

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 22 MAY 2018
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
10.00AM – 13.00PM**

PRESENT:

Dr James Moulton, GP Member (Chair), Hull CCG
 Karen Ellis, Deputy Director of Commissioning, Hull CCG
 Helen Harris, Quality Lead, Hull CCG
 Sue Lee, Associate Director (Communications and Engagement), Hull CCG
 Karen Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
 Kate Memluks, Quality Lead, Hull CCG
 Lorna Morris, Designated Nurse for Safeguarding Children, Hull CCG
 Ross Palmer, Head of Contracts Management, Hull CCG
 Sarah Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG
 Jason Stamp, Lay Representative, Hull CCG (Vice Chair)

IN ATTENDANCE:

Jade Adams, Personal Assistant, Hull CCG - (Minute Taker)
 Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG
 Kevin Mccorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
 Liz Sugden, Patient Safety Lead, Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
 David Blain, Designated Professional for Safeguarding Adults, Hull CCG
 Estelle Butters, Head of Performance and Programme Delivery, Hull CCG
 Dr James Crick, Associate Medical Director, Hull CCG and Hull City Council
 Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG, Hull CCG
 Gareth Everton, Head of NHS Funded Care, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 24 APRIL 2018

The minutes of the meeting held on 24 April 2018 were presented and it was agreed that they were a true and accurate record.

The Lay member requested for 'the Patient relations annual report to come back to the Quality and Performance Committee meeting in June 18 and Board Meeting July 18' to be added to agenda item 13 within the minutes.

Resolved

(a)	That the minutes of the meeting held on 24 April 2018 would be signed by the Chair.
(b)	The Patient relations annual report to come back to the Quality and Performance Committee meeting in June 18 and Board Meeting July 18' to be

added to agenda item 13 within the minutes.

3. MATTERS ARISING FROM THE MINUTES / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 24 APRIL 2018

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

20/03/18 – Quality and Performance Report – the importance of patients is already included within the letter that are sent out, a new letter will be produced July 18 – Marked as complete

20/03/18 – Quality and Performance Report – A meeting had been arranged with HEY in June 18 to feedback to the committee, updated to complete action by July 18

20/03/18 – Quality and Performance Report – Still in the process of drafting a letter – item to be kept open June 18

12/12/18 – Autism Deep Dive – Action to be marked red

All other actions were marked as closed

Resolved

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

4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no items of Any Other Business.

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 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 Moulton	All Items	<ul style="list-style-type: none"> • GP Partner Faith House Surgery Modality, providing General Medical Services • GP Tutor Hull York Medical School • Registered with the General Medical Council • Registered with the Royal College of General

		Practitioners <ul style="list-style-type: none"> • Voting GP on Health and Wellbeing Board - Hull City Council
J Stamp	All Items	<ul style="list-style-type: none"> • Chief Officer North Bank Forum for voluntary organisation - sub contract for the delivery of the social prescribing service. Member of Building Health Partnerships
S Smyth	All Items	<ul style="list-style-type: none"> • Registered nurse on the NMC register
K Martin	All Items	<ul style="list-style-type: none"> • Registered nurse on the NMC register
J Crick	All Items	<ul style="list-style-type: none"> • Qualified GP and undertakes sessional GP work outside of the Clinical Commissioning Group. • 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). • Joint appointment between Hull Clinical Commissioning Group and Hull City Council. Standing Member of one of the National Institute for Health and Care Excellence (NICE) Quality Standards Advisory Committees. • 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.

Resolved

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

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

CONTRACT PERFORMANCE

CHCP

Let's Talk

An action plan had been put in place for the Let's Talk service, It is yet to be decided whether or not the service will have the contract extended or re procured.

Community Paediatrics

The performance of Initial Health assessments in Look after Children continues to be poor and systems are in place to support the current position. The Deputy Designated Nurse for Safeguarding Children will work up a formal action plan for all parties that will be received at ICOB. The Deputy Designated Nurse for Safeguarding Children has a meeting in place with the Local Authority w/c 21 May 18. The Delivery plan will be received by the Quality and Performance Committee.

Tier 3 Weight Management

A formal Contract Performance Notice had been put in place as the 52 week and 18 week target performance was still not being met.

Community Cardiology

A number of referrals have been refused by the service and a meeting had been set up to look at demand. CHCP's contract will end in September 2018. CHCP are currently looking at plans to make sure the handover goes smoothly.

QUALITY

The Integrated Governance Quality and Safety Group were held on the 2 May 2018.

Triangulation of the 4 C's (Complaints, Concerns, Comments and compliments)

CHCP were asked to include how they triangulate the information for the 4 C's and Incidents to assure themselves as an organisation that lessons are learnt and measures are put in place to prevent a reoccurrence. CHCP agreed to include in the quarterly reports moving forward.

It was noted within the report that numbers of complaints had increased in March 18. Discussions took place around CHCP's transparency around PALS and have requested that more information from CHCP to be received by the Committee.

CQC have requested a meeting between CHCP, CQC and the CCG due to governance issues that need to be looked at further.

HEYHT

A&E waiting times

March had continued to show a trend of underperformance, the CCG lead for Emergency pressures continues to liaise with the trust daily on operational issues affecting patient flow. A discussion took place around the CCG constitutional targets; how are the CCG holding HEY to account? The Head of Contract Management would follow this up and will feedback how this was been managed.

A comment was made regarding the amount of cancelled appointments at HEY; the Head of Contract Management will follow this up to see if cancellations are being measured for appointments.

A request was made for further information to be provided on the performance management process for HEYHT's contract including any agreed recover plans in operation.

QUALITY

A quality visit was undertaken at ward 110 at Hull Royal Infirmary, extra training had been put in place and there have been significant changes put in place since the visit took place and the Team felt assured from the visit.

A quality visit was undertaken at the Emergency department at Hull Royal Infirmary on 8 May 18, due to the number of serious incidents in relation to the assessments of deteriorating patients and the transferring of patients prior to having diagnostics/ tests

undertaken. Minor issues were raised at the visit a response has been sent to HEY, the CCG is now awaiting a response from HEY.

Serious Incidents

The Trust declared its sixth Never Event during Q4 of 2017/18. The Trust has been asked to undertake a thematic review of the incidents to identify any common themes by the NHSI/NHSE. The Patient Safety Team at the Trust are currently working with North East Lancashire Trust to share their expertise with managing never events as North East Lancashire was similar Trust to HEY with a previous high incidence of Never Event had already worked through their issues with serious incidents.

Clostridium Difficile

The Trust had reported a total of 38 cases for the year 2017/18 against an annual threshold of 53 which is under trajectory.

HUMBER TFT

Capacity – Adult Mental Health

The additional beds at Mill View Court will be occupied imminently and with the combination of crisis pad and step-down accommodation it will improve patient flow and avoid service users needing placements out of area.

QUALITY

Care Quality Commission (CQC)

HTFT remain on track for achieving actions against the 'Should-Do's'.

Safer Staffing

HTFT continue to struggle to recruit for a number of posts.

CAMHS and Learning Disability Presentation

HTFT presented to the CQF on the Specialist Health – Learning Disability Service.

Serious Incidents

The HTFT had two serious incidents in April 2018, one was sub-optimal care of a deteriorating patient and the other related to an unexpected death.

Following discussion the Committee felt that transforming care should be included within the next report with an overview of the governance arrangements for the aligned incentive contract. The Director of Quality and Performance also requested an update on the speech and language and autism performance.

SPIRE

It had been previously reported that the Spire contract had delivered above profile consistently throughout the year. Contract discussions are continuing with Spire to refresh the 2017-2019 contracts for its second year of operation. Contract challenges are continuing to be pursued with Spire while the negotiation continues.

Quality Visit

A quality visit took place on 6 April 2018, undertaken by Hull and East Riding CCGs. The visit was carried out due to quality concerns raised by commissioners in relation

to complaints, incident reporting and investigations, infection prevention and control, and long stay patients. This was a positive visit with only minor concerns raised

Long Stay Patient Audit

Quality Leads from Hull and East Riding CCGs, met with the Head of Clinical Service / Matron at Spire to undertake an audit on 27 April 2018. It had been identified that there were 11 patients who were considered to have longer patient stays than the normal patient stay, particularly in the East Riding of Yorkshire region. Following an audit of the patient's records it was clarified that the patient's with long stays had clinical medical reasons.

YAS

East Riding of Yorkshire CCG have recently set up a North Yorkshire (NY) and Humber YAS 999 Contract Performance Review Meeting to review the information received from YAS to agree what should be escalated to the Joint Quality Board or Contract Management Board.

THAMES AMBULANCE SERVICE

It was noted that the Thames Ambulance service had a drop in a few key performance indicators due to a significant restructure currently taking place.

Level of Confidence
<p>Financial Management</p> <p>Process A HIGH level of confidence was reported in the processes for financial management due to Established systems and processes for financial management that are verified by internal and external audit.</p> <p>Performance A HIGH level of confidence was reported in the reported financial performance due to all statutory targets planned to be achieved. Track record of performance.</p>
<p>Hull & East Yorkshire Hospitals – A&E 4 hour waiting times</p> <p>Process A HIGH level of confidence was reported 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 was reported in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence was reported 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 was reported 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 was reported 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 was reported in the achievement of this target due to ongoing</p>

underperformance.
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target established systems and processes for reporting performance information.</p> <p>Performance A MEDIUM level of confidence was reported 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 was reported 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 was reported 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 was reported 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 was reported 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 was reported 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 was reported 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 was reported 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 was reported 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 was reported in the achievement of this target due to ongoing underperformance.</p>
<p>TASL – Key Performance Indicators (all)</p> <p>Process A HIGH level of confidence was reported 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 Medium level of confidence was reported in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>

Resolved

(a)	Quality and Performance Committee Members considered the contents of the Quality and Performance Report.
(b)	How are the CCG holding HEY to account? The Head of Contracts Management would follow this up and ask how this was been managed.
(c)	The Head of Contracts Management would follow this up to see if appointments are been measured around cancelled appointments at HEY.
(d)	Transforming Care should be included within the next report and a sense of the governance arrangements for the aligned incentive contract.
(e)	An update on the speech and language and autism performance would be provided at the next Quality and Performance Committee.
(F)	The Delivery plan for HEY's Community paediatrics will be received by the Quality and Performance Committee.
(g)	A request was made for further information to be provided on the performance management process for HEYHT's contract including any agreed recover plans in operation.

7. ROSSMORE QUALITY VISIT

The Patient Safety Lead presented the Rossmore Quality visit report to note.

A discussion took place around the recommendations within the report that stated that internal renovations works will be completed within the Rossmore building, the Quality and Performance Committee felt they would need some assurance in writing from CHCP around their long term plans for the building, as there was nothing within the report that highlights that this work should be undertaken.

A query regarding the actions within the report were raised by the Lay Representative, the Patient Safety Lead reassured all actions within the report are followed up and monitored closely.

The Patient Safety Lead was currently working on a Quality Visit annual report to close off all of the quality visit's that have taken place.

Resolved

(a)	Quality and Performance Committee Members noted the Rossmore Quality Visit.
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8. WARD 110 QUALITY VISIT

The Patient Safety Lead presented the Ward 110 Quality Visit Report to note.

An extremely positive visit took place at Ward 110, the team felt that actions had been put in place from their SI action plan and was progressing well. A Trust response was requested by the 18 May, the CCG are yet to receive this response.

Resolved

(a)	Quality and Performance Committee Members noted the Ward 110 Quality visit.
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9. SPIRE LETTER

The Spire letter presented to the Quality and Performance Committee was not the correct letter to be shared. The Personal Assistant will email the correct letter to the Quality and Performance Committee to note.

Resolved

(a)	The Personal Assistant will add the correct Spire letter to the next Quality and Performance Committee to note.
(b)	The Personal Assistant will email the correct letter to the Quality and Performance Committee to note.

10. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were highlighted.

11. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

No issues have been raised to go to the Planning and Commissioning Committee.

12. 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

13. ANY OTHER BUSINESS

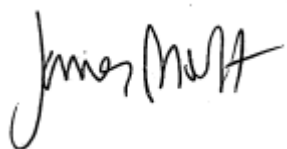
No other business was discussed

14. CHAIR'S UPDATE REPORT

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

15. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 24 June 2018, 1pm – 4pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



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

Date: 28/06/2018

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 Children's Board
Hull CCG	Hull Clinical Commissioning Group
Humber TFT	Humber Teaching 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
LeDeR	Learning Disability Death Reviews
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