CLINICAL COMMISSIONING GROUP BOARD CLOSE DOWN MEETING

MINUTES OF THE MEETING HELD ON FRIDAY 24 JUNE 2022, 9.30 AM
Board Room, Wilberforce Court and Via Microsoft Teams

PART 1

PRESENT:

J Stamp	Lay Representative (Patient & Public Involvement) and CCG Vice-Chair, NHS Hull CCG
D Lowe	Interim Director of Nursing & Quality, NHS Hull CCG
Dr B Ali	GP Member, NHS Hull CCG
Dr J Moult	GP Member, NHS Hull CCG
Dr M Balouch	GP Member, NHS Hull CCG
Dr V Rawcliffe	GP Member, NHS Hull CCG
E Daley	Interim Chief Operating Officer, NHS Hull CCG
I Goode	Lay Member (Strategic Change), NHS Hull CCG
J Weldon	Director of Public Health, Hull City Council
K Marshall	Lay Representative (Audit, Remuneration & Conflict of Interest Matters), NHS Hull CCG

IN ATTENDANCE:

E Shakeshaft	Head of Communications, NHS Hull CCG
M Longden	Corporate Affairs Manager (*Minute Taker*)
M Napier	Associate Director of Corporate Affairs, NHS Hull CCG
S Lee	Associate Director of Communications & Engagement, NHS Hull CCG

1. APOLOGIES FOR ABSENCE

E Latimer	Accountable Officer, NHS Hull CCG
E Sayner	Chief Finance Officer, NHS Hull CCG
M Whitaker	Practice Manager Representative, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 27 MAY 2022

The minutes of the CCG Board meeting held on 27 May 2022 were submitted for approval and agreed as a true and accurate record subject to a grammatical amendment.

Resolved

(a)	Board Members approved the minutes of the meeting held on 27 May 2022 and, subject to a grammatical amendment these would be signed by the Chair.

3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The action list from the meeting held on 27 May 2022 was received.

The two actions detailed within the action list, see below, related to the Board Assurance Framework and had been completed.

1. The objective 7 be refreshed and taken to Integrated Audit and Governance Committee for approval.

2. Members be informed of the outcome to reduce the risk rating for the children services plan.

Resolved

(a)	Board Members reviewed the Action List from the meeting held on 27 May 2022.

4. 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.

5. GOVERNANCE

5.1 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 noted.

5.2 DECLARATIONS OF GIFTS AND HOSPITALITY

The Gifts and Hospitality Declarations made since the Board Meeting in May 2022 were noted for information.

Resolved

(a)	Board Members noted that there had been no Declarations of Gifts and Hospitality made since the last Board Meeting held on 27 May 2022.

5.3 USE OF THE CORPORATE SEAL

There had been no use of the Corporate Seal since the last CCG Board Meeting held on 27 May 2022.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since the last Board Meeting held on 27 May 2022.

5.4 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs (ADCA) presented the Clinical Commissioning Group's (CCG) Corporate Risk Register for consideration.

An overview of the risks on the register and progress on the individual management of each risk were detailed. High and extreme rated risks were presented as a subset of the register.

There were currently 39 risks on the CCG risk register. Of these, 22 had a current risk rating of high or extreme (that was 8 or above) and were therefore included for Board consideration.

The ADCA informed Members that that there was a process taking place managing risks through the transition and the evolving arrangements for the Integrated Care Board (ICB) from 1 July 2022. Initial conversations with the ICB and relevant people were taking place, corporate and clinical risks being very high on their radar.

Practical work was being undertaken to look at the current position in terms of risks, there would be a full handover of key risks in terms of the wider risk process.

Subsequent to this a new risk management strategy and framework for the ICB would be established to acknowledge the relationship between the ICB as a corporate statutory body and Place risk sharing and all aspects of wider working.

It was noted that risk registers would continue to be managed at Place with a light non bureaucratic process but with the ability to give assurance to the ICB.

The ICB Executive Team were looking to schedule a Board Development Session to discuss what they deemed as the major risks, what would be set as a new organisation, the tolerance and risk appetite which would be particularly relevant to clinical risks.

The Chair of the Integrated Audit and Governance Committee (IAGC) highlighted risk 962 which was "Due to the current configuration in the service provision the CCG were at risk of not fulfilling its full duties with respect of ensuring an end-to-end service for people eligible for NHS-Hull CCG funded Continuing Healthcare" this had the

highest possible risk scoring of Extreme 25." Concern was expressed around how this would be managed, how the money flows continued, and how elements would fit together to ensure patients received what they needed and did not encounter difficulties.

The Interim Director of Nursing and Quality advised that the plan was to bring the Continuing Health Care Team in house to provide greater assurance and open the pathway. All were informed that an end-to-end pathway internally was being looked into. In addition, there had been proposals that had gone to the ICB panel for staff to be recruited to clear the case management, in addition there was a managerial post that was due to be advertised imminently.

The Chair, highlighted the need for two things:

1. A very clear pathway with the ability to be able to track and monitor patients through that and that Groups were not being excluded due to cost cutting exercises was required to provide assurance.

2. Wider pieces of work around improvements and managing more complex cases that be completed on a much bigger footprint across the ICS in order to get a blended version going forward were required.

It was noted that there had been some challenging conversations around performance and continuing healthcare, it was highlighted that the last mitigation on the risk register was in April 2022 so it was expected that there would now be a further update that may look at the risk rating of 25 being reduced. The Chair stated he felt the risks were right, however in advance of the CCG handing over risks to the ICB, that there was something about making sure that the mitigations were up to date for all risks and a review of the risk rating had been undertaken.

The Interim Director of Nursing and Quality stated that there would be a handover with the ICB in the Quality Committee taking place on 1 July 2022, in addition for risk 962 that there was good mitigation in place to reduce the risk rating down. The aim was to have a future state that meets the needs of the people at home and having it all in one place.

The ADCA highlighted that he felt the key points were to have a base level which would be communicated, to include the importance of maintaining systems and processes of risk because Place risks were risks to our local population and our local challenges. In regard to shared risk, he stated that there was a medium-term plan to try and get an understanding and means to manage those shared risks and bring together things that were outside direct control. It was stated that this was high on many people's radars and there was a real focus to ensure that arrangements were in place from the 1 July 2022 to include clear authorisations with staff of who have the ability to sign off risks which was detailed in the scheme of delegation.

Resolved

(a)	The Board Members note the updates provided on the adequacy of the controls, assurances and mitigations within the corporate risk register.
(b)	Board Members noted the updates in regard to the transition of risk to the Integrated Care Board.

5.5 BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs presented the latest version of the Board Assurance Framework (BAF) for approval. This contained the current position against the assessed risks to the Clinical Commissioning Group (CCG's) 2022/23 strategic objectives.

Members were informed that following the Board Development session held in March 2022 where the approach to the recasting of the BAF was taken and the Board preference was to adopt what was in place for 2021/22, update the existing strategic objectives and associated risks for 2022/23 and a light touch review was undertaken.

As of 1 July 2022, the Integrated Care Board (ICB) would have its own BAF and there was a process of transition from NHS Hull CCG to the ICB. There were two parts of the process the first part was the work that had already been undertaken on behalf of all six CCGs to take the highest risks, key elements, and themes from the existing registers. Risks were then consolidated into a single document and would be presented in summary form to the ICB Board along the strategic objectives so the high-level process were already on the way and would continue.

There would be the residual elements and a further process through to July 2022 to go through remaining risks to review them and see if any would still need to sit at local level. For local risks as Place that do not link to strategic objectives, they would transition to the risk register and maybe need to be recast slightly to reflect the fact that there were now Place level risks. It was emphasised that there would be clearly a need to make sure that nothing be lost as part of the process.

The Chair formally thanked the Corporate Affairs Team for their work on the BAF and keeping the organisation safe.

Resolved

(a)	Board Members approved the Board Assurance Framework.

6. STRATEGY

6.1 HULL HEALTH AND CARE PARTNERSHIP UPDATE

The Interim Chief Operating Officer E Daley provided a verbal report.

The main areas that the Board had highlighted around the transition to the Health and Care Partnership was principally around the clinical leadership model. Members were informed that the Health and Care Partnership, continued to meet and flourish in terms of the broader system conversation. Meetings were extremely positive. An integrated delivery model had been developed, a neighbourhood approach was being explored which would build on a large amount of the work that the NHS Hull Clinical Commissioning Group (CCG) had underpinned. . An example of this being was the Jean Bishop Integrated Care Centre and the success of that had helped in terms of a working model with other system partners and the support to look at how this be worked up further alongside the Local Authority and the other providers in the city using the population health approach that Dr James Crick and his team worked to.

E Daley stated she felt there were some good priorities as a Partnership, and it was expected as things progressed into becoming a committee of the Integrated Care Board (ICB) post July 2022. Discussions with the ICB about developing a memorandum of understanding that would be developed between the place committee and the ICB had taken place.

The Interim Chief Operating Officer updated that the Chief Executive Designate from the ICB had visited Hull and met with the Senior Leadership Team. Plans at Place had been outlined and discussions had taken place around the main area for development which was the clinical leadership model. Hull were asked to pull together aspirations in terms of what Place would look like. The Interim Chief Operating Officer advised that Dr James Crick was meeting with Dr Nigel Wells in which a set of slides had been developed to set out a way forward in terms of how current resources that currently support clinical leadership could be used in the new system. In addition, they would be looking to resource a local framework with programme support and a plan for continuation of clinical and professional leadership with local system partners to recruit to specific clinical leadership roles in line with the needs and priorities of the city.

It was noted that they would be looking to identify clinical and or care professional roles in Place to ensure that leaders from all professions were involved and invested in the vision, purpose and work of the ICB. This would be taken to the ICB in the coming week and would form the basis of the Place clinical leadership model going forward.

Overall, it was felt Hull was in a good position in terms of the partnership being well developed and established and the plans described in those plans were in progress and would pick up some of the momentum of the work done as a CCG.

In regard to the staff team, Hull Place were looking for a smooth transfer of their employment and roles going forward in which they would continue to contribute to the current priorities, but also start to get increasingly involved with new priorities. NHS Hull CCG Directors had also been meeting with their respective Designate Directors to have conversations about transfer of some of those functions.

Resolved

(a)	Board Members noted the Hull Health and Care Partnership Update.

6.2 INTEGRATED CARE BOARD HAND OVER ASSURANCE

The Associate Director of Corporate Affairs (ADCA) provided a verbal report on the Integrated Care Board Hand Over and Due Diligence Work.

The stages of the process and the mechanisms undertaken had been discussed at various points of the meeting.

NHS Hull Clinical Commissioning Group (CCG) were on track to enable the Accountable Officer to issue an assurance letter to Stephen Eames, as the Chief Executive Designate of the ICB, around the progress made on the due diligence work which was issued at the end of May 2022. The letter was supported by a strong internal audit opinion to say that they were satisfied with the process undertaken was robust and comprehensive.

Meetings with Heads of Service within NHS Hull CCG had taken place around the due diligence requirements; these had however increasingly evolved beyond the formalities of the process for the corporate body to individual directorate levels and the assurances required from the Integrated Care Board (ICB) Executive Directors.

From a due diligence process the ADCA stated the CCG were coming towards the end of the formal elements however all the information collated was very much alive along with the other work described. The vast majority of staff were focused on the due diligence and any issues post 1 July 2022. Therefore, the ADCA's position update was he felt Hull were well on track and were anticipating the need to be alert to unexpected consequences of the transition.

A range of governance statutory aspects had been submitted for approval at the first board meeting of the ICB on the 01 July 2022.

It was further updated that there was a communications plan in place and a basic induction pack would be issued to all staff on 01 July 2022.

In addition, there would be a further Board meeting on 13 July 2022 for elements such as the place committee terms of reference. Other meetings would also take place on the same day such as the Remuneration Committee and Quality Committee.

Resolved

(a)	Board Members noted the update on the Integrated Care Board Hand Over and Due Diligence Work.

7. QUALITY AND PERFORMANCE

7.1 QUALITY AND PERFORMANCE REPORT

The Deputy Chief Finance Officer had provided this report which provided a summary of overall Clinical Commissioning Group (CCG) Performance and current financial position.

The report was taken as read.

The Interim Chief Operating Officer introduced the item in terms of some of the transition of this work into the Integrated Care Board (ICB). The ICB were setting up an Executive Oversight and Assurance Meeting which would be the forum whereby a lot of the information discussed as a Board in the quality and performance report would be overseen and then that would have delegated groups that sit beneath it.

The Chief Operating Officer had set up a Tactical Delivery Group which was now meeting weekly. The Provider Collaboratives and the Designate Chief Finance Officer, attend the meeting which was where some of the performance information would transfer into in terms of bringing in the local information to the wider group.

The Interim Director of Nursing and Quality updated on the quality areas. There was a quality handover by exception to the Quality Committee on the 01 July 2022 and a standard template that all CCG's were working too, but also collective feedback as well for areas whereby shared providers were in place. The Directors of Nursing from

across the ICS were working together on this. There would also be a place-based document and presentation to the Quality Committee.

In terms of governance and assurance going forward there would be a place-based quality group that would have a broad range of representatives from Provider Organisations, Healthwatch, Lay Members and the Voluntary Sector. The group would focus very much on improvement but equally look at performance and any harm and safety issues by exception.

There were two key committees for Quality going forwards as follows:

1. The System Quality Group which was currently called the Quality Surveillance Group, this group would focus on improvement actions and link into the collaboratives. The group would work through what the issues were at Place and whether that required a system response.

2. The Quality Committee of the ICB from an assurance and oversight perspective.

The groups would receive reports in the same way the Board and the Quality and Performance Committee currently receive them but looking at performance, the quality aspects and focussing on patient harm, safety and experience.

In regard to Hull University Teaching Hospitals NHS Trust (HUTHT) members were reminded that the Trust had been under a period of enhanced surveillance for a year, in which there had been a year-end review completed by herself and the Director of Governance of HUTHT. A report following this was presented to the Quality and Risk (QRP) meeting on the 6 June 2022 which set out three options going forwards, these were:

1. To cease the QRP process. All were reminded that the tool that was used originally when the CCG requested that the Trust to do this piece of work had now closed and had not been replaced at this time with a new version.

2. Repeat the QRP tool based on the old tool to establish the current position.

3. Take a different approach to the risk and to the improvement actions that align to the risks and have a more system wide action plan. Whereby the Trust remains on enhanced surveillance but that there was a greater response from across the ICS which would be reflective on what the meetings were and the groups that were forming as part of the ICS.

It was noted that at the QRP meeting the Group were unable to make a decision because they didn't have authority to do so, however they were able to make a recommendation, to endorse option 3 in that the Trust would remain in surveillance, with an improvement trajectory, designed to move out of quality surveillance at some point in the future. This would only be in respect of having a very clear action plan and seeing improvements around those areas, however this would be a system wide action plan.

All stakeholders of the Group were in favour of a different and more system led approach, whilst acknowledging that there were still eight extreme risks detailed in the executive summary.

Members were updated on the extreme challenges around elective care and waiting times. The CCG were working with the Trust and had staff working in the Trust supporting those patients who were waiting and organising dates for those due to be admitted. NHS Hull CCG were having regular conversations with the Chief Nurse around clinical harm and the process for patients that may deteriorate whilst waiting and how patients escalate concerns and any deterioration. The other area of concern was ambulance wait times, performance and the challenges in terms of people attending the hospital. These were system wide issues that needed a system approach going forward, which the ICB would be able to support.

The Lay Representative Audit, Remuneration and Conflict of Interest Matters requested that at formation of the ICB they focus on trying to get the best possible resource for the city because the danger of the system processes could be that the money did not flow to where it was critically needed, and health inequalities were important. It was requested that this area stayed high on the agenda and was not forgotten.

Furthermore, it was queried that the statement within the report around Quality by exception which would be reported to the Board, and that the only exception should be reporting where performance was good. She highlighted that from the report there were very few indicators that were achieving.

In addition, it was highlighted that based on anecdotal evidence, people were still choosing to go to the Spire Hull and East Riding Hospital (Spire) because they seem to be getting their NHS procedures done more quickly than people who were on the standard waiting lists. Discussion took place regarding patient choice and commissioning routes; this would be investigated more.

Further detail regarding monitoring of performance of HUTH by NHS England and input of pathways was requested. The Interim Director of Nursing and Quality informed members that NHS England were working very closely with the NHS Hull CCG and conversations were taking place to include the provider in regard to this.

Clarity was requested regarding six week waiting times on page 4 and if these had deteriorated, it was confirmed the position had deteriorated.

The Chair summarised that it was known there was immense pressure within the system, but this was about, our patients and the piece of work being done around significant harm. He continued to state that across-the-board performance, particularly in those targets continues to be challenging however there had been some reassurance in meetings around the work that was being undertaken to address these kind of system challenges.

The Chair expressed his thanks to the teams involved in this work and the quality of reports, data and analysis received which allows the Board to have the right conversations.

Resolved

(a)	Board Members noted the content of the Quality and Performance Report and the updates provided.

7.2 SAFEGUARDING ANNUAL REPORT

The Interim Director of Nursing and Quality presented the Safeguarding Annual Report 2021/22 which outlined the statutory duties with regards to the Clinical Commissioning Group (CCG) in respective of safeguarding and the arrangements in place and how these had been fulfilled in collaboration with local multi-agency safeguarding partnerships.

The annual report had been presented to the Quality and Performance Committee on the 17 June 2022 for assurance and scrutiny and had been discussed in detail..

Members were given assurance around the involvement of the Hull Executive Leadership and also operational involvement within the safeguarding arrangement and in particular the Hull Safeguarding Children's Partnership and the Safeguarding Adults Board. Both Boards had provided scrutiny, governance, assurance and priority setting for the people of Hull, both adults and children.

It was noted that a significant amount of work over the year had taken place and there were clear objectives going forward and involvement from placed based staff from a safeguarding perspective who would continue with this work.

The report outlined the governance structure, but also the assurance and oversight, in addition there was a yearly self-assessment audit that takes place and assurance toolkit, therefore there had been a lot of benchmarking work taking place. There was a lot of work detailed in the report with regards to individual areas to include multi-agency public protection arrangements, Looked After Children and the breadth of the designated safeguarding roles in the CCG.

Information regarding the provider assurance, how they were also fulfilling their responsibilities, and their key role in terms of some of the outcomes from a health perspective that link into our safeguarding portfolio were detailed. This included ensuring that issues around health inequalities and vulnerabilities were addressed.

It was stated that the priorities outlined in the final part of the report would be carried forward. They would be overseen as part of the overall strategic objectives for both safeguarding partnerships, but also from a Place base perspective. In regard to reporting this would be received by the place-based Quality Group and also the Health and Social Care Partnership.

In summary the Interim Director of Nursing and Quality felt that there was a very good line of sight and as safeguarding was everybody's business the information within the report and the work that had been undertaken around safeguarding crossed into almost every single meeting that was held.

The Chair expressed his thanks to the safeguarding team around the high level and high quality of service received around safeguarding.

(a)	Board Members noted the Safeguarding Annual Report.

7.3 LEARNING DISABILITIES MORTALITY REVIEW (LEDER) ANNUAL REPORT)

The Interim Director of Nursing and Quality presented the Learning Disabilities Mortality Review (LeDeR) Annual report 2020/21.

The paper was presented to the NHS Hull Clinical Commissioning Group (CCG) Quality and Performance Committee on 17 June 2022 for assurance, overview and scrutiny.

The report reflected an Integrated Care Service (ICS) position so covered all six CCGs therefore the report included a lot of information and learning across the ICS that would enable a richer approach to improvements and learning moving forwards.

The report detailed the process, themes and trends identified from reviews, good practice, where improvement was required and recommendations for 2021/22.

The Interim Director of Nursing and Quality stated that there was a very robust panel and review process within NHS Hull CCG, in which there were reviewers within NHS Hull CCG and also in providers. However, going forward, the new arrangements would be that we would only have reviewers at Place doing our reviews and individual providers would have their own, therefore it needed to be considered how this would be addressed going forward so that there were sufficient reviewers in place. There was a Steering Group whereby all reviewers report into and this was the improvement forum where the learning and improvement actions were considered from the point of a patient's death to the point of the learning which was the real purpose of Learning Disabilities Mortality Review (LeDer) so there was a very good process in place. Learning is routinely shared and plans for improvements were agreed. It was stated there had been some challenges during the Covid 19 pandemic, however the team had continued to undertake all reviews. The report contains details of the 12% of the cases that were reviewed during this reporting period who were people who died as a result of a covid diagnosis.

Members were drawn to a couple of points within the report these were Autism that was now is in scope for the LeDer reviews which would mean a much larger cohort of patients fitting into the criteria for a review going forward.

There was a new system in place for reporting and the training of staff.

As of last year, there was 66 reviews of which cancer was 16% of reviews and pneumonia was the cause of death for 12%. There was a collective figure of 27% of patients with a learning disability dying because of respiratory issues which clearly identified this as something that needed to be addressed. Furthermore, sepsis and cardiac problems continued to be highlighted as areas of focus.

The annual health checks had improved and continued to improve going forward. A lot of work had taken place around the enhanced offer into care homes which would continue to be an area of focus going forward. The management of people who were deteriorating physically, particularly in the community and how we support and monitor them and proactively approach to working in particular with care homes would continue.

It was highlighted that the detailed report highlighted lots of good practice from across the ICS footprint, but also areas which needed to be improved.

The Chair stated that the report detailed good practice to celebrate what NHS Hull CCG do and demonstrated what was important.

It was stated that the report would be published online by 30 June 2022 and the Humber CCGs would also ensure this would be published in an easy read version.

Resolved

(a)	Board Members noted the Learning Disabilities Mortality Review Annual Report.

8. STANDING REPORTS

8.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT 06 MAY 2022

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Report from the meeting held on 06 May 2022.

8.2 INTEGRATED AUDIT AND GOVERNANCE COMMTTEE CHAIR'S ASSURANCE REPORTS 08 MARCH AND 25 MAY 2022

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

The IAGC Chair informed Board Members for the first time ever and due to circumstances beyond control, the meeting on 25 May 2022 was not quorate but there was one item for approval under item 9.9 which was included in the assurance report. This item was for the Board to approve to extend the Security Management Policy to the 31 October 2022. This was a pragmatic approach to ensuring there was a policy in place until that point till the system starts to look at what it required. The Board approved the extension of the policy.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Reports from the meetings held on 08 March and 25 May 2022.
(b)	Board Members approved the extension of the Security Management Policy to the 31 October 2022.

9. POLICIES

There were no policies received under this item.

10. REPORTS FOR INFORMATION ONLY

10.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 06 MAY 2022.

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 06 May 2022.

10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE 08 MAY AND 25 MAY 2022.

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

Resolved

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(a)	Board Members noted the Integrated Audit and Governance approved minutes for 08 May and 25 May 2022.

11. ANY OTHER BUSINESS

SIGN OFF OF MINUTES

As this was the last meeting of the Board, the Associate Director of Corporate Affairs provided options from a governance perspective in regard to the sign of the minutes of the meeting. Members delegated sign of minutes to the Chair.

It was highlighted that any actions highlighted by the Board would need to be completed quickly.

Resolved

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(a)	That the Chair would review and sign off the minutes of the Board Meeting of 24 June 2022.

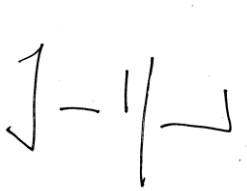
12. DATE AND TIME OF NEXT MEETING

This was the final closedown meeting of the Hull Clinical Commissioning Group (CCG) Board and therefore no further meetings were scheduled.

The Interim Chief Operating Officer took to the opportunity on behalf of the whole Clinical Commissioning Group (CCG) and the Senior Leadership Team, to thank all the Members of the Board past and present for their continued leadership and support which goes across all the interactions on all the committees.

It was stated the constructive challenge had kept the organisation on track and everybody on the Board had always been approachable and supportive and central to all the work of the CCG and driving forward the improvements made. GPs were at

the heart of what we did to commission and think differently and the makeup of this Board and that shared vision and opportunity enabled Hull CCG to do that.

Signed: 

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Jason Stamp
Vice-Chair of NHS Hull Clinical Commissioning Group

Date: 08.07.22

Abbreviations

ADCA	Associate Director of Corporate Affairs
A&E	Accident & Emergency
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
HCC	Hull City Council
HCV	Humber Coast & Vale
HSJ	Health Service Journal
HUTHT	Hull University Teaching Hospitals NHS Trust
Humber FT	Humber Teaching NHS Foundation Trust
HWB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
ICB	Integrated Care Board
ICC	Integrated Care Centre
ICS	Integrated Care System
ICP	Integrated Care Partnership
IPC	Infection Prevention and Control
LA	Local Authority
LRF	Local Resilience Form
MD	Managing Director
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCNs	Primary Care Networks
PCQ&PC	Primary Care Quality and Performance Sub-Committee
Q&PC	Quality & Performance Committee
QIPP	Quality, Innovation, Productivity and Prevention
QDG	Quality Delivery Group
QRP	Quality Risk Profile
SI	Serious Incident
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership