

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON 30 APRIL 2019  
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY  
9.00AM – 12.00PM**

**PRESENT:**

Dr J Moulton, GP Member (Chair), Hull CCG  
J Stamp, Lay Representative, Hull CCG (Vice Chair)  
E Butters, Head of Performance and Programme Delivery, Hull CCG  
Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council  
D Heseltine, Secondary Care Doctor, Hull CCG  
S Lee, Associate Director (Communications and Engagement), Hull CCG  
K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse  
R Palmer, Head of Contracts Management, Hull CCG  
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG  
R Thompson, Head of Quality and Nursing, Hull CCG

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)  
G Baines, Delivery Manager, Health Watch  
M Girdham, R and D Lead Nurse Manager, NHS East Riding of Yorkshire Clinical Commissioning Group  
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
C Mulligan, Care Quality Commissioner, Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG  
K Ellis, Deputy Director of Commissioning, Hull CCG  
L Morris, Designated Nurse for Safeguarding Children, Hull CCG  
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 26 MARCH 2019**

The minutes of the meeting held on 26 March 2019 were presented and it was agreed that they were a true and accurate record.

All other actions were marked as complete.

**Resolved**

(a)	That the minutes of the meeting held on 26 March 2019 would be signed by the Chair.
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**3. MATTERS ARISING / ACTION LIST FROM THE MINUTES**

There were no matters arising from the Minutes.

## ACTION LIST FROM MEETING HELD ON 26 MARCH 2019

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

### Meeting 26.02.19 – Item 6

The Head of Contract Management gave an overview on the work currently being undertaken by the pain management service. Further information was requested in the form of a written report due to the current under performance.

### Meeting 26.02.19 - Item 15

Discussions took place around Rossmore and the usage of the rehabilitation beds. It was agreed that this would be discussed outside the meeting. The Deputy Director of Commissioning to meet with the Chair of Q&PC and P&CC and key representatives from Commissioning and Quality.

(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.

#### Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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#### 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 financial 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 and Action Taken
J Stamp	14	Declared a Financial Interest as Chief Executive of North Bank Forum voluntary sector who were currently the host organisation for Health Watch in Hull. The declaration was noted – no further action was considered necessary.

## Resolved

(a)	There above declaration of interest was noted – no further action was considered necessary.
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### 6. R&D ANNUAL REPORT

The R&D Lead Nurse Manager presented the R&D Annual Report to Consider.

An update was provided by the R&D Lead Nurse Manager around the progress update from studies that had been allocated ETC funding from the CCG and were currently still open.

The R&D Annual Report would be received by the Board in July 2019.

## Resolved

(a)	Quality and Performance Committee Members considered the R&D Annual Report
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### 7. QUALITY AND PERFORMANCE REPORT

The Head of Contract Management and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report for consideration.

Highlighted within the report were:

The CCG was currently forecasting to achieve a balanced position against the in-year allocation. There was therefore no impact on the CCG's historic surplus of £15.267m. This was in line with the 2018/19 financial plan submitted to NHS England.

#### Quality Premium

Nothing was highlighted due to awaiting the updated position.

#### CCG Performance Indicator

##### A&E Waiting times

The A&E 4 hour waiting time slightly improved compared to previous month's currently sitting at 73.42%. A review of A&E waiting times had been undertaken by the CCG, please see item 8.

##### Referral to treatment

Referral to treatment 18 weeks waiting times performance deteriorated further in February 2019 reporting at 78.09%.

##### Breast cancer 2 week waits

The actual was currently at 73.12% for the month of February - 93 patients were seen with 25 breaches, of these 14 were due to inadequate outpatient capacity, 9 were due to patient choice and the reasons were unclear for the remaining 2.

##### Cancer 62 day waits

The actual for the month of February 2019 was 70.22%.

#### % of people entering Treatment

Currently the indicator was at 2.17% and has moved to a green position on the dashboard. The target is being monitored closely by NHS England.

#### Friends and Family Test for A&E

The CCG and HUTHT had developed a work plan to address the continued issues with achieving this target, work continues.

#### Incidents of Health care associated with infection (HCAI)

The position at the end of February 2019 was 2 cases below the 2018/19 stretch target. The stretch target would be removed for next year. MSSA rates were still showing an increase. A stretch target has been discussed with the Trust .

At the QDG in June a discussion will take place on IPC and the roll out of the action plan.

#### Number of missed sex accommodation breaches

Hull CCG recorded one breach for mixed sex accommodation, reported in September 2018. This related to an out of area patient. A further breach had been notified to the CCG PALS team. It was agreed that this would be looked into by the Deputy Director of Quality and Clinical Governance /Lead Nurse .

### **CONTRACT PERFORMANCE AND QUALITY**

#### CHCP

Highlighted within the CHCP section of the report was the recovery targets which had now been agreed for February 44%, March 58% and April within target for the Chronic Pain Service. The lymphoedema indicator had been recently revised to ensure service users received an initial assessment within 2 weeks of referral. However the service had continued to breach under the new measure. Overall CHCP are achieving on target.

#### Quality

Two SIs had been reported which included one dental never event and one prison healthcare SI reported during February. The IGQSG had received a positive and informative presentation from the Let's Talk Service. The service was asked by the group to reflect on their improvement journey and provide a report for a future IGQSG meeting.

A discussion took place around the Specialist Dental Services having a 2 year wait for IV sedation under the Patient Experience report section. The Associate Medical Director agreed to discuss this with Tim Fielding at the Local Authority to take the CCGs concerns over the long waits to the next Oral Health meeting (Dental is commissioned by NHSE)

#### **HUTHT**

HUTHT was discussed under the performance section.

No Never Events had been reported year to date. A VTE related SI was declared during quarter 4. 130 Hull University nursing students will start working in the Trust in October 2019. The Trust had been asked to provide more information to commissioners around the drop in performance of stroke patients scanned within 12

hours of hospital arrival. It was agreed that the Deputy Director of Quality & Clinical Governance would contact the Senior Contract Manager at HUTHT.

## **HUMBER FT**

Discussions took place around the Mental Health and LD Services. Trajectories which are now in place and being closely monitored by commissioners.

### **Quality**

The Trust had now received the CQC report following the recent inspection and are reviewing for factual accuracy. The draft report was due to be returned to the CQC by the end of April 2019.

A Mortality Summit was hosted by the CCG on Monday 1<sup>st</sup> April 2019 with good representation from the Humber Trust

At the last Quality Forum, Commissioners received a presentation on the thematic review of serious incidents in relation to suicide, the Head of Nursing and Quality would share this with the Quality and Performance Committee. The Trust confirmed that the Chief Operating Officer was scheduled to meet with the CCG to discuss the 52 week breaches in CAMHS with a detailed report to be submitted for the May 2019 meeting.

A further paper was shared with committee regarding the ADHD service, the report was noted for information.

### **Spire**

The 2019/20 contract was currently being negotiated with Spire. The delay in gaining contract agreement related to an ongoing dispute about the range of value for money indicators.

### **Quality**

Spire reported a surgical Never Event in February 2019 regarding a procedure in 2016 when a surgical swab was retained post-surgery. A workshop is to be arranged due to drop in performance (68%) in relation to the staff training on WRAP. Spire record their training differently to the CCG, as their Quarter 1 report would be the CCGs Quarter 4 report. Recovery arrangements have been put in place.

### **YAS**

No further update was received.

### **Thames Ambulance Service**

As previously reported Thames Ambulance Service has had data quality issues with performance reporting . These have yet to be resolved. .

#### **Financial Management**

##### **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.

##### **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><b>Hull &amp; East Yorkshire Hospitals – A&amp;E 4 hour waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – Referral to Treatment waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals - Diagnostics Waiting Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – 62-day Cancer Waiting Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Humber Foundation Trust – Waiting Times (all services)</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Looked After Children Initial Health Assessments</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Yorkshire Ambulance Service – Ambulance Handover Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>

## Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Associate Medical Director agreed to pick up the issues with dental with Tim Fielding from the Local Authority at the Oral Health meeting due to dental not sitting in the CCG remit.
(c)	The Deputy Director of Quality and Clinical Governance/Lead Nurse to review the mixed sex accommodation breach with HUTHT
(d)	The Trust had been asked to provide more information to commissioners around the drop in performance of stroke patients scanned within 12 hours of hospital arrival. It was agreed that the Deputy Director of Quality & Clinical Governance would contact the Senior Contract Manager at HUTHT.

### 8. HUTHT PERFORMANCE SESSION FROM 7 MARCH 19

The Head of Performance and Programme Delivery presented the HUTHT performance Session from 7 March 19 to note.

Discussion took place around the presentation slides that were received at the meeting, this included A&E, Cancer 62 day waits and RTT.

The Committee agreed that a high level action plan would need to be produced around the actions, this would include who the action sits with and what Committee it would be presented and monitored at.

Level of Confidence	
<b>NHS Hull CCG</b>	
<b>Performance</b>	
A <b>LOW</b> level of confidence was reported in the Speech and Language service due to	
a)	Waiting times for referral to initial assessment
b)	Waiting times from initial assessment to treatment / intervention
c)	Management of the waiting list

## Resolved

(a)	Quality and Performance Committee Members noted the HUTHT performance Session from 7 March 19
(b)	A high level action plan would need to be produced around the actions that were discussed at the meeting this should include who the action sits with and what Committee it would come under.

### 9. AGENDA ITEM NOT USED

This agenda item was not used.

### 10. NHS FUNDED CARE REPORT

This item was deferred to the 21 May 2019

## 11. PATIENT RELATIONS ANNUAL REPORT

This item was deferred to the 21 May 2019.

## 12. SERIOUS INCIDENT ANNUAL REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Serious Incident Annual Report for the Committee to consider.

An overview of the Serious incidents report was given and the below highlighted within the report.

### HUTHT:

- No never events have been reported during 2018/19.
- A quality assurance visit was undertaken to the maternity service which was led by NHSI in March 2019. Following this visit, NHSI were assured and are not making any recommendations. No further action was needed by the trust in relation to the numbers of Serious Incidents reported.
- Recurring themes in relation to the deteriorating patient and treatment delays and failure/delay to act on abnormal test results. This will be addressed by the quality improvement work lead and the newly appointed deputy chief medical officer

### HTFT:

- The Trust does not currently have dedicated SI investigators and this work was an add on to clinician's roles. This may be a requirement following the revised national SI framework due for release in the spring of 2019.
- Key areas where further work was needed include consistent quality of investigations and action plans and the management when working jointly on investigations with other agencies.

### CHCP:

- There has been a noted improvement in the quality of the organisations SI investigation reports, and overall management of its SI process. However, the organisation had to demonstrate that this was sustained.

### Spire:

- One never event was reported during Q4, this is the only incident reported during 2018/19.

Discussions took place around serious incident reporting in primary care and how they were reported to the CCG. It was agreed that the Patient Safety Lead would discuss this in further detail with the Assistant Medical Director

It was acknowledged that the new SI framework was awaited from NHSE.

### LEVEL OF CONFIDENCE

#### Process

A **HIGH** level of confidence was given in NHS Hull CCG due to an effective management process in place for SIs with its main providers. Significant level of assurance following the last internal audit.



<p><b>Hull University Teaching Hospitals NHS Trust</b></p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence was given – there have been no never events declared by the Trust year to date, the last being March 2018. The corporately-branded patient safety campaign, ‘Stop the Line’ empowering all staff to challenge poor practice more effectively continues to be embedded.</p> <p>The recently appointed deputy Chief Medical Officer is leading on quality improvement areas with a specific focus on the deteriorating patient and treatment delays and failure/delay to act on abnormal test results.</p> <p>A quality assurance visit was undertaken to the maternity service which was led by NHSI in February. The visit was positive with no concerns identified.</p> <p>Increased number of extension requests for both reports and action plans due to winter pressures.</p>
<p><b>Humber NHS Foundation Trust</b></p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence is given – Whilst the positive efforts to improve the Trusts overall management of its SIs is acknowledged, the Trust has yet to demonstrate that this is able to sustain this position. Key areas where further work is needed include consistent quality of investigations and action plans and the management when working jointly on investigations with other agencies.</p>
<p><b>City Health Care Partnership (CHCP)</b></p> <p><b>Performance</b></p> <p>A <b>LOW</b> level of confidence is given - there has been a noted improvement in the quality of the organisations SI investigation reports, and overall management of its SI process. This is reflective of the improvement plan which was developed following a formal letter of concern written to the organisation in 2018. The organisation however needs to demonstrate that this continues to be improved and sustained.</p>
<p><b>Spire Hull and East Riding</b></p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence is given – One never event was reported during Q4, 2018/19. This involved a VoY CCG patient and was a historic incident dating back to 2016 involving a retained swab post-surgery. The investigation is currently underway.</p>
<p><b>Primary Care</b></p> <p><b>Performance</b></p> <p>A <b>LOW</b> level of confidence exists – One SI was reported on behalf of primary care during Q4, which was the first during 2018/19 and related to IT issues / accessing clinical systems. The investigation is currently underway.</p> <p>Work continues to raise awareness of SIs within primary care and this has involved PTL events, via the GP portal, newsletters and opportunistic awareness raising with practices for example during Datix training sessions.</p> <p>This level should remain low until such a time that there is evidence that SIs and subsequent requirement to report and investigate as per national framework (2015) is achieved.</p>
<p><b>Hull CCG</b></p> <p><b>Performance</b></p> <p>A <b>HIGH</b> level of confidence exists given that appropriate SIs are identified and reported as SIs as evidenced in this report.</p>

## Resolved

(a)	Quality and Performance Committee Members considered the Serious Incident
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	Annual Report.
(b)	Patient Safety lead to discuss the monitoring of Primary Care incidents with the Assistant Medical Director

### 13. Q3 PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Prescribing Report Q3 Prescribing Report to note.

#### Finance/ performance

Prescribing budget performance – the forecast expenditure performance for December 2018 is -6.05% (-£3,069,000). Overall prescribing costs for Q3 2018/2019 – GP practice prescribing costs for NHS Hull CCG has grown by -2.9% (-£1,050,655) for April 2018 to December 2018 compared to the same period last year, this is above the England average cost growth of -3.64% and Yorkshire and Humber average cost growth of -3.59%.

Hull had 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.

#### QUIPP Performance

Medicines optimisation QIPP monitoring: CCG Medicines optimisation QIPP monitoring for December 2018 shows a QIPP savings £1,976,278 against a target of £631,750.

The Committee flagged within the Antibiotic volume section of the report that Medicas was showing significantly higher usage compared to other practices, it was agreed that this would be flagged at the next Primary care Quality and Performance Sub Committee meeting.

The monthly trend in total RED items and actual spend on RED drugs. There has been a steady fall in both numbers and cost over the last number of years. It should be noted that the spike on November 2018 and December 2018 is due mainly to a supply problem with Dalteparin and therefore Tinzaparin which was a red drug had to be used instead.

LEVEL OF CONFIDENCE	
<b>Process</b>	A <b>HIGH</b> level of confidence was given in the Interpretation of Budget Position & QIPP Performance. A <b>HIGH</b> level of confidence was given in the Interpretation of Prescribing Quality
<b>Performance</b>	A <b>HIGH</b> level of confidence was given in the Forecast Expenditure. A <b>HIGH</b> level of confidence was given in the Actual QIPP savings. A <b>MEDIUM</b> level of confidence was given in the Practice Performance within the Extended Medicines Management Scheme. A <b>HIGH</b> level of confidence was given in the Red Drug Prescribing charts.

#### Resolved

(a)	Quality and Performance Committee Members noted the Q3 Prescribing Report.
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(b)	Medicas was showing significantly higher usage compared to other practices, it was agreed that this would be flagged at the next Primary care Quality and Performance Sub Committee meeting.
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**14. HEALTH WATCH REPORT**

The Delivery Manager at Health Watch presented the Health Watch report to note.

J Stamp declared a Financial Interest in relation to agenda no. 14 as Chief Executive of North Bank Forum voluntary sector who were currently the host organisation for Health Watch in Hull. The declaration was noted - no further action was considered necessary.

Highlighted within the report was that there had been a shift in what the public was sharing with the team, this had shifted to be more focused on Mental Health and Secondary Care.

The implementation of the No smoking policy at Hull Royal Infirmary was causing problems with Patients who had been long term smokers This had resulted in patients discharging themselves from hospital and potentially causing harm to themselves .

Concerns were raised around the low number of participation around PPG's - the Committee suggested that the Associate Director (Communications and Engagement) meet with the Head of Nursing and Quality to discuss his experiences from when he was previously a Practice Manager to see if any learning could be shared

**Resolved**

(a)	Quality and Performance Committee Members noted the Health Watch report.
(b)	The Associate Director (Communications and Engagement) to meet with the Head of Nursing around PPG's.

**15. CARE AND SUPPORT SERVICES QUALITY BOARD REPORT**

The Associate Medical Director presented the care and Support Services Quality Board report to note.

The report provided information regarding the successes, concerns, risks and mitigations relating to the Residential, Nursing and Domiciliary care services commissioned by Hull City Council and NHS Hull CCG through the joint contract arrangements.

The Adult Social Care Directorate continues to work collaboratively with the CCG through the Contract Performance and Quality Officers and the CCG Quality Team.

There were a number of specific risks identified, however these were being mitigated and managed by the Adult Social Care Directorate.

Highlighted under the risk section was the One Day Opportunities provider (Avocet) which had been visited after concerns were raised regarding general quality and performance. Mitigation had been put in place regarding this risk.

<b>LEVEL OF CONFIDENCE</b>
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<b>Process</b>
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A <b>MEDIUM</b> level of confidence was given due to the meeting has good engagement from Partners. The quality report received by the meeting has developed over time; A Quality Assurance framework has been developed by the commissioners and the CCG Quality Team had been involved in the development but this is still awaiting formal sign off and implementation.
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<b>Performance</b>
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A <b>MEDIUM</b> level of confidence was given due to the Adult Social Care is identifying risks and concerns, managing these and escalating internally and externally as appropriate. The Quality report has not yet been embedded and as a result it is not possible to provide complete assurance to the Committee that performance is green at this point.
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**Resolved**

(a)	Quality and Performance Committee Members noted the Care and Support Services Quality Board Report
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**16. UPDATE ON THE CURRENT QUALITY CONCERNS AT ALEXANDRA COURT, HULL**

The Deputy Director of Quality and Clinical Governance /Lead Nurse and the Care Quality Commissioner presented the update on the current Quality concerns at Alexandra Court, hull to consider.

Alexandra Court is situated down Southcoates Lane, in the east of Hull. The home is purpose built, located over three floors and aims to provide residential care, dementia care, nursing care and care for young adults with disabilities.

Based on a CQC inspection report updated on 19 May, 2018, concerns were raised with how some people's specific health conditions were being managed in the home so that they could receive timely oversight from professionals involved in their care.

Burlington Care (Hull) Limited took over the ownership and operation of Alexandra Court on Monday 4th February 2019. The Care home consists of 64 patients 32 respite 32 nursing.

The home was suspended by the Local Authority on 09/04/2019 due to various quality issues. An unannounced visit will take place at the home today the 26 April 2019.

Recommendations had been put forward for the home, the Committee requested that these recommendations should be presented to the Quality Care Home and Support Board. The Committee also requested the recommendations be more specific.

**Resolved**

(a)	Quality and Performance Committee Members considered the update on the current quality concerns at Alexandra Court, Hull.
(b)	The Committee requested that these recommendations should be accepted by the Quality Care Home Board as they would sit with the Local Authority.

**17. TERMS OF REFERENCE**

The Chair presented the Terms of reference for comment and amendments.

The below amendments were agreed to the terms of reference.

- Joint Commissioning would be added to the Links and interdependencies section.
- The Deputy Chief Finance officer job title would be updated under the quoracy section.
- To review the LeDeR report and disseminate learning would be added to the performance section.
- Associate Medical Director would be added to the members section
- A public Health Nomination would be sought – JC to discuss with Director of Public Health

The Personal Assistant would amend the Terms of reference with the above changes; the terms of reference would then be presented at the next IAGC Committee Meeting.

**Resolved**

(a)	The Quality and Performance Committee members noted the Terms of reference.
(b)	The Personal Assistant would amend the terms of reference with the amendments agreed.
(c)	The Terms of Reference would be presented at the next IAGC Committee Meeting.

**18. DEEP DIVE AGENDA ITEMS**

No Deep Dive agenda items were discussed.

**Resolved**

(a)	No Deep Dive Agenda Items were discussed.
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**19. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE**

No issues were to go to the Planning & Commissioning Committee.

**Resolved**

(a)	No issues were to go to the Planning & Commissioning Committee.
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**20. MINUTES FROM PLANNING AND COMMISSIONING COMMITTEE 4 JANUARY 2019**

The Minutes of the meeting held on 4 January 2019 were submitted for information and taken as read.

**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**

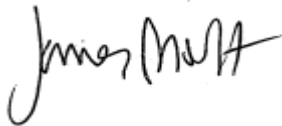
No other business was discussed

**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 21 May 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



Signed: \_\_\_\_\_  
(Chair of the Quality and Performance Committee)

Date: 22/05/2019

## **GLOSSARY OF TERMS**

BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHCP	City Health Care Partnership
CQC	Care Quality Commission
CQF	Clinical Quality Forum
FFT	Friends and Family Test
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
NHSE	NHS England
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PTL	
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service