CLINICAL COMMISSIONING GROUP BOARD

MINUTES OF THE MEETING HELD ON FRIDAY 22 JANUARY 2021, 9.30 AM, Via MS Teams

Part 1

PRESENT:

Dr D Roper	NHS Hull CCG (Chair)
E Latimer	NHS Hull CCG (Accountable Officer) *(up to item 7.3)*
Dr B Ali	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 Moult	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)
P Heaford	NHS Hull CCG (Personal Assistant) - *Minute Taker*

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:
Dr M Balouch, NHS Hull CCG (GP Member)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 27 NOVEMBER 2020

The minutes of the CCG Board meeting held on 27 November 2020 were submitted for approval. It was agreed that these were a true and accurate record of the meeting, subject to the following minor amendments:

- Page 9, 8.1 – final paragraph, lines a 1 and 2 – “near natal mortality” should read “neonatal mortality”
- Page 11, final line should read “due to there being…”
- Page 13 – Menopause Policy - 2nd paragraph should “peri-menopausal” should read “perimenopause”

Resolved

(a)	CCG Board members approved the minutes of the meeting held on 27 November 2020, subject to the above minor amendments, and these would be signed by the Chair.

3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 27 November 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 Chief Finance Officer advised that, in terms of the approach to transformation, the transformation resources that flowed through the Integrated Care System (ICS) were routed through each of the individual CCGs within the Humber Coast and Vale (HCV) geography and for this year it had all been suspended; therefore, the opportunity to undertake this action had been superseded.

It was agreed that this action would be removed from the action list and would form part of the overall future financial regime and would be captured in that context going forward.

27.11.20 – 8.2 Safeguarding (Adults and Children's) Six Monthly Review

The Interim Director of Nursing and Quality confirmed that the Looked After Children Report had now been received from Hull University Teaching Hospitals NHS Trust (HUTHT) and she advised that mechanisms were now in place to receive this report on a routine basis. This action would now be marked as complete.

Resolved

(a)	The Action List from the meeting held on 27 November 2020, and the updates provided, were noted.

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 Other Business to be discussed at this meeting.

5. GOVERNANCE

5.1 DECLARATIONS OF INTEREST

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

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

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

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

Name	Agenda No	Nature of Interest and Action Taken
Dr Ali Bushra		Declared a general interest as her spouse worked at HUTHT. The declaration was noted and no further action was required to be taken.
Dr James Moult		Declared a general interest in relation to his honorary contract for Cardiology. The declaration was noted and no further action was required to be taken.

Resolved

(a)	The above declarations of interest were noted and no further action was required to be taken.

5.2 DECLARATIONS OF GIFTS AND HOSPITALITY

There had been no declarations of gifts and hospitality made since the last report to the Board on 27 November 2020.

Resolved

(a)	Board Members noted that there had been no declarations of gifts and hospitality made been since the last report to the Board on 27 November 2020.

5.3 USE OF CORPORATE SEAL

There had been no use of the Corporate Seal since the last report to the Board on 27 November 2020.

Resolved

(a)	Board Members noted that there had been no use of the Corporate Seal since the last report to the Board on 27 November 2020

5.4 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 Accountable Officer stated that the pressures in the System had been huge, although they had been managed well locally compared to the last peak in November. Local COVID infection rates had not yet been at the rates seen previously although the local hospitals had been under pressure. She wished to say a big thank you to all front-line commissioners who had done an amazing job over the last 10 months, and particularly in deploying the vaccine.

The following summary of the key areas was provided:

Vaccination Programme under way
The Accountable Officer advised members that the Health Secretary, Matt Hancock, had delivered a personal message to the health staff in North Lincolnshire congratulating them for rolling out coronavirus vaccinations to the most vulnerable in the fastest time. North Lincolnshire CCG was highlighted as having been the best at delivering the vaccine to the over 80s and into care homes. The personal message to the team had been well received and really good for morale.

