

**CLINICAL COMMISSIONING GROUP BOARD**

**MINUTES OF THE MEETING HELD ON FRIDAY 28 MAY 2021, 9.30 AM,  
Via MS Teams**

**Part 1**

**PRESENT:**

J Stamp	NHS Hull CCG (Lay Representative – Patient and Public Involvement and CCG Vice-Chair)
Dr B Ali	NHS Hull CCG (GP Member) (from item 8.3)
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)
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)
M Whitaker	NHS Hull CCG (Practice Manager Representative)

**IN ATTENDANCE:**

J Dodson	NHS Hull (Deputy Chief Finance Officer) (for the Patient Story)
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>
Bernie Dawson	Sensory Processing ( <i>for Item 1</i> )
Michelle Field	Sensory Processing ( <i>for item 1</i> )
C Hansen	NLAG (Item 8.2)
Ivan McConnell	NLAG (Director of Strategic Development/Director Humber Acute Services Review) (Item 8.2)
E Kirkwood	NHS Hull CCG (Head of Human Resources) (for item 7.1)

**1. PATIENT STORY – SENSORY PROCESSING**

Michelle Field from Humber Teaching NHS Foundation Trust and Bernie Dawson were welcomed to the meeting.

Michelle gave the below presentation to Members introducing the Sensory Processing Service which was a need led service.



It was noted that Hull CCG were the only CCG in the Yorkshire and Humber area who commissioned a Sensory Processing Service.

The Sensory Processing Service was developed in stages to manage the number of referrals received.

Stage 1 – Sensory Processing differences were identified in a child/Young person aged 0 – 18 years.

Stage 2 – Referral made to the Sensory Processing Service (criteria to be met).

Stage 3 – A full sensory processing assessment followed by a report.

Stage 4 - Sensory strategies and intervention.

The patient story of Alfie was shared with the Board.

The Chair stated that the service was a personalised and bespoke approach in terms of offering a service which was based on the assessment to support children and alter behaviours.

The Lay Representative - Audit, Remuneration and Conflict of Interest Matters asked if there was enough capacity in the service to sustain current working levels. It was stated that there was a high demand on the service and pressure was coming from education as well as health. Michelle advised that based on the number of referrals currently being received, capacity would need to be increased to sustain a well-rounded service.

It was noted that sensory processing was part of the neurodiversity service and that if demand in sensory services increased, there should consequently be a decline in demand for autism services.

The opportunities for joint commissioning with the Local Authority for sensory and autism were being reviewed. Michelle was working with the autism team to ensure sensory profiling was undertaken once and once only.

The Chair thanked Michelle Field, on behalf of the Board, for sharing the information on the Sensory Processing Service.

*Michelle Field, Humber Teaching NHS Foundation Trust, left the meeting.*

*Bernie Dawson, NHS Hull CCG, left the meeting.*

## 2. **APOLOGIES FOR ABSENCE**

Apologies for absence were received and noted from:

Dr D Roper                      NHS Hull CCG

E Latimer                        NHS Hull CCG (Accountable Officer)

The Chair wished to acknowledge that this was Clare Linley's last Board meeting and expressed his thanks, both personally and on behalf of the Board, for her commitment contribution to both the Board and the Quality and Performance Directorates.

**3. MINUTES OF THE PREVIOUS MEETING HELD ON 26 MARCH 2021**

The minutes of the CCG Board meeting held on 26 March 2021 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 7 – 3rd paragraph RES should be WRES

Page 9 – 2<sup>nd</sup> paragraph line 1 should be Objectives not Object

Page 15 - last paragraph should read Ian Goode advised that he had been invited onto the Safeguarding Assurance Board and was confident in their approach, commitment etc as he had seen the detail in safeguarding in general was being addressed.

**Resolved**

(a)	CCG Board members approved the minutes of the meeting held on 26 March 2021, subject to the above minor amendments, and 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 26 March 2021 was presented for information, and the following updates were provided:

**22.1.21 NEXT STEPS FOR INTEGRATED CARE SYSTEMS**

**6.2** It was questioned when the correct time would be to bring information back to board around moving the Integrated Care Systems forward. It was agreed to bring the narrative back once comparative information had been received.

