

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 26 JULY 2019, 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 B Ali,	NHS Hull CCG (GP Member)
Dr D Heseltine,	NHS Hull CCG (Secondary Care Doctor)
Dr M Balouch,	NHS Hull CCG (GP Member)
Dr V Rawcliffe,	NHS Hull CCG (GP Member)
E Latimer,	NHS Hull CCG (Chief Officer)
E Sayner,	NHS Hull CCG (Chief Finance Officer)
J Dodson,	NHS Hull (Interim Director of Integrated Commissioning)
J Stamp,	NHS Hull CCG (Lay Representative)
K Marshall,	NHS Hull CCG (Lay Representative)
M Whitaker,	NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

C O'Neill,	NHS Hull CCG (STP Programme Director)
E Jones,	NHS Hull CCG (Business Support Manager) - <i>Minute Taker</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)
M Napier,	NHS Hull CCG (Associate Director of Corporate Affairs)
R Thompson,	NHS Hull CCG (Head of Nursing and Quality - on behalf of the Deputy Director of Nursing and Quality/Executive Nurse)
M Jukes,	Hull City Council, (Chief Executive) – <i>Item 1 Only</i>

WELCOME AND INTRODUCTIONS

The Chair welcomed Matt Jukes, Chief Executive of Hull City Council, to the meeting.

1. HULL CITY COUNCIL UPDATE

Matt Jukes provided an update to Members on the Council's strategic priorities, with particular focus on supporting economic growth in the city. The Hull City Plan had been developed to support this programme of work and the city had seen significant economic benefits, thousands of jobs created for local people and unprecedented level of investment in recent times.

It was recognised that there was a continuing disconnect for those who were more distant from employment and were not benefiting from the economic success of the city and greater focus was needed on hard to reach individuals and families.

The work done between the Council and the CCG had been exemplary and thanks were conveyed by Matt Jukes to all Board Members with regard to this.

Relationships between the senior teams were really positive and there was a keenness to build and develop on the working relationships. The success of the partnership approach to the Jean Bishop Integrated Care Centre (ICC) was given as a practical example of this.

The issue of funding for the Council remained a key matter. It was funded through two areas, a central government grant and local taxation. The more affluent suburbs of the city were not within the boundary of the city yet it could be said their populations utilised the city's services.

It was reported that the local authority's budget had been reduced by 55% since 2010, which in turn necessitated a change in the way in which they did things. Adult Social Care provision had undertaken a major change in terms of how services were delivered, with greater emphasis on maintaining people's independence for as long as possible.

Another big pressure area was Children's Services, with the Hull service being one of the most pressured anywhere in the country. There were 7,200 looked after children at a cost of £245,000 per child. East Riding of Yorkshire Council (ERYC) had 3,000 looked after children. An Ofsted inspection had recently been undertaken which rated the service inadequate in terms of safeguarding, which was acknowledged as not acceptable. The Council was working to urgently address this.

The quality and consistency of these services were also being reviewed. There was a determination to improve the support available to the local younger population. The first post-inspection review was to take place in September 2019 and work was taking place with other authorities in the interim to learn from best practice elsewhere.

Matt Jukes said the Council was very focused on making Hull the best possible place to live through its environment, education, health care as well as building on the economic success of the city. There continued to be significant and ambitious investment plans.

The future investment programme included the Yorkshire's Maritime City Project, focussing on an extensive redevelopment of significant historic maritime assets. The Council had invested £15 million to the project, with the National Lottery Heritage Fund (NLHF) also making a significant investment. Queens Gardens was also to be re-developed in addition to the Yorkshire Maritime City Project.

A lot was being invested in communities and the redevelopment of Albion Square represented a significant element of this work. Trinity Indoor Market was one of the most successful indoor markets in the country. Work was also taking place with regard to the development of Whitefriargate as well as developing city living. Talks were also taking place with the University of Hull for further development of the higher educational aspects of the city centre.

Housing was extremely important and it was noted that the Council were one of the biggest social landlords in the country and were investing in state of the art modern houses, as well as working with Yorkshire Water with regard to flood defence works. The Council had surpassed new housing build targets for the past two years.

There were big challenges ahead with regard to adults and children and partnership work. The Hull Place Based Plan Strategic Partnership Board represented local partner organisation as well as the City Leadership Board (CLB) and Health and Wellbeing Board (H&WBB). The fair growth agenda would be driven through these channels and involved residents in the process through engagement.

Discussion took place and it was agreed that Childrens Services were a concern and the Council's view with respect to Childrens Trusts (to support and coordinate the delivery of childrens services in a locality) was sought. It was stated that the LA was the right place to deliver these services as there was a huge overlap of services that were provided. The model of Childrens Trust was considered to be appropriate although these were underfunded.

Clarification was sought as to how parenting within the city could be improved and the most effective interventions with regard to this. The importance of the voluntary and community sector in this regard was acknowledged, as was the need to ensure that they were appropriately resourced to support this work.

Matt Jukes concluded by recognising that some amazing and radical changes to service provision over recent years and further work would be necessary. There was an increasing need to make sure that communities were part of the discussions with respect to difficult decisions around change and identifying solutions. There was the need to apply more of the enthusiasm and calculated risk-taking adopted in the development of the Jean Bishop Integrated Care Centre.

The Chair conveyed his thanks on behalf of the Board to Matt Jukes for attending the meeting and giving his update.

Resolved

(a)	Board Members noted the verbal update provided by Matt Jukes, Chief Executive of Hull City Council.
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2. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr James Moult,	NHS Hull CCG GP Member
Julia Weldon,	Hull City Council Director of Public Health and Adults
Debbie Lowe,	NHS Hull CCG Deputy Director of Quality and Clinical Governance/Lead Nurse

3. MINUTES OF THE PREVIOUS MEETING HELD ON 24 MAY 2019

The minutes of the meeting held on 24 May 2019 were approved, subject to a grammatical change on page 7.

Resolved

(a)	The minutes of 24 May 2019 were approved subject to the above amendment and would be signed by the Chair.
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4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The updates to the Action List from the meeting held on 24 May 2019 were provided for information.

Resolved

(a)	That the action list was noted.
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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. Any approved items of Any Other Business to be discussed at item 13.

Resolved

(a)	There were no items of Any Other Business to be discussed at the 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 financial 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 related to;

Name	Agenda No	Nature of Interest and Action Taken
Dr J Crick	General	Employment is a joint appointment between NHS Hull Clinical Commissioning Group and Hull City Council. No direct conflicts were identified with any agenda item and so no further action was taken.

Resolved

(a)	The above declaration was noted.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

The Gifts and Hospitality Declarations made since the Board Meeting in May 2019 were noted for information.

Resolved

(a)	Board Members noted that the gifts and hospitality declarations as at 10 July 2019.
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6.3 USE OF CORPORATE SEAL

Board Members noted that there had been no use of the seal since the last report in March 2019.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since March 2019.
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6.4 CCG COMMITTEES TERMS OF REFERENCE UPDATES

The Associate Director of Corporate Affairs presented the Terms of Reference (TOR) for the committees of the CCG Board for approval. This followed their annual review by the respective committees as well as a general review, for assurance purposes, by the Integrated Audit and Governance Committee (IAGC).

The specific committees covered in this update were as follows:

- Planning and Commissioning Committee;
- Remuneration Committee;
- Primary Care Commissioning Committee;
- Quality and Performance Committee; and,
- Integrated Audit and Governance Committee.

It was noted that the amendments made to the ToR related mainly to general housekeeping updates. The amendments were highlighted within each ToR for ease of reference.

It was noted that the Integrated Commissioning Committee (Committees in Common) ToRs would be submitted to a future Board meeting following review by the Integrated Audit and Governance Committee (IAGC).

Discussion took place and the quoracy with regard to Primary Care Commissioning Committee (PCCC) was confirmed as requiring two Lay Members to be in attendance.

