

CLINICAL COMMISSIONING GROUP BOARD

**MINUTES OF THE MEETING HELD ON FRIDAY 26 NOVEMBER 2021, 9.30 AM
CONFERENCE ROOM 1 (C1), GUILDHALL AND VIA MS TEAMS**

PART 1

PRESENT:

Dr D Roper	Chair, NHS Hull CCG
Dr B Ali	GP Member, NHS Hull CCG
E Daley	Interim Chief Operating Officer, NHS Hull CCG
E Latimer	Accountable Officer, NHS Hull CCG
D Lowe	Interim Director of Nursing & Quality, NHS Hull CCG
K Marshall	Lay Representative (Audit, Remuneration & Conflict of Interest Matters), NHS Hull CCG
Dr J Moulton	GP Member, NHS Hull CCG
Dr A Oehring	GP Member, NHS Hull CCG
Dr V Rawcliffe	GP Member, NHS Hull CCG
E Sayner	Chief Finance Officer, NHS Hull CCG
J Stamp	Lay Representative (Patient & Public Involvement) and CCG Vice-Chair, NHS Hull CCG

IN ATTENDANCE:

T Fielding	Assistant Director Health and Wellbeing/Deputy DPH, Hull City Council
S Lee	Associate Director of Communications & Engagement, NHS Hull CCG
M Napier	Associate Director of Corporate Affairs, NHS Hull CCG
M Shepherd	Personal Assistant to the Interim Director of Nursing & Quality, NHS Hull CCG - Minute Taker
E Weaver	Acting Senior Communications Officer, NHS Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received and noted from:-

Dr M Balouch	GP Member, NHS Hull CCG
I Goode	Lay Member (Strategic Change), NHS Hull CCG
J Weldon	Director of Public Health, Hull City Council
M Whitaker	Practice Manager Representative, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 24 SEPTEMBER 2021

The minutes of the CCG Board meeting held on 24 September 2021 were submitted for approval and agreed as a true and accurate record subject to the following amendment:-

- Page 15, Abbreviations. Clostridium Difficile should read as **C diff**.

Resolved

(a)	CCG Board Members approved the minutes of the meeting held on 24 September 2021 subject to the above amendment and these would be signed by the Chair.
-----	--

3. **MATTERS ARISING / ACTION LIST FROM THE MINUTES**

The action list from the meeting held on 24 September 2021 was presented for information with the following updates provided:-

24/09/21 6.2 (b) Quality and Performance Report (including Contracts, Finance and Performance, Part 1). A&E performance. To enhance the conversation around current pressures discussions would be taken forward between primary and secondary care. Update 24/09/21 – In progress. Discussions were ongoing with the Primary and Secondary Care Interface Group and was a continuing piece of work with the A&E Delivery Board of which Dr Moulton was now an attendee. Clinician input into existing discussions was suggested as a way forward. A piece of audit work was being undertaken around admissions through the A&E Department to enhance the quality of clinical discussion.

24/09/21 6.3 (c) Research and Development (R&D) Annual Report. The Interim Director of Nursing and Quality would provide Board Members with further detail around practice involvement with Covid-19 related research. Update 26/11/21 – In Progress. Hull CCG's Research Lead would provide a report to the Quality and Performance Committee on 10 December 2021 which would form part of the 6 monthly update to the next Board meeting on 28 January 2022.

24/09/21 7.1 (b) Humber Coast and Vale Integrated Care System (ICS) Humber Partnership Update. Hull PCN Clinical Director (CDs) representation was required at the Humber LMC Collaborative. Update 26/11/21 – The Chair had flagged this with the LMC and a meeting would be held next week with PCN Clinical Directors around the emerging Hull arrangements and to understand CDs expectations of their collaborative role and current pressures.

Resolved

(a)	Board Members reviewed the Action List from the meeting held on 24 September 2021 which would be updated as agreed.
-----	---

4. **NOTIFICATION OF ANY OTHER BUSINESS**

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

Resolved

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

5. **GOVERNANCE**

5.1 **DECLARATIONS OF INTEREST**

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

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

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

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

Name	Agenda No	Nature of Interest and Action Taken
J Stamp	7.1	Declared a General Interest as Senior Responsible Officer for the Voluntary Sector Programme within the ICS. The declaration was noted and no further action was required to be taken.
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.
Dr James Moulton	6.2	Declared a General Interest as a GP for the Modality PCN who was involved in elective work for HUTHT. The declaration was noted and no further action was required to be 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.

