

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 24 OCTOBER 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
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:

Kevin Mccorry, Senior Pharmacist, North of England Commissioning Support
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull CCG and Hull City Council

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

Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG

Karen Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse

2. MINUTES OF THE PREVIOUS MEETING HELD ON 26 SEPTEMBER 2017

The minutes of the meeting held on 26 September 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 26 September 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 26 SEPTEMBER 2017 the action list was presented and the following updates were received:

26/09/17 6 – Quality and Performance Report – The Head of Mental Health & Vulnerable People would bring a CAHMS update report to the next Quality and performance Committee

26/09/17 15 – E Coli Reduction Plan – Ecoli figures would be added to the Quality and performance Report

26/09/17 14 – Out of Area/ Out of Contract – the Letter of response from the Director of Quality and Clinical Governance/ Executive Nurse to Tom Phillips regarding Mental Health and Substance Misuse would be shared with the Quality and Performance Committee

All other actions were marked as closed

Resolved

(a)	That the action list be noted and updated accordingly.
(b)	The Head of Mental Health & vulnerable people would bring a CAHMS update report to the next Quality and Performance Committee
(c)	E.coli figures would be added to the Quality and performance Report
(d)	The letter of response from the Director of Quality and Clinical Governance/ Executive Nurse to Tom Phillips regarding Mental Health and Substance Misuse would be shared with the Quality and performance Committee

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

		<ul style="list-style-type: none"> • Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. • Organisation contracted to deliver Healthwatch Hull from September 2017
J Moulton	All Items	<ul style="list-style-type: none"> • GP Partner Faith House Surgery Modality, providing General Medical Services • GP Tutor Hull York Medical School • Registered with the General Medical Council • Registered with the Royal College of General Practitioners • Voting GP on Health and Wellbeing Board - Hull City Council

Resolved

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

The Head of Contracts Management and the Director of Quality and Clinical Governance/ Executive Nurse presented the Quality and Performance Report to consider.

Points raised in the report were:

Financial Position

The CCG was currently 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.

Quality Premium

The Quality Premium paid to CCGs in 2018/19 – to reflect the quality of the health services commissioned by them in 2017/18 would be based on measures that covered a combination of national and local priorities.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Let's Talk: Assessment Booking & Clustering:

The 7-day assessment target was underachieving but there had been a significantly more stringent target than the national 6 and 18 week waiting time standards for Improved Access to Psychological Therapies (IAPT) which had been achieved comfortably by CHCP. Recovery rates, in line with the national IAPT standard, were still below the 50% target in the latest published data for June, however local data for September indicates the target had been achieved.

Integrated Community Care Service:

There had been continuing issues affecting the performance of 18 week targets for Community Gynaecology, Early Medical Abortion and Specialist Menopause Services. Performance was marginally below target for these programmes. Mitigating actions which had been developed because the lead Community Gynaecologist had left the employment of the provider have been agreed. Due to the issues that the Community Gynaecology were experiencing, the Quality and Performance Committee agreed that the Head of Contracts Management and Head of Acute Care would carry out a service review of the Community Gynaecology Service

Patients had received a positive outcome from their experience in community rehabilitation. Whilst there had been an improvement on the previous month, only 78% of those who received support were able to progress within 6 weeks of commencing their support package. However, there were 3 patients who remained within the service for particularly lengthy periods of 18 and 19 weeks. The reason for these extended stays within the service had been related to difficulties in arranging transfer and support packages at home. It was agreed that the Head of Contract Management would take the lengthy periods of stay at the community rehabilitation to the Contract Management Board to understand how CHCP and the Local Authority were working together, as even though there were only 3 patients, the Committee felt that an 18 to 19 weeks stay is too long.

Community Paediatrics

Performance for Initial Health Assessments, within Community Paediatrics, had shown signs of improvement but had fallen significantly over the last 2 months, to its lowest levels of the year. The main reason for the current issues was the notification process to health providers that an assessment had been required. Notifications were occurring 5 days later than had previously been the case due to the implementation of a new electronic record system within the Local Authority called Liquid Logic. Work had been undertaken with Hull City Council to rectify the situation with the Liquid Logic system and the notifications were now working correctly. This should be seen within the performance data in 2 to 3 months.

Tier 3 Weight Management

Referral to Treatment performance for incomplete pathways had continued to fall, to 54.71%. There had also been forty seven 52 week breaches this month and eighty five year to date. It was noted that The Quality Team are yet to receive the breach reports

Quality

Pressure Ulceration:

During August 2017, 31 pressure ulcerations had been reported. 19 patients were cared for in their own home and 12 were in care / residential homes. The Pressure Ulcers were reported under the following categories:

- 2 had been assessed as incontinence associated dermatitis
- 14 were grade two pressure ulcers
- 5 pressure ulcers were ungradable
- 1 previous sore had now developed into grade 4
- 9 suspected deep tissue injuries (NB: deep tissue injuries can potentially develop into a pressure ulcer but remain ungradable at this stage).

Rossmore:

A CQC Inspection had been undertaken during week commencing 14 October 2017 for Rossmore, with the initial feedback suggesting that the CQC would move them out of Special Measures. CHCP had arranged for a specific Stroke Service review from clinicians and experts by experience. The feedback from the review gave assurance on the Stroke Service. CHCP and Hull CCG would receive a copy of the report in due course. An anti-coagulation incident had occurred which was reviewed by Senior Management at CHCP who would provide feedback to Hull CCG. Assurance arrangements between CHCP and Rossmore included a range of bi-weekly operational meetings and monthly meetings with Directors, which involved a review of action plan progress. Staffing levels had improved with the addition of 2 further Band 6 nurses bringing the total of staff working with the Stroke Service to 4 nurses. A follow up meeting is taking place in November with The Deputy Director of Quality and Clinical Governance/ Lead Nurse, Head of Contracts Management and Head of NHS Funded Care, to review the actions agreed.

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 August, this had been due to staffing issues and the availability of senior personnel. The latest daily data shows that performance is still variable.

The Director of Quality and Clinical Governance/ Executive Nurse stated that it would be useful to have the referral figures from the Minor Injuries to A&E reported within the Quality and performance Report and the levels of activity going through MIU.

Referral to Treatment:

18 week RTT incomplete pathways performance continues to be challenging and remains both static and below the national standard at 85% but within their STF trajectory target. There had been 1 x 52-week breach at HEYHT for Hull CCG for colorectal surgery, it had been confirmed that the patient had received treatment.

Cancer Waiting Times:

62-day cancer waiting times for Hull CCG had slightly increased in August to 75.9% the overall HEYHT position was 76.8%. There had been a focus on Cancer performance through the 62 day recovery operating plan and provisional reports reflected that the trust were proactively working to achieve the plan by the end of October. This continued to be monitored closely however there were significant pressures in diagnostic capacity.

Quality**Never Events:**

As of the 31st July 2017, the Trust had not declared any recent Never Events since September 2016. The Trust had declared three Never Events (two in August and one in September) and these would be reported and reviewed by the Quality Delivery Group and the Serious Incident Panel.

The three Never Events were a wrong implant fitted and two wrong site surgery incidents, within Orthopaedics.

Patient Advice and Liaison Service (PALS) – August 2017:

PALS had received 183 concerns, 28 compliments and 37 general advice issues, with an overall reduction when compared to the same period for the previous two years. The majority of concerns continue to be waiting times / cancellations, not satisfied with the treatment plan and cancellation of clinic appointments.

Quality Visits:

The CCG Quality Team had undertaken a Quality Assurance Visit to Ophthalmology on 4 October 2017. A report had been prepared by Hull CCG.

