

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 19 DECEMBER 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
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
Gareth Everton, Head of NHS Funded Care, Hull CCG
Helen Harris, Quality Lead, Hull CCG
Sue Lee, Associate Director (Communications and Engagement), Hull CCG
Karen Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
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 (Vice Chair)

IN ATTENDANCE:

Wendy Costello, Designated Nurse for Looked After Children, CHCP
Phil Davis, Head of Primary Care, NHS Hull CCG
Kevin Mccorry, Senior Pharmacist, North of England Commissioning Support
Gail Mayes, Head of Quality, Improvement and Compliance, CHCP
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Angie Ward, Commissioning Manager, NHS Hull CCG
Toni Yel, Commissioning Lead Urgent Care, NHS Hull CCG
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Dr James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull CCG and Hull City Council
Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 28 NOVEMBER 2017

The minutes of the meeting held on 28 November 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 28 November 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 28 NOVEMBER 2017 the action list was presented and the following updates were received:

27/06/17 Action 9/10 – The committee agreed to extend the action to Feb 18

24/10/17 Action 6 - Speech and language therapy and autism to be included in the next Quality and performance Report – agreed to update to Apr 18

All other actions were marked as closed

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 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
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

S Smyth	All Items	Registered nurses on the NMC register
K Martin	All Items	<ul style="list-style-type: none"> Registered nurses on the NMC register

Resolved

(a)	That the above declarations be noted.
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6. CONTRACT PERFORMANCE ACTIONS UPDATE, QUIPP AND QUALITY PREMIUM

The Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report key areas of discussion were around:

E-coli Reduction Plan

From April 2017 a CCG objective for the reduction of Gram Negative BSI has been in place. A 10% reduction in cases was required; the baseline data of cases was taken from January 2016 to December 2016. The Hull CCG objective was 209 cases for 2017/18. Currently the CCG are underperforming against the objective.

Community Gynaecology Service

There have been performance issues within the Sexual Health Service of City Health Care Partnership CIC (CHCP) over previous months and this has been particularly focussed in Unplanned Pregnancy, Male Sterilisation and Male Sexual Dysfunction. These areas have improved their performance and have now been within target for at least a quarter. However, Community Gynaecology has breached its 18 week target for 2 months. If the target continues to be breached for a third month consecutively, then the service area would be reviewed formally.

Service restructure has occurred within Community Gynaecology already in order to improve the current performance position. This has involved the development of nursing staff and addition of locums from Hull and East Yorkshire NHS Trust. Nurse clinics have been re-profiled to better meet the needs of patients who are entering the service and this would have a positive effect on waiting times, which should be seen in a further two months. However, the local and national issues in recruitment of community Gynaecology consultants continue and the current situation was not fully stable. Discussions took place around the high DNA rate and whether this activity could be linked to self-referral. It was agreed that the Head of Contracts would re visit the data and have discussions with CHCP.

CHCP Community Rehabilitation Service

Within the reporting month of October, seven patients out of sixteen did not complete their rehabilitation within 6 weeks. Of these, 3 were marginally over the target period due to the patient requiring more time due to their condition. However, a further 3 were delayed specifically due to the availability of 24 hour residential care

Patients with complex conditions are to be expected to breach the 6-week target as rehabilitation time was longer. This premise has been agreed with Hull CCG but the target remains in place so the position can continue to be monitored. A discussion took place around the type of breaches that have taken place, and it was agreed for

the Deputy Director of Commissioning and the Head of Contracts Management are to meet and explore in more detail around the breaches.

CHCP Minor Injuries Unit

In order to incentivise a reduction in referrals from Urgent Care face to face contacts to A&E, a financial reward was available on a graduated basis. The figure had fallen across the year and sharply in October as the MIU expanded its range of services and opening times, especially x-ray, and the expectation of exclusions falls. Urgent Care needs to refer less than 4% of its patients to receive the incentive payment and they have achieved this in October. The opening of the Urgent Care Centre saw this figure at 8%. It was agreed that the Referrals from MIU to GP out of Hours would be included within the contracting part of the Q&P Report.

QUIPP

The QUIPP Plan was currently achieving on target.

NHS Hull CCG QIPP – September Performance

Medicine Optimisation

The CCG Medicine Management QIPP was achieving savings of £530,716 above the target by £354,167.

Reduction in variation of referrals

The QIPP plan was monitoring 3 phases of specialties which were agreed through the Planned Care Delivery Group and all specialties within the 3 phases have had a clinical pathway review and where required, refreshed and made available on the portal for clinicians to access. The Planned Care Delivery Group continue to monitor the impact of change and, overall the specialties selected are progressing well although the cost was recording underachievement due to a change in responsibility from NHSE specialised commissioning for Neurosurgery.

Elective Care Opportunity

An MSK Triage had been implemented on 2 October 2017 and this has immediately impacted on the number of referrals into the acute trust .

Right Care problems with circulation

Primary Care would also be working with the CCG to monitor and review the reduction in amputations related to diabetes. There was a major project of work being undertaken by Hull CCG and STP and year to date the data reflects partial savings and further savings expected as the project and resource expands over the coming months.

Right care complex Patients

There are 8 schemes being monitored, which relate to non-elective admissions to hospital, all of which would be reviewed as part of the integrated delivery projects being undertaken with the 5 GP practice groupings.

COPD

Currently achieving against the plan

Ambulatory care sensitive conditions

There had been 35 more admissions than planned and year to date and over spend of £273,131

Non Elective excess bed days

The scheme was achieving against the plan

Rightcare Cancer & Tumours

Currently the scheme was progressing against the plan

Rightcare Maternity and Early Years

The scheme monitored relates to emergency admissions for children under 1 year old with a respiratory infection which was being closely monitored and reported through the programme delivery board. There was achievement of savings year to date although variance in monthly performance.

Mental Health including Alcohol

There was a HEYHT CQUIN in place to address a reduction in multiple attendances but to address the admissions the CCG commissioners are scoping a project plan with public health and GP groupings within the integrated delivery framework to focus on where the greatest need can be supported to impact change and would continue to be reported through the programme delivery board.

The Quality and Performance Committee agreed a detailed breakdown of Quipp would be provided 6 monthly.

Diagnostics 6 week waiting time breaches profile

Diagnostic performance had significantly been challenged in the current contract year; there had been a significant increased pressure on endoscopy as well as imaging. A full report was outstanding from Hull and East Yorkshire Hospitals to fully understand their plans for improving the position

A discussion took place around the Endoscopy breaches due to the high numbers, there are currently issues with equipment but extra capacity had been put in place. The Committee agreed to see the numbers again for 6 week diagnostics at the next Quality and Performance Committee.

The Head of Performance and Programme Delivery presented the Quality and Performance Report for information.

Level of Confidence
PROCESS A high level of confidence was reported for process for Contract and performance management due to established procedures that are subject to internal and external audit.
PERFORMANCE A Medium level of confidence was reported for E.coli infections due to achievement of the trajectory A Medium level of confidence was reported for CHCP – Community gynaecology service – waiting times due to still not been clear on the recovery position A Low level of confidence was reported for CHCP – Community rehabilitation length of stay due to the target for successfully rehabilitating patients not being achieved for several reporting months. A High level of confidence was reported for CHCP – MIU referrals to A&E due to seeing an increased activity and a reduction in referrals A high level of confidence was reported for QUIPP based on performance year to date in referrals A low level of confidence was reported for Quality Premium due to some projects not achieving the end of year target

A **Medium** level of confidence was reported for Diagnostics due to seeing some improvement

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality and Performance Report
(b)	A detailed breakdown of Quipp was to be provided the Quality and Performance Committee 6 monthly
(c)	The diagnostics 6 week waiting time breaches profile would be included within the Quality and Performance report at the next Quality and Performance Committee meeting
(d)	The Deputy Director of Commissioning and the Head of Contracts Management are to meet and explore in more detail around the breaches.
(e)	It was agreed that The Head of Contracts would re visit the data and have discussions with CHCP around the high DNA rate and whether this activity could be linked to self-referral

7. PATIENT TRACKING UPDATE

The Director of Quality and Clinical Governance/ Executive Nurse gave an update on Patient Tracking.

Resolved

(a)	Quality and Performance Committee Members noted the update on Patient Tracking.
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8. CAMHS

The Commissioning Lead for Urgent Care presented the Children and Young People's Emotional Health and Wellbeing Services (Previously known as CAMHS) report to note.

Highlighted within the report was that the Transformation plan has had an annual refresh as required by NHS England. Over the last two years we had seen a 45% increase in referrals into the Specialist Mental Health Services in the City and in response to the increase, and the transformation plan, a range of interventions and therapies are being offered. 0-19 (School Nurses and Health Visitors), early help, Headstart Hull, EHaSH, MIND counselling, the single point of access and specialist mental health services are currently working on a strong early intervention and prevention to ensure that young people access the right level of support.

The Emotional and Vulnerability Hub specification would now be reviewed and brought together into one specification. This would include a review of all the KPI's due to concerns regarding the performance information received from HFT.

There are currently signs of improvement in waiting lists for those waiting over 18 weeks and 14-17 weeks have seen some improvement.

HFT had confirmed that the Patient Experience Team was going to work with the Business Intelligence Team and Care groups to look at systems and processes for collecting and reporting FFT data. The number of complaints received into the CAMHS service between 1st April 17 and 30th September 17 was 7. This was an

extremely low number of complaints. The Quality Lead stated that prior to the meeting she had checked on Datix and no serious incidents had been reported since 2013 relating to CAMHS.

The Quality and Performance Committee agreed there should be a CAMHS update in 6 months' time.

<p>Level of Confidence</p> <p>PROCESS</p> <p>A high level of confidence was reported for Services are provided in line with Hull's Children and young peoples' Transformation Plan. The plan was now in its third year and we are required to provide quarterly reports and an annual refresh for assurance to NHS England through the Yorkshire and Humber Clinical Network for Children's and young people's mental health and maternity.</p> <p>A high level of confidence was reported for Regular attendance at the Headstart Hull Partnership Board, the C & YP Transformation Plan group and Regional Clinical Network meetings. Continued monitoring of outcomes with Humber Foundation Trust as part of contract management process</p> <p>PERFORMANCE</p> <p>A medium level of confidence was reported on The Vulnerable Peoples Team believes that the current KPI's/outcome measures being reported against do not accurately reflect the service delivery currently being provided.</p>
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Resolved

(a)	Quality and Performance Committee Members noted the contents of the CAMHS Report.
(b)	CAHMS should be added to the workplan for June 18 for a further update.

9. OUT OF AREA REPORT

The Commissioning Lead for Urgent Care presented the Out Of Area Report to note

Highlighted within the report was the current over forecast spend of looked after children OOA Therapeutic support currently at £795, 531.

The Committee rose that the current figures need to be included within the report, it was felt that the QTR 2 report should come back to the committee in Jan 18 and QTR 3 to come to the Committee in Feb 18.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Out of Area Report.
(b)	The Workplan should be updated with Out of Area QTR 2 in January 18 and QTR3 in February 18.

10. YAS CLINICAL QUALITY INDICATORS

The Designated Professional for Safeguarding Adults and the Quality Lead presented the YAS Clinical Quality Indicators to discuss

The Quality and Performance Committee meeting agreed that the below indicators would be included within the report

- Outcome from Cardiac arrest return of spontaneous circulation (ROSC)
- Outcome from Acute ST-Elevation myocardial infarction (STEMI)
- Outcome from Stroke for Ambulance patients
- Outcome from Cardiac arrest - Survival to discharge

The Quality Lead agreed to contact the Head of Quality and Integrated Governance (RGN) at East Riding CCG to receive some assurance around 111/999. Any complaints that are received for 111/999 should be fed into the Communications Team.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse raised concerns that five Serious Incidents had been reported by YAS which were all related to the delayed treatment for shockable cardiac arrhythmias, 2 in Hull, 2 in East Riding and 1 in West Yorkshire area. All cases had been discussed at the December SI Panel. Discussions took place around patient safety and it was agreed that the Deputy Director of Quality and Clinical Governance would seek assurance on behalf of the committee in relation to the service being commissioned by ERY CCG on behalf of Hull CCG. It was agreed that a letter would be sent to the Director of Quality and Integrated Governance / Executive Nurse at East Riding CCG to raise these concerns formally.

Level of Confidence
PROCESS A Medium level of confidence was reported for process due to the committee receives information within the quality and performance report with narrative around performance and quality
PERFORMANCE A Medium level of confidence was reported for Performance due to the Committee acts on the information received within the Quality and performance Committee

Resolved

(a)	Quality and Performance Committee Members noted the YAS Clinical Quality Indicators.
(b)	The Quality Lead was to contact the Head of Quality and Integrated Governance (RGN) at East Riding CCG to receive some assurance around 111/999.
(c)	The Deputy Director of Quality and Clinical Governance/ lead Nurse to formalise concerns around the YAS Serious incidents to the Director of Quality and Integrated Governance / Executive Nurse at East Riding CCG.

The Head of Contracts Management and the Head of Performance and Programme Delivery left the room making the meeting not quorate at 3pm.

11. PREVENT UPDATE/ PRESENTATION

The Designated Professional for Safeguarding Adults presented the Prevent Update/ Presentation to note.

Highlighted within the presentation were that Education and the Health Service were the biggest referrers in Hull. Noted within the presentation was the fact the voluntary sector had a very low referral rate. It was agreed that prevent training should take place for the voluntary sector i.e. train the trainer.

Levels of confidence	
Hull CCG	
Process	A high level of confidence was reported for NHS Hull CCG due to discharging it's duties in relation to CT prevent
Performance	A high level of confidence was reported for NHS Hull CCG due to discharging it's duties in relation to CT prevent
Hull and East Yorkshire Hospitals (HEY)	
Process	A Medium level of confidence was reported for HEY in discharging it's duties in relation to CT prevent
Performance	A Medium level of confidence was reported for HEY in discharging its duties in relation to CT prevent
Humber Foundation Trust (HFT)	
Process	A high level of confidence was reported for HFT discharging its duties in relation to CT Prevent
Performance	A High level of confidence was reported for HFT in discharging its duties in relation to CT Prevent
City Health Care Partnership (CHCP)	
Process	A high level of confidence was reported for CHCP in discharging its duties in relation to CT Prevent
Performance	A high level of confidence was reported for CHCP in discharging its duties in relation to CT prevent
Spire	
Process	A low level of confidence was reported for Spire in discharging its duties in relation to CT prevent
Performance	A low level of confidence was reported for spire in discharging its duties in relation to CT Prevent
YAS	
Process	A high level of confidence was reported for YAS in discharging its duties in relation to CT Prevent
Performance	A high level of confidence was reported for YAS in discharging its duties in relation to CT prevent

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Prevent update/ presentation.
(b)	The Designated Professional for Safeguarding Adults was to look at organising some prevent training for the Voluntary Sector to the small number of referrals coming through the system.

12. LeDeR Update

The Designated Professional for Safeguarding Adults gave an update on LeDeR.

Hull currently has 5 cases under review as to date, once the reviews have taken place the findings would be fed back to the Quality and Performance Committee.

It was noted that the SI cases reported by Providers were all now highlighting patients with LD within their reports.

Resolved

(a)	Quality and Performance Committee Members noted the LeDeR Update.
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13. LAC ANNUAL REPORT

The Designated Nurse for Looked After Children and Head of Quality, Improvement and Compliance presented the LAC Annual Report for information.

Highlighted within the report were the issues the Team had been experiencing with the new appointment system Liquid Logic which has had a big impact on the service. CHCP have had discussions with the Local Authority and have received assurance around the Liquid Logic system.

Also highlighted were the significant delays in the Health Appointments as children that are looked after children have to have a Health check within 28 days, this had been breached on a number of occasions.

The Health Needs assessment was highlighted as a good piece of work with the conclusion that the majority of children in the Look after children case load at 15 years old are physically in poor health, emotional and sexual health come closely behind.

The Committee agreed that next year's LAC Annual Report should be report into the Quality and Performance Committee meeting in May 18.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the LAC Annual Report.
(b)	The LAC Annual Report was to be added to the Quality and Performance Committee Meeting Workplan for May 18.

The Head of Contracts Management and the Head of Performance and Programme Delivery entered the room making the meeting quorate at 3.30 pm.

14. SENTINEL NATIONAL STROKE AUDIT PROGRAMME (SSNAP)

J Stamp declared a conflict interest due to taking up the new appointments as the Chief Executive of Health Watch (Hull).

The Head of Primary Care and the Deputy Director of Quality and Clinical Governance/ Lead nurse presented the Sentinel National Audit Programme report to note.

Highlighted within the report was SSNAP was the single source of stroke data in England and Wales and Northern Ireland. Following a review of Stroke Mortality data by Hull and East Yorkshire Hospitals NHS Trust an invitation was sent to the Royal College of Physicians/ British Association Joint Stroke Services Peer Review Scheme to conduct a Peer review visit to the Trust. Following the Review the Trust developed

an improvement plan and an associated business case. The Business case had been approved and included resource of the expansion of the HASU beds from 4 to 8 and would be in place by the end of Quarter 4.

It was raised that there are a number of vacancies within the service that had been reduced since the time of the review. Additional clinical supporting roles had been put in place to release nursing time and this was raised as a risk around using other staff and been mindful of this. A discussion took place around the recommendation to develop a stroke strategy within the Stroke paper and it was agreed the Director of Quality and Clinical Governance/ Executive Nurse would highlight this with the Director of Commissioning.

Due to the length of stays within the Rossmore Care Home it was agreed the Deputy Director of Commissioning and the Head of NHS Funded Care would meet to look at the discharge pathway.

Discussions took place regarding the commissioners visit to Rossmore and it was noted that CHCP had undertaken a development programme to upgrade the wards/ environment It was acknowledged that the building was challenging as the corridors were very narrow and the lift for patients was very small and tight for patients in wheel chairs.

It was agreed that further discussion was needed regarding the building and that this should be discussed at the next Planning a commissioning meeting in January 18.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Sentinel National Stroke Audit Programme
(b)	The Director of Quality and Clinical Governance/ Executive Nurse to highlight the recommendations to develop a stroke strategy within the stroke paper to the Director of Commissioning
(c)	The Deputy Director of Commissioning and the Head of NHS Funded Care would meet to look at the discharge pathway to the lengthy stays at Rossmore Care Home
(d)	Further discussion was needed regarding the Rossmore building and that this should be discussed at the next Planning a commissioning meeting in January 18.

15. QUALITY VISITS

The Quality and Performance Committee noted the contents of the Quality Visits:

- Ophthalmology Response Letter and report
- Ward 70

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality Visits.
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16. QUALITY SURVEILLANCE GROUP FEEDBACK/ QUALITY LEADS

The Deputy Director of Quality and Clinical Governance/ Lead Nurse reported there was currently no update on the Quality Surveillance Group.

Resolved

(a)	Quality and Performance Committee Members noted the update on the Quality Surveillance Group.
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17. INFECTION CONTROL PIR MRSA

The Deputy Director of Quality and Clinical Governance/ Lead Nurse gave a verbal update on Infection Control PIR MRSA. The PIR MRSA case had been sent to NHS England and Public Health England as 3rd party attributable. This had resulted in NHSE requesting more information which would be sent by 29 December 17. The full case would be reviewed by e NHS England panel on the 16 January 2018.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Infection Control PIR MRSA.
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18. EQUALITY & DIVERSITY REPORT

The Associate Director of Corporate Affairs presented the Equality and Diversity report to note.

Highlighted within the report was the good work happening at the Practice Managers meeting with further arrangements in place for the Associate Director of Corporate Affairs to attend the Practice Managers Meetings in the New Year about the sharing of learning and collective resources. The Associate Director of Corporate Affairs was to share the NHSE Patient and Public Involvement Desk top review for information to the next Committee Meeting. Also huge amounts of work around objectives 3 and 4 had taken place in the Hull CCG and have been well received. The Associate Director was to share the EIA tracker as part of the next Equality and Diversity Report at the March 18 Committee Meeting.

Levels of confidence

Process

A **high** level of confidence was reported for Process due to the good engagement and involvement had taken place in the development of the plan

Performance

A **Medium** level of confidence was reported for Performance due to the level of progress against elements of the plan varies from good to requiring further attention – hence an amber rating overall

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Equality & Diversity Report.
(b)	The Associate Director of Corporate Affairs was to share the NHSE Patient and Public Involvement Desk top review for information to the next Committee Meeting.
(c)	The Associate Director was to share the EIA tracker as part of the next Equality and Diversity Report at the March 18 Committee Meeting.

19. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were highlighted.

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

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

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

No Any Other Business was discussed.

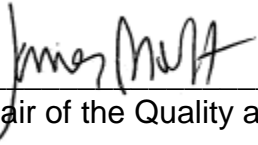
23. CHAIR'S UPDATE REPORT

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 23 January 2018 in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: _____


(Chair of the Quality and Performance Committee)

Date: 23 January 2018

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
LeDeR	Learning Disability Death Reviews
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