

**Item: 11.2**

**QUALITY AND PERFORMANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 25 JULY 2017  
IN THE BOARD ROOM, WILBERFORCE COURT**

**PRESENT:**

Dr James Moulton, GP Member (Chair), Hull CCG  
David Blain, Designated Professional for Safeguarding Adults, Hull CCG  
Estelle Butters, Head of Performance and Programme Delivery, Hull CCG  
James Crick, Consultant in Public Health Medicine and Associate Medical Director, Hull City Council  
Karen Ellis, Deputy Director of Commissioning, Hull CCG  
Sue Lee, Associate Director (Communications and Engagement), Hull CCG  
Karen Martin, Deputy Director of Quality & Clinical Governance / Lead Nurse, Hull, CCG  
Kate Memluks, Quality Lead, Hull CCG  
Lorna Morris, Designated Nurse for Safeguarding Children, Hull CCG  
Jason Stamp, Lay Representative, Hull CCG

**IN ATTENDANCE:**

Gail Baines, Delivery Manager, Healthwatch  
Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG  
Kevin Mccorrey, Senior Pharmacist, North of England Commissioning Support  
Liz Sugden, Patient Safety Lead, Hull CCG  
Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, Hull CCG  
Gareth Everton, Senior Clinical Quality Lead  
Ross Palmer, Head of Contracts Management, Hull CCG  
Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 27 JUNE 2017**

The minutes of the meeting held on 27 June 2017 were presented and agreed that they were a true and accurate record

**Resolved**

(a)	That the minutes of the meeting held on 27 June 2017 would be signed by the Chair.
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**3. MATTERS ARISING FROM THE MINUTES**

There were no matters arising from the Minutes.

**ACTION LIST FROM MEETING HELD ON 27 JUNE 2017** the action list was presented and the following updates were received:

**27/06/17 9/10 Q4 PATIENT EXPERIENCE REPORT/ FRIENDS, FAMILY RESPONSE RATES WITH TIMESCALES**

The Consultant in Public Health Medicine and Associate Medical Director had contacted the Commissioning Manager – Provider Management at the North of England Commissioning Support Group with regards to the complaints which had been received

**27/06/17 9/10 Q4 PATIENT EXPERIENCE REPORT/ FRIENDS, FAMILY RESPONSE RATES WITH TIMESCALES**

The Consultant in Public Health Medicine and Associate Medical Director would action on receipt of the information.

**Resolved**

(a)	That the action list be noted and updated accordingly.
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**5. 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.

**6. DECLARATIONS OF INTEREST** In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the action taken
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda No	Nature of Interest / Action Taken
J Stamp	All Items	Indirect Pecuniary Interest as employed as the independent Chair of the Patient and Public Voice on the Assurance Group for specialised commissioning in NHS England. – The declaration was noted.
J Crick		<ul style="list-style-type: none"> <li>•Qualified GP and undertakes sessional GP work outside of the Clinical Commissioning Group.</li> <li>•As part of sessional GP work undertakes ad hoc GP out of hours GP sessions for Yorkshire Doctors Urgent Care (part of the Vocare Group).</li> <li>•Joint appointment between Hull Clinical</li> </ul>

		<p>Commissioning Group and Hull City Council.</p> <ul style="list-style-type: none"> <li>•Standing Member of one of the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committees.</li> <li>•Spouse is a Salaried GP who undertakes out of hours GP work for Yorkshire Doctors Urgent Care (part of the Vocare Group) and also provides out of hours cover for a hospice. All of this work is undertaken outside of the Clinical Commissioning Group area.</li> </ul>
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**Resolved**

(a)	That the above declarations be noted.
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**7. QUALITY AND PERFORMANCE REPORT**

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

The key areas raised within the report were

**CORPORATE PERFORMANCE REPORT**

**Summary Financial Position as at 30th June 2017**

The CCG was currently forecasting to achieve a balanced position against the in-year allocation.

This year's running cost allocation was £6.223m and the current forecast was that expenditure would be contained within this financial envelope.

At this early stage of the year the CCG's forecast was based on the assumption that expenditure would be in line with the budget. Variances at month 3 were relatively insignificant and in some cases related to under or over accruals from the 2016/17 financial year.

**Quality premium**

CCGs are responsible for the quality of the care and treatment that they commission on behalf of their population. NHS England reserves the right not to make any quality premium payments to a CCG in cases of serious quality failure.

**CCG Performance Indicator Exceptions**

**A&E waiting time**

The performance for Hull CCG had slightly deteriorated from the April position. The number and profile of attendances at A&E and minor injuries units continued to be closely monitored.

**Number of >52 week Referral to Treatment in Incomplete Pathways**

No 52 week breaches were reported in HEYHT in May 2017. Eight breaches related to Tier 3 Weight Management services provided by City health Care Partnership.

**Cancer 62 day waits**

62-days of referral from an NHS Cancer Screening Service – total seen 9, 2 of which breached. 1 due to complex pathways and 1 due to a capacity issue.

Cancer 62 day waits: urgent GP referral – total seen 61, 17 breaches. The breaches related to a mixture of complex pathways and capacity.

### **Diagnostic Test Waiting Times (%)**

The deteriorating performance had been due to the overall demand for Radiology. In radiology Cardiac CT capacity had been under pressure and an additional mobile van had been acquired for the capacity to scan approximately 110 Cardiac patients. A new scanner would become operational shortly that would also increase productivity. This had been monitored closely.

### **Ambulance clinical quality**

The indicator related to Yorkshire Ambulance Service as a provider rather than for Hull CCG patients specifically. The position for Hull CCG in May was 77.50%, achieving target.

## **CONTRACT PERFORMANCE AND QUALITY**

### **HEYHT**

#### **Serious Incidents**

The Trust had declared six Serious Incidents in May 2017, all of which were under investigation. The new Lessons Shared Report had been noted at CQF in July. The Trust would be reviewing the effectiveness of the report after three months. HEYHT reported a positive position against harm free care.

#### **HCAI**

The number of Healthcare Associated Infections (HCAI) had increased slightly but the Trust report stated that overall performance was reasonable. Gram negative bacteraemia reporting had identified no issues. A joint action plan is currently being developed by the CCG lead IPC nurse and HEY IPC team this will be shared at the next meeting. Action JR/KM

#### **Workforce**

HEYHT was seeking to recruit 145 nurses in their next recruitment tranche. A placement mapping exercise was being undertaken. International recruitment has not attracted any applications since the Brexit plans. The Trust are now able to record most Red Flag Events to ensure minimum requirements for registered nurses are met. Long term sickness continues to be the Trust's biggest staffing related issue. Reviews are ongoing and risks will continue to be balanced. More in-depth reviews on reasons for leaving the Trust are being undertaken. No trends have been identified from exit interviews to date. KM highlighted that close monitoring was now in place for ward 70, Ward 110 and A&E as staffing within these areas remained a challenge. It was agreed that this would be discussed at the Quality and Delivery Group Action KM/SS

#### **Quality Accounts**

The Trust Board had approved the 2016/17 Quality Accounts and they had been published online. Hull CCG and East Riding CCG provided a joint statement for inclusion in the Quality Accounts. The Quality accounts would be presented at the Quality and Performance Committee on the 26<sup>th</sup> September 2017.

## **Humber NHS FT**

### **CQC**

A review of Health Services for Safeguarding and Looked after Children's Services in Hull had been conducted in January 2017 under Section 48 of the Health and Social Care Act 2008 which permitted CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups.

### **Safeguarding Training**

Compliance with level 3 Safeguarding Children training had been over trajectory (64.1%) as at 30th April 2017. This was an improve position It was noted that the performance notice as still in place Commissioners had highlighted concern around Safeguarding level 2 uptake. There was currently a plan in place for level 2 training and this would continue to be raised at the CQF

Due to the amount of Safeguarding Adult reviews involving patients in receipt of Mental Health Services from Humber FT, it was agreed that the Designated Professional Safeguarding Adults Lead would pick this issue up with the Director of Quality and Clinical Governance/ Executive Nurse.

### **Serious Incidents**

HFT had recruited a temporary post to carry out an review of their Serious Incident process as they were currently not effectively managing. It had been hoped that the CCG Patient Safety Lead would have input and the outcome would be shared through the SI Panel. Concerns were raised regarding the continual changes in process with SI service and the poor quality of the reports. No response had been received from Humber Foundation Trust following the Quality Leads letter in April. This will be discussed at CMB. Discussions took place re the concerns and it was agreed further discussion would take place at the CCG Board tomorrow.

A further letter would be written to the Director of Nursing at Humber following discussions with ERY CCG who are the lead commissioners of the service.

## **CHCP**

### **Let's Talk: Assessment Booking & Clustering**

The 7-day assessment target was underachieving but this was a significantly more stringent target than the national 6 and 18 week waiting time standards for Improved Access to Psychological Therapies which were being achieved comfortably by CHCP. The 3.6 WTE Assessment Practitioners had now commenced in post and had been seeing patients from 12th June in a staggered approach. This would provide at least a further 40 assessment slots each week.

### **Integrated Community Care Service**

Within the reporting month, there had been eight 52 week breaches reported for the Tier 3 Weight Management Service. The service began as a small scale pilot.

There had been continuing issues affecting the performance on 18 week targets which included Community Gynaecology and Specialist Menopause factors including Patient Choice and the availability of early appointments. Performance was expected to remain below target over the next quarter due to the lead Community Gynaecologist leaving the employment of the provider.

Timely access to the Cardiology Service had been variable through the year and the position had worsened with only 38% (3 out of 8) of the referrals being seen within 2 weeks. Following a snap shot audit of the service, referrals had risen by over 10%.

### **Community Paediatrics**

In the previous reporting month every child, who entered the Looked After System, had been offered an appointment for their assessment within 28 days of becoming looked after. However, within this month one of the seven children who required an appointment had not achieved this.

## **QUALITY**

### **Incidents**

During May 2017 a total of 125 incidents had been reported within the contracted services as “belonging” to CHCP CIC and therefore potentially within the organisations control to initiate any changes necessary. The number of incidents reported had increased when compared to the number of incidents reported in May 2016 from 91 to 125 in May 2017. Incident reporting had increased across all CHCP services this was due to increased staff training and awareness of the importance of incident reporting.

### **Pressure Ulcers**

The Quality Team were working with CHCP to agree an assurance visit to look further into the pressure ulcers reported by CHCP as during May 2017, 31 pressure ulcerations had been reported, in 19 of these cases patients were being cared for in their own home, 9 were residents in care homes whilst the remaining 3 were either in a community bed or a rehab centre. It was agreed that Quality Visit would be set up as soon as possible.

### **Rossmore Nursing Home**

The CQC had rated Rossmore Nursing Home as “inadequate”. Hull CCG commission 17 stroke rehabilitation beds and eight step down placements in Rossmore. There had been 31 placements for patients requiring residential and nursing care this had been provided by City Health Partnership and was not part of the CCG commissioned services. Discussions took place around the concerns regarding Rossmore. Step down beds and the need to review the current service. A meeting had been set up to discuss the issues which had resulted in a letter being written to Contract Lead for further information, regarding compliance with the contract in relation to Nurse Staffing including clinical supervision and competency, Infection Control and Safeguarding. It was agreed that a visit should be undertaken by the Head of NHS Funded Care.

## **SPIRE**

### **Good Practice Clinical Guidance**

As part of the national QIPP programme, discussions were taking place with Spire to reduce variation from standard pathways and good practice guidance for MSK patients and Procedures of Low Clinical Value. It was anticipated that this would reduce activity that was potentially clinically inappropriate and improve value overall.

### **Staff Training**

The percentage reported in the Quality Report to CMB for the Safeguarding Vulnerable Adults included PREVENT, DOLs, LeDeR, Dementia” indicator was expected to increase over the next few months as Spire had provided more sessions.

## YAS

More positive performance had been reported in May with a Category A (Red1) response rate of 77.5%, which was above target performance and the other 3 main performance categories had been around or above target also.

## Assurance

### PROCESS

A high Process for financial management and reporting

A high Process for contract and performance management

### PERFORMANCE

A High level of confidence was Reported for Financial Position

A Medium level of confidence was reported for H&EY Hospitals A&E 4 hour waiting times

A Low level on confidence was reported for H&EY Hospitals Referral to Treatment waiting times performance inc. diagnostics

A Medium level of confidence was reported for H&EY Hospitals Cancer waiting times

A Low level of confidence was reported for H&EY Hospital Cancer Waiting Times – 62 Days

A Low level of confidence was reported for Humber Foundation Trust waiting times (all services)

A low level of confidence was reported for City Health Care Partnership Community Paediatrics waiting times

A low level of confidence was reported for Yorkshire Ambulance Service Ambulance Handover times

## Resolved

(a)	Quality and Performance Committee Members noted the contents of the Quality and Performance Report
(b)	Designated Professional Safeguarding Adults Lead to pick the issue up with the Director of Quality and Clinical Governance/ executive Nurse regarding the amount of safeguarding Adult reviews involving patients in receipt of Mental Health Services from Humber FT
(c)	The Quality Lead will present The Quality accounts at the Quality and Performance Committee on the 26th September 2017.
(d)	The Director of Quality and Clinical Governance/ executive Nurse to discuss the concerns at Hull CCG Board regarding the continual changes in process with SI service and the poor quality of the reports at Humber.
(e)	The Deputy Director of Quality and Clinical Governance/ lead Nurse to send s further letter to the Director of Nursing at Humber following discussions with ERY CCG who are the lead commissioners of the service
(f)	The Quality Lead would set up a Quality visit at CHCP As soon as possible regarding Pressure Ulcers.
(g)	It was agreed that a visit should be undertaken by the Head of NHS Funded Care to the Rossmore Nursing Home.

## 8. CARE AND SUPPORT REPORT

The Deputy Director of Quality and Clinical Governance/ Lead nurse presented the Care and Support Report to note.

The purpose of this report was to update the Committee on recent developments within the care and support market i.e. Care Homes and Homecare. Hull City Council was the lead commissioner for these contracts; however NHS Hull CCG was an associate commissioner where NHS Funded Care was provided.

### Care Homes

There were 78 CQC registered care homes in the City. There were 2 care homes which had been rated inadequate, 12 that required improvement and 62 which were good. There were 2 care homes currently unrated due to changes in ownership (previously rated as inadequate and required improvement). Discussions took place re the two homes that had been rated inadequate by the CQC. The Head of Funded Nursing Care was working with the quality and compliance manager at the council and would feedback at next meeting.

### Homecare

There continued to be a number of issues with the homecare framework, particularly regarding recruitment, retention and capacity in the market. Evidence from providers suggested that the national minimum wage was a contributing factor to this. This would be discussed at the next program delivery group and a meeting would be set up with the CCG and the council to progress the workforce issues. This would be a priority in the lead up to winter.

### Assurance

#### PROCESS

A Low level of confidence was reported for Hull City Council brokerage service continues to source packages of home care. This function was in the process of being enhanced and although there are only 2 members of staff at the moment, a new manager and two additional officers are scheduled to start 24th July 2017.

#### PERFORMANCE

A Low level of confidence was reported for their continue to be two care homes rated as inadequate with the CQC and there continue to be delays in homecare Providers being able to start delivering packages of care. There are contingencies in place and the LA's in house provision will support short term arrangements when required.

### Resolved

(a)	Quality and Performance Committee Members noted the contents of the Care and Support Report
(b)	The Head of Funded Nursing Care was working with the quality and compliance manager at the council and would feedback at next meeting regarding Care Homes.
(c)	The Homecare framework would be discussed at the next programme delivery group and a meeting would be set up with the CCG and the council to progress the workforce issues. This would be a priority in the lead up to winter.



## 9 CONTINUING HEALTH CARE QUALITY & PERFORMANCE REPORT

The Deputy Director of Quality and Clinical Governance/ lead Nurse presented the Continuing Health care Quality & Performance Report to note.

The purpose of this report was to provide an update to the Committee regarding the performance of the City Health Care Partnership (CHCP) Continuing Healthcare (CHC) assessment service.

The most recent report provided by CHCP was included as an appendix to this report. The trends in the data demonstrated that the number of routine referrals had remained consistent with a mean 72 referrals per month (range 53:94) and 23% of these were not accepted (range 14%:35%). The percentage of individuals assessed as eligible for CHC funding has also remained consistent at 30% (range 17%:56%).

### CHC QIPP PROGRAMME: NORTH WORKING SESSION

The Integrated Commissioning Lead and NHS-CHC Operations Manager (CHCP) attended the NHS England led CHC QIPP Programme event 13 July 2017. The event was attended by leads across the STP to receive feedback regarding the Deloitte research into potential cost savings for NHS-CHC.

### Assurance

#### PROCESS

A High level of confidence had been reported for the Continuing Healthcare Electronic Assurance Tool (CHAT) and NHS England Independent Review Process provided assurance that the CHC Assessment Service and Pathway was compliant with the National Framework, however there were concerns regarding the process with regards to Conflict of Interest and partnership working with the Local Authority.

#### PERFORMANCE

A high level of confidence was reported for the CHCP performance reports provides assurance that the service is performing well and delivering the service specification.

### Resolved

(a)	Quality and Performance Committee noted the contents of Continuing Health Care Quality & performance Report
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## 10. PATIENT EXPERIENCE ANNUAL REPORT

The Engagement Manager presented the patient Experience 2016-17 Annual Report for approval.

The purpose of this annual report was to provide a review of Patient Experience information and data in relation to Hull CCGs key providers during the period 1st April 2016 – 31st March 2017.

### Friends and Family Test (FFT)

Since April 2013 providers have been required to report Friends and Family responses in A&E, Inpatients and Maternity Services. Friends and Family Test guidance to support implementation of the Friends and Family Test in; General Practice from December, Mental Health Services and Community Service early adopters in October, with all patients of NHS funded services having the opportunity to respond to the Friends and

Family Test by April 2015. Exceptions to this include; services provided by the voluntary sector, Dentists and Pharmacies.

Patient Experience report would be clearly advertised on the Hull CCG website for the general Public to find easily. As the Hull CCG website was in the process of being updated this gives the website more flexibility in what would be advertised. The Comms Team would put more stories on the website with regards to services that had been commissioned and made a difference to patients.

**Resolved**

(a)	Quality and Performance Committee Members approved the contents of the patient Experience Annual Report
(b)	The Engagement Manager to make clear on the website the impact Patient Experience and Patient Relations makes to Patients.

**11. HEALTH WATCH ANNUAL REPORT**

The Delivery Manager presented the Health Watch Annual Report for approval..

The Quality and Performance Committee were impressed with the Healthwatch Annual Report.

**Resolved**

(a)	Quality and Performance Committee Members noted the contents of the Healthwatch Annual Report
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**12. PATIENT RELATIONS ANNUAL REPORT**

The Engagement Manager presented the Patient Relations Annual Report for approval..

The Quality and Performance Committee approved the format of the patient relations Report and requested the report come to the committee 6 monthly.

**Assurance**

**PROCESS**

A Medium level confidence was reported for NHS Hull CCG Patient Relations Process

**PERFORMANCE**

A medium level of confidence was reported for the Complaints timeline targets  
A medium Level of confidence was reported for the Learning from patient relations intelligence

**Resolved**

(a)	Quality and Performance Committee Members approved the Patient Relations Annual Report.
(b)	The Patient Relations Annual Report to be added to the Quality and Performance Workplan 6 monthly

### **13. Q4 CQUIN QUARTERLY RECONCILIATION REPORT 2016-17**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q4 CQUIN Quarterly Reconciliation Report to Approve.

The purpose of this report was to inform the Committee of the achievement of Hull CCG's main providers with regard to Quarter 4 quality and financial goals of the CQUIN 2016/17 schemes, following external reconciliation with all providers.

#### **Hull and East Yorkshire Hospitals NHS Trust**

With the exception of Sepsis 2b and Antimicrobial Resistance, all quarterly milestones have been fully achieved.

#### **Humber**

##### **CQUIN 3 – Not Achieved**

The provider did not achieve the following indicator: 3 – NHS Staff Wellbeing: Flu Vaccinations. The provider achieved an uptake of 28% for the agreed teams against a target of 75%. Thresholds for partial payment rules were also not met. Further action being taken by the provider is to learn lessons in order to increase uptake for 2017/18 and 2018/19 and to establish a baseline for Mental Health staff to understand potential impact on service delivery.

#### **CHCP**

CQUIN 2 - Hot Clinics: A progress report on the Care Home Initiative will be submitted to the CHCP Contract Management Board in October 2017. A final payment of £11,945 will be paid if this is achieved.

#### **Spire Hull and East Riding Hospital**

All Achieved

#### **Assurance**

#### **PROCESS**

That a high level of confidence exists for the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.

#### **PERFORMANCE**

That an high level of confidence exists for the way in which Hull CCG's main providers have engaged with the 2016-17 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients.

#### **HEYT**

A Medium level of confidence was reported for HEYT All but one CQUIN scheme achieved.

#### **Humber FT**

A Medium level of confidence was reported for Humber FT One scheme withdrawn and another not achieved.

#### **CHCP**

A high level of confidence was reported for CHCP All Q4 milestones achieved

## Spire

A high level of confidence was reported for Spire All Q4 milestones achieved

## Resolved

(a)	Quality and Performance Committee Members approved the contents of the Q4 CQUIN Quarterly Reconciliation Report
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### 14. Q1 INFECTION, PREVENTION AND CONTROL REPORT

The Consultant in Public Health Medicine and Associate Medical Director presented the Q1 Infection, Prevention and control Report for noting.

#### Gram Negative Blood Stream Infection

On the 28th June 2017 NHS Improvement had issued a letter to CCG's and provider organisations asking organisations to work together to reduce the number of E.coli BSI (appendix 1). NHS England were looking at a reduction of 50% over 3years this was a National target, the reduction was spread over 10% in 17/18, 20% 18/19 and 20% 19/20.

#### MRSA Blood Stream Infection

In the period April 2017 to June 2017 there had been no MRSA BSI cases attributed to Hull CCG. Hull and East Yorkshire Hospitals NHS Trust (HEY) had reported no MRSA BSI cases via the national reporting system.

#### Clostridium difficile

In the period April 2017 to June 2017, 14 cases of Clostridium difficile (C diff) were attributed to Hull CCG at the end of quarter one. The objective for 2017/18 was <82 cases and currently the CCG is 7 cases under the Quarter 1 objective. HEY have reported 12 Trust apportioned cases of C diff. Figure one and two below shows the CCG objective against actual cases.

Discussions took place and it was agreed the next quarterly report would focus on Gram Negative Blood Stream Infection A joint action plan was in the process of being developed and this would be shared at the next meeting Action KM/JR .

## Assurance

### PROCESS

A high level of confidence was reported for the C diff objective delivered against for Quarter 1 demonstrating reduction against objective.

A high level of confidence was reported for the MRSA BSI CCG had no directly attributable cases for 2017/18.

A medium level of confidence was reported for the robust processes are being developed to undertake RCA reviews for cases of E coli BSI and provide themes and trends for lessons learnt to improve care and share learning across the health economy. An action plan has been developed and progress against the action plan commenced. The CCG is currently over objective at the end of Quarter 1.

### PERFORMANCE

A low level of confidence was reported for the 10% reduction plan for E.coli BSI has commenced. The CCG is currently over objective at the end of Quarter 1.

## Resolved

(a)	Quality and Performance Committee Members noted the contents of the Q1 Infection, prevention and control Report.
(b)	Discussions took place and it was agreed the next quarterly report would focus on Gram Negative Blood Stream Infection A joint action plan was in the process of being developed and this would be shared at the next meeting.

### 15. Q1 SERIOUS INCIDENT REPORT

The Patient Safety Lead presented the Q1 Serious Incident Report to approve.

The purpose of this report was to provide assurance to the Quality and Performance Committee that the CCG has a robust Serious Incident management process in place and concerns identified had been addressed with the relevant provider and appropriately escalated. This would contribute to both the sharing and embedding of learning to prevent recurrence.

#### HEY

##### **Maternity Services:**

Following the identification of recurring themes in Maternity Service related SIs, an announced visit had been undertaken on 15 February 2017. The key theme was CTG monitoring, interpretation and escalation. A follow up visit would be undertaken in the Autumn.

#### HFT

The Trust had submitted late reports and extension requests on the day the report was due to be submitted, demonstrating poor management of its SI process. The Trust were unable to produce any responses to requests for additional information following review of investigation reports as requested at the April SI panel, which resulted in a formal letter of concern sent to the Trust, followed by a meeting to discuss the concerns and agree action.

The Trust had commissioned a an external consultant to undertake an end-to-end review of its current SI process, and the patient safety lead at the CCG would have input into the process, following which the report and recommendations would be shared with the CCG via the SI panel. Following discussions at CQF the Director of Nursing at the trust stated the external consultant had now left the organisation and another interim post had been appointed who would be taking forward some of this work. Concern was raised as to what this review would entail.

The Director of Quality and Clinical Governance/ Executive Nurse of East Riding was aware of the concerns as the Lead provider and the concerns had been escalated to Humber CQF. It was agreed the Director of Quality and Clinical Governance/ Executive Nurse for Hull CCG would be cited on the concerns for HFT before the Hull CCG Board meeting on 28<sup>th</sup> July 17.

#### CHCP

One report had been reviewed during Q1, which had been a confidential information leak. The report and action plan were not accepted as they had not provided adequate

assurance and the organisation had been requested to submit a revised report and action plan which they had done. The revised report and action plan were accepted.

## **Assurance**

### **PROCESS**

A high level of confidence was reported for the NHS Hull CCG has an effective management process in place for SIs with its main providers. Significant level of assurance following recent internal audit

### **PERFORMANCE**

**Hull and East Yorkshire Hospitals NHS Trust:** A medium level of confidence was given – the Trust has submitted all reports on time, including ones subject to an agreed extension. While the Trust continue to submit extension to action plan requests, this has decreased during Q1. The number of outstanding action plans has also decreased.

The patient safety lead continues to work with the Trust on improving investigation reports and managing action plans. There remains concern with the recurring themes in maternity service SIs, which was covered as part of the site visit and quarterly progress reports have been requested from the Trust. Other areas of recurring types include treatment delay/sub-optimal care/failure to escalate deteriorating patients and lost to follow up. Performance will be closely monitored to ensure improvement is maintained.

**Humber NHS Foundation Trust:** A low level of confidence was given – the Trust submitted two late reports during Q4 and Q1 and was unable to produce any responses at the April SI panel, which resulted in a formal letter of concern sent to the Trust. The lack of consistency in Trust representatives at the SI panel and several changes in staffing has affected the Trusts ability to maintain robust and embedded management of its SIs. There are inconsistencies within investigation report and action plan templates, demonstrating poor version control and a lack of monitoring and auditing arrangements within the action plans. Several reports left the organisation containing both patient and staff identifiable detail. The Trust continues to implement action plans timely.

Recurring themes identified in investigation reports include poor risk assessments, documentation issues, and communication including with other agencies and training. These issues continue to be monitored via the SI panel/Quality arenas as part of the Trusts quality improvement plan.

**City Health Care Partnership (CHCP):** A medium level of confidence was provided – while CHCP continue to report SIs in a timely fashion and submit investigations to national timescales, a recent investigation report and action plan was not accepted by the SI panel review group due to the poor quality and lack of assurance.

**Spire Hull and East Riding:** A high level of confidence is given – Spire has shown evidence of reporting appropriate incidents as SIs when they occur and commissioners have the ability to scrutinise the organisation's incident data to ensure SIs are not missed.

**Primary Care:** that a low level of confidence exists – following the CCG becoming fully delegated for primary care in April 2017, there was evidence that practices do not have a clear understanding of SIs. This includes the criteria, identification, reporting and subsequent requirement to investigate as per national framework (2015). The Quality Lead is supporting a practice who is the first to have an SI declared. Work was planned

to educate and work with primary care in SIs to ensure there was a consistent and robust mechanism for reporting and investigating SIs.

**Hull CCG:** that 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 approved the contents of the Q1 Serious Incident Report
(b)	Deputy Director of Quality and Clinical Governance/ Lead Nurse to notify the Director of Quality and Clinical Governance/ Executive Nurse of the concerns regarding HFT before the Hull CCG Board Meeting on the 28 <sup>th</sup> July 17.
(c)	The Quality lead would do a follow up visit to Maternity Services at HEY in the Autumn.

**16. Q4 & ANNUAL PRESCRIBING REPORT**

The Senior Pharmacist for NECS presented the Q4 & Annual Prescribing Report for noting.

**Budget Position**

The CCG prescribing budget allocated for 2016/17 was £47,804,500. The total prescribing expenditure for 2016/17 was £48,197,108, an overspend of £393,608 (0.82%), using e PACT data.

**Prescribing Analysis of growth from April 2016 to March 2017**

Hull has consistently maintained its position between Barnsley and Wakefield, (Hull’s comparator CCGs) throughout the year.

Outcomes Risks associated with 2016-17 Budget position

**Increase in spend on Drugs used in Diabetes** - Savings of £138,150 have been achieved on switches to better value blood glucose test strips, pen needles and lancets.

**Increase in spend on Analgesics** - Switches have helped contain cost growth

**Increase spend on Anticoagulants** - Increased by 235% as anticipated

**Increase spend on inhaled respiratory drugs (bronchodilators and inhaled corticosteroids)** - Medicines Optimisations reviews found managed repeat schemes from Community Pharmacies contributed significantly to excess ordering. Practices encouraged to only issue SABAs on acute for well controlled adult asthmatics. Work to continue in 2017/18.

**Increase spend on Vitamins** - Ongoing monitoring of appropriate use of vitamin supplements.

**Increase in use of oral nutritional supplements (sip feeds)** - Reviews and switches show a cost reduction of £30,000 in Q4 suggesting an annual £175,471 overall cost reduction.

**Assurance**

## **PROCESS**

A high level of confidence was reported for Interpretation of Budget Position & QIPP Performance

A high level of confidence was reported for Interpretation of Prescribing Quality

## **PERFORMANCE**

A medium level of confidence was reported for the Forecast Expenditure

A medium level of confidence was reported for the Actual QIPP savings

A high level of confidence was reported for the Practice Performance within the Extended Service

A medium level of confidence was reported for the Red Drug Prescribing charts

## **Resolved**

(a)	Quality and Performance Committee Members noted the contents of the Q4 & Annual Prescribing Report
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## **17. CONTROLLED DRUGS**

The Senior Pharmacist for NECS presented the Controlled Drugs Report for approval.

The Quality and Performance Committee noted the report of incidents and issues relating to the prescribing of controlled drugs across NHS Hull CCG

## **Resolved**

(a)	Quality and Performance Committee Members approved the contents of the Controlled Drugs Report
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## **18. SAFEGUARDING ADULTS ANNUAL REPORT**

The Designated Professional Safeguarding Adults Lead presented the Safeguarding Annual report to approve.

The key areas within the reported were noted as below

### **Safeguarding adults concerns data**

In total, 1395 safeguarding concerns were raised by individuals and agencies with the Hull Multi Agency Safeguarding Hub (MASH) during 2016-17. 642 of these concerns resulted in full section 42 enquiries for safeguarding. The remaining 753 concerns were signposted to other adult social care teams or partner agencies for services. Concerns and section 42 enquiries both realised over 100% increase compared to 2015-16.

### **NHS England Safeguarding Assurance Assessment**

In May 2016 the designated nurse for safeguarding children and designated professional for safeguarding adults received notification from NHS England that a safeguarding assurance assessment would take place across all 66 CCGs in the north region including NHS Hull CCG. A self-assessment tool was provided by NHS England in order to benchmark safeguarding children and adults arrangements.

### **Multi Agency Safeguarding Hub (MASH)**

Two further full time adult social workers were recruited by the LA to the MASH during 2016-17 to address escalating demands. The CCG continued to provide NHS safeguarding adults specialist practitioners to work in the MASH via a contract variation



with Humber Foundation Trust (HFT) and City Health Care Partnership (CHCP). During 2016-17 the MASH received an average of 152 new deprivations of liberty safeguards (DoLS) applications each month.

### **Safeguarding Adult Reviews (SAR)**

During 2016 – 2017 the HSAPB completed one SAR, however this has not yet been published due to the ongoing criminal investigation.

### **Resolved**

(a)	Quality and Performance Committee Members approved the contents of the Safeguarding Adults Annual Report
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## **19. ANNUAL REPORT SAFEGUARDING CHILDREN**

The Designated Nurse Safeguarding Children's Lead presented the Safeguarding Children's Annual Report for approval.

### **Looked after children**

The designated nurse has continued to work in collaboration with the commissioning team responsible for monitoring the service level agreement (SLA) with CHCP in relation to the looked after children's service. The escalation process has been invoked by CHCP and NHS Hull CCG in relation to the issues surrounding the late timescales for initial health assessments.

### **PRIORITIES FOR 2017/2018**

#### **Implementing CQC recommendations**

Quarterly reporting against progress and exceptions from the HCLAS group will take place to the Quality and Performance Committee and to the NHS Hull CCG Board and HSCB as required.

#### **Strengthening safeguarding support arrangements within primary care**

The appointment of the Named GP Safeguarding Children in June 2016 (x 2 PAs per week) has been crucial in advancing this agenda.

#### **Undertaking a lead role in future multi-agency safeguarding arrangements**

Following the implementation of the Children and Social Work Act 2017 NHS Hull CCG will undertake a key statutory partner role, through the strong leadership of the Executive Lead and Designated and Named Professionals, to ensure that local safeguarding arrangements remain robust during the change process.

#### **Safer sleeping arrangements**

Between 2005-2014 Sudden Infant Death Syndrome (SIDS) claimed the lives of 266 babies in the Yorkshire and Humber region. According to the Office for National Statistics while the overall SIDs rates for England and Wales showed a 17% decline since 2013, the rates in Yorkshire and Humber have shown an increase of 38% and are considerably higher than the national average. Locally the Designated Nurse Safeguarding Children Lead was a member of the Hull and East Riding Safer Sleeping Steering Group which takes the lead in promoting safer sleeping practices, keeping up with current research, organising campaigns and monitoring training.

**Resolved**

(a)	Quality and Performance Committee Members approved the contents of the Safeguarding Children's Annual Report
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**20. OUT OF AREA/ OUT OF CONTACT**

**THE DECISION WAS MADE TO DEFER THIS ITEM TO 26 SEPTEMBER 2017**

**21. MORTALITY UPDATE**

The Consultant in Public Health Medicine and Associate Medical Director updated the Quality and performance Committee with regard to the Mortality action plan.

The Mortality Action Plan was now in place and was being worked through at the Mortality task and Finish Group and would be put in place in April 2018.

**Resolved**

(a)	Quality and Performance Committee Members noted the contents of the Mortality Update
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**22. QUALITY SURVEILLANCE GROUP**

The Deputy Director of Quality and Clinical Governance/ lead Nurse verbally updated the committee with the Quality Surveillance Group to note.

**Resolved**

(a)	Quality and Performance Committee Members noted the verbal update on the Quality Surveillance Group
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**23. RISK REPORT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Risk Report for consideration

The Quality and Performance Committee agreed all the current risk ratings with below changes to be made

- Infection, prevention and Control E coli to be added to the risk register as a risk
- Cdiff risk to be removed

**Resolved**

(a)	Quality and Performance Committee Members noted the Risk Report
(b)	The deputy Director of Quality and Clinical Governance/ Lead Nurse to take forward the changes the changes to the Risk Report to the Corporate Affairs Officer

**24. QUALITY ANNUAL REPORT INCLUDING Q&P ANNUAL REPORT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality Annual Report including Q&P Annual Report which had been presented to the previous committee

The Committee noted the changes and agreed the report for signing off at the Board

**25. COMMISSIONER SITE VISIT TO LEARNING DISABILITY SERVICES**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Commissioner site visit report to Learning Disability Services.

**Resolved**

(a)	The Quality and Performance Committee noted the letter regarding Commissioner Site visit to learning Disability Services.
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**26. DEEP DIVE AGENDA ITEMS**

An Autism Deep Dive Meeting has been arranged for the Tuesday 10<sup>th</sup> October 2018.

**27. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE**

The Quality and Performance Chair to email the Chair of Planning and Commissioning Committee so that the development of a Stroke Strategy is prioritised within the Planning and Commissioning Committee

**28. 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

**29. ANY OTHER BUSINESS**

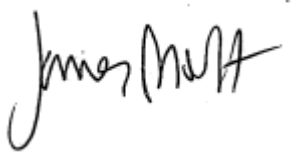
There was no other business discussed.

**30. CHAIR'S UPDATE REPORT**

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

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

The next meeting of the Q&PC would be held on Tuesday 26 September 2017, 2pm – 5pm in the Boardroom at Wilherforce Court, Alfred Gelder Street, Hull



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

Date: 26/09/2017

## **GLOSSARY OF TERMS**

2WW	2 Week Wait
BAF	Board Assurance Framework
BAFF	British Association for Adoption and Fostering
BI	Business Intelligence
BME	Black Minority Ethnic
BSI	Blood Stream Infections
CAB	Choose and Book
CAMHS	Child and Adolescent Mental Health Services
CCE	Community Care Equipment
C diff	Clostridium difficile
CDI	Clostridium Difficile Infection
CDOP	Child Death Overview Panel
CHCP	City Health Care Partnership
CIP	Cost Improvement Programme
CMB	Contract Management Board
COG	Corporate Operations Group
CoM	Council of Members
COO	Chief Operating Officer
CQC	Care Quality Commission
CQF	Clinical Quality Forum
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CSE	Child Sexual Exploitation
DoN	Directors of Nursing
FFT	Friends and Family Test
GAD	General Anxiety Disorder
GNCSI	Gram Negative Bloodstream Infection
GMC	General Medical Council
HANA	Humber All Nations Alliance
HCAI	Healthcare Acquired Infection
HCW	Healthcare Worker
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HMI	Her Majesty's Inspectors
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Childrens Board
Hull CCG	Hull Clinical Commissioning Group
Humber FT	Humber NHS Foundation Trust
HYMS	Hull York Medical School
IAGC	Integrated Audit & Governance Committee
ICES	Integrated Community Equipment Service
IDLs	Immediate Discharge Letters
IFR	Individual Funding Requests
IMD	Index of Multiple Deprivation
IPC	Infection, Prevention and Control
IRS	Infra-Red Scanning
IST	Intensive Support Team
LA	Local Authority
LAC	Looked After Children

LIN	Local Intelligence Network
LSCB	Local Safeguarding Children Board
MCA/DoLs	Mental Capacity Act / Deprivation of Liberty Safeguards
MIU	Minor Injury Unit
MoU	Memorandum of Understanding
MRSA	Methicillin-Resistant Staphylococcus Aureus
NE	Never Event
NECS	North East Commissioning Support
NHSE	NHS England
NIHR	National Institute for Health Research
NLAG	North Lincolnshire and Goole NHS Trust
OOA	Out of Area
P&CC	Planning and Commissioning Committee
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PDB	Programme Delivery Board
PEN	Patient Experience Network
PHE	Public Health England
PPA	Prescription Pricing Authority
PPFB	Putting Patients First Board
PPI	Proton Pump Inhibitors
PTL	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
QSG	Quality Surveillance Group
PandA	Performance and Activity
RCF	Research Capability Funding
RCA	Root Cause Analysis
RfPB	Research for patient Benefit
RTT	Referral To Treatment
SAR	Safeguarding Adult Review
SCB	Safeguarding Children Board
SCR	Serious Case Review
SI	Serious Incident
SIP	Service Improvement Plan
SNCT	Safer Nursing Care Tool
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Fund
STP	Sustainable Transformation Plan
TDA	NHS Trust Development Authority
UTI	Urinary Tract Infection
VoY	Vale of York
WRAP	Workshop to Raise Awareness of Prevent
WYCS	West Yorkshire Urgent Care Services
YAS	Yorkshire Ambulance Service
YFT	York Teaching Hospital NHS Foundation Trust
YHCS	Yorkshire and Humber Commissioning Support
YTD	Year to Date