**22.1.21 QUALITY AND PERFORMANCE REPORT**

**7.1** The Deep Dive would be completed by the end of quarter 2 (September 2021).  
The meeting with the Deputy Director of Nursing and Quality and Dr Moulton would have taken place by the end of quarter 2 (September 2021) in line with the Deep Dive.

**26.3.21 RESEARCH AND DEVELOPMENT UPDATE REPORT**

**8.2** Dr Girdham had been approached for an update on the completion date of the research projects which were being funded by the CCG. The information when received would be added to the Research and Development Annual report which would be then taken to the Quality and Performance Committee in June 2021.

**Resolved**

(a)	The Action List from the meeting held on 26 March 2021, 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 this 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
Dr Bushra Ali		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 Moulton		Declared a General Interest in relation to his honorary contract for Cardiology at HUTHT. The declaration was noted, and no further action was required to be taken.
Karen Marshall	7.3	Declared a non-financial personal interest as trustee of one of the voluntary groups. The declaration was noted, and no further action was required to be taken.
Ian Goode	7.3	Declared a non-financial personal interest as trustee on Board of one of the voluntary groups. The declaration was noted, and no further action was required to be taken.
Jason Stamp	7.3	Declared a non-financial professional interest as the author of the report and the Chief Officer of North Bank Forum. The declaration was noted, and no further action was required to be taken.
Sue Lee	7.3	Declared a non-financial personal interest as trustee on Board of one of the voluntary groups. The declaration was noted, and no further action was required to be taken.
Erica Daley	7.3	Declared a non-financial personal interest as trustee on Board of one of the voluntary groups. 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.
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### 6.2 DECLARATIONS OF GIFTS AND HOSPITALITY

There had been no declaration of gifts and hospitality made since the last report to the Board on 26 March 2021.

## Resolved

(a)	Board Members noted there had been no declaration of gifts and hospitality since Board on the 26 March 2021.
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### 6.3 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Chief Finance Officer presented the Accountable Officers an update report 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 key areas were highlighted:

#### Next Steps for the Integrated Care System (ICS)

Formal legislation and infrastructure of what the Integrated Care System (ICS) would look like after 1<sup>st</sup> April 2021 was awaited. Assurance was given that all the functions which were being undertaken at present through NHS Hull CCG were being reviewed in detail to get a bottom-up examination. It was stated that capacity within NHS Hull CCG was dwindling. The Executive Team expressed their concern around the reduced capacity and the need to understand the consequences of this reducing further. Board Members noted the employment guarantee that had been given to staff below board level.

#### Primary Care

The number of face-to-face, telephone appointments, home visits and video appointments had been publicised. Dr Moulton stated that it would be beneficial for a comparison of the demand of GP services over the past 3 years be completed as primary care were struggling at present.

Dr Balouch stated that online access had quadrupled over the last 12 months. It was acknowledged that the data available should be published within all media outlets to stop the perception that primary care were/are closed. The Chief Finance Officer stated that a blended approach to appointments should be undertaken.

Work would be carried out on what services would look like in the future, how demand was managed and creating an infrastructure that had capacity.

## Resolved

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.
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### 6.4 ANNUAL ACCOUNTS FINAL SIGN OFF 2020 - 21

The Chief Finance Officer presented the NHS Hull CCG annual accounts 2020-21.

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

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

The Chief Finance Officer advised that the accounts were the final version with the caveat that the external audit process would not be finalised until late June 2021. An audit completion report had been compiled and provided assurance of an extremely positive position.

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. The Chair of the Integrated Audit and Governance Committee would be formally notified when final sign off had been completed.

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, with a year-on-year comparator.
- Board Members were asked to review the transaction spend.
- Summary position, there had been a significant jump between the allocation target and performance there had been a £80m increase in expenditure therefore the following narrative had been added “Funding and expenditure for Hull CCG had increased over 2019/20 due to a host commissioner role the CCG undertook whereby funds for the whole of the ICS (Humber Coast & Vale Integrated Care System) under the COVID financial regime were distributed through the CCG to a range of NHS organisations across the ICS. The value of this was £58,779k”.