Members noted that the CCG would hopefully be recruiting to the third Lay Member vacancy in the coming weeks.

Resolved

(a)	Board Members noted and approved the updated Terms of Reference for the Board's committees.
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6.5 ANNUAL AUDIT LETTER 2018-2019

The Chief Finance Officer presented the final Annual Audit Letter for the year ending 31 March 2019, which formed the final document of the 2018-2019 audit process.

The Annual Audit Letter had been considered in detail by the Integrated Audit and Governance Committee (IAGC) at its meeting on 8 July 2019 whom had recommended that the CCG Board formally approve for publication on the CCG's website.

Resolved

(a)	Board Members noted the contents of the Annual Audit Letter for 2018-2019.
(b)	Board Members approved the Annual Audit Letter 2018-2019 for publication.

6.6 BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs provided the current Board Assurance Framework (BAF) for consideration.

The BAF comprised a total of 23 risks relating to the 5 strategic objectives of the CCG for 2019/20. The profile of the risks within the framework was as follows:

Risk Category	Number of risks
Extreme	2
High	14
Moderate	7

In terms of the strategic objectives, the controls and assurances to mitigate the risks had been simplified and it was noted that there was a specific risk with regard to workforce associated with integration and joint commissioning.

The BAF was also reviewed in detail at the Integrated Audit and Governance Committee (IAGC) meeting.

Discussion took place and Members concludes the significance of local workforce risks were such that there was a need to keep local external organisations updated in terms of the pressures and future demand on services. This was a significant issue in the area and the need to express this to the local provider Trusts was also conveyed. It was agreed that the IAGC would maintain oversight of progress on this risk.

There was recognition that there was a historical challenge in gaining detailed primary care workforce information for planning purposes and it was noted that this would be a matter to discuss at Primary Care Network (PCN) level. It was voiced that the primary care workforce pressures could not be absorbed by the people already doing the work.

Equally, the historical reluctance of practices wanted to share workforce data on account of this discouraging applicants was mentioned. More integrated models for secondary care and working in a different way was required as there was a lot of expertise that needed to be shared and opportunities to develop how things were delivered.

It was noted that the appointment of more Physician Associates (PAs) and Nurse Practitioners (NPs) was a positive development. It was acknowledged that primary care was changing to encompass a much greater breadth of clinical practitioner.

A copy of the "My City, My Care" Newsletter was shared with Board Members at the meeting.

Resolved

(a)	Board Members approved the re-cast BAF, subject to the points of discussion in the meeting.
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6.7 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer provided an update to Members, included the following:

The CCG had received their Assessment Framework rating and achieved an 'outstanding' rating for the third year running. This was the highest rating possible for CCGs and was testament to the culture of organisation. The CCG had a positive reputation with its partners for its innovation, leadership and enthusiasm. Thanks were conveyed by the Chief Officer to everyone who had been part of this success.

The CCG had also been issued with an unqualified set of accounts with no recommendations. It had also achieved a 'green star' rating for patient and public involvement – which was the highest an organisation could receive and thanks were conveyed to Associate Director and her team.

A successful Annual General Meeting (AGM) had been held on 10 July 2019, which was dedicated to Paul Jackson, former CCG Lay Member. Overwhelming messages had been received with respect to Paul.

The Jean Bishop Integrated Care Centre (ICC) had held its first birthday celebration on 5 July 2019 and an amazing celebration event had taken place with more than 100 patients, members of the community, centre staff and fire and rescue team.

Sarah Smyth, Director of Quality and Clinical Governance/Executive Nurse had commenced a six month secondment as Divisional General Manager for Women and Childrens services at Northern Lincolnshire and Goole Hospitals NHS Trust (NLAG) and Deborah Lowe, Deputy Director of Quality and Clinical Governance /Lead Nurse, would act in Sarah's role with Clare Linley, Director of Nursing at North Lincolnshire CCG providing additional professional oversight and support.

Finally, the Chief Officer duly acknowledged the significance of the CCG Chair, Dr Dan Roper, being awarded a Doctorate of Science (Honoris Causa) by Hull University for his contribution over many years to advancing general practice in Hull. This was richly deserved.

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 HEALTH AND CARE PARTNERSHIP UPDATE

The Programme Director provided a verbal update and detailed the current highlights as well as the next steps for the programme.

It was reported that Professor Stephen Eames had recently been appointed as Independent Chair for the Humber Coast and Vale Health and Care Partnership, with a remit to bring further pace to the programme of work. He was working alongside the existing Partnership Lead, Andrew Burnell (CEO of City Healthcare

Partnership CIC), to help the Partnership move towards its goal of becoming an Integrated Care System (ICS) before 2021.

The Partnership Lead and Partnership Director had attended a meeting on 13 May 2019 with the Regional Director for NHS England/Improvement (NHSE/I) and other senior leaders. This provided an update on progress of the Partnership over the past six months and discuss next steps for development. It was noted that the Partnership should seek to achieve ICS status by April 2020.

The next key step in the programme was to produce a Partnership Long Term Plan and this was currently under development. Engagement events would be held in each sub-system (North and North East Lincolnshire; York/North Yorkshire and Hull/East Riding) over the summer months. Additionally, a clinical engagement event would take place in September 2019 for clinicians from all disciplines and backgrounds (including primary and secondary care physicians; nurses; therapists and other allied health professionals).

The need to work more collaboratively was discussed, especially in terms of “Place” and means to incentivise providers to work in a different way.

Resolved

(a)	Board Members noted the contents of the report.
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7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Interim Director of Integrated Commissioning reported that the last Hull Place Based Plan Strategic Partnership Board meeting on 19 June 2019 had considered the operating model for the Beverley Road Project, together with the feedback report with regard to the ‘Got Your Back’ campaign (a co-produced social media brand supporting early intervention and prevention work on a range of health and social challenges facing young people in Hull). The report contained really powerful messages in terms of the impact this work was having.

With regard to the Beverley Road Project, two practitioner workshops had been held at the beginning of August 2019 to look at the different way of working and the practicalities of this. Consideration was given to the various staff groups who would be working together, the development of shared intelligence and a single vision of new ways of working.

Resolved

(a)	Board Members noted the verbal update provided.
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8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and the Head of Nursing and Quality presented the Quality and Performance Report for June 2019. This provided a corporate summary of overall CCG performance and the current financial position.

There was increasing awareness of the CCG’s investment plan for future years in terms of applying more innovative ways of doing things and this needed to be undertaken in a managed and transparent way.

It was acknowledged that the CCG had statutory duties in terms of what it's funding could be utilised for and it was suggested and agreed to utilise the October Board Development session for discussions to take place.

Performance and Contracting

There was a clear position with regard to constitutional targets although this continued to be an area of concern.

Hull University Teaching Hospital NHS Trust (HUTHT)

Emergency Department performance continued to be incredibly challenged especially for the Trust to incorporate Type 3 activity. Clarification was sought as to whether there had been a true increase in attendance. In overall terms, attendance levels were not above where the CCG had intended them to be, although fairly regularly there had been higher levels of attendance, which was often seen at certain points in a year which were weather related.

There had also been a sustained increase in ambulance conveyance over the year and it was unclear as to why this was.

It was acknowledged that there were various factors that contributed to performance. There had also been an increase in minors rather than majors.

Some of the numbers and volumes in terms of diagnostics were recognised and clarification was also sought as to whether people were in the right place and pathway. Furthermore, it was queried as to whether the Trust had provided clarity with regard to consultants not wanting to do any additional sessions and discussions were currently taking place with Spire East Riding in terms of potentially transferring some of the waiting list activity.

Quality

It was reported that a detailed review by the CCG of some of the quality aspects had been undertaken.

It was noted that another Never Event had been reported by Hull University Teaching Hospital NHS Trust (HUTHT) in June 2019. The Friends and Family Test (FFT) results had also been good and achieved 95% and the overall FFT for Humber NHS Foundation Trust (Humber FT) had reduced which was in relation to HPV (human papilloma virus) vaccination. In the CCG's Quality meeting with Humber FT assurance was being requested in terms of the 52 week waits in Autism Spectrum Disorder (ASD) service.

City Health Care Partnership (CHCP) had provided assurance on progress regarding the Care Quality Commission (CQC) report on the Stroke Service at Rossmore Nursing Home and an unannounced visit would take place.

Spire training data reported indicates uptake below 80% contractual requirement – this was due to differences in financial years between the CCG and Spire.

YAS had recently retendered their Occupational Health provider to address some issues with services provided to their front line staff. The latest complaints data indicated the main themes as attitude and communication skills.

Thames Ambulance Services (TASL) had recently informed the CCG that the Care Quality Commission (CQC) had carried out inspections at multiple sites in May 2019.

Resolved

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
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8.2 HUMBER ACUTE SERVICES REVIEW UPDATE

The Chief Officer noted that the review has been discussed at previous meetings and reported that work continued to progress according to plan with regards to the review.

Resolved

(a)	Board Members noted the verbal update provided.
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8.3 SAFEGUARDING CHILDREN AND ADULTS ANNUAL REPORT 2018-2019

The Designated Nurse for Safeguarding Children and Designated Professional for Safeguarding Adults provided a detailed overview of the arrangements in place to safeguard and protect children and adults 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 and adults, in accordance with the Care Act 2014.

For the first time this was a combined (adult and children) report and identified some of the challenges over the past year. The publication of the inter-collegiate safeguarding adults roles and competencies document, which was published in August 2018, aimed to provide parity to safeguarding children arrangements in relation to required safeguarding adult competencies for roles and responsibilities of staff within the NHS.

The Learning Disabilities Mortality Review (LeDeR) programme aimed to make improvements to the standard and quality of care received by people with learning disabilities. Due to the complex nature of each case, significant time had been taken to complete LeDeR reviews of which there were 14. The first LeDeR review for a child was in progress.

One of the challenges for childrens safeguarding was the implementation of Children Act 2004 as amended by the Children and Social Work Act 2017 and work was ongoing with regard to changes to the process outlined in the Child Death Review Statutory and Operational Guidance (HM Government October 2018) which was due to be implemented by September 2019.

It was noted that with regard to Section 3.2, there was a discrepancy with the data regarding teenage pregnancies and the percentage marks needed to be removed as the figures were not a percentage.

It was stated that in order for safeguarding to work there needed to be effective partnership working in place and good local arrangements meant that the CCG fulfilled this statutory duty. The CCG was represented on the Hull Safeguarding Adults Partnership (HSAPB) by the Director of Quality and Clinical

Governance/Executive Nurse. The Designated Professional for Safeguarding Adults was a member of the Strategic Delivery Group (SDG).

With regard to Deprivation of Liberty Safeguards (DoLs), it was known that changes would be made from 2020. This would have a significant impact including further legal and financial obligations on CCGs, therefore, the Designated Professional for Safeguarding Adults would provide a briefing paper to the CCG's Senior Leadership Team (SLT) with regard to this.

The named GPs for Safeguarding Children and Adults were firmly embedded within CCG and general practice and have made significant contribution to multi-agency partnership arrangements.

Good progress had also taken place with regard to safeguarding adult issues being highlighted via the Serious Incident (SI) process.

In terms of priorities for 2019-2020, domestic abuse had been identified as a key priority area in Hull and was a significant local public health issue which has been highlighted in the majority of local Serious Case Reviews (SCRs), Learning Lessons Reviews (LLRs) and Domestic Homicide Reviews (DHRs).

Discussion took place and the authors were congratulated on a well written report.

With regard to the seven Safeguarding Adult Reviews (SAR), it was confirmed that a multiagency panel was in place to determine when to trigger a SAR and it was expressed that the learning from these needed to be applied.

Members drew assurance with respect to safeguarding arrangements from the contents of the report and the team in place within the CCG.

Resolved

(a)	Board Members noted the contents and approved the report in relation to safeguarding activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group.
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8.4 HULL CCG INDIVIDUAL FUNDING REQUEST ANNUAL REPORT (1ST APRIL 2017 – 31ST MARCH 2019)

The above item was deferred to the September 2019 Board Meeting.

8.5 HULL AND ERY CCGS INFECTION PREVENTION & CONTROL ANNUAL REPORT APRIL 2018 – MARCH 2019

The Consultant in Public Health Medicine / Associate Medical Director provided assurance to the Board that appropriate infection prevention and control arrangements were in place and progress continued to be made in reducing the risk of Health Care Associated Infection (HCAI).

A huge amount of work had taken place with regard to Clostridium difficile (C diff) rates and both the CCG and Hull University Teaching Hospital NHS Trust (HUTHT) had come in under trajectory. A consistent improvement had been seen in this area.

A less positive position was seen with regard to Escherichia coli Blood Stream Infections (E.coli BSI) and trajectories were awaiting national publication.

Work was ongoing with regard to Urinary Tract Infections (UTIs), which was a quality improvement project supported by NHS Improvement (NHSI) aimed to improve the quality of diagnosis and management of urinary tract infections (UTI) in older people living in care homes.

Methicillin-susceptible Staphylococcus Aureus (MRSA) blood stream infection (BSI) would continue to be monitored and reported on in 2019/20. This was part of the national reporting system with the aim of identifying any avoidable infections, themes and trends and was attributed to drug users.

In terms of primary care the Infection Control Team ensured that all sites were compliant with regard to undertaking minor surgery. A programme of Infection Control Audits for General Practices undertaking minor surgery on behalf of other practices within the CCG boundary and all practices were expected to achieve a minimum 85% compliance.

The priorities for 2019-2020 were identified within the report as follows:

- Identification of themes and trends for E.coli BSI and meet the 10% reduction plan
- Support the introduction of the new C diff categories
- Support and monitor the stretch target for MSSA BSI cases
- Implement the requirements of the Antimicrobial Resistance five year plan
- To provide support and training to care homes to improve IPC standards

An update was still awaited with regard to Quality Premium.

Discussion took place and clarification was requested in terms of the CCG estate with regard to C diff and infection control work and the Consultant in Public Health Medicine and Associate Medical Director agreed to look into this.

Resolved

(a)	Board Members noted accepted the report.
(b)	Clarification was requested in terms of the CCG estate with regard to C diff and infection control work and the Consultant in Public Health Medicine / Associate Medical Director agreed to look into this.

8.6 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ANNUAL REPORT 2018-2019

The Chair of the Integrated Audit and Governance Committee (IAGC) provided the IAGC Chair's Annual Report 2018-2019 for information.

The same members attended the meeting regularly and if further information was required about particular issues this would be discussed and individuals were invited to attend.

In order to fulfil its role, the Committee relied on the assistance of Internal Auditors (Audit One) and the External Auditors (Mazars) throughout the review year.

The next IAGC meeting would be held in September 2019.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2018-2019.
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8.7 QUALITY ANNUAL REPORT 2018-19 INCLUDING QUALITY & PERFORMANCE COMMITTEE ANNUAL REPORT

The Vice-Chair of the Quality and Performance Committee (Q&PC) provided the Q&PC Chair's Annual Report 2018-2019 for information.

The report was written around the Terms of Reference for the Committee with regard to Strategic Development, System Development and Performance Monitoring.

The patient relations service, (PALS) would be transferring to the Quality and Clinical Governance directorate soon.

Resolved

(a)	Board Members noted the contents and ratified the Chair's Annual Report for 2018-2019.
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9. INTEGRATED COMMISSIONING

No items had been received for this section.

10. STANDING ITEMS

10.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 3 MAY 2019 AND 7 JUNE 2019

The Interim Director of Integrated Commissioning provided the update reports for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 3 May 2019 and 7 June 2019.
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10.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 30 APRIL 2019 / 21 MAY 2019

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 30 April 2019 / 21 May 2019.
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10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 14 MAY 2019

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 2019.
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10.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 26 APRIL 2019

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 26 April 2019.
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11. GENERAL

11.1 POLICIES

The Director of Quality and Clinical Governance/Executive Nurse had provided the following policy for ratification.

- Career Break Policy

The changes were identified within the report.

Resolved

(a)	Board Members ratified the Career Break Policy.
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12. REPORTS FOR INFORMATION ONLY

12.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 3 MAY 2019 AND 7 JUNE 2019

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 3 May 2019 and 7 June 2019.
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12.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 30 APRIL 2019 AND 21 MAY 2019

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

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 30 April 2019 and 21 May 2019.
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12.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 14 MAY 2019 AND EXTRAORDINARY MEETING 23 MAY 2019

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 2019 and 23 May 2019.
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12.4 PRIMARY CARE COMMISSIONING COMMITTEE – 26 APRIL 2019

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 26 April 2019.
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12.5 HEALTH SAFETY AND SECURITY ANNUAL REPORT 2018-2019

The report informed the Board on how the CCG had fulfilled its statutory duties in relation to Health, Safety and Security compliance.

Page 6, clarification was sought with regard to the compliance rate in terms of the RAG rating and if this was yearly training.

Resolved

(a)	Board Members noted the report and took assurance from the measures that were in place to manage Health, Safety and Security compliance.
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12.6 HUMBER, COAST AND VALE CANCER ALLIANCE

As part of communications and stakeholder engagement plans, the Cancer Alliance provided assurance that stakeholders were kept informed on the latest news and developments across the Alliance.

It was noted by Members that Jane Hawkard, Chief Officer, East Riding of Yorkshire CCG was the lead with regard to this. This was one of the most well-resourced programmes.

This was the largest workstream within the Strategic Health partnership.

From a public health perspective there was a need to treat the people who were already ill rather than determining the people that were not.

Concern expressed with regard to the impact that the Cancer Alliance have had on the figures.

The Cancer Champion programme continued to deliver training sessions in communities and businesses across the Humber, Coast and Vale Cancer Alliance (HCVCA) and has trained a total of 1,106 Champions to date.

There was a lot of CCG input with regard to cancer services, especially with regard to lung health checks and there were many meetings with regard to this.

Resolved

(a)	Board Members noted the contents of the latest news update.
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13. ANY OTHER BUSINESS

There were no items of Any Other Business.

14. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 27 September 2019** 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

ADCA	Associate Director of Corporate Affairs
BAF	Board Assurance Framework
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CMBs	Contract Management Boards
CoM	Council of Members
CRS	Commissioner Requested Services
CQC	Care Quality Commission
CRNs	Clinical Research Networks
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
DES	Directed Enhanced Service
DGH	District General Hospital
DHRs	Domestic Homicide Reviews
DOIC	Director of Integrated Commissioning
EPRR	Emergency Preparedness Resilience and Response
HASR	Humber Acute Services Review
HCC	Hull City Council
HCVCA	Humber, Coast and Vale Cancer Alliance
HCVHCP	Humber Coast & Vale Health Care Partnership
H&WBG	Health and Well-Being Group
HUTHT	Hull University Teaching Hospitals NHS Trust
HYMS	Hull York Medical School
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre

ICOB	Integrated Commissioning Officers Board
ICS	Integrated Care System
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LTP	Long Term Plan
NHSE	NHS England
NINR	National Institute of Nursing Research
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCQ&PC	Primary Care Quality and Performance Committee
PDR	Performance Development Review
PHE	Public Health England
Q&PC	Quality & Performance Committee
RTT	Referral to Treatment
R&D	Research & Development
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme