

**CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 24 NOVEMBER 2017, 9.30 AM,
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

Dr D Roper, NHS Hull CCG (Chair)
Dr B Ali, NHS Hull CCG (GP Member)
Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)
Dr J Mout, NHS Hull CCG (GP Member)
Dr V Rawcliffe, NHS Hull CCG (GP Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
E Latimer, NHS Hull CCG (Chief Officer)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)
J Weldon, Hull City Council (Director of Public Health and Adult Social Care)
K Marshall, NHS Hull CCG (Lay Representative)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
M Whitaker, NHS Hull CCG (Practice Manager Representative)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

IN ATTENDANCE:

E Jones, NHS Hull CCG (Business Support Manager) Minute Taker
K Ellis, NHS Hull CCG, (Head of STP Performance and Programme Delivery) - Item 7.1 Only

WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting including the members of the public.

The HSJ Award for 'CCG of the Year' was proudly shared at the meeting. The CCG was delighted to have won the highly competitive and coveted award at the ceremony in London on 22 November 2017. The annual awards recognised excellence and innovation in health care from across the UK.

The Chief Officer expressed that this was a fantastic accolade and was very proud of the CCG and the amazing team and thanked everyone who had worked so hard this year to achieve this. The excellent clinical leadership and the support of the CCG's many partners across the public, private and voluntary sectors were also acknowledged. It had been a fantastic year for Hull as the UK City of Culture.

1. HEALTHIER HULL COMMUNITY FUND

A video with regards to the Healthier Hull Community Fund was shown which highlighted some of the projects that the CCG had supported with funding to provide local people the chance to develop innovative ideas to improve the health of their communities and receive the financial investment and support to make it happen

Community, volunteer and not-for-profit groups in the city were asked to submit projects about how they would help the CCG realise the vision of “Creating a Healthier Hull” and many of the projects were identified by individuals themselves in order to improve health and wellbeing of the local population.

Over £800,000 had been invested by the CCG into the fund since 2013. 178 projects had received funding with a combined local reach of over 60,000 people.

This was something unique to Hull and of significant added value to the work of the CCG. Many of those submitting bids also received health benefits from the programme.

Resolved

(a)	Board Members noted the video presented and recognised the positive impact that the fund had achieved in the Hull community.
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2. APOLOGIES FOR ABSENCE

Apologies for Absence were received and noted from:

Dr S Richardson, NHS Hull CCG (GP Member)

S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 29 SEPTEMBER 2017

The minutes of the meeting held on 29 September 2017 were submitted for approval and the following amendments were made:

PRESENT:

J Weldon, Hull City Council (Director of Public Health and Adult Social Care)

M Whitaker, NHS Hull CCG (Practice Manager Representative)

8. QUALITY AND PERFORMANCE REPORT

Quality

The prescribing position was improving and the forecast **level of activity underspend** was £1.2 million.

Resolved

(a)	The minutes of 29 September 2017 were approved subject to the above amendments and would be signed by the Chair.
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4. MATTERS ARISING FROM THE MINUTES

The Action List from the meeting held on 28 July 2017 was provided for information. The following updates were provided against remaining actions:

29 September 2017

6.4 Corporate Risk Register

Risk 925 – the terminology had been reviewed and updated. The status of Action to ‘Completed’ (Green).

Risk 922 – the Aligned Incentive Contract (AIC) would be linked into the BAF. The status of Action to ‘Completed’ (Green).

Resolved

(a)	Board Members noted the Action List and this would be updated accordingly.
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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 pecuniary 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 too;

Name	Agenda No	Nature of Interest / Action Taken
J Stamp	All Items	Indirect Pecuniary Interest as Chief Executive of North Bank Forum a voluntary sector organisation which currently hosts the social prescribing service which could have a potential interest in other health and social care contracts. Indirect Pecuniary Interest as employed as the independent Chair of the Patient and Public Voice on the Assurance Group for specialised commissioning in NHS England. Direct Interest as Chief Executive of North Bank Forum who were contracted to deliver Healthwatch Hull from September 2017.
Dr James Moulton		General Interest – GP Partner at Faith House Surgery
Dr Bushra Ali		General Interest – GP Partner at The Springhead

Name	Agenda No	Nature of Interest / Action Taken
		Medical Centre
Dr Ragu Raghunath		General Interest – GP Partner at James Alexander Family Practice
D V Rawcliffe		General Interest – GP Partner at New Hall Surgery

Resolved

(a)	That the above declarations of interest be noted.
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6.2 GIFTS AND HOSPITALITY DECLARATIONS

The Gifts and Hospitality Declarations made since the Board Meeting in July 2017 were noted for information.

Resolved

(a)	Board Members noted the contents of the declarations of gifts and hospitality report.
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6.3 USE OF CORPORATE SEAL

Board Members noted that there had been no use of the Corporate Seal in the period since the last report.

6.4 CHIEF OFFICER'S UPDATE REPORT

The Chief Officer provided an update on local, regional and national issues along with a brief review of the Chief Officer's activities in the interim period since her previous report.

She reported that she had commenced her Interim Chief Accountable Officer role at North Lincolnshire CCG (NL CCG) and would continue to be Chief Officer for NHS Hull CCG and both CCGs would remain separate organisations. The Chief Finance Officer at NL CCG had recently resigned and so the Chief Officer had asked the Chief Finance Officer at Hull CCG to provide support at North Lincolnshire on an interim basis.

The Hull Place Based Plan Board had met recently and the children and young people's agenda would be looked at initially, particularly making sure that every child leaving care was supported and gets the opportunity to access appropriate care.

Jean Bishop, Age UK's star fundraiser and older peoples champion had been welcomed at the recent topping out ceremony for the CCG's new facility, which would be named in honour of her as The Jean Bishop Integrated Care Centre (ICC). The centre was set to transform care for the elderly and reduce unnecessary hospital admissions.

NHS Hull CCG was delighted to have been named CCG of the Year in the highly competitive and coveted Health Service Journal (HSJ) awards and were proud to be in the running for two further awards. The CCG's joint work with Hull City Council (HCC) towards shaping future health and social care services for people in Hull has been shortlisted in the Health and Social Care category in the 2018 Local Government Chronicle (LGC) Awards and the CCG's Chief Finance Officer has

been shortlisted for 2017 Finance Director of the Year by the Healthcare Financial Management Association (HFMA).

The Chair and Chief Officer had attended official opening of the Allam Medical Building by Her Majesty the Queen this week. This was the centrepiece of the new Health Campus at the University of Hull, which would help to deliver world class medical, nursing, midwifery and allied health professional training and carry out world-leading research in health and social care

A Men's Health Event had taken place on 8 November 2017 and was attended by the CCG Chair and a GP Board Member, Dr Scot Richardson, it had proven a very successful event, with lots of social media interest across the county. analysis of the impact would be collated.

The CCG had launched its new website, which met the new NHS Identity guidelines and contained information on where to access local health care and how our work with partners and local people was helping to create a healthier city.

Resolved

(a)	Board Members noted the contents of the Chief Officers Update report.
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7. STRATEGY

7.1 HUMBER COAST AND VALE SUSTAINABILITY TRANSFORMATION PARTNERSHIP (STP) UPDATE

The STP Programme Manager provided an STP update, specifically with regard to:

- A Senior Leadership Summit has been arranged for 6 December 2017. The aim of the event was to reaffirm or restate the Humber Coast and Vale (HCV) STP's overall objectives and approaches as well as the commitment to collaborative working from partner organisations. The STP Lead was also meeting with local politicians today to gain support to the work that was to be undertaken. Consideration would also be given to the structure and function of a future Accountable Care System (ACS) in the HCV area. The STP priority programmes and resourcing and engagement including chairs, lay members, non-executives, local politicians and clinicians would also be picked up. The aim was to document the outcomes from the Leadership Summit and the provisional plans for transition to ACS before Christmas 2017.
- The overall STP financial framework was being updated, informed by planning assumptions that were being agreed at programme/workstream level, including the 6 places. The scale of the 'do nothing' projected deficit had increased significantly due to deterioration in financial performance over the last year, so the requirement for financial improvement from service and system change was now greater. Financial leadership in the STP was now being provided by the Chief Financial Officer, Hull & East Yorkshire Hospitals NHS Trust (HEYHT), Finance Director, York Teaching Hospital NHS Foundation Trust (YFT), Chief Finance Officer, NHS East Riding of Yorkshire CCG (ERY CCG) and the Chief Finance Officer, NHS Hull CCG.
- Preparatory work for the Humber Acute Services Review (HASR) had now been completed. NHS England (NHSE) / NHS Improvement (NHSI) were

considering the STP's request for full programme management support. Arrangements would be confirmed at the next Steering Group meeting on 13 December 2017.

- A new Recovery and Transformation Plan had been drawn up by partner organisations in the York/Scarborough area. This was an evolution from the Capped Expenditure Plan, with a longer planning horizon. Once agreed, this would form a key component of the overall STP plan.
- Additional capital funding for the NHS had been announced in the budget this week. 10% of the available funding was committed to 12 schemes that were mentioned in the budget statement. The STP was waiting for news on the bids for funding for CT and MRI equipment and the CAMHS Tier 4 scheme in Hull.

Discussion took place and concern was expressed that there could be influence on the CCGs budget to assist with other failing organisations. It was acknowledged that the CCG's monies were protected in terms of the work done with regard to the integrated commissioning, integrated financial plan and aligned incentive contract and the CCG were doing really well on maintaining costs and it was hoped to replicate this in other areas.

Concern was also conveyed with regard to the relaunch and what the outcomes were of the event on 6 December 2017. It was anticipated that a better understanding of the most pressing priorities for the STP would be gained.

Disappointment was expressed with regard to the Communications and Engagement Plan for the STP as this was yet to be shared. It was noted that Lay Member's input was best utilised with the place-based work.

Additionally, it was acknowledged that the STP was one of the major transformations and that written update reports should be provided at future Board Meetings.

Resolved

(a)	Board Members noted the verbal update provided.
(b)	That written update reports be provided at future Board Meetings.

7.2 WINTER PLANNING

The Director of Integrated Commissioning reported that the Hull CCG was taking the system lead role with regard winter planning and co-ordination. Twice weekly system calls were undertaken and this was fed back to NHS England (NHSE).

The CCG were working with Hull & East Yorkshire Hospitals NHS Trust (HEYHT) to bring 27 winter acute beds into the hospital system, although there were some concerns as to the ability to appropriately staff this and so work was also taking place with regards to other appropriate contingencies.

The CCG were working in conjunction with Better Care Fund (BCF) to co-ordinate the appropriate flow of patients through the system.

East Riding was in a similar position in terms of how they manage their winter beds and were meeting with MPs today to discuss this further.

It was noted that operational escalation systems and protocols varied considerably from one local health economy to another, however, all local A&E Delivery Board areas operated to national Operational Pressures Escalation Levels (OPELs). OPEL 3 and above required escalation to NHS England (NHSE) however the local system at operated at OPEL 1 and 2 the majority of the time.

GP practices were advertising their winter opening hours and access to services via Bransholme Urgent Care Centre were being increased.

It was noted that performance in terms of activity levels had been stable, although there had been an increase in childrens respiratory conditions over the past week.

Discussion took place and it was agreed that the Director of Integrated Commissioning would provide Board Members with further information with regard to OPEL performance as well as through which primary care input to winter planning could be obtained. Assurance was also provided that the flu vaccine was appropriate for dealing with the virus this year.

Clarification was sought with regard Bransholme Urgent Care Centre in terms of the type of building this was and confirmation was given that it was an Urgent Care Treatment Centre - providing treatment for minor illnesses and minor injuries.

Discussion took place as to how best primary care could contribute into the escalation process and it was agreed that this matter would be raised at the next Primary Care Provider Forum.

Concern was expressed with regard to the planning for alternative contingencies given the questions about the deliverability of the 27 bedded-ward for the winter period.

It was noted that using the electronic frailty index (eFI - helps identify and predict adverse outcomes for older patients in primary care) there were approximately 3000 frail patients in the area and work was taking place with regard to these patients through the Multidisciplinary Teams (MDTs), which would hopefully prevent admissions to hospital.

Resolved

(a)	The Board noted the update provided.
(b)	GP practices needed to be able to escalate into the system and it was agreed to take this information to the Provider Forum.

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Chief Finance Officer and Director of Quality and Governance/Executive Nurse presented the Quality & Performance Report for the period ending September 2017.

It was noted that due to timings the report had not been scrutinised as yet by the Quality and Performance Committee (Q&PC).

Finance

A combined financial report across the three organisations, Hull CCG, East Riding CCG and Hull & East Yorkshire Hospitals Trust (HEYHT) had now been produced. The CCG was currently forecasting to achieve a balanced position against the annual allocation, although it was noted that there were a number of pressures to be managed. The new Hull and East Yorkshire Hospital NHS Trust (HEYHT) Aligned Incentive Contract (AIC) Operational System Oversight Management Board had however encouraged greater collaboration and as a result a positive impact had been seen, with the associated positive impact on the financial projections. Significant reductions were also being seen with respect to patient referrals.

Performance

The CCG were now at 74% usage for electronic referrals, which was extremely encouraging. The Musculoskeletal (MSK) triage pathway had been implemented and positive results were being seen in reducing referrals for elective orthopaedic surgery. Total waiting list figures were currently being revalidated on account of the total number of patient waiting being reported as 52,000. Referral to Treatment (RTT) performance remained a concern.

Continuing Healthcare (CHC) continued to show an underspend and closer partnership working between the CCG and the Local Authority (LA) continued in this regard. The most significant area of overspend related to individual/bespoke packages of care in community settings and an improved model of care for these patients was being developed.

Members noted the significant progress made with regards to prescribing and discussions were taking place with NHS England (NHSE) about the local impact of unplanned drug price reductions following the adjustments for medicines that are coming off patent (Category M adjustments). The current indications were that the savings would be retained centrally.

Discussion took place and it was noted that discussions had taken place at the Integrated Audit & Governance (IAGC) Committee with regard to the forecast £2 million overspend at Spire Hull and East Riding Hospital.

Quality

Hull & East Yorkshire Hospitals NHS Trust (HEYHT) had reported five cases which had breached 52 weeks and a positive meeting had taken place with regard to this.

Resolved

(a)	Board Members noted the Quality and Performance report.
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8.2 PATIENT EXPERIENCE ANNUAL REPORT

The Lay Member for Patient and Public Involvement presented the Patient Experience Annual Report for April 2016 to March 2017 on behalf of the Associate Director of Communications and Engagement.

The report acknowledged how patient experience influenced decision making and the range of data that the CCG received. It was acknowledged that there was still quite a lot of work to do and a more detailed piece of work was to be undertaken with regard to complaints, themes and trends and how this information was taken forward.

Discussion took place and clarification was sought with regard to the graph percentage figures and scrutiny with regard to this was required to be undertaken at the Quality and Performance Committee (Q&PC) prior to submission to the Board in the future.

Resolved

(a)	Board Members noted the contents of the report.
(b)	Clarification was sought with regard to the graph percentage figures and scrutiny with regard to this was required to be undertaken at the Quality and Performance Committee (Q&PC) prior to submission to the Board in the future.

8.3 RESEARCH AND DEVELOPMENT UPDATE

The Director of Quality & Clinical Governance/Executive Nurse presented the status report of research and development activities undertaken during the period April – October 2017. Hull CCG was continuing to ‘promote research and the use of research evidence’

It was reported that a new Professor of Primary Care Research, Joanne Reeve was now in place at Hull York Medical School (HYMS) and was a member of the Hull Research & Development (R&D) working Group. Relationships were being strengthened with the university in terms of the work taking place.

Clarification was sought with regard to GP practices input into research networks. Current uptake was noted to be very limited and discussion took place as to how to improve this. A process was in place for research bids to be submitted and further consideration would be given about how to encourage primary care participation.

A new Community Research Team supporting Hull and East Riding was now in place, whose key aim was to increase research activity in primary care and the community.

Resolved

(a)	Board Members noted the Research and Development status report.
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8.4 SAFEGUARDING CHILDREN QUARTERLY UPDATE (QUARTER 1)

The Director of Quality & Clinical Governance/Executive Nurse provided an update with regards to safeguarding children arrangements across the Hull area. The report set out how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding children in accordance with the NHS England (NHSE) Accountability and Assurance Framework 2015 and Working Together 2015.

It was reported that safeguarding children training compliance had now risen to 71% in Quarter compared to 47% in Quarter 1.

The CCG also remained compliant with the requirements for statutory safeguarding posts and a Designated Nurse Looked After Children/Deputy Designated Nurse Safeguarding Children had recently been appointed.

GPs were required to undertake Intercollegiate Document level 3 safeguarding children training.

Discussion took place and the importance of up-to-date information being reported to the Board was conveyed.

Resolved

(a)	Board Members noted the report for information and accepted quarterly progress reports.
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8.5 SAFEGUARDING ADULTS QUARTERLY UPDATE (QUARTER 1)

The Director of Quality & Clinical Governance/Executive Nurse provided a quarterly update to the NHS Hull CCG Board with regard to safeguarding adults arrangements across the Hull area. The report set out how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding adults in accordance with the Health and Social Care Act 2012 and the Care Act 2014.

Safeguarding training compliance for CCG employees demonstrated much improvement in Quarter 2 compared to low compliance at the start of Quarter 1.

The CCG safeguarding specification with City Health Care Partnership (CHCP) had been reviewed and updated to include safeguarding adults references and would now deliver safeguarding adults training for primary care in Quarter 3 at a level consistent with current provision for safeguarding children.

The CCG's Named GP for Safeguarding Adults had recently been recruited and would commence in post on 1 December 2017.

It was noted that the reporting of the Learning Disabilities Mortality Review (LeDeR) patients would show in future reports

Resolved

(a)	Board Members considered the report in relation to safeguarding adult's activity and the responsibilities and actions of the NHS Hull CCG and providers.
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8.6 MORTALITY COLLABORATIVE UPDATE

The Director of Quality & Clinical Governance/Executive Nurse provided an update with regard to the mortality collaborative. The collaborative had been established as part of the CCG's commitment to commission high quality patient care and improve patient's outcomes. The collaborative's action plan set out the milestones for the work and an update of the progress made to date was given.

Consideration as to how the learning was shared was to be looked at and a Protected Time for Learning (PTL) event on mortality learning would also take place next year.

It was reported that Dr Roper had recently attended a NHS Clinical Commissioners event on 2 November 2017 in London and it was noted that there was little work

taking place across the country with regard to this. It was also suggested that information be included in the suicide prevention work.

A more structured approach to mortality reporting was taking place in the York area and consideration needed to be given as to how best the information collated from the work could be considered locally.

Dr Roper and Dr Moulton also attended the monthly Hull & East Yorkshire Hospital NHS Trust (HEYHT) Mortality meeting whereby discussions as to how best to implement new processes were discussed.

It was acknowledged that an important part of the mortality process was ensuring that individuals had 'died well' and received the appropriate level of care.

