

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 23 JUNE 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) – left the meeting at 10.25am
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 CCG
D Heseltine, Secondary Care Doctor, Hull CCG
S Lee, Associate Director (Communications and Engagement), Hull CCG
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG
L Morris, Designated Nurse for Looked After Children, Hull CCG
R Palmer, Head of Contract Management, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

IN ATTENDANCE:

M Girdham, R and D Lead Nurse Manager (agenda item 6 only)
J Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
D Storr, Deputy Chief Finance Officer, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 19 MAY 2020

The minutes of the meeting held on 19 May 2020 were presented and it was agreed that they were a true and accurate record.

Resolved

(a)	That the minutes of the meeting held on 19 May 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 19 MAY 2020

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

19/05/20 11 – The Head of Nursing and Quality met with the Delivery Manager at Health Watch who assured that there was a process in place for safeguarding issues,

The Head of Nursing and Quality asked that Health watch contact Safeguarding Leads at the CCG if they had any queries or issues regarding Safeguarding.
 25/02/20 6 – This item would be pushed back to September 2020
 25/02/20 11 – This item will be presented at the July 2020 meeting.

All other actions were 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.

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

A number of elements have changed within the report to help make the report flow better through Quality and Performance.

Highlighted within the report were:

Financial Summary

As of 1 April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement and all NHS invoicing to cease. During the month of June the CCG are expecting to be given further guidance and should therefore be able to present a clearer financial position for quarter one.

QIPP – 2019/20 Overview

Hull CCG achieved the QIPP target achieving 7,935,207.

NHS Oversight Framework

The 2019/20 CCG annual assessment process is delayed until at least Quarter 2 (2020/21). The data collection / submission process for all indicators was now suspended given the changing priorities to support the COVID-19 response. The majority of the lowest quartile was quality indicators, going forward more information will be included with the indicators more at risk.

Performance Indicators

A&E Waiting times

There has been a performance improvement significantly in April; reduced activity has improvement of performance.

RTT

Significantly reduced in performance due to a pause in routine services due to arrangements during COVID-19.

52 week referrals

There were 191 breaches in the month of April 2020. There is Humber wide work planned regarding 52 week breaches and once approved, will be shared with the committee.

It was noted that ENT had a significant breaches; the service was one of the specialties not seeing patients due to COVID-19. The Lay member asked if there was a protocol in place for the online consultations in the place. It was suggested there is currently guidance, and an opportunity to look at how the service will plan to recover going forward. Patient experience will be taken into consideration going forward across the Humber area. Risk and engagement with patients will be included. It was acknowledged that the CCG also has a statutory duty to engage with patients regarding any permanent change to service provision such as use of online consultations and other IT solutions.

Cancer Waiting times

Maximum 2 week wait (%) for first outpatient appointment when referred urgently with breast symptoms did not reach target due to 3 breaches, all due to patient choice
Cancer 31 day waits: Diagnosis to first definitive treatment within 31 days (all cancers) (%) achieved with 102 patients were seen in April with 4 breaches, achieving 96%.

Cancer 31 day waits: 31 day wait for subsequent treatment – surgery – did not achieve the monthly target in April due to 2 breaches, both relating to inadequate elective capacity with waits of 34 and 37 days.

Cancer 62 day waits: Urgent GP referral for suspected cancer (includes 31 day rare cancer) - Hull CCG performance reported 67.35% in April (49 patients with 16 breaches).

Cancer 62 days of referral from an NHS Cancer Screening Service – the indicator reports 75.00% in April, a total of 16 patients seen, 4 of which were outside the 62 day standard:

The Head of Performance and Programme Delivery asked the Committee if the trajectories can be set for E.coli and C Diff for 2020/21. The Trust are currently focusing on COVID-19, the Associate Medical Director would make contact with the Infection, Prevention and Control Lead Nurse to link with the Head of Performance and Programme Delivery to set these targets for the year.

CONTRACT PERFORMANCE AND QUALITY

CHCP

More information included within the report including safeguarding and safeguarding training. CHCP are currently performing at Safeguarding Children - Level 1 = 94%, Level 2 = 91%, Level 3 = 85% Safeguarding Adults - Level 1 = 95%, Level 2 = 91%, Level 3 = 86%

No serious incidents were reported in the month of April.

CHCP have been working to discharge community beds as part of the COVID-19 response and working alongside HUTHT to minimise the number of patients with COVID-19 in HUTHT.

CHCP have agreed to act as the employer locally of NHS staff returning to work in response to the pandemic. The staff will then be deployed to community services and care homes from CHCP.

Performance

It was highlighted that Pulmonary Rehabilitation, Bladder and Bowel and Podiatry are showing increasing number of patients waiting for these services. There were already concerns about waits for these services pre COVID19 and the pandemic appears to be having a further impact. Discussions in relation to reporting are ongoing to recommence following a pause during COVID-19 lock down.

HUTHT

Quality

HUTHT had 4 serious incidents and 2 never events in the month of April. Both were the same clinical area. There had been a request to downgrade the 2 never event but going forward they will remain as never events. Look back reviews of other cases

have been requested for HUTHT to look at, to provide assurance there no more cases that should have been SI or Never Events.

The Safeguarding level 3 training was currently at 78%, the QDG meetings have continued but with limited attendance as agreed with the CCG.

Complaint themes have been varied and a reduced amount around waiting lists. HUTHT are currently making good progress against complaints and these have not completely stopped as a result of the COVID-19 complaints pause.

Performance

Additional detail has been provided within the performance section of the report as requested in the June committee.

GP referrals

GP referrals in 2019/20 were 9.6% lower compared to 2018/19, however in the same period there was a 5.5% increase in 'Other Referrals'. Whilst all referrals are lower overall (-5.76%) compared to 2018/19, there has been a notable increase in the levels of 2 week waits and urgent referrals being made.

Non-elective activity was now included within the performance section of the report. Non-elective activity for 2019/20 was 2.3% below the levels seen in 2018/19.

HUTHT achieved 5 out of 8 cancer standards in April 2020.

HUMBER FT

Humber has declared 0 incidents in April 2020.

Safeguarding

Engagements with Hull Safeguarding Adult Partnership Board and Children Safeguarding Partnerships; there are currently no concerns with regards to safeguarding reporting.

It was highlighted that the waiting times for the crisis line are long and questioned whether or not Humber publish their waiting times for the crisis line or if it is monitored. The crisis line waits have been discussed at the quality meetings with Humber and this had led to a Quality Visit in a previous financial year. Concerns were raised around the crisis line by the Committee and it was requested that Head of Performance and Programme Delivery request the data from Humber around the crisis line and looking at Humber as a whole.

The Community Paediatrics Group meeting has continued through COVID-19, due to the high level of assessments and the waiting times around autism.

COVID-19 Update and Assurance report was presented to the Humber Trust Board looking at how Humber will manage COVID-19 during and after the pandemic.

Spire

The quality meetings have continued through COVID-19 no concerns had been raised with safeguarding or complaints. Spire have been working closely with HUTH to support the NHS by picking up elective work from HUTH and freeing up capacity at HUTH for COVID19 related activity.

Performance

It is still not clear when Spire will recommence their non NHS work. This will be queried at the next Quality Meeting.

An amendment would be made to the report as the report states that Spire undertakes non-elective work. This should state elective work. .

YAS

1 serious incident was reported for YAS for the month of April, there were no safeguarding issues reported and no complaints were made.

The 111 / IUC service continue to report significant demands on the 111 service as part of the NHS response to the COVID-19 pandemic. Significant work with Primary Care underway to manage demand including the new COVID-19 website. Systems in place to manage and redirect 111 calls across the country in response to unprecedented demand.

Work has been undertaken to update the 111 Directory of Services (DOS) with changes to GP Practice “hot” and “cold” sites and temporary closures to prevent 111 directing patients to incorrect sites.

Non-Emergency Patient Transport – the new Patient Transport Service (PTS) contract began on 1st April 2020. The agreed Quality document was submitted and reviewed but the review meeting was stood down in response to COVID-19.

Performance

Nothing was highlighted within the report.

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

Hull & East Yorkshire Hospitals – A&E 4 hour waiting times

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.

Performance

A **LOW** level of confidence in the achievement of this target due to ongoing underperformance.

<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)	Concerns were raised around the crisis line by the Committee and it was

	requested that Head of Performance and Programme Delivery request the data from Humber around the crisis line and looking at Humber as a whole.
(c)	The Head of Performance and Programme Delivery asked the Committee if the trajectories can be set for E.coli and C Diff for 2020/21. The Trust are currently focusing on COVID-19, the Associate Medical Director would make contact with the Infection, Prevention and Control Lead Nurse to link with the Head of Performance and Programme Delivery to set these targets for the year.

7. LEDER ANNUAL REPORT

This item was deferred to July 2020.

8. SAFEGUARDING ADULTS AND CHILDREN ANNUAL REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Safeguarding Adults and Children annual report to note.

The Annual report gives an overview of the key areas around safeguarding for the year, the highlights were.

The Exec Lead Role for Safeguarding is undertaken by Clare Linley.

Key change in June 2019 Hull Local Authority and NHS Hull CCG published their plans for meeting the new requirements and implementation of the guidance for Hull continues to progress within the CDR Operational Group. This group comprising of CDR partner organisations and oversight is achieved by an appointed CDR Executive Group equally made up of partner organisations.

A recommendation was made that a Safeguarding Assurance Group (SAG) would be put in place this was agreed by SLT and had now been implemented.

Hull CCG

Process

A **HIGH** level of confidence was given in Hull CCG due discharging it's duties in relation to safeguarding adults and children.

There are strong safeguarding assurance processes in place and the safeguarding executive role continued to be provided via interim arrangements with North Lincolnshire CCG. There were Designated Professionals and Named GPs in post throughout the reporting period ensuring compliance with statutory duties.

Performance

A **HIGH** level of confidence was given in Hull CCG due to NHS Hull CCG discharging it's duties in relation to safeguarding adults and children.

Interim cover arrangements remained in place for Looked After Children via the Designated Doctor for Safeguarding Children; however this was placed on the CCG risk register in Q4 due to the longevity of this arrangement.

NHS Hull CCG was represented at executive and all other levels of the HSAPB, HSCP and many other multi-agency meetings and partnerships in the city to safeguard vulnerable people and families

Resolved

(a)	Quality and Performance Committee members noted the Safeguarding Adults and Children Annual Report.
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9. PATIENT EXPERIENCE ANNUAL REPORT

The Head of Nursing and Quality presented the Patient Experience report to note.

The report had been condensed from how the report looked previously; the Head of Nursing and Quality noted that there was still further work needed to be done to the report especially around looking at how it triangulates with other sources of patient experience data such as Health Watch. Further work also required about capturing the “so what” outcomes aspect of patient experience data which wasn’t demonstrated fully within the report.

The Lay Member stated that the report was a good position statement, and asked that looking forward to the next report consideration needs to be made of what do we want to tell them? And what do we want to do with the information? More of a look forward report rather than a look back report.

The Lay Member requested that the report be amended to include a looking at recommendations section and how the report will look going forward recommendations before the report is presented to Hull CCG Board.

<p>Hull CCG</p> <p>Process</p> <p>A LOW level of confidence was given to hull CCG due to assurance of the patient experience performance of the providers of commissioning services.</p> <p>A HIGH level of confidence was given to Hull CCG due to Patient and public voice are at the heart of CCG decision making.</p> <p>A MEDIUM level of confidence was given in Hull CCG due to Partnership working with Hull City Council to ensure patient and public voice are at the heart of decision making.</p> <p>Performance</p> <p>A LOW level of confidence was given in Hull CCG due to Maternity Patient Experience.</p> <p>A LOW level of confidence was given in Hull CCG due to Adult Inpatient Patient Experience.</p> <p>A LOW level of confidence was given in Hull CCG due to Community Mental Health Patient Experience.</p> <p>A LOW level of confidence was given in Hull CCG due to Children and Young People</p> <p>A LOW level of confidence was given in Hull CCG due to CHCP Services Patient Experience</p>
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Resolved

(a)	Quality and Performance Committee members noted the Patient Experience report.
(b)	The Committee requested that the report include a looking at recommendations section to the report and how the report will look going forward before the report is presented to Hull CCG Board.

10. PATIENT RELATIONS ANNUAL REPORT

The Head of Nursing and Quality presented the Patient Relations Annual Report to note.

Following feedback regarding the report, all the graphs have been removed from the report and now focus on themes and actions. Each provider has their own section within the report and now including feedback from Health Watch.

A main difficulty that the team are experiencing with the main providers are when they are sending complaints to the providers PALS service there are not receiving feedback from the provider to update us on the current situation with the complaint.

The Head of Nursing and Quality and the Patient Experience Officer are attending the HUTH PALS meeting where they will raise this with them.

The Lay Member felt that with Patient Relations do we need to look at how the service will look going forward and can this be done Humber wide. Further to this concern was raised with the current COVID-19 situation. Are the team anticipating more complaints coming forward and can the level of service continue due to there being one member of staff dealing with complaints for Hull CCG.

It was highlighted that Primary Care complaints are not included within this report, and are presented at the Primary Care Quality and Performance Sub Committee. The Lay Member asked that the Primary Care complaints need to be re looked at and where these sit.

Hull CCG
Process
 A **HIGH** level of confidence was given to Hull CCG due to Patient Relations Service.
 A **MEDIUM** level of confidence was given in Hull CCG due to Reporting of PALS and Complaints Intelligence.
 A **MEDIUM** level of confidence was given in Hull CCG due to Learning for PALS and Complaints Intelligence.

Resolved

(a)	Quality and Performance Committee members noted the Patient Relations Annual report.
(b)	It was highlighted that Primary Care Complaints are not included within this report, and are presented at the Primary Care Quality and Performance Sub Committee, the Lay Member asked that the Primary Care complaints need to be re looked at and where these sit.

11. Q4 CQUIN REPORT

The Head of Nursing and Quality presented the Q4 CQUIN Report to note.

Following approval from last month's Quality and Performance Committee the report ties off the CQUIN scheme for year 19/20.

Hull CCG
Process
 A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.
Performance
 A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG's main providers have engaged with the 2019-20 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients.

Resolved

(a)	Quality and Performance Committee members noted the Q4 CQUIN Report.
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12. RESPONSIBLE COMMISSIONER REPORT

This item was deferred to July 2020.

13. R & D ANNUAL REPORT

The R&D Lead Nurse presented the R and D Annual Report to note.

Highlighted within the report was:

The R&D Lead Nurse presented the information for the R&D Annual Report to the Committee on the R&D activity for Hull CCG for the full year from 1 April 2019 to 31 March 2020. The report provided Hull CCG maintains and develops its statutory duties to 'promote research, innovation and the use of research evidence'.

The R&D Lead Nurse would present a Position statement update on NIHR RESTART Framework at the next Quality and Performance Committee Meeting.

Process

A **HIGH** level of confidence was given in Hull CCG due to Assurance is given that Hull CCG continues to be at the forefront of promoting research and the use of research evidence.

Performance

A **HIGH** level of confidence was given in Hull CCG due to the R and D activity is monitored through the Shared R and D service which links into the Hull Research, Innovation, Evaluation and Improvement Group.

Resolved

(a)	Quality and Performance Committee members noted the R&D Annual Report.
(b)	The R &D Lead Nurse would present a Position statement update on NIHR RESTART Framework at the next Quality and Performance Committee Meeting.

14. CHAIRS ANNUAL REPORT

The Head of Nursing and Quality presented the Chairs Annual Report to approve.

The report looks at the four objectives that the Committee have strategic Development, Performance Monitoring and System Development and Implementation.

The report shows that the Quality and Performance Committee can demonstrate to the Hull CCG Board that the Committee have met their four objectives. The report also includes areas of work that still need to be monitored and concern through the Committee going forward.

Process

A **HIGH** level of confidence was given in Hull CCG due to the way in which the Quality & Performance Committee monitor the work programme under three discreet areas;

- Strategic Development
- System Development and Implementation
- Performance Monitoring

The Committee has ensured there were mechanisms and reporting systems in place to advise the Board of quality and performance management for contracted providers.

Performance

A **HIGH** level of confidence was given in Hull CCG due to the way in which the Q&P Committee has overseen the continued development, monitoring and reporting of performance outcome metrics in relation to quality improvement, financial performance and management plans. It has ensured the delivery of improved outcomes in relation to the CCGs agreed strategic priorities.

Resolved

(a)	Quality and Performance Committee members noted the Chairs Annual report.
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15. COVID-19 PANDEMIC RESPONSE (INCLUDES ENHANCED OFFER INTO CARE HOMES)

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the COVID-19 Pandemic response (Includes enhanced offer into care homes) for information.

The report provided the Committee with:

- An overview of the COVID-19 response, governance arrangements and changes at System level, Place and within the CCG.
- A briefing on key changes mandated by NHS England / Improvement (NHS E/I) and other national bodies to support the national response to the pandemic
- An update on the Humber and Hull CCG Quality Team response to the Pandemic including revised provider assurance arrangements that have been established for the pandemic period
- Identification of key issues and risks
- A forward view with regard to COVID and recovery
- To assure the Committee that the CCG has appropriate arrangements in place to respond to the pandemic, maintain oversight and assurance of quality in services commissioned

Resolved

(a)	Quality and Performance Committee members took the COVID-19 Pandemic response (Includes enhanced offer into care homes) for information.
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16. TERMS OF REFERENCE

This item was deferred due to COVID19.

17. QUALITY BOARD REPORT

This item was deferred due to COVID19.

18. DEEP DIVE AGENDA ITEMS

There were no Deep Dive agenda items discussed.

Resolved

(a)	No Deep Dive agenda where discussed.
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19. 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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22. MINUTES FROM PLANNING AND COMMISSIONING 01 MAY 2020

The Minutes of the meeting held on 01 May 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

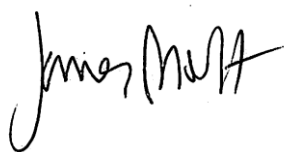
The Deputy Director of Quality and Clinical Governance/ Lead Nurse would circulate the Interim Quality assurance process -Covid19 update.

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 23 June 2020, 9.00am – 12.00pm Via Microsoft Teams.



Signed: _____
(Chair of the Quality and Performance Committee)

Date: 21 July 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