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

Board Members were required to provide details of any Gifts and Hospitality Declarations made since the last Board Meeting on 24 September 2021.

Resolved

(a)	Board Members noted there were no declaration of gifts and hospitality submitted to the Board since the last meeting.
-----	---

5.3 ACCOUNTABLE OFFICER'S UPDATE REPORT

The Accountable Officer presented the above regular update report which provided Members with a summary of key areas. See embedded document below for further detail:-



Item 5.3 - FINAL-
Accountable Officer's

Resolved

(a)	Board Members noted the content of the Accountable Officer's Update Report and the key areas highlighted.
-----	---

5.4 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR) SELF-ASSESSMENT 2021/22 / ANNUAL REPORT 2020/21

The Interim Chief Operating Officer presented the above assessment to be ratified and Annual Report to note. The Planning and Commissioning Committee approved the self-assessment of CCG Compliance with the National Emergency Preparedness, Resilience and Response (EPRR) / Business Continuity Management core standards on the 1 October 2021.

The self-assessment identified that substantial compliance was demonstrated against the Core Standards relating to EPRR for 2021/2022 including Business Continuity Management (BCM). The assurance process had been streamlined and significantly reduced as a result of the ongoing Covid-19 pandemic and this year there was no deep dive topics for the CCG, although it was advised to look at all previous standards and create an action plan of any outstanding compliance where this had been partially met. The Board were asked to ratify the submission made on the 29 October 2021 to NHSE.

With reference to the action plan, Dr Moulton asked if any thought had been given to Nurses and others who would visit patients and may be struggling by the disruption. The Chief Operating Officer informed that each of the providers would include this with their own Business Continuity arrangements and were required to complete a similar self-assessment for submission to NHSE.

The Associate Director of Corporate Affairs noted that, as a system, there were contingency plans in place that would draw in primary care but would need to revisit those as part of the transition. Future EPRR/BCM arrangements had been flagged with the ICS Transition Director and the Accountable Emergency Officers would meet with the Designated Lead at the ICB to determine the way forward.

As the CCG moved forward into an ICS, it was currently working with the other Humber CCGs around the future arrangements for EPRR/BCM and where responsibility would sit within the Integrated Care Board (ICB) which was unclear at present. Regular meetings were held with the four Humber CCGs as a coordinated team across this area of work.

Further to the question raised by Dr Rawcliffe it was confirmed that BCM plans for individual practices was compulsory however moving forward it would be the Primary Care Networks (PCNs) who would take on this role which would provide greater resilience.

Dr Ali noted the Annual Report did not note the issues in primary care across Hull and East Riding with the loss of internet connection on three separate occasions and felt this was an emergency as it affected GP's duty to maintain care. The Chief Operating Officer advised those issues occurred within this financial year and the report covered the period for 2020/21.

The Lay Representative (Audit, Remuneration & Conflict of Interest Matters) highlighted item 3.5 of the Annual Report which stated '*assurance received from*

primary care in respect of Business Continuity Plan's being in place for each practice. Collation of evidence was required' and suggested this collation had not happened due to the evidence not being available and felt there was a lack of understanding around what business continuity means in terms of the broader perspective.

The Chair put forward a suggestion for a CCG facilitated practice workshop at a future PTL (Protected Time for Learning) session on Emergency Preparedness and the Associate Director of Communications and Engagement recommended the desk top exercise for 2022 would include PCNs.

Resolved

(a)	Board Members ratified the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2021/22 and subsequent Action Plan and,
(b)	Noted the Business Continuity/Emergency Preparedness, Response Annual Report 2020/21.
(c)	A PTL session would be planned for January 2022 on Emergency Preparedness and CCG desk top exercise for 2022 would include PCNs.

6. QUALITY AND PERFORMANCE

6.1 HUMBER ACUTE SERVICES REVIEW (HASR) UPDATE

The Chief Operating Officer informed that an update was due to be provided at Hull City Council's Overview and Scrutiny Commission (OSC) on 10 December 2021 and would circulate this update to the Board for information.

The Associate Director of Communication and Engagement noted the significant work being undertaken around engagement in readiness for a full public consultation to be held in Spring 2022 and suggested this was included within the above update.

Resolved

(a)	The Board agreed to receive a HASR update virtually following Hull City Council's Overview and Scrutiny Committee meeting to be held on 10 December 2021 where the latest update would be presented.
-----	--

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

Dr Moulton declared a General Interest in this item as a GP for the Modality PCN who was involved in elective work for HUTHT. The declaration was noted and no further action was required to be taken.

The Chief Finance Officer presented the Board with a corporate summary of overall CCG Performance and current Financial Position with the following key points noted:-

The Financial Position for the first half of the year (H1) to 30 September 2021 had been delivered and had worked at pace, coordinated across the Humber, on the completion of the plan for the second half of the year (H2). Thanks was extended to all finance teams for working under significant pressure with continual changing guidelines. The timescales for submission of the combined Humber system plan was

delayed slightly due to announcements from the sector around additional resources specifically linked to elective recovery.

There was a continued significant commitment at a national level on Covid-19 recovery and moving attention to next year to the routine financial regime with effect from 1 April 2022. Conversations had commenced with the national team around how the new arrangements would operate with positive suggestions on how to move to something more sustainable. A key message around reducing Covid-19 allocation was that emergency flows into the CCG's providers had increased the financial liabilities and by reducing non-recurrent funding would cause organisations and systems significant challenging should this decision be taken.

Planning guidance was expected shortly for 2023. The Elective Recovery Fund, made available for this financial year, would continue as well as discussions around hospital discharge which was a significant level of resource to support Local Authority and Social Care provision.

Waiting time and excess performance continued to be significantly challenging across all aspects of delivery for both non-elective and planned elective. There is a significant pressure on a national and regional level as well as through the ICS in relation to the over 104 week waits and the over 82 week waits. The Acute Collaborate, via the ICS had responsibility around some of this agenda and work was underway to link into this and ensure there was no duplication of effort.

The Chair queried whether the CCG would go back to deficits as the Covid-19 funding was reduced. The Chief Finance Officer stated this would be described as the underlying position which was reliant on significant non-recurrent resource and would need to go back to look at how this pressure would be mitigated. Major infrastructure changes as well as a reduction in funding was a significant risk. The ability for the NHS to identify financial opportunity to support social care and the wider care home sector was becoming a reality.

In relation to partners and providers, Dr Moulton asked if there was a move for those providers to work more collaboratively and a desire to do this through the ICS work and would this be the driver that released opportunities to mitigate the reduction in budgets. The Chair confirmed this would be expedited through the ICS via the four collaboratives with each one given a set of objectives and resource to be allocated. This would be discussed further at the 'Place Based' arrangements meeting next Friday 3 December 2021. It's about reducing organisational boundaries and making providers and front-line services work together better.

The Lay Representative for Patient and Public Involvement stated the workforce challenge presented the opportunity to think more creatively around having one workforce rather than organisational workforces and opening up conversations that had not taken place before which was positive. The biggest challenge was to change the culture of the way people have always worked and to ensure the positivity and lessons learned from Covid-19 influenced how an ICS would work. Achievement made in Hull to date showed Hull as the leading CCG which could either influence the system or be held back by it.

Resolved

(a)	Board Members noted the content of the Quality and Performance Report Part 1 and the update provided by the Chief Finance Officer.
-----	--

6.3 PROVIDER QUALITY ACCOUNTS

The Interim Director of Nursing and Quality presented the Provider Quality Accounts to note which provided assurance to the Board that Hull CCG had received, reviewed and produced a statement for inclusion into the Quality Accounts 2020/21 for its commissioned providers. The statement produced by NHS Hull CCG had been provided for Hull University Teaching Hospital, Humber Foundation Trust, City Health Care Partnership, Spire and YAS. Process for sign off of the accounts was discussed and the Board would then endorse the response on behalf of the CCG, taken by the Quality and Performance Committee.

The Lay Representative for Patient and Public Involvement noted that assurance was around the CCG's contribution to either support the accounts or notify of any concerns/significant challenges.

Dr Rawcliffe and the Lay Representative (Audit, Remuneration & Conflict of Interest Matters) felt that Hull CCG's response to the accounts did not reflect monthly discussions held regarding the providers. The Interim Director of Nursing and Quality noted that the statement on behalf of the CCG was reflective of what was included within the accounts and could not include anything external to this but provided a balanced view. There was a need to think differently as an ICS, to set out the expectations for providers in terms of response from the ICS, what the process would be and to allow flexibility within the system to confirm and challenge.

Resolved

(a)	The Board endorsed the response on behalf of the CCG and were assured that Hull CCG were fully engaged in the delivery of their Statutory Quality Accounts responsibilities and,
(b)	Noted the statements provided by Hull CCG to the providers of commissioned services as detailed in the 2020/21 Quality Accounts.

6.4 INDIVIDUAL FUNDING REQUESTS (IFR) ANNUAL REPORT 2020/21

The Interim Chief Operating Officer presented the IFR Annual Report to approve which provided the Board with assurance and information regarding activity and performance of the commissioned Individual Funding Request (IFR) service for the financial year (1 April 2020 to 31 March 2021) and the range of cases considered through the IFR process. North of England Commissioning Support (NECS) provided the IFR service on behalf of Hull CCG. The report had previously been to all Committees and the IFR Panel for approval.

Activity was significantly less due to the pandemic, with no complaints or challenges received. The Standard Operating Procedure would be reviewed again this year.

Dr Moulton noted the reduced demand due to the pandemic and an expected increase in cases was accepted by the IFR Panel. The Lay Representative for Audit, Remuneration & Conflict of Interest Matters stated that the VBC (Value Based Commissioning) had made a huge difference to IFR in terms of reducing increase in referrals but noted the type of referrers were changing, in particular ECPs (Emergency Care Practitioners) had made referrals that the IFR Panel deemed inappropriate and was a symptom of where the system was at present and would need to be addressed.

The Chair highlighted feedback received in relation to some referrals that were not appropriate for consideration at the IFR Panel were now going through the VBC which should not be happening with work undertaken over the last 6 months to further understand the reasons for this.

The Lay Representative for Patient and Public Involvement queried what the future intentions were for the IFR service once the ICS was established. The Associate Director of Corporate Affairs informed the statutory responsibility to develop clinical commissioning policies to meet the needs of the population would sit with the Integrated Care Board (ICB) once established. Work was ongoing around the broader clinical risk assessment of those policies in terms of consistency and to prioritise those that were inconsistent for harmonisation and the correct process to follow prior to 1 April 2022. Reassurance could be given that a number of the higher risk policies had already been reviewed over recent years which provided the Humber system with more consistency and less likelihood of challenge post 1 April 2022.

Hull City Council's (HCC) Assistant Director Health and Wellbeing/Deputy Director of Public Health noted Public Health's role in supporting the IFR process and would welcome involvement in those discussions to factor in engagement and support. Follow up was required with Hull CCG's Associate Medical Director and other Public Health colleagues to ensure Public Health input and how this would be managed in a coordinated way going forward.

Dr Ali referred to the bar chart on page 18 of the report relating to Referring Clinicians 2020/21 compared to the previous year and asked if this was due to an increase in non-GP Practitioners rather than the use of the VBC. The Lay Representative for Audit, Remuneration & Conflict of Interest Matters noted the IFR Panel was seeing an increase in secondary care referring back to the GP to then refer back into IFR which was inappropriate. Dr Moulton noted the pressure coming down the system and being able to defer the decision back to IFR can sometimes help support clinicians with challenging conversations.

Resolved

(a)	The Board considered and approved the IFR Annual Report for 2020/21.
-----	--

6.5 INFECTION, PREVENTION & CONTROL (IPC) ANNUAL REPORT 2020/21

The Interim Director of Nursing and Quality presented the Humber-wide IPC Annual Report to endorse which provided assurance to the Board that IPC arrangements were in place, continued progress had been made in reducing the risk of Health Care Associated Infection (HCAI) and was received at the Quality and Performance Committee for review and assurance. The report highlighted the main developments in the management of IPC activity for the period 1 April 2020 to 31 March 2021.

The Board were asked to note the support provided across Hull and East Riding CCGs, both clinical and non-clinical, to bolster the IPC team in delivering the ask against Covid-19 which continued to date. Also, the support in the delivery of FiT testing for FFP3 masks for providers within the community to ensure these were protected throughout the pandemic and support provided into care homes around PPE and training of Super Trainers who would continue the training through champions. The IPC team had grown during the pandemic, with significant support from Local Authority in terms of funding and additional capacity, to take forward the continued IPC support both in hospital and community settings.