Resolved

(a)	Board Members noted the progress to date.
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9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 1 SEPTEMBER 2017 AND 6 OCTOBER 2017

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

Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's Update Reports for 1 September 2017 and 6 October 2017.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 25 JULY 2017

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

Resolved

(a)	Board Members noted the Quality and Performance Committee Chair's Update Reports for 25 July 2017.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 12 SEPTEMBER 2017

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

It was noted that there were no concerns in terms of the CCG work plan and work with Mazars (external auditors) was taking place.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 12 September 2017.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S ASSURANCE REPORT – 27 AUGUST 2017

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 27 August 2017.
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10. GENERAL

There were no reports to discuss.

11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 1 SEPTEMBER 2017 AND 6 OCTOBER 2017

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 1 September 2017 and 6 October 2017.
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 25 JULY 2017

The Chair of the Quality and Performance Committee provided the minutes for 25 July 2017 for information.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 25 July 2017.
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 12 SEPTEMBER 2017

The Chair of the Integrated Audit and Governance Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Primary Care Joint Commissioning Committee approved minutes for 12 September 2017.
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE – 30 JUNE AND 25 AUGUST 2017

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

Resolved

(a)	Board Members noted the Primary Care Joint Commissioning Committee
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approved minutes for 30 June 2017 and 25 August 2017.

12. ANY OTHER BUSINESS

12.1 CCG BOARD MEETING DATES 2018

Board Members noted the meeting dates for 2018.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 26 January 2018 at 9.30 am in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed:

Dr Dan Roper
Chair of NHS Hull Clinical Commissioning Group

Date: _____

Abbreviations

5YFV	Five Year Forward View
A&E	Accident and Emergency
AGM	Annual General Meeting
AIC	Aligned Incentive Contract
C&E	Communications and Engagement
CCG	Clinical Commissioning Group
CD	Controlled Drugs
C diff	Clostridium difficile
CFO	Chief Finance Officer
CAMHS	Child and Adolescent Mental Health Services
CHCP	City Health Care Partnership
CIC	Committee in Common
CJB	Criminal Justice Board
CMB	Contract Management Board
CoMs	Council of Members
CQC	Care Quality Commission
CSP	Community Safety Partnership
DHR	Domestic Homicide Review
DOIC	Director of Integrated Commissioning
DPSA	Designated Professional for Safeguarding Adults
ERYCCG	East Riding of Yorkshire CCG
E&D	Equality & Diversity
EST	Electronic Staff Record
FGM	Female Genital Mutilation
HCC	Hull City Council
HCAI	Health Care Associated Infection
HC&V	Humber Coast and Vale
HEE	Health Education England
HEYHT	Hull and East Yorkshire Hospitals
HHCFG	Healthier Hull Community Fund Grant
HSCB	Hull Safeguarding Children Board
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
Humber FT	Humber NHS Foundation Trust
IAGC	Integrated Audit & Governance Committee

ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officer Board
IPMG	Infection Prevention and Management Group
LA	Local Authority
LAC	Looked After Children
LEP	Local Enterprise Partnership
LeDeR	Learning Disabilities Mortality Review Programme
LES	Local Enhanced Medicines Management Service
LGBT	Lesbian Gay Bisexual and Trans
MASH	Multi-Agency Safeguarding Hub
MHSCA	Medical Health and Social Care Academy
MSP	Modern Slavery Partnership
NECS	North East Commissioning Support
NHSE	NHS England
OD	Organisational Development
OPR	Overall Performance Rating
PCCC	Primary Care Commissioning Committee
P&CC	Planning & Commissioning Committee
PDB	Programme Delivery Board
PDR	Performance Development Review
PHE	Public Health England
PMO	Project Management Office
PTL	Protected Time for Learning
Q&PC	Quality & Performance Committee
R&D	Research & Development
RCF	Research Capability Funding
RTT	Referral to Treatment
SAR	Safeguarding Adult Review
SCR	Serious Case Review
SI	Serious Incident
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Plan
ToR	Terms of Reference
WRAP	Workshops to Raise Awareness of Prevent