Dr Rawcliffe asked if there was information within the annual accounts around the additional role’s money. The Chief Finance Officer advised Board Members that the information was within the expenditure although was not explicit or separately identifiable.

Assurance was provided to Board Members that Primary Care and broader investment in Primary Care was a priority of NHS Hull CCG. The Chief Finance Officer expressed her overriding concern was around the level of saturation in primary care to do anything meaningful. It was stated that NHS Hull CCG were aware of a significant amount of money which had been paid out and not been used on the front line.

Dr Moulton asked whether there was a monetary threshold when GPs could not be Board Members. The Chief Finance Officer advised that at present she was not aware of any limits.

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

It was stated that any comments Board Members had regarding the content of the annual accounts should be addressed to The Chief Finance Office.

**Resolved**

(a)	Board Members approved the 2020/21 CCG Accounts in principle and delegated authority for final sign-off to the CCG Chair and the Chief Accountable Officer.
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## 6.5 ANNUAL GOVERNANCE STATEMENT WITH ACCOUNTS

### Resolved

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

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

The Associate Director Corporate Affairs recognised the exceptional performance the Corporate Affairs Team and the wider CCG Staff had provided, consistently rising to the challenge, and delivering over and above.

The AGS had been rigorously scrutinised by the Integrated Audit & Governance Committee and informed via internal auditors through their detailed work programme throughout the year. The Associate Director of Corporate Affairs advised that the head of internal audit had concluded that significant assurance was provided on the controls maintained throughout the year. NHS Hull CCG had received the highest possible assurance rating across all four of the specific audit pieces of work risk management, assurance, conflicts of interest, data protection and security which apprise the overall option.

It was stated that until the external auditors had fully completed their review the Annual Governance Statement was subject to comments. If the auditor provided any changes/comments these would be reported at the August 2021 Board.

(a)	Board Members noted the Annual Governance Statement.
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## 6.6 NHS Hull Annual Report 2020 – 21

The final copy of the NHS Hull CCG Annual Report 2020 – 21 were presented for approval.

The Associate Director of Communication and Engagement expressed her thanks to Emma Shakeshaft and the Communication and Engagement team for pulling together the Annual Report 2020 – 21.

The Head of Communication gave the below presentation to Board Members highlighting the following points.

- Performance Report
- Engaging People and Communities
- Improving Quality
- Reducing Inequality/Contributing to the delivery of the Health and Wellbeing Strategy for Hull
- Accountability Report key areas: Members Report, Governance Statement, Remuneration Report and Staff Report.
- NHS England Interim Feedback



Annual Report 28  
May 2021-1.pptx

The Interim Chief Operating Officer advised that the annual report presentation would be cascaded to NHS Hull employees via team brief.

Board Members were advised that the Annual Report would be shared with the Health and Wellbeing Board.

### **Resolved**

(a)	Board Members approved the NHS Hull CCG Annual Report 2020 – 21.
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### **6.7 CCG Strategic Objectives**

The Interim Chief Operating Officer presented the CCG strategic objectives for 2021 – 22 for approval.

The Chief Operating Officer gave a presentation on the CCG Strategic Objectives.



Stragetice  
Objectives.pptx

It was noted that the objectives had been reviewed and discussed in detail at the NHS Hull CCG Development session.

The Interim Chief Operating Officer requested approval of the 9 strategic high-level objectives. The Place Senior leadership team were working on the detailed outcomes of the objectives. The proposed outcomes and the Board Assurance Framework would be brought to a future meeting for approval.

It was stated that more emphasis had been placed on the inequalities agenda as this was an item that the Board collectively thought should be drawn out more.

### **Resolved**

(a)	Board Members approved the NHS Hull CCG Annual Report 2020 – 21.
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### **6.8 OPERATIONAL PLANNING 2021 – 22**

The Interim Chief Operating Officer and the Chief Finance Officer presented the NHS Hull CCG Operational Plan for 2021- 22 for information.

The following presentation was provided to Board members:



Operational plan  
202122.pptx



The following priority areas and the finance associated with them were highlighted and explained within the presentation:

- 2021- 22 Operational Planning Guidance
- Health Inequalities 5 key priorities have been identified in the guidance – Restore NHS services inclusively, mitigate against digital exclusion, ensure datasets were complete and timely, accelerate preventive programmes that proactively engage those at greatest risk of poor health outcomes, and strengthen leadership and accountability.
- Executive Summary of Planned Headline Priorities around Workforce, Mental Health, Learning Disability and Autism Services, Health Inequalities, Primary Care, Acute & Cancer Recovery, Community Services
- System finance plan for H1 (1<sup>st</sup> April 2021 – 30<sup>th</sup> September 2021)
- Allocation of resource at the 2 geographical Partnerships level (Humber and North Yorkshire)
- System break-even requirement
- Mental Health Investment planned for the full financial year
- Elective Recovery Fund
- COVID expenditure.
- H1 Plan does not distribute all the funding into the system. NHS Hull CCG planned a £14.85m surplus for H1.
- The running costs of H1 is within envelope.
- NHS Hull CCG continuing to hold system allocations.
- No CCG contingency held.
- Identified Risk.
- Mental Health Investments Standard.

Board Members were asked for approval of the presented H1 plan with the final submission being required on 3<sup>rd</sup> June 2021. Once this is completed the focus would then shift to the run rate and underlying position in H2.

### **Resolved**

(a)	Board Members approved the NHS Hull CCG Operational Plan for 2020 – 21.
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## **7. STRATEGY**

*Emma Kirkwood Head of Human Resources joined the meeting*

### **7.1 WORKFORCE AND ORGANISATIONAL DEVELOPMENT UPDATE**

The Head of Human Resources presented a report to note. The report set out the key workforce and organisational development themes and pieces of work during the 2020 – 21 period.

The National NHS People Plan 2020/21 was launched in March 2020 and set out actions to support transformation across the whole of the NHS. The plan focuses on how organisations continue to look after staff and foster a culture of inclusion and belonging, as well growing the workforce, and a focus on training, and working together differently to deliver patient care.

It was stated that the Organisational Development (OD) and Human Resources (HR) Teams had focused on areas that were required at the CCG level, whilst also

looking at how OD & HR could contribute to the ICS level pieces of work, linked to what was happening at a National Level.

The National Plan was split into 4 areas' which had been worked through by the HR team.

1. Looking after our people
2. Belonging in the NHS
3. New Ways of working and delivering care
4. Growing for the future

The People Plan in terms of HR and OD covers the enhancing cultures plan, key equality and diversity outcomes, the recovery and return plan, standard business as usual and development of an Organisational Development Strategy.

The plan had been running for the first quarter of 2021. 43% of the actions within the plan had been completed with 26% being in progress.

It was noted that there were actions within the People Plan which would sit better at the ICS level such as recruitment. Systems and activities were being developed to ensure processes were in place.

The impact of Covid on HR / Workforce and OD had been significant. In response to this the workforce team played an active part in the respond and recover project. Whilst the routine work of the team needed to continue, the HR response to Covid-19 included:

- The development of a Risk Assessment Framework to assess individual risk levels and action,
- The development of a revised personal plan to support employees during Covid-19.
- Developed a range of employee and manager support and guidance.
- The facilitation of staff members to access priority Covid-19 testing.
- The facilitation of front-line staff to access the Covid-19 vaccination programme via Occupational Health.

It was acknowledged that virtual coaching, learning session and emotional intelligence had taken place.

It was stated that future work included the National Careers Passport, National Health Passport, enhanced support for mental first aiders, and the agile working policy.

In Autumn NHS Hull CCG would be undertaking a staff survey.

## Resolved

(a)	Board Members noted and endorsed the recommendations.
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*Emma Kirkwood Head of Human Resources left the meeting*

## 7.2 HUMBER COAST AND VALE ICS HUMBER PARTNERSHIP UPDATE

The Interim Chief Operating Officer gave a verbal update on the Humber Coast and Vale ICS Humber Partnership to be noted.

A weekly system development group was in place across the Humber where conversations and decisions took place on how ICS processes were managed. The alignment of staff information and conversations with the respective Local Authorities in each place were discussed so consistent messages were cascaded.

It was acknowledged that the system development group would be expanded to incorporate quality.

A workshop had been arranged to engage with Clinical Directors and wider sector partners in June 2021.

A slide deck was being compiled with the ICS information was be compiled and would be shared with staff and Board Members imminently.

It was noted that a maturity framework had been reviewed to assess where Hull were.

The Health and Wellbeing Board was being evaluated and options reviewed as to whether this could be the Health and Care Partnership in its current form or revised form with the Local Authority.

The Interim Chief Operating Officer advised that NHS Hull CCG were going through a challenging time of significant change. It was stated that there were milestones to address in terms of moving into shadow arrangement from September 2021 and new statutory arrangements from April 2022 there would still be time for the maturity of the new system.

### **Resolved**

(a)	Board Members noted the update.
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### **7.3 BUILDING FORWARD TOGETHER REPORT**

Karen Marshall, Ian Goode, Sue Lee, and Erica Daley declared anon-financial personal interest in this item. Jason Stamp declared a non-financial professional interest in the item. The declarations were noted, and no further action was required to be taken. All members contributed and stayed in the meeting.

The Associate Director Communication and Engagement present a report to be discussed. The report summarises the work to date of the Hull Building Forward Together programme which had reviewed current ways of working between the voluntary and community sector and public sector partners to achieve better outcomes for the city.

The report contains feedback and recommendations from four task and finish groups which looked at:

- Future commissioning, investment, and sustainability
- Volunteering
- Wider workforce development
- VCSE support and development

The work of these task and finish groups concluded in March 2021 and the Building Forward Together Oversight Group made final recommendations for action to the Hull

Strategic Partnership Board in April 2021. It was agreed for Partnership Board members to present this report through their own governance structures to gain endorsement for the continuation of the Building Forward Together programme with a move towards a delivery phase.

The Associate Director of Communication and Engagement gave the following presentation highlighting to the following areas:

- Work to date
- Priority Areas
- Outcomes
- Next Steps



BFT - Hull Place  
Board April 2021.ppt

Assurance was given that as numerous smaller voluntary sector organisations often put bits in for the same work therefore facilitating organisations to work collaboratively and keep their identity and connections with the community would be beneficial.

It was acknowledged that the voluntary sector plays a key role in future ICS plans.

(a)	Board Members discussed the contents of the report and supported the actions contained within it.
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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 the overall CCG performance and the current financial position.

The Chief Finance Officer stated that no formal reporting was made for the first month of the new financial year. Performance challenges were being responded to within the operational plan.

The Interim Director of Nursing and Quality advised Board Members that key quality concern that was impacting on performance and quality of care was extended waiting in areas for treatment and diagnostics in particularly within cancer pathways.

Board Members were informed that enhanced surveillance had been implemented on HUTHT as a result of the undertaking of a quality and risk profile. The frequency of the regular quality meetings had been increased and this remained a clear focus on areas of concern. The membership of the meeting had been widened membership which to include the CQC and additional NHS England colleagues.

**Resolved:**

(a)	Board Members noted the contents of the Quality and Performance Report.
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*C Hansen & Ivan McConnell joined the meeting.*

## 8.2 HUMBER ACUTE SERVICES REVIEW; PROGRAMME UPDATE

The Programme Director Humber Coast and Vale presented an update on the Humber Acute Services Review for consideration.

The report provided the NHS Hull CCG Board with an update on the Progress of the Humber Acute Services Programme. This includes:

- Programme overview
- Programme Governance
- Programme Status
- Initial Feedback: What Matters to You
- Next Steps

Richard Barker (NHS England and Improvement) and Stephen Eames (Humber, Coast and Vale Health and Care Partnership) had requested a stocktake review to look at what need to be in place to move the Programme forward to the next stage.

As a result of this the Programme governance had been revised and refreshed and an Executive Oversight Group had now been established. A full team of Transformation Leads was now in place and Committees in Common were being established between the two acute providers in the Humber to manage the process of strategic change.

It was noted that to date the Programme had engaged with over 400 clinical staff, undertaken workshops which look at the pathways with the objective to produce a pre consultation business case framework in September 2021 for publication in December 2021.