It was reported that in the Humber, North East and Yorkshire areas really good progress had been made with the vaccination programme which was down to GPs, predominantly PCNs, getting things organised and mobilising the capacity to support the programme. Thanks again were expressed to all those involved and members were advised that there was confidence that all four of the first cohorts would be vaccinated by mid-February 2021.

Humber System Response
The Accountable Officer reported that she had been chairing the Gold Command Cell twice a week and advised that mutual aid between partners had been agreed. Recently they had been supporting York, particularly around community services, due to the pressures the York and Scarborough System have had.
Thanks were expressed to all those who had been involved in briefings from the communications team on key messages such as how to stay safe and the importance of adherence to the national rules in place,

Next Steps for Integrated Care Systems
Members were advised that the national engagement exercise around the Next Steps for the ICS had concluded on 8 January 2021 and the Humber, Coast and Vale Partnership had submitted its response. It was understood that there had been circa 6,000 responses, 5,000 of which were from members of the public. All of the information was currently being assessed, feedback from which was awaited. It was anticipated that people would want to assure Place was reflected; that the clinical voice was retained and that the voluntary sector and other small providers had a voice moving forward. There would also be a lot of discussion around how the Board may look and what delegated authority and responsibility it may have.

The Humber System was working well and now had a joint Executive Team which which met weekly and included North East Lincolnshire. It was not expected that there would be any transitional changes from April 2021-April 2022 as the focus would need to be on the new – what it meant for us and how we could help shape the ICS and the infrastructure that was going to be in place to support it. The ICS had recently advertised for two Partnership Leads: one for the Humber and one for North Yorkshire and York. Expressions of interest were only being sought from the four Accountable Officers in the Humber and North Yorkshire and York CCGs with a closing date of 26 January 2021 and an interview date the following week. This would not change the Accountable Officer status in any CCG, but was to start to align the ICS to the future.

International Award for the Integrated Care Centre(ICC)
The ICC had won an international award for the Best Social Infrastructure Project (including healthcare) in the Partnership Awards 2020 which recognised elite partnership projects across the world and congratulations were conveyed to all involved.

Looking ahead

Despite ongoing pressures and transitional change in 2021-22, the strategic focus on addressing the health inequalities and improving health across the city had not changed. New developments this coming year would include the introduction of new Mental Health Support Teams in schools, completion of the West Hull Primary Care Hub and the Hull Homeless Health Project. Thanks were expressed to everyone for their amazing leadership during this time.

The Chair wished to express his thanks, on behalf of the Board, to everyone in the communications team for the excellent work that had been done during Covid in a rapidly changing environment. He also wished to thank Dr Amy Oehring for her video on "Recovering well from Covid" which had been very well received. Both the Chair and the Accountable Officer had taken part in a live Facebook event with Emma Hardy and Councillor Hester Bridges (Chair of Hull Health and Wellbeing Board) about the Covid vaccine which had been very well received on behalf of the public and had proved a good way to communicate with people and get accurate information out.

The Accountable Officer also wished to express her thanks to the Associate Director of Communications and Engagement and members of the communications team who had been exceptional and had really stepped up in supporting everyone across the patch.

With regard the video by Dr Amy Oehring, the Associate Director of Communications and Engagement advised that media training could be arranged for anyone wishing to do something similar as a way of communicating messages and information.

Resolved

(a)	Board Members noted the content of the Accountable Officers Update Report and the key areas highlighted.

6. STRATEGY

6.1 HUMBER, COAST AND VALE ICS/HUMBER PARTNERSHIP UPDATE

The Accountable Officer advised that these two items were now the same and had been covered in her earlier Accountable Officer's Update Report.

6.2 NEXT STEPS FOR INTEGRATED CARE SYSTEMS

The Accountable Officer advised that this area had also been covered previously in her Accountable Officer's Update Report. Feedback from the consultation exercise was awaited and it had been suggested that the legislation would be out in May 2021, but due to the issues around Covid it was now thought this would be later.

She stated that, as a System, we would need to try and understand what this would mean for us at Place and there was an opportunity to shape this. There was a lot of work going on at the moment around how we could shape this and an event was being held on 27 January 2021 with PCNs, facilitated by one of the Clinical Directors in East Riding, around how primary care sees its role in the future and how it fits into that ICS structure. The focus would need to be on the "new" and how to influence the arrangements moving forward and ensure that the PCNs and primary care maintained a strong voice in the process.

The Accountable Officer advised that she met with the four Humber Local Authority Chief Executives every week and would be giving a presentation to them on Strategic Commissioning with a follow up around what Place might mean for health and start to work on this through the Health and Wellbeing Boards, Place Boards and what the future of those were in relation to the statutory duties of the CCG.

Dr Moult queried if it was envisaged that the ICS governing body meetings would be public going forward. The Accountable Officer confirmed that this would be the case, the openness with the public would need to be maintained and there would need to be lay engagement and clinical leadership as we have now.

The Chief Finance Officer advised that they were looking proactively at what the functions of the CCG were and looking at scenario planning for where those might sit, particularly working across the four CCGs with a real view to giving some confidence and positive messages and to our own staff.

The Chair stated that the benefit to us as an organisation representing the population, was that the new arrangement would offer a better opportunity to influence health inequalities and the social determinants of health.

It was agreed that a Board Development session would need to be arranged in the near future structured around what this would mean for our Committees and for Place, whilst preserving and enhancing the clinical leadership and expertise.

Resolved:

(a)	A Future Board Development session to be arranged structured around how we begin to move things forward, to include the future of Committees and Place and how to retain the skills and expertise both in relation to PCNs and Board members

7. QUALITY AND PERFORMANCE

7.1 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.

The following update was provided:

<u>Finance</u>

The Chief Finance Officer reported that the CCG were now in the process of closing down Quarter 3. She stated that the finance regime was unrecognisable to previous years and, following the Chancellor's announcement at the start of the pandemic that the "NHS would get what the NHS needs", as we moved to the year end the CCG have been in a position where we have been able to financially support almost everything that any of our providers have needed to be able to deploy services on the front line.

Members were advised that it had been a year of two halves: Months 1-6 had been based on a cost re-imbursement basis, and for months 7-12 we had been given a fixed allocation and financial envelope to live within. Dependent upon what the recovery agenda looked like, there had been points during this process where there

had been concern around lack of resource to deliver the scale and level of recovery being aimed for. However, the recovery agenda had not gone as expected as we were now into another significant surge and all of the front-line services were back focusing on responding to Covid. Therefore, the costs related to recovery had not materialised, overlaid with a level of transformation resource that had been played into Systems. Members were advised that, as we moved to the year-end we had re-adjusted our plans as a System across the Humber, to be declaring that we would live within our financial envelope for the second half of the year.

NHS Hull CCG had been the host statutory organisation for much of the allocation and resource that was coming into the Humber System and at the moment we were showing a surplus, whilst others were showing a deficit. Between now and the year-end a process would be undertaken to smooth the effect of this across the System. The Chief Finance Officer advised that she would be having a conversation with the external auditors with regard to what this would mean from the point of view of value for money conclusions and achievement of statutory duties. There were potential consequences to the accountabilities that we have which would need to be understood and worked through. This was a national issue that NHSE and the National Audit Office were overseeing.

Moving to the year-end, close working would need to take place with the audit team, in particular with regard to the year on year comparators of expenditure and the analytical review process, as things will have shifted quite considerably between the different lines of expenditure.

Notification had been received that the current financial regime had been rolled forward into the first quarter of next year as a minimum.

Some key pieces of work would need to be carried out to understand the delivery of Quality, Innovation, Productivity and Prevention (QIPP) and to understand the recurrent cost implications and potential cash releasing elements.

Performance

The Lay Representative - Audit, Remuneration and Conflict of Interest Matters sought clarity, in terms of Spire “systematically working through their patients”, that these were NHS patients. It was confirmed that these were NHS patients. She further stated that, although we would support the delivery of a system-wide control total and financial envelope, we would need to ensure that NHS Hull CCG achieved its statutory requirements in terms of year-end.

