

Item: 11.2

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2017
IN THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

Dr James Moulton, GP Member (Chair), Hull CCG
David Blain, Designated Professional for Safeguarding Adults, Hull CCG
James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull CCG and Hull City Council
Gareth Everton, Head of NHS Funded Care, Hull CCG
Helen Harris, Quality Lead, Hull CCG
Sue Lee, Associate Director (Communications and Engagement), Hull CCG
Kate Memluks, Quality Lead, Hull CCG
Lorna Morris, Designated Nurse for Safeguarding Children, Hull CCG
Ross Palmer, Head of Contracts Management, Hull CCG
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG
Jason Stamp, Lay Representative, Hull CCG

IN ATTENDANCE:

Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG
Kevin Mccorry, Senior Pharmacist, North of England Commissioning Support
Mike Napier, Associate Director of Corporate Affairs
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, Hull CCG
Karen Ellis, Deputy Director of Commissioning, Hull CCG
Karen Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JULY 2017

The minutes of the meeting held on 25 July 2017 were presented and it was agreed that they were a true and accurate record

Resolved

(a)	That the minutes of the meeting held on 25 July 2017 would be signed by the Chair.
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3. MATTERS ARISING FROM THE MINUTES / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 25 JULY 2017 the action list was presented

and the following updates were received:

27/06/17 9/10 - Q4 Patient Experience Report/ Friends Family Response rates with timescales

Action to be changed for the Director of Quality and Clinical Governance/ Executive Nurse and Head of Acute Care to take forward

27/06/2017 11 – Sentinel National audit programme SSNAP – peer review visit –

This item would be kept open, the Chair of Q&P to have a conversation with the chair of Planning and Commissioning

25/07/17 7 – Individual Funding Request Update –

Action to be changed for the Consultant in Public Health Medicine and Associate Medical Director to take forward

25/07/17 12 - Patient Experience Annual report –

Awaiting for the new website to be up and running before this action can be completed - action to be completed end of October 2017

Resolved

(a)	That the action list be noted and updated accordingly.
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4. 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.

There were no items of Any Other Business.

5. DECLARATIONS OF INTEREST In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are 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
J Stamp	All Items	<ul style="list-style-type: none">• Chief Officer North Bank Forum for voluntary organisation - sub contract for the delivery of the social prescribing service. Member of Building Health Partnerships• Independent Chair - Patient and Public Voice Assurance Group for Specialised

		<p>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.</p> <ul style="list-style-type: none"> • Organisation contracted to deliver Healthwatch Hull from September 2017
J Crick		<ul style="list-style-type: none"> • Qualified GP and undertakes sessional GP work outside of the Clinical Commissioning Group. • As part of sessional GP work undertakes ad hoc GP out of hours GP sessions for Yorkshire Doctors Urgent Care (part of the Vocare Group). • Joint appointment between Hull Clinical Commissioning Group and Hull City Council. • Standing Member of one of the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committees. • Spouse is a Salaried GP who undertakes out of hours GP work for Yorkshire Doctors Urgent Care (part of the Vocare Group) and also provides out of hours cover for a hospice. All of this work is undertaken outside of the Clinical Commissioning Group area.

Resolved

(a)	That the above declarations be noted.
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6. QUALITY AND PERFORMANCE REPORT

The Head of Contracts Management and Director of Quality and Clinical Governance/Executive Nurse presented the Quality and Performance report for consideration.

The sections raised within the report were

Financial Position

The CCG were forecasting to achieve a balanced position against the in-year allocation. There was therefore no impact on the CCG's historic surplus of £11.666m. This was in line with the 2017/18 financial plan submitted to NHS England.

Spire Healthcare: There had been a greater than planned number of referrals into Spire Healthcare resulting in a forecast overspend of £2m. The areas of consistent overspend were orthopaedics, neurosurgery and dermatology. The most recent data showed a spike in general surgery related to hernia operations. A working group had been established as part of the aligned incentive contract to monitor and manage the expenditure with Spire and the MSK triage pathway was expected to have a significant impact on this. The Committee had requested that the recovery plan including milestones was shared at the next committee meeting.

CONTRACT AND PERFORMANCE

CHCP

Integrated Community Care Service:

A small number of indicators had breached within the current month but remained within the threshold for the year to date position. The underperforming areas were being monitored to understand the depth of the issue. The number of service areas in this position was increasing.

There had been continuing issues affecting the performance on 18 week targets for Community Gynaecology, Early Medical Abortion and Specialist Menopause services. Performance was marginally below target for these programmes. Further work had been arranged to consider how the mitigating actions had been implemented and how this would lead to recovery of the indicators.

Community Paediatrics:

Performance within Community Paediatrics had shown signs of improvement over recent months but had fallen significantly this month and were at the lowest levels of the year. The main reason for the current issues was the notification process to health providers of an assessment being required. Notifications were now occurring 5 days later than had previously been the case due to the implementation of a new electronic record system within the local authority, Liquid Logic. It was noted that this issue had been flagged through various routes.

Tier 3 Weight Management:

Referral to Treatment performance for incomplete pathways had continued to fall, to 70%. There had been fifteen 52 week breaches. This concerning position had occurred through a reclassification of the weight management service as Consultant led which had meant that the service was included within the scope of the national performance standards. The current backlog for the service was significant with demand surpassing the number of new entrants that can be accommodated. The Committee requested that the breach reports are shared with quality colleagues for review of potential patient harm.

Quality

Lets Talk - The Let's Talk Assessment service had provided an average of 266 appointments per week across the month of July, this was well above the expected 202 identified within the indicative activity plan. CHCP continued to manage the consistently high DNA rate across the assessment service which meant they continued to struggle to meet demand in the allotted timeframes with approximately one quarter of patients not attending for assessment. Whilst they offered Saturday access they would not be offering extra clinics due to the high DNA rate. The assessment clinicians were now carrying out courtesy calls and sending individual reminder texts to patients 48 hours before their appointment was due and then cancelling any appointments when a patient had changed their mind, in the hope this would improve our DNA rate and make appointments accessible within the 7 days.

A Quality Forum as part of the CHCP CMB is being established to focus on the quality aspects on the contract.

HEYHT

A&E 4-hour waiting times

A&E waiting times continued to deliver the STF trajectory – there had been some variance in performance in July which had attributed to doctor staffing during early hours and lack of access to medical beds.

Cancer Waiting Times:

62-day cancer waiting times had fallen significantly to 71%. NHS England had been promoting a focus on Cancer performance through the 62 Day Recovery Operating Model. It was agreed there would be a deep dive in the future on 62 day cancer waits.

Diagnostics:

Diagnostic performance had remained below target mainly due to overall demand for Radiology and particularly Cardiac CT capacity. HEYHT were utilising a mobile unit and were contracting sessions with Spire for CT capacity to increase activity throughout.

Quality

Never Events

As of the 31st July 2017, the Trust had not declared any recent Never Events. The Trust had declared two Never Events in August and this would be reported and reviewed by the Quality Delivery Group and the Serious Incident Panel.

Quality Visits

The CCG Quality Team had arranged a Quality Assurance Visit to Ophthalmology on 4 October 2017. A visit to Ward 70 had been undertaken in July 2017, the reports were currently being reviewed by HEYHT.

Humber

Pressures on Mental Health inpatient beds continued and HFT had highlighted particular issues in respect of patients with co-occurring mental health and addictions conditions. The CCG were working closely with local authority public health colleagues to define pathways for these patients and ensure re-procured services were appropriately specified.

The Core CAMHS waiting list was challenged with referral rates being at unprecedented levels including a significant number of referrals from Hull Paediatricians for children and young people on the ADHD pathway. The Head of Contracts Management was to pick this up in detail with the Head of Mental Health & vulnerable people for the next Quality and Performance Committee.

Quality

CQC

The Trust had received a request for quantitative and qualitative information from the CQC which was submitted by 3 July 2017. The Trust was continuing to achieve against its action plan. The CQC review would be undertaken towards the end of September/ beginning of October and will focus on the well-led domain.

Safeguarding adults

A Contract Performance Notice had been issued to the Trust by commissioners due to the low level of compliance with training in April 2017. The position as at 31 May 2017 was for Adults Level 1 and 53.8% for Adults Level 2 safeguarding training. EROY CCG was the lead commissioner for the contract and was working with the Trust to improve this performance.

Safeguarding children

It was reported within the meeting that the Safeguarding Children position percentages were wrong within the report, the current percentages were below:

- 80% for Children level 1
- 76.7% for children level 2
- 74.8% for children level 3

An accuracy check would be done as to why these figures were incorrect on the report.

Spire

Dermatology:

A review of the clinical pathway and the recording of patient activity in dermatology had been undertaken due to an increase in the number of day-case patients and a reduction in outpatient activity compared to other local providers. As a result of the review, the costing model was being reviewed.

Quality

Serious Incidents

Spire had logged one Serious Incident in July and had advised that the incident reported relating to two private patients through safeguarding process. An incident log had been opened relating to safeguarding concerns raised. Hull and East Riding CCGs had been fully involved along with NHS England.

YAS

Performance continued to be positive within the reporting month compared to the initial start of the year. The performance indicator of Category 1 (8 minute performance) was marginally above the target of 75%, with the 19 and 40 minute Resource performance was also above target. However, transport performance continued to be below target.

Quality

Nothing was reported

NHS 111

A comparison of regional NHS 111 performance against the national average showed the regional service had been performing better than the national average for most weeks over the reporting month, with over 95% of calls answered within 60 seconds.

Quality

Overall staffing was also highlighted as Clinical Staffing had vastly improved by 55% since January 2017. GP Member (Chair) raised questions about whether when NHS 111 referred to A&E would there be a follow up if the patient actually turned up in

A&E, the Quality Lead and the Consultant in Public Health Medicine and Associate Medical Director would look at this in detail.

The Director of Quality and Performance stated that if there were any CCG contracts that there were issues with, regardless of how much the contracts were worth, these should be reported within the Performance Report.

Level of Confidence

PROCESS

A high level of confidence was reported for process for financial management and reporting

A high level of confidence was reported for process for contract and performance management

PERFORMANCE

A high level of confidence was reported for Financial Position

A Medium level of confidence was reported for H&EY Hospitals A&E 4 hour waiting times

A Low level of confidence was reported for H&EY Hospitals Referral to Treatment waiting times performance inc. diagnostics

A medium level of confidence was reported for H&EY Hospitals Cancer waiting times

A low level of confidence was reported for H&EY Hospital Cancer Waiting Times – 62 Days

A low level of confidence was reported for Humber Foundation Trust waiting times (all services)

A low level of confidence was reported for City Health Care Partnership Community Paediatrics waiting times

A low level of confidence was reported for Yorkshire Ambulance Service Ambulance Handover times

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality and Performance Report
(b)	The Head of Contracts Management to share the Spire recovery plan at the next Quality and Performance Committee meeting
(c)	The Director of Quality and Performance stated that if there were any CCG contracts that there were issues with, regardless of how much the contracts were worth, these should be reported within the Performance Report .
(d)	A deep dive into 62 day cancer waits will be organised at a future date in the new year.
(e)	The Head of Contracts Management was to pick up the challenges with CAMHS waiting list in detail with the Head of Mental Health & Vulnerable people.
(f)	The Quality Lead to pick up the incorrect figures for the Safeguarding children within the performance report
(g)	The Committee requested that the breach reports are shared with quality colleagues for review of potential patient harm.
(h)	The Committee had requested that the Spire recovery plan including milestones was shared at the next committee meeting.

7. BOARD ASSURANCE FRAMEWORK

The Associate Director of Corporate Affairs presented the Board Assurance Framework to note.

The Quality and Performance Committee noted the contents of the Board Assurance Framework. The Director of Quality and Clinical Governance / Executive Nurse would review 12.1 within the Board Assurance Framework and it had been suggested to review the risk register to ensure the emerging Spire overspend is captured as a risk.

Level of Confidence

PROCESS

A high level of confidence in the Hull CCG BAF process, in that the BAF was regularly monitored, reviewed and updated.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Board Assurance Framework
(b)	The Director of Quality and Clinical Governance / Executive Nurse to review 12.1 on the Board Assurance Framework
(c)	Head of Contracts Management to look review the risk register to ensure the emerging Spire overspend is captured as a risk.

8i. EQUALITY AND DIVERSITY POLICY

The Associate Director of Corporate affairs presented the Equality and Diversity Policy to be approved.

The Quality and performance Committee approved the Equality and Diversity Policy

8ii. EQUALITY AND DIVERSITY ACTION PLAN 2017/18

The Associate Director of Corporate affairs presented the Equality and diversity Action Plan 2017/18.

The Quality and Performance Committee approved the Equality and Diversity Action Plan 2017/18.

Resolved

(a)	Quality and Performance Committee approved the Equality and Diversity Policy and Equality and Diversity Action Plan
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9. Q1 PATIENT EXPERIENCE REPORT

The Engagement Manager presented the Q1 Patient Experience Report.

The Quality and performance Committee noted the Patient Experience 2017/18 Quarter 1 report. The Engagement Manager and the Quality Lead would have a discussion outside of the meeting as item 3.1.1 within the report did not link with HEY Trust Quarterly response rates.

The Committee agreed that the future reports will be every 6 months and that this will require amending on the work plan.

PROCESS

A low level of confidence was reported for the process for Discharge (Post)

A medium level of confidence was reported for Friends and Family Test was reported

A Low level of confidence was reported for Contacting NHS 111

A high level of confidence was reported for People's Panel collection and representation

PERFORMANCE

A medium level of confidence was reported for Inpatient Experience

A low level of confidence was reported for A&E Friends and Family Responses

Resolved

(a)	Quality and Performance Committee Members approved the contents of the Patient Experience Report
(b)	The Engagement Manager and the Quality Lead to have a discussion outside of the meeting as item 3.1.1 within the report does not link with HEY Trust Quarterly response rates.
(c)	The Committee agreed that the future reports will be every 6 months and that this will require amending on the work plan.

10. MATERNITY SERVICES FORUM WORKPLAN UPDATE

The Head of Children, Young People and Maternity presented the Maternity Services forum work plan update.

The purpose of this report was to provide the Quality and Performance Committee with an update on the progress of the work being delivered through the Hull Maternity Commissioning Strategy and progress against the year 3 work programme objectives, thereby providing assurance on delivery of the NHS Hull CCG strategic objectives associated with the Children, Young People and Maternity programme.

The quality and Performance Committee took the report for information and noted the report should concentrate on performance areas and challenges at future meetings.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Maternity Services Forum Work plan update for information
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11. Q1 PRESCRIBING REPORT

The Senior Pharmacist presented the Q1 prescribing Report to note.

The purpose of this report was to update members of the Quality and Performance Committee on the prescribing performance and medicines management activities re: NHS Hull CCG and NHS Hull CCG GP Practices during the first quarter of 2017/2018; i.e. April 2017 to June 2017.

The sections raised within the report were

Finance/performance section

Prescribing budget performance – the forecast expenditure performance for June 2017 was -3.21% (£1,594,758).

Areas of growth between April 2017 – June 2017

In NHS Hull CCG Anticoagulants and Protamine had shown the greatest increase in cost growth +44.96% which represented a cost difference of +£137,444. This had been the result of increased use of the new oral anticoagulant drugs (NOACs). The increased cost for the anticoagulant NOACs reflected the effect of the implementation of NICE compliant anticoagulation guidelines introduced in 2015. Another significant increase in cost difference came from drugs used in psychoses and related disorders +£110,648 driven by a cost growth of 53.08% and an item growth of +11.10%.

Areas reduced between April 2017 – June 2017

There had been significant reductions in costs in;

- Corticosteroids (respiratory): -6.78% (-£65,655)
- Antidepressants: -12.55% (-£36,803)
- Hypertension and heart failure: -10.89% (-£30,910)
- Corticosteroids (endocrine): -14.81% (-£24,599)
- Hypothalamic and pituitary hormone and antioest): -13.49% (-£19,015)
- Diuretics: -25.78% (-£22,258)

These reductions were reflective of the medicines management work plan implementation to use the most cost effective options.

It was noted that figure 4 within the report would be produced into groupings in further reports.

Assurance

PROCESS

A high level of confidence was reported for Interpretation of Budget Position & QIPP Performance

A Medium level of confidence was reported for Interpretation of Prescribing Quality

PERFORMANCE

A high level of confidence was reported for Forecast Expenditure

A high level of confidence was reported for Actual QIPP savings

A medium level of confidence was reported for Practice Performance within the Extended Medicines Management Scheme

A high level of confidence was reported for Red Drug Prescribing charts

Resolved

(a)	Quality and Performance Committee Members noted the Q1 prescribing Report
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12. INTELLIGENCE SHARING GROUP HIGHLIGHT REPORT

The Quality lead gave a verbal update on the intelligence sharing Group highlight report.

The Chair and some members of the group of the ISG met on 4 August 2017, to discuss the ISG's focus and output, which resulted in:

- A change to the title of group to - Intelligence Sharing Working Group
- Changes to the membership

- The meeting to be an hour and half
- A revised terms of reference to be approved at the next meeting on 11 October 2017
- Information provided to the group will be in a report format, having been analysed, to include themes, trends, issues and key points of interest.
- Meeting minutes / reports to be presented to providers

Resolved

(a)	Quality and Performance Committee Members noted the verbal update on the Intelligence sharing Group highlight report
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13. QUALITY ACCOUNTS

The Quality Lead presented the Quality Accounts report to note.

The purpose of the report was to assure the Quality and Performance (Q&P) Committee that NHS Hull CCG had received, reviewed and supplied a statement for inclusion into the Quality Accounts 2016-2017 for HFT, YAS, HEYHT and CHCP.

The sections raised within the report were

Spire Healthcare Group PLC

The Spire Healthcare Group PLC (head office) Quality Accounts were received, reviewed and a statement supplied by the Chief Officer of the NHS Liverpool Clinical Commissioning Group. Spire Hull and East Riding Hospital advised Hull CCG that NHS Liverpool CCG would be providing the statement due to Liverpool having the largest contract with Spire Healthcare Group.

CQUINs and Quality Reports had been reviewed at the Contract Management Board between Spire Hull and East Riding and Hull CCG. The years' highlights from NHS Liverpool CCG statement are:

- commitment to improving the quality of care and services delivered;
- significant emphasis on its safety agenda;
- achieving excellent outcomes for patients; and

The improvements for 2017/18:

- improve CQC ratings for any Spire Healthcare hospital with a published rating of 'requires improvement';
- roll-out a new standard drug chart to all hospitals in support of antibiotic stewardship guidelines;
- introduce procedure specific consent forms to help improve the level of information provided to patients and enhance the informed consent process;
- continuing work on the reporting of incidents and the embedding of learning across the organisation.

It should be noted that Spire Hull and East Riding Hospital was inspected by CQC in May 2016, and was reported as 'requires improvement'. Spire Hull and East Riding Hospital developed and achieved against their action plan on the points raised by the CQC, which had been reported to the Contract Management Board.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality Accounts
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14. OUT OF AREA/ OUT OF CONTRACT

This report provides an annual update to the Quality and Performance Committee on commissioning and case management of Out of Area/Out of Contract placements for people with a diagnosed mental illness or learning disability.

The sections raised within the report were

Pressure on Local mental health and learning disability in-patient services

During 2016/17 Humber NHS FT had placed increasing numbers of acute mental health patients in out of area acute beds. This had been previously unheard of in Hull as for many years Humber NHS FT was able to ensure all acute placements were kept local.

This position had been due to significant delayed discharges on the acute wards at Humber NHS FT with many people being admitted who were homeless and delays in obtaining housing or community support packages which were arranged and funded by Adult Social Care. Humber NHS FT also reported increased number of patients with a primary substance misuse and secondary psychosis being admitted to acute wards.

Commissioners and clinicians from the Quality & Clinical Governance directorate met on numerous occasions with Humber NHS FT during 2016/17 to offer support to Humber NHS FT in managing acute mental health beds. Reports were routinely shared at Planning and Commissioning Committee and relevant Quality Forums regarding the pressure on local acute beds and the negative impact on patient care.

Humber NHS FT had appointed a dedicated bed manager who focused on the co-ordination of acute out of area placements and actively supported prompt repatriation to local mental health services.

In addition to local meetings, commissioning leads and nursing quality directorate leads from both Hull CCG and East Riding CCG had met with Humber NHS FT colleagues and Specialist Commissioners from NHS E during August 2016 to discuss the problems both areas were facing with out of area acute placements, and the impact on delays accessing secure hospital placements for both children, young people and adults from both CCG areas. Both CCGs continued to work closely with Humber NHS FT and Hull CCG was in regular dialogue with NHS E regarding secure placements.

The chair of the Quality and Performance Committee would like a quarterly report on figures/stats/costs that cross referred to the Planning and Commissioning Committee for substance misuse

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Out of area/ out of contact for information
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(b)	The Chair of Quality and performance to contact the chair of planning and commissioning for cross referencing a quarterly report on substance misuse to planning and commissioning
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15. E COLI REDUCTION PLAN

The Consultant in Public Health Medicine and Associate Medical Director presented the E coli Reduction plan to be approved.

The purpose of the report was to provide the CCG with a plan to facilitate the reduction in E.coli BSI. This action plan will develop in line with the outcome of the RCA process for the review of E coli BSI.

From April 2017 each CCG had been required to make a 10% reduction in cases of E.coli BSI for NHS Hull CCG the objective for 2017/18 was 209 cases a reduction of 23 cases. NHS improvement had suggested that an appropriate starting point for review would be a minimum of 30 cases of E.coli BSI per CCG.

To enable the CCG to deliver the 10% reduction in cases of E.coli BSI and the required reduction in prescribing an action plan had been developed. It was intended that the action plan would evolve over time once the review process for the E.coli BSI had commenced.

The action plan had to be submitted to NHS England at the end of Quarter 1. The Quality and Performance Committee were asked to agree and support the attached action plan.

The Quality and Performance Committee would like some clarification to which table within the report was Hull CCG's or the wider action plan, as this had not been made clear within the report. The Committee had agreed the E.coli reduction plan data would come to the committee monthly and the full report would come 6 monthly.

Assurance

PROCESS

A high level of confidence was reported for reported processes had been developed to undertake RCA reviews for cases of E coli BSI and provide themes and trends for lessons learnt to improve care and share learning across the health economy. The documentation was currently been trialled. The first case was to be reviewed at the September HCAI review meeting

PERFORMANCE

The 10% reduction plan for E.coli BSI had commenced. The CCG was currently over objective at the end of Quarter 1

Resolved

(a)	Quality and Performance Committee Members approved the contents of the E coli Reduction plan
(b)	The E coli data was to come to the Quality and performance Committee monthly and the action plan every 6 months

16. HULL SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT 2016-17

The Designated Professional, Safeguarding Adults, presented the Hull Safeguarding Adults partnership Board Annual report 2016-17 for information.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Hull Safeguarding Adults Partnership Board Annual Report 2016-17 for information
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17. Q1 & Q2 LEDER REPORTS

The Designated Professional, Safeguarding Adults, presented the Learning Disabilities Mortality Reviews (LeDeR) Q1 & Q2 Report to consider.

The purpose of this report was:

- To provide an update of the CCG arrangements in place to address LeDeR requirements.
- To provide the Q&P committee with an update on activities and data within NHS England North area.

The LeDeR Programme was established in 2016 as a result of one of the key recommendations of the Confidential Enquiry into the premature deaths of people with learning disabilities (CIPOLD).

The CCG currently had been the Local Area Contacts and had 10 trained reviewers as per LeDeR requirements. A process for reporting and monitoring was also established via the SI mechanisms. There had been no notifications of any LD deaths in Hull to date. Information regarding LeDeR had been shared with primary care, community learning disability nursing teams, safeguarding boards and occupational therapy teams.

Due to the CCG having no notifications of LD Deaths it was agreed the designated professional Safeguarding Adults would write to the coroner's office to establish they are aware of the LeDeR Review process.

Resolved

(a)	Quality and Performance Committee Members considered the Q1 & Q2 LeDeR reports
(b)	The designated professional Safeguarding Adults would write to the coroner's office to establish they are aware of the LeDeR Review process.

18. COMPLAINTS POLICY

The Engagement manager presented the Complaints policy for information.

It was agreed any changes or anything that needs adding to the Complaints policy to do so by contacting the Engagement Manager by the end of the week.

Resolved

(a)	Quality and Performance Committee Members approved the contents of
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19. DEEP DIVE AGENDA ITEMS

A deep dive into 62 day cancer waits will be organised at a future date in the new year.

20. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

The Chair of Quality and performance to contact the chair of planning and commissioning for cross referencing a quarterly report on substance misuse to planning and commissioning

Also the update re stroke was still outstanding

21. NOTES FROM THE FOLLOWING MEETINGS ARE AVAILABLE ON REQUEST:

- HEYHT Contract Management Board
- Humber FT Contract Management Board
- Spire Contract Management Board
- H&ERY Serious Incident Panel
- Infection, Prevention and Control Group

22. ANY OTHER BUSINESS

There was no other business discussed.

23. CHAIR'S UPDATE REPORT

The content of the Chair's Update Report would be discussed outside of the meeting.

24. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 24 October 2017, 1pm – 4pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: 
(Chair of the Quality and Performance Committee)

Date: 27th October 2017

GLOSSARY OF TERMS

2WW	2 Week Wait
BAF	Board Assurance Framework
BAFF	British Association for Adoption and Fostering
BI	Business Intelligence
BME	Black Minority Ethnic
BSI	Blood Stream Infections
CAB	Choose and Book
CAMHS	Child and Adolescent Mental Health Services
CCE	Community Care Equipment
C diff	Clostridium difficile
CDI	Clostridium Difficile Infection
CDOP	Child Death Overview Panel
CHCP	City Health Care Partnership
CIP	Cost Improvement Programme
CMB	Contract Management Board
COG	Corporate Operations Group
CoM	Council of Members
COO	Chief Operating Officer
CQC	Care Quality Commission
CQF	Clinical Quality Forum
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
DoN	Directors of Nursing
FFT	Friends and Family Test
GAD	General Anxiety Disorder
GNCSI	Gram Negative Bloodstream Infection
GMC	General Medical Council
HANA	Humber All Nations Alliance
HCAI	Healthcare Acquired Infection
HCW	Healthcare Worker
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HMI	Her Majesty's Inspectors
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Childrens Board
Hull CCG	Hull Clinical Commissioning Group
Humber FT	Humber NHS Foundation Trust
HYMS	Hull York Medical School
IAGC	Integrated Audit & Governance Committee
ICES	Integrated Community Equipment Service
IDLs	Immediate Discharge Letters
IFR	Individual Funding Requests
IMD	Index of Multiple Deprivation
IPC	Infection, Prevention and Control
IRS	Infra-Red Scanning
IST	Intensive Support Team
LA	Local Authority
LAC	Looked After Children
LIN	Local Intelligence Network

LSCB	Local Safeguarding Children Board
MCA/DoLs	Mental Capacity Act / Deprivation of Liberty Safeguards
MIU	Minor Injury Unit
MoU	Memorandum of Understanding
MRSA	Methicillin-Resistant Staphylococcus Aureus
NE	Never Event
NECS	North East Commissioning Support
NHSE	NHS England
NIHR	National Institute for Health Research
NLAG	North Lincolnshire and Goole NHS Trust
OOA	Out of Area
P&CC	Planning and Commissioning Committee
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PDB	Programme Delivery Board
PEN	Patient Experience Network
PHE	Public Health England
PPA	Prescription Pricing Authority
PPFB	Putting Patients First Board
PPI	Proton Pump Inhibitors
PTL	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
QSG	Quality Surveillance Group
PandA	Performance and Activity
RCF	Research Capability Funding
RCA	Root Cause Analysis
RfPB	Research for patient Benefit
RTT	Referral To Treatment
SAR	Safeguarding Adult Review
SCB	Safeguarding Children Board
SCR	Serious Case Review
SI	Serious Incident
SIP	Service Improvement Plan
SNCT	Safer Nursing Care Tool
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Fund
STP	Sustainable Transformation Plan
TDA	NHS Trust Development Authority
UTI	Urinary Tract Infection
VoY	Vale of York
WRAP	Workshop to Raise Awareness of Prevent
WYCS	West Yorkshire Urgent Care Services
YAS	Yorkshire Ambulance Service
YFT	York Teaching Hospital NHS Foundation Trust
YHCS	Yorkshire and Humber Commissioning Support
YTD	Year to Date