

## Item: 3

### CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 29 SEPTEMBER 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 J Moulton, NHS Hull CCG (GP Member)  
E Sayner, NHS Hull CCG (Chief Finance Officer)  
J Stamp, NHS Hull CCG (Lay Representative)  
K Marshall, NHS Hull CCG (Lay Representative)  
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)  
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)  
S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)  
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  
C Alsbury, Medical, Health and Social Care Academy (Partnership Director) – *Item 1 Only*  
C O'Neill, NHS Hull CCG, (Programme Director, STP) - *Item 7.1 Only*

#### WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting,

#### 1. MEDICAL, HEALTH AND SOCIAL CARE ACADEMY

The Chair welcomed the Partnership Director, Medical Health and Social Care Academy to the meeting who presented a video from the Celebration Evening of the Medical, Health and Social Care Academy. This was held at the end of the second year of the Academy to acknowledge the efforts and some of the success stories – see attached.



Hull CCG  
Presentation.pptx

The Academy allowed students the opportunity to work with NHS staff. It was acknowledged that 45% of local NHS workforce were over the age of 50, many of which were able to retire at 55 years and so there was a need to encourage the employment of younger people.

The following key points were noted:

- Health Education England (HEE) had nominated the Academy for the National Widening Participation Award for collaboration and partnership working.
- There had been a 50% increase in MHSC University applications with the MHSC programme and 70% of this cohort had applied to Hull University.

The question was raised about potential links to the Academy for non-clinical or social care staff. It was recognised that this was an area for improvement and there could be opportunity to link with the Regional Graduate scheme in terms of potential placements.

The opportunity of apprenticeship scheme within the NHS was also raised and this was something that the NHS supported and the CCG should explore further.

It was noted that students were accepted from a wide catchment area not just those who were already a student at the Academy.

### Resolved

(a)	That Board Members noted the video presented.
-----	---

## 2. APOLOGIES FOR ABSENCE

Apologies for Absence were received and noted from:

Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)

Dr S Richardson, 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)

## 3. MINUTES OF THE PREVIOUS MEETING HELD ON 28 JULY 2017

The minutes of the meeting held on 28 July 2017 were submitted for approval and the following amendments were made:

### 7.2 INTEGRATED COMMISSIONING UPDATE JOINT COMMISSIONING

The CCG was also liaising with the **Finance** lead at HCC so that monies and spend...

The **Aligned Incentive Contract** (AIC) provided opportunity to work in a much more cohesive....

### 7.3 EQUALITY AND DIVERSITY UPDATE / OBJECTIVES

Further work had also taken place with regard to local accessibility to vacancies. The CCG **as an employer achieved** 'Disability Confident' and 'Mindful Employer' status.

**The** Lay Member for Patient and Public Participation....

### Resolved

(a)	The minutes of 28 July 2017 were approved and would be signed by the Chair.
-----	---

## 4. MATTERS ARISING FROM THE MINUTES

The Action List from the meeting held on 28 July 2017 was provided for information.

### Resolved

(a)	Board Members noted the Action List.
-----	--------------------------------------

## 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.
-----	--

## 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 Medical Centre
Dr Ragu Raghunath		General Interest – GP Partner at James Alexander Family Practice

### Resolved

(a)	That the above declarations of interest be noted.
-----	---

## 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.
-----	---

## 6.3 ANNUAL DECLARATIONS OF MEMBER'S INTERESTS

The Associate Director of Corporate Affairs presented the Declarations of Interest report.

It was reported that as a Board, regular conflict of interest training was provided and regular updates were received and rigorously monitored.

Disappointment was expressed that the declarations of interest were still awaited from some Council of Members (CoMs). The number of outstanding declarations were reducing and members noted the ongoing work to gain the remainder.

### Resolved

(a)	Board Members noted the Declarations of Interest for Board Members.
-----	---

## 6.4 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the current corporate risk register and described the changes on the register in the interim period since previously reviewed by the Board.