Quality

The Interim Director of Nursing and Quality advised that, from a quality perspective, the position remained similar to that reported to the November Board meeting.

There were two main key areas of focus:

- Providers response to the Covid pandemic itself, and
- The Impact of Covid upon providers’ ability to provide the full range of services to patients safely and effectively.

A strong response from providers had been seen with regards to the first area. In terms of the impact on the wider range of services,, namely: longer waits in terms of RTT times and 52 weeks, there had been a real focus in terms of assurance and quality from the full range of providers and these issues were being picked up

regularly by the CCG with them through the Quality Review meetings and other forums.

The Chair pointed out that the figures in the report went up to the end of October 2020, and although did not reflect the current position, the themes were very similar.

Dr Heseltine advised members of the difficulties that hospitals were experiencing in managing patients. Covid patients were being put in separate areas, however the problems were arising when 1 or 2 people got Covid in the other areas and all the people who had been in the same rooms as them became Covid contacts and had to be isolated in another way and moved to another ward. This situation was proving very difficult to manage and the quality of care was hard to maintain whilst, at the same time, trying to deliver clinical services in other areas.

The Interim Director of Nursing and Quality stated that, whilst there were undoubtedly challenges with patient flows in the acute trust, there was good assurance in terms of their adherence to the Infection, Prevention and Control Board Assurance Framework which was reviewed with them on a regular basis and outbreaks within hospital was something they were managing well from the information available.

Dr Heseltine also wished to raise his concern in relation to people with long term conditions and complex needs. On the matrix within the report we were ranked 182/190 for percentage of deaths with three of more emergency admissions in the last three months of life. He stated that there was a need for better communication with people in the last year of life and to amend care plans for people to take this into account. The Chair advised that both himself and Dr James Moult sat on a Mortality/Morbidity Group at the Trust and they had looked at the difference between the first wave and the second wave, around people being admitted to hospitals, the age differences etc., and how many more people were being looked after in the community. The Chair proposed that this particular item be taken away and brought back to the next meeting in terms of what specific work had been done around this.

In relation to the data, Dr Moult pointed out that this was from 2017 so may be out of date and there may now be improved figures.

Resolved:

(a)	Board Members noted the contents of the Quality and Performance Report and the verbal updates provided, and
(b)	The area of support for people with long term conditions and complex needs in the last year of life would be taken away and brought back to the next meeting in terms of what specific work has been done around this.

7.2 COVID UPDATE

The Interim Chief Operating Officer provided an overview of some of the system pressures and the work that was taking place.

In terms of hospital capacity and management of the extra surge capacity in relation to Covid; there was an added complexity of how bed capacity and patient flow was managed safely across the hospital sites.

It was reported that currently Hull hospitals had approximately 25% of their beds occupied by Covid patients. Whilst current infection rates were down significantly

since the November peak at around 220 per 100,000, the bed occupancy had been sustained and currently there were 230 Covid patients in Hull hospitals and the CCG was working closely with system partners to minimise the number of hospital admissions necessary. Further work was also being undertaken with respect to hospital discharge to make sure, wherever possible, people were safely transferred either into a community or care home setting.

Members were advised that, as well as being concerned about the level of Covid care that the hospitals were dealing with, this inevitably impacted on elective and planned care and the CCG were equally concerned about the associated impact on patients waiting for treatment, surgery and out-patient services. It was reported that all local providers were operating their Business Continuity Plans; a daily system call took place to take a situation report from each of the providers, including primary care, and to make sure that mutual aid was available where appropriate. The CCG coordinated these calls, with the ability to escalate to the Humber Health Cell, chaired by the CCG Accountable Officer.

The CCG continued to work closely with CHCP and the local authority to commission additional community beds, with 140 community beds currently operational across Hull and East Riding. In Hull 30 of these beds had been specially commissioned to support people who could be discharged from hospital but still required a period of isolation before their return to a care home setting.

The Integrated Care Team at the ICC had flexed their service to reflect the most pressing service needs. They continued to provide some pro-active care while also specifically focusing on patients transferred from a hospital setting who requiring post-Covid support. They were currently operating a 7-day week advice and guidance line from 8.00am-4.00pm, averaging approximately 45 calls/day.

