

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 23 JANUARY 2018
IN THE BOARD ROOM, WILBERFORCE COURT,
1.00 PM – 4.00 PM**

PRESENT:

Dr James Moulton, GP Member (Chair), Hull CCG
Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
Dr James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull CCG and Hull City Council
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 (from agenda item 9)
Ross Palmer, Head of Contracts Management, Hull CCG
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG (from agenda item 10)
Jason Stamp, Lay Representative, Hull CCG (Vice Chair)

IN ATTENDANCE:

Mel Bradbury, Mental Health and Vulnerable People Commissioning, Hull CCG
Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG
Kevin Mccorry, Senior Pharmacist, North of England Commissioning Support
Liz Sugden, Patient Safety Lead, Hull CCG
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

David Blain, Designated Professional for Safeguarding Adults, Hull CCG
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, Hull CCG
Lorna Morris, Designated Nurse for Safeguarding Children, 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.
-----	--

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:

19/12/17 – Contract performance actions update, QUIPP and Quality premium – action around Community Rehab was to be updated to be completed by April 18
The action around Community Gynaecology to be updated and completed by February 18

A discussion took place around both Rossmore actions and for them to be merged as one action rather than two, the Head of NHS Funding Care to review.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse gave an update on the 5 SI's reported by YAS and shared the letters that had been written to Paula South the Director of Quality at East Riding CCG who was the lead commissioner for both CCG's and her response.

The committee agreed the response and were assured but asked that Deputy Director of Quality and Clinical Governance request feedback regarding the review that was going to be under taken in January and feed this back to the Serious Incident Panel.

All other actions were marked as closed

Resolved

(a)	That the action list be noted and updated accordingly.
(b)	The Head of NHS Funding Care would communicate with the Personal Assistant if the actions around Rossmore can be merged into one action
(C)	Deputy Director of Quality and Clinical Governance/ Lead Nurse to feed back to the Serious incident panel re the review that was going to be under taken in January for the 5 SI's reported by YAS

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	<ul style="list-style-type: none">• Registered nurse on the NMC register
K Martin	All Items	<ul style="list-style-type: none">• Registered nurse on the NMC register
J Crick	All Items	<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.
-----	---------------------------------------

6. Q3 SERIOUS INCIDENTS REPORT

The Patient Safety Lead presented the Q3 Serious Incident Report to note.

HEYHT

There are currently 4 Never Events to date, however these are all different in nature.

Humber

The Trust was progressing with its recovery plan following a formal letter of concern, which was sent to the Trust in Quarter 2. The Trust developed an recovery action plan to address the concerns regarding the management and process relating to SI's. This was now being monitored by the Serious Incident Panel.

Spire

No SI's were reported for Q3

YAS

The ambulance handover delays guidance from NHS England was discussed as concern had been raised about the requirement to declare all handover delays in excess of sixty minutes as an SI and the impact this would have on providers. The Deputy Head of Commissioning had further information from NHSI and would email this to the Deputy Director of Quality and Clinical Governance for review. It was felt that a significant amount of data was already collected relating to ambulance handovers and an SI should only be declared if there had been patient harm because of the delay.

Five recent SIs declared by Yorkshire Ambulance Service had identified resuscitation issues and a letter of concern was written from the SI panel chair, to ERY CCG as lead commissioners of the service to formally raise the concerns and seek assurance action was being taken.

A response was received from ERY CCG stating further investigation of the cases by YAS highlighted that two of the incidents identified a lack of leadership during the cardiac arrest and a lack of challenge from junior members of staff involved. In addition, issues in relation to roles and responsibilities in particular when the Red Arrest Team (RAT) was on the scene and confusion had arisen in relation to new members of staff who were unsure who should take the lead.

It was agreed that the Deputy Director of Quality and Clinical Governance/ Lead Nurse would seek further assurance on the actions that YAS were undertaking to address the concerns.

Hull CCG

One child safeguarding SI had been declared by the CCG during Q3 in relation to injury to a child.

Level of Confidence
PROCESS A high level of confidence was reported for process due to NHS Hull CCG having an effective management process in place for SIs with its main providers. Significant level of assurance was given following the recent internal audit.
PERFORMANCE HEY A medium level of confidence was given – there has been an increase in the number of extension requests for both investigation reports and action plans. In addition, the number of outstanding action plans has also increased resulting in a significant backlog. The Trust has declared four never events year to date, however there are no links between these incidents having all occurred in different circumstances. There remains concern with the recurring themes in treatment delay/sub-optimal care/failure to escalate deteriorating patients and lost to follow up. These were now a standing agenda item at the SI panel and regular updates are given by the Trust at the Quality Delivery Group. Performance would be closely monitored throughout the next quarter to ensure the required improvement occurs. If not, the Trust should move to a low level of confidence.
Humber low level of confidence was given – The Trust was progressing with its recovery plan following a formal letter of concern, which was sent to the Trust in quarter two. The Trust

developed an action recovery plan to address the concerns over its management and processes relating to SIs. The plan involves a full review and redesign of current process, which would take an estimated 12 months to complete. There have been some notable improvements in responses given by the Trust at the SI panel and this would be closely monitored to ensure the improvement was maintained.

The recovery action plan was being monitored via the Serious Incident Panel to ensure milestones are met.

CHCP

low 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. This was the second reported, which was not accepted year to date. . A revised report was requested. The patient safety lead was meeting with the organisation to discuss the report and concerns raised.

Spire

High level of confidence was given – Spire has 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).

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 are identified and reported as SIs as evidenced in this report.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q3 Serious Incidents report
(b)	The Head of Commissioning to email the patient Safety Lead the most up to date information regarding the YAS handover times.
(c)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse would seek further assurance on the actions that YAS are undertaking to address the concerns.

7. OUT OF AREA REPORT

The Head of Mental Health and Vulnerable people presented the Out of Area Report to note.

Acute out of area placements

The total spends on acute out of area placements was forecast at 1.4 million for 2017/2018. A proposal had been put together to go to the prioritisation panel in January for new investment from the CCG.

Risks

Nationally NHSE had commenced work to 'close' secure forensic beds – both mental health and learning disability. In Yorkshire and Humber, NHS England have identified an excess of low secure beds and consequently some low secure beds would close from 2018 – Hull has 7 patients who have been identified as not requiring the level of security they are currently residing within.

STP discussions continue with NHS England regarding the funding of patients and development of Forensic Community teams to support people who transfer out of secure care into the community. The Vulnerable People Lead Commissioner at the CCG has been identified as the STP lead for this work

Level of Confidence
PROCESS A High level of confidence was reported for Vulnerable People Out of area Policy agreed and in place A Medium level of confidence was reported for Continued additional case management support since June 2017 –Transforming Care should start to address this
PERFORMANCE A Low level of confidence was reported for Budget was forecast to overspend due to number of acute out of area placements A Low level of confidence was reported for due to pressure on Hull CCG from NHS E regarding patients being discharged from low secure hospital this was creating additional workload and financial pressure

Resolved

(a)	Quality and Performance Committee Members noted the update on Out of Area Report
-----	--

8. QUALITY AND PERFORMANCE REPORT

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

Financial Position

The CCG was currently forecasting to achieve a balanced position against the in-year allocation.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Integrated Community Care Service

A small number of indicators have breached within the current month but remain within the threshold for the year to date position.

Community Paediatrics

Signs of improvement with its highest performance in five reporting periods of 81% of young people being offered an appointment within 28 days of becoming looked after. The issues were due to an implementation of a new electronic system. A discussion took place around the implementation of the new system.

Tier 3 Weight Management

Referral to treatment performance for incomplete pathways has continued to fall to 64.8 with 24 patients not meeting the 52 week waits this month.

HEYHT

A&E 4 hour waiting times

A&E waiting times have deteriorated from the October position of 89.7% to 88.3% in November 2017.

Referral to Treatment

18 week RTT incomplete pathways performance remains below the local STF target for the third month, the data reflects reduced number waiting in November compared to October.

Diagnostics

Due to the deterioration in the diagnostic performance in November HEYHT are buying in additional support from Spire for Cardiac CT.

QUALITY

Stroke

The trust has demonstrated a significant improvement in the performance of stroke achieving 4 out of 6 domains. One domain was not yet published.

Staffing

There are 130 WTE new registrants recruited from the University of Hull however only 8 WTE have been recruited to date with a further 5 WTE would commence in December 17.

VTE

There has been a decline in performance from Q1 to Q2, the Trust has developed an action plan to improve performance and this would be shared at the next QDG meeting.

HUMBER FT

Service Developments

Humber FT where undertaking capital work within Mill View Court to open five acute inpatient beds which would relieve pressure on out of area placements. A CAMHS crisis pad was hoped to be opened in the near future.

QUALITY

Safer staffing

HFT are currently undertaking a review of their staffing, with a meeting due to be held in January 2018 with the providers and the Commissioners on safer staffing.

Pathway Review of Mental Health, Alcohol and Drug Addictions:

A meeting was held on 7 December 2017 between Hull CCG, East Riding Local Authority, Hull Public Health, CLG and HFT to discuss improving the alcohol and drug pathways of mental health patients. The Clinical Quality Forum would be seeking an assurance report on the pathways and patient deaths in the next few months.

SPIRE

Contract Performance

Previously the spire contract had delivered above profile consistently throughout the year. The situation has more recently eased mainly due to the implementation of the MSK triage.

QUALITY

A formal letter had been issued to Spire from the Director of Quality and Clinical Governance/ Executive Nurse requesting a response to a number of Quality issues. A response was requested by the 17 January 2018 and would be followed by commissioners

Infection Prevention and Control

A MRSA bacteraemia was reported in November 2017 relating to a private patient who had been admitted to Hull and East Yorkshire Hospital. The case has been agreed by NHS England arbitration panel as 3rd party attributable

YAS 999/111

For category one performance, the provider was marginally above the 7 minute performance target.

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 due to established procedures that are subject to internal and external audit.
PERFORMANCE A high level of confidence was reported for financial position A low 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)	Head of Contracts Management was to follow up the formal letter issued to Spire requesting a response to a number of Quality Issues

9. Q2 PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Q2 Prescribing Report to Note.

Highlighted within the report was:

Prescribing budget performance – the forecast expenditure performance for September 2017 was -3.28% (-£1,630,052).

Hull has consistently maintained its position similar to Barnsley and Wakefield, (Hull's comparator CCGs in the Yorkshire and Humber area) in this quarter and in previous years.

In NHS Hull CCG Anticoagulants and Protamine has shown the greatest increase in cost growth +41.17% which represented a cost difference of +£265,191. This has been the result of increased use of the new oral anticoagulant drugs (NOACs). The increased cost for the anticoagulant NOACs reflects the effect of the implementation of NICE compliant anticoagulation guidelines introduced in 2015.

Level of Confidence	
PROCESS	
A High level of confidence was reported for interpretation of budget position & QUIP performance	
A High 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 contents of the Q2 Prescribing Report
-----	---

10. Q2 CQUIN REPORT

The Quality Lead presented the Q2 CQUIN Report to note.

Highlighted within the report was:

HEYHT

HEYHT has achieved the majority of the Q2 milestones of the scheme requirements with the exception of 2b Timely Identification and Treatment for Sepsis in Emergency Departments and Acute Inpatient Settings; achieving 50-89.9% against the scheme, resulting in a 10% payment. A discussion took place around the CQUIN scheme for Sepsis, it was agreed that the Director of Quality and Clinical Governance/ Executive Nurse and the Quality Lead would explore this further at HEYHT QDG.

Humber FT

For Q2 HFT achieved the milestones of the scheme requirements which was reviewed internally within timescales.

CHCP

CHCP achieved Q2 milestones of the scheme requirements for Contract 1, 2 and 4. The provider submitted their Q2 information which was reviewed internally within timescales.

Spire

Spire was required to deliver against 2 local CQUINS. Spire was not required to submit against scheme 1 – Preventing Ill Health by Risky Behaviours. The BMI / Smoking Scheme were submitted for Q2. However at the Q2 external reconciliation meeting, the Commissioners and the Provider agreed to move Q2 milestones to Q3. It was noted that the Quality Improvement scheme was to be amended to a Patient Experience Scheme.

Level of Confidence
PROCESS A High level of confidence was reported for process due to the way in which Hull CCG reconciles its CQUIN scheme with its main providers through the NHS Standard contract, including with partner CCG's
PERFORMANCE A High level of confidence was reported for HEYHT due to achieving 7 schemes and 1 partial achievement A High level of confidence was reported for CHCP due to full achievement of all schemes for contracts 1, 2 and 4 A Low level of confidence was reported for Humber due to some schemes not been achieved/ and awaiting further information from Humber A Medium level of confidence was reported for spire due to the quarter milestone moved Q3

Resolved

(a)	Quality and Performance Committee Members noted the Q2 CQUIN Report
(b)	The Director of Quality and Clinical Governance/ Executive Nurse and the Quality Lead are to explore the Spire CQUIN scheme further

11. Q3 INFECTION, PREVENTION AND CONTROL

The Consultant in Public Health Medicine and Associate Medical Director and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q3 Infection, Prevention and Control Report to note.

Highlighted within the report was

Urinary Tract Infections and Hydration within the Care Home population project

2 Care Homes in Hull have now signed up for phase one which was commencing in January 2018 and a further 2 care homes in Hull and 3 in East Riding would commence in in March 2018.

Clostridium Difficile

Hull CCG was currently 26 cases under trajectory for the Clostridium Difficile in the period April 17 – Dec 17.

MSSA BSI

MSSA BSI Continues to be reported as per Public Health England requirements.

E Coli BSI

In the period April 2017 to December 2017, 174 cases of Escherichia coli (E.coli) were attributed to Hull CCG at the end of Quarter 3 in 2017/18. The objective for 2017/18 was 209 cases and currently the CCG was 7 cases over at the end of Quarter 3 objective.

Levels of confidence
Process A high level of confidence was reported for the C Diff objective against quarter 3 due to demonstrating reduction against objective A Medium level of confidence was reported for
Performance A Low level of confidence was reported for performance due to a 10% reduction plan for E coli BSI commenced. The CCG was currently over trajectory at the end of quarter 3

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q3 Infection, Prevention and Control Report
-----	---

12. TASL QUALITY VISIT

The Head of NHS Funded Care presented the TASL Quality Visit report for information.

The Head of NHS Funded Care noted that an action plan had been developed based on the recommendations received from Hull CCG had been developed by TASL.

Level of Confidence
PROCESS A High level of confidence was reported in the Hull CCG process to undertake quality visits. Commissioners were able to review processes and performance at all elements of the pathway
PERFORMANCE A Medium level of confidence was reported in the Hull CCG due to a number of issues identified during the quality visit that have been reported to the provider. The Provider has accepted these recommendations and would be presenting an action plan to the CMB

Resolved

(a)	Quality and Performance Committee Members noted the contents of the TASL Quality Visit
-----	--

13. 6 MONTHLY PATIENT EXPERIENCE REPORT

The Engagement Manager presented the 6 Monthly Patient Experience Report to note.

The Engagement Manager highlighted within the report the Friends and Family Test (FFT) which showed the Friends and Family test response rates for HEY A&E since the implementation of the Friends and family Test, compared to the performance against the 4 hour target. A discussion took place around whether or not the committee would like to see more examples of how the FFT can work effectively. The Committee members agreed using Maternity as another example for the FFT.

The Committee felt that the Friends and Family Test Survey should be placed on the agendas for the HEYHT QDG and the HFT CQF Meeting to discuss the outcome of the 2016 survey results, in particular the 'about the same' scores. The information provided within the report was based on 2016 information and a comparison should be made to current data with both Trusts to determine if there has been any improvement. A report and action plan was to be produced by HFT and HEYHT and presented to the Quality and Performance Committee for review.

Level of Confidence
PROCESS A Low level of confidence was reported for the friends and family test
PERFORMANCE A Medium level of confidence was reported for the Emergency Departed Experience due to performance been classed as the same A Medium level of confidence was reported for Children's and young people's inpatient and day case experience due to performance been classed as the same A High level of confidence was reported for the Community mental Health due to improved performance

Resolved

(a)	Quality and Performance Committee Members noted the contents of 6 Monthly Patient Experience Report
(b)	The Engagement manager to use the example of maternity for an FFT.
(c)	The Quality lead was to place Friends, Family Test Survey on the HEYHT QDG and the HFT CQF Agenda
(d)	A report and action plan was to be produced by HFT and HEYHT and presented to the Quality and Performance Committee for review.

14. NHS IMPROVEMENT ADDRESSING AMBULANCE HANDOVER DELAYS LETTER

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the NHS Improvement addressing ambulance handover delays letter for information.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the NHS Improvement addressing ambulance handover delays letter
-----	---

15. HULL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

The Director of Quality and Clinical Governance/ Executive Nurse presented the Hull Safeguarding Children Board Annual Report for information.

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Hull Safeguarding Children Board Annual Report
-----	--

16. NOTIFICATION OF DEATHS BY PROVIDER

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Publication of avoidable Deaths report to information.

Resolved

(a)	Quality and Performance Committee Members noted the Publication of avoidable deaths report
-----	--

17. HEY CQC VISIT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse verbally updated the Quality and Performance on the HEY CQC Visit.

Resolved

(a)	Quality and Performance Committee Members noted the update from the HEY CQC Visit
-----	---

18. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were highlighted.

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

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

20. 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

21. ANY OTHER BUSINESS

No other business was discussed

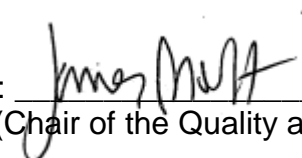
22. CHAIR'S UPDATE REPORT

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

23. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 20 February 2018 in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: _____


(Chair of the Quality and Performance Committee)

Date: 20/02/2018

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