

CLINICAL COMMISSIONING GROUP BOARD

**MINUTES OF THE MEETING HELD ON FRIDAY 27 NOVEMBER 2020, 9.30 AM,
Via MS Teams**

Part 1

PRESENT:

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

IN ATTENDANCE:

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

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. PATIENT STORY:

The Chair advised Board Member that NHS Hull CCG had been approached by Hull University and a representative from the Refugee Council to ascertain if NHS Hull CCG would consider becoming a CCG of Sanctuary.

A presentation was delivered with regard to becoming a CCG of Sanctuary: See attached slides. The following points were raised:

- NHS Hull would be the first Clinical Commissioning Group in the country to become a CCG of Sanctuary.

- The creation of a bench marking tool for how Clinical Commissioning Groups organise and provide medical care for asylum seekers and refugees.
- A mission statement which states NHS Hull CCG holds the vision that they would be a welcoming place of safety for all and proud to offer sanctuary to people fleeing violence and persecution.
- An action plan which had been devised with three major principles “to learn, to embed and to share.”



NHS Hull CCG
Board Presentation

The Chair advised that a link would be shared which was the story of Abdul an asylum seeker accessing healthcare in Hull.

<https://youtu.be/-g07zzF1RTs>

The Chair thanked everyone involved in the work undertaken in NHS Hull CCG becoming a CCG of Sanctuary.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 25 SEPTEMBER 2020

The minutes of the CCG Board meeting held on 25 September 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting and were approved.

It was stated that item 2 of the minutes of 25 September 2020 would be updated prior to being signed.

Resolved

(a)	CCG Board members approved the minutes of the meeting held on 25 September 2020, these would be signed by the Chair.
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4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 25 September 2020 was presented for information, and the following updates were provided:

- 24.01.20 – 7.1 Humber Coast and Vale Health and Care Partnership Update**
The Transformation Funding was still being worked through. Work was being undertaken with Mark Bradley on the transformation resource that was available. Mark had been brought in at the ICS level to undertake work in terms of overall leadership. A further update would be provided at the January 2021 Board.
- 24.07.20 – 7.1 Workforce and Organisational Development Annual Report**
This action was marked as complete
- 24.07.20 7.1 Workforce and Organisational Development Annual Report**
This action was marked as complete.

Resolved

(a)	The Action List from the meeting held on 25 September 2020 and the updates provided were noted.
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5. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

(a)	There were no items of Any Other Business to be discussed at the meeting.
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6. GOVERNANCE

6.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the action taken;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda No	Nature of Interest and Action Taken

Resolved

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

There had been no declarations of gifts and hospitality made since the last report to the Board Meeting on 25 September 2020.

Resolved

(a)	Board Members noted that there had been no declarations of gifts and hospitality made since the Board Meeting on 25 September 2020.
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6.3 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer gave an update which provided a summary of local, regional and national issues, along with a brief review of matters that she had been involved with since the previous meeting.

The following summary of the key areas was provided:

COVID

The Accountable Officer advised Committee Members that Hull had the highest rate of positive COVID individuals in the country. As a result of the pressures on health and care a Humber Local Resilience Forum Health Cell had been established chaired by Emma Latimer which works into the Humber Local Resilience Forum chaired by the Chief Fire Officer.

The Local Resilience Forum (LRF) Health Cell comprises of providers, Local Authorities and the military. A Super surge plan had been developed by each organisation with a system surge plan being developed to accompany these. The Health Cell was linked into the LRF as well as a weekly meeting of the 4 Local Authority Chief Executives, Chief Fire Officer and Chief Constable.

The Accountable Officer expressed her thanks to all front-line staff and key workers for the work they were and had been undertaking in the COVID pandemic.

CCG Rating

NHS Hull CCG had been rated outstanding for the 4th year in succession. It was stated 2020 would be the final year that NHS Hull CCG would be rated as an individual organisation. The Accountable Officer acknowledged that everyone had worked tirelessly to deliver the best possible outcomes for our population and conveyed her appreciation for all of the work which had been undertaken by staff.

Combined CCG's SLT

A combined SLT had been established across the Humber comprising of the 4 CCG's: NHS Hull CCG, NHS East Riding CCG, NHS North Lincolnshire CCG and NHS North East Lincolnshire CCG. The combined SLT was working as a Humber System across all 4 CCG's.

Integrated Care Systems (ICS)

The next steps to building strong and effective Integrated Care Systems across England guidance had been received. The engagement on the proposals would run until 8th January 2021. The Accountable Officer advised that there would be major implications for NHS organisations particularly CCGs. A briefing would be undertaken on 3rd December 2020 to update staff across the Humber on the information which had been received. It was agreed that Board Members would be invited to attend the ICS next steps briefing.

The Chair expressed his thanks to the Accountable Officer for all of the work that was being undertaken in the ever-changing running of NHS Hull CCG, NHS East Riding CCG and NHS North Lincolnshire CCG.

Resolved

(a)	Board Members noted the Accountable Officers Update Report.
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6.4 TERMS OF REFERENCE QUALITY & PERFORMANCE COMMITTEE

The Associate Director of Corporate Affairs and the Interim Director of Nursing and Quality provided a proposal to revise the frequency of Quality & Performance Committee meetings.

The Associate Director of Corporate Affairs advised Committee Members that the Terms of Reference of the Quality and Performance Committee had been received and approved at the September 2020 Board. An additional request had been

received to reduce the frequency of the formal meetings of the Committee from monthly to bi-monthly. In reducing the frequency of the meetings, it would assist in preparations of the depth of reports.

Board Members approved the request with the caveat of arranging emergency meetings if required.

Resolved

(a)	Board Members approved the reduction in the frequency of Quality and Performance Committee.
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7. STRATEGY

7.1 HUMBER, COAST AND VALE ICS HUMBER PARTNERSHIP UPDATE

The Accountable Officer provided an update regarding the Humber, Coast and Vale Integrated Care System (ICS).

It was noted that The Humber Coast and Vale ICS Humber Partnership had been superseded by the ICS guidance.

At present there were two divisions of the ICS, one being Humber and the other being North Yorkshire and York. It was stated that there were strong elements in terms of the Partnership Board with Chief Executives and a Professional Advisory Board which includes clinicians, Lay Members and elected members.

The Accountable Officer had been approached to lead on the strategic commissioning element for the North East Region and was part of the ICS development work.

Dr J Moulton queried if there was a specific reason why the pace of change was so fast. The Accountable Officer advised that, due to the establishment of effective working relationships during the pandemic, the government felt it was more beneficial to move things forward ensuring leadership was undertaken at place across providers. The pandemic and response to the pandemic had shown this could be done effectively.

Resolved:

(a)	Board Members noted the Humber, Coast and Vale ICS Humber Partnership Update.
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7.2 HULL PLACE BOARD

The Interim Chief Operating Officer provided an update regarding the Hull Place Board.

The Hull Place Board had been paused during the summer. A subsequent meeting had been held which was a stocktake across the patch to ascertain how each partnership organisation had responded during the pandemic.

Committee Members were advised of the following areas of work:

- The Place Board had endorsed a plan for the Centre for Local Economic Strategies (CLES) to be commissioned to develop a Community Wealth

Building Plan for Hull. A desktop review had been requested to be undertaken in the background until the Place Board was re-established.

- A Community Wealth Building Implementation Group had been established.
- A paper *Building Forward Together* had been presented at a previous Board which consolidated the response the VCS had provided during the pandemic. The paper had highlighted the need to sustain and build VCS into the Place Board moving forward. The Board had a role in the strategic oversight and to ensure that the VCS infrastructure and partnership continues to grow.
- The Place Board agreed to support a proposal to establish a new work stream focused on developing a new relationship between the voluntary and community sector and public sector partners.
- The Beverley Road Project had been paused during COVID but a new strategic group across all partners had been re-established led by Darren Downs to refresh the work and extend the scope of the programme to include the city centre. The new arrangements would include a tactical delivery group and refresh of the multi-agency data and information sharing group

The Chief Finance Officer stated that the Place Board would be the place where the population need for Hull was driven, and acknowledged that the role of the Place Board needed to be strengthened.

Resolved:

(a)	Board Members noted the Hull Place Board Update.
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7.3 HUMBER ACUTE SERVICES REVIEW UPDATE

The Accountable Officer provided an update regarding the Humber Acute Services Review.

The Humber Acute Services review had slightly slowed down during the pandemic. Ivan McConnell had now been appointed as Humber Acute Services Programme Director to focus on:

- Interim Clinical Strategy, focusing on the 10 fragile specialties
- The Three strands (emergency, planned and women and children)
- Capital

Additional information would be provided at the January 2021 Board as the next cohort of work was due in December 2020.

The Chief Finance Office expressed her assurance that there was a desire to involve and align the out of hospital impact and programme of work. There was a strong sense there was a large amount of activity which was undertaken in an acute setting that would be more efficiently delivered in an out of hospital setting.

Resolved:

(a)	Board Members noted the Humber Acute Services Review Update.
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7.4 COVID CURRENT POSITION AND PLANS

The Interim Chief Operating Officer provided an update regarding the current COVID position and future plans.

It was acknowledged that NHS Hull CCG worked closely with the Local Authority Public Health Team to monitor the infection rates which subsequently converts into an impact on service providers and primary care.

It was stated that some senior clinicians from Hull had supported a communication campaign supporting messages around the importance of receiving your flu vaccination, along with attending routine appointments.

HUTHT, as of 26 November 2020, had 170 COVID positive patients in the hospital.

Additional resources had been added to bedded and community services across the city. Community services were coping well and working closely with the Local Authority to keep patient flow operating well. The flow out of hospital into suitable community care and the discharge to assess procedures were working well.

Primary Care were operating a total triage service ensuring patients had a range of appointment options. All primary care services were being delivered. The risk around workforce within primary care was being continually monitored.

The Integrated Care Centre had extended the advice and guidance offered to primary care, care homes and Yorkshire Ambulance Service (YAS) to 7 days a week.

A clinical assessment service had been introduced for YAS so enable them to have a clinical conversation about whether a patient should be taken to the hospital.

Dr Rawcliffe questioned if any learning had been received from the Public Health observation as to why the cases in Hull were so high. The Chair advised that the data was looked at via a heat map and the cases in wave 2 were completely different from wave 1. The data was showing that the transmission in wave 2 had escalated in the 24 – 35-year olds who were socialising more.

Concern was expressed that the virus was being spread via community connections, people not abiding by the rules. It was noted that there had been a large social media blitz into maximising the messages in communities.

It was stated that the Local Authority had repurposed a department to supporting isolation payments.

The Chair expressed his thanks to the Primary Care Networks (PCN) supporting Toni Yel in co-ordinating the COVID vaccination programme.

Resolved:

(a)	Board Members noted the COVID Current Position and Plans Update.
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8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer presented the Quality and Performance report for consideration. The report provided a corporate summary of latest CCG performance and current financial position.

Finance

The Chief Finance Officer advised Board Members that a financial hybrid arrangement had been in place during 2020/21. For the first six months of the year a reimbursement basis had been used. Within the body of the report all the summary financial information which was up to September 2020 had been reclaimed from NHS England. Work had been undertaken during November 2020 to ascertain what the implication of arrangements put in place for the second half of the year would be.

As reported at the September 2020 Governing Body the vast majority of allocation for months 7 – 12 would continue to flow into CCG's. However, work was being undertaken on what goes where for the COVID allocation of £34.9m, the top up for providers of £39.7m and the growth funding of £5.5m for the second half of the year.

NHS Hull CCG were the host organisation for the vast majority of transformational resources. The projection for year-end showed NHS Hull CCG being in a surplus position. It was suggested that the development session in December 2020 be used to review the detail of the NHS England draft plans. It was suggested that the development session be opened up to Council of Members.

Post meeting note: the December 2020 development session had been cancelled.

It was stated that the National Audit Office was producing guidance on how to navigate the scrutiny process for the financial year given the hybrid arrangements that had been in place.

Clarification was requested around the current aligned incentive contract with the Trust and whether or not there would be any issue moving resource around as the service transformational agenda progressed. The Chief Finance Officer stated that her sense would be that it would put everyone on a firmer footing around fixed income. Additional work would need to be undertaken on what the mechanisms were and whether it would be through honorary contracts between organisations that the workforce holds. It was the Chief Finance Officer's desire to ensure, wherever possible, to stabilise finance within the service and enable the workforce to work more flexibly and agilely.

Performance

It was stated that the main focus of attention was around the recovery agenda and the approach to ensure diagnostic waiting and activity was continued to be prioritised along with the position of the waiting list and 52-week position.

A focused piece of work on the 52-week wait was being undertaken around the back log and ongoing work that could be undertaken to ensure the waiting lists did not continue to grow. Specialities highlighted in the report were still being reviewed. Regular meetings were being held with the Trust and community providers to ensure that if patients had to wait for appointments they were being monitored and had been

clinically prioritised. A more detailed update would be provided at the January 2021 Board.

Quality

It was stated that there were three areas of focus with regard to quality:

- The impact of COVID from a quality perspective, the maintenance in services during the pandemic.
- The impact on constitutional standards particularly those relating to waiting for elective procedures, diagnostics and some elements of cancer pathways. The focus was working with providers to understand the quality impact to seek assurance which had been received in terms of the clinical prioritisation of patients and seeking assurance in understanding how any potential harm was identified.
- Serious Incidents through provider organisations, HUTHT were undertaking specific work around falls along with learning from diagnostic incidents.

Board Members were advised that HUTHT had employed a Provider Collaborative Lead for Acute Services who was setting up an Acute Hub which would address the cancer pathway.

The Interim Director of Nursing and Quality advised Board Members that clarity would be sought on the governance around the “Ask the Midwife” service and how this fed into the patient’s clinical records.

It was queried why the data for near natal mortality and still births within the report reflected 2017 data. It was stated that the near natal mortality and still birth data within the report related to the reporting assurance framework where the data was obtained and that there was a significant time lag in availability of data. Additional data was available via the local maternity data.

Resolved:

(a)	Board Members noted the Quality and Performance Report.
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8.2 SAFEGUARDING (ADULTS & CHILDREN’S) SIX MONTHLY REVIEW.

The Interim Director of Nursing and Quality presented a report which provided an overview of the arrangements in place to safeguard and protect children and adults in Hull, in accordance with the NHSE/I Safeguarding Accountability and Assurance Framework. The report also demonstrated how NHS Hull Clinical Commissioning Group, as a commissioner of services were fulfilling its statutory duties.

Highlighted within the report was.

Committee Members were advised that a Named Doctor for Safeguarding Children, Dr Guy Clayton, had been appointed in September 2020. Dr Clayton would also look at Safeguarding Assurance. It was felt that the assurance arrangements had been significantly strengthened within NHS Hull CCG through the establishment of Safeguarding Assurance which was now reporting into the Quality and Performance Committee.

The Safeguarding Team had seen a sustained increase in activity in certain elements of the services due to the ongoing impact of COVID-19. Safeguarding referral rates

for both children and adults were now reported to be back within expected parameters. There had been a sustained 40% increase in referrals for domestic abuse incidents/support in the city.

The Children's Partnership Executive Board had held a stakeholder event in July 2020 to look at further strengthening the arrangements which had been implemented in September 2019. It was noted that at the September 2020 meeting of the Executive Board that a number of recommendations were supported. These included the re-establishment of a Business Unit for the HSCP, recruitment of an Independent Chair and Scrutineer and to create a full time Business Manager role.

The key areas of development for the Quality and Assurance team were highlighted and assurance given that these areas of work would be fully addressed.

It was questioned if there was a plan to increase the level 3 safeguarding training for private and voluntary sectors. It was stated that there was a requirement for to take place in an interactive way. The safeguarding teams at present were looking at alternative ways of delivering level 3 safeguarding training for staff and the safeguarding partnership were looking at the voluntary sector training.

Clarification was requested on when the overdue Looked After Children report from HUTHT would be received. It was stated that there was no specific timeframe on when the report would be available. The Chair stated the Board would like more detail around why the numbers of Looked After Children had increased, where the information was being monitored and where the actions were being taken. The Interim Director of Quality and Assurance stated a report covering these items would be requested from HUTHT.

Assurance was requested that future partnership arrangements would be more inclusive and not the bare minimum for Adult safeguarding. The Chair advised that this would be further discussed by the SLT.

Resolved

(a)	Board Members noted the update provided regarding the CCG arrangements in place to safeguard and protect children and adults in Hull.
(b)	Board Members were assured that NHS Hull CCG, as commissioner of services are fulfilling statutory duties in relation to safeguarding and Looked after children
(c)	Board Member requested HUTHT be asked for the overdue Looked After Children Report.

8.3 HEALTH AND SAFETY ANNUAL REPORT

The Interim Director of Nursing provided a report to advise the Committee on how NHS Hull CCG had fulfilled its statutory duties in relation to Health, Safety and Security compliance.

The purpose of the report was to inform the NHS Hull Clinical Commissioning Group Board of the current position of the organisation in relation to its Health, Safety and Security responsibilities, to outline progress made during the year 2019/20, and outline plans and actions for the year 2020/21.

Highlighted within the report was.

The Health Safety and Security Group continued to meet on a quarterly basis to ensure that all required health, safety and security actions were met and that suitable arrangements and monitoring were in place for the organisation. It was stated that the Terms of Reference for the Health Safety and Security Group had been reviewed and there was a continued focus around risk assessments, updating policies and statutory and mandatory training.

All required risk assessments had been reviewed on an annual basis or sooner if required in response to changes in legislation or as a result of a reported incident. A significant challenge during the year had been to continue to ensure that staff and visitors to the CCG were not affected adversely by the structural changes taking place at Wilberforce Court as a result of the owners changing the majority of the building into residential flats.

It was noted that the NHS Hull CCG training position showed significant compliance, with only Data Security Awareness being not being fully compliant, this was due to maternity and sick leave.

It was acknowledged that Hull CCG was currently compliant in delivering its responsibilities regarding Health, Safety and Security. All relevant risk assessments had been completed, and were available to staff. Policies had been completed and there was a good Health and Safety culture established with staff at all levels.

Board Members were provided with assurance that the premises were COVID safe and COVID secure.

Resolved

(a)	Board members approved the report and took assurance from the measures that were in place to manage Health, Safety and Security compliance.
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8.4 CONTROLLED DRUGS REPORT

The Interim Director of Nursing and Quality provided a report to update the NHS Hull Clinical Commissioning Group Board on the NHS England Single Operating Model for Controlled Drugs at a local level.

Committee Members were advised that there were two key elements of the Controlled Drugs 2019/20 Annual Report:

The responsibility of NHS Hull CCG with regard to controlled drugs: The Interim Director of Nursing and Quality provided assurance that the requirements of responsibilities with regard to the safe use of drugs were being met.

A high-level summary that draws on the prescribing data and identifies the relevant position of NHS Hull CCG against the other CCGs with the Humber. Actions to address through the Medicines Optimisation Team around controlled drug items grown and cost growth were highlighted to limit the use of controlled drugs where appropriate.

The Chair requested that further information be provided on the table showing the monthly and overall YTD growth for all commissioners showing schedule 2 controlled

drugs due there being large discrepancies within the figures. It was agreed that the Medicines Optimisation Pharmacist would be asked to provide further information in relation to the discrepancies. The paper would then be discussed at the Quality and Performance Committee for approval.

Resolved

(a)	Board Members were assured that the responsibilities as outlined within the Memorandum of Understanding were being delivered.
(b)	Board members did not approve the report relating to the prescribing of Controlled Drugs in NHS Hull CCG.

9. STANDING REPORTS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 4 SEPTEMBER 2020

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Report for 4 September 2020.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORTS – 21 JULY and 22 SEPTEMBER 2020

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report for 21 July 2020 and 22 September 2020.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 08 SEPTEMBER 2020

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

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 08 September 2020.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 28 AUGUST 2020

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 28 August 2020
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10. POLICIES

10.1 LEARNING AND DEVELOPMENT POLICY

The Interim Director of Nursing and Quality provided a Learning and Development Policy for approval following a scheduled policy review.

It was conveyed that the Learning and Development Policy was in operation and consistent across Hull, North Lincolnshire and East Riding of Yorkshire CCG's. Board Members were asked to ratify the updates within the policy as there were no significant changes within the policy.

Resolved

(a)	Board Members approved the Learning and Development Policy.
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10.2 MENOPAUSE POLICY

The Interim Director of Nursing and Quality provided new Menopause Policy for approval.

The Menopause policy was a new policy which was consistent with new policy development across NHS North Lincolnshire and NHS East Riding of Yorkshire CCG's. It was noted that the policy had been developed as the potential of both perimenopausal and menopause to impact individuals within the workplace.

The Menopause Policy had been consulted on with staff and had been seen by SLT and the local partnership forum.

Resolved

(a)	Board Members approved the Menopause Policy.
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11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 04 SEPTEMBER 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 04 September 2020.
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 21 JULY and 22 SEPTEMBER 2020

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

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 21 July 2020 and 22 September 2020.
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 08 SEPTEMBER 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 08 September 2020.
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE APPROVED MINUTES – 28 AUGUST 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 28 August 2020.
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12. ANY OTHER BUSINESS

There was no any other business discussed.

Resolved

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

The next meeting will be held on Friday 22 January 2021 at 9.30am

Signed: _____

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date: _____

Abbreviations

ADCA	Associate Director of Corporate Affairs
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CLES	Centre for Local Economic Strategies
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
LRF	Local Resilience Form
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