

Item: 8.8

Report to: NHS Hull Clinical Commissioning Group Board

Date of Meeting: 27 July 2018

Subject: Quality and Performance Committee – Chair’s Annual Report 2017/18

Presented by: Jason Stamp, Vice Chair, Quality and Performance Committee

Author: Helen Harris, Quality Lead and Joy Dodson, Deputy Chief Finance Officer - Contracts, Performance, Procurement and Programme Delivery

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input checked="" type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT

The purpose of this report is to update Board members with the progress of the work of the Quality and Performance (Q&P) Committee and to provide details of how it has delivered against its terms of reference.

RECOMMENDATIONS

The Quality and Performance Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be provided with a high level of assurance that the quality and patient safety related business is in line with the CCG organisational objectives and the CCG Commissioning for Quality Strategy 2016-2020.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

CCG STRATEGIC OBJECTIVE

Monitoring the quality of care provided by the main CCG-commissioned services is part of Assurance Framework Objective 2: *Achievement of CCG balanced scorecard domains and strategic performance objectives*

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),

Finance	
HR	
Quality	
Safety	

ENGAGEMENT:

Engagement has been with the Deputy Chief Finance Officer - Contracts, Performance, Procurement and Programme Delivery.

LEGAL ISSUES:

N/A

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	x
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

Support patients' rights to receive high quality, safe and clinically effective clinical care and for patients to have a positive experience of care.

**QUALITY AND PERFORMANCE COMMITTEE
CHAIR'S ANNUAL REPORT
1 APRIL 2017 TO 31 MARCH 2018**

1. Introduction

The purpose of this report is to update Board members with the progress of the work of the Quality and Performance (Q&P) Committee and to provide details of how it has delivered against its terms of reference.

- 1.1 This report covers the work of the Q&P Committee from 1 April 2017 to 31 March 2018.
- 1.2 The Committee was established since inception of the CCG as a formal sub-committee of the CCG Board. For the purposes of this report, the term Committee will be used throughout.

2. Membership and Role of the Quality and Performance Committee

- 2.1 The Members, their respective roles and attendance at the Committee are provided in Appendix 1.
- 2.2 Dr J Moulton as Chair with Jason Stamp as the Vice-Chair.
- 2.3 11 out of 11 meetings have been quorate. Overall attendance achieved by core members and / or their representatives was 81%. Members are required to attend 8 out of the 11 meetings (73%) scheduled on an annual basis. Refer to Appendix 1 for a detailed breakdown. Eight members achieved the required attendance rate of 73%.
- 2.4 The remit of the Committee, including its Terms of Reference, has remained largely unchanged throughout the whole of this period. Annually there is a review to establish if any changes are required, which was undertaken in July 2017.
- 2.5 The work programme of the Committee is managed under three discreet areas within the work-plan and agenda, as follows:
 - Strategic Development
 - System Development and Implementation
 - Performance Monitoring
- 2.6 The Committee provided assurance in respect of the management of clinical risk through the submission of the minutes to Integrated Audit and Governance Committee.

- 2.7 The Committee is directly accountable to the CCG Board for overseeing and providing an opinion of confidence, (low, moderate or high) to the CCG Board.
- 2.8 The Q&P Teams provided bi-monthly quality reports to the Board. The quality report was fully integrated into a single quality, performance, finance and contract report in order that an assessment of local provider performance could be monitored against all aspects.

The report routinely covered the main providers and gave an overview of the quality of services commissioned including patient outcomes and highlighted areas of concern relating to patient safety which could present a risk to the CCG.

3. Strategic Development

In terms of strategic development the Committee clinical members, lay members, public health colleagues and CCG management teams have:

- 3.1 Continued to work in line with the Quality Assurance Framework and have systematically reviewed and managed performance via a six stage process (refer to the Commissioning for Quality Strategy 2016-2020);
- 3.2 Monitored and reported against the Commissioning for Quality Strategy at each meeting, by assessing the process and performance of each Provider at Quality Delivery Groups / Clinical Quality Forums. This has provided assurance to the Committee and the Board against the quality strategic objectives and CCG objectives;
- 3.3 Reviewed quality, clinical governance and financial risk oversight of new and significant procurement initiatives.

The implementation of an Aligned Incentive Contract with NHS Hull and East Riding CCGs and the Hull and East Yorkshire Hospital NHS Trust was a key initiative in the contract planning for 2017-19. The contract provided a common goal for the effective management of patient pathways irrespective of organisational boundaries with financial risk shared between partners. This was a significant move away from traditional methods of contract management based on Payments by Results (PbR) with the resources released from transactional processing being redirected to work on the joint delivery of the Trust's Cost Improvement Programme (CIP) and the CCGs' Quality, Innovation, Productivity and Prevention (QIPP) programmes.

- 3.4 Received the 2016/17 Q4 safeguarding adults and children performance report in June 2017. The report demonstrated how the CCG and commissioned providers, were fulfilling legislative duties in relation to safeguarding children in accordance with the NHS England Accountability and Assurance Framework 2015 and Working Together 2015; and statutory responsibilities in relation to adults with care and support needs who are suffering from or are at risk of abuse and neglect in accordance with the Health and Social Care Act 2012 and the Care Act 2014.

The annual report for adults and children 2017/18 was presented to the Committee in June 2018.

3.5 Approved the 2017/18 Commissioning for Quality and Innovation (CQUIN) schemes for integration into contracts for commissioned services; and monitored performance on a quarterly basis. Providers focused on a number of innovations from 1 April 2017 aimed at improving quality and outcomes for patients, including reducing health inequalities, encourage collaboration across different providers and improve the working lives of staff. Key highlights were:

- An integrated service was established between two main providers, to improve services for people with mental health needs who present to A&E. Joint monthly meetings were scheduled which included clinician attendance to review operational issues, developed and implemented pathways enabling A&E staff to refer patients who required a Mental Health Act Assessment.
- An Advice and Guidance service was implemented allowing GPs to seek advice from Consultants prior to referring patients into secondary care. Since 1 April 2017, there was 700 requests for A&G, which resulted in only 143 referrals into secondary care.
- Multi-disciplinary team meetings were held between GPs and community care to ensure the most elderly frail patients received optimum person-centred care and that each patient received the right level of care within their home.

4. System Development and Implementation

In terms of system development and implementation the Committee has:

4.1 Ensured the CCG has robust systems for quality improvement and clinical governance in place in line with statutory requirements, national policy and guidance and that quality, clinical governance and Value for Money (VFM). Issues have been appropriately addressed in all service developments / reconfiguration of services. These requirements have been met by:

4.1.1 Engaged with Providers on quality assurance visits (part of the CCG's Quality Visiting framework). These visits have been carried out where quality concerns were identified from the Commissioner and the Serious Incident (SI) process, including recurrences of incidents themes, evidence a of failure to embed learning, issues of compliance, reporting, in-depth investigation and continuity.

Several visits were made to Provider organisations during 2017/18, following which recommendations were made and action plans developed to drive required improvements. Action plans developed following quality visits were monitored via the CCG Clinical Quality Forums to ensure effective implementation. Visits were undertaken at: Hull and East Yorkshire Hospitals NHS Trust – Ward 70 and 110, Rossmore Care Home and Thames Ambulance Service Limited.

The Director of Clinical Governance / Executive Nurse took a system-leadership role within quality through the chairing of the Sustainability Transformation Programme (STP) Quality Group. A significant output from this work was the Site Visit Policy which has been adopted by all six CCGs within the Humber, Coast and Vale STP. A STP Quality Impact Assessment Tool has been developed, as a key enabler to support the Humber Acute Services Review.

- 4.1.2 Undertaken deep dives on services areas which were assessed through assurance processes as areas of concern. Three deep dives were undertaken during 2017/18 relating to autism, out of area transfers and cancer. The recommendations from the Francis, Berwick, Keogh and Cummings Reports were used as terms of reference to ensure that providers and commissioners were clear on their responsibilities, and that effective systems and processes were in place to ensure that those accountable were sighted on standards of quality and patient feedback.

The outcome of the Cancer deep dive resulted in the:

- Implementation of local clinical task and finish groups relating to specific work programmes;
- CCG addressing concerns with the local Provider;
- Development of a localised cancer action plan (currently an outstanding action).

The outcome of the autism deep dive has:

- Strengthened governance arrangements for SEND by reporting to the CCG Board and Hull City Council Cabinet;
- Established key groups to ensure governance and operational management and performance is improved and maintained;
- Ensured families are involved in decision-making about the services and support required;
- Set up service quality and impact evaluation to focus on improving planning to facilitate better provision and outcomes for children;
- Established a local integrated Personal Budget Policy for all ages.

