

Item: 3

CLINICAL COMMISSIONING GROUP BOARD MINUTES OF THE MEETING HELD ON FRIDAY 25 MAY 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 Mout, 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 Latimer, NHS Hull CCG (Chief Officer)
E Sayner, NHS Hull CCG (Chief Finance Officer)
J Stamp, NHS Hull CCG (Lay Representative)
J Weldon, Hull City Council (Director of Public Health and Adult Social Care)
K Marshall, NHS Hull CCG (Lay Representative)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
M Whitaker, NHS Hull CCG (Practice Manager Representative)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)
S 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)
E Jones, NHS Hull CCG (Business Support Manager) - *Minute Taker*
E Shakeshaft, NHS Hull CCG (Communications Manager) – *Item 6.4 Only*
L Borrill, Hull KR - *Item 1 Only*
O Jackson, Hull FC – *Item 1 Only*

WELCOME AND INTRODUCTIONS

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

1. TEAMING UP FOR HEALTH PROGRAMME

The Director of Integrated Commissioning introduced Olivia Jackson and Lizzie Borrill to the meeting who provided an overview of the 'Teaming up for Health' (TufH) programme – see attached.



Item 1 - TufH
Presentation.pptx

The following key points were noted:

- The TufH programme was a partnership between Hull KR, Hull FC, Hull CCG and Public Health. It was recognised that rugby crowds often comprised some of the otherwise hard to reach groups for health and wellbeing awareness. The role of the Hull KR and Hull FC posts were to promote awareness through campaigns, giving consistent messages, providing a safe

space for people to access services and identifying gaps and addressing these.

- The programme had been launched on Good Friday at the derby game between the clubs.
- An evaluation report following the launch was available – over 12,000 people attended.
- TuFH was a 12 month project based on a similar project in the North West of the country with Widnes, Warrington and Salford Rugby League Clubs where the programme has been a fantastic success.
- Super 8s, was scheduled for August/September, Community week – to go into the local community teams and promote health messages within the younger health group, takeover nights at junior rugby clubs with coaches, players etc. Heritage week- celebrate Old Faithful programme; aiming to enable Old Faithful participants to attend a Super 8s fixture.
- Fan profile information was tabled at the meeting. This information would enable Teaming up for Health to identify which conditions were prevalent in the areas, identify and signpost fans to current services (or bring services to them / at the Ground) and identify gaps. The average attendance so far was as follows:
 - Hull KR – 9,000
 - Hull FC – 11,000
 - Derby Day in 2007, 23,000 people
- Case Studies were to be set up.
- Social Media was a huge part of communicating with fans, consistent with the messages being sent which reached in excess of 100,000 people, for example, Twitter:
 - Hull Kingston Rovers (@hullkrofficial) – 51.6K
 - Hull FC (@hullfcofficial) – 67.8K
 - Hull FC Foundation (@FCComFoundation) – 1,717
- All events were evaluated and reports produced which identified the health and wellbeing impact.
- Additional investment, People’s Project – Food for Thought was a Hull KR campaign and greater promotion linking to the Club’s nutritionist.
- Two bids had been submitted with regard to Anna Maria Charitable Trust and Children in Need.

Congratulations were expressed with regard to the good work being done.

It was reported that NHS England (NHSE) would be providing clinical training for GPs at the Guildhall. It was also conveyed that more physical exercise was needed to improve the health of the local population and assurance was provided with regard to the physical activity with the Local Authority (LA) who had a system wide focus and this also linked with the dementia work taking place.

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:

Dr R Raghunath, NHS Hull CCG (GP Member)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 23 MARCH 2018

The minutes of the meeting held on 23 March 2018 were submitted for approval.

Resolved

(a)	The minutes of 23 March 2018 were approved and would be signed by the Chair.
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4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no outstanding Actions to discuss from the meeting held on 23 March 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 too;

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		Direct Interest - Chief Officer North Bank Forum for voluntary organisation - sub contract for the delivery of the social prescribing service. Member of Building Health Partnerships.

Name	Agenda No	Nature of Interest / Action Taken
		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. Chief Officer North Bank Forum host organisation contracted to deliver 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 March 2018.

It was reported that the Chief Officer would be attending the Humber Business Week dinner on 7 June 2018.

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 in January 2018.

6.4 CCG ANNUAL REPORT 2017-2018

The Chair welcomed the Communications Manager to the meeting and invited her to present the CCG's Annual Report for 2017-18. This was in advance of its submission to NHS England (NHSE) at 9.00 am on 29 May 2018 and the publication of the designed version on 15 June 2018.

The Communications Manager advised that the Annual Report provided an overview of the CCG's work and reflections on a year of working with local people and partners to create a healthier Hull and presents the annual accounts for the year 1 April 2017 – 31 March 2018.

The key areas were:

- Our plans and priorities for Hull;
- My city, my health, my care - future of GP services;
- Five Year Forward View – Integrated commissioning for Hull;
- Health, culture and legacy;
- Building relationships with communities ;
- Delivering safe, high quality services;

and

- Taking action on health inequalities and the local strategy for health and wellbeing

The following key highlights were noted:

- New full team photo for the CCG.
- Page 22, Co-producing a new care pathway for Down's Syndrome – The new Care Pathway aimed to bring together all of the health information needed for people with Down's Syndrome and this had been rated 'good' under the Improvement Assurance Framework (IAF) for the quality of the CCG's engagement for 2016-17 and the CCG were aspiring to be 'outstanding' for 2017-18.
- The Accountability Report started from page 46, which included an increased focus on pay banding, gender, sickness absence and staff costs.

It was noted that the Annual Report would be uploaded onto the CCG's website on 15 June 2018 and approximately 50 copies would be printed.

Following discussion it was agreed that the graphic designed version of the report would be emailed to Board Members later that day and it was requested that the Communications and Engagement Team be notified of any comments.

It was conveyed that there was a real focus on impact with the Annual Report and a user friendly, interesting document had been produced.

Resolved

(a)	Board Members noted the CCG's Annual Report for 2017-18.
(b)	The final version would be emailed round to Board Members

6.5 ANNUAL ACCOUNTS 2017-2018

The Chief Finance Officer presented the CCG's Governing Body with a finalised version of the annual accounts following the completion of the external audit carried out by Mazars (appointed External Auditors).

The Annual Accounts were a financial summary of the CCGs performance during the year. It was a statutory requirement to produce the annual accounts and having strong financial governance and performance was vital in the CCG being able to deliver its statutory duties.

Both the draft and audited versions of the annual accounts had been fully reviewed in detail by the Integrated Audit and Governance Committee (IAGC) on the 18 April and 24 May 2018 respectively.

The CCG were looking to submit the accounts later today although they were not required to be submitted until 9.00 am on Tuesday 29 May 2018, however a decision to submit early was taken on account of the bank holiday.

It was noted that positive feedback had been provided by the External Auditors (Mazars) at the Extraordinary IAGC meeting on 24 May 2018.

It was confirmed that this was the fifth year of the production of CCG accounts and members noted the accounts reflected another fantastic year and thanks were expressed in particular to the Finance Team for their contribution to this.

Resolved

(a)	Board Members approved and adopted the 2017/18 annual accounts.
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6.6 AUDIT COMPLETION REPORT 2017-2018

The Chief Finance Officer presented the Audit Completion Report, which set out the findings from the audit undertaken by Mazars (External Auditors) of Hull Clinical Commissioning Group for the year ended 31 March 2018. The report summarised the audit conclusions and formed the basis for discussion at the Integrated Audit and Governance Committee (IAGC) meeting on 24 May 2018.

It was noted that the Annual Audit letter would be received by the CCG in July 2018.

One of the areas of risk identified was in relation to the Aligned Incentive Contract (AIC) in terms of value for money and this was reflected on page 13. In response to this assurance had been provided to Mazars as to the achievements of the new arrangement, notably that the introduction of the AIC had resulted in an improvement in partnership working, consideration of whole system reporting, and reductions in elective and non-elective activity.

The commentary with regards to miss-statements was noted on page 9. It was confirmed that each matter identified fell well below the “trivial” threshold which was set at £197,000 and Campbell Dearden, External Audit Manager, Mazars had subsequently confirmed that they had all been addressed. Some of the areas were caused by some of the templates provided by NHS England (NHSE).

Resolved

(a)	Board Members noted the contents and approved the Audit Completion Report for 2017-2018.
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6.7 ANNUAL GOVERNANCE STATEMENT

The Associate Director of Corporate Affairs presented the Annual Governance Statement (AGS) for 2017/18 for information and advised that it was a statutory requirement for the Accountable Officer (CCG Chief Officer) to sign the AGS on behalf of the Board as part of the formal year-end procedures. The AGS had been reviewed by the Integrated Audit and Governance Committee (IAGC) and it had subsequently been subject to scrutiny by the CCG’s External Auditors.

Board Members were familiar with the content and structure of the document which followed an NHS England (NHSE) national format and it explained as an organisation how the CCG approached governance and the systems and processes in place.

The overall opinion of the CCG’s Internal Auditors, was that ‘substantial’ assurance had been provided that the CCG’s systems and processes in place met the requirements, with no significant weaknesses in internal control being identified.

Significant assurance had been provided that that the CCG have a tight grip with regard to governance and there was generally a sound system of internal control designed to meet the organisation’s objectives, and that controls were generally being applied consistently.

Thanks were expressed by the Chief Officer with regard to the huge amount of work undertaken with regard to this.

Resolved

(a)	Board Members approved the finalised Annual Governance Statement (AGS), in so doing noting that it drew upon the Head of Internal Opinion which had reported substantial assurance.
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6.8 BOARD CORPORATE WORKPLAN 2018-2019

The Associate Director of Corporate Affairs presented the Board Corporate Workplan for 2018-2019, which provided a breakdown of key areas of work that were to be completed to support the accomplishment of the organisational strategic objectives.

The workplan covered the 'must do's' in terms of the information submitted to the Board over the year.

Clarification was sought as to whether there were any additional areas and it was suggested that a review of the workplan be undertaken. It was noted that the workplan was reviewed on an annual basis and the schedule would be discussed further at the Senior Leadership Team.

Additionally, it was requested that the formal CCG Annual General Meeting (AGM) date be reflected on the workplan and not the Staff AGM.

Resolved

(a)	Board Members noted the workplan for the year.
(b)	That the Board Members continue to support the work required.
(c)	That the Board Members update the workplan as required.
(d)	It was agreed that a review of the workplan be undertaken.
(e)	That the formal CCG Annual General Meeting (AGM) date be reflected on the workplan and not the Staff AGM.

6.9 CHIEF OFFICER'S UPDATE REPORT

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

The CCG's end of year review had taken place in April 2018 and notification was awaited with regard to the CCG's overall rating of 'outstanding' which was fantastic. The rating related to 50% clinical outcomes, 25% finance and 25% leadership.

The Chief Officer reported that she had recently spent a day 'on the beat' with Humberside Police, which had involved visiting the Early Intervention Team, a pilot project funded by the Police and Crime Commissioner, to tackle problems for children and families. The support required for families long term, especially with regard to health needed to be looked at. Additionally several hours on patrol were spent observing a range of issues and quick decisions needed by officers were witnessed.

The Jean Bishop Integrated Care Centre (ICC) formal opening would take place on 6 July 2018 and Board Members had now visited the facility. Jeremy Hunt, the Secretary of State for Health and Social Care, had declined to be at the opening and a response was awaited from Simon Stevens, Chief Executive, NHS England (NHSE).

A successful Staff Annual General Meeting (AGM) had taken place on 18 May 2018 and feedback was being obtained through the CCG's Health and Wellbeing Group.

Local Council elections had taken place on 3 May 2018 and the CCG looked forward to working with the new Councillors moving forward.

The NHS was to turn 70 years old on 5 July 2018, which provide the opportunity to celebrate the achievements of one of the nation's most loved institutions.

The CCG's Annual General Meeting (AGM) would take place on 27 June 2018 at Ferens Art Gallery.

The Chief Officer had been asked to speak at the NHS Confederation Annual Conference on 13 June 2018 in conjunction with NHS Clinical Commissioners (NHSCC) with regard to 'Integrated Commissioning'.

Discussion took place and it was noted that work was taking place with regard to domestic violence as it was a common priority for all agencies. It was acknowledged that there were various providers who deliver support at a 'high level' however the lower level support was needed. The Chair expressed that it was hoped that a multi-cultural service could be developed going forward.

Resolved

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

7.1 INTEGRATED CARE CENTRE UPDATE

The Director of Integrated Commissioning reported that the video was not available for the meeting however it would be ready for the launch date of 6 July 2018.

The first phase of the services was underway and the Frailty Team saw the first patients from primary care on the frailty pathway. It was planned to track these patients and case studies would be produced. Positive feedback had been received and all patients and carers were pleased with the service delivered. The Social Services Team were now in place which had been a fantastic addition to the multi-disciplinary team.

Work was now underway with regards to phase two and discussions were taking place with key clinicians.

The official opening of the Integrated Care Centre (ICC) would take place on 6 July 2018 and the CCG had received interest from Lord O'Shaughnessy, Parliamentary Under Secretary of State for Health to attend.

It was reported that Hugh Pym, Health Editor at the BBC was really keen to undertake an article with regard to the ICC.

Discussion took place and it was requested that case studies be an ongoing process as part of the ICC and the Clinical Care Co-ordinator was responsible for liaising with GP practices.

Some GPs were slightly concerned at the outcome of the assessments in terms of their impact on primary care and this needed to form part of the assessment that was undertaken. The community frailty pathway was part of this and investment would be made in terms of where the activity was taking place and expectations had been built into the model. As part of the evaluation process, the impact would be seen in terms of investment/disinvestment in certain areas.

Clarification was sought as to how the staff were presenting themselves to patients as a fully integrated service was needed by all the providers and the importance of the end of life pathway was expressed.

The evaluation had been completed of the care home project which had tested out the multi-disciplinary team in place and this information would be submitted to a future Board Meeting.

Resolved

(a)	Board Members noted the updates provided.
(b)	The care home project information would be submitted to a future Board Meeting.

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

The STP Programme Director provided an STP update, which detailed the current highlights as well as the next steps.

It was reported that the responsibility was on the Humber Coast and Vale (HCV) STP to deliver improvement and clarification would be sought at the Partnership Systems Leaders Event on 19 June 2018 in terms of the Health and Social Care Act and Policy.

It was noted that Hull and East Riding area was on track to deliver financial balance and collaborative leadership was fundamental in delivering improvements. It was acknowledged however this was not the same for other localities across the HCV STP area.

Discussion took place with regard to the constitutional targets and it was noted that the CCG could be a national exemplar if 18 weeks and 62 day targets were being achieved.

Where the CCG chose to place its energy needed to be determined and developing the system for Hull was a priority, especially in terms of the Hull Place Based Plan work being undertaken. The focus needed to be on Hull and how the CCG positioned itself going forward required to be considered.

It was stated that the CCG would do everything it could to support the STP going forward and that STPs were a big focus point at the National Audit Chairs meeting and any plans submitted needed to be rigorous and of a certain standard.

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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7.3 HULL PLACE BASED PLAN BOARD UPDATE

The Director of Integrated Commissioning reported that the Plan had been submitted and the 'Foreword' awaited sign off, following which the Plan would be shared with Board Members.

Over the coming weeks, the CCG would work closely with regard to integrated delivery and align this with some of the work taking place at Hull and East Yorkshire Hospitals NHS Trust (HEYHT).

The project with regard to 'Beverley Road' was underway and a multi-agency group had been established which comprised all stakeholders that had an interest in this area. A co-located, multi-agency response would be implemented and teams were to be co-located from September 2018. The first meeting of the group had taken place yesterday (24 May 2018) which was led by Scott Young, Assistant Chief Constable, Humberside Police.

It was noted that housing was a big issue in this area and a departmental working group was in place at the Local Authority (LA) in terms of how they could support this work going forward.

Data sharing had been discussed and how this could be shared most effectively.

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 March 2018, which provided a corporate summary of overall CCG performance and the current financial position.

Building on discussions undertaken at Item 7.2, the need to look at the CCG's spending ability in 2018/19 was recognised, especially regarding the out of hospital environment.

The Finance Team had been asked to work with the Director of Quality & Clinical Governance/Executive Nurse and Director of Integrated Commissioning in terms of deploying resource in a structured way to maximise outcomes.

Through the Quality & Performance (Q&P) Report a plan for what this looked like would be identified although the need to be clear from a governance perspective where the resource would be placed was recognised.

Finance

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

Performance and Contracting

There were days where activity was greater than expected. Minors and paediatrics should be seen in a more timely way going forward. The system response was not having the desired effect in terms of these services and the reductions in performance were not being seen in majors. The impact on performance targets and quality needed to be realised. As a commissioning organisation the CCG should know exactly where activity levels varied. Patients were still accessing the Emergency Department (ED) for minor illness and these patients needed to be redirected to the most appropriate environment.

ED performance was a big area of concern and GP behaviour needed to be considered. It was conveyed that ED was the only department whereby a GP was not able to phone and speak to someone. It was acknowledged that certain outcome measures in the report would not be affected by changes in performance.

Discussion took place and the direct pathway points to other services at HEYHT were noted, yet patients continued to present at ED.

A significant reduction in Referral to Treatment (RTT) was needed and this was an area of focus.

The CCG had worked really hard as a team to ensure that the data in the report was accurate. The Quality & Performance Committee (Q&PC) had discussed the report in detail at their meeting on 22 May 2018. The leaders of other providers had to take personal accountability for the waiting list breaches, in particular cancer services. Ultimately, the risk to patients needed to be the priority.

Quality

In terms of the Quality Premium the latest early cancer diagnosis position was noted, in particular how close this was to the actual target and it was agreed that work would take place to ensure that this was achieved.

Resolved

(a)	Board Members noted the Quality and Performance Report.
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8.2 RESEARCH AND DEVELOPMENT UPDATE AND ANNUAL REPORT

The Director of Quality & Clinical Governance/ Executive Nurse presented the Research and Development (R&D) Annual Report. She reported on the full year R&D activity for 2017-2018 and the evidence that Hull CCG maintained and developed the mandate of 'promoting research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

Board Members noted the progress information on the status of studies allocated monies from the CCG's R&D budget.

Work was taking place with the Communications and Engagement Team with regard to promoting the work undertaken on the CCG's website.

Appendix 1, 2 and 3 would be emailed to Board Members for information.

Resolved

(a)	Board Members noted the contents of the Research and Development Annual Report 2017-18.
(b)	Appendix 1, 2 and 3 would be emailed to Board Members for information.

9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 2 MARCH 2018 AND 6 APRIL 2018

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 2 March 2018 and 6 April 2018.
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9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 20 FEBRUARY 2018, 20 MARCH 2018 AND 24 APRIL 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 20 February 2018, 20 March 2018 and 24 April 2018.
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9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 13 MARCH 2018

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 13 March 2018.
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9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 23 FEBRUARY 2018 AND 23 MARCH 2018

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 23 February 2018 and 23 March 2018.
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10. GENERAL

10.1 POLICIES

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

- Flexi Time Policy

It was noted that the Policy was only applicable to Agenda for Change Bands 1 to 7.

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

Resolved

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

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES 2 MARCH AND 6 APRIL 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 2 March 2018 and 6 April 2018.
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11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 20 FEBRUARY 2018, 20 MARCH 2018 AND 24 APRIL 2018

The Chair of the Quality and Performance Committee provided the minutes for 20 February 2018, 20 March 2018 and 24 April 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 20 February 2018, 20 March 2018 and 24 April 2018
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11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 13 MARCH 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 13 March 2018.
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11.4 PRIMARY CARE COMMISSIONING COMMITTEE – 23 FEBRUARY 2018 AND 23 MARCH 2018

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

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee approved minutes for 23 February and 23 March 2018.
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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 27 July 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
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