

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 23 MARCH 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 D Heseltine, NHS Hull CCG (Secondary Care Doctor)
Dr J Moutt, NHS Hull CCG (GP Member)
Dr R Raghunath, NHS Hull CCG (GP Member)
Dr S Richardson, NHS Hull CCG (GP Member)
E Daley, NHS Hull CCG (Director of Integrated Commissioning)
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) – *Left during Item 7.3*
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:

C O'Neill, NHS Hull CCG (STP Programme Director)
Dr A Hutchinson, Hull York Medical School (Research Fellow) – *Item 1 Only*
Dr James Crick, Hull CCG and Hull City Council (Consultant in Public Health Medicine and Associate Medical Director) – *From Item 7.3*
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*

WELCOME AND INTRODUCTIONS

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

1. BREATHLESSNESS RESEARCH & WORK

Dr Ann Hutchinson was welcomed to the meeting and provided a verbal update with regard to a particular piece of work that the CCG had supported through research. The aim of the research was to enable a researcher to complete a systematic review of evidence based interventions used by paramedics on patients in a breathlessness crisis.

Dr Hutchinson currently worked at Hull York Medical School (HYMS) and the initial funding for the research work was provided from NIHR Research for a Patient Benefit (RfPB) grant, supplemented by the CCG's own funding.

A Respiratory Support Group was in place who met at the Freedom Centre, Hull, comprising local people who suffered with breathlessness. Good feedback had been provided from patients especially with regard to the development of patient friendly documentation.

A survey amongst patients within the Emergency Department (ED) at Hull and East Yorkshire Hospitals NHS Trust (HEYHT) had also been undertaken along with a week's pilot and a second pilot undertaken involving medical students.

It was noted that 20% of ED attendances had breathlessness as one of the symptoms and this therefore place huge demands on the department.

Two papers had been published and it was noted that these identified the following consistent themes, as follows:

- Coping / Dis-engaged coping;
- Help-seeking; and
- Responsiveness of healthcare professional.

The research had also engaged with Yorkshire Ambulance Service (YAS) to review their work on admission reduction. This involved the development of a breathless management plan for crisis episodes as well as patient information and support for better breathlessness management..

If the bid for further RfPB funding was successful a further trial would commence next year. Public engagement activity would take place and some PPI workshops held. A photographic exhibition exploring patient experience of living with breathlessness would also be held.

Discussion took place and it was noted that a number of the steps described would most likely be familiar to an experienced paramedic, however, the work undertaken by YAS would support those new to the profession.

Resolved

(a)	Board Members noted the verbal update provided.
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2. APOLOGIES FOR ABSENCE

Apologies for Absence were received and noted from:

E Latimer, NHS Hull CCG (Chief Officer)
Dr V Rawcliffe, NHS Hull CCG (GP Member)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JANUARY 2018

The minutes of the meeting held on 26 January 2018 were submitted for approval and the following amendments were made:

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

Initial service areas under consideration were **Phase 1**, ENT, haematology and urology as well as **Phase 2**, acute medicine and maternity services.

The need to bring the other **partner organisations** 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.

8.1 QUALITY AND PERFORMANCE REPORT

All **elective** clinical work (non-urgent operations and routine outpatient appointments)....

Resolved

(a)	The minutes of 26 January 2018 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

There were not outstanding Actions to discuss from the meeting held on 26 January 2018.

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 to;

Name	Agenda No	Nature of Interest / Action Taken
Dr Amy Oehring		General Interest – GP Partner at Sutton Manor Surgery and Practice Grouping
Dr James Moulton		General Interest – GP Partner at Faith House Surgery and Practice Grouping
Dr Scot Richardson		General Interest – GP Partner at James Alexander Practice and Practice Grouping
Dr Vincent Rawcliffe		General Interest – GP Partner at New Hall Surgery and Practice Grouping
Jason Stamp	7.2	Direct Interest - Chief Officer North Bank Forum for voluntary organisation - sub contract for the

Name	Agenda No	Nature of Interest / Action Taken
		delivery of the social prescribing service. Member of Building Health Partnerships. Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. Organisation contracted to host Healthwatch Hull from September 2017

Resolved

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

Board Members noted that there had been no Gifts and Hospitality Declarations made in the period since the last report in January 2018.

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 in January 2018.

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 still remained subject to regular review by relevant committees and directorates.

There were currently 28 risks on the CCG risk register, 18 of these had a current risk rating of high or extreme (that was 8 or above). One further risk had been included on the register since the previous report, Risk 928 and it was proposed nationally that this functionality allowing safeguarding teams to override sharing consent preferences was being removed from SystemOne and debate was ongoing with NHS England (NHSE) with regard to this.

The functionality existed to facilitate appropriate access for safeguarding purposes; however, there was evidence to suggest that the functionality had been misused elsewhere in the country. operated robust arrangements. The Information Commissioners Office (ICO) had notified the software suppliers of potential compliance concerns under the existing arrangements and they were working with NHS Digital and NHS England with a view to developing an urgent solution. In the meantime the supplier was removing the functionality and this created a significant risk. It was agreed that a letter from the CCG Board be produced expressing the discontent for this functionality being removed.

Discussion took place and it was conveyed that in relation to Risk 919, the narrative was not correct as this does not reflect the new operating model and improved relationships with the home care market. This risk had been discussed in detail at

the Integrated Audit & Governance Committee (IAGC) and the risk needed to reflect the improvements that had been made and the overall risk rating could reduce. It was stated that updated narrative needed to be reflected for all risks and this had subsequently been received.

Resolved

(a)	Board Members considered the relevant risks, controls and assurances within the register.
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6.5 BOARD ASSURANCE FRAMEWORK UPDATE

The Associate Director of Corporate Affairs provided the current Board Assurance Framework (BAF) for consideration.

It was noted that a BAF risk assessment session had been held at the board development session in April 2018. The work undertaken would inform the refreshed 2018/19 BAF. In the interim, the current BAF remained extant and subject to review. It provided an important source of assurance and comprised a total of 26 risks relating to the strategic objectives of the CCG. The highest rated risks were set out in the summary report. 19 of these had a risk category rating of 'High' and 7 were 'Moderate'. There were no extreme rated risks.

Resolved

(a)	Board Members noted the update provided.
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6.6 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.

A successful Down Syndrome Pathway Launch had taken place on 21 March 2018 and Board Members were to be invited to have a tour of the Integrated Care Centre (ICC) on Friday 13 April 2018. The ICC would open this year and would initially focus on supporting frail individuals identified through screening in primary care.

It was also noted the Director of Integrated Commissioning stated that NHS Hull CCG and Hull City Council had been awarded 'highly commended' at the Local Government Chronical (LGC) for Integrated Commissioning and Better Care.

The Yorkshire & Humber General Practice Nursing (GPN) Awards had also taken place on 21 March 2018; five nurses working in Hull GP Practices have been shortlisted in the Recognising the Value of General Practice Nursing (GPN) Nursing Awards and Haxby Group won the Practice Nurse Leadership Award.

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, summarising the highlights of the programme since the previous briefing as well as the next steps.

Local plans in each of the STP communities would remain the key building block for the work of the Partnership. In each local area ('place'), health organisations and local authorities would continue to work together to develop and implement joint health and care plans for their local populations.

Local health and care plans would be developed for each 'place', adopting a pragmatic approach that recognises natural communities, particularly where organisational boundaries do not align.

At Humber, Coast and Vale level, an immediate priority was to assess the capital priorities to be submitted next month in response to the new national capital bidding process. This would be the focus of the newly constituted Executive Group when it meets on Wednesday 15 March 2018.

On Tuesday 27 March 2018, a workshop session took place for Non-executive Directors, CCG Lay Members, Local Authority Leaders/Portfolio holders and Health and Wellbeing Board Chairs. The purpose being to explore how to utilise the wealth of experience, insight and leadership from non-executive and democratic leaders in each of the STP programmes and priority areas of work.

The new governance arrangements for the Partnership came into effective from 1 March 2018 and saw the establishment of three new Strategic Boards:

- Strategic Development Board;
- System Resources Boards; and,
- Strategic Clinical Priority Transformation Areas

These would be operational from the end of March 2018.

Work was ongoing on the process of signing off contract and operational plans across the HCV area and there were some issues with regard to certain financial assumptions made.

The Provider Collaborative meeting scheduled to take place this week had not taken place as common ground among wider group of providers was proving quite difficult. The need to do significantly better across providers was expressed with regard to this.

Resolved

(a)	Board Members noted the progress to date of the Humber, Coast and Vale Sustainability and Transformation Partnership and provided feedback on the next steps discussion document (Annex A).
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7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Director of Integrated Commissioning presented an update with regard to the Hull Place Based Plan – see attached.



Item 7.2 - Hull CCG
Place Update.pptx

The work to date was noted and much work had taken place with the Police with regard to data analysis, particularly looking at ways as to how some of this data could be shared and applied more widely.

Following on from some initial work / discussions on an Outcomes Framework for the Place Based Board in late 2017, two workshops (19 March 2018 and 11 May 2018) had taken place, the aim being to re-emphasise the importance of, and nature of, an Outcomes Framework for the Board and to work through a draft framework to discuss and to be brought to a second workshop to finalise.

Additionally, a specification for programme support had been issued for the next stage of the programme.

Discussion took place and concern was expressed with regard to the growth of programme support and the cost implications with regard to this. It was noted that the programme support would be at 'place' level and the need to make sure that layers of bureaucracy were not put in place was conveyed.

Approaches had been made by a number of consultancies to undertaken free-of-charge work and the need for caution in this regard was acknowledged.

The population health information informed the development of priorities and the data intelligence hub work provided a good opportunity for multi-agency focus on the problems associated with the Beverley Road Corridor. This was supported by Members.

The population health programme had identified four "proof of concept" work streams:

1. Reducing future 'high volume' users in Hull;
2. Supporting Care leavers;
3. Domestic abuse prevention; and,
4. Wraparound support for vulnerable children and young people.

The first project was to look at 'Children on the Edge of Care'.

Board Members noted the next steps and discussion took place as to how the Place Board related to other Board's in the City of Hull and the need to avoid duplication in this regard. It was noted that as part of the specification out to tender an independent review of the governance structure in place would be undertaken.

A question was raised whether the proposed work programmes were similar to work previously undertaken and assurance was sought that the new initiatives would enable progress to be made.

Jason Stamp declared a conflict of interest in this matter as the Chief Executive of the North Bank Forum, who were a sub-contractor for the delivery of social

prescribing in Hull. He advised that the voluntary sector was a key partner and were already delivering services with regard to children and young people.

It was reported that the CCG, partners and providers were working with the local authority (LA) in a completely different way, especially in terms of direct involvement. There was different leadership within the LA and it was encouraging that progress had been made at grass roots level, while acknowledging there was further work to do.

It was stated that the Hull Place Based Plan started from a position of good partnership working. Some of the GP groupings were active in widening the scope of the services they provide and this would be encouraged by the CCG and LA. Whilst a "Place Board" was a requirement of the Hull Place Based Plan Humber Coast & Vale (HCV) Sustainability Transformation Partnership (STP), it was noted that the Hull plan went much further in terms of its scope and ambition.

Resolved

(a)	The Board noted the update provided.
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7.3 REFRESHING NHS PLANS - PLANNING GUIDANCE 2018/19

The Director of Integrated Commissioning provided an update on the recently published planning guidance for 2018/19, published in February 2018 by NHS Improvement (NHSI) and NHS England (NHSE) and to highlight the impact of the guidance on NHS Hull CCG.

The guidance stated that CCGs must remain focused on improving the quality of care for patients and maintaining financial balance, whilst working in partnership to strengthen the sustainability of services for the future and set out clear expectations of CCGs.

The finance elements were outlined within the report and the guidance does realise extra resources for Hull as described below:

- The removal of the 0.5% national risk reserve and 0.5% of non-recurrent expenditure requirement has resulted in the CCG being able to use £4m on a recurrent basis; and
- Hull's share of the £600m was an additional £3.17 million.

It was reported that the CCG was currently in dialogue) with Hull and East Yorkshire NHS Hospitals Trust (HEYHT) with regards to the second year of the Aligned Incentive Contract (AIC).

The CCG's position in respect of the development of the Integrated Care System (ICS) was noted along with the timeframe by which updated plans were required to be submitted in the light of the new guidance.

The other area of significance was the move away from the terminology of accountable care and adopt the term Integrated Care Systems (ICS) and the expectations of the planning guidance and timeline were noted.

The Director of Public Health and Adult Social Care left the meeting at this point and the Consultant in Public Health Medicine / Associate Medical Director attended on her behalf.

Discussion took place and reference was made with regard to the 2018/19 revenue for NHS England (NHSE) and the further £540 million that the Department of Health and Social Care (DHSC) had subsequently agreed to make available. NHSE therefore would make formal allocations of these additional funds to CCGs and others for 2018/19 to fund realistic levels of emergency activity in plans, the additional elective activity necessary to stabilise waiting lists, universal adherence to the Mental Health Investment Standard, and transformation commitments for cancer services and primary care.

Resolved

(a)	Board Members noted the updated planning guidance for 2018/19.
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7.4 YORKSHIRE & HUMBER URGENT CARE: SERVICE DEVELOPMENT & PROCUREMENT

The Director of Integrated Commissioning provided a summary of the journey Yorkshire and Humber (Y&H) Clinical Commissioning Groups (CCGs) and NHS England (NHSE) (as commissioners of Dental Services) were taking to deliver their Integrated Urgent Care (IUC) programme. Approval was sought to undertake a formal procurement exercise to replace the existing NHS 111 service (following contract expiration in March 2019) with a new service model.

The current contract with Yorkshire Ambulance Service (YAS) was due to expire on 31 March 2018 and there was no facility within the current contract to extend beyond this date. It was therefore agreed to enter into a new contract with YAS for one year, April 2018 – March 2019.

An interim contract would be in place with YAS for 2018/19, which would act as a bridge between the current service and the full service model that would be in place by April 2019. Additionally, Board Members noted the procurement process along with the timeframe and it was acknowledged that it was the responsibility of individual CCGs, through the development of their local urgent care strategies, to engage with local populations to inform their development of their Integrated Urgent Care (IUC) system.

Discussion took place with regard to patient and public engagement, particularly the engagement of primary care, and it was queried that in view of the local engagement whether there would a standardised framework to ensure that this was done in a consistent way.

It was expressed that learning about the outcomes from some of the decisions was not reflected and this needed to be considered in terms of the overall system learning. The significant opportunity for innovation and change within the specification was recognised.

Resolved

(a)	Board Members ratified the recommendation of the Commissioner only Joint Strategic Commissioning Board (JSCB) that the appropriate route to
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	market was through a competitive procurement process and instruct the JSCB to implement this decision.
(b)	Ratified the recommendation of the use of a dialogue based process to deliver the service model.
(c)	Ratified the recommendation to negotiate an interim contract with the current 111 provider for 18/19 that has the ability to be extended for six months as a means of mitigating any risks relating to continuity of service, should unavoidable slippage occur.
(d)	Note the risks associated with the procurement process and support the core team to mitigate these.
(e)	Confirmed their decision in writing to Greater Huddersfield CCG.

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.

The detail of report had been reviewed by the CCG's Integrated Audit and Governance (IAGC) and Quality & Performance (Q&PC) Committees.

Board Members noted an updated version of Page 4 of the report that was tabled at the meeting.

Finance

All financial performance targets for 2017/18 were forecast to be achieved.

Performance and Contracting

The contract variation process was currently happening. The only addition to contract with Hull & East Yorkshire Hospitals NHS Trust (HEYHT) was in line with repatriation of referrals as there were reductions in excess of 65% and these would be reflected in the contract as appropriate. It also looked like an agreement had been achieved with regard to the contract with Yorkshire Ambulance Service (YAS).

Quality

The CCG continued to sit on HEYHT's Patient Harm Group and to date no harms had been identified and meetings were held on a fortnightly basis.

There had been a mixed sex accommodation breach in October, which was a Hull CCG patient, although not at HEYHT but another Trust.

Resolved

(a)	Board Members noted the Quality and Performance report.
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8.2 SAFEGUARDING ADULTS QUARTERLY UPDATE (Q3) 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. Good progress was also being made with regard to statutory and mandatory training.

The Quality and Performance Committee (Q&PC) in December 2017 had approved the Safeguarding Adults Policy Bespoke for Primary Care based on the Royal College of General Practitioners (RCGP) latest guidance. The policy had been shared at the Primary Care Commissioning Committee (PCCC) and would be circulated to all GP practices in the city. A similar policy would be produced for Childrens.

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 (Q3) 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.

Training compliance had increased to 73% in Quarter 3 and a data verification and reminder to staff exercise to raise compliance was to be undertaken.

Close working continued with City Health Care Partnership (CHCP), who were compliant with the requirements for statutory safeguarding posts.

With regard to Humber Teaching NHS Foundation Trust (Humber TFT), really good progress had been made with regard to training compliance and the Contract Query Notice (CQN) had now been revoked.

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 – 5 JANUARY 2018 AND 2 FEBRUARY 2018

The CCG Chair on behalf of 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 5 January 2018 and 2 February 2018.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 19 DECEMBER 2017 AND 23 JANUARY 2018

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 19 December 2017 and 23 January 2018.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 16 JANUARY 2018

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

She reported that significant assurance could be taken by the Board with regards to the controls and assurances operating within the CCG and further advised that the Committee were satisfied with regards to the plans and preparations for the year-end processes.

Resolved

(a)	Board Members noted the Integrated Audit and Governance Committee Chair's Assurance Report for 16 January 2018.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 15 DECEMBER 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 15 December 2017.
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10. GENERAL

10.1 POLICIES

The Director of Quality & Clinical Governance/Executive Nurse presented the following policy:

- Managing Work Performance Policy Professional Registration Policy

All the CCG's policies were available on the Website.

Resolved

(a)	Board Members ratified the policy.
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10.2 GENERAL DATA PROTECTION REGULATION UPDATE FOR HR POLICIES

The Director of Quality & Clinical Governance provide an update on the General Data Protection Regulations (GDPR) which would come into force on 25 May 2018 in terms of the way the CCG carried out tasks involving personal data, particularly around employment checks and recruitment processes.

Board Members noted that specific amendments had been made to four policies and a standard statement had been included in twenty CCG policies.

Resolved

(a)	Board Members approved the updates to HR policies with reference to GDPR.
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11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 5 JANUARY 2018 AND 2 FEBRUARY 2018

The CCG Chair on behalf of the Chair of the Planning and Commissioning Committee provided the minutes for information.

Resolved

(a)	Board Members noted the Planning and Commissioning Committee approved minutes for 5 January 2018 and 2 February 2018.
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 19 DECEMBER 2017 AND 23 JANUARY 2018

The Chair of the Quality and Performance Committee provided the minutes for 19 December 2017 and 23 January 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 19 December 2017 and 23 January 2018.
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 16 JANUARY 2018

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 16 January 2018.
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE –15 DECEMBER 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 15 December 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 25 May 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
DHSC	Department of Health and Social Care
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
GDPR	General Data Protection Regulations
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
HYMS	Hull York Medical School
Humber TFT	Humber Teaching 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
RfPB	Research for a Patient Benefit
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