Key message from the stocktake were:

- There was a positive recognition of the governance changes, programme structure and plan.
- There was a recognition of collective endeavour from providers and commissioning colleagues.
- A clear recognition that HCV are seeking to look beyond the hospital boundaries and out of hospital primary community care integration.

The Humber Acute Services Review would be relaunched within NLAG and HUTHT in the 3<sup>rd</sup> week of June 2021 via a question time event, followed by a rolling weekly update programme.

Amanda Pritchard and two Non-Executive Directors from NHS England/ Improvement were visiting NLAG on 11<sup>th</sup> June 2021. During the visit completed positive pieces of work would be showcased along with capital challenges that were being faced.

It was noted that the recovery piece was thought of as the priority clinical plan as part of P1 for the next 18 – 24 months was being weaved through the longer-term ambition.

The Lay Representative - Audit, Remuneration and Conflict of Interest Matters asked whether the ICU development that HUTHT was currently undertaking was part of the collaboration work. It was stated that existing capital systems and EDAA system provider framework for the implementation of programme 2 had not been allocated

funding therefore Amanda Pritchard had been approached to clarify whether or not this could be added to a capital programme.

## Resolved

(a)	Board Members noted the progress as the Programme moves from Review to a phase of Design and Implementation.
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*C Hansen & Ivan McConnell left the meeting.*

*Dr B Ali joined the meeting.*

### 8.3 NHS HULL SAFEGUARDING ANNUAL REPORT

The Interim Director of Nursing and Quality presented the Hull Safeguarding Annual Report for noting.

The purpose of this report was to ensure that the NHS Hull Clinical Commissioning Group (CCG) Board were informed of the local and wider safeguarding progress and developments in the year between April 2020 and March 2021, with reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF).

The report demonstrates how NHS Hull CCG, as a commissioner of services, had fulfilled its statutory duties in collaboration with local multi-agency safeguarding partnerships to protect the welfare of children, including Children that were Looked After (CLA), and adults at risk, in accordance with the Children Acts 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

It was noted that during the reporting period the arrangements for the formal strategic oversight and scrutiny of safeguarding activity in the CCG have been further strengthened through the establishment of the Safeguarding Assurance Group (SAG) in Q2. The SAG had continued to meet quarterly and reports to the Quality and Performance Committee and via the Chair's report to the NHS Hull CCG Board

The safeguarding and quality team had been engaged in the completion of Section 11 audits across the Safeguarding Children's Partnership with a positive assessment against NHS Hull CCG's arrangements.

It was stated that work had continued throughout the reporting period, in partnership with colleagues at East Riding Yorkshire CCG, to review and revise the Provider Self-Declaration Tool.

There had been three risks identified on the NHS Hull CCG Corporate Risk Register which relate to safeguarding during 2020/21.

**Risk Register ID 941** – Implementation of the Liberty Protection Safeguards (LPS) as a new legislative duty for the CCG.

**Risk Register ID 936** – Implementation of the new HSCP arrangements following changes to national guidance and legislation.

**Risk Register ID 928** – The functionally allowing safeguarding teams to override sharing consent preferences was being removed from SystemOne.

Concern had been raised at a previous meeting that the first annual report of HSCP did not provide the level of assurance that was required by the NHS Hull CCG Board.

It was acknowledged that this had been a true reflection and significant progress had been made in 8 areas.

It had been requested that understanding of individual cases around COVID safeguarding be provided. It was stated that the numbers and the trends had shifted in COVID, but it could not be identified if any individual safeguarding referrals was for children or adult or because of COVID.

There was continued focus on pathways where there was not full face to face contact in services at previous levels seen pre COVID. Named GP and Doctors were undertaking some focused work around supporting practitioners to work differently and be able to identify safeguarding concerns.

The following priorities had been identified for 2021/22

- Continue to strengthen and maintain NHS Hull CCG safeguarding arrangements to ensure full compliance with the NHSE/I SAAF.
- Continue to improve arrangements for gaining safeguarding assurance from all providers through full implementation of the new self-declaration tool.
- Develop and initiate further domestic abuse routine enquiry pilots with Primary Care Networks.
- Support further development of the HCV ICS Safeguarding Partnership arrangements.
- Continue to support delivery of statutory duties in partnership with HSCP, HSAPB and CSP, especially in response to continued COVID-19 impact.
- Progress planned work in partnership with colleagues across the ICS on production of safeguarding newsletter updates to primary care.
- During Q4 of 2020/21, the Hull CSP, SAPB and CSP began working together to identify shared agendas and opportunities for joint working. NHS Hull CCG would continue to support this tri-board work throughout 2021/22.

## Resolved

(a)	Board Members approved the update provided regarding the CCG arrangements in place to safeguard and protect children and adults in Hull
(b)	Members were assured that NHS Hull CCG, as a commissioner of services, was fulfilling its statutory duties in relation to safeguarding and Children Looked After in accordance with the Children Act 1989, 2004, Health and Social Care Act 2012, Care Act 2014, and Mental Capacity Act 2005.

## 9. STANDING REPORTS

### 9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 5 MARCH 2021

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 5 March 2021.
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## 9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 19 FEBRUARY 2021

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 Report for 19 February 2021
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## 9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 2 MARCH 2021

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 2 March 2021.
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## 9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 26 FEBRUARY 2021

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 26 February 2021.
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## 10. GENERAL

### 10.1 POLICIES

#### 10.1i RECRUITMENT AND RETENTION POLICY

The Interim Director of Nursing and Quality presented the Recruitment and Retention Policy for approval.

Board Members were advised that the policy had been approved and that minor amendments had been implemented.

The aim of the Recruitment and Retention Policy was to ensure that the Organisation remunerates all its employees at a level at which recruitment and retention difficulties would not be encountered. This policy should be read in conjunction with the NHS Terms and Conditions of Service handbook.

A recruitment and retention premium may be awarded on either a short-term or long-term basis, determined by principles outlined within the policy.



The CCG may use premia in two main ways; either through recruitment; or through a requirement to retain staff; based on the job within a locality or through a market shortage or a specific skill set, both may be applied in a long- or short-term capacity.

**Resolved**

(a)	Board Members approved the updated Recruitment and Retention Policy.
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**10.1ii ATTENDANCE MANAGEMENT POLICY**

The Interim Director of Nursing and Quality presented the Attendance Management Policy for approval.

Board Members were advised that the policy had been approved previously and minor amendments had now been added.

The overall purpose of the policy was to set out CCG's approach to the management of attendance and absence within the workplace. The policy also sets out guidance to staff and managers about their responsibilities in relation to Attendance Management.

This policy and procedure enable managers to address sickness absence issues, both short and long term, in a fair, consistent, and equitable manner. It was recognised however that all cases must be dealt with on an individual basis because of differing circumstances therefore this policy and procedure gives an outline of the principles to be observed.

**Resolved**

(a)	Board Members approved the Attendance Management Policy.
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**11. REPORTS FOR INFORMATION ONLY**

**11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 5 MARCH 2021**

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 5 March 2021.
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**11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 19 FEBRUARY 2021**

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 February 2021
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**11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 2 March & 21 April 2021**

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 2 March & 21 April 2021
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**11.4 PRIMARY CARE COMMISSIONING COMMITTEE PART 1 APPROVED MINUTES – 26 February 2021**

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 26 February 2021.
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**11.5 INTEGRATED COMMISSIONING COMMITTEE MINUTES 24 FEBRUARY & 28 APRIL 2021**

The Chair of the Integrated Commissioning Committee provided the minutes for information.

**Resolved**

(a)	Board Members noted the Integrated Commissioning Committee minutes for 24 February & 28 April 2021.
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**12. ANY OTHER BUSINESS**

The Associate Director of Corporate Affairs advised Board Members that the amendments to the CCG's Constitution had been approved without amendment by NHS England.

**Resolved**

(a)	Board Members noted the Any Other Business item.
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**13. DATE AND TIME OF NEXT MEETING**

The next meeting will be held on Friday 23 July 2021 at 9.30am

Signed:

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Dr Dan Roper  
Chair of NHS Hull Clinical Commissioning Group

Date:

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## **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