

## Item: 3

### **CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 26 JANUARY 2018, 9.30 AM, THE BOARD ROOM, WILBERFORCE COURT**

#### **PRESENT:**

Dr D Roper, NHS Hull CCG (Chair)  
Dr A Oehring, NHS Hull CCG (GP Member)  
Dr J Moulton, NHS Hull CCG (GP Member)  
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 Sayner, NHS Hull CCG (Chief Finance Officer)  
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 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 O'Neill, NHS Hull CCG (STP Programme Director)  
C Hurst, Engagement Manager, NHS Hull CCG – *Item 1 Only*

#### **WELCOME AND INTRODUCTIONS**

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

It was proposed to that the Safeguarding item from the Part 2 Confidential meeting would be discussed in Part 1 and these reports would be made available on the CCG's website.

#### **1. WORKING VOICES**

The Engagement Manager (Patients and the Public) presented the Working Voices video. Working Voices took engagement activities to the workforce, by engaging organisations and groups, which meant that local working people had the opportunity to tell the CCG their views with regard to health and wellbeing which in turn provided the CCG with valuable insight.

It was noted that businesses who joined the Working Voices programme could be supported to access a number of different services according to workplace need. A nominated member of staff would become the Working Voices Workplace Champion and would then receive all communications from NHS Hull CCG which would offer relevant and useful information about health services.

Working Voices had been piloted in three CCGs in other areas of the country and a big impact had been made. The wellbeing element was being developed further and some local organisations had approached the CCG with regard to providing the flu vaccine.

The Working Voices scheme had achieved an additional reach of 16,000 people and 7 businesses had signed up to date.

Discussion took place and it was noted that there was a desire within organisations to have a healthy workforce, asset within a backdrop of diminishing sports facilities provided by organisations, especially in the local area. This was a worthwhile piece of work to develop and provided opportunity for employers and employees to understand how to access services/groups (e.g. smoking cessation, weight management, NHS Health Checks). Also, smaller businesses that do not have the capacity to provide services themselves could inform their workforce and signpost them to activities/services that were available.

It was also recognised that that the CCG needed to be mindful of the services provided by Occupational Health.

Working Voices provided a further means to promote a health workforce and the opportunity for key information relating to local health services or issues to be relayed in a timely manner for the benefit of the wider local workforce.

### **Resolved**

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

Apologies for Absence were received and noted from:

Dr D Heseltine, NHS Hull CCG (Secondary Care Doctor)  
Dr R Raghunath, NHS Hull CCG (GP Member)  
E Latimer, NHS Hull CCG (Chief Officer)  
J Stamp, NHS Hull CCG (Lay Representative)

## **3. MINUTES OF THE PREVIOUS MEETING HELD ON 24 NOVEMBER 2017**

The minutes of the meeting held on 24 November 2017 were submitted for approval and the following amendments were made:

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

...The STP priority programmes and resourcing and engagement (**including chairs, lay members, non-executives, local politicians and clinicians**) would also be picked up.

### **7.2 WINTER PLANNING**

**With regard to 'Flu**, GP practices were advertising their winter opening hours and access to services via Bransholme Urgent Care Centre were being increased.

### **8.1 QUALITY AND PERFORMANCE REPORT**

#### Quality

Hull and East Yorkshire Hospitals NHS Trust (HEYHT) had reported five **cases which had breached 52 weeks with regard to Cancer 62 days of referral and route cause analysis had been undertaken which identified 1 Hull CCG breach which related to a complex diagnostic pathway.**

## Resolved

(a)	The minutes of 24 November 2017 were approved subject to the above amendments and would be signed by the Chair.
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## 4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 24 November 2017 was provided for information. The following updates were provided against remaining actions:

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

This action had been superseded at this stage and an update would be provided at Item 7.1 on Board Agenda at today's meeting.

## 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
Dr Amy Oehring		General Interest – GP Partner at Sutton Manor Surgery
Dr James Moulton		General Interest – GP Partner at Faith House Surgery

Name	Agenda No	Nature of Interest / Action Taken
Dr Scot Richardson		General Interest – GP Partner at James Alexander Practice
Dr Vincent 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 January 2018 were noted for information.

It was acknowledged that scrutiny took place in terms of all gifts and hospitality, all of which were documented.

### 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

Board Members received 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.

### 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 Director provided an STP update, which provided the highlights as well as the next steps.

Planning for 2018-2019 - the latest indication was that there would be a requirement for updated plans from the Regulators. This was a big challenge and work needed to be carried out within localities to provide collaborative plans.

STPs had to deal with short term and long term issues as well as ensuring targets were achieved.

Provider collaboration - consider carefully how this was promoted going forward, especially with regard to out of hospital services. The CCG's Provider Forum was held this week and a leadership/management structure was required with regard to community services across Hull

A process for reviewing hospital services across the patch had commenced via the Humber Acute Services Review and a means to facilitate potentially joint decision making in this regard was established via the Humber Joint Commissioning Committee . Initial service areas under consideration were ENT, haematology and urology as well as acute medicine and maternity services. It was recognised that discussions were needed with providers and other stakeholders to enact any decisions into contractual arrangements.

Discussion took place and it was queried as to how the Aligned Incentive Contract (AIC) linked with regard to potential joint commissioning and the CCG's statutory responsibilities as an organisation needed to be considered, especially in view of the other CCGs in the STP. The need to bring the other CCGs into financial balance was essential but members were clear that this should not be at the cost of detrimental impact of services provided to the local population.

Caution was expressed as to how Accountable Care was communicated. There was much work taking place already with regard to this, although this terminology was not used locally. There were concerns with regard to organisation form and would need to be sensitive of this.

and the Chief Finance Officer advised members that the CCG were protecting as much of its growth monies for the local population as possible. The work identified within the Place Based Plan needed to be taken forward.

The Humber Acute Services Review - was there an appetite to include other areas in part of these discussions especially with regard to service areas. Other areas would be involved with regard to this, particularly West Yorkshire, South Yorkshire and Lincolnshire.

It was noted that Provider Organisations also have statutory duties and great emphasis was placed on the collaborative working. Really good engagement and communication was in place. All respective bodies were involved in order to achieve the common goal.

## Resolved

(a)	Board Members noted the verbal update provided.
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## 7.2 PRESENTATION: OPERATIONAL PLAN REVIEW 2017-2018

The Director of Integrated Commissioning presented and tabled information with regard to the CCG's Operational Plan for 2017-2018, which builds on existing plans undertaken in 2016-2017.



Item 7.2 -  
Operational Plan Review

A two year Operational Plan was to be implemented for the period 2017-2019, and commissioning priorities performance and plans had been developed for 2017-2018, with priorities being set within the context and development of the Hull Place Based Plan.

The following key points were noted:

- The CCG had achieved against all the nine 'must dos'.

- Key programme areas had been identified and progress had been made with regard to these areas:
  - Vulnerable People
  - Acute Care
  - Urgent Care
  - Primary Care
  - Children & Young People & Maternity
  - Integration
- Significant work had been undertaken with regard to Vulnerable People, particularly Child and Adolescent Mental Health Services (CAMHS).
- Waiting times across services had reduced and all children referred now received some level of support whilst waiting on the list.
- The Adult Crisis Pad (open 7 days per week) opened in April 2017 and a 6 month pilot evaluation had been undertaken, with up to 50 referrals a month received. Positive feedback had been given with regard to this and discussions to look at how the model could be replicated for CAMHS were taking place. Overall there were really positive outcomes for people who have mental health needs in the city.
- Dementia diagnosis rates continued to be achieved above the NHS England (NHSE) target, although the pathway needed some redesign.
- In terms of acute care the number of referrals into Hull & East Yorkshire Hospitals NHS Trust (HEYHT) had reduced.
- One of the only CCGs in the North Yorkshire and Humber area undertaking Faecal Immunochemical Tests (FIT – quicker diagnosis).
- Currently 3% under plan for non-elective activity into HEYHT.
- Work was taking place with regard to diabetes and cancer services and concentrating on what was being done for Hull patients.
- Significant progress had been made with regard to primary care. There were now five groupings of between 30,000 – 50,000 patients each which encompassed all local practices.
- Expected to achieve deadline of on-line consultation in all GP practices during 2018-2019.
- A significant amount of work was needed with regard to Children & Young People and Maternity Services.
- A reduction was being seen with regard to Status at Time of Delivery (SATOD) rates.
- Some of the challenges the CCG has to address were identified, particularly autism diagnosis waiting times, improving the position with regard to referral to treatment (RTT), the plan and trajectory to be achieved by NHSE with regard to Transforming Care Partnerships (TCPs) for people with a learning disability, remodelling of services for Special Educational Needs and Disabilities (SEND) and STP priorities.
- Workforce was an issue and the CCG were working with Local Authority (LA) in terms of other roles.
- Main themes going forward were the strategic direction, particularly Aligned Incentive Contract (AIC), Integrated Commissioning, Integrated Delivery (IDF) and Hull Place Plan and a composite view of this would be presented to the Board.

Concern was expressed by the Chair in terms of the level of detail being provided to the Board when only just receiving the information and it was proposed that Board

Members review the information outside the meeting and provide feedback to the Director of Integrated Commissioning.

Discussion took place and consideration was needed about how the finances were used in terms of the AIC. The good working taking place was acknowledged and commended.

A Hull Strategic Partnership Board (Place Board) was in place which was responsible for setting the overarching strategic vision for the Hull health and care economy and involved public sector organisations.

Work with regard to the strategy and vision for Hull's Place Based Plan had been undertaken in terms of population Health Analysis and four key proof of concept projects had been identified as follows:

- Preventing future high cost users in Hull
- Supporting Care Leavers
- Domestic Abuse prevention
- Wraparound for vulnerable children and young people

A Delivery Board was to be established, to be chaired by the Chief Fire Officer, Humberside Fire & Rescue, which would take some of the proof of concept work streams forward and provide overall direction. Representatives from across the partnership had been identified.

A refreshed Place Base Plan was to be submitted at the end of March 2018 and the areas with regard to the Hull Place Plan to be taken forward in 2018-2019 were noted.

It was reported that the CCG's Integrated Care Centre (ICC) would open in May 2018.

Discussion took place with regard to the proof of concept projects and delivery was expected with more than just one project. Additionally, it was noted that discussions were to take place with regard to the role of the local Health and Wellbeing Board and their remit going forward.

#### **Resolved**

(a)	The Board noted the update provided.
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### **7.3 HULL PLACE BASED PLAN UPDATE**

The Director of Integrated Commissioning presented an update on the Hull Place Plan and the Strategic Partnership Board (SPB) established to deliver the Plan.

#### **Resolved**

(a)	The Board noted the update provided.
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## **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 January 2018, which provided a corporate summary of overall CCG performance and the current financial position.

#### Finance

A number of variances were noted with both under and overspends being highlighted across particular areas of the budget. In summary however all financial performance targets for 2017-18 remained on forecast to be achieved.

The CCG were looking to achieve the £11.66 million surplus. Primary Care Delegated Commissioning was forecasting an underspend of £767,000 however these monies were a protected resource for 2018-2019. There was opportunity to identify the growth in primary care and demonstrable containment of demand/need was required. It was acknowledged that the right resource distribution was fundamental, although much work was still needed.

In terms of the constitutional standards position, ED performance was very volatile and 'Operation Wintergreen' (to deal with unprecedented winter pressures) was to be implemented at Hull & East Yorkshire Hospitals (HEYHT) from 29 January 2018. All non-elective clinical work (non-urgent operations and routine outpatient appointments) would be cancelled between 29 January 2018 and 6 February 2018. By releasing clinical teams from their other duties for a short period of time the plan was for the Trust to be able to prioritise the care of emergency patients, which in turn would reset the system. It was noted that some of the work to be cancelled would have gone through 'Minors' Department and the lower attendances made it more difficult to achieve targets.

Information would be published in the media about counting Emergency Department (ED) performance and what was included in terms of Type 1 and Type 2 activity and the CCG would be involved in this.

#### Performance

Referral to Treatment (RTT) performance had deteriorated over recent months and concentrated effort was needed. Plans for next year were being developed and it had been confirmed through the CCG's assurance process with NHS England (NHSE) that there would not be a percentage target for 18 weeks, but rather specific requirements with respect to the overall waiting list size. More detailed discussion with regard to patient tracking would take place in the Part 2 Board Meeting and the admin validation work being undertaken by the Trust would be completed next week.

62-day cancer waiting times continued to underperform and the CCG's Quality & Performance Committee (Q&PC) were to undertake a deep dive with regard to this and a follow up meeting would be held with the Trust with regard to Urology and Upper GI.

Performance against the 6-week waiting times target for diagnostic tests continued to deteriorate and disappointment was expressed that the bid for additional funding from NHS England for diagnostics for CT was unsuccessful, especially in view of



endoscopy being an area of significant pressure. The approach taken in terms of how CT services were delivered going forward needed to be considered as there were significant concerns with regard to the business continuity approach with regard to this service. Extra capital was needed to provide the extra capacity needed.

#### Quality

Staffing recruitment remained a challenge for all local providers for nursing and clinical staff.

The Hull and East Yorkshire Hospitals NHS Trust (HEYHT) reported five cases which had breached 52 weeks, one of these being attributable to Hull CCG.

#### **Resolved**

(a)	Board Members noted the Quality and Performance report.
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### **8.2 SAFEGUARDING ADULTS QUARTERLY UPDATE (Q2) 2017-18**

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.

The report demonstrated that the CCG were achieving their statutory responsibilities and the training compliance figures were noted for all providers.

A new named GP (Dr Jedah Zaro) for safeguarding adults had commenced in post for the CCG at the beginning of December 2017 and she had commenced contact with all Hull GP practices.

Clarification was sought in terms of the low figures at Spire in terms of training and it was queried and acknowledged that some staff members could have undertaken their training within another provider organisation. It was noted that the CCG had more limited influence with Spire in this regard given that it was a private provider. In terms of the training figures at HEYHT there were things that the CCG could do and a process of escalation was in place with regard to this. It was stated the training compliance target needed to be achieved by the end of the year and contract performance notices would be issued by the CCG if this was not achieved. It was reported that figures with regard to Prevent training (the duty in the Counter-Terrorism and Security Act 2015) were reported nationally.

#### **Resolved**

(a)	Board Members noted this report in relation to safeguarding adult's activity and the responsibilities and actions of the NHS Hull CCG and providers.
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### **8.3 SAFEGUARDING CHILDREN QUARTERLY UPDATE (Q2) 2017-18**

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.

Safeguarding children training compliance looked positive across the board from a CCG and provider perspective.

The CCG had recently appointed to the role of Designated Nurse Looked After Children/ Deputy Designated Nurse Safeguarding Children with an anticipated start date of January 2018. The Designated Nurse Safeguarding Children continued to expand her role including offering advice and support to GPS, Practice Managers and Nurse Practitioners.

The progress against the actions following the Care Quality Commission (CQC) Hull Children Looked After and Safeguarding (HCLAS) inspection had been provided and this was being monitored by the Designated Nurse Safeguarding Children.

#### **Resolved**

(a)	Board Members noted the report in relation to safeguarding children activity and the responsibilities and actions of the NHS Hull Clinical Commissioning Group and providers.
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### **9. STANDING ITEMS**

#### **9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 3 NOVEMBER 2017 AND 1 DECEMBER 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 3 November 2017 and 1 December 2017.
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#### **9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 26 SEPTEMBER 2017 / 24 OCTOBER 2017 / 28 NOVEMBER 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 26 September 2017, 24 October 2017 and 28 November 2017.
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#### **9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 14 NOVEMBER 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 Committee Chair's Assurance Report for 14 November 2017.
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### 9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S ASSURANCE REPORT – 27 OCTOBER 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 October 2017.
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## 10. GENERAL

### 10.1 POLICIES

The Associate Director of Communications and Engagement and Director of Quality & Clinical Governance/Executive Nurse presented the following policies:

- Media Policy
- Professional Registration Policy
- Redeployment Policy

Board Members were requested to read the Media Policy and feedback any further comments after the meeting.

With respect to the Media Policy, it was noted that if Board Members retained the ability to express a view in a personal capacity as a resident of the city rather than in their capacity as a Board Member, however it was important that they made clear in such circumstances that they were commenting in a personal capacity and did not speak on behalf of the CCG. It was also noted that Social Media training was provided by the CCG, should Board Members require this.

It was reported that the main change in the Professional Registration Policy was with regard to 'Revalidation' and the appropriate form of registration in terms of clinical / non clinical was to be determined by each individual. Minimal changes had been made to the Redeployment Policy.

## Resolved

(a)	Board Members ratified the policies.
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## 11. REPORTS FOR INFORMATION ONLY

### 11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 3 NOVEMBER 2017 AND 1 DECEMBER 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 3 November 2017 and 1 December 2017.
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### 11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 26 SEPTEMBER 2017 / 24 OCTOBER 2017 / 28 NOVEMBER 2017

The Chair of the Quality and Performance Committee provided the minutes for 26 September, 24 October 2017 and 28 November 2017.

## Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 26 September 2017, 24 October 2017, and 28 November 2017.
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### 11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 14 NOVEMBER 2017

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

## Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee approved minutes for 14 November 2017.
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### 11.4 PRIMARY CARE COMMISSIONING COMMITTEE – 27 OCTOBER 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 approved minutes for 27 October 2017.
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## 12. ANY OTHER BUSINESS

There were no items of Any Other Business.

## 13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 23 March 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
HHCFCG	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

DRAFT