The CCG were working with both primary care and specialist clinicians in the hospital around rehab and respiratory to establish Long-Covid clinics and on-going Covid care.

It was reported that, across all the System, workforce remained one of the major risks with it remaining under significant and sustained pressure. Unavoidable staff absences continued to be challenging to manage and this area was being monitored closely with mutual support offered where possible.

The Interim Chief Operating Officer advised that CCG staff were currently dedicated to supporting all these priorities and some of the other programmes of work had been stood down as a consequence.

The HR team had supported the development of interim operating arrangements for the CCG, with the majority of staff continuing to work from home and in accordance with individual personal plans. Advice and support continued to be offered to staff.

The Chair stated that, in terms of the vaccination programme which had now been underway for 5 weeks, it was recognised that this would be for the long haul and would need to be managed from a workforce and logistics point of view. He further commented that the rapid roll out had been excellent.

The Interim Chief Operating Officer advised that all five of the local vaccination sites were now operational across the city, run by general practice, and the work that the

GPs had done in primary care to vaccinate the majority of over 80's and care home residents in a short space of time had been phenomenal.

The Chair stated that the consistent message would need to continue to be given that people would be contacted for their vaccination. Jason Stamp stated that the other equally important message that would need to be reinforced was that people still needed to continue to observe social distance guidelines once they had received the vaccination.

Dr Ali commented on the Joint Committee on Vaccination and Immunisation (JCVI) cohorts that had been prioritised and sought clarity on the suggestion in their letter that that there may be some flexibility to target further specific groups that were judged would need prioritising. The three main groups she had in mind were: the homeless, people with learning disabilities and the BAME population and she queried whether there was a plan for vaccinating these groups of people. The Chair advised that Dr James Crick was the CCG's Covid Vaccine SRO and this would need to be channelled through him to gain a consistent viewpoint. He also stated that this was not just about the prioritisation of these groups of people but also about communication and access.

The Associate Director of Communications and Engagement stated the importance of a local level Equality Impact Assessment (EIA) within this context. Local engagement work had commenced with particular cohorts and the CCG was working with colleagues in Public Health to gather a picture of any potential barriers to access. Pro-active engagement was being undertaken with local groups to establish where the gaps in knowledge were, to look at targeting communications and using community leaders to get key messages across.

Dr Heseltine commented that the numbers of people getting Covid in Hull peaked on 8 January 2021 and the current figure was now down 40% on that.

Resolved

(a)	Board Members noted the updates provided and the response of the CCG and system partners to the COVID major incident

7.3 INFECTION PREVENTION AND CONTROL ANNUAL REPORT 2019/2020

The Interim Director of Nursing and Quality presented the Infection Prevention and Control Annual Report for 2019/2020 to provide assurance to the NHS Hull CCG Board in terms of the appropriate arrangements in place and to advise on the continued progress being made around the Healthcare Acquired Infection agenda

The following key headlines were highlighted:

It was reported that some of the work that started in 2019/20 had focused on reviewing and strengthening some of the governance arrangements and linking that into how the Infection Prevention and Control (IPC) Teams work, through the leadership of the IPC Lead Nurse, which was a shared post with ERY CCG.
The CCG also commissioned, through CHCP, an IPC Team that worked across primary care within the city.

The following update was provided from a performance perspective in relation to the key infections:

MRSA Blood Stream Infections (MRSA BSI) - there was a zero tolerance in terms of our standard in this regard and from a CCG perspective the numbers were very low. We had seen a reduction from 2 cases to 1 case in 2019/2020 and the acute trust position remained the same.

The key learning from the cases that were reported predominantly focused on the management of intravenous devices and the actions that the Trust was taking in terms of focussed training in this regard with an emphasis on phlebitis scoring in clinical practice.

Clostridium Difficile (C diff) - again during 2019/20 the CCG had met its targets and had ended the year under trajectory. In the latter quarter of the year some of the review work had had to be paused around individual cases as we started to move into the pandemic period.

