments recognised as an expense								
Minimum lease payments	-	273	-	**273**	-	252	-	**252**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**273**	**-**	**273**	**-**	**252**	**-**	**252**

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.

	8 Trade and other receivables	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
	NHS receivables: Revenue	782	-	650	-
	NHS receivables: Capital	-	-	-	-
1*	NHS prepayments	-	-	413	-
	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	116	-	100	-
	Non-NHS and Other WGA receivables: Capital	-	-	-	-
	Non-NHS and Other WGA prepayments	-	-	-	-
	Non-NHS and Other WGA accrued income	-	-	-	-
	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	21	-	42	-
	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	2	-	1	-
	Total Trade & other receivables	**920**	**-**	**1,206**	**-**
	Total current and non current	**920**		**1,206**	
	Included above:				
	Prepaid pensions contributions	-		-	

Explanatory Note

1* The NHS prepayments balance of £413k in 2019-20 related to Maternity Pathway balances. In 2020-21 this balance has reduced to nil as a result of the fixed block payment arrangements with NHS Providers during the covid-19 pandemic.

8.1 Receivables past their due date but not impaired

	2020-21 DHSC Group Bodies £'000	2020-21 Non DHSC Group Bodies £'000	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000
By up to three months	322	40	26	31
By three to six months	42	21	5	-
By more than six months	7	51	-	-
Total	**372**	**112**	**31**	**31**

8.2 Loss allowance on asset classes

North Lincolnshire CCG has no loss allowances to report.

9 Cash and cash equivalents

	2020-21 £'000	2019-20 £'000
Balance at 01 April 2020	16	26
Net change in year	(0)	(10)
Balance at 31 March 2021	**16**	**16**
Made up of:		
Cash with the Government Banking Service	16	16
Cash with Commercial banks	-	-
Cash in hand	0	0
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**16**	**16**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2021	**16**	**16**
Patients' money held by the clinical commissioning group, not included above	-	-

	10 Trade and other payables	Current 2020-21 £'000	Non-current 2020-21 £'000	Current 2019-20 £'000	Non-current 2019-20 £'000
	Interest payable	-	-	-	-
	NHS payables: Revenue	224	-	805	-
	NHS payables: Capital	-	-	-	-
1*	NHS accruals	-	-	1,033	-
	NHS deferred income	-	-	-	-
	NHS Contract Liabilities	-	-	-	-
	Non-NHS and Other WGA payables: Revenue	2,413	-	2,210	-
	Non-NHS and Other WGA payables: Capital	-	-	-	-
	Non-NHS and Other WGA accruals	14,998	-	12,658	-
	Non-NHS and Other WGA deferred income	-	-	-	-
	Non-NHS Contract Liabilities	-	-	-	-
	Social security costs	45	-	42	-
	VAT	-	-	-	-
	Tax	43	-	38	-
	Payments received on account	-	-	-	-
2*	Other payables and accruals	725	-	719	-
	Total Trade & Other Payables	**18,448**	**-**	**17,505**	**-**
	Total current and non-current	**18,448**		**17,505**	

Explanatory Note

1* In 2020-21 the NHS accruals balance has reduced to nil as a result of the fixed block payment arrangements with NHS Providers during the covid-19 pandemic.

2* Other payables include £201k outstanding pension contributions at 31 March 2020 (31 March 2019: £204k)

11 Financial instruments

11.1 Financial risk management

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

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

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

11.1.1 Currency risk

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

11.1.2 Interest rate risk

The 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.

11.1.3 Credit risk

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

11.1.4 Liquidity risk

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

11.1.5 Financial Instruments

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

11 Financial instruments cont'd

11.2 Financial assets

	Financial Assets measured at amortised cost 2020-21 £'000	Equity Instruments designated at FVOCI 2020-21 £'000	Total 2020-21 £'000	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Equity investment in group bodies		-	-		-	-
Equity investment in external bodies		-	-		-	-
Loans receivable with group bodies	-		-	-		-
Loans receivable with external bodies	-		-	-		-
Trade and other receivables with NHSE bodies	385		385	318		318
Trade and other receivables with other DHSC group bodies	396		396	334		334
Trade and other receivables with external bodies	117		117	98		98
Other financial assets	-		-	-		-
Cash and cash equivalents	16		16	16		16
Total at 31 March 2021	**915**	**-**	**915**	**766**	**-**	**766**

11.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2020-21 £'000	Other 2020-21 £'000	Total 2020-21 £'000	Financial Assets measured at amortised cost 2019-20 £'000	Equity Instruments designated at FVOCI 2019-20 £'000	Total 2019-20 £'000
Loans with group bodies	-		-	-		-
Loans with external bodies	-		-	-		-
Trade and other payables with NHSE bodies	169		**169**	160		160
Trade and other payables with other DHSC group bodies	8,107		**8,107**	8,469		8,469
Trade and other payables with external bodies	10,084		**10,084**	8,796		8,796
Other financial liabilities	-		-	-		-
Private Finance Initiative and finance lease obligations	-		-	-		-
Total at 31 March 2021	**18,360**	**-**	**18,360**	**17,425**	**-**	**17,425**

12 Contingencies

		2020-21 £'000	2019-20 £'000
	Contingent liabilities		
1*	HMRC review of Kier Vat	-	574
2*	Contract Dispute	-	266
	Net value of contingent liabilities	**-**	**840**

Explanatory Notes

1* In May 2021, Her Majesty's Revenue & Customs (HMRC) concluded their review of 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 review has concluded that the VAT was correctly recovered by the CCG.

2* At 31 March 2019 North Lincolnshire CCG had an outstanding contract dispute with a former provider which had been referred to the Centre for Effective Dispute Resolution (CEDR) for expert determination.

In August 2020 CEDR found in favour of the CCG, confirming that there was no basis upon which the former provider is entitled to recover any amounts from the CCG.

13 Operating Segments

North Lincolnshire CCG considers they only have one operating segment, namely the commissioning of healthcare services. The position in 2019/20 was the same.

14 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 2020-21				Amounts recognised in Entities books ONLY 2019-20			
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	12,604	0	0	0	11,977

15 Related party transactions

Details of related party transactions with individuals in 2020/21 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	859	0	0	0
Member of Safecare, North Lincs GP Federation	1,037	0	10	0
Spouse working as a salaried GP at Riverside Surgery	2,320	0	0	0
Emma Latimer				
Chief Officer				
Chief Officer - Hull CCG	500	181	0	40
Chief Officer - East Riding CCG	136	108	0	-7
Emma Sayner				
Chief Finance Officer				
Chief Finance Officer - Hull CCG	500	181	0	40
Citycare Board Member	50	0	0	0
Alex Seale				
Chief Operating Officer				
Partner Govenor for Northern Lincolnshire & Goole NHS FT	126,245	17	0	0
Dr Satpal Singh Shekhawat				
Associate Medical Director				
GP Partner at Kirton Lindsey Surgery (member of the South Primary Care Network), including MCATs	2,674	0	2	0
Member of Safecare, North Lincs GP Federation	1,037	0	10	0
Geoff Day				
Interim Director of Primary Care				
Head of Commissioning, North Yorkshire and Humber NHS England and Improvement	104	659	0	344
Dr Salim Modan				
GP Member				
Partner at Riverside Surgery (member of the East Primary Care Network)	2,320	0	0	0
Member of Safecare, North Lincs GP Federation	1,037	0	10	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)	1,030	0	0	0
Member of Safecare, North Lincs GP Federation and provides GP OOH Services	1,037	0	10	0
Spouse works as a Consultant Obstetrician and Gynaecologist in Scunthorpe General Hospital	126,245	17	0	0
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)	1,067	0	0	0
Salaried GP at Market Hill Practice (member of the West Primary Care Network)	870	0	0	0
Salaried GP for Core Care Links	859	0	0	0
Member of Safecare, North Lincs GP Federation	1,037	0	10	0
Director of the West Primary Care Network *				
Dr Gary Armstrong				
GP Member				
Partner at South Axholme Practice (member of West Primary Care Network)	2,452	0	0	0
Member of Safecare, North Lincs GP Federation	1,037	0	10	0

Explanatory Note

* From 1 July 2019, each of the 19 North Lincolnshire General Practices became a member of a Primary Care Network (PCN). There are 4 PCN's (North, South, East and West) within North Lincolnshire. Whilst the PCN's have provided services for the CCG during 2020-21, 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

