

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 20 FEBRUARY 2018
IN ROOM 80, GUILDHALL, 77 LOWGATE, HULL HU1 2AA
09.00AM – 12:00PM**

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
Dr James Crick, Associate Medical Director, Hull CCG and Hull City Council
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, 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:

Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)
Gail Baines, Delivery Manager, Healthwatch

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Karen Ellis, Deputy Director of Commissioning, Hull CCG
Gareth Everton, Head of NHS Funded Care, Hull CCG
Helen Harris, Quality Lead, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JANUARY 2018

The minutes of the meeting held on 23 January 2018 were presented and it was agreed that they were a true and accurate record.

Resolved

(a)	That the minutes of the meeting held on 23 January 2018 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 23 JANUARY 2018

The action list was presented and the following updates were received:

6 Monthly patient experience report – C Hurst to produce an example from Maternity for the FFT report – timescale for completion to be extended to June 2018.

Contract Performance action update, QUIPP and Quality Premium - R Palmer to discuss with CHCP around the high DNA rate for community Gynaecology and whether this activity could be linked to self-referral – update to be provided for the next meeting of Q and P in March 2018.

Individual funding request – S Lee to now take this forward.

Qtr2 Safeguarding Children report – to be added to the Quality and Performance Committee agenda for March 18.

All other actions were marked as closed.

Resolved

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

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

		<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
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. QUALITY AND PERFORMANCE REPORT

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 to consider.

Finance Position

Hull CCG was showing a balanced position against the in-year allocation and the forecast outturn for the full year.

CCG Performance Exceptions

HEY

A&E waiting times show deterioration through December 17 and January 18. Staffing within the department has been challenging despite recruitment to vacancies.

Referral to Treatment

Referrals have reduced but not yet translated into improved performance, HEY are still working through the back log of patients.

52 Weeks

Thirty 52 week breaches in HEY, 11 were attributable to Hull CCG patients; in addition there were nineteen 52 week breaches at CHCP for Hull CCG for tier 3 weight management.

Cancer

Cancer 31 days waits: first definite treatment - 101 patients seen with 1 breach due to lack of capacity.

Diagnostic test waiting times

The majority of breaches were for endoscopies (159) and imaging (148).

IAPT

Positive progress was now starting to be seen in respect of recovery rates which were anticipated to continue aligned to the recovery plan by the end of the financial year.

Delayed Transfer of Care

There was a known recording issue at HEYHT in December and as a consequence the numbers recorded are low.

Friends and Family Test for Postnatal Community

The Trust's success in this target fluctuates; these results are more likely to be due to low response rates rather than poor experience.

MRSA

No further breaches in December.

E Coli

The threshold for E.coli has been exceeded and the annual target was considered to now be irrecoverable for the current year.

Mixed Sex Accommodation breaches

No Further breaches in December.

Urgent Operations cancelled

No further breaches, 4 recorded year to date.

CHCP

Community Paediatrics

There has only been 33% (3 of 9) of children offered an appointment within 28 days of becoming looked after.

Tier 3 Weight Management

Referral to Treatment performance for incomplete pathways had continued to perform poorly at 32.3%, seen within 18 weeks.

Community Cardiology

The performance of the Community Cardiology service had been significantly below target for "seen within 1 week of referral" at 35%. However "seen within 2 weeks of referral", was now 94% which was stronger than the previous month. Capacity issues had been raised by the provider, which were being reviewed by the CCG further. A

discussion took place around the reasoning that due to the implementation of a new system Liquid Logic, this system has now been in place for several months and can no longer be used as reasoning around the performance problems.

HEYHT

CQC

The Trust had been notified by CQC that they would be undertaking an inspection of the Well Led domain. There would also be an unannounced visit of their core services. Reports would be produced following the visits which would be presented to the Quality Delivery Group and the Quality and Performance Committee. The CCG had been asked to provide a report highlighting any concerns or areas of good practice.

VTE

VTE Risk Assessments had dropped in December to 89.2% against the threshold of 95%. Work was ongoing to address the issues with clinicians coding on Lorenzo. However additional assurance has been gained through the safety thermometer point prevalence that 94% of patients have had a risk assessment.

Patient Tracking

Feedback on the external review was going well and all cases had been validated by the administrators, work was in progress for clinical validation of each case. The Director of Quality and Clinical Governance/ Executive Nurse and the CCG Patient Safety lead are members of the patient harm group where the validation of any harms takes place. This provides additional assurance to the CCG.

Serious incidents

The trust had reported 26 serious incidents during Quarter 3. The number of SIs relating to the suboptimal care of the deteriorating patient / unexpected deaths remains a concern– A letter has been written by the Serious Incident Panel Chair to the Chief Medical Officer at the trust raise this concern .A meeting has been set up to discuss the concerns in next few weeks.

Humber

Mental Health Response Service

Performance against the KPI for referral to assessment within 14 days has improved in December 2017 with performance at 54.2% against a target of 93%.

Older Peoples Assessment and Treatment

The performance for completion of assessment within 30 calendar days of referral was reported as 72.6% which were below the 75% target.

CAMHS

As at 31 December there were 46 young people waiting over 18 weeks in the Hull Core CAMHS service which was an increase of five from the previous month. The deterioration in waiting times continues to correlate with the increase of ADHD referrals and Conduct referrals. It was discussed that following on from the Autism Deep Dive the trust have provided some assurance around the deterioration of waiting times.

Paediatric speech and language therapy

This service has a highly feral rate which frequently results in peaks which significantly exceed the capacity of the service to respond on a timely basis. Waiting times in excess of 18 weeks are reviewed by the service lead on a regular basis. Review of this service will feature in the SEND Working Statement of Action following the recent Joint Ofsted/CQC inspection.

Serious Incidents

In light of the serious concerns around HFT SI management process HFT have developed a 12 month recovery action plan. Progress against the recovery plan is being monitored by the Serious Incident Panel Group and the Clinical Quality Forum. The Trust had developed a work stream to deliver the recovery plan but this will not be fully implemented for 12 months and commissioners will not see the full benefit of this initiative until next year. Whilst the CCG acknowledge this work any concerns highlighted during this time will addressed and escalated as appropriate.

Spire

Referrals to spire had been falling by around a third for their main area of activity trauma and orthopaedics.

Contract discussions have commenced with Spire to update the 2017- 2019 contract for its second year of operation. This opportunity was allowing the CCG to negotiate better value against local and national benchmarks in terms of New to Follow Up rations, moving Day Case to Outpatient procedures and waiting time average.

The Director of Quality and Clinical Governance/Executive Nurse has written to Spire regarding their compliance with Safeguarding training and their management of complaints and incidents. A meeting has been held with the Hospital Director of Spire, The Head of Contracts and the Deputy Director of Quality and Clinical Governance to discuss and address the concerns.

A Quality Visit to Spire will be undertaken in April or May 2018. An update will be provided to the committee in June 2018.

YAS

East Riding are taking lead on the monitoring the 111 performance data There had been an increase in incidents regarding controlled drugs due to failure to follow procedures It was noted that seems to be a trend over the last quarter, the Quality Lead for the CCG will discuss this with the lead for the Medicine Optimisation Team. And link to the Local Intelligence Network (LIN) for controlled drugs Thames Ambulance Service.

TASL

A Contract Performance Notice had been issued to TASL on the 7 August 2017. Improvement trajectory for key performance indicators are in place – all indicators planned to be achieved by May 2018.

A Quality Visit was undertaken on the 10 November 2017. A formal response from Thames Ambulance Service had now been received. NHSE had requested a Quality Review Meeting which the CCG are to participate in.

<p>Level of Confidence</p> <p>Financial Management</p> <p>PROCESS A High level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.</p> <p>PERFORMANCE A High level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance.</p>
<p>Hull & East Yorkshire Hospitals - A&E 4 hour waiting times</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to Ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to Ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Medium level of confidence in the achievement of this target due emerging improved performance but not yet assured of sustained improvement.</p>
<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to Established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>

<p>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>TASL – Key Performance Indicators (all)</p> <p>PROCESS A High level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>PERFORMANCE A Low level of confidence in the achievement of this target due to ongoing underperformance.</p>

Resolved

(a)	Quality and Performance Committee Members considered the contents of the Quality and Performance Report
(b)	A full Quality visit was to take place at Spire
(c)	The Quality Lead will discuss with the concerns with the lead from the Medicines Optimisation Team the trend regarding controlled drugs incidents at YAS

Jason Stamp declared a personal interest in this item.

7. Q2 HEALTH WATCH REPORT

The Delivery Manager from Health Watch presented the Q2 Health Watch Report to note.

Health watch had undertaken a full review of services and this will be published on the website by the end of the week. Governance arrangements are now in place which will allow Health Watch to recruit a full Board by the end of May 2018.

A review of Patient experience of the Stroke/ TIA pathway will be undertaken between February 18 and 30 March 18, the outcome of the patient experience will be reported into the next Health watch report.

Resolved

(a)	Quality and Performance Committee Members noted the update on Q2 Health Watch Report
-----	--------------------------------------------------------------------------------------

8. Q3 SAFEGUARDING ADULTS REPORT

The Designated Professional for Safeguarding Adults presented the Q3 Safeguarding Adults Report to note.

Noted within the report was.

NHS Hull CCG

The compliance rate for Safeguarding Adults currently sits at 82% and 87% for CT Prevent WRAP. Discussions took place around changing the current compliance rate of 95% The Director of Quality and Clinical Governance/ Executive Nurse agreed to raise this with the Embed training Team to ensure this in line with other CCGS.

CHCP

CHCP have good systems in place and are consistent with training compliance.

HEY

CT prevent training at HEY was currently below the compliance rate, HEY are addressing the issues at QDG and are looking at resolving current issues with their e learning system.

Humber

MCA/ DoLS in Q3 demonstrate deterioration in compliance from Q1 and this will be raised at the next Quality Forum meeting.

Spire

SPIRE had completed the CCG quarterly safeguarding self-assessment which highlighted lack of involvement with CT Prevent silver group as per contractual requirements. This had been discussed at CMB and processes were now in place to increase attendance at meetings.

Primary Care

The Named GP for safeguarding adults works 2 PA per week and during Q3 a new GP began in post following the resignation of the previous post holder. The new GP was currently completing induction processes and attending specific training to increase knowledge of the safeguarding adult's agenda. A safeguarding adult's policy bespoke for Primary Care based on the Royal College of General Practitioners (RCGP) latest guidance had been tabled and approved at the Hull CCG Primary Care Q&P meeting in December 2017.

Level of Confidence
NHS Hull CCG PROCESS A High level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults via current robust systems and processes in place with all safeguarding roles compliant with national guidance and partnership working with safeguarding adult boards. PERFORMANCE A High level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults. The CCG is fulfilling all statutory and legislative duties for safeguarding adults with improving compliance for safeguarding adults training for CCG staff.
HEY PROCESS A Medium level of confidence in HEY discharging it's duties in relation to safeguarding adult. PERFORMANCE A Medium level of confidence in HEY discharging it's duties in relation to safeguarding adults due to stagnation in compliance with training requirements for safeguarding adults.
Humber PROCESS A Medium level of confidence in HFT discharging it's duties in relation to safeguarding adults. due to safeguarding reviews and serious incidents highlighting delayed admissions and premature discharges for vulnerable people. PERFORMANCE A Medium level of confidence in HFT discharging it's duties in relation to safeguarding adults due to training compliance remaining close to contractual targets with little progress.
CHCP PROCESS A High level of confidence in CHCP discharging it's duties in relation to safeguarding adults via assurance provided within CCG safeguarding self-assessment processes.

<p>PERFORMANCE A High level of confidence in CHCP discharging it's duties in relation to safeguarding adults with consistent training compliance levels well above contractual targets.</p>
<p>SPIRE PROCESS A Low level of confidence in SPIRE discharging it's duties in relation to safeguarding adults due to lack of engagement with local multi agency processes or safeguarding issues being recognised/raised. PERFORMANCE A Low level of confidence in SPIRE discharging it's duties in relation to safeguarding adults due to poor engagement and training for CT prevent processes.</p>
<p>YAS PROCESS A High level of confidence in YAS discharging it's duties in relation to safeguarding adults due to CQC ratings and assurances from lead CCG for YAS. PERFORMANCE A High level of confidence in YAS discharging it's duties in relation to safeguarding adults with consistently high levels of training compliance and involvement in multi-agency safeguarding reviews.</p>

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q3 Safeguarding Adults Report.
(b)	The Director of Quality and Clinical Governance/ Executive Nurse agreed to raise the current compliance rate of 95% with the Embed training Team to ensure this in line with other CCGS.

9. Q3 SAFEGUARDING CHILDRENS REPORT

The Designated Nurse for Safeguarding Children presented the Q3 Safeguarding Children's Report to note.

Noted within the report was:

NHS Hull CCG

Training compliance had increased slightly from 71% to 73% in Q3. The Designated Nurse for Safeguarding Children will undertake at verification and reminder to staff exercise will be sent in order to raise compliance.

Humber

Gradual progress had been achieved against compliance for level 3 training although the ambitious trajectory had not yet been achieved.

<p>Level of Confidence</p>
<p>NHS Hull CCG PROCESS A High level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children. There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and a Named GP in post. Regular safeguarding audits (the last by NHS England in July 2016) have found significant assurance. PERFORMANCE A High level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children. Following a reduction in training uptake owing to difficulties with ESR, reported to the Quality and Performance Committee, steps put in place to rectify the situation has resulted in a significant improvement.</p>

<p>HEY</p> <p>PROCESS</p> <p>A High level of confidence in HEYHT discharging its duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p> <p>PERFORMANCE</p> <p>A High level of confidence in HEYHT discharging its duties in relation to safeguarding children. HEY had consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.</p>
<p>Humber</p> <p>PROCESS</p> <p>A High level of confidence in HFT discharging its duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p> <p>PERFORMANCE</p> <p>A Medium level of confidence in HFT discharging its duties in relation to safeguarding children. Although progress is being achieved, a contract query notice remains in place in relation to safeguarding children training uptake and compliance has not yet achieved the trajectory set by HFT. Progress is reported in relation to required inspection actions with some audit reporting awaited.</p>
<p>CHCP</p> <p>PROCESS</p> <p>A High level of confidence in CHCP discharging its duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.</p> <p>PERFORMANCE</p> <p>A High level of confidence in CHCP discharging its duties in relation to safeguarding children. A reduction in Q1 training uptake has been speedily rectified. CHCP is making significant progress in relation to required inspection actions with some audit reporting awaited.</p>
<p>Spire</p> <p>PROCESS</p> <p>A Medium level of confidence in SPIRE discharging its duties in relation to safeguarding children. The self-declaration reported to CMB does not identify any deficits. However, training compliance can only be reported incrementally.</p> <p>PERFORMANCE</p> <p>A Medium level of confidence in SPIRE discharging its duties in relation to safeguarding children. Safeguarding training compliance has only risen to 80% in Q2 owing to the incremental reporting.</p>
<p>YAS</p> <p>PROCESS</p> <p>A High level of confidence in YAS discharging its duties in relation to safeguarding children. The required processes are in place, monitored by Wakefield CCG as the lead commissioner.</p> <p>PERFORMANCE</p> <p>A High level of confidence in YAS discharging its duties in relation to safeguarding children. Training compliance is consistently high. Reporting received via Wakefield CCG provides assurance.</p>

Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q3 Safeguarding Children's Report.
(b)	The Designated Nurse for Safeguarding Children was to undertake a data verification and reminder to staff exercise to raise the compliance for Safeguarding Children for the Hull CCG.

10. Q3 OUT OF AREA REPORT

The Quality and Performance Committee Meeting noted the contents of the Q3 Out of Area report.

Resolved

(a)	Quality and Performance Committee Members noted the Q3 Out of Area Report for information
-----	-------------------------------------------------------------------------------------------

11. ANNUAL REPORT

A discussion took place around the approach and style the committee would like to take for the annual report, the following suggestion were made.

- Deep dives should be included
- Quality visits should be a big part of the annual report
- Patient Experience
- Safeguarding
- Out of Area
- CHC
- What difference has the committee made on behalf of the Board

The draft Annual Report would be added to the May Quality and Performance Committee Meeting.

Resolved

(a)	Quality and Performance Committee Members
(b)	Annual Report to be added to the May Quality and Performance Committee agenda

12. TERMS OF REFERENCE

A discussion took place around the changes that the Quality and performance Committee would like changing to the Terms of Reference, changes are to be as follows:

- A discussion was to be made outside of the Committee meeting around updating the 11.3 Section 'Performance Monitoring'.
- The Lay Member raised concern around the section 7.1 which now states 'matters requiring a decision in such circumstances can either be deferred to the next subsequent quorate meeting or the CCG Board' the lay member felt the discusses could be made outside of the meeting rather than been deferred to the next meeting. The Director of Quality and Clinical Governance/ Executive Nurse would have discussions with the Associate Director of Corporate Affairs to discuss these concerns. The Director of Quality and Clinical Governance/ Executive Nurse would update the Terms of Reference with changes suggested and to be added to the next Quality and Performance Committee for approval.

Resolved

(a)	Quality and Performance Committee Members noted the changes to the Terms of reference.
(b)	The Director of Quality and Clinical Governance/ Executive Nurse would have

	discussions with the Associate Director of Corporate Affairs to discuss the concerns around changes made to 7.1 in the Terms of reference.
(c)	The Director of Quality and Clinical Governance/ Executive Nurse would update the Terms of Reference with changes suggested and to be added to the next Quality and Performance Committee for approval.

13. ROSSMORE QUALITY VISIT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Rossmore Quality Report for information.

A Multi agency quality visit took place at the Rossmore Care Home on the 8 February 2018, due to concerns raised via email by the Community Stroke Rehabilitation Clinician. There were a number of immediate actions identified at the visit but no patients needed to be moved. A de brief Meeting was to be set up between the Clinician, The Director of Quality and Clinical Governance/ Executive Nurse and the Associate Medical Director. The Rossmore Quality Report will be shared with the Hull CCG Board.

Level of Confidence
PROCESS
A High level of confidence in the CCG process to undertake quality visits. Commissioners were able to review processes and performance at all elements of the pathway.

Resolved

(a)	Quality and Performance Committee Members noted the contents of Rossmore Quality Visit Report.
(b)	A de brief Meeting was to be set up between the Clinician, The Director of Quality and Clinical Governance/ Executive Nurse and the Associate Medical Director regarding the Rossmore Quality Visit.
(c)	The Rossmore Quality Report will be shared with the Hull CCG Board.

14. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were highlighted.

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

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

16. 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

17. ANY OTHER BUSINESS

No other business was discussed

18. CHAIR'S UPDATE REPORT

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

19. 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: James Malt
(Chair of the Quality and Performance Committee)

Date: 20 March 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