For 2021 a HCAI review saw a reduction across all infections predominantly due to the pandemic and organisations not delivering their normal level of activity.

Hull City Council's Assistant Director Health and Wellbeing/Deputy Director of Public Health noted the substantial support from the Local Authority which had significantly changed the landscape of IPC provision over the last 18 months and had highlighted where there were gaps particularly in the care sector. HCC was in the process of working with colleagues in the East Riding to review the current position and look to roll this forward into 2022 however there was a need for a wider conversation around what the future IPC model would look like across the system on a permanent basis and to manage the IPC function from CCGs to the ICS in a transparent way.

In terms of IPC this would sit with the Senior Nurse at Place and overall responsibility of the portfolio with the ICS Director of Nursing. Significant work was underway across Humber and other CCGs across the patch to review current arrangements, what was required at Place and at ICS level and where there were benefits in joint working to provide a stronger approach. HCC were welcomed to be part of future discussions.

Regarding future outbreaks, Dr Moulton queried whether there was a way to utilise the resource to enable frontline staff to receive updates on the current position in real time. The Interim Director of Nursing and Quality informed this data was captured in real time within the dashboard and would clarify who had access to this. This would be a change from direct contact with GPs to advise, to the information being live and updated.

Resolved

(a)	The Board endorsed the contents of the IPC Annual Report 2020/21 and assurances associated with Infection Prevention and Control.
-----	---

6.6 CONTROLLED DRUGS ANNUAL REPORT 2020/21

The Medicines Optimisation Pharmacist presented the above Annual Report to endorse which had been approved at the Quality and Performance Committee in October 2021 and updated the Board on the NHS England Single Operating Model for Controlled Drugs (CDs) at a local level. Responsibilities of Hull CCG on the safe use of CDs was outlined with one CD incident reported to the CCG via the Datix system which was resolved in year. No Serious Incidents had been reported and no Incident Panels were held to date.

Accountable Officers from local healthcare providers attend the six-monthly Local Intelligence Network (LIN) including HUTHT, Humber and CHCP. All providers report incidents directly to the NHS England Yorkshire&Humber Area Team. No premises had been identified in connection with the management or use of CDs which was not subject to inspection by other regulatory bodies and no concerns raised relating to inappropriate or unsafe use of CDs by a person who was not providing services for any designated body.

Prescribing data was presented for April 2020 to March 2021 with summary points which provided further detail. Actions to address controlled drug items growth and cost growth were listed and the CDs Schedule by Commissioner (figure 1) showed Hull CCG as the greatest reduction in cost and items. CD schedules for GP practices (figure 7) were ranked in decreasing cost per 1000 patients but due to practice

mergers during 2019/20 and 2020/21 some practices were showing significant increases and decreases.

With reference to the table on page 8 of the report which detailed Controlled Drug Schedules for GP practices, Dr Oehring noted that, excluding the mergers, there had still been significant reductions and increases in opiates prescribing and queried if information was fed back from practices to explain the reasons for this. The Medicines Optimisation Pharmacist Informed that the indicators were part of the review process to see how individual practices were performing. Quarterly meetings were due to be set up and the indicators would also be reviewed within the Primary Care Quality and Performance Sub Committee meetings. Dr Rawcliffe noted the difficulty to reduce the use of these drugs in particular patients and that patients would often change practices if it was deemed easier to obtain them elsewhere which may account for the changes.

Dr Moulton asked if data was being received from the Ardens template. The Medicines Optimisation Pharmacist noted they looked towards Optimise RX, the clinical decision support tool used by practices, for this information.

Resolved

(a)	The Board endorsed the Controlled Drugs Annual Report 2020/21 relating to the prescribing of Controlled Drugs in NHS Hull CCG and,
(b)	were assured that the responsibilities as outlined within the Memorandum of Understanding were being delivered.

6.7 HEALTH AND SAFETY ANNUAL REPORT (INCLUDING STATUTORY/MANDATORY TRAINING)

The Interim Director of Nursing and Quality presented the above report to note which provided the Board with assurance in respect of the current position of the organisation in relation to its Health, Safety and Security compliance and activity. The report, which had been approved at the Integrated Audit and Governance Committee, detailed activity and actions taken during the reporting year of 2020/21 and outlined plans and objectives for 2021/22.

In terms of governance the Health, Safety and Security (HS&S) Group continued to meet on a quarterly basis and furthermore the Response and Recovery Group, focused on Hull CCG's Covid-19 response continued to meet on a monthly basis, looking at the wider workplace, staffing and HR support which fed into the HS&S group.

Two health and safety issues were reported through Datix and two security issues, both of which had been resolved and action taken to avoid any reoccurrence. With regard to compliance with statutory and mandatory training, the following modules required further improvement to meet the agreed threshold i.e., Fire Safety, Equality and Diversity and Conflicts of Interest.

Priorities were focused on keeping abreast of changes nationally around workplace guidance in terms of Covid-19 and to ensure risk assessments were updated and that Hull CCG remained a Covid-19 safe environment. There was also a duty of care to staff working outside of the office environment to ensure their health and safety was upheld, with any incidents that occurred outside of the office to be reported on

Datix. Policies would be reviewed, some of which would become ICS policies but need to ensure there was dedicated workplace policies in place.

The Associate Director of Corporate Affairs informed the Board of the recent theft that had occurred within the underground carpark at Wilberforce Court where a staff members bike had been stolen. As part of the CCG's internal audit service, Hull CCG's LSMS (Local Security Management Specialist) had undertaken an assessment of this area on 19 November 2021 with recommendations to be considered at the HS&S meeting and SLT.

The Lay Representative for Patient & Public Involvement stated that Eye Health was a significant risk to staff due to increased back-to-back meetings held on MS Teams. There was a need to ensure there was a clear process in place around recommended breaks from screen time, to encourage regular eye checks and suggested a policy was produced specifically around eye care. The Interim Director of Nursing and Quality noted that upon staff working from home, all staff were asked to complete Personal Plans which should be reviewed with Line Managers on a regular basis and provided to Human Resources for oversight.

Resolved

(a)	The Board endorsed the contents of the Health, Safety and Security Annual Report for 2020/21.
-----	---

7. STRATEGY

7.1 HUMBER COAST AND VALE (HCV) INTEGRATED CARE SYSTEM (ICS) HUMBER PARTNERSHIP UPDATE

The Lay Representative for Patient and Public Involvement declared a General Interest under this item as Senior Responsible Officer for the Voluntary Sector Programme within the ICS. The declaration was noted and no further action was required to be taken.

The Accountable Officer would provide a more detailed update on the Humber Coast and Vale ICS Humber Partnership in Part two of this meeting but noted the following:

A HCV ICS Development Staff briefing would be held on Tuesday 30 November via MS Teams and there were two pieces of consultation currently underway 1) the review of the five Executive Director roles which were advertised on 23 November 2021. These were new roles comprising of a Chief Operating Officer, Director of Nursing, Director of Clinical Services, Director of Finance and Investment and Director of Workforce.

The Lay Representative for Audit, Remuneration & Conflict of Interest Matters asked which Remuneration Committee would consider these five new roles. The Accountable Officer informed this was yet to be confirmed.

Further consultation was due out next week for all non-employed members of governing bodies with more detailed to be provided in Part 2.

Resolved

(a)	Board Members noted the brief update provided on the Humber, Coast and Vale ICS Humber Partnership with further detail to be provided in Part 2.
-----	--

7.2 INTEGRATED CARE SYSTEM (ICS) TRANSITION ARRANGEMENTS

The Interim Chief Operating Officer provided a verbal update on the ICS transition arrangements for Hull with the following key points noted:

Work on the development of the Place arrangements continued with detailed discussions held at the Board Development session. Stakeholder interviews were currently underway across primary care providers around the proposed new Committee arrangements for Hull with a primary care workshop to be held next week. Draft Terms of Reference were developed for the Committee of the Integrated Care Board (ICB) and work was underway on a new Memorandum Of Understanding to be shared with new members of the Health and Care Committee with a view to work towards a joint Committee of statutory partners by 2023.

Work was being undertaken with the Local Authority on the consultation process for the Health & Wellbeing Strategy which was being refreshed to encompass a set of values and an overarching policy framework for Hull which would be embedded in the arrangements for integration to ensure collective oversight from the Health and Wellbeing Board. Work was also currently underway on the integrated financial plan and revisiting current arrangements with a briefing paper developed to provide an overview of the current principles with a view to build these into the new Committee arrangements.

Due diligence continued with Hull CCG's Associate Director of Corporate Affairs leading on this work which covered Governance, IT, Finance, Human Resources and Quality.

(a)	Board members noted the update provided on the ICS Transition Arrangements.
-----	---

8. REPORTS FOR INFORMATION ONLY

8.1 INTEGRATED AUDIT & GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT AND APPROVED MINUTES FROM 7 SEPTEMBER 2021

The Chair of the Integrated Audit & Governance Committee provided the above reports for information.

Resolved

(a)	Board Members noted the Integrated Audit & Governance Committee Chair's Assurance Report and approved minutes from 7 September 2021.
-----	--

8.2 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES FROM 6 AUGUST 2021

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Report and approved minutes from 6 August 2021.
-----	---

8.3 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES 25 JUNE 2021

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report and approved minutes from 25 June 2021.
-----	--

8.4 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT AND APPROVED MINUTES FROM 20 AUGUST 2021

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Report and approved minutes from 20 August 2021.
-----	---

8.5 COMMITTEES IN COMMON APPROVED MINUTES FROM 27 OCTOBER 2021

Hull CCG's Interim Chief Operating Officer provided the above approved minutes for information.

Resolved

(a)	Board Members noted the Committees In Common approved minutes from 27 October 2021.
-----	---

9. GENERAL

There were no reports assigned to this item.

9.1 POLICIES

(i) Hull Dignity at Work Policy

The Chief Finance Officer presented the above policy for approval which provided the Board with the CCG's approach around Dignity and Respect at work and superseded the Bullying and Harassment Policy.

The review aimed to align Hull, North Lincolnshire and East Riding CCG's's dignity and respect/bullying and harassment policies. The review had been extensive and had included more of a focus on the informal stage and preventative measures which gave a responsibility to all staff such as the speak up and speak out section and clear outlines and definitions of what constitutes bullying, harassment and unacceptable behaviour.

The Lay Representative for Patient and Public Involvement noted this was a CCG HR policy produced during a period of change which was likely to be superseded moving forward and queried whether this was an interim policy until the ICS was formed. The Chief Finance Officer clarified the policy was in line with the CCG's current statutory responsibilities but would be superseded upon the CCG's transition to the ICS.

Resolved

(a)	The Board considered and approved the Dignity at Work Policy in line with the CCG's current statutory responsibilities.
-----	---

10. ANY OTHER BUSINESS

There were no items of Any Other Business received.

11. DATE AND TIME OF NEXT MEETING

The next meeting will be held on Friday 28 January 2022 at 9.30 am

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date:

DRAFT

Abbreviations

ADCA	Associate Director of Corporate Affairs
A&E	Accident & Emergency
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
C diff	Clostridium Difficile
CLES	Centre for Local Economic Strategies
CoM	Council of Members
CRS	Commissioner Requested Services
CVS	Community Voluntary Service
DOIC	Director of Integrated Commissioning
ED	Emergency Department
E.coli BSI	Escherichia coli Blood Stream Infections
EIA	Equality Impact Assessment
ENT	Ear, Nose and Throat
HASR	Humber Acute Services Review
HCC	Hull City Council
HCV	Humber Coast & Vale
HSJ	Health Service Journal
HUTHT	Hull University Teaching Hospitals NHS Trust
HPBP	Hull Place Based Plan
Humber FT	Humber Teaching NHS Foundation Trust
H&WB	Health and Wellbeing Board
IAGC	Integrated Audit & Governance Committee
ICB	Integrated Care Board
ICC	Integrated Care Centre
ICS	Integrated Care System
ICP	Integrated Care Partnership
IPC	Infection Prevention and Control
JCC	Joint Commissioning Committee
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LRF	Local Resilience Form
LTP	Long Term Plan
MD	Managing Director
MRSA BSI	MRSA Blood Stream Infections
NHSE/I	NHS England/Improvement
NL	North Lincolnshire
OSC	Overview and Scrutiny Commission
P&CC	Planning & Commissioning Committee
PCCC	Primary Care Commissioning Committee
PCNs	Primary Care Networks
PCQ&PC	Primary Care Quality and Performance Sub-Committee
PHE	Public Health England
Q&PC	Quality & Performance Committee
QIPP	Quality, Innovation, Productivity and Prevention
QDG	Quality Delivery Group
QRP	Quality Risk Profile
SI	Serious Incident
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital

DRAFT