Escherichia coli Blood Stream Infections (E.coli BSI**)** – from a CCG perspective, we had ended the year in an improved position from the 2018/19 position with a decrease of six cases. From the Trust's perspective there had been a slight increase. There was a very clear plan with regard to E.coli BSI and areas of focus in terms of trying to secure improvement in that regard.

Quarter 4 Activity /Priorities for 2020/21
From Quarter 4, in terms of IPC, this was when the focus shifted massively to Covid and picking up the IPC response as part of the System. The IPC Team had been really instrumental in reaching out and working with system partners across the last year and this had continued through into the priorities for 2020/21. This had taken the vast majority of the teams' time in terms of the whole System response, whilst also trying to maintain the focus on those other key infections that we were seeking to reduce. It was reported that there had been a continued improvement against those infections in terms of our 2020/21 performance and this had also been seen across other CCG areas within the Humber.

In terms of the timing of the report going forward, the Interim Director of Nursing and Quality made a commitment to bring this in a more timely way by September 2021.

Resolved

(a)	Board members approved the Infection Prevention and Control Annual Report 2019/2020

7.4 OPERATIONAL PRIORITIES

The Interim Chief Operating Officer advised that the CCG had not received the usual detailed operational planning guidance as in previous years. The guidance, received on 23 December 2020, had been much shorter and set out the following five key areas that we were to concentrate on until the end of the financial year:

- Responding to the Covid demand
- Supporting implementation of the vaccination programme
- Responding to other emergency demands and winter pressures
- Supporting the workforce
- Maximising capacity in all settings to treat non-Covid patients

The Interim Chief Operating Officer provided the following further updates:

A significant feature in the guidance was the equal attention on making sure that elective care, other urgent cancer and surgical care continued and was prioritised whilst the Covid demand was being managed. It was reported that the CCG had been working with the Trust and community partner colleagues to ensure that, wherever possible, independent sector capacity was being utilised to that effect.
The Interim Director Of Nursing and Quality's Team was working with the Trust with respect to clinical prioritisation and communication to affected patients in this regard.

With regard to the 52-week wait, there had been a slight reduction with 2,000 less patients; however, there were still a significant number of patients waiting even pre-Covid with particular pressures in the areas of cardiology, ophthalmology and ENT. In terms of ENT, an improvement had been seen in data as at the end of November last year. Since then the CCG had initiated community ear care and further clinical capacity in the community to assist the waiting list pressure. Similar work was also being undertaken to source independent sector support for ophthalmology patients.

The initial guidance was followed up on 14 January 2021 with a subsequent letter which reinforced the areas that had been set out, and in response to the increased surge and infection rates that were being seen nationally. Regional co-ordination had been put in place, with Hull CCG being part of the HCV ICS. The guidance continued the Level 4 incident response for the rest of this financial year and continued to affirm the prioritisation of the vaccination programme. More regional co-ordination had been put in for Trusts around mutual aid and management of Priority 1 and 2 patients with regard to those patients who required urgent operations and cancer treatments. There was also daily reporting from the Trusts, including Hull hospitals, to maintain and protect ICU capacity and critical care.

It was noted that there was a roll-over of the financial block contracts until the end of the financial year and further emphasis on workforce, continuing to look at nursing and medical students for support and making sure the health and wellbeing resources were there across the existing workforce, as well as maintaining the fantastic support provided by the voluntary sector.,.

In relation to the scale of the challenge around parity of cancer, the Chief Finance Officer expressed concern at the Trust's ability to respond and sought assurance that the CCG would work with the Trust to ensure that, wherever possible, priority was given to cancer patients in the same way as Covid.

Resolved

(a)	Board Members noted the updates provided.

8. STANDING REPORTS

The Chair advised that he had e-mailed the respective Chairs of the four Committees prior to this meeting to ask them to start to think about the core functions of the CCG. He stated that as we moved forward there was going to be an increasing discussion about how these Committees will operate, what they would do and how they would fit into the System. It was really important that the Chairs and Joint Chairs were involved and pivotal to those discussions as we transition into new arrangements.

