

**CLINICAL COMMISSIONING GROUP BOARD  
MINUTES OF THE MEETING HELD ON FRIDAY 22 MAY 2020, 9.30 AM,  
Via GoToMeetings**

**PRESENT:**

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

**IN ATTENDANCE:**

J Dodson,	NHS Hull (Interim Director of Integrated Commissioning)
D Robinson,	NHS Hull CCG (Personal Assistant) - <i>Minute Taker</i>
S Lee,	NHS Hull CCG (Associate Director of Communications and Engagement)
D Lowe,	NHS Hull CCG (Deputy Director of Quality and Clinical Governance/Lead Nurse)
M Napier,	NHS Hull CCG (Associate Director of Corporate Affairs)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted from:  
J Weldon, Hull City Council (Director of Public Health and Adult Services)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 24 JANUARY 2020**

The minutes of the meeting held on 24 January 2020 were approved and signed as a true and accurate record.

**Resolved**

(a)	The minutes of 24 January 2020 were approved as a true and accurate record and signed by the Chair.
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### 3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The following update on the Action List from the meeting held on 24 January 2020 was provided for information:

#### 24.01.20

#### 7.1 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP UPDATE

The Transformation Funding had been discussed at the Humber Coast and Vale Health and Care Partnership Board, Members were advised that measures had been delayed and a comprehensive report would be brought to the September 2020 Board meeting.

#### Resolved

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

The Chair advised that the recommencement of the Individual Funding Request Panel would be discussed at agenda item 12.

#### Resolved

(a)	That the recommencement of the Individual Funding Request Panel would be discussed under the Any Other Business item.
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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 related to;

Name	Agenda No	Nature of Interest and Action Taken
Dr B Ali	7.2	Declared a Personal Interest as partner works at HUTHT, the declaration was noted but no further action required given the nature of the interest.

Name	Agenda No	Nature of Interest and Action Taken
Dr V Rawcliffe	8.1	Declared a Personal Interest as daughter works for Modality, the declaration was noted but no further action taken given the nature of the interest.

**Resolved**

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

Board Members were provided with details of the Gifts and Hospitality Declarations made since the Board Meeting on 22 November 2019.

**Resolved**

(a)	Board Members noted the declarations of gifts and hospitality made since the Board Meeting on 24 January 2020.
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**5.3 USE OF CORPORATE SEAL**

The Associate Director of Corporate Affairs informed Board Members that the seal had been used for a contract for the use of Alexandra Wharf Car Park from 16 February 2020 – 15 February 2021 this had a value of £32,070.

This was a voluntary scheme for staff and funded through membership costs.

**Resolved**

(a)	Board Members noted the use of the Corporate Seal for the contract for Alexandra Wharf Car Park.
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**5.4 ACCOUNTABLE OFFICER'S UPDATE REPORT**

The Accountable Officer's Update Report which provided the Board with an update on local, regional and national issues, along with a brief review of the Accountable Officers activities, was taken as read. Thanks were conveyed for the tireless work the Chair and the Interim Chief Operating Officer had undertaken to ensure all relevant services had been delivered to patients and it was acknowledged that all teams within NHS Hull CCG had worked above and beyond during the COVID 19 pandemic.

The Accountable Officer had attended an ICS Leaders event which looked at scenario planning for the future. It was acknowledged that the delivery of health services would continue to look very different in the city.

There was some discussion about local COVID testing resource and mention was made of the local element of the test/track and trace programme scheme was being explored by Hull City Council.

The Accountable Officer conveyed her concern around the impact of COVID on employment and the negative effect on families and in particular vulnerable children who had not been attending school over the lock down period.

The Chair conveyed his thanks to the Communications Team who had supported the COVID Incident Command Centre and the timely information out to Primary Care.

The Accountable Officer expressed her personal thanks to Dr Bushra Ali and Dr James Crick who had supported the Chairs from NHS Hull CCG and NHS East Riding CCG with queries from the COVID inbox.

It was noted that the Annual General Meeting had been moved to September and alternative mechanisms for delivery of the event virtually are being explored.

#### **Resolved**

(a)	Board Members noted the contents of the Accountable Officer's Update Report.
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### **5.5 ANNUAL ACCOUNTS FINAL SIGN-OFF**

The Chief Finance Officer presented the NHS Hull Clinical Commissioning Group Annual Accounts 2019 – 20.

These had been prepared in accordance with the Department of Health Group Accounting Manual 2019 – 20 and NHS England SharePoint Finance Guidance Library.

The Chief Finance Officer explained that the formal sign off of the accounts had been protracted due to external 3rd party assurances being delayed and the formal submission being pushed back to 25th June.

In the light of the above, it was proposed that the accounts submitted to the Board be approved in principle with authority for final sign off being delegated to the CCG Chair and the Accountable Officer. They would formally notify the Chair of the Integrated Audit and Governance Committee when they had done so.

The Chief Finance Officer formally logged her thanks to the Senior Finance Manager and her team for producing the year end accounts in the current challenging circumstances and in the unfortunate absence of the Deputy Chief Finance Officer

It was acknowledged that there had been only minor amendments between the draft accounts and final accounts submission.

The Chair of the Integrated Audit and Governance Committee confirmed that the Committee had scrutinised the accounts in rigorous detail and had agreed that they were a true and accurate record.

The following key points were noted:

- A detailed analysis of the programme and running costs for NHS Hull CCG including an overall summary of expenditure and details for the other expenditure.
- The transaction spend which had had an amendment implemented after the draft accounts had been reviewed.

- The Council of Members related parties had been reviewed further across the PCNs and are reflected in further detail added which assists the reader of the accounts understand the relationships across the patch.
- The revenue resource of £480,410 had been achieved against a target of £480,476.
- There had been a two month delay in prescribing data, concern was raised around organisations coming out above target due to this. At present prescribing is £198k under budget and is therefore within the triviality threshold level and not expected to change subject to final discussions.

The accounts were approved subject to the prescribing data being confirmed by audit thereafter and Members approved delegated authority for final sign off of the accounts to be undertaken by the CCG Chair and the Chief Accountable Officer.

### Resolved

(b)	Board Members approved the 2019/20 CCG Accounts in principle and delegated authority for final sign-off to the CCG Chair and the Chief Accountable Officer..
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## 5.6 ANNUAL GOVERNANCE STATEMENT (AGS) 2019/20

The Associate Director of Corporate Affairs presented the draft Annual Governance Statement (AGS) 2019/20 for approval.

It was stated that the AGS was a statutory requirement for the Accountable Officer to sign as part of the formal year-end procedures. It describes the processes and mechanisms through which the organisation has discharged its responsibilities for maintaining a sound system of internal control, which in turn supports the achievement of policies, aims and objectives whilst safeguarding the public funds it has responsibility for.

It was stated that the AGS has been reviewed in detail by the Integrated Audit and Governance Committee and had been subject to scrutiny by the CCG's external auditors.

Board Members were advised that attendance had been compiled from attendance logs and any discrepancies logs should be brought to the attention of The Associate Director of Corporate Affairs.

The CCG contracts with a number of external organisations for the provision of support services and functions. It duly receives assurances as to the adequacy of the controls in place within these organisations, these are known as Third Party Assurances.

At the time of submission of report to the CCG Board, confirmation of assurances were awaited from some of these third parties and would be incorporated in time of finalisation of the AGS.

The Board had responsibility for leading the development of the CCG's vision and strategy, as well as providing assurance to the Council of Members with regards to the achievement of the CCG's objectives. It had established six committees to assist it in the delivery of the statutory functions and key strategic objectives of the CCG. It receives regular opinion reports from each of its committees, as well as

their minutes. These, together with a wide range of other updates, enable the Board to assess performance against these objectives and direct further action where necessary.

Member's noted those key performance areas where standards were below those expected - namely accident and emergency, cancer access targets and referral to treatment. Performance monitoring of these had been disrupted in the light of the pandemic impact however an informed judgement had been made that these areas were unlikely to have recovered to the required performance levels by the end of the financial year.

With the exception of these matters, the Board was assured that the CCG has an overall sound system of internal control and approved the AGS on this basis.

### **Resolved**

(a)	Board Members approved the AGS, noting that it had been scrutinised by the CCG's external auditors and assured by the Integrated Audit and Governance Committee.
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## **5.7 NHS HULL CLINICAL COMMISSIONING GROUP ANNUAL REPORT**

The Associate Director of Communications and Engagement presented a final copy of the NHS Hull CCG Annual Report 2019-20, subject to any additional comments from the regional team or comments from Auditors.

The production of the NHS Hull Clinical Commissioning Group Annual Report had been significantly impacted by the response to COVID 19 this year and a two week extension was granted for the draft report deadline and a four week extension to the final report.

Thanks were conveyed to everyone involved in submitting information in what was very difficult circumstances, particularly thanks were expressed for the work the Head of Communications had undertaken compiling the narrative.

The Associate Director of Communications and Engagement advised Board Members that the following areas must be explained on how duties are discharged.

- Involving the public in commissioning activities and the impact that engagement activity has made.
- Improving the quality of services.
- Reducing inequalities.
- Reviewing the extent to which the CCG has contributed to the delivery of any joint health and wellbeing strategy.

The Board were advised on additional areas to note from the Performance Report/Accountable Officer's Overview:

- NHS Long Term Plan and Humber Coast and Vale ICS.
- National programmes - Lung Health Checks.
- Commissioning for mental health, children and young people, planned and unplanned care.
- Integrated Care Centre – update from second year of this award-winning
- Primary Care Networks
- Co-production – neuro-development pathway
- Patient experience

It was stated that the Accountability Report contains the Governance statement, Equality update and staff report.

Design work on the Annual Report was under way and a draft designed copy would be available to within the next couple of weeks with anyone who wishes to see it.

The date for the final upload was 26th June 2020 although it is anticipated it will be the fully designed version that will be uploaded.

It was stated that the Accountability Report would be presented to the Health and Wellbeing Board in July 2020.

### **Resolved**

(a)	Board Members approved the contents of the CCG Annual Report 2019/20.
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## **5.8 CORPORATE RISK REGISTER & BOARD ASSURANCE FRAMEWORK & 5.9 2019/20**

The Associate Director of Corporate Affairs presented a report to brief Board Members on the current corporate risk register. The report defined the changes on the register in the period since previously reviewed by the Board along with the current board assurance framework (BAF) for approval and consideration.

Committee Members were advised that the Corporate Risk Register and Board Assurance Framework had been thoroughly considered and challenged via the Integrated Audit and Governance Committee.

Discussions had taken place around the processes in the current climate in relation to both the Corporate Risk Register and Board Assurance framework, it had been agreed that due to the COVID 19 pandemic a lighter touch would be taken on both documents.

It was stated that only COVID 19 risks would be highlighted with the remaining risks being highlighted if there had been a deterioration in score.

A more specific detailed document was being produced to advise the Senior Leadership Team of the COVID 19 related risks.

The Primary Care workforce risk had decreased, however it was conveyed that this risk could re-emerge in the future and it was agreed that the risk would be reviewed over the next two months.

New strategic objectives are being drafted and these would be taken to the Senior Leadership Team for endorsement.

All key risks will be identified and the BAF will be presented at the July 2020 Board.

### **Resolved**

(a)	Board Members noted the updates provided and comments where appropriate, on the adequacy of the controls, assurances and mitigations within the corporate risk register.
(b)	Board Members approved the BAF report provided and commented as

appropriate.
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## 6. STRATEGY

### 6.1 HUMBER COAST AND VALE INTEGRATED CARE SYSTEM UPDATE & 6.2 INCLUDING HASR & HUMBER STRATEGIC COMMISSIONING OPERATING MODEL

Board Members were provided with an update on the work of the Humber, Coast and Vale (HCV) Integrated Care System including the Humber Acute Service Review (HASR) and the Humber Strategic Commissioning Operating Model.

The Accountable Officer conveyed that Humber, Coast and Vale Health and Care Partnership had become an Integrated Care System (ICS) on 1<sup>st</sup> April 2020, after the submitted application was ratified by NHS England and NHS Improvement.

The ICS is a close collaboration of NHS organisations, local councils and other health and care partners, taking collective responsibility for managing resources, delivering effective health and care services, and improving the health and wellbeing of the population it serves and would manage the performance and assurance regime.

It was stated the HCV had become two sub systems; North Yorkshire and York and the Humber Health and Care Systems. The Accountable Officer had been asked to be the lead for the Humber sub-system, a MOU between partners which sets out the governance arrangements for the Humber sub-system would be developed.

It had been proposed to establish the following groups:

- Humber Partnership Board; which would include Accountable Officers, provider Chief Executive Officers, Council Senior Officers and the ICS Locality Director.
- Humber Advisory Board; which would include direction to the Partnership Board, Chair, lay member representatives for each CCG, elected members, voluntary sector representation, front line staff and a citizen voice.
- Clinical and Professional Reference Group; which would include Clinical Chairs, relevant professionals and Primary Care Networks Clinical Directors.

The meetings will act in the best interest of the four Humber populations, ensuring that no one locality is adversely affected or that health inequalities are increased as a result of any decision. Work is being undertaken on the governance of these groups and how these support the ICS governance arrangements in order to avoid duplication.

The Humber area had established a Strategic Commissioning Board, this was put in place to create more agile decision making across the CCGs and to ensure that we do things once with a focus on transformational change not transactional activities.

Underneath the Strategic Commissioning Board would be delivery programmes including Children Services, Acute Services, Mental Health Learning Disabilities Services and HASR including multi-disciplinary teams engaging more with the Local



Authorities and Primary Care Networks to strengthen up our approach and undertaken the opportunities to work contrarily in reflection of COVID.

Concern was raised around elective care as patients had not been accessing services during the Pandemic. It was stated as strategic commissioners work needs to be undertaken on the next steps and how we influence the agenda going forward.

The guidance being received from NHS England is system by default and leaders working together.

It was noted that 2020/2021 would be the last year CCGs were rated as an individual organisation and 2021/2022 would see a move to a system rating based on the drive for the NHS to work in a more integrated way.

The question was posed how the governance would support integrated delivery for the remaining existence of the four CCGs as separate statutory bodies. It was acknowledged that this remained the plan, but with greater focus on collaboration at system-level leading to consistent and agreed recommendations being submitted to statutory bodies for approval..

Legislation is being worked on at present and CCGs need to be mindful of the direction and how locally the interest of patients are kept at the forefront of all the decisions.

Dr Moulton asked if CCG budgets would be merged. It was stated that until there is any legislative change the key aim would be to focus and prioritise investment and expenditure in line with the Hull population.

Clinicians on the front line are to be advised of the Strategic Commissioning Board and the national guidance which had been received to ensure they have a full understanding of what the future will involve and ensure all parties are protected.

The Accountable Officer advised Members that the Humber Acute Services Review (HASR) had been halted due to COVID 19 for a two months but worked had now commenced again. There are three parts to the review

1. The recovery phase, looking at starting up elective care
2. HASR Phase 1 will focus on fragile services and what potential solutions to sustainable delivery are available .
3. HASR Phase 2 will develop the capital business case that needs to be prepared.

A programme team has been assembled to undertake the work.

Dr Vince Rawcliffe asked if there had been a response to the email from one of the Clinical Directors regarding an ICS related discussion at the recent Council of Members meeting. The Chair advised that a response had been compiled and he would share with Board Members.

## **Resolved**

(a)	Board Members noted the contents of the HCV Health Care Partnership
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	and Humber Strategic Commissioning Operating Model update
(b)	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.

### 6.3 HULL PLACE BASED PLAN BOARD RESPONSE TO COVID-19

The Interim Chief Operating Officer provided an update on the Hull Place Based Plan Board response to COVID-19.

The Interim Chief Operating Officer advised that the Place Based Plan Board had been suspended at present due to the COVID 19 pandemic and members had been pulled into resilience planning, business continuity and how services/programmes and dealt with and delivered locally. Although the Board had been suspended some of the work which had been previously talked about had been brought forward and commenced due to it being extremely relevant during the pandemic.

It was acknowledged that prior to COVID 19 the Place Board had been refreshing the Terms of Reference to ensure the appropriate membership and a Board development session had been undertaken to look at the direction of the work of the Board. There had been two opportunities identified from the development session, one being looking at the COVID response and ascertain how this could be taken forward and secondly to look at the membership of the Board to give it clarity against the Health and Wellbeing Board and start to use it as a planning forum.

Strategies to tackle health inequalities within the city of Hull and communities are required to be reviewed and then prioritised ensuring the most deprived matters are prioritised.

#### Resolved

(a)	Board Members noted the contents of the update provided on the Hull Place Based Plan Board response to COVID -19.
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## 7. QUALITY AND PERFORMANCE

### 7.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and Deputy Director of Quality and Clinical Governance / Lead Nurse presented the Quality and Performance Report for May 2020. This provided a corporate summary of overall CCG performance and current financial position.

The final information for month 11 had been circulated for perusal prior to the Board meeting after being reviewed and addressed at the Quality and Performance Committee.

Assurance was provided to Board Members in relation to quality meeting with providers being undertaken with solutions being determined for areas of concern.

A revised interim process for the management of serious incidents (SI) and never events during the COVID 19 pandemic had been implemented, all SI are reported although there are delays on investigations.

There had been a decrease in Accident and Emergency attendances, it was questioned as to whether the performance target would be flexed as the figures at present do not provide a true reflection on waiting times.

A refreshed approach to operational planning was being devised as at present the current methodology is not relevant.

### **Resolved**

(a)	Board Members noted the update along with the contents of the Quality and Performance Report.
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## **7.2 HULL SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2018/19**

Dr B Ali declared a Personal Interest in agenda item 7.2 as partner works at HUTHT – The declaration was noted and no further action was taken given the nature of the interest declared.

The Deputy Director of Quality & Clinical Governance/Lead Nurse presented the Hull Safeguarding Adults Partnership Board Annual Report 2018/19.

The purpose of the report was to share information relating to the functions and activities of the HSAPB and to demonstrate how NHS Hull CCG are fulfilling its statutory responsibilities in relation to adults with care and support needs who are suffering from or are at risk of abuse and neglect, in accordance with the Care Act 2014 and other associated legislation.

The Care Act 2014 states 6 key principles that underline all adult safeguarding work;

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – The least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities.

It was noted that communities have a part to play in preventing, detecting and reporting neglect and abuse.

Members noted the progress set out within the annual report and commended the CCG team on the work they had undertaken.

### **Resolved**

(a)	Board Members noted the update of the Hull Safeguarding Adults
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## 8. INTEGRATED COMMISSIONING

### 8.1 INTEGRATED CARE CENTRE FRAILTY PROGRAMME RESPONSE to COVID-19

Dr V Rawcliffe a Personal Interest in agenda item 8.1 as daughter works at Modality – The declaration was noted and no further action was taken given the nature of the interest declared.

The Interim Chief Operating Officer gave a presentation on The Frailty Programme Response to COVID -19 to provide Hull CCG Board with an update on the Community Frailty Programme response.

It was conveyed that from 17<sup>th</sup> March 2020 patients could not attend the Integrated Care Centre (ICC) to ensure patient safety during the COVID-19 pandemic.

The Interim Chief Operating Officer expressed her thanks to the NHS Hull CCG Chair Primary Care Networks Clinical Directors and the Lay Representative for Audit, Remuneration and Conflict of Interest Matters for their help in supporting the change from face to face appointments to virtual conversations/ specialist advice on telephones and attending care homes.

The following areas were highlighted in the presentation:

- The ICC had been opened from July 2018 – March 2020 (pre COVID) for proactive and reactive care for Hull patients
- During COVID March 2020 – current date the frailty support team had ceased face to face session but provided proactive and reactive advice and guidance for both Hull and East Riding patients.
- Specialist advice and guidance line is available 8.00am - 8.00pm 7 days a week
- Care homes outbreak support team for 233 care homes in Hull and East Riding was established.
- Community Beds – a provision of additional medical staffing to Community Beds in response to increase in community bed capacity
- A dashboard had been devised to facilitate escalation / de-escalation as the COVID crisis evolves.
- Critical success factors
- Benefits – information of who is benefiting from the ICC
- Adverse impacts
- Next steps



Item 8.1 Frailty Programme COVID\_FI

### Resolved

(a)	Board Members noted the update Integrated Care Centre Frailty Programme Response To Covid-19
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## 9. STANDING ITEMS

### 9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 3 JANUARY 2020/ 7 FEBRUARY 2020/ 6 MARCH 2020/ 3 APRIL 2020

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

The Chair advised that there had been a reduced agenda for the April Committee nevertheless a robust conversation had been held around the items.

#### Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 3 January 2020/ 7 February 2020/ 6 March 2020/ 3 April 2020.
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### 9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 19 NOVEMBER 2019/ 21 JANUARY 2020/ 26 FEBRUARY 2020

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

#### Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report for 19 November 2019/ 21 January 2020/ 26 February 2020.
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### 9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 14 JANUARY 2020 and 10 MARCH 2020.

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

The Chair advised the March meeting was a nationally mandated remit and appropriate assurance had been received.

#### Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 14 January 2020 and 10 March 2020.
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### 9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 13 DECEMBER 2019 and 28 FEBRUARY 2020.

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

#### Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 13 December 2019 and 28 February 2020.
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## 10. GENERAL

### 10.1 POLICIES

The Deputy Director of Quality and Clinical Governance/Lead Nurse had provided the following policies for approval rather than ratification.

- Grievance Policy
- Statutory and Mandatory Training Policy

The changes had been identified within the policies.

The policies applied to everyone who was employed by the CCG.

Committee Members were advised that the policies had been through the internal process and had been approved at the relevant committees.

### **Resolved**

(a)	Board Members approved the Grievance and Statutory and Mandatory Training Policies.
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## **11. REPORTS FOR INFORMATION ONLY**

### **11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 3 JANUARY 2020, 7 FEBRUARY 2020, 6 MARCH 2020 and 3 APRIL 2020**

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

### **Resolved**

(a)	Board Members noted the Planning and Commissioning Committee approved minutes for 3 January 2020, 7 February 2020, 6 March 2020 and 3 April 2020.
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### **11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 19 NOVEMBER 2019, 21 JANUARY 2020 and 26 FEBRUARY 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 19 November 2019, 21 January 2020 and 26 February 2020
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### **11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 14 JANUARY 2020 and 10 MARCH 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 14 January 2020 and 10 March 2020.
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### **11.4 PRIMARY CARE COMMISSIONING COMMITTEE APPROVED MINUTES – 13 DECEMBER 2019 and 28 FEBRUARY 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 13 December 2019 and 28 February 2020.
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**11.5 INTEGRATED COMMITTEES IN COMMON APPROVED MINUTES – 18 DECEMBER 2019**

The Chair provided the minutes for information.

**Resolved**

(a)	Board Members noted the Integrated Committees in Common approved minutes for 18 December 2019.
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**12. ANY OTHER BUSINESS**

Lay Representative for Audit, Remuneration and Conflict of Interest Matters advised Board Members there had been an increase in Individual Funding Referrals and requested approval to re-instate the panel for the 9<sup>th</sup> June 2020 panel, it was conveyed that there had been no emergency IFR and the panel would be a combination of face to face and virtual.

Board Members approved the request.

**Resolved**


(a)	Board Members approved the Individual Funding Referral panel to be re-instated.
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Board Members were advised that Clare Linley would be taking on the Executive Nurse role for NHS Hull CCG.

The Accountable Officer expressed her thanks to Deborah Lowe for the incredible job she had undertaken covering the Executive Nurse role and advised that Clare Linley would be in attendance in this role at future meetings of the Board.

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

The next meeting will be held on **Friday 24 July 2020 at 9.30 am** in the **Boardroom at Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed: 

Dr Dan Roper  
Chair of NHS Hull Clinical Commissioning Group

Date: 24 July 2020

## **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