

## NHS North Lincolnshire Clinical Commissioning Group

**Annual Report and Accounts 2021-22**

Accessibility Statement

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

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The accounts for the year ended March 31, 2022 have been prepared by NHS North Lincolnshire Clinical Commissioning Group under section 232 (schedule 15,2(1)) of the National Health Service Act 2006 in the form which the Secretary of State has, within the approval of the Treasury, directed.

### 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 CGG. 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 183,500. 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

We also 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:

We will cease to exist as an organisation from 1 July 2022, but in the meantime, 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](mailto:NLCCG.ContactUs@nhs.net) Website: [www.northlincolnshireccg.nhs.uk](http://www.northlincolnshireccg.nhs.uk/) Twitter: @northlincsccg

**A warm welcome from our Accountable Officer and Chair**

Welcome to the 2021-22 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 been another extremely challenging year for our National Health Service.

Sadly, we have lost many more 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.

Across the country, health and care workers have worked harder than ever to continue the unabated fight against Coronavirus, often working during leave and through fatigue to keep our patients as safe as possible.

As a result of the pandemic, demand on the system has never been so high. As expected, we are seeing huge pressures in our hospitals, GP practices, ambulance services, mental health services, community teams and care homes. But while the year has been tough, North Lincolnshire can be proud of its response under the most severe pressure.

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 and North Yorkshire level and with North Lincolnshire Council. We have worked extremely closely with our acute and community care providers, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and mental health provider, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH), to ensure patients are receiving the best and most timely care possible.

Like last year, our CCG staff have been working tirelessly, often long hours into the evenings, to do everything they can to help. We thank them for that.

GP practices have done an incredible job during the pandemic – and continue to do so as we, hopefully, make our way out of it. GPs are giving record breaking numbers of appointments every month to patients in North Lincolnshire. We have seen an increase in consultations by telephone, video or online, which has meant patients who don’t always need to make a trip to see their GP, have not needed to. More than 100,000 GP appointments are given most months in North Lincolnshire, with around 75% of these being face to face and almost half given on the same day the patient contacts their surgery.

These are welcome figures but demand still exceeds the capacity within these teams. As a result, our 19 GP surgeries came together to launch a new urgent access hub in the heart of Scunthorpe at the start of 2022. Now, for those patients who have an urgent need but can’t be seen by their local practice that day due to staffing issues, they are referred to a hub where they will be seen because GPs from across North Lincolnshire are coming in on their days off or during their holiday time to help out. The hub is open four days a week and can see up to 200 patients each week. Feedback from patients on this new service has been extremely positive and we would like to thank everyone who has been involved in this great initiative.

Thousands of lives have been saved thanks to Coronavirus vaccines this year. North Lincolnshire’s booster programme has been one of the most successful in the country and, again, this is down to a sterling effort from a host of our partners.

At time of writing, more than 105,000 boosters have been administered in North Lincolnshire – with more than 85% of our overall population having at least one dose. Our primary care networks, pharmacies, outreach team and Scunthorpe Vaccination Centre, run by Safecare Network, have all played significant roles in the programme. The latter celebrated its one-year anniversary on 19 March and in that time delivered more than 100,000 doses of the vaccination. That is an incredible effort.

Our outreach programme has been recognised at both a regional and national level. 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 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 remote locations where accessibility is a challenge. Impressively, this initiative has seen more than 5,000 doses administered, to people who would not have otherwise sought a vaccination due to a host of reasons.

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.

We expect things will look different next year. The Health and Care Bill which has gone through Parliament sets out plans to put Integrated Care Systems on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.

The proposals within this Bill mean that each ICS will be led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy. When ICBs are legally established on 1 July 2022, Clinical Commissioning Groups (CCGs) will be dissolved.

We are building on some of the fantastic collaborations we have seen through the pandemic within our workforce, governing bodies and system partners as we begin to operate later this year as an Integrated Care Board.

Even when the CCG ceases to exist as a statutory body, it is imperative to stress our Place will be paramount. North Lincolnshire has come too far for it not to be. Work has been under way throughout the year with the Health and Wellbeing Board, and other partners, to develop partnership arrangements. A baseline maturity assessment has been undertaken, showing movement to a ‘maturing’ partnership’. We already have strong partnerships, governance and underpinning strategies and plans and working arrangements so the foundations have certainly been built for a bright future.

We held an initial shadow Place Partnership meeting in January and key outcomes included a review of terms of reference and an agreement on values and principles for operation of the partnership. There was a positive commitment to the partnership from local authority executives and members, our primary care networks, NHS Providers, voluntary care sector and ICS/NHS leaders.

We would like to thank our CCG Governing Body members who have been critical in not only North Lincolnshire CCG’s response to the pandemic but also the growth and development of the organisation and to our incredible team who have been unwavering in their commitment to the people of Northern Lincolnshire.

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

A huge thanks must go to the public as well. And to those who continue to engage with our community groups. There has been a relaunch of the organisation’s Patient and Community Assurance Group in a bid to make it more representative of the diverse population we serve in North Lincolnshire. We are delighted to see a number of new recruits join – including the chairman of the North Lincolnshire Multi-Faith Partnership.

This year has been another huge challenge for us all, so thank you to our patients for their sacrifices. Once again, you have been 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.

Thank you for taking the time to read our report.



Emma Latimer, Accountable Officer, and Dr Faisel Baig, Chair.

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### Performance Overview 2021-22

###### From Emma Latimer, Accountable Officer

The Accountable Officer’s Performance Overview highlights our key programmes of work, service transformation during 2021-22 and explains how we are working – with our partners and the residents of North Lincolnshire – to improve health outcomes.

This section includes key updates on:

* + Joint strategic programmes
  + Commissioning programme areas (unplanned care, planned care, cancer, maternity, children and young people and mental health)
  + Integrated care in North Lincolnshire
  + Primary care
  + Engaging with people and communities
  + Delivering safe, high quality services
  + Taking action on health inequalities and the local strategy for health and wellbeing A detailed financial and performance analysis, and thesustainability report, will follow this.

### Humber, Coast and Vale Health and Care Partnership 2021-22

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

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

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

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

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

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

* The Covid-19 vaccination programme continued to be rolled out with first, second and booster doses being offered in line with national guidance. To date over 3.5million doses have been delivered across Humber, Coast and Vale.
* Humber, Coast and Vale became one of the first areas in England to develop a pilot maternal mental health service, helping women in the region who have previously not been eligible for specialist mental health support.
* Three of the regions hospital trusts received funding worth more than £66million to support work to reduce carbon emissions at their hospitals.
* Humber, Coast and Vale Cancer Alliance worked with partners to support the use of microscopic images alongside urgent skin cancer referrals. The Alliance provided 60 iPhones and dermatoscopes to GP practices across Hull and East Yorkshire to help rule out or diagnose skin cancer earlier.
* The Partnership secured £8.6million of Government funding to support the development of new models of community diagnostic provision, with investment in new mobile MRI and CT scanning facilities.
* The Humber Neurology Service launched in October 2021, to provide a Humber-wide service that will help reduce delays and waiting times for patients.
* A wide-reaching communications plan to help general practices talk to patients about the routes to accessing their care, and to build patient understanding of triage, has been piloted across 69 GP practices in Humber, Coast and Vale. Materials include photography, infographics and messaging those practices will use to explain how patients can request care by phone, using an online form or by visiting them.

Further information about the Humber and North Yorkshire Health and Care Partnership can be found at [www.humberandnorthyorkshire.org.uk](http://www.humberandnorthyorkshire.org.uk/)

## Performance Report 2021-22

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**Emma Latimer** Accountable Officer 20 June 2022

### Engaging communities

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

The communications and engagement team, while responding to the continued pandemic, has continued to work hard to improve not only public involvement, but the internal process that underpins strong public involvement.

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 parents about their views on a proposed shared care pathway for neurodiversity needs.

#### Partnerships and networks

###### Local Authority

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

###### Humber Coast and Vale Health and Care Partnership

We are an integral part of the Humber Coast and Vale Health and Care Partnership, which aims to help meet the challenges set out in the NHS Five Year Forward View – better health, transformed quality of care, and sustainable finances. We all want to provide the best services for local people, to help them live well and enjoy life, and we know no individual organisation can do this on its own. We are working with our partners to facilitate public involvement in the work of the Partnership across North Lincolnshire.

#### Providers

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

#### Community outreach

As part of the continued response to the pandemic, the team conducted an ‘on the street’ engagement exercise when delivering more than 2,000 leaflets to central Scunthorpe residents. Driven by uptake data and local intelligence, these leaflets were produced in a variety of the area’s most commonly spoken languages alongside English including Polish, Slovakian, Romanian and Bengali.

Crucially, this piece of work has helped us build contacts in the community who we can engage with, not just about the pandemic and vaccinations, but for all relevant projects of engagement work moving forward. It has helped us understand which methods of communication work best for our diverse communities.

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.

On a wider system footprint, we continue to support engagement for various workstreams as a part of the Humber Acute Services Review, including engagement on maternity services and ophthalmology. The Humber Acute Services programme considers how our hospital services will be provided in the future, and we have continued to facilitate the involvement of North Lincolnshire representatives in the Citizen’s Panel. More information about the review can be found [here](https://humbercoastandvale.org.uk/humberacutereview/)

From 1 April 2015 it has been a contractual requirement for all GP practices across England to establish and maintain a Patient Participation Group (PPG). 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 have continued to see a strong attendance of our quarterly PPG Chairs Forum meeting, despite still doing it virtually for members’ safety and convenience.

We have refocused these meetings to give members the chance to question a panel of CCG representatives about one or two subjects per meeting. Such subjects in the meetings this year have focused on primary care and general NHS access and promoting the vaccination programme. The meeting also provides an opportunity for members to talk about issues or promote work going on in their local practice or Primary Care Network.

#### How we have listened and responded

We have listened to views on a variety of services during 2021-22, and used this insight to inform service development. Some of this engagement includes:

* + Engagement on a neurodiversity pathway which involved in-depth telephone interviews with North Lincolnshire parents to understand their views on proposals for shared care. Crucially, feedback from the engagement led to a change in the proposal for shared care.
  + Working with Healthwatch North Lincolnshire to engage those with lived experience of mental health to understand what outcomes patients might expect from a proposed mental health crisis house. It is planned to use the findings of focus groups to develop an outcome measure for the new service.
  + We are increasingly working jointly with our partners on collaborative engagement exercises across North Lincolnshire. Engagement to gather views on current services for autistic children and adults in North Lincolnshire has taken place, and the findings will be used to help improve services and shape a refresh of the All Age Autism Plan for people with autism living in North Lincolnshire. The plan will outline the key priorities within North Lincolnshire as part of the ambition to make North Lincolnshire an autism friendly place to live well, be safe and prosperous.

#### 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 this year, we have worked hard to make the group more representative of the population we serve and have successfully recruited some new members. These include the chair of the North Lincolnshire Mult-Faith Partnership and a college student, with both already making invaluable contributions.

The Head of Strategic Commissioning is now a regular attendee of the group and gives a summary of commissioning projects and the engagement plans/activity associated with them.

In September’s meeting, our Lay Member for Patient and Public Involvement asked PCAG members whether they were assured of the progress made in terms of engagement, by the CCG during the last two years. The group was unanimously assured.

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](mailto:embrace.nlccg@nhs.net) to find out more.

#### Humber Acute Services Programme – Summary of engagement

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

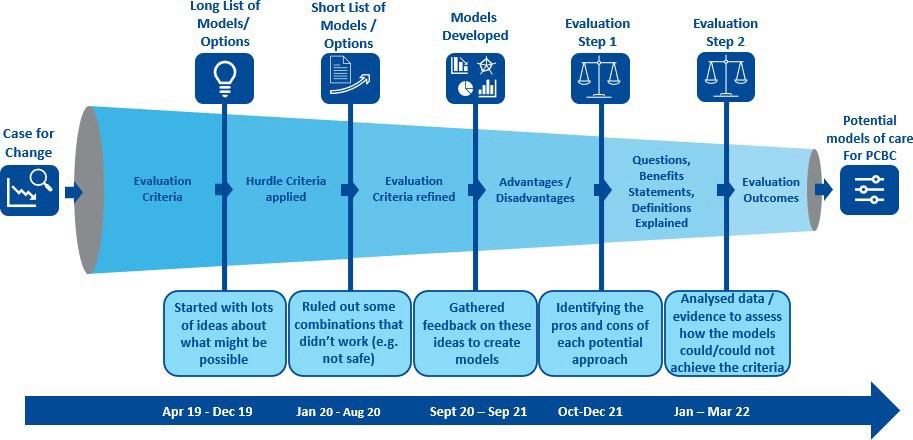
* Urgent and Emergency Care
* Maternity, Neonatal Care and Paediatrics
* Planned Care and Diagnostics

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

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

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

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



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

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

#### Humber Acute Services Programme - Process update

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

###### Interim Clinical Plan

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

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

* **Joint clinical leadership** in place across most specialties, with significant progress in others
* **Launch of the Humber neurology service** in October 2021 – the first Humber-wide specialty operating jointly across both trusts that will provide improved equity of access to services across the Humber. This includes improved **triaging of neurology referrals** that allows patients to be immediately directed to the right sub-specialist clinics through a ‘straight to test’ pathway, minimising the overall number of appointments needed, and reducing overall waiting times
* **Using the learning from the successful application of the Connected Health Network** model to cardiology patients and exploring the potential for **implementing similar approaches across other specialties**
* **Working with the Elective Recovery Programme** to help people look after themselves and stay well – through the **waiting well initiative that focused on cardiology patients** who had experienced delays in accessing appointments, as a direct result of the Covid-19 pandemic
* **Transforming ophthalmic outpatient services** through the development of an Eye Electronic Referral System (EeRS) that will improve **patient access** to services, with improved quality and tracking of referrals into hospital and clinic appointments
* Developing **a digital referral pathway for dermatology patients** that allows GPs to include digital images for review by specialist consultants, **transforming the referrals process** and **optimising capacity and waiting lists** by reducing inappropriate referrals and allowing more time to focus on those requiring acute interventions. Similar arrangements are also being explored for Ear, Nose and Throat referrals
* Collaborative development of a **Consultant Led, Team Delivered service model for oncology** to address service pressures arising through increasing complexity of treatments, patient numbers and numbers of therapies offered to individual patients. This approach **makes best use of our resources, ensuring that patients are seen at the right time, in the right place, by the right person**, while optimising the consultant’s availability to focus on the most clinically appropriate cases.

#### Core hospital services

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

Overall, people told us that being seen and treated quickly, being kept safe and well looked after and having enough staff with the right skills and experience were the most important things to them when thinking about their hospital care.

The feedback and insights gathered have helped to influence the thinking around possible scenarios for the future, as our clinical teams have continued to develop and refine the different potential scenarios based on all the available evidence and stakeholder feedback.

#### Building better places

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

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

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

### Improving quality

**Delivering safe, high quality services**

Throughout 2021-2022 North Lincolnshire CCG has continued its passion and dedication to commissioning and delivering high quality, safe services for its local population.

During the last year the CCG has remained committed to continuous quality improvement, where innovation and collaboration have been central to achieving this. By utilising the strong partnerships across the North Lincolnshire system, services have continued to adapt and respond throughout the Covid-19 pandemic to the needs of our local population. Whilst responding to this changing environment, there has also been a clear focus on prevention, ensuring our commitment to improving the health outcomes for our people now, as well as our future generations.

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.

Throughout 2021-2022 we have remained dedicated to delivering against our ambitious five year Quality Strategy 2019-2024. The core ethos of enhancing quality for all is fully embedded across the CCG, with commitment to delivering against the objectives and outcomes observed throughout the year. The fundamental principles of co-production, integration and utilising feedback and data intelligence has enabled the CCG to continually seek improvements for the services it commissions. 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

1. 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

1. 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

1. 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

1. 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 throughout the Covid-19 pandemic

As a CCG we are committed to ensuring the highest levels of quality for the services that we commission. We seek to commission and deliver safe, effective, high quality care.

We monitor the quality of services across North Lincolnshire using quality oversight processes which measure impact and outcomes against the quality standards that are set nationally, and those that we have set locally. These standards include patient experience, patient outcomes and patient safety.

Having adapted very quickly in 2020 to the Covid-19 pandemic, the assurance mechanisms at that time also changed to ensure robust oversight was maintained, whilst supporting provider

organisations and reducing any unnecessary burden. Following the success of these changes many have remained in place and have contributed to further developing partnership working and increasing collaboration, whilst maintaining the statutory functions of the CCG.

Robust oversight of service provision across the providers organisations has continued to be reported into the Quality, Performance and Finance Committee and into the Governing Body. In addition to the standard reporting workplan, other focused assurance work has also taken place across the year, such as a detailed review of the local maternity provision, review of the Child and Adolescent Mental Health Service and completion of Safe and Wellbeing reviews for those in Specialist Mental Health or Learning Disability Provision. All identified learning and associated actions are continually monitored for progress and impact via the relevant forums.

Throughout 2021-2022 the CCG Nursing and Quality Team has continued to support the response to the Covid-19 pandemic across the wider system, whilst maintaining core business functions within the CCG.

#### Care homes

The continuing impact of the Covid-19 pandemic throughout the past year has remained challenging for the health and care system. The Care Home Oversight Group, established at the beginning of the pandemic to support our local care homes utilising a system wide partnership approach, has been maintained. This has enabled 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 and/or manage any infectious outbreaks including Covid-19. This approach has continued to provide early identification of wider quality elements enabling bespoke support and actions to be instigated rapidly.

The CCG has remained instrumental in providing ongoing support, advice and training across all 58 care homes in North Lincolnshire. This has also included supporting the vaccination programme of both residents and staff within the care home sector. The outcome of these ongoing actions has resulted in a maintained improved prevention and outbreak management process 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, maintaining a clear focus on the continuing response to the Covid-19 pandemic, whilst also ensuring the wider IPC areas did not lose focus.

Environmental audits and IPC visits have continued to be undertaken by the nursing team across 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. Additionally, the nursing team has supported Covid-19 outbreak incident management meetings, facilitating supportive actions and recommendations to reduce the risk of reoccurrence.

During 2021-2022, we have also maintained Train the Trainer sessions relating to the correct donning and doffing of Personal Protective Equipment (PPE), alongside the continuation of the IPC Forums for care homes, domiciliary care providers and general practices. Working collaboratively with our Local Authority partners, we have provided all care homes, domiciliary care providers, general practices, school nursing teams and Lindsey Lodge Hospice with hand hygiene ‘glo boxes’. These are instrumental teaching aids with regard to ensuring good hand

hygiene technique amongst all levels of staff. Training on the use of the ‘glo’ box has been provided.

The CCG have also continued to prioritise reducing Escherichia Coli (E-Coli) rates across North Lincolnshire. Continuation of a rolling programme of delivery of IPC sessions for primary care and care home IPC leads covering a variety of topics including:

* The role of the IPC Lead including IPC standards
* Reducing the chain of infection – best practice, hand hygiene and audits 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

Additional training which has commenced for care home staff during this year has included:

* Oral care
* Catheter care
* Hydration
* Managing outbreaks of diarrhoea and vomiting in a care home setting
* Scabies: the condition, treatment and management
* Blood borne viruses.

The success of the above actions, as well as the wider IPC measures in relation to Covid-19, has resulted in the CCG maintaining a reduction in E-Coli cases across North Lincolnshire, ending the year with 124 cases compared with the year end position of 2020-2021 which was 123 cases. The emphasis for this year will be to again sustain this improvement and continue to build on the current success. Furthermore, the year end position for clostridioides difficile infections was 21 against a trajectory of no more than 27 cases during 2021-2022. However, we end the year with two MRSA cases against a trajectory of zero cases.

#### Learning Disability Mortality Reviews (LeDeR)

Following the publication of the first NHS England LeDeR policy in March 2021; Learning from lives and deaths - people with a learning disability and autistic people (LeDeR) policy 2021, North Lincolnshire CCG have been working collaboratively with Hull CCG, East Riding of Yorkshire CCG and North East Lincolnshire CCG to ensure we are meeting the requirements of the policy. This is alongside ensuring robust processes are in place for the management of the LeDeR programme, ensuring high quality reviews are undertaken with any learning extracted to shape future improvements across the system and the Humber area.

North Lincolnshire CCG’s Local Area Contact (LAC), has been instrumental in enhancing the collaborative working across the geographical partnerships and wider Integrated Care System with 2021 seeing the first publication of a Humber LeDeR Annual Report, highlighting areas of good work as well as identified areas for learning and future collaborative working.

#### Safeguarding

During 2021-2022, North Lincolnshire CCG has fulfilled its safeguarding responsibilities as one of the organisation’s non-Covid-19 priorities. A consistent skilled workforce has maintained its commitment to working on a multi-agency basis with children’s and adult social care safeguarding teams and thus maintaining statutory responsibilities under the Care Act 2015, and the Children Act 2004.

Regular assurance framework reviews have been completed during 2021-2022 including ensuring continued compliance with NHS England and NHS Improvement Safeguarding Accountability and Assurance Framework (SAAF) 2019, the required contribution to the NHSE Safeguarding Commissioning Assurance Tool (SCAT), and contribution to the children’s commissioner following national case reviews.

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 were maintained during 2021-2022. In addition, the Safeguarding Executive and wider team have also ensured effective contribution to the safeguarding planning arrangements for the transition to the Integrated Care System during 2022.

The CCG’s Safeguarding Executive Lead has continued as a statutory partner attending the Children’s Multi-Agency Resilience and Safeguarding (C-MARS) Board to ensure critical leadership in the safeguarding arena. In addition they are also the C-MARS Senior Responsible Officer for scrutiny, assurance and training which is pivotal in ensuring the effectiveness of the local safeguarding arrangements. The Designated Nurse for Safeguarding leads the C-MARS Safeguarding Practice Learning and Improvement Group, ensuring that learning across the system is identified and shared to improve the outcomes for our children and young people.

The CCG’s Safeguarding Executive Lead has also been a core member of the Safeguarding Adult Board (SAB), as well as being the Executive Lead for the SAB’s delivery of the protection and accountability core adult safeguarding principles. In addition, they are also a core member of the Strategic Domestic Abuse Board which formed in July 2021 in response to the Domestic Abuse Act 2021 and has developed an ambitious strategy and plan to improve the outcomes for those affected by domestic abuse.

The Designated Nurse for Safeguarding has continued a key role in overseeing the delivery of Prevention and Proportionality priorities across the system. Key achievements delivered through this group have included the delivery of seven minute briefings in relation to advocacy and Safeguarding Adult Reviews, three key guidance documents for professionals regarding supporting vulnerable adults and developing multi-agency training in relation to S42 enquiries, self-neglect and safeguarding legal literacy. All board and partnership activity has continued with altered innovative methods of working to both safeguard and promote families, children and adults in North Lincolnshire for the best outcomes.

The Named Doctor for Safeguarding has continued to lead a project across the Humber to introduce a safeguarding adult forensic examination process in response to a Safeguarding Adult Review. This is being supported directly by NHS England and Improvement and the Faculty for Forensic and Legal Medicine, with commitments from the Humber local authorities and Humberside Police. Despite the pressures of the Covid-19 pandemic, governance arrangements have been progressed, enabling a rapid move towards the rollout of the pilot phase during 2022.

#### Looked after children

North Lincolnshire CCG continues to work in partnership with the North Lincolnshire Corporate Parenting Board and Multi-Agency Looked After Partnership. In July 2021 the CCG increased capacity of the Designated Safeguarding Nurse for Looked After Children (LAC) and Care Leavers post. This additional designated capacity has promoted greater partnership collaboration with the local commissioned LAC service, through co-ordination and enhanced working with the Designated Doctor for LAC and the LAC Nursing Team. This has ensured the CCG remains fully involved and committed to promoting the health and welfare of Looked After Children across North Lincolnshire.

As part of the Covid-19 pandemic, health and care providers have developed innovative ways of working, thus enabling children, young people and carers to access the support and interventions required to address their health needs in a proactive manner. The development of new ways of working ensured the statutory needs of LAC and parents/carers were supported during this period and the benefits of a hybrid approach will be maintained during 2022.

###### NHS funded care

North Lincolnshire CCG remains proud of the achievements delivered with regards to the continuing healthcare service, set within the context of a challenging two years. The CCG Continuing Healthcare (CHC) team has restabilised and recovered following the initial pausing of CHC core work during the early phases of the Covid-19 pandemic in 2020. Part of the core work requires the Continuing Healthcare team to complete a full review and assessment within 28 days of receiving a positive checklist for an individual**.** This is monitored quarterly by NHS England with a compliance target set at 80% or above. North Lincolnshire CCG has met the target every quarter ranging from 85% to 94% for the 12-month period.

The hospital discharge model, 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 supported by hospital discharge funding which provided funded care if appropriate for six weeks initially and then subsequently reduced to four weeks. The policy also ensured the timely assessment of both NHS Continuing Healthcare and Local Authority Care Act assessments. Despite the challenges being faced across the social care market, North Lincolnshire made great improvements throughout the year ensuring timely discharges when individuals were medically optimised, thus improving outcomes for the local population.

The Continuing Healthcare team has continued to coordinate “fit” testing and supplies of Personal Protective Equipment for individuals in receipt of aerosol generated procedures, ensuring the individual and the workforce remains safe. The designated lead has coordinated over 408 fit testing appointments totalling 55 working days and Humberside Fire and Rescue service supported this initiative undertaking 384 fit test appointments totalling 51 working

days. This was only made possible through the fantastic partnership working between agencies and the CCG would like to express its sincere thanks to the Humberside Fire and Rescue Service for supporting this critical initiative over the past two years.

The CCG and Local Authority have continued to work in close collaboration throughout the past year focusing on both the care home contract project that formally launched on 1 April 2022, as well as developing a joint regulated care intelligence system. This system allows for a single central point of information and intelligence that is accessible and shared between both organisations.

#### 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 mental health case management service is in its second year of being back within the CCG. Several improvement initiatives were identified for 2021-2022 including increased

oversight of individuals placed out of area and in hospital care and the completion of Safe and Well reviews for individuals under the Transforming Care Programme. These Safe and Well reviews were critical to providing assurance that individuals were in receipt of safe, quality and appropriate care and treatment. The service has established face to face visits by senior personnel in addition to six monthly due diligence reviews against out of area placements and hospitals. A robust plan is in place to further develop the service as we progress into 2022- 2023.

### Action to reduce health inequalities

During 2021-2022 the CCG has continued to support the workforce to operate safely across the partnership, to ensure the people of North Lincolnshire can access vital healthcare services.

Throughout the past two years the Covid-19 pandemic has shone a light on health inequalities and highlighted how initially Covid-19 disproportionally affected ethnic minority staff, patients and wider communities, as well as those with disabilities. The CCG has therefore ensured a key focus has been maintained on supporting the health and wellbeing of employees and the wider community, minimising health inequalities where able.

Not only has the CCG embraced its equality duties and legal compliance but it has maintained its dedication and clear focus on driving change in line with the CCG equality objectives for 2021-2022 and harnessing the strength of our partnership. Working with our system partners we have continued to improve our understanding of the local population needs, shinning a light on areas of inequality and utilising this intelligence in commissioning our services to reduce health inequalities across North Lincolnshire. The development of the North Lincolnshire Population Health Management and Prevention group will continue to drive this shared understanding, identifying areas for improvement and progressing actions across the system.

#### 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. This board has continued its focus on the inequalities agenda supporting integration and partnership working to improve the outcomes for our local population.

Local engagement and collaboration with system partners, including the voluntary sector, has strengthened throughout 2021-2022, which has enabled increased and targeted support into some of our most vulnerable communities. Bespoke support has been wrapped around specific community groups such as care home residents, the homeless population and our local ethnic minority communities. An integrated approach to supporting our local population utilising a variety of methods has enabled many successes in areas such as Covid-19 outbreak management and uptake of the Covid-19 vaccination programme.

###### Commissioning to reduce health inequalities

Our commissioning priorities are informed by the local Joint Strategic Needs Assessment. The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the local population. In North Lincolnshire, the assessment of health and wellbeing forms part of a suite of documents which together create an integrated intelligence base about the place of North Lincolnshire. 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.

Reducing health inequalities has continued to be a key focus throughout the year with progress made against the eight national urgent actions to reduce health inequalities. Key contributions have included the targeted approach to the Covid-19 vaccination programme to increase uptake of our ethnic communities and those who live in our most deprived areas, increased specialist capacity to support improved uptake and quality of learning disability annual health checks and championing the review of waiting lists against equality datasets across providers.

During 2021-2022 the CCG reviewed and strengthened its Equality Quality Impact Assessments (EQIA) process, ensuring wider contribution from across the CCG with regards to

both the completion and scrutiny of these. In addition the CCG has provided a number of dedicated training events for those undertaking Equality Quality Impact Assessments (EQIAs) focusing on the importance of understanding local data and intelligence to enhance the assessment. This training has helped to increase awareness and knowledge in relation to EQIAs and the impact within the commissioning cycle.

Engagement in commissioning intentions is well embedded within the CCG and wider across system partners. Extensive engagement has continued throughout the last year in relation to understanding the impact of service changes as a result of the Covid-19 pandemic. The recommendations from the engagement feedback aids future service developments and commissioning intentions.

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 2022-2023.

### Health and wellbeing strategy

The North Lincolnshire Health and Wellbeing Board (HWBB) is a statutory committee of the council and is a partnership between key local organisations 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.

During 2021-22, North Lincolnshire CCG has contributed to the development of the most recent Joint Health and Wellbeing Strategy for North Lincolnshire and following consultation with the North Lincolnshire Health and Wellbeing Board in June 2021 was approved by the Board in September 2021. This builds on the learning from our experience of the pandemic and the impact this has had on individuals. Implementation plans were subsequently developed to deliver on the strategic priorities and the HWBB will maintain an oversight of these.

To support delivery of the strategy, a Prevention and Population Health Management Partnership has been developed, with CCG representation, which will oversee the work across North Lincolnshire to reduce teenage pregnancy rates, improve supported self-management, better use health data to support Primary Care Networks address cardiovascular disease and improve the outcomes for people who are frail.

### Health and Place plan

The Health and Care Integration Plan, 2019-24 was refreshed this year, to ensure this reflected the priorities and learning from the Covid-19 pandemic. This refreshed strategy, co-developed with Place partners was approved by the HWBB in June 2021 and covers the remaining period 2021-24. The plan shows how we intend to focus on transforming the lives of people of North Lincolnshire, through developing a sustainable, enabling integrated Health and Social Care system across all life stages and levels of need that empowers our local population, unlocks and builds community capacity.

### 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. 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 CCG continues to jointly commission a number of services, such as the Carers Support Service which offers a range of support to residents who provide unpaid care for other people. During this year, the CCG and the council have worked together on a review of the carer strategy, identifying four key priorities and implementation plans. Delivery of the plan is monitored by the Integrated Adults Partnership.

The Integrated Adults Partnership and the Integrated Children’s Trust both provided progress reports to the Health and Wellbeing Board during the year.

### Unplanned care

During 2020-21 we successfully developed an Urgent Care Service, delivered from the Emergency Department of Scunthorpe General Hospital. This model, developed in conjunction with Northern Lincolnshire and Goole NHS Foundation Trust and the local GP Federation, Safecare, enables suitable patients who do not meet the criteria for an Emergency Department to be diverted into a GP led service. This in turn creates capacity within the Emergency Department to deal with those presenting with critical illness or injury. Continued work to embed a Same Day Emergency Care model in the hospital has also reduced the number of people who require overnight care in a hospital bed. This has been a significant achievement during the Covid-19 pandemic when non-elective admissions have been high.

As Covid-19 numbers and hospital admissions have increased following a reduction in restrictions, we have continued close working with partners to ensure patients can be rapidly discharged from hospital once fit. This has included commissioning community care home beds to support the Discharge to Assess process. 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. Pressures on health services have been challenging particularly over the last year, and this has been seen in the demand on ambulance services and emergency departments. The CCG has facilitated projects to support management of this demand and to reduce demand on ambulance services where clinically appropriate. This has resulted in an increase in the number of patients seen by an ambulance crew and managed without the need to convey to hospital.

### Planned care

NLCCG has worked with NLaG and North East Lincolnshire CCG to develop and pilot the Connected Health Network (CHN) model, which represents a transformative change from the traditional model of patients being referred by primary care into secondary care. The traditional model is based on hand-offs from one service to another and waiting lists for patients.

The Connected Health Network operates across traditional boundaries, with GPs working in partnership with specialists to provide ongoing care and support to patients as an extension of primary care, avoiding a formal referral. In many cases, the patient does not need to be seen face to face, with the specialist clinician consulting virtually with a patient and using a shared administration resource, directly booking diagnostic tests and hospital based procedures. Early pilots of this model have resulted in 70% of patients on hospital follow-up being discharged to primary care, with a reduction in duplication of diagnostic tests due to the shared access of the primary care record. This model is currently being rolled out across North and North East Lincolnshire across a number of specialties, with a plan to spread this model across the ICS.

Other successes have also supported the redesign of traditional outpatient pathways with increased use of advice and guidance to reduce the need for a hospital referral, increased use of virtual consultations and straight to test pathways to reduce the number of times a patient has to attend the hospital for an appointment and the introduction of patient initiated follow-up, where the patient has flexibility to arrange follow-up appointments for when they need them.

### Cancer

During 2021, the CCG, GP practices and NLaG have developed and implemented a new rapid diagnostic pathway. This is in line with the national directive for the establishment of rapid diagnostic centres as part of the NHS Long Term Plan to rapidly rule out cancer in those patients where the GP has concerns but the patient doesn’t have typical symptoms of cancer.

Following a number of blood tests carried out in primary care, the patient is referred on a rapid diagnostic pathway for hospital-based tests and scans to rule out cancer. The introduction of this pathway for gastro-intestinal problems enables these patients to be rapidly assessed, without creating delays for patients on cancer pathways. This model will be expanded in 2022- 23 to cover other conditions.

### Maternity

North Lincolnshire CCG, as a member of the Humber and North Yorkshire Local Maternity System (LMS), provides support and oversight for our maternity and neonatal services across the area. A new Perinatal Safety, Quality and Assurance Group has been established to review any incidents that occur across the area and provides shared learning, recommendations for improvements to policies and procedures, and supports the implementation of those changes. A LMS wide procurement of a single maternity IT system to enable consistent data recording across all maternity units, alongside a patient app which will enable women to access their records and test results and provide access to advisory websites has been undertaken, with implementation in 2022-23.

We have continued working with our Maternity Voices Partnership colleagues to ask our families and staff about what is important to them and how we can encourage more joint working; this builds on the service user engagement undertaken in 2020-21. Work has continued to maintain the Maternity Continuity of Carer teams to support families; particularly those in minority ethnic communities and deprived populations. A number of breastfeeding initiatives were also delivered including the provision of breast pumps in neonatal units, development of a training course for midwives to reverse tongue-tie in babies, and purchase of books for children’s centres to normalise breast feeding.

### Mental health and learning disabilities

#### Children and young people

The CCG has continued to work locally and with Humber and North Yorkshire ICS partners to promote and ensure access to mental health support during the pandemic, in recognition of the impact of Covid-19 restrictions on the mental wellbeing of children and young people.

The CCG has increased its investment into services for people with eating disorders in response to an increased number of people coming forward with eating disorders during the pandemic. In addition, the CCG has supported work to reduce waiting lists through the expansion of services to tackle the increased waiting times caused by the reduction in face to face services during the early stages of Covid-19. During 2021 we have also launched a new Mental Health Support Teams in schools (MHSTs) service which provides specialist mental health staff into schools to support those pupils with mental health issues by improving access to services through early identification of issues and promotion of emotional health and well- being across whole school communities. The teams will work alongside existing services such as Educational Psychologists and pastoral support to ensure a holistic approach within school settings. The MHSTs will work closely with Child and Adolescent Mental Health Services (CAMHS) in order to support transitions both in and out of the CAMHS service ensuring access to specialist services at the right time.

In conjunction with North Lincolnshire Council, the CCG has contributed to the development of an all-age autism plan for 2022-2026, co-produced with a wide range of partners and informed by user voice. The plan is awaiting formal approval and following this, implementation of the plan will be monitored by the SEND Standards Board, the Integrated Children’s Trust and the Integrated Adults Partnership.

In conjunction with North Lincolnshire Council, we have further invested in the jointly commissioned specialist trauma service to ensure children who have experienced trauma through abuse or neglect can access timely specialist support.

#### Adult services

Work with wider partners across the Humber and North Yorkshire footprint continues to implement the Transforming Care plan, including development of community infrastructure and reducing avoidable hospital admissions for people with a learning disability. During 2021-22 we have been able to expand the North East Lincolnshire employability scheme for people with a learning disability to North Lincolnshire to support people into training and employment. Despite the huge pressures in primary care, GP practices have managed to increase the proportion of patients with a learning disability who have received an annual health check within the last year.

The CCG has continued work with MIND North Lincolnshire to develop a crisis house to support people in mental health crisis to avoid hospital admission. The model has been developed with input from services users and whilst the launch has been delayed due to building work, the facility is scheduled to open in Spring 2022.

We have increased support for mental health in primary care through the development of a Primary Care Network mental health team and appointment of mental health nurses into GP practices. This is improving access to mental health support in primary care and starting to increase the number of people with a mental health condition who receive an annual health check.

### Frailty

During 2021-22, the national Ageing Well programme focused on the development of new integrated models of community care to help increase community capacity to support more patients out of hospital – helping alleviate pressures on other parts of the health system and improve outcomes for patients. This programme focused on supporting our frail population and addressed three key priority areas:

* + **Enhanced health in care homes** – enhanced support and better coordinated care, reablement and rehabilitation for care home residents through personalised care and support planning
  + **Urgent community response** – rapid response to people in the community experiencing a health or social care crisis
  + **Anticipatory care** – helping people with complex needs stay healthy and functionally able through personalised care and support planning.

The implementation of these workstreams is overseen by the Northern Lincolnshire Frailty Oversight Group which is led by frailty clinicians and includes representation from partners across the North Lincolnshire health and care system. The group has taken forward learning from the award-winning frailty service delivered from the team at the Jean Bishop Integrated Care Centre in Hull. This is led by Community Consultant Geriatricians, has agreed a consistent, system-wide approach to identification of frailty and commences risk stratification of the frail population to identify those patients who would benefit from the local frailty service, proactively managing their health to reduce the risk of hospitalisation.

The continued implementation of enhanced health in care homes means that now, every care home is aligned to a Primary Care Network. This enables people who are a resident in a care home to receive a weekly check from primary care and the wider multi-disciplinary care team

including representatives from the care home, primary care and community services to identify early any healthcare needs and ensure these are addressed. A successful pilot has been under way in East PCN which provides an integrated support package coordinated by a lead nurse undertaking a holistic assessment of the needs of care home residents and person-centred care planning. Early feedback indicates that the pilot has delivered positive outcomes for care home residents and their carers through this joined-up and targeted approach.

In the latter part of 2021-22, North Lincolnshire has seen the mobilisation of a 2 hour Urgent Community Response service which provides an integrated health and/or social care response in a patient’s own home or usual place of residence in the event of a crisis. The service is operational 8am-8pm, seven days per week and is supported by a GP who is part of the wider community unscheduled care team to provide senior decision making, following a successful pilot period during the pandemic. This service aims to reduce unnecessary attendance or admission to hospital, enabled by rapid access to senior clinical decision making, and for the patient to remain in their own home where it is safe to do so. As the service evolves and embeds, opportunities will be sought to enhance the provision.

Over the next year the frailty workstreams will look to further integrate and optimise existing pathways and services by focusing on the enhancement of clinical leadership and collaborative working, facilitated by the Frailty Oversight Group and Integrated Care System Collaborative with the national operational guidance for the Aging Well workstreams.

### End of life

The Northern Lincolnshire End of Life Steering Group was established from July 2020 with senior representation from each organisation and delegated decision-making responsibilities. This group has continued to drive forward improvements in end of life care through improved integration of care. During 2021-22, significant progress has been made with the implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). This enables health professionals to create a personalised recommendation for clinical care in emergency situations where the person is not able to make decisions or express their wishes, including decisions where a patient does not wish to be resuscitated.

The implementation of Electronic Palliative Care Co-ordination Systems (EPaCCS) has continued with increased numbers of care plans being recorded on the system. EPaCCS record people’s care preferences and important details about their care at the end of life. This information 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.

We have adopted a standard competency framework for end of life care skills across all partners and have developed standard training for clinical practice/direct patient care; communications skills and symptom management including last days of life. This will be continued to be developed and mobilised during 2022-23 to ensure consistent, high-quality training and education for people involved in end of life care.

### Primary care

There are four Primary Care Networks (PCNs) established in North Lincolnshire which operate under the Network Contract Directed Enhanced Service (DES), each having their own Clinical Director and PCN Manager to help develop and expand the networks and provide a more effective service for patients. As the PCNs continue to mature, the networks continue to recruit additional workforce as part of the Additional Roles Reimbursement Scheme to increase capacity to help meet patient demand. The 19 GP practices in North Lincolnshire serve a population of around 183,500 people.

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| --- | --- | --- | --- |
| **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 Tehmina Mubarika & Dr Jane Widders |
| North Network | 3 | 33,000 | Dr Toby Blumenthal |
| West Network | 5 | 44,000 | Dr Pratik Basu & Dr Gary Armstrong |

#### Covid-19

Following the commencement of the Covid-19 vaccination programme, all four Primary Care Networks, three community pharmacies and Scunthorpe Vaccination Centre all signed up to deliver the vaccination programme, and have successfully vaccinated more than 378,000 doses in North Lincolnshire.

|  |  |
| --- | --- |
| **Covid-19 Vaccination sites** | **Type of site** |
| East PCN - Riverside Surgery | Local Vaccination site (LVS) |
| South PCN - The Ironstone Centre, Scunthorpe | Local Vaccination site (LVS) |
| North PCN - Central Surgery, Barton | Local Vaccination site (LVS) |
| West PCN - Pinfold Surgery, Owston Ferry | Local Vaccination site (LVS) |
| Scunthorpe Vaccination Centre | Vaccination Centre (VC) |
| Broughton Pharmacy | Community Pharmacy (CP) |
| Ancora Pharmacy | Community Pharmacy (CP) |
| Goxhill Pharmacy | Community Pharmacy (CP) |

#### Member practices 2021-22

Practice name sites and PCNs from which services are delivered.

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| --- |
| **North Primary Care Network** |
| Central Surgery, King Street, Barton Upon Humber, DN18 5ER Winterton Surgery, Manlake Avenue, Winterton, DN15 9TA Bridge Street Surgery, Brigg, North Lincs, DN20 |
| **East Primary Care Network** |
| Riverside Surgery, Barnard Avenue, Brigg, DN20 8AS The Killingholme Surgery, South Killingholme, DN40 3EL West Town Surgery, Barton Upon Humber, DN18 5PU  Trent View Medical Practice, 45 Trent View, Keadby, DN17 3DR The Medical Centre, Victoria Road, Barnetby, DN38 6HZ |
| **South Primary Care Network** |

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| --- |
| Ashby Turn Primary Care Partners, The Link, DN16 2UT West Common Lane Teaching Practice, DN17 1YH Cedar Medical Practice, 275 Ashby Road, DN16 2AB Ancora Medical Practice, 291 Ashby Road, DN16 2AB The Surgery, Traingate, Kirton in Lindsey, DN21 4PQ  Cambridge Avenue Medical Centre, Bottesford, DN16 3LG |
| **West Primary Care Network** |
| The Birches Medical Practice, Ironstone Centre, DN15 6HX The Oak Tree Medical Practice, Ironstone Centre, DN15 6HX Church Lane Medical Centre, Orchid Rise, DN15 7AN  The Oswald Road Medical Centre, Oswald Road, DN15 7PG South Axholme Practice, The Surgery, Epworth, DN9 1EP |

#### Access

Following the Covid-19 pandemic, practices continue to introduce digital solutions and new innovations to allow greater accessibility for patients requiring clinical services which includes utilising video consultations and total triage freeing up space for patients who require a face to face consultation. Despite the winter pressures and vaccination programme, practices in North Lincolnshire were able to provide a 10% increase in appointments for patients from the previous year in December 2021.

|  |  |
| --- | --- |
| Total Appointments | December 2021 – 89,725 appointments  10% increase from Dec 2019 |
| Face to face appointments | 76% |
| Same day appointments | 40% |

#### NHS 111 direct booking

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.

#### Digital enabled care

Following significant change as a result of the Covid-19 pandemic, over the last 12 months we have seen a number of digital enhancements to benefit our population and professionals, to ensure that we continue to empower the best possible level of care.

We have a number of key programmes of work under way to ensure that our health and social care teams have access to the latest digital tools in their workplace:

* + We believe that every patient should only have to tell their story once, so to ensure that each professional directly involved in a patient’s care is fully informed to make decisions we have accelerated the deployment of our shared care record system – The Yorkshire and Humber Care Record.

Across the Humber and North Yorkshire we have connected hospital, social care, primary care and end of life records, to allow health professionals to access a holistic view of patient care, when it is appropriate to do so.

* + We have continued to replace older computers in GP practices to ensure that practice teams have access to appropriate equipment and continue to sustain a high level of digital maturity.
  + We have started to implement a secure clinician to clinician messaging solution to allow care professionals to seek advice from their peers.

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

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

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

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

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

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

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

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

* + We have implemented a clinical booking system which allows NHS 111 to book callers into urgent care settings and we are now developing this system further to allow any care provider to directly book into any other care provider.

This will allow a quicker and easier experience for patients

* + We have supported the process to move diagnostic services into the community, increasing capacity within other local services.

### Highlights of the year 2021-22

#### Continuing to tackle Covid-19

Since the launch of Covid-19 vaccinations, NHS North Lincolnshire CCG has led an extremely successful vaccination programme, through its GP practices, pharmacies, community venues through its outreach programme, and through the Scunthorpe Vaccination Centre at the Ironstone Centre in Scunthorpe.

To date, more than 375,000 vaccinations have been administered across North Lincolnshire, including first, second and booster jabs. The close partnership working and efforts to tackle misinformation and inequalities have been recognised regionally and nationally as best practice. Part of the outreach vaccination programme saw well attended pop up clinics take place at The Islamic Centre and the Guru Nanak Gurudwara in Scunthorpe, with the aim of boosting the uptake among our culturally diverse communities.

#### Success of The Foundry temporary Covid-19 vaccination centre

Impressive partnership working saw a walk-in vaccine centre launch in central Scunthorpe on 21 December 2021 in a bid to bolster North Lincolnshire’s vaccination programme.

NHS North Lincolnshire CCG, NLaG and North Lincolnshire Council came together to open the facility inside The Foundry in the build up to Christmas – giving residents more flexibility in their search for a vaccine.

In the month the service was open, almost 2,500 people were vaccinated. The vast majority of those administered were booster doses but an impressive number of people also came forward for first and second doses.

#### Scunthorpe Vaccination Centre celebrates one year anniversary

The Scunthorpe Vaccination Centre located at the Ironstone Centre marked its one-year anniversary on 19 March.

The vaccination programme managed by Safecare Network started at The Baths Hall in 2021, and a year on, as of 19 March, it had administered more than 105,000 vaccinations.

#### Primary care access

We launched a primary care access communications plan, and this continues to be a critical and long running piece of work. We welcomed BBC Look North into a North Lincolnshire surgery to promote wider primary care network roles such as physiotherapists, pharmacists, nurses, mental health workers, paramedics, social prescribers and many more. These roles will once again be promoted in a series of short videos that are being produced for wider sharing across social media and on websites.

We have also published an ‘open letter’ from primary care to patients via our website and the Scunthorpe Telegraph – explaining just how hard everyone in general practice is working.

Each month we are promoting the number of appointments there have been in primary care across North Lincolnshire, as well as the number of face to face and same day appointments.

There has been continued promotion of, not just wider PCN roles, but how and when to use the system correctly, i.e.: NHS 111, 111 Online, pharmacies, mental health support services, social prescribing, A&E.

#### North Lincolnshire residents encouraged to download NHS App

North Lincolnshire residents are being encouraged by their local NHS and council to download the NHS App. In November 2021, only 18% of residents in North Lincolnshire had downloaded the NHS App.

In North Lincolnshire we have a dedicated marketing and communications campaign running to promote the use of the NHS App. That plan includes the creation of a how to guide, printed leaflets, banner, bus panel advertisements and much more. The plan also includes the new role of ‘Health Promotions Officer’ to support the campaign, speaking to people who have just been vaccinated at the mass vaccination centre, and to people waiting in GP practices – encouraging them to download the app and supporting them with any questions or help they may need to download it. As of 1 April, 40% of residents in North Lincolnshire have downloaded the app, with the target of hitting 50% by the end of summer.

#### Urgent GP access hub

A new urgent GP hub opened at the Ironstone Centre in Scunthorpe and will remain there while winter pressures remain high. This new service, open Monday to Thursday, is for patients who require an urgent face-to-face appointment with primary care, but their own practice is unable to see them promptly due to staffing issues. Up to 250 appointments per week have been made available here for residents registered with a North Lincolnshire practice. Patients cannot self- present to the hub unless referred by their own practice.

Dr Faisel Baig, GP & Chair at NHS North Lincolnshire CCG, said: “The urgent GP hub is an excellent development for North Lincolnshire, and I would like to thank our GP federation, Safecare and Cedar Medical Practice for helping with staffing and premises.

“The service is all about GPs coming together and working at a central location to assist practices with staff shortages, allowing patients to be seen promptly.

“It is beneficial to both patients and practices, and we hope that we will be able to build on such innovative models in the future.”

#### Contact a local pharmacy online about minor health concerns

Residents in North Lincolnshire experiencing minor illness or ailments, are being encouraged by their local NHS to speak directly to a community pharmacy online first.

The Humber, Coast and Vale Health and Care Partnership is running a pilot project across North Lincolnshire initially, to trial online pharmacy consultations. The aim is to encourage patients and their carers to contact a pharmacy first using online consultations, before their GP, for conditions and enquiries that a pharmacy can help with.

Patients can visit [northlincspharmacies.nhs.uk](https://northlincspharmacies.nhs.uk/) and search for their specific problem or medicine. The search results will display self-help material, and if further information is needed, the patient can:

* + Contact a local pharmacy directly online at a time to suit, without the need to attend in person
  + Attach relevant photos if needed (for example for cuts, burns, acne and more). The pharmacy will respond and can advise online, or in person if they feel it’s necessary.

Pharmacies will be able to contact the patient online using secure online messaging or video consulting.

#### Thousands of people set to benefit as NHS lung health checks confirmed for North Lincolnshire and North East Lincolnshire

Past and current smokers in North Lincolnshire and North East Lincolnshire will be invited to a NHS lung health check service in a drive to improve earlier diagnosis of lung cancer and save more lives.

NHS England and NHS Improvement has confirmed that North Lincolnshire and North East Lincolnshire will be two of 43 places across the country to run NHS Targeted Lung Health Check programme.

Expected to start in Spring 2022, the initiative means approximately 45,000 past and current smokers, aged 55 to less than 75, in North Lincolnshire and North East Lincolnshire will be invited to a lung health check by their GP. This will identify an estimated 440 cases of lung cancer earlier than otherwise would have been.

Those invited will have an initial phone assessment with a specially trained health care professional. If the assessment finds the person to be at high risk, they will be offered a low dose CT scan of the lungs for further investigation.

The scanner will be housed in a mobile unit and taken to convenient locations, such as supermarket or sport venue car parks, across North and North East Lincolnshire. Stop smoking advice will also be offered to support current smokers wanting to quit.

### Performance analysis - how are we doing?

#### Introduction

Clinical Commissioning Groups (CCGs) were established on 1 April 2013 and are clinically-led organisations. NHS England has a statutory duty (under the Health and Social Care Act 2012) to conduct an annual assessment of every CCG. The approach to the 2020/21 assessment (latest available) was simplified due to the continued impact of Covid-19 and the change in priorities this has required to enable the CCG to respond.

This means that CCGs will not be given an overall performance rating. Instead, a letter provides a narrative assessment of CCG performance.

In recent years it has become increasingly clear that the best way to manage NHS resources to deliver high quality, sustainable care is to focus on organising health at both system and organisation level.

#### NHS System Oversight Framework

The [NHS System Oversight Framework for 2021/22](https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/) replaces the [NHS Oversight Framework for](https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/) [2019/20](https://www.england.nhs.uk/publication/nhs-oversight-framework-for-2019-20/), which brought together arrangements for provider and CCG oversight in a single document.

The NHS System Oversight Framework reflects an approach to oversight that reinforces

system-led delivery of integrated care, in line with the vision set out in the [NHS Long Term Plan](https://www.longtermplan.nhs.uk/), the White Paper – [Integration and innovation: Working together to improve health and social](https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version) [care for all](https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version), and aligns with the priorities set out in the [2021/22 Operational Planning Guidance](https://www.england.nhs.uk/operational-planning-and-contracting/).

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

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

#### CCG applicable NHS System Oversight Framework measures facing challenges in year include:

* + Number of appointments in GP practices were just below the H1 and H2 plan figures
  + Patients waiting more than 52 weeks to start consultant-led treatment was above H1 and H2 plan figures
  + Cancer patients waiting longer than 62 days was below national threshold
  + Elective activity levels did not reach H1 and H2 plan figures
  + Patients waiting more than 52 weeks to start consultant-led treatment was above the H2 plan figure
  + Overall size of the waiting list was above H2 plan figures

#### CCG applicable NHS System Oversight Framework measures seeing success in year include:

* + Number of people with a learning disability on the GP register receiving an annual health check exceeded the H1 and H2 plan with the actual being 71.7% against a target of 67.0%
  + E. coli bloodstream infections were below target with the total for the year being 124
  + Antimicrobial resistance: appropriate prescribing of antibiotics and broad-spectrum antibiotics in primary care was achieved with performance of 9.84% against target of

<10%

* + Flu vaccination for persons aged 65 years and over was achieved in all four PCNs.

#### How we measure performance

Measuring our performance helps us to ensure our services are being delivered to a high- quality standard and providing value for money. The CCG has internal processes in place to manage performance against a range of national and local indicators including a mechanism to work with internal and external colleagues to identify areas of risk and implement action plans to mitigate these, this ensures improvements in performance are delivered. Throughout the year, reports are provided to our Governing Body setting out our performance against the agreed local and national measures.

#### Operational and constitutional indicators

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

The CCG achieved 7 of these 29 standards (see tables below). This shows the most recent position available to the CCG for each indicator at the time of writing, which is as of March 2022, except the mental health IAPT indicators which are February 2022. (Report periods for each indicator can be found in the dashboard section of this report).

|  |  |
| --- | --- |
| **Performance has been achieved in the following:** | |
| * Cancer 62 Day Waiting Time – consultant decision to upgrade status * IAPT % of patients moving to recovery * Early intervention in psychosis * % Of patients who wait 18 weeks or less to access IAPT services * % Of patients who wait 6 weeks or less to access IAPT services * MRSA * Clostridiodes 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 National SITREP reporting) * Cancer 2 week waiting times * Breast cancer 2 week wait |  |

|  |  |
| --- | --- |
| * Cancer 31 day wait – first definitive treatment * Cancer 31 day subsequent waits – surgery * Cancer 31 day subsequent waits – anti cancer drug regimens * Cancer 31 day subsequent waits – radiotherapy * Cancer 62 day wait referral to treatment times – first definitive referral from GP referral * Cancer 62 day referral to treatment times – screening service * Ambulance Category 1 mean waiting time * Ambulance Category 1 90th centile * Ambulance Category 2 mean waiting time * Ambulance Category 2 90th centile * Ambulance Category 3 90th centile * Ambulance Category 4 90th centile * Mixed sex accommodation * Cancelled operations: not offered another date within 28 days * % of people who have depression and receive psychological therapies (IAPT) |  |

Covid-19 and the ongoing wider system pressures 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
    - 52 week waits
    - Diagnostics
    - A&E performance – including 12-hour trolley breeches
    - Some cancer indicators
    - Ambulance response times

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

#### Referral to treatment times and 52 weeks

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

Although improved, the CCG level position remains below the national RTT performance standard of 92%. National reporting shows that the CCG position in relation to incomplete RTT performance is above both the England and the Humber Coast and Vale ICS average.

NLaG have reported that theatre capacity has being affected by staff sickness and annual leave, and there are challenges in relation to the increased acute activity seen by the Trust and balancing this with the planned elective activity.

Active recovery plans for both the Medicine and Surgery Divisions are in place with the focus continuing to be on the longest waiters and cancer patients. Additional capacity, which includes both the use of Goole District Hospital and the independent sector, continues to be utilised for ophthalmology, orthopaedics, general surgery and urology. Internal consultants are continuing to provide additional sessions and external providers have also been sourced to increase clinic capacity and reduce the time patients are waiting to be seen.

Due to NLaG’s elective delivery position being stronger than some of the neighbouring Trusts, particularly in relation to long waits, the Trust is making available some of its surgical capacity (mostly at Goole), to provide ‘mutual aid.’ Although it is recognised that this will inevitably

reduce NLaG’s performance, this approach is consistent with the collaborative principles of ensuring an equitable service across the Integrated Care System.

The Trust continues with their robust risk stratification process, across all specialities, to monitor the risks and potential harm to patients who are waiting beyond 52 weeks for treatment or those waiting for outpatient reviews. Processes are in place to record, track and monitor risk stratification for all patients, at all points in the pathway. Assurance has been provided that where any harm is identified this is escalated and managed via the serious incident management process.

#### Six week diagnostic waiting times

Performance against the Diagnostic Waiting Time Standard has improved and is currently the best performance against this standard since February 2020.

Non-obstetric ultrasound remains the primary concern, however the extra capacity secured and delivered from Ironstone Centre continues to be utilised and the benefits are expected to be realised further over the coming months.

Vacancies within the diagnostic division also continues to be a risk, and a business case is being developed to consider increasing the workforce to reduce the gap between demand and capacity.

#### A&E four hour waits

CCG performance against the A&E 4 hour waiting time standard failed to achieve the national standard during 21/22, whilst the significant and sustained pressures in bed occupancy, patient demand and acuity have seen daily challenges within the Emergency Departments (ED’s) impacting performance.

NLaG have implemented several measures in relation to 12-hour trolley breaches specifically, such as daily operational meetings to review ward zoning and patient movements to enable bed availability and senior second reviews conducted by Medicine Divisional Clinical Directors and Divisional Head of Nursing.

Covid-19 continues to impact due to workforce sickness, isolation, and general staff wellbeing, in addition to the impact of the physical capacity within the current ED footprints.

The benefits of the Urgent Care Service (UCS) are starting to be realised through the improvements in the 4-hour waiting time standard. The UCS at SGH is providing improved patient experience and 99% performance against the 4-hour standard. The UCS at DPoW is also now operational and benefiting from the same positive performance.

System partners are working collaboratively to support the daily challenges being experienced in relation to patient flow and the subsequent impact on ED departments and other providers. Access pathways are being streamlined and the discharge to assess initiative is being supported by daily operational calls to reduce specific challenges or barriers being experienced.

#### Cancer waiting times

The CCG has experienced difficulties with some of the pathways at different times during 2021/22.

All tumour sites are being affected by increasing waiting times due to high demand and the availability of oncologists. The Trust are also experiencing challenges related to visiting consultant services and tertiary based staging scans, which affect the ability to transfer patients for treatment.

To mitigate some of the risks, 28 and 62 day performance is being reviewed and managed weekly and specific tumour site pathway reviews are being undertaken to identify any learning and opportunities for improvement. Within the colorectal pathway, the Clinical Nurse Specialist (CNS) straight to test model commenced in January 2022 at both Scunthorpe and Grimsby and is impacting positively on the 28-day faster diagnosis performance.

Divisional trajectories at tumour site level are also being mapped for 2022/2023 to deliver a reduction in the backlog, increase faster diagnosis and improve performance against the 28 day and 62 day standards.

The joint transformation pathway work continues between NLaG and HUTH with a key focus being the identification of areas where pathways can be accelerated and to help with the transfer of patients.

Clinical harm reviews continue to be undertaken for all patients who wait more than 104 days and cancer surgery continues to be prioritised, in addition to the use of the independent sector to support timely access to surgery and diagnostics. Significant work continues with system partners to aid pathway improvements, and this will continue to be monitored by the Humber Cancer Board.

#### Ambulance Response Programme (ARP)

East Midlands Ambulance Service (EMAS) continues to be challenged by the demands on the service and the acuity of patients being conveyed. Performance therefore remains a significant concern across Northern Lincolnshire.

Due to the sustained pressures, EMAS continue to utilise their Capacity Management Plan (CMP), designed to ensure that at times of significant and potentially sustained pressure, the limited resources available are prioritised for the most clinically urgent cases. The CMP has four levels from one (normal operating) to 4 (extreme pressure). Actions designed to increase capacity, reduce demand, and reduce clinical risk are put in place when the triggers for each level have been reached.

EMAS continue with their monthly harm review process to identify if there have been any instances of actual or potential harm. This is reported monthly through the CCG forums and additional quality oversight and improvement forums have been established during recent months. Across Northern Lincolnshire there is an EMAS improvement plan in place that links directly into the System Improvement Group. In addition to this, a specific action plan relating to reducing ambulance handover delays has been developed in April 2022, in response to the increase in the system pressures. These action plans will continue to be monitored and additional actions included as part of the current system oversight and improvement structures.

There has been recent re-engagement between EMAS and NLaG specifically in relation to the Same Day Emergency Care (SDEC) pathways to support non conveyance to ED where appropriate. A joint piece of work has also commenced, analysing EMAS pathways to promote any learning and provide ongoing support of the direct referral opportunities.

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 Meeting.

#### Dementia

The CCG’s position in relation to percentage of dementia diagnosis rates is underachieving at 51.5% in March 2022 against the target of 66.7%.

Performance against the 18-week referral to treatment target for dementia diagnosis has been maintained. Dementia diagnosis rates are shared with PCNs monthly and pathway discussions continue between primary and secondary care to address and challenges and the associated performance. A clinical workshop to consider pathway redesign is also in the process of being arranged.

#### 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 have depression and/or anxiety disorders who receive psychological therapies achieving 1.9% against the 2.5% standard

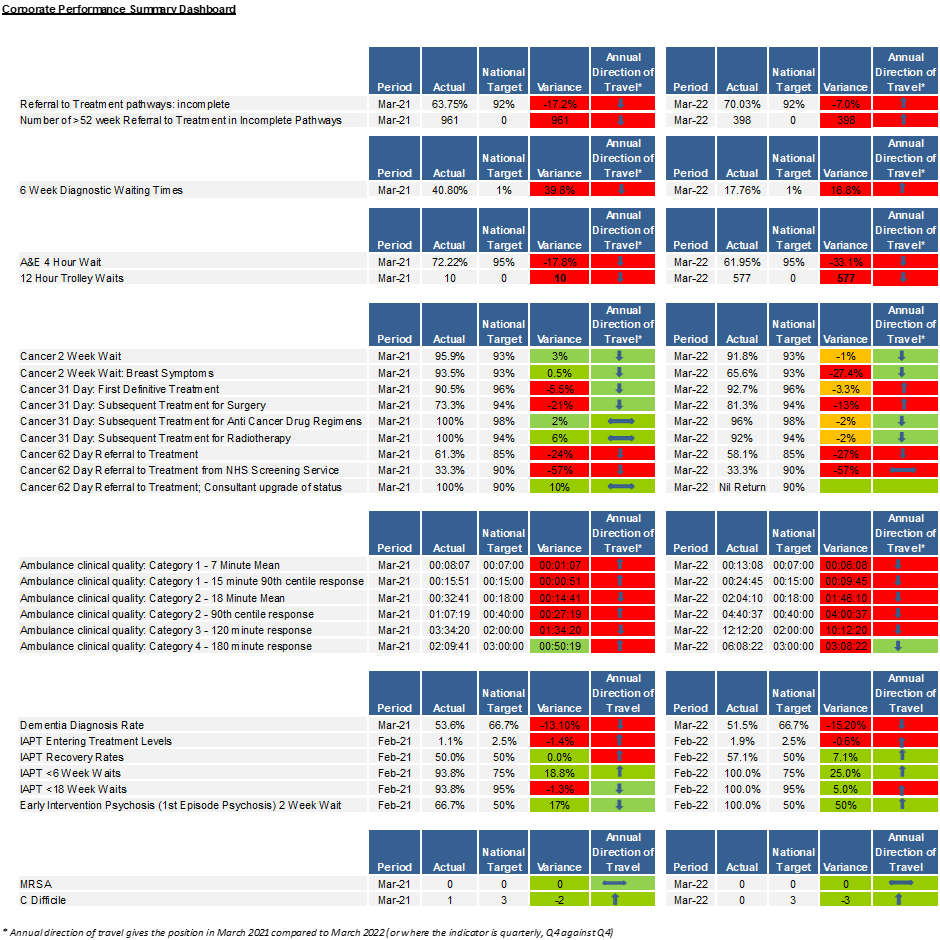
A deep dive of IAPT services has been undertaken by RDaSH and the findings have been discussed through the quality monitoring forums. Staffing vacancies are a challenge and are impacting on performance. A local staffing trajectory has therefore been developed based on three staffing scenarios. At this stage of planning no further investment plans have been agreed but this will be considered as part of the wider ICB financial planning requirements.

Workforce challenges remain an area of concern for the North Lincolnshire inpatient setting, both in terms of recruitment and availability (staff sickness and isolation). This remains an extreme risk on the RDaSH risk register. There has been ongoing recruitment for both the inpatient units and the Section 136 suite with some vacancies successfully appointed to and inductions being commenced. Oversight continues at the monthly quality forum between RDaSH and NLCCG.

#### 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.



### 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 2021-22 and still under the influence of the Covid-19 pandemic the CCG continued with its agile working strategy, which gave staff the option to work from home full time or if required access to the building. The building continued to remain open to those staff that chose to come to work for whatever reason; this mirrored the previous year in the way of usage of utilities over the reporting period.

#### Governance

The CCG continued to use the Sustainability Impact Assessment (SIA) template, as this enabled the CCG to assess and anticipate the likely sustainability implications of all policies, strategies 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 our carbon footprint was significantly reduced for a second year. Use of Microsoft Teams continued to enable business to carry on as normal without the requirement for travel. This has been another year of savings for the CCG.

#### Facilities management

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

# ACCOUNTABILITY REPORT

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**Emma Latimer** Accountable Officer 20 June 2022

### Corporate Governance Report

#### North Lincolnshire CCG Members’ Report

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

#### Our CCG membership

NHS North Lincolnshire CCG is a clinically led organisation that brings together local GP practices and other health professionals to plan and design services to meet local patients’ needs. Our GP practices serve a population of around 183,500 people.

The CCG has 19 member practices – including a number of branch surgeries.

#### Member practices 2021-22

Practice name sites and PCNs from which services are delivered.

|  |
| --- |
| **North Primary Care Network** |
| Central Surgery, King Street, Barton Upon Humber, DN18 5ER Winterton Surgery, Manlake Avenue, Winterton, DN15 9TA Bridge Street Surgery, Brigg, North Lincs, DN20 |
| **East Primary Care Network** |
| Riverside Surgery, Barnard Avenue, Brigg, DN20 8AS The Killingholme Surgery, South Killingholme, DN40 3EL West Town Surgery, Barton Upon Humber, DN18 5PU  Trent View Medical Practice, 45 Trent View, Keadby, DN17 3DR The Medical Centre, Victoria Road, Barnetby, , DN38 6HZ |
| **South Primary Care Network** |
| Ashby Turn Primary Care Partners, The Link, DN16 2UT West Common Lane Teaching Practice, DN17 1YH Cedar Medical Practice, 275 Ashby Road, DN16 2AB Ancora Medical Practice, 291 Ashby Road, DN16 2AB The Surgery, Traingate, Kirton in Lindsey, DN21 4PQ  Cambridge Avenue Medical Centre, Bottesford, DN16 3LG |
| **West Primary Care Network** |
| The Birches Medical Practice, Ironstone Centre, DN15 6HX The Oak Tree Medical Practice, Ironstone Centre, DN15 6HX Church Lane Medical Centre, Orchid Rise, DN15 7AN  The Oswald Road Medical Centre, Oswald Road, DN15 7PG South Axholme Practice, The Surgery, Epworth, DN9 1EP |

#### Our CCG Governing Body membership for 2021-22

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 particular organisations are encouraged to attend these meetings to develop a better understanding of their NHS – both locally and nationally.

#### NHS North Lincolnshire CCG Governing Body Membership 2021-22

Chair and Accountable Officer

Dr Faisel Baig, Chair. Membership dates: 1 April 2021 – 31 March 2022

Emma Latimer, Accountable Officer. Membership dates: 1 April 2021 – 31 March 2022

#### GP Board Members

Dr Salim Modan. Membership dates: 1 April 2021 – 31 March 2022

Dr Gary Armstrong. Membership dates: 1 April 2021 – 31 March 2022

Dr Pratik Basu. Membership dates: 1 April 2021 – 31 March 2022

Dr Hardik Gandhi. Membership dates: 1 April 2021 – 31 March 2022

#### Secondary Care Doctor

Dr James Woodard. Membership dates: 1 April 2021 – 31 March 2022

#### Lay Representatives

Erika Stoddart, Lay Member for Governance. Membership dates: 1 April 2021 – 31 March 2022 Janice Keilthy, Lay Member for Public and Patient Involvement. Membership dates: 1 April 2021

– 31 March 2022

Heather McSharry, Lay Member for Equality and Inclusion. Membership dates: 1 April 2021 – 31 March 2022

#### Governing Body Officer Members

Emma Sayner, Chief Finance Officer. Membership dates: 1 April 2021 – 31 March 2022 Alex Seale, Chief Operating Officer. Membership dates: 1 April 2021 – 31 March 2022

Clare Linley, Director of Nursing and Quality. Membership dates: 1 April 2021 – 30 June 2021

Helen Davis, Interim Director of Nursing and Quality and Executive Nurse. Membership dates: 1 July 2021 – 31 March 2022

Associated Members

Dr Satpal Shekhawat, Medical Director. Membership dates: 1 April 2021 – 31 March 2022 Directors of Public Health

#### 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 2021-22 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 2021 to 31 March 2022, the CCG processed the following requests for information under the Freedom of Information Act 2000 (FOIA):

|  |  |
| --- | --- |
| FOI | 2021/2022 |
| Number of FOI requests processed | 191 |
| 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 79 cases. The CCG did not provide all the information requested in 31 cases because an exemption was applied either to part of, or to the whole request. The exemptions applied were;

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

In 81 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-](https://northlincolnshireccg.nhs.uk/publication-scheme/what-are-our-priorities-and-how-are-we-doing/) [how-are-we-doing/](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

###### Ensuring that our patient and service user voice is heard is a fundamental principle within the CCG and this is never more important than when the experience of local health services fall short of expectations.

North Lincolnshire CCG recognise that every concern or complaint presents an opportunity to improve the quality and safety of the services it provides or commissions. The feedback received from complaints is a central part of our intelligence monitoring and helps to identify themes and trends.

Robust complaints procedures and policies are in place, for all local providers, to effectively manage complaints received. In accordance with the NHS Complaints Regulations, complaints processes and procedures are also in place at North Lincolnshire CCG for receiving, handling, investigating and resolving complaints relating to the actions of the CCG, its staff and services, as well as it’s commissioned services. 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 2021-22.

#### 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 and the LHRP during 2021-22. Providing a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
* Supporting NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents.

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

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

**Statement of Accountable Officer’s Responsibilities**

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

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

* + The propriety and regularity of the public finances for which the Accountable Officer is answerable,
  + For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
  + For safeguarding the Clinical Commissioning Group’s assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
  + The relevant responsibilities of accounting officers under Managing Public Money,
  + Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14Rof 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 (20 June 2022)**

**Annual Governance Statement 2021-22**

**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, 2021, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

North Lincolnshire CCG comprises 19 practices covering a population of about 183,593 (January 2022).

It is served by one main acute provider, including community services (Northern Lincolnshire and Goole NHS Foundation Trust, NLAG), one specialist acute provider (Hull University Teaching Hospitals NHS Trust, HUTH) and one mental health provider (Rotherham, Doncaster and South Humber Foundation Trust, RDaSH). North Lincolnshire CCG is largely coterminous with the Local Authority (North Lincolnshire Council). For 2021-22 it had a total budget of

£309,362 million.

The North Lincolnshire CCG area is geographically large and with more than half of its population living in rural areas. This creates distinct neighbourhoods and localities, each wit h t hei r o wn uni q ue c h ar ac t er i s t i c s an d s e ns e of identity, wit h 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 54.

#### 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 registersof 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 2021-22, the Governing Body met six times in public and was quorate at each meeting. The Governing Body also held five workshop sessions. Attendance figures for the Governing Body and other committees are attached at **Appendix 1.**

The Governing Body 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 and North Yorkshire Integrated Care System’s preparatory arrangements and the associated development with key local partners, including North Lincolnshire Council, of the North Lincolnshire Place arrangements.

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 seven 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 ten 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
* Approval of a range of service specifications to support people with Covid, including home monitoring services
* Approval of a range of specifications for mental health services including a Crisis House, hospital liaison, Recovery College and Psychological Therapies (IAPT)
* Approval of pathways for neurodiversity conditions
* Development and approval of new pathways for a range of gastro-intestinal conditions
* Development of additional hospice beds to support step-down from hospital for people approaching end of life or with complex needs
* Approval of an updated weight management service specification

#### 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 six 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:

* Oversight of the quality and performance indicators of local providers, including primary care, considering organisational responses to the COVID-19 pandemic and any associated improvement / recovery plans.
* Regular updates and oversight of the CCG commissioned services and the local area Social Care sector CQC inspection outcomes, including any subsequent action plans and local monitoring.
* Ongoing oversight of the CCG’s Equality and Inclusion plan and progress made against each of the 4 objectives.
* Regular updates in relation to progress made against the CCG Quality Strategy, considering measurable outcomes and quality improvement initiatives.
* Oversight of the CCGs key responsibilities in relation to quality, including regular updates on the management of Serious Incidents, Complaints, Infection Prevention and Control and Safeguarding.
* 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 2021/22 with each meeting being quorate. Highlights of work undertaken by the committee include:

* Initiatives to improve access to primary care
* Primary care estates strategy
* Local service specifications through Primary Care Networks
* Review of Primary Care Contractual changes and approval to sign changes in line with NHS England guidance.
* Additional Roles Reimbursement scheme, including support to rotational models with wider providers
* Primary Care Covid19 Response
* Redeployment of Extended Access
* Home Oximetry service update
* Out of Hospital Transformation
* Lease agreements
* Risk registers
* Digital primary care projects
* Primary Care Data Gathering Programme
* Enhanced services commissioned from community pharmacies
* Enhanced Health in Care Homes DES requirements
* Practice Boundary Changes
* Capital bids
* Paediatric Respiratory Syncytial Virus (RSV)

#### 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 twice during the year and was quorate at each meeting, and its work during in 2021-22 was focussed on considering papers relevant to its terms of reference and, specifically, remuneration considerations and receipt of the annual performance appraisals of the CCG’s Very Senior Manager (VSM) officers.

The Committee also engaged with the Remuneration Committees of NHS Hull CCG and NHS East Riding CCG with respect to those VSM officer posts that are shared across all three CCGs.

#### 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 a continuous assurance mapping exercise against a range of CCG functions
* Reviewed counter fraud and security management arrangements
* Considered the Strategic Risk Register and receive 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 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 Executive Management Team to ensure 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 remains fully committed to ensuring appropriate focus remains on this key programme of work and has an Equality and Inclusion Group that is accountable to the Quality, Performance and Finance Committee.

All new policies, projects or functions have an equality impact assessment conducted on them as part of an integrated impact assessment. 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
* Maintenance of a Patient and Community Assurance Group
* Maintaining a 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, save for where members resolve to take an item in private, 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 2022, 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 additional 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 that there is a sound system in place for the management of risk and is responsible for

ens ur i ng syst e m s an d processes ar e 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.

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. 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’.

The CCG has undertaken governing body sessions on risk appetite to establish a clear corporate approach to risk taking, tolerances and control. Setting of risk appetite has driven organisational behaviours and allowed us to develop confidence, competence and resilience on an incremental basis. Risk is unavoidable but the CCG’s risk appetite has been informed by experience and knowledge.

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. A more detailed consideration of the CCG’s approach to risk appetite is set out in the Risk Assessment section below.

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 additional 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 January 2022 are highlighted in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk Description** | **Controls** | **Assurances** | **Risk Rating**  (Impact x likelihood) |
| 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 | Agreed Governing Body priority and overseen by Planning and Commissioning Committee. Part of the place plan in conjunction with NLC, Out of Hospital programme management in place reporting to programme delivery group | Delivery of programme plan is monitored through programme delivery group on a monthly basis. | 5 x 3 = 15 |

|  |  |  |  |
| --- | --- | --- | --- |
| There is a risk of harm to patients due to Failure of NL&G to meet all Control targets for Quality | Monthly Quality Review (QRM) meeting in place to oversee delivery of schedule 4 requirements and to enable a monthly assessment of quality impact against key performance indicators. QRM became a Commissioner only meeting in October 2020 due to a request via the provider as a consequence of demand from the  Covid-19 pandemic, which was supported by NHSEI. Quality Board continues to meet bi-monthly which is Chaired by NHSEI. NL&G's clinical harm process and risk stratification model remains in place with regular updates and oversight via the relevant quality forums. | Assurance reporting and improvement actions by NL&G are submitted to the Quality Board, Commissioner Quality Review Meeting and internally into the Quality and Safety Committee which has Commissioned representation.  Additionally the CCG reports internally to the Quality Performance & Finance Committee and Governing Body and externally to the Local / Regional Quality Surveillance Group. | 3 x 4 = 12 |
| If the CCG fails to deliver its constitutional targets this may result in the CCG being assessed as inadequate. | Ensuring robust contract management of our key providers | Working with providers to address waiting times including transferring care to alternative providers for some specialities (where capacity is available).  Monitored through Quality Performance & Finance Committee | 3 x 4 = 12 |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk of harm to patients due to EMAS failure to reach control standards | Regional meetings in place between EMAS and Commissioners regarding quality oversight and improvement plans, with direct links to the A&E Delivery Board. Agreed actions in place with regards to improving non- conveyance rates and use of alternative pathways across the system. Audit of long waiters continues, with a view to understand current risk of harm and any improvement opportunities. | Improved engagement with local EMAS team and Divisional General Manager. Assurance reporting to Quality Performance and Finance Committee, EMAS Quality Assurance Group and A&E Delivery Board. Local initiatives in place to reduce patient conveyance which is mapped to the A&E delivery board transformation plan. | 4 x 3 = 12 |
| If the Humber system cannot successful resolve the identified fragile specialties within the Trusts (NLAG & HUTH), the CCG may experience reputational damage as patients need to travel further to access treatment. This may also have a negative impact on patients in terms of accessibility and quality of healthcare | NLAG Trust plans to address fragile specialties. Humber Acute Services Review (HASR) plans to develop Humber wide options for engagement which will address fragile services as a priority | HASR options in development across a range of fragile specialties. To be completed Jan 21 for commencement of public engagement. NLAG Trust plans for outpatient transformation having some impact in reducing referrals and attendances. | 4 x 4 = 16 |

|  |  |  |  |
| --- | --- | --- | --- |
| Risk of delivery of the CCG and HC&V finance performance targets in 2021/22 due to:   1. Affordability of Hospital Discharge programme, excess of planned costs vs allocation. 2. Delivery of ERF baseline, risk that income doesn't cover Independent sector costs 3. Significant non recurrent resource raising expectation/requirement for recurrent investment 4. Complexity of the financial regime 5. System allocations and funding arrangements unknown for H2 | Understand exit run rate  Strong financial governance to manage discretionary spend  Agree principles within the ICS to outline how we will work together (Financial Framework)  Agree ERF risk share approach  Financial risk to be understood across the organisation and system and reported monthly | Monthly reports to QP&F, Governing Body and NHS England (non ISFE).  Monthly ICS meetings to look at the system wide position. | 4 x 3 = 12 |
| Requirement for pump priming or additional investment into services prior to the mobilisation of ICB governance arrangements may compromise timely delivery of transformational change, impacting on service capacity and recovery and patient experience. | CCG shared understanding of financial risks and impacts of transformational change programmes. Risks identified and managed through Programme reporting and Programme Delivery Group | PDG reporting and project risk logs | 4 x 3 = 12 |
| Information Governance risks due to the inability to be able to access and share information within Share point with other ICS organisations | This is being picked up as part of the ICS Digital Transition Group which includes key partners and will help to provide assurance to the exec team once a solution has been established. | This is high on the agenda for transition and IG meetings, advice has been sought around the process for a federation between NHS & NLC Teams instances and this is being actively worked on. Exec team within the CCG are regularly updated on the latest developments. We do have a contingency of moving NL staff over to the ICS version of share point model if need be. | 4 x 4 = 16 |

Note: Covid-19 continued to be identified as an ongoing risk for the CCG throughout 2021-22. 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, (Health Gold Command).

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. 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.

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 as it transforms into the North Lincolnshire Place element of the Humber and North Yorkshire Integrated Care Board. This work will include:

* More emphasis on the effectiveness of risk mitigation plans both at a strategic and operational level
* Continued work to further embed risk management in local activities and as a key tool in the strategic leadership of the North Lincolnshire Place.
* Provision of more links to strategic risks that identify full range of mitigating actions at place in transitioning to the ICB.
* 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 2022 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 high 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/>

Although the NHS England quarterly data collection on conflicts of interest by was stopped in the light of Covid-19 pandemic the obligations, the requirement on CCGs to manage conflicts, including the training elements, remains in place.

#### Data quality

Data was collated and managed by NHS East Riding of Yorkshire Clinical Commissioning Group on behalf of North Lincolnshire CCG. T h is is s o ur c ed from b ot h national and local sources and forms part of the material routinely considered at the Governing Body, its committees and the Council of Members. Where possible, the data are 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 Governing Body 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 Subgroup which is a subgroup of the Integrated Audit & Governance Committee (IA&GC).

The CCG continued to develop information governance processes and procedures in line with the Data Security and 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 2021-22:

* 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 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 Data Security and Protection Toolkit submission deadline for 2021-22 to June 2022 and the CCG reported substantial compliance against the requirements of the toolkit. The CCG has had no lapses of data security incidents during 2021-22.

#### 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 He a d of I nt er nal A udit Opinion p r ov i de d includes t hei r 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 c ons i d er ed services pr ov i de d by service organisations and the assurance required as received by or via service auditor reports.

This specifically includes the NHS Business Services Authority, and Capita. Assurances on the effectiveness of the controls in place for these third parties are received in part from an annual Service Auditor Report from the relevant service. and I have been advised that such assurances have been provided for 2021 - 22.

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

In relation to NHS Business Services Authority, their service auditor reported that there were insufficient logical access controls in place to appropriately restrict access to the development and production area of the NHS hub for part of the reporting period and therefore controls were not suitably designed to achieve Control Objective 2 “Controls provide reasonable assurance that security configurations are created, implemented and maintained to prevent inappropriate access” during the period 1 April 2021 to 6 June 2021

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

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

As Accountable Officer 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 2022 (based on the most recently available information), the CCG was meeting 7 out of 29 of its constitutional and operational targets. In particular, performance was below the required target in the following areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NHS NORTH LINCOLNSHIRE CCG PERFORMANCE** | |  | **Actual**  **(YTD – Mar 2022) 63.3%** | **Target** |
| **NHS NATIONAL REQUIREMENTS** | |  |  |  |
| A&E waiting time - total time in the A&E department, SitRep data | | 2021-22 | 61.95% MONTH | 95% |
| **Commentary**  CCG performance against the A&E 4 hour waiting time standard failed to achieve the national standard during 21/22, the significant and sustained pressures in bed occupancy, patient demand and acuity have seen daily challenges within the department impacting performance.  Northern Lincolnshire and Goole NHS Foundation Trust have implemented a range of measures in relation to 12-hour trolley breaches, including daily operational meetings to review ward zoning and patient movements to enable bed availability as well as senior second reviews conducted by Medicine Divisional Clinical Directors and Divisional Heads of Nursing.  Covid-19 continues to impact due to workforce sickness, isolation and general staff wellbeing, in addition to the impact of the physical capacity within the current A&E department localities.  The benefits of the Urgent Care Service (UCS) are starting to be realised through the improvements in the 4-hour waiting time standard. The UCS at Scunthorpe General Hospital is providing improved patient experience and 99% performance against the 4-hour standard. The UCS at Diana, Princess of Wales Hospital Grimsby is also now operational and benefiting from the same positive performance.  System partners are working collaboratively to support the daily challenges being experienced in relation to patient flow and the subsequent impact on A&E departments and other providers. Access pathways are being streamlined and the discharge to assess initiative is being supported by daily operational calls to reduce specific challenges or barriers being experienced. | | | | |
|  |  | | **Actual**  **(Month – Mar 2022)** | **Target** |
| RTT - The percentage of incomplete pathways within 52 weeks for patients on incomplete pathways at the end of the period. | 2021-22 | | 70.03% | 92% |
| **Commentary** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Referral to Treatment (RTT) times continue to fall below required standards, specifically at our two main local acute providers Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH). However, the CCG position in relation to incomplete RTT performance is above both the England and the Humber and North Yorkshire ICS average.  The Trust’s active recovery plans focus on the longest waiters and cancer patients. Additional capacity in Goole District Hospital and the independent sector, continues to be utilised. Clinic capacity has been increased through additional sessions and in-sourcing of capacity. NLAG is providing mutual aid to other trusts owing to its underlying relatively stronger performance. While it is recognised that this may impact  negatively on NLaG’s performance, this approach is consistent with the collaborative principles of ensuring an equitable service across the Integrated Care System.  The Trust continues with their robust risk stratification process, across all specialties, to monitor the risks and potential harm to patients who are waiting beyond 52 weeks for treatment or those waiting for outpatient reviews. Processes are in place to record, track and monitor risk stratification for all patients, at all points in the pathway. Assurance has been provided that where any harm is identified this is escalated and managed via the Serious Incident management process. | | | |
|  |  | **Actual**  **(Month - Mar 2022)** | **Target** |
| Access to services: Diagnostics | 2021-22 | 17.76% | 1% |
| **Commentary**  Performance against the Diagnostic Waiting Time Standard has improved and is currently the best performance against this standard since February 2020.  Non-Obstetric Ultrasound remains the primary concern however the extra capacity secured and delivered from the Ironstone Centre in Scunthorpe continues to be utilised and the benefits are expected to be realised further over the coming months. | | | |
|  |  | **Actual**  **(MONTH – Mar 2022)** | **Target** |
| Access to services - Cancer |  | | |
| Cancer – 2 week wait for suspected cancer (breast cancer) (%) | 2021-22 | 65.6% | 93% |

|  |  |  |  |
| --- | --- | --- | --- |
| Cancer - 31 Day standard for diagnosis to first definitive treatment within 31 days (all cancers) (%) - Meeting target. | 2021-22 | 98.5% | 96% |
| Cancer 31 day waits: subsequent cancer treatments- surgery | 2021-22 | 82.6% | 94% |
| Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers (%) | 2021-22 | 62.5% | 85% |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of referral from an NHS Cancer Screening Service. | 2021-22 | 44.4% | 90% |
| Percentage of patients receiving first definitive treatment for cancer within 62-days of a consultant decision to upgrade their priority status. | 2021-22 | 50% | 90% |
| **Commentary**  The CCG has experienced difficulties with some of the pathways at different times during 2021/22.  All tumour sites are being affected by increasing waiting times due to high demand and the availability of oncologists. Northern Lincolnshire and Goole NHS Foundation Trust are also experiencing challenges related to visiting consultant services and tertiary based staging scans, which affect the ability to transfer patients for treatment.  To mitigate some of the risks, 28- and 62-day performance is being reviewed and managed weekly and specific tumour site pathway reviews are being undertaken to identify any learning and opportunities for improvement. Within the Colorectal pathway, the Clinical Nurse Specialist (CNS) straight to test model commenced in January 2022, at both Scunthorpe and Grimsby, and is impacting positively on the 28-day faster diagnosis performance.  Divisional trajectories at tumour site level are also being mapped for 2022/23 to deliver a reduction in the backlog, increase faster diagnosis and improve performance against the 28 day and 62-day standards.  The joint transformation pathway work continues between NLaG and HUTH with a key focus being the identification of areas where pathways can be accelerated and to help with the transfer of patients.  Clinical harm reviews continue to be undertaken for all patients who wait more than 104 days and cancer surgery continues to be prioritised, in addition to the use of the Independent Sector to support timely access to surgery and diagnostics. Significant work continues with system partners to aid pathway improvements, and this will continue to be monitored by the Humber Cancer Board. | | | |

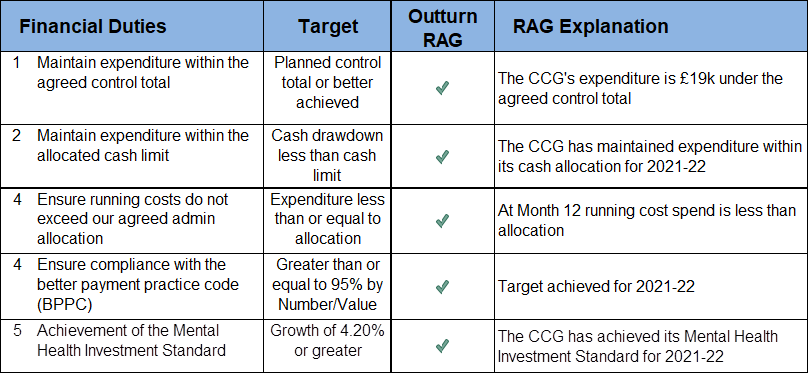
Full information regarding performance against the CCG’s detailed targets and highlights of plans to support improved performance for the future are set out in the performance section of the CCG Annual Report. Following the pandemic being declared, the CCG has acknowledged it is not business as usual 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.

#### 2021-22 Performance

A summary of the CCG’s Financial Performance in 2021-22 can be seen below:



#### Medium term financial strategy

The NHS Long Term Plan requires an integrated approach to strategic and operational planning, where systems are expected to bring together member organisations to develop a common set of principles. To support submission of the Humber Coast and Vale Long Term Plan the CCG produced a five-year financial plan which set out how we will allocate resources to deliver the requirements of the Long-Term Plan including the commitment to increase investment in mental health, primary and community health services as a share of total NHS revenue spend across the five years from 2019-20 to 2023-24.

#### Governance arrangements to promote improvements in economy, efficiency and effectiveness

The Governing Body has overarching responsibility for ensuring that North Lincolnshire CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the Group’s 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 Integrated Audit & 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:

* Acting as 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
* Acting as the Governing Body’s 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 Audit and Governance Committee (IAGC) has assured itself that the organisation has adequate arrangements in place for countering fraud and regularly reviews the outcomes of counter fraud work. The CCG has an accredited Local Counter Fraud Specialist

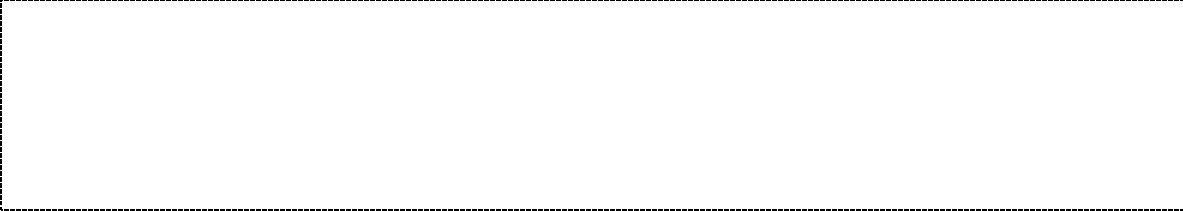
(LCFS) in place to undertake work against the Counter Fraud Functional Standard; the LCFS resource is contracted in from Audit Yorkshire and is part of a wider Fraud Team resource with additional LCFS resource available as and when required. The Chief Finance Officer is accountable for fraud work undertaken and a Counter Fraud Annual Report (detailing counter fraud work undertaken against each requirement of the standard) is reported to the Integrated Audit and Governance Committee annually.

There is an approved and proportionate risk-based counter-fraud work plan in place which is monitored at each Integrated Audit and Governance Committee meeting. In line with the requirements of the Counter Fraud Functional Standard, which first became effective 1st April 2021 and are reviewed annually, the CCG completed an online Counter Fraud Functional Standard Return (CFFSR) to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as an ‘Green’ rating for 2021/22. This self-assessment (CFFSR) detailing our scoring was approved by the Chief Finance Officer and Audit Committee Chair prior to submission.

#### Head of Internal Audit Opinion

Following completion of the planned audit work for the financial year for the 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:



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 Area | Audit Rating |
| Conflicts of Interest | High |
| Governance & Risk Management  Arrangements | High |
| Business Continuity Planning | High |
| Mental Capacity Act | No formal rating given  (advisory audit) |
| Broadcare Database | Limited |
| Key Financial Systems and Budgetary Control | High (draft) |

#### Review of the e f f ec t i ve n ess of G o ver n an ce , R is k M a na ge m e n t & 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 app r op r i at e 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 other CCG officers have played a significant part in maintaining and reviewing the effectiveness of the system of internal control in 2021/22 and have managed risks assigned to them. In particular:

###### The Governing Body:

This is r esponsible 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 subgroups 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 subgroups 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.

#### 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 1

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10.02.22** | **13.01.22 Workshop cancelled** | **09.12.21** | **11.11.21 Workshop** | **14.10.21** | **09.09.21 Workshop** | **12.08.21** | **08.07.21 Workshop** | **10.06.21** | **13.05.21 Workshop** | **08.04.21** | **Date of meetings** |
|  | **** |  |  |  |  |  |  |  |  |  | **Dr Faisel Baig - Chair** |
|  | **x** | **x** | **x** | **x** |  | **x** | **x** | **x** |  | **Emma Latimer Chief Officer** |
|  |  |  |  |  |  |  |  |  |  | **Alex Seale Chief Operating Officer** |
|  |  | **x** |  | **x** |  |  |  |  |  | **Emma Sayner Chief Finance Officer** |
|  |  |  |  |  |  |  |  |  |  | **Clare Linley Dir of Nursing & Quality** |
|  |  |  | **x** |  |  |  |  |  | **x** | **Dr Satpal Shekhawat - Associate Medical Director** |
|  |  | **x** |  |  | **x** |  |  |  |  | **Dr Hardik Gandhi GP Member** |
|  |  | **x** |  |  |  |  | **x** |  |  | **Dr Salim Modan GP Member** |
| **x** |  |  |  |  | **x** |  |  |  | **x** | **Dr Gary Armstrong GP Member** |
|  | **x** |  |  | **x** |  |  |  |  |  | **Dr Pratik Basu GP Member** |
|  |  |  |  |  |  |  |  |  | **x** | **Janice Keilthy, Lay Member, Patient & Public Involvement** |
|  |  |  |  |  |  |  |  |  |  | **Heather McSharry, Lay Member, Equality & Inclusion** |
|  |  |  |  |  |  | **x** |  |  |  | **Erika Stoddart, Lay Member Governance - Vice Chair** |
|  |  |  |  |  |  |  |  |  | **x** | **Dr James Woodard, Secondary Care Doctor** |
| x | x | x | x | x | x | x | x | x | x | **Public Health representation** |
|  |  |  |  |  |  |  |  |  |  | **Helen Davis Interim Director of Nursing and Quality** |

**NL CCG Governing Body - 01.04.21 - 31.03.22**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **24.03.22** | **23.12.21** | **28.10.21** | **26.08.21** | **24.06.21** | **22.04.21** | **Date of meetings** |
|  |  | **Meeting Cancelled** |  |  |  | **Janice Keilthy - Lay Member Patient and Public Involvement CHAIR** |
|  | **x** |  |  |  | **Heather McSharry Lay Member Equality & Inclusion VICE CHAIR** |
|  | **x** | **x x** | **x** |  | **Emma Sayner - Interim Chief Finance Officer** |
|  |  | **x** |  | **Dr Andrew Lee - Chair of CoM** |
|  |  |  |  |  | **Dr Salim Modan - Clinical Lead - Primary Care** |
|  | **x** |  |  |  | **Dr Faisel Baig - Chair CCG** |
|  | **** | **** | **** |  | **Clare Linley Director of Nursing & Quality** |
|  | **x** |  |  |  | **Helen Davis - Interim Director of Nursing & Quality** |
|  |  |  |  |  | **Alex Seale Chief Operating Officer** |
|  |  | **x x** | **x** |  | **Dr Satpal Shekhawat - Associate Medical Director** |
| **x** | **x** | **x** |  | **Director of Public Health NELC & NLC** |
|  |  |  |  |  | **Erika Stoddart Lay Member Governance** |
| **x** |  |  |  |  | **Carol Lightburn - Chair Healthwatch** |
|  | **x** | **x** | **x** |  | **Simon Barrett Chief Executive - LMC** |
| **** | **** | **** | **** |  | **Dr Saskia Roberts - Medical Director LMC** |
| **** | **** | **** |  |  | **Chris Clarke Snr Commissioning Manager - NHSE (up to Jun 2021)** |
| **x** | **x** |  | **** | **** | **David Iley - Senior Commissioning Manager (from Aug 2021)** |
|  |  | **x x** | **x** |  | **Helen Philips Head of Primary Care (Nth Yorks & Humber) NHSE/I** |
| **x** | **x** | **x** |  | **Louise Tilley Deputy Chief Finance Officer** |
|  |  |  |  |  | **Erika Ellerington Head of Primary Care Transformation** |
|  |  |  |  |  | **Adam Ryley - Primary Care Manager - (in attendance)** |

**Primary Care Commissioning Committee - 01.04.21 - 31.03.22**

Saskia Roberts left LMC 30.04.21 -Simon Barratt to represent LMC wef 01.05.21

Erica Ellerington Head of Primary Care Transformation wef 07.06.21 Chris Clarke - no longer rep after June 2021

David Iley - replaced Chris Clarke from August 2021

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###### Council of Members - 01.04.21 - 31.03.22

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of meetings** | **Ancora** | **Ashby Turn** | **Barnetby Dr Ahmed** | **Bridge St** | **Cambridge Avenue** | **Cedars** | **Central** | **Church Lane** | **Market Hill** | **Oswald Rd** | **Riverside** | **South Axholme** | **Killingholme** | **The Birches** | **Kirton and Scotter** | **Trent View** | **West Common Lane** | **West Town** | **Winterton** |
| **22.04.21** |  |  |  |  |  |  |  | **x** |  |  |  |  |  |  |  | **x** |  |  |  |
| **27.05.21** |  |  |  |  |  |  |  |  |  |  |  | **x** |  |  |  |  |  |  |  |
| **24.06.21** |  |  | **x** | **x** |  |  |  |  | **x** |  |  |  |  | **x** |  |  |  |  |  |
| **22.07.21** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **x** |  |  |
| **26.08.21** |  |  |  |  |  |  |  |  |  |  |  | **x** |  |  |  |  |  |  |  |
| **23.09.21** |  |  |  | **x** |  |  |  |  |  |  | **x** |  |  |  |  |  |  |  |  |
| **28.10.21** |  | **x** |  |  |  |  |  | **x** |  | **x** |  |  |  |  |  | **x** |  | **x** | **x** |
| **25.11.21** |  | **x** |  |  | **x** |  |  |  |  |  | **x** | **x** |  |  |  | **x** |  |  |  |
| **23.12.21** | **Meeting Postponed** | | | | | | | | | | | | | | | | | | |
| **27.01.22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24.02.22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **24.03.22** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Note: From January 2022 Trent View were represented by Riverside Surgery**

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|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **17.03.22** | **20.01.22** | **16.12.21** | **18.11.21** | **21.10.21** | **16.09.21** | **19.08.21** | **15.07.21** | **17.06.21** | **20.05.21** | **15.04.21** | **Date of meetings** |
|  |  | **Cancelled** |  | **x** | **Cancelled** |  |  |  |  | **x** | **Dr Gary Armstrong (Chair)** |
|  | **x** | **x** | **x** |  |  | **x** |  |  | **Alex Seale Chief Operating Officer** |
| **Retired June 2021** | | **Retired June 2021** | | **Retired June 2021** | | | **x** |  | **Clare Linley Director of Nursing & Quality until June 2021** |
|  | **x** | **x** | **x** |  |  |  |  | **** | **Helen Davis Interim Director of Nursing & Quality (formally Deputy Director of Nursing and Quality)** |
| **x** |  |  |  |  | | | | | **Rachel Stanton Interim Deputy Director of Nursing and Quality - from June 2021** |
| **x** |  | **x** |  |  |  |  |  |  | **Dr Faisel Baig** |
|  |  | **x** |  | **X** |  |  |  |  | **Dr Salim Modan** |
|  |  |  |  | **x** |  |  |  |  | **Dr Hardik Gandhi** |
|  | **x** |  |  | **x** |  | **x** |  |  | **Dr Pratik Basu** |
|  |  |  | **x** | **x** |  |  |  | **x** | **Dr Satpal Shekhawat Medical Director** |
|  |  |  |  |  |  |  |  |  | **Janice Keilthy Lay Member Patient & Public Involvement** |
|  |  |  |  |  |  | **x** |  |  | **Heather McSharry Lay Member Equality & Diversity** |
|  |  |  |  | **X** |  |  | **x** |  | **Jane Ellerton Head of Commissioning** |
|  | **x** |  |  |  |  |  | **x** |  | **Erica Ellerington Head of Primary Care Transformation** |

**Planning & Commissioning Committee wef 01.04.21 - 31.03.22**

**18.11.21 Rachel Stanton, Deputy Director of Nursing represented Helen Davis**

**20.01.22 Rachel Stanton, Deputy Director of Nursing represented Helen Davis**

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**Quality Performance & Finance Committee wef 01.04.21 - 31.03.22**

**06.05.21 meeting - Helen Davis represented Dr Shekhawat.**

**06.05.21 meeting - Jane Ellerton represented Alex Seale.**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **03.03.2022** | **06.01.2022** | **04.11.2021** | **02.09.2021** | **01.07.2021** | **06.05.2021** | **Date of meetings** |
|  |  |  |  |  |  | **Janice Keilthy Lay Member Patient & Public Involvement**  **(Chair)** |
|  |  |  |  |  | x | **Heather McSharry Lay Member Equality & Inclusion Vice Chair** |
| Retired from post June 2021 | | | | |  | **Clare Linley Director of Nursing & Quality wef 03.09.18 - June 2021** |
|  |  |  |  |  |  | **Helen Davis - Interim Director of Nursing and Quality - June 2021 onwards (formally Deputy Director of Nursing and** |
|  |  |  |  |  |  | **Rachel Stanton Interim Deputy Director of Nursing and Quality**  **- from June 2021** |
| x | x | x | x | x | x | **Emma Sayner Chief Finance Officer** |
|  | x |  |  | x |  | **Jane Ellerton Senior Head of Strategic Commissioning** |
|  |  | x | x |  | x | **Dr Satpal Shekhawat Associate Medical Director** |
|  |  |  |  |  |  | **Louise Tilley Interim Deputy Chief Finance Officer** |
|  | x |  | x | x | x | **Alex Seale - Chief Operating Officer** |

###### Integrated Audit & Governance Committee 01.04.21 - 31.03.22

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of meetings** | **Erika Stoddart Lay Member Governance -**  **Chair** | **Janice Keilthy Lay Member PPI Vice Chair** | **Heather MsSharry Lay Member Equality &**  **Diversity** |
| **21.04.21 - Extraordinary meeting** |  |  |  |
| **26.05.21** |  |  |  |
| **26.05/21 -**  **Extraordinary meeting** |  |  |  |
| **07.07.21** |  |  |  |
| **03.11.21** |  |  |  |
| **12.01.22** |  |  |  |
| **02.03.22** |  |  |  |

**Remuneration Committee 01.04.21 - 31.03.22**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of meetings** | **Janice Keilthy Lay Member PPI - Chair** | **Dr Salim Modin - Vice Chair** | **Erika Stoddart - Lay Member Governance** | **Heather McSharry Lay Member Equality & Inclusion** |
| **27.01.21** |  |  |  |  |
| **26.05.21** |  |  |  |  |
| **27.02.22** |  |  |  |  |

**Remuneration and Staff Report**

**Remuneration Report**

**Remuneration Committee**

**Policy on the remuneration of senior managers**

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

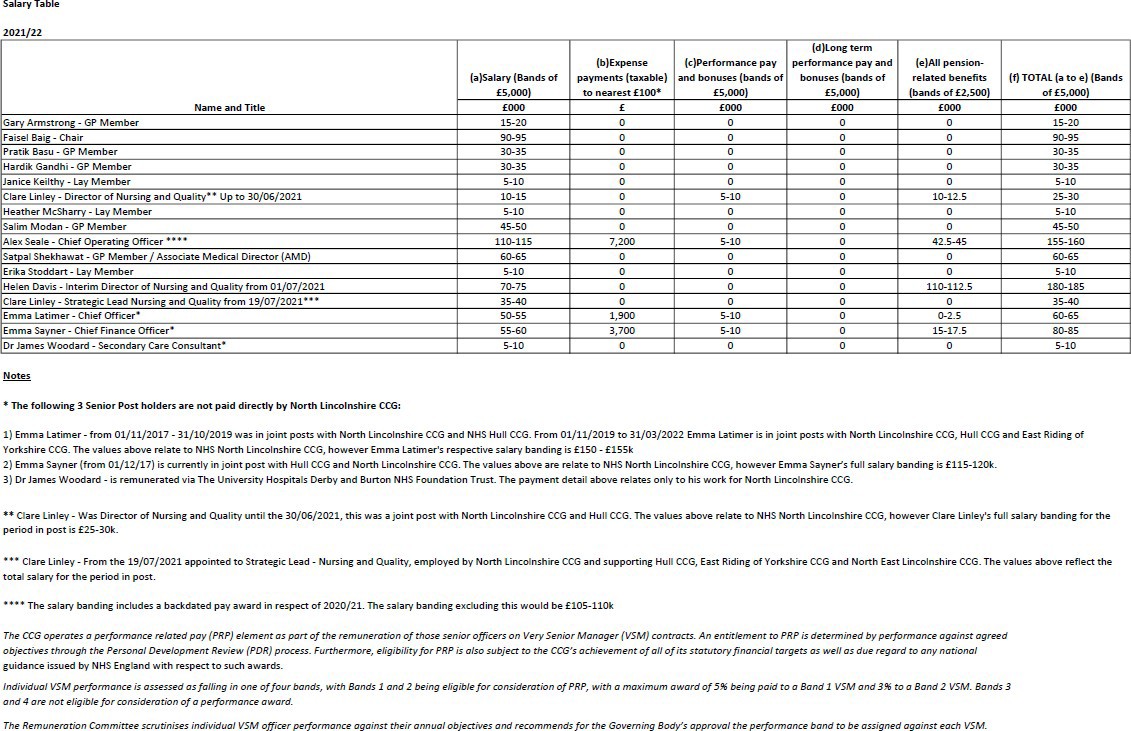
As advised by the Chief People Officer for the NHS in September 2021, the CCG did not make any consolidated pay awards to VMSs in 2021/22.

The advice received in September 2021 included a caveat that the CCG’s Remuneration Committee may use its discretion to consider awarding non-consolidated performance pay awards. The CCG is yet to determine such awards.

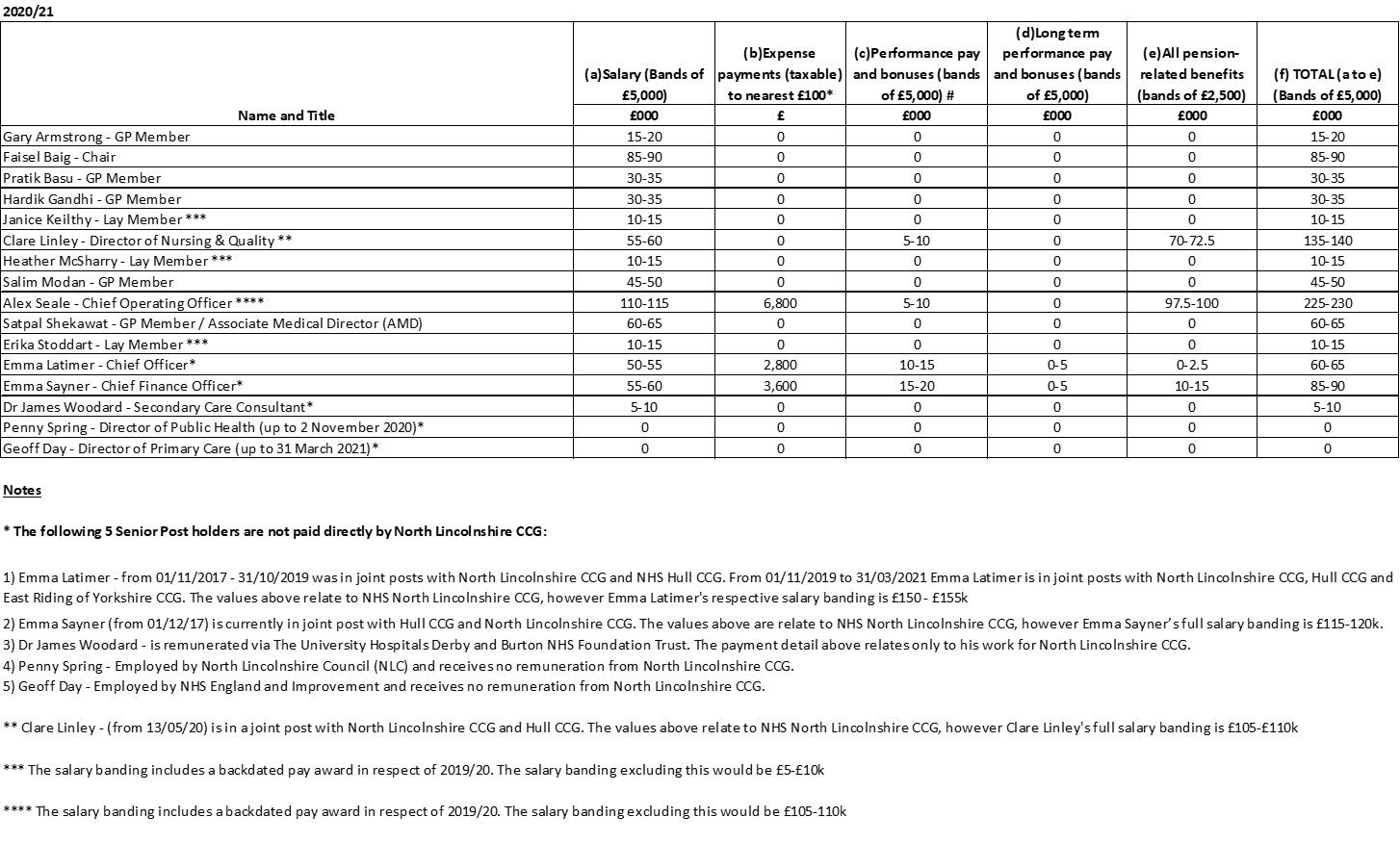
Non-consolidated performance pay awards were made for 2020/2021 during 201/22. The awards varied between 3% and 5% of the individual VSM’s basic pay.

###### Remuneration of Very Senior Managers

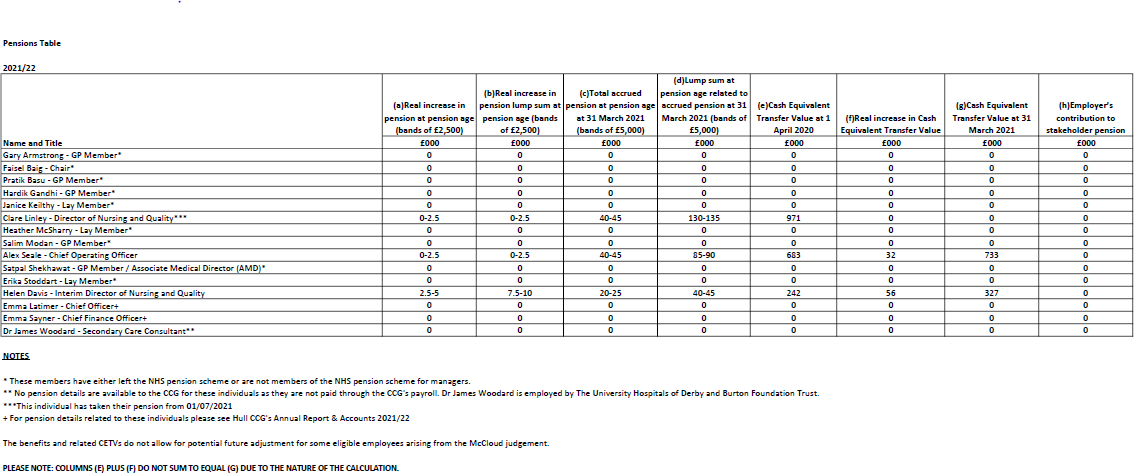
**Senior manager remuneration (including salary and pension entitlements) (Subject to Audit)**



**\*\****Note: Taxable expenses and benefits in kind are expressed to the nearest £100.*



**Pension benefits as at 31 March 2022**



**Cash equivalent transfer values**

##### A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s (or other allowable beneficiary’s) pension payable from the scheme.

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

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

###### Real increase in CETV

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

**Compensation on early retirement of for loss of office (Subject to Audit)**

The CCG made no payments in respect of early retirement or for loss of office in 2021- 22.

**Payments to past directors (Subject to Audit)**

The CCG made no payments to past members in 2021-22.

**Fair Pay Disclosure (Subject to Audit)**

The guidance for producing information relating to Pay Ratios has been fully revised to provide additional and new detail in 2021/22 and as such the 2020/21 values have been updated accordingly.

**Percentage Change in Remuneration of Highest Paid Director**

|  |  |  |
| --- | --- | --- |
|  | **Salary and allowances** | **Performance pay and bonuses** |
| The percentage change from the previous  financial year in respect of the highest paid director | 0% | 0% |
| The average percentage change from the previous financial year in respect of employees of the entity, taken as a whole | 5.42% | 0% |

**Pay Ratio Information**

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

The banded remuneration of the highest paid director/member in North Lincolnshire CCG in the financial year 2021/22 was £140-145k (-7% against 2020/21: £150-155k) The relationship to the remuneration of the organisation's workforce is disclosed in the below table:

|  |  |  |  |
| --- | --- | --- | --- |
| **2021-22** | **25th percentile** | **Median** | **75th percentile** |
| Total remuneration (£) | £32,225 | £42,121 | £67,640 |
| Salary component of total remuneration (£) | £32,225 | £42,121 | £67,640 |
| Pay ratio information | 4.42 | 3.38 | 2.11 |
| **2020-21** | | | |
| Total remuneration (£) | £30,615 | £38,890 | £62,001 |
| Salary component of total remuneration (£) | £30,615 | £38,890 | £62,001 |
| Pay ratio information | 4.98 | 3.92 | 2.46 |

In 2021/22, 10 (2020/21, 8) employees received remuneration in excess of the highest- paid director/member. Remuneration ranged from £20k to £209k (2020/21: £16k-

£154k)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The changes in ratios and percentages reflect inflationary pay awards and anticipated incremental drift for employees under Agenda for Change terms and conditions whilst Very Senior Manager remuneration decreased.

**Staff Report**

**Number of senior managers and Staff numbers and costs**

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 2021 and 31 March 2022.

|  |  |
| --- | --- |
| Pay band | Total |
| Band 8a | 8 |
| Band 8b | 5 |
| Band 8c | 2 |
| Band 8d | 1 |
| Band 9 | 1 |
| VSM | 3 |
| Governing body | 14 \* |
| Any other spot salary | 18 |
| Assignment category | Total |
| Permanent | 63 |
| Fixed term | 3 |
| Statutory office holders | 8 |
| Bank | 1 |
| Honorary | 15 |

\*Includes VSM's and other spot salaries members

**Staff composition**

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

|  |  |  |
| --- | --- | --- |
|  | Female | Male |
| CCG Board (Governing Body) | 7 | 7 |
| CCG Membership (Council of Members) | 3 | 16 |

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

|  |  |  |
| --- | --- | --- |
| Pay band | Female | Male |
| Band 8a | 7 | 1 |
| Band 8b | 3 | 2 |
| Band 8c | 2 |  |
| Band 8d | 1 |  |
| Band 9 | 1 |  |
| VSM | 3 |  |
| Governing body\*\* | 7 | 7 |

|  |  |  |
| --- | --- | --- |
| Any other spot salary | 6 | 12 |
| All other employees (including apprentice if applicable) | 40 | 4 |

\*\* Includes VSM and other spot salary staff

### Sickness absence data

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

|  |  |
| --- | --- |
| Absence | Total |
| Average sickness % | 2.6% |
| Total number of FTE days lost | 571.85 |

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 [NHS North Lincolnshire](https://northlincolnshireccg.nhs.uk/) [CCG - Helping you build a healthy future](https://northlincolnshireccg.nhs.uk/).

#### Staff turnover percentages

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

|  |  |
| --- | --- |
| Turnover | Total |
|  | 1.14% |

#### Staff engagement percentages

The CCG did not participate in a staff survey in 2021-22 therefore do not have a staff engagement percentage however below are details of activities undertaken to support staff engagement and workforce health and wellbeing:

The HR and OD team have delivered regular updates at bi-weekly team briefings including; training opportunities, Wellness Action Plans & guides, national Health and Wellbeing Apps and useful websites to support wellbeing whilst staff continue to work predominately from home. A large number of staff have accessed 1:1 coaching support and training opportunities for those interested in becoming a qualified coach have also been offered.

NHS North Lincolnshire CCG provides support to physical and emotional wellbeing through management and self-referral to occupational health services, including the ability to access counselling sessions and access to colleagues who are trained Mental Health First

Aiders. Staff and their immediate family members also have access to an Employee Assistance Programme; a support network that offers expert advice and compassionate guidance 24/7 covering a wide range of issues. Services include legal information, online CBT and bereavement support. In addition, staff also have access to a wellbeing portal which offers a virtual library of wellbeing information. The articles and self-help guides available through this library provide support on a range of health and advisory issues as well as instant guidance to aid physical and mental health. A smartphone app is also available as part of the support which includes access to features such as a weekly mood tracker, mini health checks and breathing techniques.

NHS North Lincolnshire CCG has also run a quarterly morale tracker; a short survey designed to give a better insight into morale, staff experiences at work and their health and

wellbeing. The survey supports an integral part of the People Promise – “we each have a voice that counts” and provides regular insight into the working experience of staff to support actions for improvement.

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 second 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 and these remain in place.

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

#### Staff policies

Eight policies were reviewed/developed through to approval in 2021-22:

* Professional Registration
* Menopause
* Agile Working
* Dignity and Respect
* Attendance Management
* Pay Progression
* Flexible Working
* Starting Salaries

A number of policies are currently in consultation. Our policies are available at [NHS North](https://northlincolnshireccg.nhs.uk/) [Lincolnshire CCG - Helping you build a healthy future.](https://northlincolnshireccg.nhs.uk/)

#### Diversity and Inclusion

The CCG is committed to attracting, retaining, and developing a diverse and skilled workforce. To ensure the CCG meets these goals:

* A bank of HR Policies and Procedures is available to support the workforce each with equality impact assessments
* Statutory/mandatory training in equality and diversity which is monitored monthly
* Involve staff on equality and inclusion via all staff briefings and a Staff Engagement Group
* Promoting key events and celebrations through all staff communications
* Identify and support the needs of diverse staff through appraisals, personal plans and 1- 1 risk assessments
* Collect, evaluate and monitor our workforce data.

The CCG's Equality Annual report is available on the CCG website which demonstrates how NHS North Lincolnshire CCG is meeting its public sector equality duties and NHS England equality standards and includes details on workforce reporting. The report goes beyond compliance, to reflect the equality programme of work. The Workforce Equality Report is also on the CCG website which provides an update on the CCG’s progress with regards to NHS

England equality standards: Workforce Race Equality Standard, Workforce Disability Equality Standard, Equality Delivery Systems. The CCG NHS People Plan Action Plan also includes a number of national and regional initiatives to develop equality and diversity.

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

* Staff Induction
* Dignity and Respect
* Attendance Management
* Recruitment and Selection
* Agile Working
* Menopause
* Flexible Working

In 2021/22 the CCG has undertaken numerous activities to improve the diversity and inclusion of the workforce which are detailed below:

The CCG has adopted an agile working policy which allows employees greater flexibility in how they manage their work and personal life and offers more choice in when and where employees undertake their role and mandates an individual personal plan is created and regularly reviewed for all employees. This will benefit staff with various protected characteristics and allow for individualised approaches to work.

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

The CCG has continued to increase knowledge and support for people going through menopause and has launched a menopause policy. Numerous training events have been held educating both managers and employees on menopause.

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

#### Trade Union Facility Time Reporting Requirements

Not Applicable.

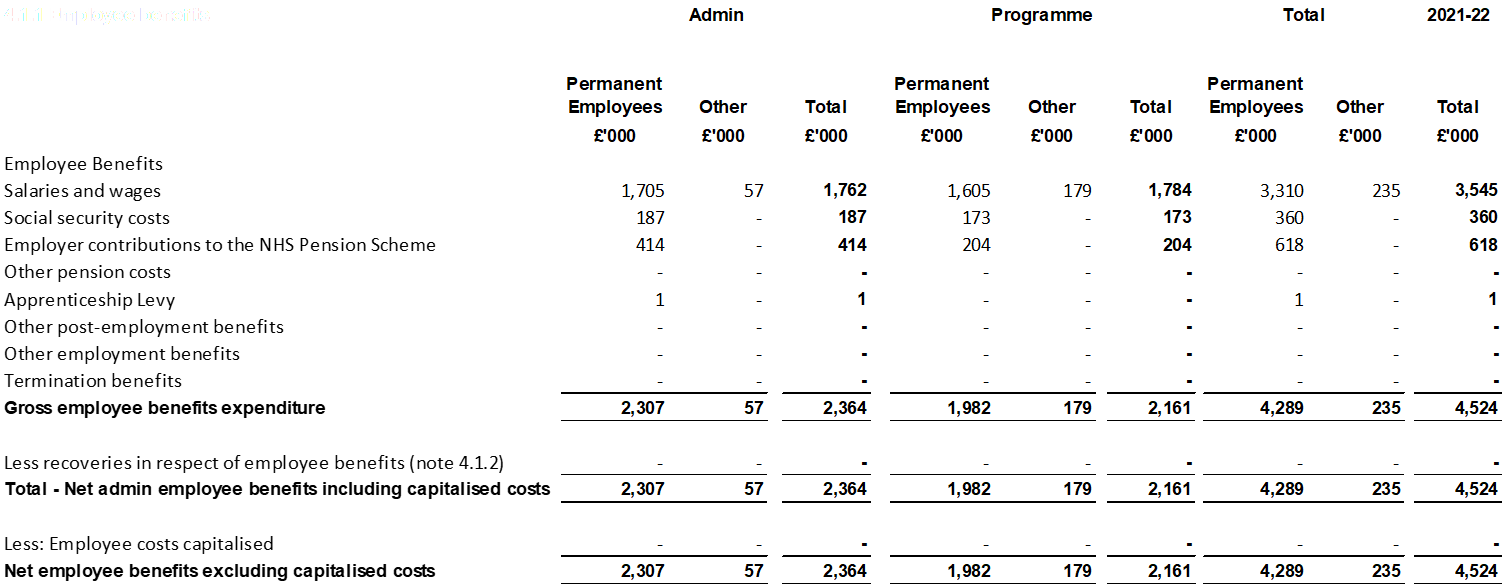
#### Other employee matters

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

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Staff Numbers (subject to audit)** |  |  |  |  |  |  |
|  |  | **2021-22** |  |  | **2020-21** |  |
|  | **Permanently** |  |  | **Permanently** |  |  |
|  | **employed** | **Other** | **Total** | **employed** | **Other** | **Total** |
|  | **Number** | **Number** | **Number** | **Number** | **Number** | **Number** |
| **Total** | **71.00** | **2.41** | **73.41** | **64.57** | **0.71** | **65.28** |
| Of the above:  **Number of whole time equivalent people engaged on capital projects** | **-** | **-** | **-** | **-** | **-** | **-** |
| **Staff Costs table 2021-22 (subject to audit)** |  |  |  |  |  |  |



### Expenditure on consultancy

##### North Lincolnshire CCG spend on consultancy in 2021-22 is £2k (nil 2020-21)

**Off-payroll engagements**

**Table 1: Off-payroll engagements longer than 6 months**

For all off-payroll engagements as at 31 March 2022 for more than £245\* per day and that last longer than six months:

|  |  |
| --- | --- |
|  | **Number** |
| Number of existing engagements as of 31 March 2022 | 1 |
| *Of which, the number that have existed:* | |
| for less than one year at the time of reporting |  |
| for between one and two years at the time of reporting | 1 |
| for between 2 and 3 years at the time of reporting |  |
| for between 3 and 4 years at the time of reporting |  |
| for 4 or more years at the time of reporting |  |

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

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

##### For all off-payroll engagements between 1 April 2021 and 31 March 2022, for more than £245(1) per day:

|  |  |
| --- | --- |
|  | **Number** |
| No. of temporary off-payroll workers engaged between 1 April 2021 and  31 March 2022 | 5 |
| *Of which:* | |
| No. not subject to off-payroll legislation(2) | 0 |
| No. subject to off-payroll legislation and determined as in-scope of IR35(2) | 0 |
| No. subject to off-payroll legislation and determined as out of scope of IR35(2) | 5 |
| the number of engagements reassessed for compliance or assurance purposes  during the year | 0 |
| Of which: no. of engagements that saw a change to IR35 status following review | 0 |

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

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

#### Table 3: Off-payroll engagements / senior official engagements

##### For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 01 April 2021 and 31 March 2022:

|  |  |
| --- | --- |
| Number of off-payroll engagements of board members, and/or  senior officers with significant financial responsibility, during the financial year (1) | 0 |
| Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure should  include both on payroll and off-payroll engagements. (2) | 4 |

**Exit packages, including special (non-contractual) payments**

**Table 1: Exit Packages**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Exit package cost band (inc. any special payment**  **element** | **Number of compulsory redundancies** | **Cost of compulsory redundancies** | **Number of other departures agreed** | **Cost of other departures agreed** | **Total number of exit packages** | **Total cost of exit packages** | **Number of departures where special payments have been**  **made** | **Cost of special payment element included in exit packages** |
|  | **WHOLE NUMBERS ONLY** | **£s** | **WHOLE NUMBERS ONLY** | **£s** | **WHOLE NUMBERS ONLY** | **£s** | **WHOLE NUMBERS ONLY** | **£s** |
| **Less than**  **£10,000** |  |  | **1** | **2,833** |  |  |  |  |
| **£10,000 -**  **£25,000** |  |  |  |  |  |  |  |  |
| **£25,001 -**  **£50,000** |  |  |  |  |  |  |  |  |
| **£50,001 -**  **£100,000** |  |  |  |  |  |  |  |  |
| **£100,001 -**  **£150,000** |  |  |  |  |  |  |  |  |
| **£150,001 –**  **£200,000** |  |  |  |  |  |  |  |  |
| **>£200,000** |  |  |  |  |  |  |  |  |
| **TOTALS** |  |  | **1** | **2,833** |  |  |  |  |

Exit costs in this note are accounted for in full in the year of departure.

#### Table 2: Analysis of Other Departures

|  |  |  |
| --- | --- | --- |
|  | **Agreements** | **Total Value of agreements** |
| **Number** | **£000s** |
| Voluntary redundancies  including early retirement contractual costs |  |  |
| Mutually agreed resignations (MARS) contractual costs |  |  |
| Early retirements in the efficiency of the service contractual costs |  |  |
| Contractual payments in lieu of notice\* | **1** | **3** |
| Exit payments following  Employment Tribunals or court orders |  |  |
| Non-contractual payments requiring HMT approval\*\* |  |  |
| **TOTAL** | **1** | **3** |

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

4.3 of the Annual Accounts which will be the number of individuals.

\*any non-contractual payments in lieu of notice are disclosed under “non-contracted payments requiring HMT approval” below.

\*\*includes any non-contractual severance payment made following judicial mediation, and X (list amounts) relating to non-contractual payments in lieu of notice.

No non-contractual payments were made to individuals where the payment value was more than 12 months’ of their annual salary.

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

## Parliamentary Accountability and Audit Report

##### NHS North Lincolnshire CCG is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report at page 27. An audit certificate and report is also included in this Annual Report at page 28 of the Annual Accounts Section.

**ANNUAL ACCOUNTS**

**Foreword to the Accounts**

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

##### Emma Latimer

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Accountable Officer Authorised for issue 20 June 2022

|  |  |
| --- | --- |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **Statement of Comprehensive Net Expenditure for the year ended** |  |  |  |  |
| **31 March 2022** |  |  |  |  |
|  |  | **2021-22** |  | 2020-21 |
|  | **Note** | **£'000** |  | £'000 |
| Income from sale of goods and services | 2 | (420) |  | (268) |
| Other operating income | 2 | (16) |  | - |
| **Total operating income** | **(436)** | |  | **(268)** |
| Staff costs | 4 | 4,524 |  | 3,968 |
| Purchase of goods and services | 5 | 314,841 |  | 293,473 |
| Depreciation and impairment charges | 5 | - |  | - |
| Provision expense | 5 | - |  | - |
| Other Operating Expenditure | 5 | 519 |  | 641 |
| **Total operating expenditure** |  | **319,884** |  | **298,082** |
| **Net Operating Expenditure** |  | **319,448** |  | **297,814** |
| Finance income Finance expense |  | -  - |  | -  - |
| **Net expenditure for the Year** | **319,448** | **297,814** |
| Net (Gain)/Loss on Transfer by Absorption |  | - |  | - |
| **Total Net Expenditure for the Financial Year** | **319,448** | **297,814** |
| **Other Comprehensive Expenditure** |  |  |  |  |
| **I tems 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 | - | - |
| **I tems 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** |  | **319,448** |  | **297,814** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **Statement of Financial Position as at** |  |  |  |  |
| **31 March 2022** |  |  |  |  |
|  |  | **2021-22** |  | 2020-21 |
|  | **Note** | **£'000** |  | £'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 | 685 |  | 920 |
| Other financial assets |  | - | - |
| Other current assets  Cash and cash equivalents | 9 | -  12 | -  16 |
| **Total current assets** |  | **697** |  | 936 |
| Non-current assets held for sale |  | - |  | - |
| **Total current assets** |  | **697** |  | 936 |
| **Total assets** | **697** | |  | 936 |
| **Current liabilities**  Trade and other payables | 10 | (20,132) |  | (18,448) |
| Other financial liabilities |  | - |  | - |
| Other liabilities | - | - |
| Borrowings | - | - |
| Provisions | - | - |
| **Total current liabilities** | **(20,132)** | (18,448) |
| **Non-Current Assets plus/less Net Current Assets/Liabilities** |  | **(19,435)** |  | (17,512) |
| **Non-current liabilities**  Trade and other payables |  | - |  | - |
| Other financial liabilities |  | - |  | - |
| Other liabilities | - | - |
| Borrowings | - | - |
| Provisions | - | - |
| **Total non-current liabilities** | **-** | - |
| **Assets less Liabilities** |  | **(19,435)** |  | (17,512) |
| **Financed by Taxpayers’ Equity**  General fund |  | (19,435) |  | (17,512) |
| Revaluation reserve |  | - |  | - |
| Other reserves | - | - |
| Charitable Reserves | - | - |
| **Total taxpayers' equity:** | **(19,435)** | (17,512) |
| The notes on pages 5 to 27 form part of this statement |  |  |  |  |

cid:image001.jpg@01D23C15.E085F1A0The financial statements on pages 1 to 4 were approved by the Integrated Audit and Governance Committee on 8 June 2022 and signed on its behalf by:

Accountable Officer 20th June 2022

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **Statement of Changes In Taxpayers Equity for the year ended** |  |  |  |  |
| **31 March 2022** |  |  |  |  |
|  |  | **Revaluation** | **Other** | **Total** |
|  | **General fund** | **reserve** | **reserves** | **reserves** |
|  | **£'000** | **£'000** | **£'000** | **£'000** |
| **Changes in taxpayers’ equity for 2021-22** |  |  |  |  |
| **Balance at 01 April 2021** | (17,512) | 0 | 0 | **(17,512)** |
| 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 2022** | **(17,512)** | **0** | **0** | **(17,512)** |
| **Changes in NHS Clinical Commissioning Group taxpayers’ equity for 2021-22**  Net operating expenditure for the financial year | (319,448) |  |  | **(319,448)** |
| 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** | **(319,448)** | **0** | **0** | **(319,448)** |
| Net funding | 317,525 | 0 | 0 | **317,525** |
| **Balance at 31 March 2022** | **(19,435)** | **0** | **0** | **(19,435)** |
|  |  | **Revaluation** | **Other** | **Total** |
|  | **General fund** | **reserve** | **reserves** | **reserves** |
|  | **£'000** | **£'000** | **£'000** | **£'000** |
| **Changes in taxpayers’ equity for 2020-21** |  |  |  |  |
| **Balance at 01 April 2020** | (16,283) | 0 | 0 | **(16,283)** |
| Transfer of assets and liabilities 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 costs 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 | 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)** |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **Statement of Cash Flows for the year ended** |  |  |  |  |
| **31 March 2022** |  |  |  |  |
|  |  | **2021-22** |  | 2020-21 |
|  | Note | **£'000** |  | £'000 |
| **Cash Flows from Operating Activities** |  |  |  |  |
| Net operating expenditure for the financial year |  | (319,448) |  | (297,814) |
| Depreciation and amortisation |  | 0 |  | 0 |
| Impairments and reversals |  | 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 | 235 |  | 286 |
| (Increase)/decrease in other current assets |  | 0 |  | 0 |
| Increase/(decrease) in trade & other payables | 10 | 1,684 |  | 943 |
| 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** | **(317,529)** | | | (296,584) |
| **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** |  | **(317,529)** |  | (296,584) |
| **Cash Flows from Financing Activities** |  |  |  |  |
| Grant in Aid Funding Received |  | 317,525 |  | 296,584 |
| 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** | **317,525** | | | 296,584 |
| **Net Increase (Decrease) in Cash & Cash Equivalents** | 9 | **(4)** |  | (0) |
| **Cash & Cash Equivalents at the Beginning of the Financial Year** |  | **16** |  | 16 |
| 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** |  | **12** |  | 16 |

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

NHS North Lincolnshire CCG - Annual Accounts 2021-22

**Notes to the financial statements**

1. **Accounting Policies**

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

* 1. **Going Concern**

These accounts have been prepared on a going concern basis***.***

The Health and Social Care Bill was introduced into the House of Commons on 6 July 2021. The Bill will allow for the establishment of Integrated Care Boards (ICB) across England and will abolish clinical commissioning groups (CCG). ICBs will take on the commissioning functions of CCGs. The Bill was given Royal Assent and became an Act of Parliament on the 28th April 2022. The intention is that all the CCG functions, assets and liabilities will therefore transfer to an ICB on the 1st July 2022.

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

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis. The statement of financial position has therefore been drawn up at 31 March 2022 on a going concern basis.

* 1. **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. **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. **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. **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. **Revenue**

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

* + - As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
    - The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
    - The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

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

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

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred. Payment terms are standard reflecting cross government principles.

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

1.70 **Employee Benefits**

* + 1. **Short-term Employee Benefits**

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

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

* + 1. **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.](http://www.nhsbsa.nhs.uk/pensions)

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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. **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. **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. **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. **Cash & Cash Equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. Cash, bank and overdraft balances are recorded at currentvalues.

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. **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 cashflows from the Statement of Financial Position date:

* A nominal short-term rate of 0.47% (2020-21: -0.02%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
* A nominal medium-term rate of 0.70% (2020-21: 0.18%) 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 0.95% (2020-21 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 0.66% (2020-21: 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. **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. **Non-clinical Risk Pooling**

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

* 1. **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. **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 ;

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**Notes to the financial statements**

* 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. **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. **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. **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. **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. **Losses & Special Payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

* 1. **Critical accounting judgements and key sources of estimationuncertainty**

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. **Critical accounting judgements in applying accounting policies**

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

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

* + 1. **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 2021-22 ( 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.

* 1. **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 2021-22. 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 will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged

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

On transition to IFRS 16 on 1 April 2022, the clinical commissioning group will apply the standard retrospectively without restatement and with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the clinical commissioning group’s incremental borrowing rate. The clinical commissioning group’s incremental borrowing rate will be a rate defined by HM Treasury. For 2022, this rate is 0.95%. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the clinical commissioning group will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Implementation of this standard will result in an increase of assets and liabilities of £0.4m. Revenue impact is assessed as immaterial (less than £2k per annum).

* IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2023: early adoption is not therefore permitted.

Financial impact for North Lincolsnhire CCG is assessed as immaterial

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1. **Other Operating Revenue**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2021-22**  **Total** |  | 2020-21  Total |
|  | **£'000** |  | £'000 |
| **Income from sale of goods and services (contracts)**  Education, training and research | **-** |  | - |
| **1\*** Non-patient care services to other bodies Patient transport services  **2\*** Prescription fees and charges Dental fees and charges Income generation  Other Contract income  Recoveries in respect of employee benefits  **Total Income from sale of goods and services** | **175**  **- 245**  **-**  **-**  **-**  **-**  **420** |  | 84  - 165  -  - 20  -  **268** |
| **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 Other non contract revenue | **-**  **-**  **-**  **-**  **-**  **-**  **-**  **16** |  | -  -  -  -  -  -  -  - |
| **Total Other operating income** | **16** |  | **-** |
| **Total Operating Income** | **436** |  | **268** |
| **Explanatory Notes** |  |  |  |

**1\* Non-patient care services to other bodies increased in 2021-22 as a result of prescribing income returning to pre-COVID levels.**

**2\* Prescription fees and charges income increased in 2021-22 as a result of increased income from prescribing rebate schemes.**

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* 1. **Disaggregation of Income - Income from sale of good and services (contracts)**

**2021/22**

**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 | - 175 | | - 245 | | - - - - | | | |
| **Total** | **- 175** | | **- 245** | | **- - - -** | | | |

**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 - 175 - 245 - - - -

**Total - 175 - 245 - - - -**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020/21** | **Education, training and research** | **Non-patient care**  **services to other bodies** | **Patient transport services** | **Prescription fees and charges** | **Dental fees and charges** | **Other Contract Income generation 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**

Timing of Revenue Point in time

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| £'000 £'000 £'000 £'000  - - - - | £'000 | **£'000**  - | £'000  - | - | £'000 | - |
| - 84 - 165 |  | - | - | 20 |  | - |
| **- 84 - 165** |  | **-** | **-** | **20** |  | **-** |

Over time Total

* 1. **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.

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|  |  |  |  |
| --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **4. Employee benefits and staff numbers** |  |  |  |
| **4.1.1 Employee benefits** | **Total**  **Permanent** |  | **2021-22** |
|  | **Employees Other** |  | **Total** |
|  | **£'000 £'000** |  | **£'000** |
| **Employee Benefits** |  |  |  |
| Salaries and wages | **3310 235** | | **3545** |
| Social security costs | **360 0** | | **360** |
| Employer Contributions to NHS Pension scheme | **618 0** | | **618** |
| Other pension costs | **0 0** | | **0** |
| Apprenticeship Levy | **1 0** | | **1** |
| Other post-employment benefits | **0 0** | | **0** |
| Other employment benefits | **0 0** | | **0** |
| Termination benefits | **0 0** | | **0** |
| **Gross employee benefits expenditure** | 4289 235 | | 4524 |
| Less recoveries in respect of employee benefits (note 4.1.2) | **0 0** | | **0** |
| **Total - Net admin employee benefits including capitalised costs** | 4289 235 | | 4524 |
| Less: Employee costs capitalised | **0 0** | | **0** |
| **Net employee benefits excluding capitalised costs** | 4289 235 | | 4524 |
| **4.1.1 Employee benefits** | Total |  | 2020-21 |
|  | Permanent |  |  |
|  | Employees Other |  | Total |
|  | £'000 £'000 |  | £'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** | 3910 | 58 | 3968 |
| Less: Employee costs capitalised | **0** | **0** | **0** |
| **Net employee benefits excluding capitalised costs** | 3910 | 58 | 3968 |

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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **4.2 Average number of people employed** |  | | | | | | | |
|  | **Permanently** | **2021-22** |  | | **Permanently** | **2020-21** | |  |
|  | **employed** | **Other** | **Total** | | **employed** | **Other** | | **Total** |
|  | **Number** | **Number** | **Number** | | **Number** | **Number** | | **Number** |
| **Total** | **71.00** | **2.41** | **73.41** | | **64.57** | **0.71** | | **65.28** |
| Of the above:  **Number of whole time equivalent people engaged on capital** |  |  |  | |  |  | |  |
| **projects** |  | **- - - - - -** | | | | | | |
| **4.3 Exit packages agreed in the financial year** |  |  |  | |  |  | |  |
|  | **2021-22** | | **2021-22** | | | **2021-22** | | |
|  | **Compulsory redundancies** | | **Other agreed departures** | | | **Total** | | |
|  | **Number** | **£ Number** | |  | **£** | **Number** |  | **£** |
| Less than £10,000 | - | - | | 1 | 2,833 |  | 1 | 2,833 |
| £10,001 to £25,000 | - | - | | - | - |  | - | - |
| £25,001 to £50,000 | - | - | | - | - |  | - | - |
| £50,001 to £100,000 | - | - | | - | - |  | - | - |
| £100,001 to £150,000 | - | - | | - | - |  | - | - |
| £150,001 to £200,000 | - | - | | - | - |  | - | - |
| Over £200,001 | - - | | - - | | | - - | | |
| **Total** | **- -** | | **1 2,833** | | | **1 2,833** | | |

2020-21 2020-21 2020-21

Compulsory redundancies Other agreed departures Total Number £ Number £ Number £

Less than £10,000 - - - - - -

£10,001 to £25,000 - - - - - -

£25,001 to £50,000 - - - - - -

£50,001 to £100,000 - - - - - -

£100,001 to £150,000 - - - - - -

£150,001 to £200,000 - - - - - -

Over £200,001 - - - - - -

**Total - - - - - -**

**Analysis of Other Agreed Departures**

**2021-22** 2020-21

**Other agreed departures** Other agreed departures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Number** |  | **£** | Number | £ |
| Voluntary redundancies including early retirement contractual costs |  | - | - |  | - - |
| Mutually agreed resignations (MARS) contractual costs |  | - | - |  | - - |
| Early retirements in the efficiency of the service contractual costs |  | - | - |  | - - |
| Contractual payments in lieu of notice |  | 1 | 2,833 |  | - - |
| Exit payments following Employment Tribunals or court orders |  | - | - |  | - - |

Non-contractual payments requiring HMT approval\* - - - -

**Total 1 2,833 - -**

The CCG can confirm that there were no senior manager service contracts, exit packages or severance packages made during 2021-22.

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

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

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* 1. **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.](http://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:

* + 1. **Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

* + 1. **Full actuarial (funding) valuation**

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **5. Operating expenses** |  |  |  |
|  | **2021-22** |  | 2020-21 |
|  | **Total** |  | Total |
|  | **£'000** |  | £'000 |
| **Purchase of goods and services** |  |  |  |
| Services from other CCGs and NHS England | 64 |  | 73 |
| **1\*** Services from foundation trusts | 154,765 |  | 149,951 |
| Services from other NHS trusts | 28,139 |  | 27,175 |
| Provider Sustainability Fund | - |  | - |
| Services from Other WGA bodies | - |  | - |
| **2\*** Purchase of healthcare from non-NHS bodies | 50,287 |  | 39,603 |
| Purchase of social care | 7,674 |  | 7,285 |
| General Dental services and personal dental services | - |  | - |
| Prescribing costs | 35,820 |  | 35,071 |
| Pharmaceutical services | - |  | - |
| General Ophthalmic services | - |  | - |
| GPMS/APMS and PCTMS | 30,583 |  | 28,721 |
| Supplies and services – clinical | 412 |  | 314 |
| **3\*** Supplies and services – general | 5,420 |  | 3,102 |
| Consultancy services | 2 |  | - |
| Establishment | 571 |  | 651 |
| Transport | 85 |  | 82 |
| Premises | 219 |  | 332 |
| **4\*** Audit fees | 47 |  | 51 |
| Other non statutory audit expenditure |  |  |  |
| * Internal audit services | - |  | - |
| * Other services | - |  | 10 |
| Other professional fees | 709 |  | 631 |
| Legal fees | 5 |  | 117 |
| Education, training and conferences | 39 |  | 304 |
| Funding to group bodies | - |  | - |
| CHC Risk Pool contributions | - |  | - |
| Non cash apprenticeship training grants | - |  | - |
| **Total Purchase of goods and services** | **314,841** |  | **293,473** |
| **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 | 499 |  | 531 |
| 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 | - |  | - |
| **5\*** Other expenditure | 20 |  | 110 |
| **Total Other Operating Expenditure** | **519** |  | **641** |
| **6\* Total operating expenditure** | **315,360** |  | **294,114** |

**Explanatory Notes**

**1\*** Services from foundation trusts expenditure has increased during 2021-22, mainly as a result of:

* Increased expenditure with Northern Lincolnshire and Goole Hospitals NHS FT of £2.52m
* Increased expenditure with Rotherham Doncaster and South Humber Mental Health NHS FT of £2.12m

**2\*** Purchase of healthcare from non-NHS bodies expenditure has increased during 2021-22, mainly as a result of:

* Increased expenditure on Continuing Healthcare of £3.16m
* Increased expenditure with Independent Sector providers of Acute Services of £4.6m. During 2020-21 NHS activity was contracted and paid for by NHS England
* Increased expenditure on mental health and learning disability packages of care of £1.96m

**3\*** Supplies and Services - general has increased in 2021-22, mainly as a result of:

* Living Wage for Care Homes £1.1m
* Winter Access Funding £0.45m
* Lindsey Lodge Expansion Project £0.35m

**4\*** Audit fees include £47k of expenditure in relation to the external audit fee which is inclusive of £8k value added tax **5\*** Other expenditure relates to one special payment made during 2021-22, as disclosed in note 18, two in 2020-21 **6\*** The total operating expenditure for 2021-22 includes £4.28m in relation to Covid-19 (2020-21: £6.47m)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **6.1 Better Payment Practice Code** |  |  |  |  |
| **Measure of compliance (95%)** | **2021-22** | **2021-22** | 2020-21 | 2020-21 |
|  | **Number** | **£'000** | Number | £'000 |
| **Non-NHS Payables** |  |  |  |  |
| Total Non-NHS Trade invoices paid in the Year | 10,024 | 97,379 | 9,092 | 84,737 |
| Total Non-NHS Trade Invoices paid within target | 9,690 | 93,902 | 9,005 | 83,386 |
| **Percentage of Non-NHS Trade invoices paid within target** | **96.67%** | **96.43%** | **99.04%** | **98.41%** |
| **NHS Payables** |  |  |  |  |
| Total NHS Trade Invoices Paid in the Year | 408 | 185,417 | 771 | 180,448 |
| Total NHS Trade Invoices Paid within target | 400 | 185,311 | 753 | 179,897 |
| **Percentage of NHS Trade Invoices paid within target** | **98.04%** | **99.94%** | **97.67%** | **99.69%** |

**6.2 The Late Payment of Commercial Debts (Interest) Act 1998 2021-22** 2020-21

**£'000** £'000

Amounts included in finance costs from claims made under this legislation - - Compensation paid to cover debt recovery costs under this legislation - -

**Total - -**

NHS North Lincolnshire CCG - Annual Accounts 2021-22

1. **Operating Leases**
   1. **As lessee**

North Lincolnshire CCG has lease arrangements with NHS Property Services for the building it occupies.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **7.1.1 Payments recognised as an Expense** |  |  | **2021-22**  **Total** |  |  |  | **2020-21**  **Total** |
| **Land** | **Buildings** | **Other** | Land | Buildings | Other |
| **£'000** | **£'000** | **£'000** | **£'000** | £'000 | £'000 | £'000 | **£'000** |
| **Payments recognised as an expense** |  |  |  |  |  |  |  |
| Minimum lease payments | - 155 | - **155** | | - 273 | | - **273** | |
| Contingent rents  Sub-lease payments | - -  - - | - **-**  - **-** | | - -  - - | | - **-**  - **-** | |

**Total - 155 - 155 - 273 273**

There has been a reduction in minimum leases payments in 2021-22 due to credits received in year relating to reimbursement of vacant space at Health Place and Ashby Clinic totalling £55k in respect of prior years. In 2021-22 NLCCG was no longer in receipt of charges for Ashby Clinic (£105k in 2020-21)

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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **8. Trade and other receivables** | | **Current** | **Non-current** | Current | Non-current |
|  | | **2021-22**  **£'000** | **2021-22**  **£'000** | 2020-21  £'000 | 2020-21  £'000 |
| **1\*** NHS receivables: Revenue NHS receivables: Capital | | 183  - | -  - | 782  - | -  - |
|  | NHS prepayments | - | - | - | - |
|  | NHS accrued income | - | - | - | - |
|  | NHS Contract Receivable not yet invoiced/non-invoice | - | - | - | - |
|  | NHS Non Contract trade receivable (i.e pass through funding) | - | - | - | - |
|  | NHS Contract Assets | - | - | - | - |
|  | **2\*** Non-NHS and Other WGA receivables: Revenue | 397 | - | 116 | - |
| Non-NHS and Other WGA receivables: Capital | | - | - | - | - |
| Non-NHS and Other WGA prepayments | | - | - | - | - |
| Non-NHS and Other WGA accrued income | | 29 | - | - | - |
| 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 | | 10 | - | 21 | - |
| Private finance initiative and other public private partnership arrangement prepayments and accrued income | | - | - | - | - |
| Interest receivables | | - | - | - | - |
| Finance lease receivables | | - | - | - | - |
| Operating lease receivables | | - | - | - | - |
| 3\* | Other receivables and accruals | 66 | - | 2 | - |
| **Total Trade & other receivables** | | **685** | **-** | **920** | **-** |
| **Total current and non current** | | **685** |  | **920** |  |
| Included above:  Prepaid pensions contributions | | - |  | - |  |
| **Explanatory Note** | |  |  |  |  |

**1\*** The NHS Receivables: Revenue has reduced in 2021-22 due the settling of outstanding debtors in preparation for transferring to an Integrated Care System.

**2\*** The Non NHS and other WGA receivables includes £280k in relation to lower than planned activity on two acute independent sector contracts. The CCG pays a monthly fixed contract value, with adjustments made upon reconciliation of actual activity delivered. This has therefore resulted in credits due on account.

**3\*** Other receivables and accruals includes £66k of overpaid GP pension contribution in 2021/22 (nil for 2020/21)

* 1. **Receivables past their due date but not impaired**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2021-22**  **DHSC Group Bodies** | **2021-22**  **Non DHSC**  **Group Bodies** | | 2020-21  DHSC Group Bodies | 2020-21  Non DHSC Group Bodies |
| **£'000** |  | **£'000** | £'000 | £'000 |
| By up to three months | 3 | 64 | 322 | 40 |
| By three to six months | - | - | 42 | 21 |
| By more than six months | - - | | 7 | 51 |
| **Total** | **3 64** | | **372** | **112** |

* 1. **Loss allowance on asset classes**

North Lincolnshire CCG has no loss allowances to report.

|  |  |  |  |
| --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22  **9 Cash and cash equivalents** |  |  |  |
|  | **2021-22** |  | 2020-21 |
|  | **£'000** | £'000 |
| **Balance at 01 April 2021** | 16 | 16 |
| Net change in year | (4) |  | (0) |
| **Balance at 31 March 2022** | **12** |  | **16** |
| Made up of:  Cash with the Government Banking Service | 12 |  | 16 |
| Cash with Commercial banks | - |  | - |
| Cash in hand | 0 |  | 0 |
| Current investments | - | - |
| **Cash and cash equivalents as in statement of financial position** | **12** | **16** |
| Bank overdraft: Government Banking Service | - |  | - |
| Bank overdraft: Commercial banks | - | - |
| **Total bank overdrafts** | **-** | **-** |
| **Balance at 31 March 2022** | **12** |  | **16** |
| Patients’ money held by the clinical commissioning group, not included above | - |  | - |

-

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22 | **Current** | **Non-current** | Current | | Non-current |  |
| **10 Trade and other payables** | **2021-22** | **2021-22** | 2020-21 | | 2020-21 |
|  | **£'000** | **£'000** | £'000 | | £'000 |
| Interest payable | - |  | - - | |  |
| NHS payables: Revenue NHS payables: Capital | 149  - |  | - 224  - - | |  |
| **1\*** NHS accruals | 215 | - | | - | - | |
| NHS deferred income | - | - | | - | - | |
| NHS Contract Liabilities | - | - | | - | - | |
| Non-NHS and Other WGA payables: Revenue | 2,097 | - | | 2,413 | - | |
| Non-NHS and Other WGA payables: Capital | - | - | | - | - | |
| Non-NHS and Other WGA accruals | 17,067 | - | | 14,998 | - | |
| Non-NHS and Other WGA deferred income | - | - | | - | - | |
| Non-NHS Contract Liabilities | - | - | | - | - | |
| Social security costs | 46 | - | | 45 | - | |
| VAT | - | - | | - | - | |
| Tax | 46 | - | | 43 | - | |
| Payments received on account | - | - | | - | - | |
| **2\*** Other payables and accruals | 512 | - | | 725 | - | |
| **Total Trade & Other Payables** | **20,132** | **-** | | **18,448** | **-** | |
| Total current and non-current | **20,132** |  | | **18,448** |  | |
| **Explanatory Note** |  |  | |  |  | |
| **1\* In 2021-22 the NHS accruals balance has increased due to:** |  |  | |  |  | |
| - accrual for Leeds Teaching Hospital - Shared Care of £25k |  |  | |  |  | |

-

-

* accrual Hull University Teaching Hospital - Neurology of £176k
* accrual with East Midlands Ambulance Service - Mental Health Investment Standard Emergency Support of £14k

There were no accruals in 2020-21 as a result of the fixed block payment arrangements with NHS providers during the Covid- 19 pandemic

**2\*** Other payables include £48k outstanding pension contributions at 31 March 2022 (31 March 2021: £201k). This is lower in 2021/22 due to an overpayment on the GP element which has been reported within receivables and accruals.

NHS North Lincolnshire CCG - Annual Accounts 2021-22

1. **Financial instruments**
   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.

* + 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.

* + 1. **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.

* + 1. **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.

* + 1. **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.

* + 1. **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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NHS North Lincolnshire CCG - Annual Accounts 2021-22 |  |  |  |  |  |  |  |
| **11 Financial instruments cont'd** |  |  |  |  |  |  |  |
| **11.2 Financial assets** |  |  |  |  |  |  |  |
| **Financial Assets measured at** | |  | **Equity Instruments** |  | **Financial Assets measured at** | **Equity Instruments** |  |
| **amortised cost** | |  | **designated at FVOCI** | **Total** | **amortised cost** | **designated at FVOCI** | **Total** |
| **2021-22** |  |  | **2021-22** | **2021-22** | **2020-21** | **2020-21** | **2020-21** |
| **£'000** |  |  | **£'000** | **£'000** | **£'000** | **£'000** | **£'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 | -  - 3 |  |  | **-**  **- 3** | -  - 385 |  | **-**  **- 385** |
| Trade and other receivables with other DHSC group bodies | 209 |  |  | **209** | 396 |  | **396** |
| Trade and other receivables with external bodies Other financial assets  Cash and cash equivalents | 463  - 12 | **463**  **-**  **12** | | | 117  - 16 |  | **117**  **-**  **16** |

**Total at 31 March 2022 687 - 687 915 - 915**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **11.3 Financial liabilities** |  |  |  |  |  |  |
| **Financial Liabilities measured at amortised cost** | | **Other** | **Total** | **Financial Liabilities measured at amortised cost** | **Other** | **Total** |
| **2021-22** |  | **2021-22** | **2021-22** | **2020-21** | **2020-21** | **2020-21** |
| **£'000** |  | **£'000** | **£'000** | **£'000** | **£'000** | **£'000** |
| Loans with group bodies | - |  | **-** | - |  | **-** |
| Loans with external bodies | - |  | **-** | - |  | **-** |
| Trade and other payables with NHSE bodies | 142 |  | **142** | 169 |  | **169** |
| Trade and other payables with other DHSC group bodies | 222 |  | **222** | 8,107 |  | **8,107** |
| Trade and other payables with external bodies | 19,676 |  | **19,676** | 10,084 |  | **10,084** |
| Other financial liabilities  Private Finance Initiative and finance lease obligations | -  - |  | **-**  **-** | -  - |  | **-**  **-** |

**Total at 31 March 2022 20,040 - 20,040 18,360 - 18,360**

NHS North Lincolnshire CCG - Annual Accounts 2021-22

**12. Contingencies**

North Lincolnshire CCG had no contingent liabilities in 2021-22 (None in 2020-21)

1. **Operating Segments**

North Lincolnshire CCG considers they only have one operating segment, namely the commissioning of healthcare services. The position in 2020/21 was the same.

1. **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 Amounts recognised in Entities books ONLY**  **2021/22 2020/21** | | | | | | | | | | |
| **Name of arrangement Parties to the Description of principal activities Assets Liabilities Income Expenditure Assets Liabilities Income Expenditure**  **arrangement** | | | | | | | | | | |
|  |  | **£'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 | **13,277** | 0 | 0 | 0 | 12,604 |

NHS North Lincolnshire CCG - Annual Accounts 2021-22

1. **Related party transactions**

**Details of related party transactions with individuals in 2021/22 are as follows:**

**Receipts Amounts Amounts**

**Payments to**

**from Related**

**owed to Related**

**due from Related**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Related Party**  **£'000** | | **Party**  **£'000** |  | **Party**  **£'000** | **Party**  **£'000** | |
| **Dr Faisel Baig** |  |  |  |  |  |  |
| **CCG Chair**  Out of Hours GP - Core Care Links | 692 |  | 0 |  | 0 | 0 |
| Member of Safecare, North Lincs GP Federation | 1,572 |  | 0 |  | 0 | 0 |
| Spouse working as a salaried GP at Riverside Surgery | 3,225 |  | 1 |  | 0 | 1 |
| Chair, Scunthorpe Towns Fund Board (North Lincolnshire Council) | 14,070 | 332 | | 478 | | 99 |
| **Emma Latimer Chief Officer**  Chief Officer - Hull CCG | 570 | 107 | | 66 | | 0 |
| Chief Officer - East Riding CCG | 156 | 49 | |  | 0 | 0 |
| **Emma Sayner**  **Chief Finance Officer**  Chief Finance Officer - Hull CCG | 570 | 107 | | 66 | | 0 |
| Citycare Board Member | 60 |  | 0 | 13 | | 0 |
| **Alex Seale**  **Chief Operating Officer**  Partner Govenor for Northern Lincolnshire & Goole NHS FT | 128,626 |  | 0 |  | 0 | 0 |
| **Helen Davis**  **Interim Director of Nursing & Quality**  Husband is employed by Northern Lincolnshire & Goole NHS FT | 128,626 |  | 0 |  | 0 | 0 |
| **Dr Satpal Singh Shekhawat Associate Medical Director**  GP Partner at Kirton Lindsey Surgery (member of the South Primary Care Network), including MCATs | 3,075 |  | 2 |  | 0 | 1 |
| Member of Safecare, North Lincs GP Federation | 1,572 |  | 0 |  | 0 | 0 |
| **Dr Salim Modan GP Member**  Partner at Riverside Surgery (member of the East Primary Care Network) | 3,225 |  | 1 |  | 0 | 1 |
| Member of Safecare, North Lincs GP Federation Director of the East Primary Care Network \* | 1,572 |  | 0 |  | 0 | 0 |
| **Dr Hardik Gandhi GP Member**  Partner at Cedar Medical Practice (member of the South Primary Care Network) | 1,002 |  | 1 |  | 0 | 1 |
| Member of Safecare, North Lincs GP Federation and provides GP OOH Services under contract to Saf | 1,572 |  | 0 |  | 0 | 0 |
| Spouse works as a Consultant Obstetrician and Gynaecologist in Scunthorpe General Hospital (Northe Director of the South Primary Care Network \* | 128,626 |  | 0 |  | 0 | 0 |
| **Dr Pratik Basu GP Member**  Salaried GP (via Core Care Links) at the Birches Practice (member of the West Primary Care Network) | 1,069 |  | 1 |  | 0 | 0 |
| Salaried GP (via Core Care Links) at the Oak Tree Medical Centre Practice (member of the West Prim | 692 |  | 1 |  | 0 | 1 |
| Member of Safecare, North Lincs GP Federation Director of the West Primary Care Network \* | 1,572 |  | 0 |  | 0 | 0 |
| **Dr Gary Armstrong GP Member**  Partner at South Axholme Practice (member of West Primary Care Network) | 3,359 |  | 4 |  | 0 | 0 |
| Member of Safecare, North Lincs GP Federation Director of the West Primary Care Network \* | 1,572 |  | 0 |  | 0 | 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 2021-22, 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) and its related parties are deemed related parties of the entities within the Department Group. 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 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 Northumberland, Tyne & Wear NHS Foundation Trust Lincolnshire Partnership 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

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**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 2021/22 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 | 4,607 | 1 | 8 | 1 |
| Cedar Medical Practice | 1,002 | 1 | 0 | 1 |
| Cambridge Avenue Medical Centre | 1,659 | 1 | 0 | 1 |
| Kirton Lindsey Surgery | 3,075 | 2 | 0 | 1 |
| Ashby Turn Primary Care Partners | 1,636 | 1 | 0 | 1 |
| West Common Lane Teaching Practice | 1,027 | 1 | 0 | 0 |
| Killingholme Practice | 530 | 0 | 0 | 0 |
| Riverside Surgery | 3,225 | 1 | 0 | 1 |
| West Town Surgery | 473 | 0 | 0 | 0 |
| Barnetby Medical Centre | 1,058 | 0 | 0 | 0 |
| Winterton Medical Practice | 2,400 | 2 | 25 | 1 |
| The Central Surgery Barton | 4,093 | 1 | 29 | 1 |
| Bridge Street Surgery | 1,475 | 1 | 0 | 0 |
| Trent View Medical Practice | 2,317 | 2 | 0 | 1 |
| The Birches Medical Practice | 1,069 | 1 | 0 | 1 |
| Market Hill 8 to 8 Centre | 692 | 1 | 0 | 1 |
| Church Lane Medical Centre | 1,247 | 1 | 0 | 1 |
| The Oswald Road Medical Surgery | 1,738 | 1 | 10 | 1 |
| South Axholme Practice | 3,359 | 4 | 0 | 0 |

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**15 Related party transactions cont'd**

**Details of related party transactions with individuals in 2020/21 are as follows:**

**Receipts Amounts Amounts**

**Payments to**

**from Related**

**owed to Related**

**due from Related**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Related Party**  **£'000** | | **Party**  **£'000** | **Party**  **£'000** |  | **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 Director of the East Primary Care Network \* | 1,037 |  | 0 | 10 | 0 |
| **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 Director of the South Primary Care Network \* | 126,245 |  | 17 | 0 | 0 |
| **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 Director of the West Primary Care Network \* | 1,037 |  | 0 | 10 | 0 |
| **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 :

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1. **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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Paymen to Relat**  **Party** | **ts Receipt**  **ed from Related**  **Party** | **s 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 1,03 | 0 | 0 | 0 0 |
| Cambridge Avenue Medical Centre 1, | 854 | 0 | 0 0 |
| Kirton Lindsey Surgery 2,67 | 4 | 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 32 | 2 | 0 | 0 0 |
| Riverside Surgery 2, | 320 | 0 | 0 0 |
| West Town Surgery 44 | 3 | 0 | 0 0 |
| Barnetby Medical Centre | 646 | 0 | 0 0 |
| Winterton Medical Practice 1,92 | 5 | 0 | 0 0 |
| The Central Surgery Barton 2,80 | 9 | 0 | 0 0 |
| Bridge Street Surgery 1,06 | 8 | 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 |

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1. **Events after the end of the reporting period**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **17 Financial performance targets**  NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended). NHS Clinical Commissioning Group performance against those duties was as follows: |  | | | |
|  | **2021-22**  **Target** | **2021-22**  **Performance** | **2020-21**  **Target** | **2020-21**  **Performance** |
| Expenditure not to exceed income | 319,903 | 319,884 | 298,113 | 298,082 |
| Capital resource use does not exceed the amount specified in Directions | - | - | - | - |
| Revenue resource use does not exceed the amount specified in Directions | 319,467 | 319,448 | 297,845 | 297,814 |
| 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 | 3,447 | 3,215 | 3,599 | 2,957 |
| **North Lincolnshire CCG has achieved its financial performance targets in 2021-22.** |  |  |  |  |
| **18 Losses and special payments** |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Total Number of Cases** | **Total Value of Cases** | Total Number of Cases | Total Value of Cases |
| **2021-22**  **Number** | **2021-22**  **£'000** | 2020-21  Number | 2020-21  £'000 |
| Administrative write-offs | - | - | - | - |
| Fruitless payments | 1 | 20 | - | - |
| Store losses | - | - | - | - |
| Book Keeping Losses  Constructive loss | -  - | -  - | -  -  - | -  -  - |
| Cash losses | - | - | - | - |

Claims abandoned - - - -

**Total 1 20 - -**

**Explanatory Note**

The fruitless payment disclosed in 2021-22 relates to a one off payment for variation in rate between Continuing Health Care Standard Rate and Private Provider Health Care Rate. These amounts are reported on an accruals basis but excluding provisions for future losses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Special payments** |  | |  |  |
| **Total Number of Cases** | **Total Value of Cases** | | **Total Number of Cases** | **Total Value of Cases** |
| **2021-22** | **2021-22** | | **2020-21** | **2020-21** |
| **Number** | **£'000** | | **Number** | **£'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 in 2020-21 were 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). There were no such payments in 2021-22.

1. **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:

**2021-22 2020-21**

**£000's £000's**

Accrual **0** 0

Provision **0** 0

Contingent Liability **171** 0

**171** 0

1. **Clinical Negligence Balances Accounting Treatment**

NHS Resolution is no longer holding a provision in regards of clinical negligence claims as at 31 March 2022 (31 March 2021: £120K)

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|  |  |  |
| --- | --- | --- |
| **Private & Confidential** |  |  |
| Integrated Audit and Governance Committee North Lincolnshire Clinical Commissioning Group Health Place  Wrawby Road Brigg  North Lincolnshire DN20 8GS | Direct line: | +44 (0) 113 394 5315 |
| Email: | [mark.kirkham@mazars.co.uk](mailto:mark.kirkham@mazars.co.uk) |
|  | Date: | June 2022 |

Dear Committee Members

**Conclusion of pending matters – Audit Completion Report to North Lincolnshire Clinical Commissioning Group 2021/22**

I am writing to communicate the conclusion of those matters marked as outstanding in our Audit Completion Report issued to the Committee on the 8th June 2022. The outstanding matters and the conclusions reached are detailed in the table below.

|  |  |
| --- | --- |
| **Area outstanding** | **Conclusion reached** |
| Expenditure and journals testing, password controls, consolidation schedules and remuneration report. | All testing completed no matters to report, except:   * we identified one further misstatement that management has chosen not to amend. We reported this matter verbally at the meeting of the Committee and explained this was in addition to the £0.52m overstatement of expenditure accruals reported in section 6 of the Audit Completion Report; and * in the remuneration report, the pay ratio disclosures were updated to reflect updated guidance including the prior year. |

**Unadjusted misstatement**

In our sample testing of payables we identified an accrual for Continuing Healthcare of £0.44m which was duplicated as a result of an administrative error. The impact is that expenditure and accruals were overstated by £0.4m. As we were taking a sample approach in this test, the extrapolated error we are required to report is £1.11m.

Mazars LLP

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Taking account of the overstatement of accruals already report in the Audit Completion Report of

£0.52m, the total over-statement is £1.63m. A correction would increase the underspend reported by the CCG but would have no impact on the achievement of the CCG’s statutory duties. The matter does not affect our audit opinion.

Yours sincerely



[Mark Kirkham (Jun 14, 2022 13:14 GMT+1)](https://mazars.eu1.adobesign.com/verifier?tx=CBJCHBCAABAATbG6wike1yo3E8zJueKJSDlmCSaLACX_)

**Mark Kirkham**

Partner

For and on behalf of Mazars LLP

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