It was noted that there were other risks on the register but due to the lower risk level this information was not included in the Board report, but rather regularly reviewed by relevant committees and directorates.

The two areas to highlight as general themes were:

- Emergency Preparedness, Resilience and Response (EPRR) / Business Continuity Management (BCM)
- Waiting times for Children and Young People's (CYP) Autism Services

It was reported that there had been an increase in the risk rating with regard to CYP Autism access and the Quality and Performance Committee (Q&PC) had been monitoring this closely. A deep dive review was scheduled to take place in October 2017. It was acknowledged that a review of demand and access to the service was required.

It was noted that Risk 919 had subsequently been updated since the previous Board Meeting to reflect the new homecare model being undertaken by Hull City Council (HCC). With regard to Risks 898 and 899 - Transforming Care, it was noted that strategic overview was maintained with regard to those out of area patient placements who were not in a hospital setting. Two risks had been identified for the item, one of a more strategic nature and one related to commissioning and the wording of the risk would be modified to reflect this.

With regard to Risk 925, it was agreed that the wording would be changed to reflect failure of IT systems as there were two elements to this risk. In the event of a cyber-attack, the intention was to cleanse the system and restore and a general system failure would have different actions. The terminology would be reviewed and updated to reflect these different aspects.

It was noted that there was cross over with the Board Assurance Framework (BAF) and the Risk Register and in terms of Risk 922 and the Aligned Incentive Contract (AIC) would be linked into the BAF.

**Resolved**

(a)	Board Members noted the updates provided and commented where appropriate, on the adequacy of the controls, assurances and mitigations within the corporate risk register.
(b)	Risks 898 and 899 - one risk was strategic and one was commissioning and it was agreed that the wording of the risk would be modified to reflect this.
(c)	Risk 925 - The terminology would be reviewed and updated.
(d)	Risk 922 - the Aligned Incentive Contract (AIC) would be linked into the BAF.

**6.5 BOARD ASSURANCE FRAME WORK UPDATE**

The Associate Director of Corporate Affairs presented the Board Assurance Framework (BAF).

It was reported that the Risk ratings remained the same as originally assessed and Item 12.1 had subsequently been reassessed as a 9 as mitigation had taken place within the Quality Team to address this.

**Resolved**

(a)	Board Members considered and noted the updates provided.
-----	--

**6.6 USE OF CORPORATE SEAL – QUARTERLY REPORT**

Board Members noted that there had been no use of the Corporate Seal in the previous quarter.

**6.7 CHIEF OFFICER’S UPDATE REPORT**

The Chair presented the Chief Officer’s report, which 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.

Feedback was provided that some felt that the CCG could further celebrate its success in the light of promoted their ‘outstanding’ rating, as well as in view of being shortlisted for the Health Service Journal (HSJ) CCG of the Year award again. It was noted that communication had been undertaken with regard to this and discussion took place as to how Council of Members (CoM) could contribute with relaying the positive message.

## Resolved

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

## 7. STRATEGY

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

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

#### Accountable Care Systems

- Five Year Forward View refresh required STPs to plan their transition to Accountable Care Systems (ACS).
- There was no prescriptive guidance or timescales.
- The key principles were collaboration and collective responsibility
- Initial discussions had taken place and there was a consensus regarding a 3 layer system – locally, regionally and nationally and careful judgement was required.
- Further discussions were required between and within organisations.
- The National message was that big issues were to be managed at scale

Concern was expressed with regard to the lack of wording in the guidance in relation to Local Authority (LA) collaboration.

#### Hospital Services Review

- The approach was being adjusted in line with the 3 layer approach.
- Parallel Humber and York/Scarborough reviews of routine acute services and work with regard to how these were configured and delivered would be undertaken.
- Some services would continue to be reviewed on a regional basis.
- York Health Economics Consortium (YHEC) analysis would be used to inform assumptions about the future need for hospital based services
- The Humber process was being expedited because of concerns regarding service sustainability in Northern Lincolnshire and Goole NHS Foundation Trust (NLAG).

#### Finance and Planning

- Additional non-recurrent funding had been allocated for cancer and urgent and emergency care (UEC) services following a review of bids.
- Bids for capital funding were currently being reviewed.
- A refresh of the overall STP financial framework was underway.
- A bottom-up process was being adopted to ensure full ownership of plans.
- Work stream leads were being asked to document planning assumptions more clearly and to quantify the associated workload and financial implications.

It was also noted that the overall financial framework would be updated, due to the deterioration of finances over the past year as this figure had increased.

Discussion took place and disappointment was expressed that communication and engagement had not been identified, especially in terms of how the CCG made people more aware of the work taking place. There was a need to make sure that the communications and engagement moved at pace as well and there were lots of

opportunities to engage and harness the support that was available. It was noted that there was a draft Communications and Engagement Plan in place with regard to Accountable Care Systems (ACS) and this would be shared with Board Members. It was acknowledged that there would be benefit to receive Board Members input into this especially in terms of the effective approaches to be taken forward.

It was stated that Communications and Engagement was vital to the strategy that was deployed and clarification was needed at the stage that this would be shared more widely.

Additionally, it was noted that discussions were taking place from a local perspective with regard to many of the themes identified in the Hull Place Based Plan.

**Resolved**

(a)	Board Members noted the contents of the report.
(b)	The draft Communications and Engagement Plan in place with regard to Accountable Care Systems (ACS) in place and this would be shared with Board Members.
(c)	Communications and Engagement was vital to the strategy that was deployed and clarification was needed at the stage that this would be shared more widely.

**7.2 CORE STANDARDS SELF-ASSESSMENT - EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2017/18**

The Deputy Director of Commissioning presented the self-assessment Statement of Compliance identifying that substantial compliance was demonstrated against the Core Standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2017/18 including business continuity management (BCM) and the deep dive topic of EPRR Governance.

EPRR was the means through which the CCG demonstrated that it maintained appropriate resilience arrangements. The CCG was required to self-assess and report against the minimum core standards relating to EPRR and BCM.

It was noted that the Director of Integrated Commissioning was the nominated Lead for EPRR.

The following documents were tabled at the meeting:

- Statement of Compliance
- Improvement Plan

The statement of compliance set out formally the level of compliance attained by the CCG. The Improvement Plan set out the steps to be taken in the remaining areas.

It was reported that with regard to ‘training and exercising’ aspects, the CCG complied with two out of four criteria and partially complied with the remainder. Plans were ongoing to undertake a CCG training exercise before the end of the financial year and officers who were part of the senior manager on-call

arrangements were also further developing their personal training portfolios. Both steps would help address the partially compliant areas.

A deep dive meeting had taken place this year with regard to system governance. Of the six standards, the CCG complied with four of these and was partially compliant with the remainder. The two items related to the Board having oversight of the self-assessment / work plan of the CCG in relation to EPRR and BCM and to the requirement to publish the agreed level of compliance within the CCG annual report and on the CCG website. Both items would be addressed in the light of the Board briefings.

The self-assessed level of compliance was substantial given that only 2 of the core standards were partially compliant. As an organisation the CCG had undertaken a live test within the last 3 years, a desktop exercise in the last year and a communications exercise within the last 6 months. The required 'lessons learnt' had also been considered at a Planning and Commissioning Committee (P&CC).

### **Resolved**

(a)	The Board approved the Statement of Compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2017/18.
-----	--

## **7.3 INTEGRATED COMMISSIONING UPDATE**

The Chief Finance Officer reported that much work was taking place with regard to Integrated Commissioning and the Integrated Commissioning Officer Board (ICOB) had been split into two parts to reflect the different aspects of its business.

A Hull Place Based Plan Board was in place and this was Chaired by the Chief Executive, Hull City Council (HCC) and the CCG Chief Officer was the Vice Chair. It was noted that a workshop had recently taken place and proof of concept work had identified children and young people's services as the first area for focus. Updates would be reported back formally to the CCG Board.

Committees in Common had been established with Hull City Council (HCC) and the CCG and appropriate governance arrangements had been put in place to support the work of the committees.

It was noted that a time out of the Health and Wellbeing Board (H&WBB) was to take place shortly to discuss the Board's role in supporting the system with regard to integrated working.

The update to the CCG's constitution with regard to the establishment of a Committee in Common was discussed and this had been approved at the Council of Members (CoMs) meeting earlier in the month. Work was underway to prepare it's submission to NHS England (NHSE) for approval.

Additionally, it was noted that the Committees in Common aligned with constitutional arrangements at Hull City Council and any decisions would be discussed at Cabinet.



## Resolved

(a)	Board Members noted the verbal update provided.
-----	---

## 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 August 2017. An updated report was tabled at the meeting.

A comprehensive review of the financial position for the year had been completed and at the end of August 2017 the CCG was showing £7.2 million excess of liabilities over assets. Confidence remained however that the financial plan would be achieved, with an excess surplus of £11.6 million by the end of the financial year.

It was reported that a concentrated piece of work with regard to specialty level referrals was taking place as there had been an increase in general surgery at the Spire Hull and East Riding Hospital (Spire). The CCG were the lead contractor for the Spire Hospital and assurance had been sought with regard to choice and the impact of electronic referrals. It was acknowledged that a demonstrable plan was needed to reduce reliance of the independent sector to ensure sustainable services were delivered in an NHS setting.

#### Performance

The CCG were still achieving the local trajectory for Referral to Treatment (RTT) performance at Hull & East Yorkshire Hospitals NHS Trust (HEYHT). There was a requirement to achieve 95% performance for the A&E target by March 2018. It was noted however that there had been some variance in performance in July with regard to A&E waiting times. Performance was a concern over the forthcoming winter period and whilst Bransholme Health Centre Minor Injuries Unit (MIU) had now 'gone live' there was a need to increase its utilisation.

A meeting was scheduled to take place with regard to the Cancer 62 day waiting times target and discussions were taking place with regard to the small number of cases that had exceeded this.

It was noted that new ambulance performance standards had been launched in July 2017. These would now be expected to reach the most seriously ill patients in an average time of seven minutes. The 'clock' would only stop when the most appropriate response arrived on scene, rather than the first.

#### Quality

A Quality & Performance Committee (Q&PC) meeting had recently been held and discussion and challenge had taken place with regard to the Spire Hospital.

The prescribing position was improving and the forecast overspend was £1.2 million. Lengthy discussion had also taken place with regard to Cancer 62 Day waiting times, in particular diagnostic capacity as well as the CCGs constitutional targets and a deep dive meeting would be undertaken.

## Resolved

(a)	Board Members noted the Quality and Performance report.
-----	---

### 8.2 CONTROLLED DRUGS ANNUAL REPORT 2016-17

The Director of Quality & Clinical Governance / Executive Nurse presented the NHS England (NHSE) Single Operating Model for Controlled Drugs at a local level and how this fulfilled the CCGs statutory duties.

Board Members noted the CCG's responsibilities for the safe use of Controlled Drugs and that the total prescribing expenditure for Controlled Drugs April 2016 to March 2017 was £2,100,553.56.

For 2016/2017 Hull CCG's cost per 1,000 patients was above the average for RightCare comparator CCGs.

During 2016-107 the Medicines Optimisation Team had supported the CCG by:

- Organising a Multi-Disciplinary Team (MDT) review to determine the appropriate future management of a patient prescribed opioids.
- Investigating and reporting on the governance arrangements within care homes in the Hull CCG area for the handling and storage and disposal of Controlled Drugs.
- Investigating incidents involving Controlled Drugs reported via Datix, in both general practice and community pharmacies.

Discussion took place and it was expressed that there was a need to seek assurance from the CCG's providers in terms of controlled drugs and their responsibilities with regard to this. It was noted that work was also taking place in terms of issues with regard to drug related deaths.

The North of England Commissioning Support medicines optimisation team would continue to support NHS Hull CCG in its responsibilities for the safe use of Controlled Drugs.

## Resolved

(a)	That NHS Hull CCG be assured that the responsibilities as outlined within the Memorandum of Understanding were being delivered to fulfil the CCG statutory duties.
(b)	The CCG Board noted the report relating to the prescribing of Controlled Drugs across NHS Hull CCG.

### 9. STANDING ITEMS

#### 9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 5 JULY 2017

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

## Resolved

(a)	Board Members noted the Planning and Commissioning Committee Chair's
-----	--

	Update Report for 5 July 2017.
--	--------------------------------

**9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 27 JUNE 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 27 June 2017.
-----	--

**9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 4 JULY 2017**

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

**Resolved**

(a)	Board Members noted the Integrated Audit and Governance Chair's Update Report for 4 July 2017.
-----	--

**10. GENERAL**

**10.1 POLICIES**

The Deputy Director of Quality & Clinical Governance/Lead Nurse presented the following policies:

- Alcohol and Substance Misuse Policy
- Pay Protection Policy

The above were existing policies and amendments had been made in 'yellow'.

It was noted that all policies had been through staff consultation and the Strategic Partnership Forum had also received formal EQUIA sign off.

**Resolved**

(a)	Board Members ratified the policies.
-----	--------------------------------------

**11. REPORTS FOR INFORMATION ONLY**

**11.1 NHS HULL CLINICAL COMMISSIONING BOARD DEVELOPMENT SESSION WORK PLAN 2017/18 AND 2018/19**

The Director of Quality & Clinical Governance/ Executive Nurse presented the Board Development Session Work Plan for 2017-2018 and 2018-2019.

Feedback was requested from Board Members with regard to development areas for 2018-2019. It was suggested that a presentation skills refresher be undertaken and for an extended invite to be given to CCG staff members.

## Resolved

(a)	Board Members noted the work plan for the year.
(b)	Board Members continued to support the work required.
(c)	Board Members update the work plan as required.

### 11.2 QUALITY ACCOUNTS

The Director of Quality & Clinical Governance/ Executive Nurse presented the Quality Accounts for 2016-2017. The CCG had received, reviewed and supplied a statement for inclusion into the Quality Accounts 2016-2017 for Humber NHS Foundation Trust (Humber FT), Yorkshire Ambulance Service (YAS), Hull and East Yorkshire Hospitals NHS Trust (HEYHT) and City Health Care Partnership (CHCP).

Discussions had taken place recently with regard to the production of quality reports, especially with regard to general practice and it was noted that there was no formal requirement for this to be undertaken and were excluded from producing these currently. It was recognised that much good work took place in general practice and it was queried whether quality reports should be produced as currently there was a lack of monitoring. Further discussions would take place with regard to this.

## Resolved

(a)	Board Members noted the contents of the report.
(b)	That assurance was taken that NHS Hull CCG was fully engaged in the delivery of their Statutory Quality Accounts responsibilities.

### 11.3 HULL SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2016-17

The Designated Professional Safeguarding Adults presented the Hull Safeguarding Adults Partnership Board Annual Report for 2016-2017.

## Resolved

(a)	Board Members noted the information in this report in relation to safeguarding adults activity by the Hull Safeguarding Adults Partnership Board (HSAPB) and the supportive role by NHS Hull Clinical Commissioning Group during 2016-17.
-----	---

### 11.4 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 5 JULY 2017

The Vice 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 July 2017.
-----	--

### 11.5 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 27 JUNE 2017

The Chair of the Quality and Performance Committee provided the minutes for 27 June 2017 for information.

## Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 27 June 2017.
-----	--

### 11.6 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 4 JULY 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 4 July 2017.
-----	--

### 12. ANY OTHER BUSINESS

The Chair advised that there were no items of Any Other Business submitted at this meeting.

### 13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 24 November 2017** 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