Karen Marshall agreed that it was vitally important that this work was done and stated that, with regard to the Integrated Audit and Governance agenda, these were

statutory functions that the CCG had to achieve which were in place until 31 March 2022, and similarly with the Primary Care Commissioning Committee. With regard to the Planning and Commissioning Committee and Quality and Performance Committee, there would need to be a wider debate to determine how we would retain the work and support they provided for us going forward and how that would fit into the greater strategic approach. The Chair further stated that there would still be some money spent at Place and there would need to be an arrangement for making sure that this was value for money, spent correctly and followed systems and process. Karen Marshall advised that guidance was still awaited from the National Audit Office around the future of Audit Committees.

Jason Stamp commented that, in relation to primary care moving forward, there was a need to understand where primary care would sit within both System and Place whilst balancing 'business as usual' with the Covid activity and the longer-term impact of Covid on primary care. Thought would need to given to how we would preserve the good work of CCGs and the value of clinical input around decision making as part of the legacy. He also stated that we should continue to develop and support the growth of PCNs as they would form a key part of the way we worked as a System and form the connection back to Place and population health and that resource followed that function.

Dr James Moult stated that quality and performance had an integral role which would need to sustained in the long term. Thought would need to be given to the changing landscape and how we could greater influence the performance of the providers who we hold to account.

The Chair proposed that all the issues raised form the basis of a discussion at a Board Development session.

The Chief Finance Officer stated that, triangulating this to the Covid response and giving parity to cancer was not just an issue for one organisation within this geography, it was for us all to focus on and work as a System. Thought would need to given as to how, as an organisation, we would facilitate this and move resource to support it.

8.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 6 NOVEMBER 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 6 November 2020.

8.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORTS – 20 OCTOBER 2020 AND 17 NOVEMBER 2020

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Reports for 20 October 2020 and 17 November 2020

8.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 10 NOVEMBER 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 10 November 2020.

8.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 23 OCTOBER 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 23 October 2020

9. GENERAL

9.1 POLICIES

9.1.1 REPORTING AND MANAGEMENT POLICY FOR COMPLIMENTS, COMMENTS. CONCERNS AND COMPLAINTS

The Interim Director of Nursing and Quality presented the above updated policy for approval.

Members' attention was drawn to the following points:

With regard to engagement, the policy had been shared with all CCG staff for comment and feedback. The policy had been considered and approved by the CCG Quality & Performance Committee in December 2020.

The changes made to the policy had been around refreshing and updating links, roles and titles and no substantial changes had been made to the policy.

Board members considered and approved the updated policy.

Resolved

(a)	Board Members approved the Reporting and Management Policy for Compliments, Comments. Concerns and Complaints

10. REPORTS FOR INFORMATION ONLY

10.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 6 NOVEMBER 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 6 November 2020.

10.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 20 OCTOBER 2020 AND 17 NOVEMBER 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 20 October 2020 and 17 November 2020

10.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 10 NOVEMBER 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 10 November 2020.

10.4 PRIMARY CARE COMMISSIONING COMMITTEE PART 1 APPROVED MINUTES – 23 OCTOBER 2020

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 23 October 2020.

10.5 INTEGRATED COMMITTEES IN COMMON APPROVED MINUTES – 16 DECEMBER 2020

Resolved

(a)	Board Members noted the Integrated Committees in Common Approved minutes for 16 December 2020.

11. ANY OTHER BUSINESS

There were no items of Any Other Business discussed.

Resolved

(a)	There were no items of Other Business to be discussed at this meeting.

12. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 26 March 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
D diff	Clostridium Difficile
CLES	Centre for Local Economic Strategies
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
ED	Emergency Department
E.coli BSI	Escherichia coli Blood Stream Infections
EIA	Equality Impact Assessment
IDOIC	Director of Integrated Commissioning
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
H&WBB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
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
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 Committee
PHE	Public Health England
Q&PC	Quality & Performance Committee
QIPP	Quality, Innovation, Productivity and Prevention
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership