

**CLINICAL COMMISSIONING GROUP BOARD**

**MINUTES OF THE MEETING HELD ON FRIDAY 27 MAY 2022, 9.30 AM  
Reception Room, Guildhall & Via Microsoft Teams**

**PART 1**

**PRESENT:**

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

**IN ATTENDANCE:**

S Lee	Associate Director of Communications & Engagement, NHS Hull CCG
M Napier	Associate Director of Corporate Affairs, NHS Hull CCG
D Robinson	Personal Assistant ( <i>Minute Taker</i> )

**1. APOLOGIES FOR ABSENCE**

No apologies for absence had been received.

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 25 MARCH 2022**

The minutes of the CCG Board meeting held on 25 March 2022 were submitted for approval and agreed as a true and accurate record.

**Resolved**

(a)	Board Members approved the minutes of the meeting held on 25 March 2022 and, these would be signed by the Chair.
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**3. MATTERS ARISING / ACTION LIST FROM THE MINUTES**

The action list from the meeting held on 25 March 2022 was received and the completed actions noted.

## Resolved

(a)	Board Members reviewed the Action List from the meeting held on 25 March 2022.
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## 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.
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## 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
J Stamp		Declared a General Interest as Senior Responsible Officer for the Voluntary Sector Programme within the ICS. The declaration was noted and no further action was required to be taken.
E Latimer		Declared a direct interest in the ICS director recruitment process. The declaration was noted and no further action was required to be taken.
Dr B Ali		Declared an interest as a GP for the Modality PCN whose subsidiary arm, Modality LLP, provide some of the independent sector recovery work at the local Trust. The declaration was noted and no further action was required to be taken.
Dr J Moulton		Declared an interest as a GP for the Modality PCN whose subsidiary arm, Modality LLP, provide some of the independent sector recovery work at the local Trust. The declaration was noted and no further action was required to be taken.

The Chair advised that his interest had been updated on account of him being appointed as the Senior Responsible Officer for the workforce programme within the ICB and he would be chairing the Workforce Board. The update was noted but no further action was required in relation to any item on the meetings agenda.

## Resolved

(a)	The above declarations of interest were noted, and no further action was required to be taken.
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## 5.2 DECLARATIONS OF GIFTS AND HOSPITALITY

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

Dec Number	Recipients Name	Job Title	Date of receipt of offer of Gift/ Hospitality	Description of Gift /Hospitality (including date if applicable)	Individual/ Company giving or offering Gift/ Hospitality	Details of Previous Offers or Acceptance from this offeror/ supplier	Details of the Officer Reviewing and approving the declaration made and date	Reason for Gift/ Hospitality	Estimated Value	Action Taken/ Declined / Accepted
3	Emma Sayner	Chief Finance Officer	7 February 2022	Invitation to attend Hull KR v Wigan Warriors game on 11 February 2022	City Care	Invitation to attend Alan Johnson's book launch	Mike Napier Associate Director of Corporate Affairs 09 February 2022	Networking with key local partners	£100	Accepted
4	Emma Latimer	Accountable Officer	7 February 2022	Invitation to attend Hull KR v Wigan Warriors game on 11 February 2022	City Care	Invitation to attend Alan Johnson's book launch	Mike Napier Associate Director of Corporate Affairs 09 February 2022	Networking with key local partners	£100	Accepted

## Resolved

(a)	Board Members noted the Declarations of Gifts and Hospitality made since the last CCG Board Meeting held on 25 March 2022.
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## 5.3 USE OF THE CORPORATE SEAL

The Associate Director of Corporate Affairs informed Members that there had been one use of the Corporate Seal since the last report to the Board on 25 March 2022.

The Corporate Seal had been used on 25 April 2022 for the use of Alexandria Wharf car park for the period 1 April 2022 to 31 March 2023 for the value of £9548.40 + VAT.

## Resolved

(a)	Board Members noted the use of the Corporate Seal on the contract for the use of Alexandria Wharf car park for the period 1 April 2022 to 31 March 2023.
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## 5.4 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer presented her update report which provided Members with a summary of key issues and the following areas were highlighted:

Members noted that this would be the last board meeting for the Accountable Officer prior to her move to her new role as Executive Place Director for Sheffield.

The Accountable Officer said that she had been appointed in 2012 and would like to thank board Members for all their support during her time at NHS Hull CCG. She added that she was immensely proud of the numerous achievements of the CCG team during this time, not least of these being engaging with Hull communities and PCN's, the launch of St Mary's Health and Social Care Academy and the building of the Jean Bishop Integrated Care Centre. It was noted that the CCG had built a strong reputation as one of the key drivers within the city and an enormous amount had been achieved whilst being a statutory organisation.

International Nurses Day had been celebrated on 12 May, and the nurses from Hull NHS CCG workforce joined together to reflect on this year's theme – #HereforLife. Our nurses have remained committed to supporting people from Hull throughout challenges of the last two years and we would be forever grateful for the outstanding care they have given.

The Chair stated that it had been an amazing journey, the achievements had been significant, and this was down to the leadership, vision, and belief the Accountable Officer had instilled to the organisation. It was noted that the legacy the Accountable Officer was leaving was enormous and the challenge for Place was how the build on this further.

#### **Resolved**

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.
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#### **5.5 ANNUAL ACCOUNTS FINAL SIGN OFF 2021 - 22**

The Chief Finance Officer presented the NHS Hull CCG annual accounts 2021-22.

The Annual Accounts had been prepared in accordance with the Department of Health Group Accounting Manual 2021 – 22 and the NHS England SharePoint Finance Guidance Library.

The Chief Finance Officer advised Members that all statutory financial duties had been delivered and, subject to final checks with External Auditors, it was envisaged the duties would be delivered with clean of bill of health with no qualifications or recommendation for another year.

The External Auditor had voiced that the quality of work undertaken by NHS Hull CCG had been exemplary.

It was noted that there had been minor changes between the draft set of accounts and the final set circulated, these would not be highlighted as the changes were minor and not material.

There had been an amendment around the going concern note within the accounts reflecting the fact that the Health and Social Care Bill had now passed royal assent, therefore technical wording was required to be added to the final set of accounts.

The formal wet signature sign off would happen on the 10<sup>th</sup> June 2022.

The Chief Finance Officer formally logged her thanks to the Finance Team for producing the year end accounts in the current challenging circumstances.

It was noted that the accounts had been through rigorous scrutiny and assurance through the Integrated Audit & Governance Committee.

The Chair formally logged his thanks to The Chief Finance Officer and her team for the detailed work undertaken to produce the Annual Accounts delivered.

It was stated that until the final formal signature of the annual accounts the external auditors reserve the right to draw any changes identified to the attention of the Chief Finance Officer.

It was approved that the Chief Finance Officer and Chair of the Integrated Audit & Governance Committee would have delegated authority to make any relevant changes identified, and that these would be brought to the Governing Body's attention virtually.

### **Resolved**

(a)	Board Members approved the 2021/22 CCG Accounts in principle.
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## **5.6 ANNUAL GOVERNANCE STATEMENT WITH ACCOUNTS**

The Associate Director Corporate Affairs presented the Annual Governance Statement (AGS).

It was stated that the AGS was a statutory requirement for the Accountable Officer to sign off as part of the formal year-end procedures. The AGS explains the means through which NHS Hull CCG discharges formal governance duties throughout the year.

It was acknowledged that the AGS sets out the formal governance of the organisation in terms of the controls and safeguards set up to assure the public that the organisation had been established safely and in terms of the establishment with NHS England.

It was noted that a high level of compliance with the data security toolkit had been completed. 95% of employees (including hosted employees) had completed their annual governance training.

The Associate Director of Corporate Affairs paid particular tribute to the Corporate Affairs Manager who had tirelessly overseen the completion of the annual governance training.

It was noted that Third Party Assurances were provided in respect to agencies who provided direct services to NHS Hull CCG and who were subject to their own audit processes. NHS Hull CCG were required to report if an adequate level of assurance was provided from the agencies' auditors. It was acknowledged that two organisations (NHS Business Services Authority and Capita) had received qualified assurances in relation to pension arrangements for independent contractors and payment mechanisms by which independent contractors were paid. NHS Hull CCG were assured that remedial action plans were in place, this had been articulated within the final assurance statement for completeness.

It was noted that the counter fraud arrangements self-assessment had subsequently been upgraded from amber to green in the light of the further progress made by the CCG.

Attention was brought to the Head of Internal Audit's opinion which was that high assurance can be given as to the sound system of control in place within the CCG. It was added that the auditors had advised the CCG that this was the first occasion that they had ever awarded the highest possible rating to a CCG.

Members commended the staff of the CCG in maintaining the highest standards of governance such to enable such a rating to be given by internal audit.

### **Resolved**

(a)	Board Members approved the Annual Governance Statement.
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## **5.7 NHS Hull Annual Report 2021 – 22**

The final draft copy of the NHS Hull CCG Annual Report 2021 – 22 was presented for approval.

The Associate Director of Communication and Engagement acknowledged that every area of NHS Hull CCG (plus Public Health/Health and Wellbeing Board Support Team) were involved in contributing and collating the Annual Report. She also commended Emma Shakeshaft, Head of Communications, for her diligent and tireless oversight of the work.

The Annual Report was required to be published by 22<sup>nd</sup> June 2022.

The following key highlights were identified.

### **Performance Report**

- The performance overview in the Performance Report covers progress made this year in all commissioning areas.
- A new map was being produced for primary care showing the PCNs.
- There were areas to report on under the NHS Act which were the duty to involve, improve quality, reduce health inequality and contribute to the delivery of the Health and Wellbeing Strategy for Hull.
- Financial analysis and sustainability report were also required.

### **Engaging people and Communities**

- Engagement and communications work with local people. These were the major programmes and some added highlights.
- Danny's story was featured by Sajid Javid and in the national lung cancer national media coverage.

### **Improving Quality**

- This section includes an overview of safeguarding work, continuing health care and digital solutions like the Virtual Wallet pilot for Personalisation.

### **Reducing inequality/contributing to the delivery of the Health and Wellbeing Strategy for Hull**

- The public health team provided the content for work around reducing inequalities..

- Our colleagues at the HWB provided the Health and Wellbeing Strategy assurance.

### **Accountability Report Key Areas**

- Usual remuneration information – expanded for this year around fair pay disclosure.
- Expanded reporting requirements on equality, diversity and inclusion in our CCG workforce
- Workforce engagement and wellbeing – menopause work had been very well received..

### **NHS England Interim Feedback**

- Good interim feedback from NHS England for draft report

The Accountable Officer expressed thanks to the Communication and Engagement team for show casing everything that NHS Hull CCG were undertaking.



FINAL - Annual Report presentation

### **Resolved**

(a)	Board Members approved the NHS Hull CCG Annual Report 2021 – 22.
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## **6. STRATEGY**

### **6.1 ICS – TRANSITION ARRANGEMENTS**

The Interim Chief Operating Officer presented a report briefing the NHS Hull CCG Board on the ICS Transition Arrangements to date, progress and plans for the CCG organisational transition and transfer of statutory functions to the Humber and North Yorkshire Integrated Care Board on the 1<sup>st</sup> July 2022.

Members were provided with assurance on the work under way to achieve an effective transfer of NHS Hull CCG statutory responsibilities and staff employment.

It was stated there no issues were anticipated with transition and the necessary due diligence actions were on track.

Staff transfer and support was progressing well. Staff were continuing to be supported through this period of uncertainty and change through regular 1:1s and team briefs.

A flourishing Hull Health and Care Partnership had been established; a strong foundation had been created to take priorities forward. The Health and Care Partnership had enabled Place to devise an operating framework to provide structure to the transition and identify priorities.

The Interim Chief Operating Officer expressed concern around the Clinical Leadership Model. Additional information was being sought on direction from the Designate Clinical Director of the ICB in terms of how this could be taken forward and what resources were available to develop clinical leadership further and not lose momentum. It was noted that there needs to be urgency around Primary Care,

Primary Care Leadership and decision making around Primary Care as there were projects that need to be completed.

The creation of a Health and Care Partnership for Hull was designed to continue the CCG legacy of health improvement for the people that live in the city of Hull. The challenges faced by population of Hull were well documented. The Partnership had agreed on a single aligned strategy and vision across the city.

They have agreed to work together to create a fairer Hull where everyone benefits from real and sustained improvements in health and wellbeing. This vision and strategy were set out in the recently published and updated Health and Wellbeing Strategy.

Underpinning this vision for the partnership were three key priorities these are:

- Maintaining Momentum
- Delivering Integration
- Developing Place

In summary NHS Hull CCG were in a good position to move forward. All statutory and business functions were ready to transfer, and NHS Hull CCG Board can have confidence in the connections that had been made between CCG Executive Directors and Designate ICB Directors to ensure smooth transfer and continuity.

There was an expectation that whilst the formal dissolution of NHS Hull CCG and establishment of the ICB would take place on 1<sup>st</sup> July 2022, there would a period of development and evolution of the new governance and structures that would aim to consolidate the transfer by April 2023.

The Accountable Officer expressed her thanks to Cllr Hester Bridges and the Interim Chief Operating Officer for the work they had undertaken establishing the Health and Care Partnership.

The Chair noted the work around due diligence which was significant and expressed assurance that due diligence was taking place and no concerns were being identified.

He also commended the dedication of staff in maintaining business as usual during an anxious and unsettling time as they continue to await details on future working arrangements.

Discussion then took place amongst Members with regards to the legacy transfer of key CCG business to the new Hull Place arrangements.

Dr Rawcliffe expressed concern around a lack of clarity as to whom would be responsible for carrying on the CCG's clinical programmes of work post transition. It was agreed further discussion would take place around transition outside of the Board. The Interim Chief Operating Officer advised that herself and Dr Crick were obtaining further information from the Executive Clinical Director thereafter the information received would be cascaded at the June 2022 Protected Time for Learning.

Dr Rawcliffe stated that he would not like to see the NHS Hull CCG clinical contribution being lessened across the ICS.



The Accountable Officer expressed concern at the lack of clarity on clinical leadership roles going forward given that the transition was only 4 weeks away and there remained significant uncertainty on who would be leaving, who would continue to be engaged and where accountability would sit.

## Resolved

(a)	Board Members noted the work to date on due diligence and staff training.
(b)	Board Members noted the establishment of the Health and Care Partnership and work transition the functions and responsibilities of NHS Hull CCG to the Humber and North Yorkshire ICB.

## 7. QUALITY AND PERFORMANCE

### 7.1 QUALITY AND PERFORMANCE REPORT (INCLUDING CONTRACTS, FINANCE AND PERFORMANCE – PART 1

The Chief Finance Officer presented the above report which provided a summary of overall CCG Performance and financial position under the current temporary financial regime

The report was taken as read.

The Chief Finance Officer advised Committee Members that there was a challenge for the population across the city. The indicators across emergency care, complaints, elective pathways and cancer pathways identify that Hull University Teaching Hospitals NHS Trust (HUTHT) continue to be challenged. HUTHT were coming under significant scrutiny regionally and nationally.

It was noted that performance against a wide range of indicators within the report reflects the challenges the population of Hull face to received services. It was stated that the system was under scrutiny around mitigating actions in the areas of patient safety and the quality impacts on patients. It was acknowledged the report was work in progress from a service improvement point of view.

The Lay Member - Strategic Change asked for clarification as to why the 4-hour waiting time continues to underperform? The Chief Finance Officer advised that this had been an issue for a substantial period of time and, whilst it was multi-factorial in terms of causes, the Trust would continue to be scrutinised in relation to its recovery plans and trajectories.

The Interim Chief Operating Officer stated that there were issues with the Local Authority accessing healthcare packages which impacted on patient flow and subsequently impacted on A & E performance, however these areas have started to be resolved.

A National Discharge Team was working with the Trust looking at community discharge. Additional capacity had been placed within the Trust to assist with patients categorised as no criteria to reside so capacity could be freed up.

The Interim Director of Nursing & Quality, NHS Hull CCG, acknowledged that the 4-hour waits in A & E was due to the complexity of the patient along with system pressures. This was being monitored along with patient safety and elective care by the Quality and Performance Team.

The Lay Representative - Audit, Remuneration & Conflict of Interest Matters queried the diagnostic six week waiting time improvement as the report narrative states an improvement, yet the figures show a deterioration. The Interim Director of Nursing & Quality, NHS Hull CCG advised this would be investigated further.

The Lay Representative - Audit, Remuneration & Conflict of Interest Matters raised the issue of the klebsiella increase and requested that this also be kept under review.

The Lay Member - Strategic Change stated the average wait for a two-week wait showed an average of 27% for patient breaches and queried whether this was considered to be accurate? If the figure was correct, he sought further detail on the specific plans to tackle this concerning performance.

Discussion took place and it was noted that some two-week appointments were issued to patients without advanced contact with them, resulting in some not being able to attend at the time appointed. This is reflected in the figures.

It was agreed that a further review of the breach information would be undertaken.

### **Resolved**

(a)	Board Members noted the content of the Quality and Performance Report Part 1 and the update provided by the Chief Finance Officer.
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## **7.2 COMMITTEE ANNUAL REPORTS**

The Committee Chairs' Annual Reports, which covered the work of the following Committees throughout the 2021/2022 financial year, were provided to the Board for approval: -

- i. Planning and Commissioning Committee
- ii. Quality and Performance Committee
- iii. Primary Care Commissioning Committee
- iv. Integrated Commissioning Committee in Common (CiC)

The Chair advised that each Committee had provided an Annual Report which supplied an update review of the year against their terms of reference. The report encompassed key highlights of the year.

### **Resolved**

(a)	Board Members approved the Annual Reports for 2021/21 .
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## **8. STANDING REPORTS**

### **8.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORTS from 4 FEBRUARY 2022 and 4 MARCH 2022**

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

**Resolved**

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports 4 February 2022 and 4 March 2022.
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**8.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT FROM 18 FEBRUARY 2022**

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

**Resolved**

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report from the meeting held on 18 February 2022.
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**8.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT**

There was no report assigned to this item.

**Resolved**

(a)	Board Members noted there was no report assigned to this item.
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**8.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT FOR 25 FEBRUARY 2022.**

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

**Resolved**

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report and approved minutes from the meeting held on 25 February 2022.
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**9. POLICIES**

There were no policies received under this item.

**10. REPORTS FOR INFORMATION ONLY**

**10.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 4 February 2022 and 4 March 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 4 February 2022 and 4 March 2022.
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**10.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 18 February 2022**

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 18 February 2022
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**10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE**

There was no report assigned to this item.

**10.4 PRIMARY CARE COMMISSIONING COMMITTEE PART 1 APPROVED MINUTES – 25 February 2022**

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

**Resolved**

(a)	Board Members noted the Primary Care Commissioning Committee Part 1 approved minutes for 25 February 2022.
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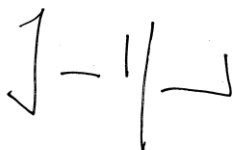
**11. ANY OTHER BUSINESS**

There were no items of Any Other Business received.

**12. DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Friday 24 June 2022 at 9.30 am

Signed:



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Jason Stamp  
Vice-Chair of NHS Hull Clinical Commissioning Group

Date: 24.06.22

## Abbreviations

ADCA	Associate Director of Corporate Affairs
A&E	Accident & Emergency
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
C diff	Clostridium Difficile
CLES	Centre for Local Economic Strategies
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
DOIC	Director of Integrated Commissioning
ED	Emergency Department
E.coli BSI	Escherichia coli Blood Stream Infections
EIA	Equality Impact Assessment
ENT	Ear, Nose and Throat
HASR	Humber Acute Services Review
HCC	Hull City Council
HCV	Humber Coast & Vale
HSJ	Health Service Journal
HUTHT	Hull University Teaching Hospitals NHS Trust
HPBP	Hull Place Based Plan
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
JCC	Joint Commissioning Committee
JCVI	Joint Committee on Vaccination and Immunisation
JHWS	Joint Health and Wellbeing Strategy
LA	Local Authority
LRF	Local Resilience Form
LTP	Long Term Plan
MD	Managing Director
MRSA BSI	MRSA Blood Stream Infections
NHSE/I	NHS England/Improvement
NL	North Lincolnshire
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 Sub-Committee
PHE	Public Health England
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