

**CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 27 JULY 2018, 9.30 AM,
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

Dr D Roper, NHS Hull CCG (Chair)
Dr A Oehring, NHS Hull CCG (GP Member)
Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr S Richardson, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)
J Weldon, Hull City Council (Director of Public Health and Adult Social Care)
K Marshall, NHS Hull CCG (Lay Representative)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
M Whitaker, NHS Hull CCG (Practice Manager Representative)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)
S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)

IN ATTENDANCE:

D Blain, NHS Hull CCG (Designated Professional for Safeguarding Adults) – *Item 8.3 Only*
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*
K Ellis, Head of STP Performance and Programme Delivery Humber, Coast and Vale STP
– *Item 7.1 Only*
K Martin, NHS Hull CCG (Deputy Director of Quality & Clinical Governance/Lead Nurse)
L Morris, NHS Hull CCG (Designated Nurse for Safeguarding Children) – *Item 8.2 Only*
M Hodson, Hull4Heroes Charity (Hodson Architects) – *Item 1*
P Matson, Hull4Heroes Charity (Founder & Chairman) – *Item 1*

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including the members of the public.

1. HULL 2020 CHAMPIONS: THE VETERANS VILLAGE

P Matson and M Hodson presented information with regard to the plans to build a veterans village.

After serving in the British military for many years, P Matson, Hull 4 Heroes Founder, found himself adrift from mainstream society and struggling to adapt back into civilian life. With the support of the people around him he managed to pull himself out of the situation and establish Hull4Heroes on 7 November 2016.

The project aimed to develop a self-sustaining site for the housing and rehabilitation of ex-service men and women. The Hull based charity would provide a unique place to provide support to those individuals requiring help when adjusting to civilian life. It was hoped to create the world's first purpose built centre that would provide a

safe and stable platform for veterans, where they could create a happy and purposeful life for themselves and their families in civilian society.

A copy of the Aerial Photographs and site along with detailed architectural drawings for the Coronation Road and Priory Road site were tabled and circulated at the meeting.

The following key points were noted:

- It was a struggle to find homes for veterans and the idea to build a veterans village was borne.
- Coronation Road and Priory Road sites had been made available and a piece of land had been gifted which linked the two sites together – 20 acres in total.
- The sites crossed over Hull and East Riding Local Authority (LA) boundaries and the Priory Road site had ecological sensitivities.
- The key activities proposed for the sites was horticulture and market gardening, wood work and craft based themes, although the full brief for the site needed to be determined.
- Interest had also been made by Chelsea Flower Show with regard to the veterans project.
- The sense of arrival to the sites was through a walled garden and much effort had gone into the flood risk.
- A number of family house and lodges had been incorporated on the Coronation Road site.
- Creation of a shared community hub at the centre of the village..
- The Village model was for short to medium term placements to help veterans adapt back to civilian life.
- The catchment for the village was veterans from the Hull and East Riding areas.
- Discussions were ongoing with the Ministry of Defence (MoD) as to the support they could offer.
- The plans were being developed for submission for outline planning approval.

It was noted that initial discussions had taken place with regards to the mental health support that could be developed and this discussion would continue with relevant stakeholders.

The scale of the ongoing challenge to bring the plans to fruition was acknowledged but it was also noted that the programme was attracting a lot of high profile support, including that of Nick Knowles, TV presenter, who had been instrumental in other projects of a similar nature.

Resolved

(a)	Board Members noted the verbal update provided and the ongoing discussions with respect to the health service support that may be offered as the project progresses.
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

C O'Neill, NHS Hull CCG (STP Programme Director)

Dr J Moulton, NHS Hull CCG (GP Member)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 25 MAY 2018

The minutes of the meeting held on 25 May 2018 were submitted for approval.

Resolved

(a)	The minutes of 25 May 2018 were approved and would be signed by the Chair.
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4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no outstanding actions to discuss from the meeting held on 25 May 2018.

Resolved

(a)	Board Members noted the action list.
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5. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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6. GOVERNANCE

6.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda No	Nature of Interest / Action Taken
Dr Amy Oehring		Financial Interest – GP Partner at Sutton Manor Surgery and Practice Grouping
Dr Scot	7.6	Financial Interest – GP Partner at James

Name	Agenda No	Nature of Interest / Action Taken
Richardson		Alexander Practice and Practice Grouping
Dr Vincent Rawcliffe		Financial Interest – GP Partner at New Hall Surgery and Practice Grouping
Jason Stamp		Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships. Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. Chief Officer North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017

Resolved

(a)	That the above declarations of interest be noted.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

Board Members noted that there had been no Gifts and Hospitality Declarations made in the period since the last report in May 2018.

6.3 USE OF CORPORATE SEAL

Board Members noted that there had been no use of the Corporate Seal in the period since the last report in May 2018.

6.4 BOARD COMMITTEES TERMS OF REFERENCE UPDATES

The Associate Director of Corporate Affairs presented the terms of reference for the Committees of the CCG Board for approval following their annual review by the individual Committees as well as the Integrated Audit and Governance Committee (IAGC). The specific committees were as follows:

- Planning and Commissioning Committee;
- Remuneration Committee;
- Primary Care Commissioning Committee;
- Quality and Performance Committee;
- Integrated Audit and Governance Committee; and,
- Integrated Commissioning (Committees in Common)

Board Member's attention was drawn to the Committees in Common (CiC) Terms of Reference, which was responsible for facilitating shared decision-making between the CCG and Hull City Council (HCC) with respect to joint commissioning and the integrated financial plan.

The proposed 'tracked' changes were identified within all the Terms of Reference, which in the majority were in relation to housekeeping. However, the following amendment was requested:

Planning and Commissioning Committee

1.3 Links and interdependencies

- d) Integrated Commissioning **Officers** Board and not 'Oversight'

Clarification was also sought with regard to the remit of the 'Care Homes Quality Board' and it was noted that this Board was part of the governance process that provides assurance regarding the quality and safety of residential and nursing care homes ("care homes") in Hull.

Resolved

(a)	Board Members noted and approved the contents of the updated Terms of Reference for the Board's Committees subject to the above amendment being made.
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6.5 ANNUAL AUDIT LETTER 2017-2018

The Chief Finance Officer presented the final Annual Audit Letter for the year ending 31 March 2018, which formed the final document of the 2017-2018 audit process.

The Annual Audit Letter had been considered by the Integrated Audit and Governance Committee (IAGC) at its meeting on 10 July 2018 whom had recommended that the CCG Board formally approve for publication on the CCG's website.

It was noted that there had been no amendments in the interim period.

Resolved

(a)	Board Members noted the Annual Audit Letter for 2017-2018.
(b)	Board Members formally approved that the Annual Audit Letter 2017/18 for publication.

6.6 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer provided an update on local, regional and national issues along with a brief review of the Chief Officer's activities in the period since her previous report.

Congratulations were conveyed that for the second year running the CCG had been rated 'outstanding' under NHS England's (NHSEs) annual Integrated Assurance Framework assessment process. The CCG was one of only 20 CCGs in the country rated as 'outstanding' and one of an even more exclusive group to receive the highest rating two years in succession. The CCG was looking to hold a staff celebration event on 14 September 2018.

The formal opening of the CCG's Integrated Care Centre (ICC) was opened by Jean Bishop, BEM, on 6 July 2018. This was a fantastic and unique facility for which the CCG was very proud. R Barker, Director of Operations and Performance - North, NHS England (NHSE) would be visiting the Centre on 3 August 2018.

The CCG's fifth Annual General Meeting (AGM) had taken place on 27 June 2018 and David Burns (Burnsy) from the BBC had chaired a lively question time session.

The Rt Honourable Matt Hancock MP had recently been appointed Secretary of State for Health and Social Care and it was suggested that an invitation to meet the CCG be extended to him.

The Chief Officer had been invited to participate in NHS England's (NSHEs) and NHS Improvement's (NHSI) new Talent Boards, which would look at how to develop the next cohort of clinical and managerial leaders in the NHS and Local Authority (LA).

The CCG would be supporting the Hull Daily Mail's Health and Care Awards for the third year and were encouraging people to nominate Health and Care workers across the area. This provided an opportunity to reflect some of the great work that takes place in the area.

The NHS's 70th Birthday took place on 5 July 2018 and a number of special events had taken place in Hull, including the Hull and East Riding Expo at the Hilton Hotel. The Chief Officer, Chair and Chief Finance Officer had also attended one of the National events taking place at York Minster which paid tribute to NHS staff, volunteers and our partner organisations.

Resolved

(a)	Board Members noted the contents of the Chief Officers Update report.
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7. STRATEGY

7.1 HUMBER COAST AND VALE SUSTAINABILITY TRANSFORMATION PARTNERSHIP (STP) UPDATE

The Head of STP Performance and Programme Delivery provided an STP update, which detailed the current highlights as well as the next steps for the programme.

The Humber, Coast and Vale Estates Strategy was considered by the Partnership Executive Group ahead of submission to NHS Improvement on 16 July 2018. Two Partnership-wide bids for capital investment were also submitted at the same time.

On 27 June 2018, NHS England (NHSE) announced that Yorkshire and Humber (Y&H) had succeeded in a bid to become one of five 'Local Health and Care Record Exemplars' (LHCRE). The LHCRE programme aimed to reduce unnecessary patient tests and improve patient safety by improving the sharing of patient data between providers of health and care services. Since writing the paper notification had been received from NHS England that £9.1 million was to be ring fenced for HCV. How this funding was to be spent was yet to be clarified.

Discussion took place and clarification was sought as to whether similar updates were received at other Board's across the Humber Coast and Vale (HCV). It was reported that there was variance in the level of information being received by other HCV organisations differed however work was underway to ensure a consistent level of communication with each partner.

Discussion took place as to the merits of developing STP-wide consistency in IT solutions and infrastructure.

The STP communications bulletin was praised however it was also noted that it contained a high proportion of generic material and it would benefit from additional bespoke material for each locality.

Resolved

(a)	Board Members noted the progress to date of the Humber, Coast and Vale Sustainability and Transformation Partnership.
(b)	It was requested that further detail relating to the local area be included in the STP communications bulletin.

7.2 EQUALITY AND DIVERSITY UPDATE / OBJECTIVES

The Associate Director of Corporate Affairs reported that work continued at pace across the CCG's five equality objectives for 2018/19.

A detailed update would be received at the Quality & Performance Committee (Q&PC) on 25 September 2018.

Discussion took place and it was noted that there was further progress to be made with respect to consolidation of equality work with local providers and the wider public sector.

The staff health and wellbeing group had embraced their remit and members commented on the significant positive impact the group had made.

Resolved

(a)	Board Members noted the verbal update provided.
(b)	An update would be submitted to the next CCG Board Meeting.

7.3 HULL PLACE BASED PLAN BOARD UPDATE

The Director of Integrated Commissioning provided an update to the Hull Place Based Plan. She reported that positive progress had been made, particularly in relation to the Beverley Road Project, and a well-established Steering Group was in place, which was being led by the Police. Local Partners were taking ownership of the range of programme areas and innovative ideas were being generated.

Work was progressing with regard to the other proof of concept areas, as follows:

- Governance;
- Edge of Care project; and
- Domestic Abuse.

A KPMG update report was to be presented at the next Hull Place Based Plan Strategic Partnership Board Meeting on 7 September 2018.

Discussion took place with regard to the Beverley Road project in terms of the benefits realisation, what the community wanted and how the relevant organisations responded to this. Discussions were ongoing with regards to the co-location of services to premises within in the area and work continued with respect to inter-agency intelligence sharing.

Resolved

(a)	The Board noted the update provided.
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7.4 PATHWAY REDESIGN

The Director of Integrated Commissioning presented information with regard to Pathway Redesign – see attached slides.



Item 7.4 - Hull CCG
Pathway Presentation.

The following key points were noted:

- The new pathways for review for 2018-2019 were as follows:
 - Respiratory care COPD;
 - Dementia;
 - Parkinson's;
 - End of Life Care; and,
 - Falls.
- A mini restructure was to take place within the CCG's Commissioning Team to align to the transformation plans across the city.

Discussion took place with regards to the opportunities presented by the pathway redesign work. The importance of effective communication and timely engagement with patients and stakeholders was noted.

Clarification was also sought as to whether there was sufficient capacity to deliver the work programmes and the desired outcomes.

It was conveyed that increased capacity was needed for Parkinson's services and there had been a lot of work undertaken elsewhere with respect to 'End of Life Care' which would inform the local review.

Resolved

(a)	The Board noted the update provided.
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7.5 NHS CONSTITUTIONAL STANDARDS

The Director of Integrated Commissioning presented information with regard to the NHS Constitutional Standards – see attached slides.



Item 7.5 - NHS
Constitution Standards

The following key points were noted:

- Significant impact had been seen with regard to Referral to Transfer (RTT) referrals and the CCG were currently above trajectory to achieve this target. The demand into the clinical pathways had reduced and there was capacity in the system to pick up the back log.
- ENT was a particular pressure area and Hull and East Yorkshire Hospitals NHS Trust (HEYHT) had worked hard to reduce waits in Ophthalmology services.

- Capacity was being redirected in the right places.
- The standard that only 1% of patients would wait more than 6 weeks was not being achieved and there were significant waits MRIs and Endoscopies.
- There was opportunity to work as a system, especially regarding diagnostics and there was space available within the new Integrated Care Centre (ICC).
- A&E was a constant challenge, although demand had reduced, there was a high number of attendances seen over May/June 2018.
- In terms of the improvement plan and trajectory, there were seasonal trends that were taken into account.
- The focus on the 'front door' and primary care stream needed to be looked at as schemes that had been implemented but had not worked.
- Cancer Champions were working locally in terms of distributing information about cancer screening and local schemes and initiatives have been implemented.

Discussion took place on the importance of specialty-level demand analysis and trajectory review.

It was commented that some of the improvements had not resulted in improvements against Constitutional targets.

The CCG needed to seek a clear understanding from providers about cause and effect, as there was no correlation between performance and attendances in terms of the data. Work would continue with Hull and East Yorkshire Hospitals NHS Trust (HEYHT) in order for them to achieve sustained improvement.

Disappointment was expressed with regard to 'primary care front door' as every missed target was an individual patient. It was stated that the approach that the CCG had in terms of understanding and removing variance between individual practices was very clear and continued.

Resolved

(a)	The Board noted the update provided.
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7.6 INVESTMENT RECOMMENDATIONS FROM THE PLANNING AND COMMISSIONING COMMITTEE

Dr Richardson expressed a non-financial interest as GP Partner at James Alexander Practice and Practice Grouping.

The Director of Integrated Commissioning presented the recommendations of the Planning and Commissioning Committee for investments of more than £0.5 million.

The CCG's Commissioning Prioritisation Framework determined the process by which investment decisions should be made, which had been in place from the establishment of the CCG. For investments with a value greater than £75k approval was required from the Planning and Commissioning Committee (P&CC) and where that investment was more than £0.5 million further approval was required from the CCG Board.

In terms of the background detail to the report, this had been discussed by the Prioritisation Panel and P&CC.

It was stated that these services had received adequate investment previously and with regard to the Autism Service, information was requested in terms of the outcomes being achieved.

There were two investments being recommended for approval:

- Services provided by City Health Care Partnerships (CHCP) - £1,213k
- Children and Young People's Autism Service - £673.8k

and the P&CC were recommending that the expenditure be increased from £320k to £993.8k with respect to the latter service.

Suitable assurance was sought that the additional autism investment would improve access trajectories. Confirmation was given that the service had the capacity to utilise the additional funding as intended, with the associated expectation that performance would improve.

A post diagnostic support model was implemented and clarification was sought as to whether the CCG was confident that this would be delivered. It was conveyed that this was needed, although future modelling would take place alongside the service being provided. A Transformation Board would oversee the investment being made.

Disappointment was expressed with regard to the level of detail provided in the report and it was confirmed that the proposals had been considered in detail by the Planning and Commissioning Committee, however, further detail would be included in future reports to the Board.

Resolved

(a)	Board Members noted the contents of the report and approved the recommendation of the Planning and Commissioning Committee.
(b)	Board Members recommended that greater detail be provided with regard to future reports.

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and Director of Quality and Governance/Executive Nurse presented the Quality & Performance Report for the period ending June 2018, which provided a corporate summary of overall CCG performance and the current financial position.

Finance

It was early in the financial year, however, all financial performance targets for 2018/19 were forecast to be achieved and Primary Care was currently showing an underspend.

On a national level, NHS England (NHSE) and NHS Improvement (NHSI) were undertaking a review and consolidation of management arrangements.

Performance and Contracting

The A&E 4 hour target had slightly deteriorated in May 2018, although Referral to Treatment (RTT) 18 week waiting times had improved marginally.

Cancer waiting times performance continued to be a challenge. Although, the 62-day waits had improved in May 2018 but still remained below the target. The improvement trajectories were in the process of being agreed.

Performance against the 6-week waiting times target for diagnostic tests had deteriorated with significant challenges being experienced in endoscopy and imaging.

Quality

The Amber rating had been discussed at the Quality & Performance Committee (Q&PC) and the CCG were to do more work with regard to this.

With regard to Incidence of Healthcare associated infection (HCAI), Clostridium Difficile (C-diff) the CCG was on target with regard to C-diff although breaching with regard to E-Coli and there was scope to do a lot more.

Resolved

(a)	Board Members noted the Quality and Performance Report.
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8.1.1 ALIGNED INCENTIVE CONTRACT

It was agreed to defer this item to the September 2018 Board Meeting.

8.2 SAFEGUARDING CHILDREN ANNUAL REPORT 2017-2018

The Designated Nurse for Safeguarding Children provided a detailed overview of the arrangements in place to safeguard and protect children in Hull and demonstrated how the CCG, as a commissioner of health services, was fulfilling its statutory duties in relation to children in accordance with the Childrens Acts 1989 and 2004.

An Executive Summary was now included in the report.

Members were advised that the CCG was achieving its statutory targets. Very strong relationships were in place with safeguarding leads and provider organisations which outside the contract required a lot of work. There were also strong multiagency relationships in place. A Designated Nurse was now in place at the CCG for the Safeguarding role, which was at an early stage.

Further work remained with respect to implementation of the requirements of the Children and Safeguarding Act.

Discussion took place and clarification was sought regard to the Local Safeguarding Children Board LSCB. Initial meetings had taken place with the police, local authority (LA) Lead and CCG Lead as well as developing links with East Riding. Various discussions were also to take place with regard to Serious Case Reviews (SCRs) and Learning Lessons Reviews (LLRs).

It was important that the Board be assured that robust arrangements were in place and the Chief Officer commended the Designated Nurse for Safeguarding Children for the work she undertook and how this was reflected in the report.

Further consideration was needed to identify the most appropriate future structure for safeguarding children and this would be on the basis of an equal partnership between local authority, CCG and the police.

Resolved

(a)	Board Members approved this report in relation to safeguarding children activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group.
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8.3 SAFEGUARDING ADULTS ANNUAL REPORT 2017 – 2018

The Designated Professional for Safeguarding Adults provided a detailed overview of the arrangements in place to safeguard adults in the city of Hull and to demonstrate how NHS Hull CCG, as a commissioner of services was fulfilling its statutory duties in relation to safeguarding adults in accordance with the Care Act 2014.

A robust safeguarding audit process undertaken during 2017/18 provided significant assurance that governance, risk management and control arrangements are in place for safeguarding adults within NHS Hull CCG.

The four year Hull Safeguarding Adults Partnership Board (HSAPB) Strategy had now been completed and publication of a bespoke safeguarding adult's policy for primary care practices in the city had been circulated.

The Board noted that Dr Zaro had been appointed as the Named GP for Safeguarding Adults for the CCG.

The Community Safety Partnership (CSP) had commissioned three Domestic Homicide Reviews (DHRs) in November/December 2017 and four Mortality Reviews. These reviews had necessitated engagement with a large number of stakeholders.

The Chief Officer commended Designated Professional for Safeguarding Adults for his work and the work that had been undertaken.

Resolved

(a)	Board Members endorsed this report in relation to safeguarding adults activity and the responsibilities and actions of the NHS Hull CCG and providers.
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8.4 HULL CCG INDIVIDUAL FUNDING REQUEST ANNUAL REPORT (1ST APRIL 2017 – 31ST MARCH 2018)

J Stamp declared a financial interest as Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England. This role entails advising with regards to the commissioning of specialised services, some of which are delivered locally or may be co-commissioned with the CCG.

The Director of Integrated Commissioning provided an update on the application of the Individual Funding Request (IFR) Policy and Process for assurance and quality purposes for the financial year 1st April 2017 – 31st March 2018. It was noted that the IFR Service was provided by North of England Commissioning Support (NECS) on behalf of NHS Hull CCG.

The excellent quality of the report was commended.

Dr Richardson commented that many of the referrals to IFR did not appear to fulfil the criteria for treatment. It was also requested that complaints data with respect to IFR be included in future reports.

With regard to some of the specialist services commissioned nationally, further clarification/guidance was needed if regional inconsistencies in policy, such as in vitro fertilisation (IVF) treatment, were to be addressed.

It was noted that sensitive and effective communication with patients may help reduce number of IFR complaints, however it was acknowledged that this remained a very emotive service and understandably people could be disappointed if funding was turned down.

Resolved

(a)	Board Members approved the report.
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8.5 REPORT ON QUARTER 4 (Q4) - COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) SCHEMES OF 2017-2019

The Deputy Director of Quality & Clinical Governance/Lead Nurse informed the Board of the achievement status of Hull CCG's main providers with regard to Quarter 4 goals of the 2017-2019 Quality and Innovation (CQUIN) schemes.

Appendix A, B, C provided the detail of the national and local CQUIN schemes for Hull & East Yorkshire Hospitals NHS Trust (HEYHT), Humber Teaching Hospital NHS Foundation Trust (Humber TFT), City Health Care Partnership (CHCP) and Spire.

It was reported that CHCP and Spire had achieved the CQUIN schemes for 2017-19, although HEYHT and Humber TFT had only partially achieved the schemes. The details for each local provider were set out within the report.

Resolved

(a)	Board Members received the report as an update on the achievement of CQUINs by NHS Hull CCG's main providers with a high level of confidence on the process in place to monitor CQUIN achievement and overall medium level of confidence on performance.
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8.6 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ANNUAL REPORT 2017-2018

The Chair of the Integrated Audit and Governance Committee (IAGC) provided the IAGC Chair's Annual Report 2017-2018 for information.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2017-2018.
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8.7 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S ANNUAL REPORT 2017-2018

The Chair of the Primary Care Commissioning Committee (PCCC) provided the PCCC Chair's Annual Report 2017-2018 for information.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2017-2018.
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8.8 QUALITY ANNUAL REPORT 2017-18 INCLUDING QUALITY & PERFORMANCE COMMITTEE ANNUAL REPORT

The Chair of the Quality and Performance Committee (Q&PC) provided the Q&PC Chair's Annual Report 2017-2018 for information.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2017-2018.
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8.9 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S ANNUAL REPORT 2017-2018

The Chair of the Planning and Commissioning Committee (P&CC) provided the P&CC Chair's Annual Report 2017-2018 for information.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2017-2018.
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9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 4 MAY 2018

The Chair of the Planning and Commissioning Committee provided the update reports for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Report for 4 May 2018.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 22 MAY 2018

The Chair of the Quality and Performance Committee provided the update report for information.

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report for 22 May 2018.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 14 MAY 2018

The Chair of the Integrated Audit and Governance Committee (IAGC) provided the assurance report for information.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 14 May 2018.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 27 APRIL 2018

The Chair of the Primary Care Commissioning Committee (PCCC) provided the update report for information.

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 27 April 2018.
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10. GENERAL

There were no items to report.

11. REPORTS FOR INFORMATION ONLY

11.1 HEALTH AND SAFETY ANNUAL REPORT (INCLUDING STATUTORY / MANDATORY TRAINING)

The Director of Quality & Clinical Governance provided the Health and Safety Annual Report 2017-2018 for information.

Resolved

(a)	Board Members noted the Health and Safety Annual Report for 2017-2018.
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11.2 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 4 MAY 2018

The CCG Chair on behalf of the Chair of the Planning and Commissioning Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee approved minutes for 4 May 2018.
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11.3 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES –22 MAY 2018

The Chair of the Quality and Performance Committee provided the minutes for 22 May 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 22 May 2018
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11.4 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 14 MAY 2018 AND EXTRAORDINARY MEETING – 24 MAY 2018

The Chair of the Integrated Audit and Governance Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee approved minutes for 14 May 2018 and Extraordinary Meeting for 24 May 2018.
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11.5 PRIMARY CARE COMMISSIONING COMMITTEE – 27 APRIL 2018

The Chair of the Primary Care Commissioning Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee approved minutes for 27 April 2018.
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12. ANY OTHER BUSINESS

There were no items of Any Other Business.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday Friday 28 September 2018** at **9.30 am** in the **Boardroom at Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed: _____

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date: _____

Abbreviations

5YFV	Five Year Forward View
A&E	Accident and Emergency
AGM	Annual General Meeting
AIC	Aligned Incentive Contract
C&E	Communications and Engagement
CCG	Clinical Commissioning Group
CD	Controlled Drugs
C diff	Clostridium difficile
CFO	Chief Finance Officer
CAMHS	Child and Adolescent Mental Health Services
CHCP	City Health Care Partnership

CiC	Committee in Common
CJB	Criminal Justice Board
CMB	Contract Management Board
CoMs	Council of Members
CQC	Care Quality Commission
CSP	Community Safety Partnership
DHR	Domestic Homicide Review
DHSC	Department of Health and Social Care
DOIC	Director of Integrated Commissioning
DPSA	Designated Professional for Safeguarding Adults
ERYCCG	East Riding of Yorkshire CCG
E&D	Equality & Diversity
EST	Electronic Staff Record
FGM	Female Genital Mutilation
HCC	Hull City Council
HCAI	Health Care Associated Infection
HC&V	Humber Coast and Vale
HEE	Health Education England
HEYHT	Hull and East Yorkshire Hospitals
HHCFG	Healthier Hull Community Fund Grant
HSCB	Hull Safeguarding Children Board
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
Humber FT	Humber NHS Foundation Trust
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer Board
IPMG	Infection Prevention and Management Group
IVF	In vitro fertilisation
LA	Local Authority
LAC	Looked After Children
LEP	Local Enterprise Partnership
LeDeR	Learning Disabilities Mortality Review Programme
LES	Local Enhanced Medicines Management Service
LGBT	Lesbian Gay Bisexual and Trans
LHCRE	Local Health and Care Record Exemplars
MASH	Multi-Agency Safeguarding Hub
MHSCA	Medical Health and Social Care Academy
MSP	Modern Slavery Partnership
NECS	North East Commissioning Support
NHSE	NHS England
OD	Organisational Development
OPR	Overall Performance Rating
PCCC	Primary Care Commissioning Committee
P&CC	Planning & Commissioning Committee
PDB	Programme Delivery Board
PDR	Performance Development Review
PHE	Public Health England
PMO	Project Management Office
PTL	Protected Time for Learning
Q&PC	Quality & Performance Committee
R&D	Research & Development

RCF	Research Capability Funding
RTT	Referral to Treatment
SAR	Safeguarding Adult Review
SCR	Serious Case Review
SI	Serious Incident
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Plan
ToR	Terms of Reference
WRAP	Workshops to Raise Awareness of Prevent

DRAFT