Humber NHS FT

Significant recent focus had been on the SDIP and transformation plans. Key areas were:

- Inpatient beds with a proposal had been developed to open 5 additional acute beds to avoid acute out of area placements
- Safer staffing, the Trust assert that the funding gap for safer staffing was circa £650k for the current financial year

Quality

CQC

The Trust had received visits from the CQC on 16/17 October 2017 to all inpatient areas, Substance Misuse services, Rapid Response service at Miranda House and Community Mental Health Teams.

Mental Health and Substance Misuse

Hull CCG had been working with HFT on the problems related to the increased number of people presenting with substance misuse and mental health needs and in delivering safe clinically appropriate care on the acute mental health wards. A Substance Misuse and Mental Health Working Group commenced on 2 October 2017 which was reviewing patients who had an unplanned admission with a substance misuse, understanding the patient group and how to move forward. The City Substance Misuse provider CGL are working closely with colleagues from health and social care to agree care pathways to support the safe delivery of care and improve timely discharge from acute mental health wards who are medically fit for discharge.

The Director of Quality and Clinical Governance/ Executive Nurse communicated to the Quality and Performance Committee and explained one of the areas of focus during the recent SEND inspection was Autism and Speech and Language Therapy . An update on performance was requested for these services.

Spire

The Spire Recovery Plan was shared with the Quality and Performance Committee.

Prevent and Wrap Training figures within the Quality Report was not reported in the report, figures should read Prevent 85.6% and Wrap 43.5%.

YAS

Quality

Mandatory Training and Safeguarding Standards, training rates and PREVENT:

The Trust was achieving its target for Child Level 1 and 2 and Adult Training. Statutory and Mandatory training as decreased to 93.34% (threshold is 85%).

CQC Inspection Actions:

Results from the 2016 inspection had been received by the Trust with all 5 domains rated as good.

NHS 111

Nothing further to 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)	Due to the issues that the Community Gynaecology are experiencing the Quality and Performance Committee agreed the Head of Contracts Management and Head of Acute Care would carry out a service review of the Community Gynaecology service
(c)	It was agreed that the Head of Contract management would take the lengthy periods of stay at the community rehabilitation to the Contract Management Board to understand how CHCP and the Local Authority are working together as even though there are only 3 patients the Committee

	feel that 18 to 19 weeks stay is too long.
(d)	Referral figures from the Minor Injuries to A&E and the levels of activity to be reported within the Quality and Performance Report.
(e)	The Director of Quality and Clinical Governance/ Executive Nurse communicated to the Quality and Performance Committee and explained one of the areas of focus during Following the recent SEND inspection the Quality and Performance Committee requested an update on Speech and Language Therapy services.

7. CONTINUING HEALTH CARE QUALITY& PERFORMANCE REPORT

The Head of NHS Funded Care presented the Continuing Health Care Quality and Performance Report .

Points raised within the report were:

The most recent report provided by CHCP had included an Appendix A to this report. The trends in the data demonstrated that the activity with regards NHS-CHC had remained largely consistent. No exception report had been required.

Appendix B was the NHS Funded Care Report. This had a quarterly, mandatory submission to NHS England regarding the NHS-CHC activity. This report demonstrated compliance with the Quality Premium for NHS-CHC. 0% of NHS-CHC assessments are completed in hospital settings (target less than 15%). 96% of NHS-CHC assessments are completed within 28 days (target greater than 80%).

NHS Hull CCG Internal Audit for CHC was found to provide significant assurance,, however there were a number of recommendations.. An action plan had been produced in response to the recommendations.

The Director of Quality and Clinical Governance/ Executive Nurse noted that for future reports the number and types of complaints and FOI's should be included as this provides an indicator of quality.

Level of Confidence

Process

A High level of confidence was reported as the recent internal audit report provided a level of significant assurance.

The continuing healthcare electronic assurance tool (CHAT) and NHS England independent review process provides assurance that the CHC assessment service and pathway was compliant with the national framework.

Performance

A high level of confidence was reported for the CHCP performance report provides assurance that the service was performing well and delivering the service specification.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the
(b)	Future reports to include the number and types of complaints and FOI requests.

8. Q1 CQUIN QUARTERLY RECONCILIATION REPORT

The Quality Lead presented the Q1 CQUIN Quarterly Reconciliation Report to note.

The purpose of the report was to inform the Committee of the achievement of Hull CCG's main providers with regard to Quarter 1 goals of the CQUIN 2017/19 schemes, following external reconciliation with all providers.

The schemes for 2017-19 were intended to deliver clinical quality improvements and drive transformational change. Compared with previous years, the CCG CQUIN Scheme had been strengthened and improved. The schemes had been designed for specific provider settings as well as to support local providers with their Sustainability and Transformation Plans. 2.5% of CQUIN remained on offer to providers delivering services under a NHS Standard Contract:

The Director of Quality and Clinical Governance/ Executive Nurse noted that the Q4 information would have been useful within the report so that Q4 figures could be compared with Q1's for the year two schemes.

Assurance

PROCESS

That a high level of confidence exists for the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.

PERFORMANCE

That an overall high level of confidence exists for the way in which Hull CCG's main providers have engaged with the 2017-19 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q1 CQUIN Report
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9. MORTALITY UPDATE

The Director of Quality and Clinical Governance/ Executive Nurse presented the Mortality Action plan to note.

The Mortality Collaborative continued to meet bi monthly. The focus of the meeting was the oversight and delivery of the action plan. The action plan had been progressing well.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the
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	Mortality Action Plan
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10. QUALITY SURVEILLANCE GROUP FEEDBACK

The Director of Quality of Clinical Governance/ Executive Nurse gave a verbal update on the Quality Surveillance Group.

Resolved

(a)	Quality and Performance Committee Members noted the Q1 prescribing Report
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11. RESEARCH REPORT AND UPDATE

The Director of Quality and Clinical Governance/ Executive Nurse presented the Research Report and Update for noting.

All studies were currently on track, it was also noted that there was a new Professor of Primary care Research in place, Joanne Reeve.

Assurance

Process

A High level of assurance was given that Hull CCG continues to be at the forefront of promoting research and the use of research evidence.

Performance

A high level of confidence was reported for the R and D activity was monitored through the North Yorkshire and Humber R and D service which links into the Hull R and D Steering group

Resolved

(a)	Quality and Performance Committee Members noted the verbal update on the Intelligence sharing Group highlight report
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12. Q2 SERIOUS INCIDENT REPORT/ WARD 70 QUALITY VISIT

The Quality Lead presented the Q2 Serious Incident Report for noting.

Assurance

HEY

A medium level of confidence was given – the Trust had submitted all reports on time, including ones subject to an agreed extension. There had been a reduction in the number of extension to action plan requests during Q2. The number of outstanding action plans had also decreased.

The patient safety lead continued to work with the Trust on improving investigation reports and managing action plans. There remained concern with the recurring themes in maternity service SIs, which had been covered as part of the site visit and quarterly progress reports were now routinely submitted. Other areas of recurring types included treatment delay/sub-optimal care/failure to escalate deteriorating patients and lost to follow up. Performance would be closely monitored to ensure improvement was maintained.

Humber

A low level of confidence was given – a formal letter of concern was sent to the Trust as there had been no improvement. The Trust had responded to the concerns with a recovery action plan which was now underway to address the issues and was monitored via the clinical quality forum arena.

CHCP

A medium level of confidence was provided –CHCP continue to report SIs in a timely fashion and submit investigations to national timescales, however, the SI panel review group due to the poor quality and lack of assurance did not accept a recent investigation report and action plan.

Spire

A high level of confidence was given – Spire had shown evidence of reporting appropriate incidents as SIs when they occur and submit investigations to national timescales. Commissioners have the ability to scrutinise the organisation's incident data to ensure SIs are not missed.

Primary Care

A low level of confidence exists – following the CCG becoming fully delegated for primary care in April 2017, there was evidence that practices do not have a clear understanding of SIs. This includes the criteria, identification, reporting and subsequent requirement to investigate as per national framework (2015).

A practice had recently submitted an SI investigation, which was of poor quality. Feedback would be given to the practice once the report had been through the SI panel review process.

The Quality Lead was working with practices to educate and work with primary care in SIs to ensure there was a consistent and robust mechanism for reporting and investigating SIs.

Hull CCG

A high level of confidence exists given that appropriate SIs were identified and reported as SIs as evidenced in this report.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q2 Serious Incidents report
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13. Q1 SAFEGUARDING CHILDREN

The Designated Nurse for Safeguarding Children presented the Safeguarding quarterly update to note.

Assurance

NHS Hull CCG

Process

A Medium level of confidence was reported in NHS Hull CCG discharging it's duties in relation to safeguarding children. The confidence level was changed from a high to a medium as the committee felt the Hull CCG couldn't be given a high rating due to

the compliance with training for Q1 training. However it was acknowledged that the reported position for Q2 would be improved.

Performance

A Medium level of confidence was reported in NHS Hull CCG discharging it's duties in relation to safeguarding children. The confidence level was changed from a high to a medium as the committee felt the Hull CCG couldn't be given a high rating due to the compliance with training for Q1 training. However it was acknowledged that the reported position for Q2 would be improved.

HEY

Process

A High level of confidence was reported in HEYHT discharging it's duties in relation to safeguarding children.

Performance

A Medium level of confidence was reported in HEYHT discharging it's duties in relation to safeguarding children

Humber

Process

A Medium level of confidence was reported in HFT discharging it's duties in relation to safeguarding children.

Performance

A Medium level of confidence was reported in HFT discharging it's duties in relation to safeguarding children.

CHCP

Process

A High level of confidence was reported in CHCP discharging it's duties in relation to safeguarding children.

Performance

A High level of confidence was reported in CHCP discharging it's duties in relation to safeguarding children

Spire

Process

A Medium level of confidence was reported in SPIRE discharging it's duties in relation to safeguarding children.

Performance

A Medium level of confidence was reported in SPIRE discharging it's duties in relation to safeguarding children.

YAS

Process

A High level of confidence was reported in YAS discharging it's duties in relation to safeguarding children.

Performance

A High level of confidence was reported in YAS discharging it's duties in relation to safeguarding children.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q1 Safeguarding children
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14. Q1 SAFEGUARDING ADULT

The Designated Professional for Safeguarding Adults presented the Q1 Safeguarding Adults Report to Note.

Assurance

NHS Hull CCG

Process

A Medium level of confidence was reported in NHS Hull CCG discharging it's duties in relation to safeguarding children. The confidence level was changed from a high to a medium as the committee felt the Hull CCG couldn't be given a high rating due to the compliance with training for Q1 training. However it was acknowledged that the reported position for Q2 would be improved.

Performance

A Medium level of confidence was reported in NHS Hull CCG discharging it's duties in relation to safeguarding children. The confidence level was changed from a high to a medium as the committee felt the Hull CCG couldn't be given a high rating due to the compliance with training for Q1 training. However it was acknowledged that the reported position for Q2 would be improved.

HEY

Process

A Medium level of confidence was reported in HEY discharging it's duties in relation to safeguarding adults.

Performance

A Medium level of confidence was reported in HEY discharging it's duties in relation to safeguarding adults.

Humber

Process

A Medium level of confidence was reported in HFT discharging it's duties in relation to safeguarding adults.

Performance

A Medium level of confidence was reported in HFT discharging it's duties in relation to safeguarding adults.

CHCP

Process

A Medium level of confidence was reported in CHCP discharging it's duties in relation to safeguarding adults.

Performance

A Medium level of confidence was reported in CHCP discharging it's duties in relation to safeguarding adults.

Spire

Process

A Medium level of confidence was reported in SPIRE discharging it's duties in relation to safeguarding adults.

Performance

A Medium level of confidence was reported in SPIRE discharging it's duties in relation to safeguarding adults.

YAS

Process

A High level of confidence was reported in YAS discharging it's duties in relation to safeguarding adults.

Performance

A High level of confidence was reported in YAS discharging it's duties in relation to safeguarding adults.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q1 Safeguarding Adults Report
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15. Q2 INFECTION, PREVENTION AND CONTROL REPORT

The Director of Quality and Clinical Governance/ Executive Nurse presented the Q2 Infection, Prevention and Control (IPC) Report to note.

The points highlighted within the report were

MRSA BSI

In the period April 2017 to September 2017 there had been no MRSA BSI cases attributed to Hull CCG. Hull and East Yorkshire Hospitals NHS Trust (HEY) had reported no MRSA BSI cases via the national reporting system.

Clostridium Difficile

In the period April 2017 to September 2017, 30 cases of Clostridium difficile (C diff) were attributed to Hull CCG at the end of Quarter two. The objective for 2017/18 was <82 cases and currently the CCG was 14 cases under the Quarter 2 objective.

Hull CCG continued to jointly review cases of C diff with HEY. Of the 12 C diff cases attributable to HEY, eleven have been deemed as no 'lapses in care' contributing to case of C diff, 7 were awaiting decision due to requiring additional information for Quarter 2. In addition the six September cases were due to be reviewed at the October joint review meeting.

There had been 17 CCG attributed non-acute cases 13 had been reviewed as per the 'lapse in care' guidance and 1 case had been identified as 'lapse in care' due to antibiotic prescribing not in line with prescribing guidelines. At the time of this report one case requires review for Quarter 2. In addition the four September cases were due to be reviewed at the October review meeting.

One pre case from 2016/17 was awaiting a mortality review outcome as the patient died within 30 days of diagnosis of the episode of C diff.

MSSA BSI

MSSA BSI continued to be reported as per PHE requirements, 41 CCG attributable cases had been reported at the end of quarter 2. In 2016/17 40 CCG attributable cases were reported at the end of quarter 2.

E coli BSI

In the period April 2017 to June 2017, 126 cases of Escherichia coli (E.coli) were attributed to Hull CCG at the end of Quarter 2 in 2017/18. The objective for 2017/18 was 209 cases and currently the CCG was 17 cases over at the end of Quarter 2 objective.

Klebsiella BSI

Klebsiella BSI reporting had commenced from April 2017 as per PHE requirements, 23 CCG attributable cases had been reported at the end of Quarter 2. This was the first year for reporting for Klebsiella BSI and forms part of the Gram negative BSI agenda.

Pseudomonas aeruginosa BSI

Pseudomonas aeruginosa BSI reporting had commenced from April 2017 as per PHE requirements, 15 CCG attributable cases had been reported at the end of Quarter 2. This was the first year for reporting for Pseudomonas aeruginosa BSI and forms part of the Gram negative BSI agenda.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the IPC Report to note
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16. DEEP DIVE AGENDA ITEMS

A Cancer Deep Dive has been organised for the 6th February 2018.

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

No issues have been raised to go to the Planning and Commissioning Committee.

18. 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

19. ANY OTHER BUSINESS

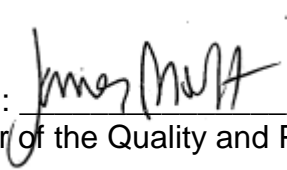
There was no other business discussed.

20. CHAIR'S UPDATE REPORT

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

21. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 28 November 2017, 9am – 12pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: 
(Chair of the Quality and Performance Committee)

Date: 28/11/2017

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 Children's 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