

CLINICAL COMMISSIONING GROUP BOARD

MINUTES OF THE MEETING HELD ON FRIDAY 24 JULY 2020, 9.30 AM, Via Zoom

Part 1

PRESENT:

Dr D Roper	NHS Hull CCG (Chair)
Dr M Balouch	NHS Hull CCG (GP Member)
E Daley	NHS Hull (Interim Chief Operating Officer)
I Goode	NHS Hull CCG (Lay Member - Strategic Change)
Dr D Heseltine	NHS Hull CCG (Secondary Care Doctor)
E Latimer	NHS Hull CCG (Accountable Officer)
K Marshall	NHS Hull CCG (Lay Representative - Audit, Remuneration and Conflict of Interest Matters)
Dr J Moulton	NHS Hull CCG (GP Member)
Dr A Oehring	NHS Hull CCG (GP Member)
Dr V Rawcliffe	NHS Hull CCG (GP Member)
E Sayner	NHS Hull CCG (Chief Finance Officer)
J Stamp	NHS Hull CCG (Lay Representative – Patient and Public Involvement and CCG Vice-Chair)
J Weldon	Hull City Council (Director of Public Health and Adult Services)
M Whitaker	NHS Hull CCG (Practice Manager Representative)

IN ATTENDANCE:

J Dodson	NHS Hull (Interim Director of Integrated Commissioning)
P Heaford	NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>
C Linley	NHS Hull CCG (Interim Director of Nursing and Quality)
M Napier	NHS Hull CCG (Associate Director of Corporate Affairs)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:

Dr B Ali	NHS Hull CCG (GP Member)
S Lee	NHS Hull CCG (Associate Director of Communications and Engagement)

2. PATIENT STORY:

A video was shown to members titled “COVID Community Heroes”

The video showcased some of the work of local community groups over the last few months who had gone above and beyond to help some of the most vulnerable people in the city, some of whom had worked hand in hand with the CCG and many of whom were members of the CCG Champions and Working Voices engagement programme.

The Chair thanked everyone involved in the production of the video which gave a brief flavour of the breadth and range of activities that Voluntary Sector Champions had been involved with.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 22 MAY 2020

The minutes of the CCG Board meeting held on 22 May 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and were approved, subject to the following minor amendments:

Page 2

Item 4 – Resolved – to be amended to “Individual Funding Request Panel”

Item 5.1 – Dol for Dr B Ali – to read “**no** further action”

Page 5

Item 5.5 – 2nd bullet point – to be amended to “The revenue **resource**”

Page 10

Items 6.1/6.2 – Resolved bullet point (b) – to be amended to “Dr Lily **Dobson**”

Page 15

Item 12 – 2nd to last paragraph to be amended to “Board Members **were**”

Resolved

(a)	CCG Board members approved the minutes of the meeting held on 22 May 2020, subject to the above minor grammatical amendments and these would be signed by the Chair.
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4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 22 May 2020 was presented for information, and the following update was provided:

22.05.20 HUMBER COAST AND VALE INTEGRATED CARE SYSTEM 6.1 & 6.1 UPDATE INCLUDING HASR & HUMBER STRATEGIC COMMISSIONING OPERATING MODEL

The Chair would share the response he had compiled to Dr Lily Dobson in relation to Council of Members holding a discussion around the ICS

Status Update

24.07.20: The Chair confirmed that this area had been discussed in detail at the last Council of Members meeting and this action would now be marked as complete

Resolved

(a)	The Action List from the meeting held on 22 May 2020 and the update provided 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.

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 relates to;

Name	Agenda No	Nature of Interest and Action Taken

Resolved

(a)	There were no declarations of interest made.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

There had been no declarations of gifts and hospitality made since the last report to the Board Meeting on 22 May 2020.

Resolved

(a)	Board Members noted that there had been no declarations of gifts and hospitality made since the Board Meeting on 22 May 2020.
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6.3 USE OF CORPORATE SEAL

Board Members were advised that there had been no use of the seal since the last report in May 2020.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since May 2020.
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6.4 ANNUAL AUDIT LETTER 2019-2020

The Chief Finance Officer presented the Annual Audit Letter for Hull CCG for the year ending 31 March 2020, which formed the final document of the 2019-2020 audit process.

The Annual Audit Letter (AAL) outlined a summary of the year end processes that had been carried out on which a clean unqualified opinion had been provided. The Chief Finance Officer advised that it had been another year of positive assurance in relation to the CCG's value for money conclusion and there were no matters to draw to Board members' attention. The AAL had been considered in detail by the Integrated Audit and Governance Committee (IAGC) at its meeting on 7 July 2020 and the Board were now asked to formally approve the Annual Audit Letter for Hull CCG 2019/20 which would be published on the CCGs website following this meeting.

The IAGC Chair re-iterated that it had been another fantastic year in terms of demonstrating how well the organisation ran and it was always re-assuring to get the final audit letter to bring to the Board for approval.

Resolved

(a)	Board Members noted the contents of the Annual Audit Letter for Hull CCG for the year ending 31 March 2020 ,and
(b)	Board Members approved the Annual Audit Letter 2019-2020 for publication on the CCG's website.

The Chair expressed his thanks, on behalf of the Board, to the Chief Finance Officer and her team for a successful Annual Audit Letter and set of annual accounts.

6.5 BOARD ASSURANCE FRAMEWORK 2020/21

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF) 2020/21 for approval.

Members were advised that this was the first cast of the 2020/21 BAF, following the establishment of the 2020/21 CCG Strategic Objectives and the subsequent Board Development Session held on 26 June 2020 to consider the principal risks to the strategic objectives. The BAF had also been reviewed by the Integrated Audit and Governance Committee at its meeting on 7 July 2020.

The BAF comprised of a total of 31 risks relating to the 9 strategic objectives of the CCG for 2020/21.

The risk ratings within the BAF were broken down as follows:

Risk Category	Number of risks
Extreme	6
High	24
Moderate	1

The highest rated risks were summarised for member's information which related to the following three main areas:

Strategic Objective 6 – Out of Hospital Strategy

Strategic Objective 7 – Children

Strategic Objective 8 – Statutory Duties

The BAF itself would continue to be reviewed at every meeting of the IAGC. It was reported that the BAF continued to be a live document and, whilst the objectives and the outcomes would remain fixed from this point forward, the key controls and assurances would continue to be strengthened during the year.

Members were advised that the BAF was a Board level document, owned by the Board. Confirmation was being sought from members of the initial risk ratings that had been set, based on previous discussions at the Development Session and the IAGC and also any comments or additions, in relation to the initial controls and assurance that had been identified. In terms of feedback, members of the IAGC had been invited to comment on the BAF and one of the actions that had been identified at the committee was the need to develop further the controls in relation to Strategic Objective 5 which was around the work with the local authority, particular in relation to health outcomes and addressing health inequalities.

The IAGC Chair requested that consideration be given to the inclusion of a system-wide risk. The Accountable Officer advised that this would be considered later in the year as the organisation moved towards more integrated arrangements, with a view to aligning some of the similar risks across the three CCGs; although it was noted that some of the risks were very specific to each place. The Associate Director of Corporate Affairs suggested moving the outcomes set for the first objective as this was one area where there would be some commonality between all the CCGs.

Board members approved the BAF 2020/21, which would continue to be regularly monitored by both the Board and the IAGC and also through SLT, taking into consideration the comments that had been made in relation to developing a wider risk for the Humber system.

Resolved:

(a)	Board Members reviewed and approved the re-cast BAF for 2019/2020, subject to the points of discussion raised in the meeting.
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6.6 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer presented her Update Report which provided an update on local, regional and national issues, along with a brief review of her activities.

The following summary of the key areas was provided:

Thanks were conveyed to everyone for their tireless work during the recent months and in the light of the pandemic; it was noted that it was the 72nd birthday of the NHS this year which couldn't be more fitting for the people who had put themselves on, and behind, the front line to make sure people got the best possible response they could. Collectively and around the Humber everyone had worked well together which showed the strength of the partnership working in place and across the Humber.

Humber Partnership

The Humber Partnership Board had been set up following the establishment of the Humber, Coast and Vale Integrated Care System (ICS) which was now fully devolved two sub-systems: Humber and North Yorkshire and York.

The Accountable Officer was leading the Humber sub-system which comprised of the following three Boards:

- Humber Partnership Board
- Clinical and Professional Leadership Board
- Humber Partnership Advisory Board

Members were advised that there was a lot to be gained from working in a system by default approach, putting organisational boundaries aside and focusing on the populations served and how we could work more collectively together.

Local Recovery Plan

A lot of work would need to be done in relation to the Local Recovery Plan, particularly with regard to the restoration and recovery of elective care. In terms of starting to recover some of the surgeries, diagnostics, etc for patients who had been waiting, and taking into account the many rate limiting factors around Covid and social distancing, it would be essential to provide a safe environment, prioritising and targeting resources for the people who really needed it. The area of cancer would be a key issue for the CCG moving forwards.

Hull Children's University

The CCG had been able to provide some practical support for children who had not been able to return to school in the form of 500 wellbeing packs which had made a real difference to the children in Hull.

Hull Homeless Health Project

This was again another example of the CCG focusing on what mattered to our community. Some people had received treatment for illnesses that had never been treated before which was a very positive outcome both in identifying those people and encouraging them back into society and getting them the treatment that they deserved.

The project had been led through Dr Lucy Chiddick, Dr Ros Davis from Modality and Toni Yell who had been able to share their story as an example of best practice at a national NHS England webinar on 14 July 2020.

Digital Progress

Many changes had taken place over the last few weeks: GPs had successfully carried out video and telephone consultations with patients in the safety of their own homes and many meetings had been taking place virtually reducing the time and cost of travel. Many of these arrangements would continue over the next few months.

Annual Report 2019-20

The Annual Report was a fantastic narrative of what Hull CCG had achieved over the last year in supporting the local community. It covered not only the steps taken to address the health needs of the population but also how the CCG had worked with its partners and communities to improve the health and wellbeing of the city against the backdrop of all that had been alluded to earlier.

Thanks were expressed to the Comms and Engagement Team, and in particular Emma Shakeshaft who had pulled the document together.

The Chair re-iterated his thanks on behalf of the Board to all those involved in the production of a superb Annual Report, particularly when considering what the organisation had been through in terms of its' ability to operate normally.

He also made reference to the Homeless Health Project and the national webinar that Lucy Chiddick, with the support of others, had taken part in. This was an excellent piece of work that had happened in Hull which had been nationally recognised and the CCG would be looking at appropriate award submissions. The Chief Operating Officer would circulate the link to the webinar and encouraged members to watch it.

Dr Moulton queried how members of the public could access this update report which described a lot of the positive things that were going on in Hull. The update report was published on the CCG website, and thought would be given to how this could be further shared moving forward.

Resolved

(a)	Board Members noted the contents of the Accountable Officer's Update Report.
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7. STRATEGY

7.1 WORKFORCE AND ORGANISATIONAL DEVELOPMENT ANNUAL REPORT

The Interim Director of Nursing and Quality presented the Workforce and Organisational Development Annual Report to provide the NHS Hull Clinical Commissioning Group Board (CCGB) with a summary of progress over the last 12 months (April 2019 to March 2020) on workforce and organisational development matters.

The following areas were highlighted:

Context

It was reported that it was just over year since the HR & OD Team had transferred in from the outsourced service to the employment of NHS Hull CCG, working across the three CCGs. Over the year there had been an incredible amount of work done to embed the new service and develop new processes, protocols etc to meet the needs of the three CCGs. In June 2019, the role of Organisational Development and Learning and Development Lead had been appointed to and, due to the Head of People leaving in March 2020, a successful appointment had been made to the role of Associate Director HR and OD, with the post holder to commence in September 2020.

Current OD Themes

The three key themes of the existing OD Strategy were:

- Leadership & Management Development
- Employee Engagement and Wellbeing
- High Performing Team Culture

Leadership

The Head of OD had established a Leadership Programme within the CCG which had been very well evaluated, cohort 1 had been delivered across the three CCGs and cohorts 2 and 3 were ready to run from September 2020.

There had been some positive work carried out in regard to coaching and it was the intention to follow this through with more formal development.

Talent and succession management planning would be the next key piece of work in the OD strategy.

Staff Survey

The annual staff survey had been completed at the end of December 2019 and it was reported that the response rate for the CCG had been 79.8%. The overall satisfaction score of staff within the CCG had risen 10% from the survey the previous year. There were some areas of focus for improvement which were currently being picked up through individual team meetings and through team talk.

Occupational Health

During the last year the CCG had commenced an exercise to re-procure the Occupational Health service which had reached the final stages; however this had been paused due to the Covid period.

Promoting Equality and Diversity

A lot of work had been taking place to meet the CCG's equality objectives, some of which particularly related to workforce, and a summary of some of the positive progress made against the equality objectives and outcomes was provided.

Priority Actions for 2020/21

These were to:

- implement a talent management tool to enable the development of a CCG succession plan to include key roles such as GP board members, lay members and key posts within the directorates
- continue to work with leaders and managers in creating a coaching culture and one of high performance
- create a development offer for all CCG staff that was inclusive and met the demands of CCG colleagues.

Members sought further interpretation of the data in Table 1 – with regard to employee survey trends for work related stress, bullying and abuse and discrimination, some of which appeared to show a deteriorating position. The Interim Director of Nursing and Quality advised she would examine the data further to be clear about the position and stated that the HR team were working with managers in the organisation to understand how to improve the experience of staff and improve scores.

The Chief Operating Officer stated that, in the context of Covid and the remote working arrangements, this had shed another light on how the CGG needed to address this area and work with the staff teams. Assurance was provided to the Board on some of the work that the HR team had been leading on; personal risk assessments and individual personal plans had been undertaken around how the new working arrangements were supporting people and what extra support they might need.

The Chair stated that, pending further clarification of the data in table 1, the Board were not currently in a position to endorse the report. It was requested that an updated document be brought to SLT who would, after further consideration, be in a better position to endorse the report on behalf of the Board

Resolved

(a)	Board Members noted the content of the Workforce and Organisational Development Annual Report;
(b)	SLT would receive an updated document, in order to endorse on behalf of the Board, and
(c)	A further verbal update would be provided to the next Board meeting

7.2 PHASE 3 PLANNING

The Chief Finance Officer stated that she would take the Phase 3 Planning and the Quality and Performance Report together as many of the issues that would be raised through the Phase 3 Planning were within the Quality and Performance Report.

Members were advised that it had been a huge challenge getting this document crafted across the Humber, notwithstanding the sheer number of organisations that were operating within the Humber, as could be seen from the first page and this did not include any primary care organisations. Members were further advised of the scale of the challenge in pulling a cohesive operational plan together within the space of six weeks, without any previous mechanisms or infrastructure in order to do that.

The Chief Finance Officer stated that we were working in a very different dynamic environment post Covid in terms of what, and how, we delivered business in the NHS and assured Board members that the Hull team was taking as big a leadership role as it could and had made sure that the voice of Hull was reflected within this document.

The presentation was taken as read and the following areas were highlighted:

The messages coming down from the national regional team very strongly were:

- “System by default” – we had got to get a cohesive response to recovery
- Working together going forward as an organisation, whilst making sure that resources and outcomes were focussed as much as possible on delivery for the population of Hull in that context.
- There was a tangible fear around the impact of Covid on NHS services and the restoration; and indeed moving into winter, the potential of an outbreak happening at the same time as facing our most challenging part of the year.

The document attempted to cover a huge amount of all the sector priorities and thanks were conveyed to Sue Barnett who had been instrumental, along with contributing parties, in co-ordinating and pulling the document together which was a good reflection of what we were aiming to achieve.

Reference was made to the section which related to the impact of Covid (slides 9-11) which showed how patients were accessing services and how services were able to respond and the impact both positively and negatively on waiting times and waiting lists and equally the performance around ED etc.

In terms of the delivery plans and the key focus across the Humber and Hull for Primary Care (slides 19-23) members were requested to comment if they felt there were any areas that had been missed. In terms of Community Care (slides 24-29) the biggest piece of work would be to focus on reviewing bed capacity in the community, particularly in the context of discharge. All of the means testing and decision tools that had previously been in place around discharge had been suspended through Covid; however this may be re-introduced again around mid August - late September.

There had been significant attention nationally, regionally and locally around how the large acute trusts had coped, and were coping with restoration, on the back of having to social distance and comply with Covid security measures and the impact on their capacity as a result of that. A summary of the challenges and the impacts was provided (slides 41-53). In particular (slide 45) which demonstrated the impact of what the new Base Case would look like which showed some very significant reductions in forecast capacity. Moving forward this would not be about a hospital waiting list, but more about us as a system understanding the caseload both within the hospital and also within primary care.

The biggest area of operational challenge that HUTHT faced, both within emergency care pathways and also elective pathways pre Covid, would cause more problems post Covid (slide 47). This was the biggest area of challenge that we would be involved in with a view to looking at validation and clinical risk stratification.

The numbers within the Phase 3 Plan had been cross checked to the Quality and Finance Report which showed the deteriorating position in RTT and 52 weeks.

In terms of Resource and Investment, both within the Phase 3 document and the Quality and Finance Report there was a description of the finance regime that the CCG had been working under for months 1-4, a presentation on which had been given to Board members in the past. It was anticipated that these arrangements would definitely be extended to month 5 and were likely to be extended to month 6, after which time there would be a financial envelope allocated to Systems for the rest of the financial year. This would herald a very different way for working for all organisations. CCG current levels of expenditure would be flowed through individual CCG allocations, however any flexibility or top-up that was played into system either for the impact of Covid or for quality improvement would be done at system level. Receipt of additional guidance was anticipated at the end of August at the earliest.

It was agreed that the next Board Development session would be dedicated to Phase 3 Planning to allow for further discussion in relation to implementation.

The Chief Operating Officer advised that the next stage would be to look at the figures specific for Hull to see how we could address both our local priorities whilst also continue to support the Humber Partnership work.

Jason Stamp stated that it would be important to incorporate how, in partnership with communities, we would inform the public of the fundamental changes in the way they would access healthcare in the future. The Chair advised that there would need to be a joint patient comms between primary and secondary care around prioritisation.

Resolved

(a)	Board Members noted the content of the presentation provided on Phase 3 Planning, and
(b)	The Board Development session on 28 August 2020 would be dedicated to further discussion around the implementation of Phase 3 Planning

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

This report had been taken with the previous item.

8.2 NHS HULL CCG SAFEGUARDING ANNUAL REPORT 2019/20

The Interim Director of Nursing and Quality presented the NHS Hull CCG Safeguarding Annual Report 2019/20 for consideration and approval.

The following update was provided:

The purpose of the Annual Report was to update Board members on the progress that had been made over the year from a safeguarding perspective; and to provide assurance that, in terms of safeguarding, the CCG was meeting its statutory requirements.

In relation to the self-assessment of the CCG's safeguarding arrangements, the overall assessment was that we were meeting our statutory requirements in that regard. There were a couple of areas highlighted which had now been progressed.

Another key area of work that the safeguarding team had been progressing throughout the course of the year was with regard to updating provider assurances and this work had been completed and incorporated into the CCG Safeguarding Policy which had been refreshed and approved.

There had been a number of staffing changes within the safeguarding team and whilst these changes in the team had been taking place there had been a focus on continuing to work together to deliver on the safeguarding agenda.

There had been an increase in referral rates of domestic abuse in the city being reported as the Covid pandemic progressed. The CCG safeguarding team had continued to work with many system partners to understand the local position and supported the implementation of domestic abuse awareness campaigns across the city, including the COVID 19 swabbing station at the Humber Bridge.

The report incorporated the Annual Report for Children Looked After (CLA) 2019/20 which set out the CCG's duties in this regard and identified some CLA priorities for development in 2020/21.

There had also been new safeguarding arrangements for Safeguarding Children's Boards in July of last year. These new arrangements were led by the Hull Safeguarding Children's Partnership Executive Board which comprised of three statutory partners, NHS Hull CCG, the Local Authority and Humberside Police. There were also new arrangements within the city in terms of Child Death Review

arrangements and the statutory responsibility for this now sat with the local authority and the CCG.

The Hull Safeguarding Adults Partnership Board had gone through a period of reflection and focus and had reviewed its functions and agreed priority areas going forward.

Board members were asked to note the safeguarding priorities for 2020/21 and the key areas identified for development which were included within the report

Resolved

(a)	Board members noted and approved the Hull CCG Safeguarding Annual Report 2019/20,
(b)	noted the safeguarding priorities for 2020/21; and
(b)	Could be assured that the Executive Lead for Safeguarding and the Safeguarding Team were taking appropriate action to ensure the CCG meets its statutory requirements in relation to all areas of safeguarding.

The Board expressed thanks to Clare Linley for the focus and leadership she had put into the team since taking over the role on an interim basis.

The Board also wished to thank Dr Sarah Coope, who had been a huge asset to the organisation, and also to the GPs in Hull providing guidance and training for everybody.

8.3 HULL OUTBREAK PREVENTION AND MANAGEMENT PLAN 2020

The Director of Public Health, Hull City Council, presented the Hull Outbreak Prevention and Management Plan 2020 to ensure that Hull CCG Board were aware of the work that was being planned and undertaken to prevent and manage outbreaks of COVID-19 in the City.

The following areas were highlighted:

Since early 2020, the city had been working together with partners across the Humber in its response to Covid-19 and it was reported that the emergency response had been exceptional across the Humber region and in Hull. There was now a move into the next phase of the response which was to predict, prevent and manage the outbreak. The pandemic was still very real and this next phase of the response was very important in both controlling the outbreak of the pandemic and also in preparation for the winter. In May 2020, Directors of Public Health (DPH) had been mandated to develop a local Covid-19 Outbreak Control Plan to reflect an appreciation that a strong local response was essential if Covid-19 was to be successfully mitigated across the country. Each DPH across the country had developed their own plan. This document supplemented the Covid-19 Prevention and Outbreak Management Framework in the Humber to reflect the continuous shared working arrangements.

The Plan, which would be signed off at Cabinet on 27 July 2020, had been structured around the seven nationally identified themes and set out the work already being undertaken along with the actions that needed to be taken.

There was now a Humber Test, Trace and Isolate Group and a Hull Outbreak, Prevention and Management Group. A local member-led Engagement Board, which would meet on 31 July 2020, had been established and a communication plan had been developed which would be launched following Cabinet which would be seen more widely in the community. This was a dynamic plan to reflect the dynamic situation and there were a number of working groups that Hull CCG were contributing to. Testing had taken place across the Humber for a scenario planning exercise and more testing would be done in the next two weeks. Workstreams would continue to adapt their protocol over the course of next phase of the plan in order to be prepared for a potential spike or surge.

Data was now much more readily available, which included the granularity of data at a local level, which allowed for close monitoring in order to predict, prevent and manage outbreaks.

Dr Moulton queried if it was possible for the data to be sent out to GPs in some format. The Director of Public Health advised that there was a daily Humber-wide report produced which could be shared more widely with GPs.

Resolved

(a)	Board Members noted the existence of the Hull Outbreak Prevention and Management Plan;
(b)	Noted the gaps that had been highlighted and the work that was being undertaken to address these gaps; and
(c)	Supported the DPH and local system and would engage with the Hull Outbreak and Management Plan as necessary.

8.4 PATIENT EXPERIENCE ANNUAL REPORT 2019/20

The Interim Director of Nursing and Quality presented the Patient Experience Annual Report 2019-20 for consideration and approval.

The following update was provided:

The purpose of the report was to provide a review of Patient Experience information and data in relation to three of the CCG's key providers during the period 1st April 2019 to 31 March 2020

The Patient Relations/PALS service, along with Patient Experience functions, had transferred to the Quality and Clinical Governance Directorate of NHS Hull CCG from 5 August 2019. This change had enabled greater integration with the Quality and Safety teams.

It was reported that there had been some changes made to the Friends and Family Test (FFT), in particular there had been a shift in the question that was asked which now related the overall experience of care, rather than the previous question which had related to recommending care, and it had been made much clearer about the care setting that the person was responding to.

Another key issue in terms of the response rate, and particularly with regard to Maternity Services, was that there was no longer a response rate published as part of the new arrangements.

Through the course of the year there had been a number of national surveys published for our major providers within the city and the CCG were working with providers in terms of taking the findings from those forwards.

Jason Stamp commented that the report reflected a year of transition and was a point in time, the next step would be how the CCG used the patient experience going forward and there was a need to understand how patient experience influenced the rest of the organisation. The Interim Director of Nursing and Quality agreed that the report was a narrative of the feedback and the information that the CCG had sight of. There was a need to understand, from the perspective of the providers who were the owners of the patient feedback, how it was influencing their service design; and from the CCGs perspective, to think about how this needed to influence our commissioning decisions and our activity with the providers. Next year's report would look significantly different to this with a change in emphasis.

Resolved

(a)	Members noted the contents of the Patient Experience Annual Report 2019/20
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8.5 HULL CCG RESEARCH AND DEVELOPMENT ANNUAL REPORT 2019-20

The Interim Director of Nursing and Quality presented the Hull CCG R & D Annual Report 2019-20 for consideration and approval.

The purpose of the Research and Development Annual Report was to present information to the CCG Board on the R&D activity for Hull CCG for the full year from 1 April 2019 to 31 March 2020. The report also provided assurance and evidence that Hull CCG had maintained and developed its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

The annual report was split into the following four main headings:

- Locally-funded research
- Excess Treatment Cost- update on studies
- R&D Strategic Development work
- Development Work in progress and going forward in 2020-21

The following update was given:

A high level summary was provided in terms of the portfolio studies that were active within the city. The number of participants in NIHR studies had increased over 2018/19 baseline.

An update was provided on studies funded by Hull CCG from 2016/17 onwards and those that had been funded over the last year. Three studies had been actively started within 2019/20.

With regard to Excess Treatment Costs (ETC), an update was provided in terms of the studies which continued to meet the criteria for ETC funding from Hull CCG.

A revised R & D Partnership Vision had been approved by the CCG Board in March 2019 which was joint with Hull City Council, Hull, York Medical School and The

University of Hull. The vision aimed to support the Hull Place Plan and would look to embed a culture of integrated working to deliver the highest quality health and care outcomes for the people in Hull.

The development work planned for 2020/21 was set out in the draft Strategic Action Plan, appended to the report.

The Chair stated that it would be useful to have included within the report the names of those involved in the decision making in relation to R & D – this would be taken back to the group.

Discussion took place in relation to the sharing of some of the learning from the research. The Associate Director of Corporate Affairs stated that, with regard to sharing learning and positive outcomes that had been put into practice, there was further linkage that could be taken with the comms team and the wider system.

The Interim Director of Nursing and Quality stated that the annual report focused on providing assurance that the CCG was meeting its statutory duties in relation to R & D activity and advised that a quarterly update would come to the Quality and Performance Committee in terms of progress throughout the year. The update report would provide an opportunity to pull out the learning and ensure that this was being shared, with the support of the comms team.

Jason Stamp stated that it was important, in line with the R&D Strategy, for the CCG to demonstrate that research was driving, and linked to, the organisation.

Moving forward the R & D report would need to be looked at slightly differently and this would be picked up with the R & D Group

Resolved

(a)	Members discussed and considered the contents of the Hull CCG R & D Annual Report 2019/20;
(b)	approved the Hull CCG R & D Annual Report and the development work that potentially could be moved forward in 2020/21, and
(c)	moving forward the R & D report would need to be looked at slightly differently and this would be picked up with the R & D Group

9. STANDING REPORTS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORTS – 1 MAY 2020 AND 5 JUNE 2020

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 1 May 2020 and 5 June 2020
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORTS – 21 APRIL 2020 AND 19 MAY 2020

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Reports for 21 April 2020 and 19 May 2020
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 12 MAY 2020

The Chair of the Integrated Audit and Governance Committee provided the above assurance report for information.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 12 May 2020
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 24 APRIL 2020

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 24 April 2020
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10. POLICIES

10.1 OTHER LEAVE POLICY

10.2 WHISTLEBLOWING POLICY

The Interim Director of Nursing and Quality presented the following two policies for approval and advised that these were both existing policies that had been refreshed and updated, following staff consultation and feedback with appropriate colleagues in the CCG.

Dr Moulton was advised that the CCG policies, which were widely available on the website, could be shared and adapted for Primary Care.

Resolved

(a)	Board Members approved the Other Leave and Whistleblowing Policies for NHS Hull CCG
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11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 1 MAY 2020 AND 5 JUNE 2020

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee
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	approved minutes for 1 May 2020 and 5 June 2020
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 21 APRIL 2020 AND 19 MAY 2020

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 21 April 2020 and 19 May 2020
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 12 MAY 2020 AND EO MTG 20 MAY 2020

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 12 May 2020 and the minutes of the EO meeting held on 20 May 2020
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE APPROVED MINUTES – 24 APRIL 2020

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 24 April 2020
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11.5 COMMITTEES IN COMMON APPROVED MINUTES – 22 JUNE 2020

The Chair provided the minutes for information.

Resolved

(a)	Board Members noted the Integrated Committees in Common approved minutes for 22 June 2020
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12. ANY OTHER BUSINESS

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 25 September 2020 at 9.30am

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date:

DRAFT

Abbreviations

ADCA	Associate Director of Corporate Affairs
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
ED	Emergency Department
IDOIC	Director of Integrated Commissioning
HASR	Humber Acute Services Review
HCC	Hull City Council
HCVHCP	Humber Coast & Vale Health Care Partnership
HSJ	Health Service Journal
HUTHT	Hull University Teaching Hospitals NHS Trust
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
H&WBB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
ICS	Integrated Care System
ICP	Integrated Care Partnership
JCC	Joint Commissioning Committee
LA	Local Authority
LTP	Long Term Plan
MD	Managing Director
NHSE/I	NHS England/Improvement
OSC	Overview and Scrutiny Commission
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCNs	Primary Care Networks
PCQ&PC	Primary Care Quality and Performance Committee
PHE	Public Health England
Q&PC	Quality & Performance Committee
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership