Item: 3

CLINICAL COMMISSIONING GROUP BOARD
MINUTES OF THE MEETING HELD ON FRIDAY 23 NOVEMBER 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 Moult, 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)
J Stamp, NHS Hull CCG (Lay Representative)
K Marshall, NHS Hull CCG (Lay Representative)
M Napier, NHS Hull CCG (Associate Director of Corporate Affairs)
P Jackson, NHS Hull CCG (Vice Chair / Lay Representative)
S Lee, NHS Hull CCG, (Associate Director of Communications and Engagement)
S Smyth, NHS Hull CCG (Director of Quality and Clinical Governance/Executive Nurse)

IN ATTENDANCE:
C O'Neill, NHS Hull CCG (STP Programme Director)
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. RAY'S STORY
The above item would be incorporated in Agenda Item 7.3.

Resolved

(a)	Board Members noted the above.

2. APOLOGIES FOR ABSENCE
Apologies for absence were received and noted from:

E Sayner, NHS Hull CCG (Chief Finance Officer)
J Weldon, Hull City Council (Director of Public Health and Adult Social Care)
Dr R Raghunath, NHS Hull CCG (GP Member)
M Whitaker, NHS Hull CCG (Practice Manager Representative)

3. MINUTES OF THE PREVIOUS MEETING HELD ON 28 SEPTEMBER 2018
The minutes of the meeting held on 28 September 2018 were submitted for approval subject to the following amendments:

6.5 CORPORATE RISK REGISTER
Fourth paragraph:

Discussion took place and it was expressed that more **detail** was required with regard…..

8.2 COMMUNICATIONS AND ENGAGEMENT ANNUAL REPORT

Discussion took place around the wider dissemination of the work the CCG was doing and in particular across the STP patch. It was confirmed that information was already shared with the STP Communications Team and it was agreed that discussion would take place to ensure inclusion in future bulletins.

8.3 CONTROLLED DRUGS ANNUAL REPORT 2017-2018

It was noted that during 2018-2019 there would be a greater focus on how providers would fulfil their statutory duties in relation to the management of controlled drugs, including disposal of controlled drugs.

Resolved

(a)	The minutes of 28 September 2018 were approved subject to the above amendments and would be signed by the Chair.

4. MATTERS ARISING / ACTION LIST FROM THE MINUTES

The Action List from the meeting held on 28 September 2018 was provided for information and the following updates provided:

28 September 2018

8.2 COMMUNICATIONS AND ENGAGEMENT ANNUAL REPORT

Communications and engagement information had been included in the STP Bulletin. The Status of Action was 'Completed'.

8.3 CONTROLLED DRUGS ANNUAL REPORT 2017-18

The total percentage growth cost within the schedules had been amended. The Status of Action was 'Completed'.

Resolved

(a)	Board Members noted the action list.

5. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

(a)	There were no items of Any Other Business to be taken at the meeting.

6. GOVERNANCE

6.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

(i) any interests which were relevant or material to the CCG;
(ii) any changes in interest previously declared; or

(iii) any financial 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		Financial Interest – GP Partner at Sutton Manor Surgery and Practice Grouping
Dr James Moult		Financial Interest – GP Partner at Faith House Surgery and Practice Grouping
Dr Ragu Raghunath		Financial Interest – GP Partner at James Alexander Family Practice and Practice Grouping
Dr Scot Richardson	8.3	Financial Interest – GP Partner at James Alexander Practice and Practice Grouping
Dr Vincent Rawcliffe		Financial Interest – GP Partner at New Hall Surgery and Practice Grouping
Jason Stamp		Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the 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. 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.

6.2 GIFTS AND HOSPITALITY DECLARATIONS

The Gifts and Hospitality Declarations made since the Board Meeting in September 2018 were noted for information.

Resolved

(a)	Board Members noted the contents of the declarations of gifts and hospitality report.

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 September 2018.

6.4 CHIEF OFFICER'S UPDATE REPORT

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

It was reported that the launch of the NHS Long Term Plan would be based around life stages. This was consistent with the local Health & Wellbeing (H&WB) Strategy, which was aligned to the local Place Based Plan.

Another successful 'Day in the Life of the NHS' event had taken place on 12 November 2018 at Hull Royal Infirmary. This was an interactive learning event for Hull and East Riding students, brought together by health and education organisations from across Hull and East Yorkshire.

Thanks were conveyed to Dr Richardson for his involvement with regard to the "Are you alright mate?" event held on 13 November 2018, which looked at men's emotional health. It was clear that the event had achieved a really positive impact with a fantastic level of interest.

It was noted that various CCG staff members had sadly left or would be doing so shortly. These included: Acute Care Strategic Lead, Designated Professional for Safeguarding Adults, Commissioning Manager - Acute Care. All were thanked for their contribution to the CCG. It was also noted that Dr Rawcliffe would retire from his GP practice in December 2018.

NHS England's Director of Commissioning Operations would be retiring in December 2018 and it was noted that she had provided the CCG with lots of support and best wishes were conveyed.

The Managing Director of Hull and East Yorkshire MIND had also sadly moved to a new role in the North East. He had been instrumental in championing the role of the voluntary sector in local health programmes.

With regard to winter planning, daily winter reporting had started from this month and it was acknowledged that demand was reasonably stable. The CCG were working with partners to promote appropriate use of urgent healthcare services particularly the Emergency Department, see further at: www.staywellthiswinter.co.uk#

It was also noted that the CCG were 'Veteran Aware' and recognised all the people who had worked in the armed services and Hull and East Yorkshire Hospitals NHS Trust (HEYHT) had been selected as part of the first wave of accredited Trusts.

Resolved

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

6.5 HUMBER JOINT COMMISSIONING COMMITTEE TERMS OF REFERENCE

The Chief Officer reported that this report had been shared at Board level with each of the four Humber CCG's Governing Bodies (North Lincolnshire, East Riding of

Yorkshire, North East Lincolnshire and Hull) as well as the Humber Acute Services Review members.

The CCG had been involved with an STP-wide Joint Commissioning Committee (JCC) for some time however there was a need to focus further on Humber specific collaborative commissioning arrangements. It was noted that the Committee does not have statutory powers but rather provided the opportunity to ensure greater alignment of the four CCGs' commissioning intentions, alongside the work of the Humber Acute Services Review.

The Terms of Reference (ToR) reflected the status of the Committee, with formal decision-making authority on commissioning decisions being reserved to the governing bodies of the four CCGs.

Discussion took place about the membership of the committee and it was confirmed that there remained the ability to co-opt additional attendees, as required, in addition to the core membership. The absence of lay representation in the membership was commented upon and the role of the lay members in scrutinising the functioning of the committee was discussed.

The Chief Officer confirmed that the four 'Place' level commissioning programmes in the Humber area retained their significance and the JCC would align more closely with the Humber Acute Services Review, of which she was now the lead. No decisions would be made without proper consideration and approval by the Board.

The Chair of the JCC currently was Helen Kenyon, Chief Operating Officer at NHS North East Lincolnshire. It was anticipated that the work and dynamics of the JCC would remain fluid.

The feat of getting all the organisations signed up to the Joint Commissioning Committee (JCC) was acknowledged.

Resolved

(a)	Board Members noted the contents of the report and agreed the Terms of Reference (Appendix 1) and supported the membership of the Chief Officer, Director of Commissioning or equivalent, or named deputies, on behalf of the Governing Body.
(b)	Agreed to receive regular written reports to update on the work of the JCC.
(c)	Supported the commissioning principles (Appendix 2) to be used in how the CCG's work together and ensure that the CCG's commissioning supports their achievement
(d)	Noted the forward plan (Appendix 3).
(e)	Supported the commissioning position 'Commissioning Together' (appendix 4).
(f)	Supported the proposed approach to decision making in relation to the Humber Acute Services Review.

7. STRATEGY

7.1 HUMBER COAST AND VALE HEALTHCARE PARTNERSHIP UPDATE

The Partnership Director provided an update, which detailed the current highlights as well as the next steps for the programme.

An interesting Partnership Focus meeting with the Regional Team had been held emphasising the long term plan and importance of integration which was strong on clinical leadership and clinical engagement.

An appointment had not yet been made to the NHS England / NHS Improvement Regional Director post and it was hoped confirmation would be received in the next couple of weeks. Our proposals, to continue at pace towards an Integrated Care System (ISC) was endorsed.

Simon Pleydell, HCV STP Lead would be finishing in his post at the end of November 2018 and discussions were taking place with regard to interim arrangements being made with the Regional Director, NHS England (NHSE) and the Executive Regional Managing Director, NHS Improvement (NHSI).

It was reported that there was a lot of positivity regarding the progress being made within the Partnership. However, a key challenge remained being able to demonstrate progress in key priority areas, such as cancer. The impact for Hull in terms of what an Integrated Care System (ICS) and Integrated Care Partnerships (ICPs) actually meant needed to be determined. A development session would be held to develop links with commissioners and providers and members of staff that were treating patients every day.

The list of subjects for clinical collaboration was welcomed, however, it was suggested that sepsis should be added to the list.

Clarification was sought with regard to serenity mentoring and it was noted that this was an innovative mental health workforce model that brought together the police and community mental health services in order to better support people with complex mental health needs.

Resolved

(a)	Board Members noted the progress to date of the Humber, Coast and Vale Sustainability and Transformation Partnership.

7.2 HULL PLACE BASED PLAN BOARD UPDATE

The Place Board had reviewed the projects that had been identified as proof of concept. The Beverley Road Corridor project was the main project of focus however ongoing evaluation would continue with all the initiatives.

The Place Board would be meeting in December to explore next steps. Interim support had been put in place, which would identify how work would be resourced going forward as a community and as a partnership.

Resolved

(a)	The Board noted the update provided.

7.3 JEAN BISHOP INTEGRATED CARE CENTRE INTERIM EVALUATION UPDATE

The Director of Integrated Commissioning reported that the ICC clinicians and Head of Transformation would be in attendance for Part 2 of the Board Meeting.

The report provided Board Members which included an interim evaluation update of the impact of the centre since its opening in May 2018, shared plans for Phase 2 and outlined risks and management approach to overcome issues of concern.

The ICC had made a really significant impact on the manner with which the CCG commissioned such services and provided an innovative template for future commissioning. It was noted that all the key deliverables to date had been achieved. The evaluation methodology was in three parts and this would be able to identify how and where the ICC had impacted on activity.

To date 645 patients had been through the doors of the ICC for an integrated assessment, only six of these had needed to take place in a patients' own home and the CCG were looking to add a further 2500 patients to be assessed or reviewed during Phase 1. It was noted that there was a really low DNA (Did Not Attend) / patient cancellation rate for pre-assessments and this was thought to be on account of the advanced work with patients visiting the ICC prior to their visit.

Up to eight interventions could take place at the ICC with the positive impact on other outpatient appointments. Significant savings were being seen in medicines management as well as in terms of reducing duplication for patients and for carers.

The Frailty Leads have been able to support the work taking place within the GP Groupings, although there were still some issues to overcome between SystmOne and EMIS practices. Information flow was however in place between community and acute services.

It was noted that the potential workforce risks identified during the centre's commissioning did not come to fruition and there were no shortage of people wanting to work with the frailty team at the ICC.

The average saving was approximately £114 per patient including those in the ICC and Care Homes. There was a need to make sure that care was followed up in primary care and an example of a Multi-Disciplinary Team (MDT) was provided for information.

A lot of information was included with regard to patient feedback and Friends and Family Test (FFT), which was very positive in terms of patient's and carer's experiences.

Further opportunities for collaboration with the Humberside Fire and Rescue Service staff on site were being explores, for instance, carrying out safety checks for patients in receipt of home oxygen.

The ICC had generated a great deal of national interest since it opened and the team had received a number of high-profile visitors.

Plans and objectives for Phase 2 had been refreshed and Board Members noted the key deliverables which would be overseen by the Programme Delivery Board (PDB).

The initial analysis of the interim assessment indicated that the ICC was having an amazing impact. Consistently positive feedback had been received albeit there was

always more that could be done, for instance, it was noted that the signposting to the ICC had been improved.

It was commented that the evaluation work should seek to include a measure of the impact of the ICC on primary care workload.

The Secondary Care Doctor said that the ICC was the most impressive development of this kind he had seen in his working career and asked whether work to share the model on a regional basis had been considered? It was noted that the frailty pathway work had been raised via the Integrated Care Provider discussions.

It was also noted that a coordinated plan was in place for key visits to the centre and the CCG were also targeting specific people who would benefit from having a visit.

The need to be mindful was expressed when collecting results of the positive impact the ICC was having on hospital services.

Resolved

(a)	The Board noted the contents of the report.

7.3.1 RAY'S STORY

The Director of Integrated Commissioning suggested, and it was agreed, that Ray's Story video be watched by Board Members when the clinicians attended for the Part 2 Board Meeting.

Resolved

(a)	Board Members noted and agreed to the above.

8. QUALITY AND PERFORMANCE

8.1 QUALITY AND PERFORMANCE REPORT

The Director of Quality and Governance/Executive Nurse presented the Quality & Performance Report for the period ending September 2018, which provided a corporate summary of overall CCG performance and the current financial position.

Finance

The CCG was currently forecasting to achieve a balanced position against the in-year allocation. At this stage of the financial year there were no indications that the statutory financial targets of the CCG wouldnot be achieved.

Performance and Contracting

It was reported that the Q&PC had not had opportunity to discuss the report prior to submission to the Board due to the timescales of the meetings.

Performance had slipped slightly over the past couple of weeks and winter reporting had now commenced.

With regard to Referral to Treatment (RTT) 18 weeks and Cancer 18 weeks, there had been little change since last meeting and funding had subsequently been received and the impact of this would help with diagnostic endoscopy position.

Quality

No providers were on enhanced surveillance and an update with regard to the quality premium would be seen more in Quarter 3.

Discussion took place and concern expressed with regard to the level of activity in A&E especially when winter pressures did not appear to be reflected in the numbers reported. The main pressure was within majors in relation to time to see a doctor. There had been a significant increase in people accessing integrated emergency services. It was believed this was due to the patient flow and there was recognition within the Trust with regard to this. The Chief Officer reported that it was likely that there would be more attention and focus to the four ICSs in the north area moving forward.

Any improvement in activity was welcomed and the good news in relation to the financial position was noted, particularly the forecast underspend in prescribing. Further information with regards to the £0.7 million integrated costs was needed.

A useful meeting had taken place and another meeting would take place a week on Monday to understand the issues in Minors. Although this would not impact on the paediatric issue and how this was managed going forward.

Clarification was sought regarding continuing healthcare and the underspend of £1.5 million. The framework had not changed although the CCG were bucking the national trend and the ICC work would help with this. The other area that was having an impact was the CCG's relationship with the Local Authority (LA).Level of care required and not cost was the priority and there was a lot of work taking place to support and work collaboratively with regard to making improvements.

Resolved

(a)	Board Members noted the Quality and Performance Report.

8.1.1 FINANCIAL PLANNING, CONTROL AND GOVERNANCE FOR CCGS SELF-ASSESSMENT QUESTIONNAIRE

It was noted that very little information was available in terms of financial flow given that only Quarter 1 data was available at this stage, however, the CCG remained confident that the controls already in place would ensure achievement of financial targets.

Resolved

(a)	Board Members noted the contents of the Financial Planning, Control and Governance For CCGs Self-Assessment Questionnaire

8.2 EMERGENCY PREPAREDNESS, RESILLIENCE AND RESPONSE 2018/19

The Director of Integrated Commissioning sought ratification of the Planning and Commissioning Committee's approval of the self-assessment of CCG Compliance with the national Emergency Preparedness, Response and Resilience (EPRR) / Business Continuity Management (BCM) core standards. The self-assessment identified that substantial compliance was demonstrated against the Core Standards relating to EPRR 2017/18 including BCM and the deep dive topic of Command and Control. In addition an action plan had been put in place to address the gaps identified.

The CCG had attended a Confirm and Challenge meeting on 15 November 2018. It was noted that new standards had been introduced with regard to training.

The CCG's approach to the self-assessment was very rigorous. The CCG were a Category 2 responder and realistically as a CCG a view needed to be taken if access to a trained 24 hour loggist(s) was desirable in terms of business continuity incidents, critical incidents and major incidents. .

Resolved

(a)	Board Members considered and ratified the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2018/19.
(b)	Noted the Business Continuity / Emergency Preparedness, Response Annual Report 2017/18.

8.3 RESEARCH & DEVELOPMENT (R&D) STATUS REPORT: APRIL 2018 – OCTOBER 2018

The Director of Quality & Clinical Governance / Executive Nurse presented the Research and Development Status Report on the half-year R&D activity for Hull CCG since April 2018. The report provided the evidence that Hull Clinical Commissioning Group (CCG) had maintained and developed its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012).

The CCG had funded locally-grown research since 2013 as part of its commitment to promote research and utilised evidence to inform its commissioning priorities. Progress updates from studies that had previously been awarded Excess Treatment Costs (ETCs) in 2018 were identified in the report and the CCG would be focusing on further projects in 2018-2019.

The CCG continually strived to be at the forefront in making the promotion of research and the use of research evidence a part of its core work.

Clarification was sought with regard to RfPB and it was noted that this referred to Research for Patient Benefit which was a national, researcher-led programme, with over 800 applied research projects in health services and social care that had already been funded across the country through the National Institute for Health Research Regional Advisory Panels. Local arrangements were also in place with Clinical Research Networks (CRNs).

Discussion took place as to how the report linked with wider work that was taking place in the CCG. It was noted that there was a trend change across Hull with regard to primary care research and it was suggested for this information to be included within the report. It was also acknowledged that funding was available for research within primary care.

Clarification was also sought in terms of the strategic overview in relation to R&D and it was conveyed that R&D was about building the quality agenda and from a strategic perspective what should be taking place.

The Secondary Care Doctor reported that he worked with the Hull York Medical School (HYMS), which linked with the strategy in terms of the work undertaken by medical students and this was something that could be developed.

Dimensions were in place with regard to quality and improvement across the Sustainability and Transformation Partnership (STP) area and discussions were taking place with regard to applied research communities and how communication could be improved.

In general there was potential to build momentum across the quality, improvement and research agenda.

Resolved

(a)	Board Members noted the contents of the R&D Status Report.

8.4 MORTALITY COLLABORATIVE UPDATE

The Director of Quality & Clinical Governance / Executive Nurse reported that an event had taken place earlier in the year with regard to how the CCG could share learning. The providers worked together to share their different methodologies and how primary care could be involved more.

The CCG had undertaken a number of reviews and audits of death within 48 hours as well as mortality reviews and were also about to start launching the work through City Health Care Partnership (CHCP) for the reviews to be undertaken in primary care.

This was very much an educational, learning and sharing approach. A mortality Protected Time for Learning (PTL) had also taken place in July 2018 and more recently a meeting had taken place with the local provider Trusts. Humber Teaching NHS Foundation Trust (Humber TFT) had been leading on 'Always Events' and what these would be as a system as well as collectively across the system what these would be. It was proposed that a summit take place in the New Year and the Royal College of Physicians were looking for pilot CCGs to take this work forward.

Discussion took place and the next stage of the process was to identify what people needed to do rather than what they do not do. There was a need to embed the approach across the CCG and embed them as part of the CCG's commissioning intentions.

Resolved

(a)	Board Members noted the verbal update provided.

9. STANDING ITEMS

9.1 PLANNING AND COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 3 AUGUST 2018 / 7 SEPTEMBER 2018 / 5 OCTOBER 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 3 August 2018 / 7 September 2018 / 5 October 2018.

9.2 QUALITY AND PERFORMANCE COMMITTEE CHAIR'S UPDATE REPORT – 24 JULY 2018 / 25 SEPTEMBER 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 Report for 24 July 2018 and 25 September 2018.

9.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE CHAIR'S ASSURANCE REPORT – 11 SEPTEMBER 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 11 September 2018.

9.4 PRIMARY CARE COMMISSIONING COMMITTEE CHAIR'S UPDATE REPORT – 24 AUGUST 2018

The CCG Chair provided the update report for information.

Resolved

(a)	Board Members noted the Primary Care Commissioning Committee Chair's Update Report for 24 August 2018.

10. GENERAL

10.1 POLICIES

The Director of Quality & Clinical Governance/Executive Nurse presented the following policies for approval:

- Secondment Policy
- Travel and Expense Policy

Resolved

(a)	Board Members ratified the policies.

11. REPORTS FOR INFORMATION ONLY

11.1 PLANNING AND COMMISSIONING COMMITTEE APPROVED MINUTES – 3 AUGUST 2018 / 7 SEPTEMBER 2018 / 5 OCTOBER 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 3 August 2018 / 7 September 2018 / 5 October 2018.

11.2 QUALITY AND PERFORMANCE COMMITTEE APPROVED MINUTES – 24 JULY 2018 / 25 SEPTEMBER 2018

The Chair of the Quality and Performance Committee provided the minutes for 24 July 2018 and 25 September 2018.

Resolved

(a)	Board Members noted the Quality and Performance Committee approved minutes for 24 July 2018 and 25 September 2018.

11.3 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE MEETING APPROVED MINUTES – 11 SEPTEMBER 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 11 September 2018.

11.4 PRIMARY CARE COMMISSIONING COMMITTEE – 24 AUGUST 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 24 August 2018.

12. ANY OTHER BUSINESS

12.1 CCG BOARD MEETING DATES 2019

The CCG Board Meeting Dates for 2019 were provided for information.

Resolved

(a)	Board Members noted the meeting dates for 2019.

13. DATE AND TIME OF NEXT MEETING

The next meeting will be held on **Friday 25 January 2019** 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

AIC	Aligned Incentive Contract
BAF	Board Assurance Framework
C&E	Communications and Engagement
CCG	Clinical Commissioning Group
CD	Controlled Drugs
CAMHS	Child and Adolescent Mental Health Services
CHCP	City Health Care Partnership
CiC	Committee in Common
CRNs	Clinical Research Networks
CoMs	Council of Members
CQC	Care Quality Commission
CVS	Community Voluntary Service
DOIC	Director of Integrated Commissioning
E&D	Equality & Diversity
EPRR	Emergency Preparedness, Response and Resilience
EQIA	Equality Impact Assessment
FFT	Friends and Family Test
GDPR	General Data Protection Regulation
HCC	Hull City Council
HC&V	Humber Coast and Vale
HEYHT	Hull and East Yorkshire Hospitals
HHCFG	Healthier Hull Community Fund Grant
HSCB	Hull Safeguarding Children Board
HEYHT	Hull & East Yorkshire Hospitals NHS Trust
Humber FT	Humber Teaching NHS Foundation Trust
HYMS	Hull York Medical School
IAGC	Integrated Audit & Governance Committee
ICC	Integrated Care Centre
ICP	Integrated Care Partnerships
ICS	Integrated Care System
JCF	Joint Commissioning Forum
LA	Local Authority
LAC	Looked After Children
NHSE	NHS England
OD	Organisational Development
PCCC	Primary Care Commissioning Committee
P&CC	Planning & Commissioning Committee
PDR	Performance Development Review
PHE	Public Health England
PTL	Protected Time for Learning
Q&PC	Quality & Performance Committee
RfPB	Research for Patient Benefit
SLT	Senior Leadership Team
Spire	Spire Hull and East Riding Hospital
STP	Sustainable Transformation Partnership
TCP	Transforming Care Programme