- 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

15 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 in 2020/21 are as follows:

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£'000	£'000	£'000	£'000
Ancora Medical Practice	3,291	0	0	0
Cedar Medical Practice	1,030	0	0	0
Cambridge Avenue Medical Centre	1,854	0	0	0
Kirton Lindsey Surgery	2,674	0	2	0
Ashby Turn Primary Care Partners	1,795	0	0	0
West Common Lane Teaching Practice	1,118	0	2	0
Killingholme Practice	322	0	0	0
Riverside Surgery	2,320	0	0	0
West Town Surgery	443	0	0	0
Barnetby Medical Centre	646	0	0	0
Winterton Medical Practice	1,925	0	0	0
The Central Surgery Barton	2,809	0	0	0
Bridge Street Surgery	1,068	0	0	0
Trent View Medical Practice	1,788	0	0	0
The Birches Medical Practice	1,067	0	0	0
Market Hill 8 to 8 Centre	870	0	0	0
Church Lane Medical Centre	1,200	0	0	0
The Oswald Road Medical Surgery	954	-10	0	0
South Axholme Practice	2,452	0	0	0

15 Related party transactions

Details of related party transactions with individuals in 2019/20 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

15 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 in 2019/20 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

16 Events after the end of the reporting period

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

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:

	2020-21 Target	**2020-21 Performance**	2019-20 Target	2019-20 Performance
Expenditure not to exceed income	298,113	298,082	280,180	280,172
Capital resource use does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use does not exceed the amount specified in Directions	297,845	297,814	279,274	279,266
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	3,599	2,957	4,057	3,074

North Lincolnshire CCG has achieved its financial performance targets in 2020-21.

18 Losses and special payments

Special payments

	Total Number of Cases 2020-21 Number	**Total Value of Cases 2020-21 £'000**	Total Number of Cases 2019-20 Number	Total Value of Cases 2019-20 £'000
Compensation payments	-	-	-	-
Compensation payments Treasury Approved	-	-	-	-
Extra Contractual Payments	2	110	-	-
Extra Contractual Payments Treasury Approved	-	-	-	-
Ex Gratia Payments	-	-	-	-
Ex Gratia Payments Treasury Approved	-	-	-	-
Extra Statutory Extra Regulatory Payments	-	-	-	-
Extra Statutory Extra Regulatory Payments Treasury Approved	-	-	-	-
Special Severance Payments Treasury Approved	-	-	-	-
Total	**2**	**110**	**-**	**-**

Explanatory Note

The two special payments disclosed above are both in relation to support payments made to providers during the Covid-19 pandemic. The payments have been made in accordance with the principles of the Procurement Cabinet Policy Notice 04 (PPN04).

19 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:

	2020-21 £000's	2019-20 £000's
Accrual	**0**	0
Provision	**0**	0
Contingent Liability	**0**	250
	0	250

20 Clinical Negligence Balances Accounting Treatment

NHS Resolution is holding a provisions value of £120k in regards clinical negligence claims as at 31 March 2021 (31 March 2020: nil)

mazars

Independent auditor's report to the governing body of NHS North Lincolnshire Clinical Commissioning Group

Report on the audit of 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 2021, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, 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 2021 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 2020/21; 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

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the CCG's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

mazars

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 2020/21 and prepare the financial statements on a going concern basis, unless the CCG is informed of the intention for dissolution without transfer of services or function to another entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the CCG to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

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

- discussing with management and the Integrated Audit and Governance Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the CCG which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and Integrated Audit and Governance Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

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

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

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

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

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the CCG's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the CCG's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accountable Officer

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

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

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

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

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

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or

- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the CCG under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report

This report is made solely to the members of the Governing Body of NHS 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.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the CCG has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources, and issued our assurance statement to the group auditor in respect of the CCG's consolidation schedules.

Mark Kirkham (Jun 11, 2021 12:03 GMT+1)

Mark Kirkham

Partner
For and on behalf of Mazars LLP

5th Floor

3 Wellington Place

Leeds

LS1 4AP

11 June 2021

Thank you.

NHS
North Lincolnshire
Clinical Commissioning Group

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

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