

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 21 APRIL 2020
HELD VIA MICROSOFT TEAMS,
9.00AM – 12.00PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG
J Stamp, Lay Representative, Hull CCG (Vice Chair)
D Blain, Designated Professional for Safeguarding Adults, Hull CCG
E Butters, Head of Performance and Programme Delivery, Hull CCG
Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council
K Ellis, Deputy Director of Commissioning, Hull CC
S Lee, Associate Director (Communications and Engagement), Hull CCG (left the meeting at 11am)
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
R Thompson, Head of Quality and Nursing, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
D Heseltine, Secondary Care Doctor, Hull CCG
R Palmer, Head of Contract Management, Hull CCG
D Storr, Deputy Chief Finance Officer, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 25 FEBRUARY 2020

The minutes of the meeting held on 25 February 2020 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 25 February 2020 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 25 FEBRUARY 2020

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

All other actions were marked as complete.

25/02/20 6 – Quality and Performance report – This item will be put on hold due to COVID19.

25/02/20 6 (b) – Quality and Performance report – This item will be marked as closed

25/02/20 6 (c) – Quality and Performance report – This item will be marked as closed

25/02/20 6 (d) – Quality and Performance report – Push back to May 2020 due to COVID19, targets and expectations will change due to COVID19.

25/02/20 9 – Quality Board Report - This will link in with Debbie to keep a log of worry points, will work on this in the future once COVID19 is over.

All other items will be marked as complete.

(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

Resolved

(a)	There were no declarations of interest noted.
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6. QUALITY AND PERFORMANCE REPORT

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

Highlighted within the report were:

Financial Summary

The CCG is currently forecasting to achieve a balanced position against the in-year allocation. There is therefore no impact on the CCG's historic surplus of £15.335m. This is in line with the 2019/20 financial plan submitted to NHS England.

Continuing Healthcare (Forecast overspend £800k) – We are now seeing an increase in numbers and changes of packages coming through the brokerage team. Some packages are high costs and started earlier in the year.

NHS Oversight Framework

The framework consists of 60 metrics divided into 5 priority areas as identified in the NHS Long Term Plan. The data presented is January position and highlighted are the 14 indicators that are reported in the lowest quartile.

Performance Indicators

A&E Waiting times

HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in February compared to the previous month. Referral to treatment

Referral to Treatment 18 weeks waiting times performance at HUTHT remained stable in February, reporting 68.14% compared to 68.36% the previous month.

52 Week referral to treatment in incomplete pathways

HUTHT reported no breaches of the 52 week standard in February following a single breach in January.

CHCP reported a breach in February 2020 within Gynaecology.

Diagnostic Test Waiting times

Diagnostic test 6-week waiting times continue to breach target. A slight improvement in performance is reported in February, 12.12% compared to January position of 13.08%.

Maximum Cancer 2 week wait

This standard was achieved in February with 801 Hull CCG patients seen with 41 breaches of the standard.

Maximum 2 week wait for first outpatient appointment when referred urgently by GP with breast symptoms

125 patients were seen during February with 13 breaches, all due to 'patient choice delay relating to first out-patient appointment'.

Cancer 62 day waits

Hull CCG performance reported 64.58% in February (48 patients with 17 breaches).

Ambulance clinical quality – category 1 mean response time

A Deterioration was seen in February 20 from January 20. YAS are managing the current situation well and hitting the turnaround and clearance target.

Friends and Family test for A&E

Reporting has been paused during COVID19.

Incidence of healthcare associated infection

Reporting has been paused due to COVID 19. Current priorities for the infection, prevention and control Lead Nurse is COVID 19. The Deputy Director of Quality and Governance/ Lead Nurse is working with the infection, prevention and control Lead Nurse to review and monitor.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Provider re-prioritisation of reporting during COVID finds latest CHCP information was not fully available at the time of this report being produced and contracts may show different reporting periods. January position reported for Integrated Community Care Service, February data reported for Community Eating Disorders Service and Community out of scope indicators within the 'To Note' section.

Bladder and Bowel

Staffing had been cited as a key issue regarding performance. Meetings between the Quality Team and the service have taken place to manage the concerns with this service. The template produced by the Head of Nursing and Quality and the Deputy Director of Quality and Clinical Governance/ Lead Nurse to address the concerns with the service provides a useful checklist to address similar Quality concerns with other services

Quality- Serious Incidents

Patient harm reported and met the threshold for an SI as per NHS England Framework (2015) for the following reported year to date:

- 6 deaths in custody (3 occurred at HMP Hull and 3 at HMP Humber)
- 2 pressure ulcers
- 1 treatment delay
- 1 IG related incident – no patient harm
- 1 medication incident
- 1 Fall

Nothing has been reported from CHCP communicating they are having issue with reporting SI's the speed maybe slower coming through.

HUTHT

Quality

Patient harm in all cases reported and met the threshold for an SI as per NHS England Framework (2015).

8 never events reported to date, the last being reported in February 2020:

- Retained foreign object - Retained throat swab
- 4 x Wrong site surgery
- Misplaced NG tube
- Patient placed on air when requiring oxygen
- Wrong site nerve block

No repeated incidents and been clear with HUTHT around the learning around quickly after the SI takes place. Hull CCG want assurance after an SI has taken place in 72 hours if they can see what went wrong, then they need to implement that quickly. The Serious Incident panel is currently working as normal.

A Peer review with Airedale Foundation Trust has taken place with HUTH regarding surgical SI and Never Events.. A verbal update has been given to the CCG and a letter had been sent to HUTH but has not been seen by the CCG The CCG have chased again for the letter and action plan.

Safeguarding

HUTHT reported safeguarding at QDG on 5th February 2020. Challenge remains with CT Prevent WRAP compliance and Designated Professionals will address this via safeguarding meetings with HUTHT. Quarterly safeguarding meetings jointly with neighbouring CCGs will be arranged for 2020/21 period to address issues.

Patient Experience

There has been a decrease in the amount of concerns raised this reporting period from 37 in January to 22 in February.

Humber Teaching Foundation Trust

Performance of the CAMHS Team has been a regular discussion point at the Humber Quality Meeting. The meeting had received several reports including one from the Humber Chief Operating Officer regarding plans to improve the performance of the service. There has been an enormous amount of learning around harm with regard to patient waiting lists. Humber had also given updates on the support provided to patients on waiting lists and how concerns can be escalated.

Paediatric ASD Assessment

Humber reported they have a waiting list action plan and projected waiting list trajectory are in place for this service. The number of assessments per month is increasing as new posts are filled but. The size of the waiting list means that only prioritised cases are seen within 18 weeks.

It is reported that there is difficulty filling the Band 7 psychologist post, which is being re-advertised.

Performance of the ASD Service has been a regular discussion point at the Humber Quality Meeting. The meeting has received several reports including one from the Humber Chief Operating Officer regarding plans to improve the performance of the service.

Discussions took place around managing the anticipated patient influx that will come through services due the current Covid19 situation. Humber are looking at the post

COVID19 as they will have more areas around mental health in children, community care are looking at parents with children with learning disabilities and autism. Humber are working up what this will look like, details not available as yet. This is a national issue, business as usual needs to be looked at, as come September could be in a challenging area.

Spire

1 never event reported in January:

- North Lincolnshire patient - wrong implant / prosthesis by category.

Thames Ambulance Service

For January reporting month, performance has generally remained relatively static. The contract will terminate on 31st March 2020 and the Provider will be replaced by Yorkshire Ambulance Service to deliver the Non-Emergency Medical Transport service.

<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 LOW level of confidence in the achievement of this target due to 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 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>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 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>City Health Care Partnership – Improved Access to Psychological Therapies 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>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>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	If patients fear going into hospital due to COVID 19 should this could potentially be monitored by Q&P. The Deputy Director of Quality and Governance/ Lead Nurse would have a conversation with the infection, prevention and control Lead Nurse to see what they think going forward and monitoring.

7. RESEARCH AND DEVELOPMENT ANNUAL REPORT

This item was deferred due to COVID19.

8. CONTINUING HEALTH CARE REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Continuing Health Care Report to note.

The direction of CHC has changed due to COVID19 so that packages of care can be sped up ensuring patients can be transferred home quickly. The CHC team are currently capturing a COVID19 list of patients whose decision had been made in this current situation. These will then be reviewed once its back to business as usual, as the patients that have been given packages of care may change as they are more likely to be offered more in the current situation.

CHC are pulling a list together of people caring for children and adults. CHCP have been contacted for this list and the level of carers that are at home and for PPE that they might need going forward. 8 individuals carers need testing due to their situation, they need equivalent training as in a hospital setting. CHC can piggy back onto CHCP stock for personal health budgets, LRS PPE Stocks are also moving into Health House.

A whole CHC redesign process is going forward working with the BI team. The process had changed significantly to speed CHC processes up. Things may change going forward once cCOVID19 has ended. It was noted that expected risks associated with the redesign were not included within the report.

The Committee agreed the assurance should be green. However the Committee felt the report needed to be more explicit about its purpose and what it was trying to tell the Committee with regards to assurance about CHC. The report would come back to the Committee meeting next month. The Lay Member would contact the Head of NHS funded Care and provide an update about what needs to be included within the report to provide assurance to the Committee

Process

A **HIGH** level of confidence in the CCG was given due to NHS Hull CCG are compliant with the National Framework and is meeting the statutory responsibilities around NHS funded care

Performance

A **HIGH** level of confidence in the CCG was given due to NHS Hull CCG submits quarterly reports to NHS England to evidence the delivery of NHS funded care. The CHCP service is for the most part exceeding the quality premium targets for NHS-CHC and local key performance indicators. Regionally Hull and ERYC continue to be below expectations regarding Fast Track conversions rates which sit at 85% (Q4 rates were 82% for Hull) and 88% (Q4 rates were 85% for ERYC) respectively; in opposition to the national picture of 90-95%. Joint discussions have taken place with HUTHT discharge liaison team, local Macmillan nurses and with other local partners which is starting to move this issue forwards.

Resolved

(a)	Quality and Performance Committee members noted the Continuing Health Care Report.
(b)	The Lay Member would contact the Head of NHS funded Care and provide an update about what needs to be included within the report to provide assurance to the Committee

9. LAC ANNUAL REPORT

The decision was taken at the meeting due to the late distribution of this paper it would be deferred to the 19 May 2020.

10. QUALITY BOARD REPORT

This item was deferred due to Covid 19.

11. HEALTH WATCH REPORT

This item was deferred due to Covid 19.

12. Q3 PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Quarter 3 Prescribing report to note.

Over all Prescribing costs

Regional Drug and Therapeutics Committee information

Dataset title	Data Summary
Cost Growth (%)	+1.00% (+£350,542)
Budget expenditure (%)	-2.27% (-£1,101,056)
Prescription Item Growth (%)	-0.34%

Prescribing budget performance – the forecast expenditure performance for December 2019 is -1.58% (-£763,103).

Overall prescribing costs for Q3 2019/2020 – GP practice prescribing costs for NHS Hull CCG has grown by +1.00% (+£350,542) for April 2019 to December 2019 compared to the same period last year, this is above the England average cost growth of +3.62% and Yorkshire and Humber average cost growth of +3.68%.

Category M changes and “no cheaper stock obtainable” (NCSO) medications:

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 a significant increase in cost growth +15.84% which represented a cost difference of +£284,299.

Prescribing Work plan – QIPP Performance

Medicines optimisation QIPP monitoring: CCG Medicines optimisation QIPP monitoring for December 2019 shows a QIPP savings of £1,527,083 which is above the target of £631,500.

It was recommended that the Q3 2019/2020 be noted. The report was produced pre COVID19. One thing that came to light within the report was the amount of controlled drugs being prescribed in the city and the appropriateness of this.. The Medicine Optimisation Pharmacist explained that a lot of that was due to schedules 1 to 5. The public tend to think controlled drugs are things like Morphine and Methadone, but a lot of drugs are classed as controlled drugs which can make it seem to look like Hull has an unusually high percentage.

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Discussions led onto when the COVID19 situation was over, we would need to anticipate when patients start to feel anxious. Prescribing habits will change with a possible increase in anti-depressant and other mental health drugs.

Due to COVID19 there had been some behaviours of patients stock piling medicines, which they were told not to do. February showed some increase in inhalers requests and paracetamol. When the March figures are received then the Medicines Team can focus on this for the next quarterly report and what this will mean for Hull.

PROCESS
A HIGH level of confidence was given in Interpretation of Budget Position & QIPP Performance
A HIGH level of confidence was given in Interpretation of Prescribing Quality
PERFORMANCE
A HIGH level of confidence was given in Forecast Expenditure
A HIGH level of confidence was given in Actual QIPP savings
A MEDIUM level of confidence was given in Practice Performance within the Extended Medicines Management Scheme
A HIGH level of confidence was given in Red Drug Prescribing charts

Resolved

(a)	Quality and Performance Committee members noted the Q3 Prescribing Report.
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13. SERIOUS INCIDENT REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Serious Incident report to note.

An update was received for each provider.

HUTHT

- A peer review has been undertaken by Airedale Trust identifying a culture within the surgical setting that was preventing appropriate safety checks to be undertaken.
- Failure / delay to escalate for medical review within the maternity services and undertaking of procedures outside of scope of practice. These were noticed commonalities seen within some of the maternity related investigations that had been completed to date. In addition, failure to effectively communicate to the women is also being seen, some involving when English is not their first language.
- Failure / delay to identify and act on abnormal test results including failure to follow patients up. This includes failure to ensure diagnostic tests are undertaken / rebooked if cancelled.
- Failure to follow guidance has been identified as a theme running through various category type incidents and is not localised to one particular area but is Trust wide. Around maternity

Humber Foundation trust

- Failure to either undertake accurate or timely review of risk assessments and communication between teams. Mainly around patients that have taken their own life, things are not recorded, shared and clearly understood across Humber services

CHCP

- Low numbers of reported incidents versus the size and services delivered by the organisation.

Interim arrangements for notifications of serious incidents have been put in place they are currently coming through as normal at a good rate and flow. More information within the 72 hour report had been asked to be provided in light of COVID19. Conversations with providers are taking place. Questions have been raised regarding whether or not providers will continue to progress with investigations or will they be progressed after this period is over. The situation will be monitored on month by month basis with any immediate learning being focused on straight away.

The Patient Safety Incident Response Framework (PSIRF):

NHSI released the long awaited introductory version of the Patient Safety Incident Response Framework (PSIRF) on the 22nd March 2020. This is the framework that will eventually replace the current national SI framework (2015). The introductory version gives a flavour of what the content is likely to be in the final publication which is expected to be released in 2021. The Quality Team are working with providers to look at working closely together and learning that can be done system wide. Also working on how they all learn from each other. The next year will be focussed on pulling this all together, and look at bringing in smaller providers to look at this.

PROCESS
A HIGH level of confidence was given in NHS Hull CCG had an effective management process in place for SIs with its main providers. Significant level of assurance was obtained following a recent internal audit undertaken in August 2019.
PERFORMANCE
<p>Hull University Teaching Hospitals NHS Trust:</p> <p>A LOW level of confidence was given in the that the trust declared one never event during Q4 bringing the total reported year to date to eight; the categories include removal of wrong tooth, a misplaced naso-gastric tube, a retained throat swab post-surgery, wrong site hand surgery, connection of a patient to an air flow meter instead of oxygen, undertaking of a lumbar puncture on the wrong baby, the removal of a fallopian tube instead of the appendix and wrong site block.</p> <p>Whilst it is acknowledged that never events are wholly preventable and should never occur, the level of harm in the majority of the cases we see locally are not as great as that seen in incidents categorised as SIs.</p> <p>There are concerns in the following areas:</p> <ul style="list-style-type: none"> • Trust staff not identifying safeguarding concerns • Delay in reporting a number of serious incidents by the Medicine Health Group • Failure / delay to escalate within the maternity services and undertaking of procedures outside of scope of practice. • A culture within the surgical setting that is preventing appropriate safety checks to be undertaken. • Lack of embedding of learning trust wide • Recurring themes relating to diagnostics including of failure to act on abnormal results / failure or delay to follow up inclusive of diagnostic scans. • Failure to follow guidance Trust wide (including maternity services)
<p>Humber NHS Foundation Trust: A MEDIUM level of confidence was given in the provider due to the failure to undertake accurate or appropriate reviews of risk assessments and poor / inadequate documentation continues to be a theme identified in a significant proportion of the Trusts investigation reports. In addition, band 3 staff triaging calls and not identifying or escalating 'red flags' has been identified as a commonality in recent SIs. The concerns were appropriately escalated to and are being monitored via the quality forum.</p>
<i>Concern was raised that the information with the report doesn't match the rating that was given for</i>

this provider Confidence was provided this is the right rating and this was due to no new changes and that concerns are staying the same.

City Health Care Partnership (CHCP):

A **MEDIUM** level of confidence was given due to the providers consistent representation at the SI panel has been maintained and there has been a notable improvement in the quality of investigation reports. Given the size of and services delivered by the organisation, the number of SIs reported is low.

Spire Hull and East Riding: A **MEDIUM** level of confidence was given in the provider due to One SI and one Never Event involving a wrong prosthesis were reported during Q4.

Primary Care: A **LOW** level of confidence was given due to no SIs have been reported during Q4 or during 2019/20.

There is concern that primary care may not identify when an incident meets the threshold for a serious incident.

Therefore, 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.

Hull CCG: A **HIGH** level of confidence was given due to 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 Serious Incident Report.
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14. PATIENT RELATIONS REPORT

This item was deferred due to COVID19.

15. BAF

This item was deferred due to COVID19.

16. RISK REGISTER

The Chair presented the risk register to discuss.

Discussions took place around managing the risk register. The risk register going forward needs to be updated prior to the Quality and Performance Committee meeting taking place.

Resolved

(a)	Quality and Performance Committee members discussed the Risk Register.
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17. TERMS OF REFERENCE

This item was deferred due to COVID19.

18. WORK PLAN

This item was deferred due to COVID19.

19. DEEP DIVE AGENDA ITEMS

There were no Deep Dive agenda items discussed.

Resolved

(a)	No Deep Dive agenda where discussed.
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20. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

No issues were discussed to go to Planning and Commissioning Committee.

Resolved

(a)	No issues were discussed to go to Planning and Commissioning Committee.
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21. MINUTES FROM PLANNING AND COMMISSIONING 03 JANUARY 2020

The Minutes of the meeting held on 03 January 2020 were submitted for information and taken as read.

22. 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

23. ANY OTHER BUSINESS

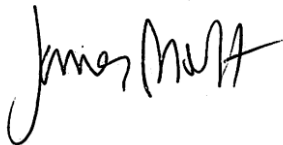
No Other Business was discussed.

24. 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 19 May 2020, 9.00am – 12.00pm Via Microsoft Teams.



Signed: _____

(Chair of the Quality and Performance Committee)

Date: 20 May 2020

GLOSSARY OF TERMS

ASD	Autism Spectrum Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHCP	City Health Care Partnership
CQC	Care Quality Commission
COVID19	Coronavirus Disease 2019
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality & Innovation
FFT	Friends and Family Test
HFT	Humber Foundation Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
HUTH	Hull University Teaching Hospital
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	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service