

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 11 DECEMBER 2020  
HELD VIA MICROSOFT TEAMS,  
9.00AM – 12.00PM**

**PRESENT:**

Dr J Moulton, GP Member (Chair), Hull CCG (Chair)  
J Stamp, Lay Representative, Hull CCG  
E Butters, Head of Performance and Programme Delivery, Hull CCG  
Dr J Crick, Associate Medical Director, Hull CCG (Left meeting at 10.30am)  
D Heseltine, Secondary Care Doctor, Hull CCG  
K Ellis, Deputy Director of Commissioning, Hull CCG  
S Lee, Associate Director (Communications and Engagement), Hull CCG (left Meeting at 10.15am)  
C Linley, Interim Director of Nursing and Quality, Hull CCG  
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG  
R Palmer, Head of Contract Management, Hull CCG

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)  
Jo Raper, Infection, Prevention and Control Lead Nurse (Agenda item 9 only)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG

J Dodson, Deputy CFO, Hull CCG

K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support

R Thompson, Head of Quality and Nursing, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 17 NOVEMBER 2020**

The minutes of the meeting held on 17 November 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 17 November 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 17 NOVEMBER 2020**

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

17/11/20 8 – Safeguarding Adults/ children's six monthly report – marked as complete

17/11/20 10 – Research and development report and update – marked as complete  
 17/11/20 11 – Health Watch Annual Report – Actioned to be moved to Feb 21  
 25/02/20 6 – Quality and Performance Report – action marked as complete

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 notifications of any other business.
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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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**STANDING AGENDA ITEMS**

**6. QUALITY AND PERFORMANCE REPORT**

The Head of Performance and Programme Delivery and the Deputy Director of Nursing and Quality presented the Quality and Performance Report for consideration.

It was noted that due to the timing of the meeting, the majority of this report contains September data as reported last month with exception of A&E waiting times and Health Care Associated Infections (Ecoli and C Diff).

Highlighted within the report were:

## **Performance Indicators**

### **A&E waiting times**

HUTHT A&E 4 hour waiting time performance deteriorated in October 2020 compared to the previous month. Attendance levels are at 83.5% of activity levels compared with the same period last year.

### **Cancer breaches**

Maximum 2 week wait for first outpatient appointment when referred urgently by GP with suspected cancer

This standard has not been achieved for the last 4 months. September performance is at 75.19% for Hull CCG with 939 patients seen with 233 breaches of the standard – the majority due to inadequate out-patient capacity (179), Patient Choice (32) and clinic cancellation (19). The Associate Director of Communication and Engagement highlighted that this may have been impacted by the National campaign Signs and Symptoms.

## **CONTRACT PERFORMANCE AND QUALITY**

### **CHCP**

No further performance update was given as the available data had been considered at the September meeting of the Committee.

### **Quality**

CHCP continue to work positively in Care Homes, as part of the Enhanced Offer, working closely with PCN's, YAS and Adult Social Care. CHCP also attend the weekly Care Homes Oversight Group and are the main provider for the 'designated beds' for COVID within Hull.

Training for staff continues with mandatory training being undertaken via virtual or e-learning sessions and safeguarding training videos are going to be used nationally. Furthermore CHCP are recruiting to a new safety and quality lead post to support with the transition over to the revised patient safety incident response framework.

### **HUTHT**

No further performance update was given as the available data had been considered at the September meeting of the Committee.

### **Quality**

The Trusts Chief Medical Officer is leading on the implementation of the National Patient Safety strategy. A GAP analysis has been shared with commissioners with good progress made including the development of a safety committee, identification of patient safety specialists; implementation of the stop the line campaign, appointment of patient safety champions, patient involvement and building upon culture and systems.

The Trust had previously seen an increase in device related pressure ulcers during wave 1 of COVID-19, however practice has been improved and there have not been any category 3 or 4 pressure ulcers reported. A review of community acquired pressure ulcers will be undertaken to understand the source and ensure that all pressure ulcer harms are being appropriately identified, reported and investigated.

## HUMBER FT

It was noted that the Humber Crisis Line was included within the papers following on from discussions at the previous meeting. The Lay Member asked that more data to be included within the quality report around the crisis Line. Further discussions took place with regards to the Autism pathway, and the Lay Member felt that it would be useful to look at currently levels of voluntary and community activity, which is currently being accessed to support statutory provision. The Lay Member felt that this would provide a real time position in terms of local autism services. The Lay Member and the Head of Contract management agreed to pick this up outside of the meeting.

## Spire

No further performance update was given as the available data had been considered at the September meeting of the Committee.

## YAS

YAS are progressing "Talk Before You Walk" system to book patients into appointment slots at A&E via the 111 service.

<p><b>Financial Management</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>HIGH</b> level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance</p>
<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.
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**7. HUTHT LUMBAR PUNCTURE SI 2019/26456**

The Deputy Director of Nursing and Quality presented the HUTHT Maternity Never Event 2019/26456 report to consider.

The purpose of this report is to provide the Quality and Performance committee with assurance following concerns being raised by the NHS Hull Clinical Commissioning Board on 25th September 2020 during the item of 2019/20 Serious Incident Annual Report. The Board requesting further assurance on 27th November 2020 in respect of the decision making and the statutory duty to report risk of harm or vulnerability to the safeguarding agencies and the requirements to report to professional bodies for any issues pertaining to the Professional Conduct of staff.

The report therefore seeks to provide a narrative of the investigation process, governance and findings in addressing the specific concerns raised by the Board.

As found in the investigation two babies had been scheduled to have the same procedure on the same day however errors in the process of identification, recording of care and contributory staffing and cultural factors caused a lapse in safety checks and an error in practice. This resulted in the same baby being taken for the procedure twice.

In accordance with the National Framework for Serious Incident Reporting the incident had been reported by HUTH correctly and categorised in accordance with the National Reporting criteria; as such was declared as a Never Event Wrong Site Surgery.

Having reviewed the report both HUTH and NHS Hull CCG are assured that this incident has had an appropriate level of scrutiny in respect of any safeguarding issues arising. The Trust have considered the safeguarding aspects of this incident and concluded that it did not meet the threshold for reporting to Safeguarding agencies.

The Lay Member found the report to be useful and gives the Board assurance around the questions that were raised. It was felt that the Serious Incident report that was presented to Board didn't land right. The Lay Member thought a Board Development session around Serious Incidents would be useful for the Board to gain some further intelligence on how the system works and gain a further understanding of the serious incident report. The Deputy Director of Nursing and Quality would take this forward as an action.

#### **Resolved**

(a)	Quality and Performance Committee Members considered the HUTHT Maternity Never Event 2019/26456 report.
(b)	The Deputy Director of Nursing and Quality would look at a Development Session around Serious Incidents.

#### **8. EQUALITY AND DIVERSITY REPORT**

The Associate Director of Communication and Engagement presented the Equality and Diversity presentation.

Apologies were given for the late distribution of the Equality and Diversity Presentation.

The Associate Director of Communication and Engagement talked through the presentation pulling out key points giving progress against each objective.

For future reporting it was agreed that a BAF style of reporting would be introduced, the report would come to the Committee bi-monthly. The Annual report would be published at the end of March 2021 and reviewed by the committee first.

#### **Resolved**

(a)	Quality and Performance Committee members noted the Equality and Diversity presentation.
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#### **REGULAR ASSURANCE REPORTS**

## 9. **INFECTION, PREVENTION AND CONTROL ANNUAL REPORT**

The Infection, prevention and Control Lead presented the Infection, Prevention and Control Annual Report for approval..

It was highlighted that the Infection, Prevention and Control annual report was later in the year than previous years and this was due to COVID-19 pressures.

The purpose of the report was to provide assurance to the Quality and Performance Committee for NHS Hull Clinical Commissioning Group (Hull CCG), that Infection Prevention and Control arrangements are in place. That the service was making continued progress in reducing the risk of Health Care Associated Infection (HCAI).

The report highlights the main developments in the management of Infection Prevention and Control activity for the period April 2019 to March 2020.

Main points highlighted within the report where.

### **MRSA Blood Stream Infections**

The mandatory reporting of MRSA BSI has continued following our locally agreed process.

Hull CCG and ERY CCG have agreed local reporting arrangements with commissioned services that are below the MRSA BSI threshold to take the PIR process forward to ensure organisations continue to learn and share lessons learnt. A four week turn around has been agreed from notification to agreement on the outcome of cases.

NHS Hull CCG has seen a decrease in the number of MRSA BSI cases in 2019/20 to those reported in 2018/19 as demonstrated in table 1 within the report.

### **Clostridium Difficile**

From April 2019 the categorisation of C diff has changed and will be assigned on DCS. As this is the first year of the new categories we are unable to compare the data to previous years. Due to the COVID 19 Pandemic the review of cases was suspended during Quarter 4 therefore the information regarding lapses in care does not reflect the total cases for the year.

### **Escherichia coli Blood Stream Infections (E.coli BSI)**

NHS Hull CCG ended the year 6 cases under the end of year position for 2018-19. 198 pre cases were reported for 2019/20. The number of post cases reported remained at 52 cases.

### **Secondary Care**

HUTH have reported an increase in the number of cases against those reported in 2018/19.

The main focus of this work has been within care homes. Acute trust providers have commenced rolling out the No dip and hydration programme. The has included the use of different coloured water jug lids as an identifier of how much fluid a patient has drunk.

### **Panton Valentine Leukocidin (PVL)**

The Infection Prevention & Control Teams across Hull and East Riding have continued to work closely with GP practices to provide advice and support in relation to PVL cases including the co-ordination of treatment.

### Hull CCG Cases

No Hull CCG PVL cases have been reported during 2019/20.

### Key priorities for 2020 -2021

The main focus for the year ahead will be to support the delivery of the COVID 19 response providing support and advice to health and social care with a particular focus on care homes.

The Committee Members approved the Infection, Prevention and Control Annual Report, the report will now be submitted to the Hull CCG Board Meeting in January 2021.

#### Process

A **HIGH** level of confidence was given in the robust C diff review process continues across the health economy with the CCG's coming in under their Nationally set trajectory for the last four years.

Hull CCG ended the year 1 case under the 2019/20 objective.

Collaboration continues to take place across health boundaries to ensure the process continues to develop and responds to the changing environment. The process for review of the new categories has been embedded.

#### Performance

A **HIGH** level of confidence was given in the C diff objective delivered at the end of 2019/20 demonstrates a reduction against objective.

A **MEDIUM** level of confidence was given in the Hull CCG has seen a decrease in E.coli BSI cases 2019/20. However this is not in line with the previous 10% reduction required.

### Resolved

(a)	Quality and Performance Committee members approved the Infection, Prevention and Control Annual report.
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## 10. CONTROLLED DRUGS ANNUAL REPORT

The Interim Director of Nursing and Quality presented the Controlled Drugs Annual Report to note.

The Controlled Drugs Annual Report had previously been received by the Committee in September 2020, it was then received by the Board in November 2020.

The Board picked up discrepancies and difference between NL and Hull prescribing' (Figure 2, page 7) - Re: the second bullet point included on page 6 when discussing schedule 2 drugs which figure 2 on page 7 relates to; this was included by way of explanation related to the Hull CCG significant increase: 'There has been a significant increase in items year on year in 2019/2020 - this is due to the substance misuse services prescribing attribution changing to the CCG rather than the Local Authority in 2019/2020. The CCG do a recharge to the Local Authority as they are the responsible commissioner for substance misuse services.'



Further clarification - 'accuracy of data' in figure 7 on page 10. A note was already under the figure 7 which mentions 'Note: due to practice mergers during 2019/20 some practices are showing significant increases and decreases but this is due to these mergers.' This was added due to the significant changes with the Modality Partnership and the mergers.

Clarity was sought as to if the Board need to receive the Controlled Drugs Annual Report or whether approval sat with the Quality and Performance Committee. This will be raised with the Associate Director of Corporate Affairs..

The Committee was assured by the changes made to the report.

Process A <b>HIGH</b> level of confidence was given in Interpretation of prescribing Data. A HIGH level of confidence was given in Collation of Incidents relating to Controlled Drugs.
Performance A <b>HIGH</b> level of confidence was given in Representation on local Intelligence Network. A <b>HIGH</b> level of confidence was given in Review of incidents/Issues. A <b>HIGH</b> level of confidence was given in Share learning from incident/issue reviews.

## Resolved

(a)	Quality and Performance Committee members noted Controlled Drugs Annual Report.
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## 11. PROVIDER QUALITY ACCOUNTS

The Deputy Director of Nursing and Quality presented the Provider Quality Accounts to note.

The purpose of the report was to assure the Quality and Performance Committee that NHS Hull CCG has received, reviewed and produced a statement for inclusion into the Quality Accounts 2019-20 for Humber Foundation Trust (HFT), City Health Care Partnership (CHCP), Yorkshire Ambulance Trust (YAS) and Hull University Teaching Hospital (HUTH).

It was noted that the delay in the Quality Accounts was due to revised guidance being issued which changed the publication dates which was a national directive. The draft Quality Accounts were reviewed by the Quality Team and the draft CCG responses were reviewed by SLT prior to the submission to providers.

The Lay Member noted that whilst he appreciated that the process had needed to be escalated due to COVID restrictions, it had previously been the role of the Quality and Performance Committee to review and approve the CCG responses to providers and that he was disappointed that this had not taken place. The Lay Member sought assurance that this would not happen in the future.

The Committee noted the provider Quality Accounts.

## Resolved

(a)	Quality and Performance Committee members noted the Provider Quality Accounts.
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## **ITEMS BY EXCEPTION**

### **12. REPORTING AND MANAGEMENT POLICY FOR COMPLAINTS AND COMMENTS**

The Interim Director of Nursing and Quality presented the Reporting and management Policy for Compliments, Comments, Concerns and Complaints – Policy Review for approval..

The purpose of the report was to provide the Committee with an update to the Reporting and Management Policy for Compliments, Comments, and Complaints. The policy has been reviewed and updated in accordance with the CCG Policy Review schedule.

The Committee agreed the changes were in line with CCG policy and approved the changes made to the Reporting and management Policy for Compliments, Comments, Concerns and Complaints Policy.

#### **Process**

A **HIGH** level of confidence was given in the CCG policy for managing Compliments, Comments and Complaints is up to date and includes all relevant updates on legislation and best practice.

#### **Resolved**

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| (a) | Quality and Performance Committee members approved the review of the Reporting and management Policy for Compliments, Comments, Concerns and Complaints Policy. |
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### **13. HUMBER TEACHING HOSPITALS NHS FOUNDATION TRUST CRISIS LINE**

The Deputy Director of Nursing and Quality presented an update on the current position in terms of the Humber Teaching Hospitals NHS Foundation Trust Crisis Line.

The purpose of the report was to provide assurance to the Quality and Performance Committee. The report details the changes made and the outcome of recent meetings held with Humber Teaching Hospital Foundation Trust (HTFT).

The paper serves to address the concerns raised by both the Quality and Performance Committee and Primary Care Network (PCN) Clinical Directors regarding the responsiveness and performance of the Crisis Line service.

As acknowledged concerns have been raised in relation to the responsiveness of the Humber Crisis Line Service, with both Practice staff and GP's reporting long waits in accessing the service. As reported there has been occasions whereby this is in excess of an hour for the phone to be answered. This is frequently resulting in calls being terminated.

A review of both the Quality Team information and intelligence sources corroborated these concerns with 4 DATIX reports and a further 2 PALS concerns from patients reporting difficulties having been reported recently.

Representatives from the NHS Hull Clinical Commissioning Group (Hull CCG) Quality Team and Commissioning team therefore sought to address these concerns with HTFT. In taking forward discussion it was also noted that East Riding of Yorkshire Clinical Commissioning Group (ERY CCG) also share the same concerns, therefore a joint meeting took place on Friday 2nd October 2020.

This meeting was attended by the Crisis Line Service Manager and Service Clinical Director from HTFT. Also present were representatives from both the Quality Teams and Mental Health Commissioners for both Hull and the East Riding of Yorkshire CCG`s.

The following actions were agreed to be taken forward following the meeting;

1. Humber agreed to explore an email option that will provide assurance that the referrals have been received. Additionally, the patient to be contacted within a 1hr time period and assessed within 4hrs; thus relieving the need for GP Practice staff to use the telephone.
2. The sharing of the service referral criteria for the service with GP Practices.
3. The sharing of the options on the phone with GP Practices, to ensure they are aware of the other support options available.
4. Feedback from HTFT regarding patients not thought to be “Urgent” to be shared with PCN Clinical Directors.
5. Sharing of the Quality Meeting presentation with PCN Clinical Director`s.
6. CCG Communication Teams to publicise details of other mental health support services via social media.
7. Relaunching of the ESR option for routine referrals to HTFT.

Initial feedback to the PCN Clinical Directors was given at the meeting held on 9th October 2020. As agreed all actions will be reviewed with PCN Clinical Directors on 6th November 2020.

The actions will be will be reviewed and followed up going forward. The Head of Performance would include the Crisis Line data at the next Quality and Performance Committee meeting.

**Resolved**

(a)	Quality and Performance Committee members noted the Humber Teaching Hospitals NHS Foundation Trust Crisis line.
(b)	The Crisis line data would be included at the next Quality and Performance Committee meeting.

**14. DEEP DIVE PALLIATIVE CARE/ SCOPE**

The Deputy Director of Nursing and Quality presented the Deep Dive Palliative Care scope for agreement..

The purpose of the paper is to outline a proposed scope for the next Quality and Performance `deep dive` into Palliative Care and End of Life Care; to be undertaken as a focussed session by the Quality and Performance Committee.

The paper outlines the current Quality and Performance Indicators and presents referenced material which will be used to inform the `Deep Dive`; a focused discussion by the Quality and Performance Committee with presentations from the Commissioners, Contracts, Performance and the Quality Team.

The Quality and Performance Committee reviewed and agreed the scope of the deep dive into the palliative care. The Committee agreed that the meeting should take place in February 2021 to give time to understand who needs to attend the meeting.

**Resolved**

(a)	Quality and Performance Committee members noted the Deep Dive Palliative Care/ scope.
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**15. WORKPLAN**

The Interim Director of Nursing and Quality presented the workplan 2021-22 for ratification.

The Committee agreed to the workplan for 2021-22 with following amendments.

- The Care Quality Board frequency would be changed to 3 times a year
- The Continuing HealthCare Quality and Performance report frequency would be changed to 3 times year
- The Out of Area Report frequency would be changed to 3 times a year.

It was noted that there was currently no Quality and Performance Committee meetings in the diary for 2021, The Personal Assistant and the Interim Director of Nursing and Quality would meet outside of the meeting and arrange these.

**Resolved**

(a)	Quality and Performance Committee members ratified the workplan.
(b)	The Personal Assistant and the Interim Director of Nursing and Quality would meet outside of the meeting to arrange the Quality and Performance Committee meeting dates for 2021.

**16. 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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**17. NOTES FROM THE FOLLOWING MEETINGS ARE ATTACHED:**

- Planning and Commissioning

- HUTHT Operational System Oversight Management Board (SOMB)
- Humber Quality meeting
- Spire CMB
- H&ERY SI Panel
- Infection, Prevention and Control Group – *none available meeting cancelled due to covid*
- Safeguarding Assurance Group (SAG) – *no approved minutes where available*

**18. ANY OTHER BUSINESS**

No other business was discussed.

**19. CHAIR'S UPDATE REPORT**

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

**20. DATE AND TIME OF NEXT MEETING**

The next meeting of the Q&PC would be held on Friday 19 February 2021, 9.00am – 12.00pm Via Microsoft Teams.

Signed: 

(Chair of the Quality and Performance Committee)

Date: 19 February 2018

## **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