- 4.1.3 Worked with the Hull City Council on Continuing Health Care via a Quality Board for Care Homes, chaired by the Associate Medical Director / Consultant in Public Health, to ensure where an individual has a primary healthcare need that the quality of care and supporting providers such as care homes and home care providers in Hull was monitored.

The Quality Board enabled collaboration across the health and care system by a mechanism that provided assurance where the CCG is an associate to the residential care contract held by the Local Authority. The Board has also developed close working between the CCG, Local Authority and CQC.

A monthly quality monitoring forum was established where the Care Quality Commission (CQC), Healthwatch Hull, safeguarding, contract monitoring, nurses and social workers can share intelligence about providers and agree any remedial action required. A key outcome was the Nursing Provision in Care Homes was identified as an area of concern; an integrated approach to business development was delivered to encourage other providers to enter the local market.

4.1.4 Monitored the transformation programme for NHS funded care during 2017/18, which included the integration of adult and children assessment services to improve the quality and patient experience for young people transitioning between children and adult services. The programme was to improve the integrated commissioning and case management by working more closely with the Local Authority. Pathways and processes have been reviewed around NHS funded care and recommended changes are being implemented in 2018/19.

4.1.5 Monitored the progress within the CCG as a Personal Health Budget (PHB) and Personal Wheelchair Budget (PWB) site, delivered and commissioned personalised care and support that reflected the strategic intentions of NHS England and maximised choice and control for individuals who required a wheelchair. Key achievements were:

- The introduction of PWBs replaced the previous voucher scheme. Systems are in place for accessing funding from education, social care and continuing health care to additionally support the PWB.
- PWB are the default mechanism for care outside of Care Homes, which has increased choice, control and personal outcomes.

The CCG are a PHB and PWB champion site which is further recognition that the Hull system has delivered and commissioned personalised care and support that reflected the strategic intentions of NHS England.

4.1.6 Created a Mortality Task and Finish Group in April 2017. The group has undertaken a gap analysis of providers processes in relation to mortality and a mortality case note audit looking at patients who died within 48 hours of admission from a care home. A sharing learning event is due to take place in July 2018 as part of the Protected Time for Learning for Primary Care. Plans to undertake further joint work with community, secondary care and primary care will be progressed during 2018/19.

4.2 Identified and built on good practice, shared experience, expertise and successes in relation to quality and Value for Money (VFM) with other commissioners and providers, by:

4.2.1 Promoted collaborative working between local mental health providers and the substance misuse service. Joint SI investigations now occur with the providers including local authority colleagues as commissioners of the

substance misuse service. It is hoped in the future that they will attend the SI panels to jointly present the case.

4.2.2 Worked with providers to ensure that they were able to demonstrate that they complied with best practice standards including NICE technology appraisals, guidance and quality standards. Providers were expected to demonstrate that they had systems in place to receive, assess and implement NICE guidance and submit quarterly reports on compliance with relevant standards. This was monitored through the CCG NICE Assurance Working Group and the Clinical Quality Forums.

4.2.3 Developed a Quality improvement Plan with providers and partners, comprising four workstreams which cut across primary, secondary, community, local authority and the voluntary sector. This will be used to help transform services over the next two years with the emphasis on improving quality and safety of services.

4.3 Worked with NHS England to improve the quality of primary care by monitoring themes and trends from incidents reported on DATIX and ensured the Providers resolved issues and put measures in place to prevent re-occurrence. The reporting was managed through a quality dashboard and the sharing of incidents relating to any Provider was shared with the Primary Care Commissioning Committee.

From September 2017 a Professional Nurse Advisor Primary Health Care has worked with lead nurses within each General Practice grouping to identify and deliver models of care with the right level of skills and competencies, ranging from Health Care Assistants to Advanced Nurse Practitioners. This has supported the healthcare staff to meet the health and care needs of people in their communities, engaging and developing staff to deliver high standards of care.

A steering group supported by the Professional Advisor has been meeting monthly with the lead nurses from each grouping and CCG staff from quality and commissioning to take the developments and work forward. The group has also brought together staff from other areas, services and disciplines for example the research network and Hull University specifically around non-medical prescribing nurse and leadership.

4.4 Agreed a workplan for 2017/18 in July 2017. Progress was reported to the Board via the minutes of the monthly meetings and through the agreed corporate performance reporting process.

4.5 Reviewed the Board Assurance Framework (BAF) in September 2017 and the Risk Register was presented in November 2017. The Committee reviewed the high level risks:

- Patients undergo surgical procedures that deliver sub-optimal outcomes, specifically wrong site surgery and retained foreign objects post-operation;

- The failure to achieve MRSA trajectory, bed capacity may mean patients are not admitted into a suitable environment for their specific needs;
- Skill mix and overall staff resource;
- Homecare market may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) service users;
- Aligned Incentive Contract and its associated programme of work; and
- Failure to ensure robust systems and processes are in place to support the reduction in e.Coli blood stream infections.

4.6 Considered the NHS Hull CCG Equality and Diversity Plan, associated objectives and the action plan in May and October 2017 and approved the Equality and Diversity Policy in October 2017.

5. Performance Monitoring

- 5.1 The committee has monitored and reported on the quality, performance and Value for Money (VFM) of contracted services ensuring remedial actions are taken as appropriate to address significant service issues which includes contract performance notices in relation to levels of performance and quality concerns. The CCG continues to work with providers for continued improvement against key performance indicators.
- 5.2 The committee has monitored the delivery of the Medium Term Financial Plan (MTFP). The Committee noted that the CCG achieved all of its statutory financial targets for 2017/18.
- 5.3 The committee has reviewed in-year performance on Quality, Innovation, Productivity and Prevention (QIPP) programmes as well as achievement of the Quality Premium which has been significantly challenged.
- 5.4 The committee has received regular updates and assurance on Medicine Management, Infection Control and Controlled Drugs Management. The medicines Optimisation team from North of England Commissioning Support (NECS) has reported a number of key achievements over the past year, including:
- Supported the development and implementation at practice level of Hull CCG and Hull and East Riding Prescribing Committee approved prescribing guidelines,
 - Worked with practices and commissioned services to reduce inappropriate use of antibiotics. This led to the CCG improving the NHS England (NHSE) antibiotic Quality Premium indicators for 2017/18 related to antibiotic volume reduction and decreased use of higher risk antibiotics associated with healthcare acquired infections. This contributed to continued reduction in C-Difficile levels in 2017/18.
 - Carried out a number of initiatives including audit and promotion of antibiotic toolkits to improve prescribing of antimicrobial drugs in GP practices. This resulted in a reduction in prescribing antibiotics associated with health care

related in fections and contributed to a continued reduction in Clostridium difficile levels. This led to reductions in inappropriate antibiotic prescribing for urinary tract infections (UTIs) and at risk groups related to Gram Negative Bloodstream Infections.

- Worked to support the CCG Right Care programme and achieved the savings targets for the Medicines Optimisation Quality, Innovation, Productivity and Prevention (QIPP) for 2017/18.

5.5 The committee has ensured that service providers are fulfilling their statutory requirements with regards to Infection Prevention and Control (IPC).

An IPC Lead Nurse was appointed via a Memorandum of Understanding with East Riding of Yorkshire CCG provided strategic leadership and specialist advice to the CCG and provided expert advice to drive service improvements and compliance with standards and practices across the Hull health care economy.

A reduction target for incidences of Clostridium *difficile* (*C.diff*) was achieved for the third consecutive year. The target for 2017/18 was to maintain the 2016/17 target of 53. 38 cases were recorded between 1 April 2017 and 31 March 2018. The national target for 2018/19 is 52.

The two year Quality Premium commenced in April 2017 focusing on the reduction of E.coli blood stream infections and the inappropriate antibiotic treatment of urinary tract infections was not achieved. The CCG was required to reduce incidents of E.coli blood stream infections by 10% in 2017-18. However, there have been 94 cases since 1 April 2017 to the end of February 2018. A single action plan was developed with Providers to achieve the required reductions in hospital and the community during 2018/19.

There were three MRSA's reported during 2017/18 and all had a Post Infection Review. These were monitored by Public Health England. The process has changed from April 2018, where the CCG will undertake the monitoring.

5.6 The committee has received quarterly reports on Serious Incidents (SIs) and monitored performance of provider SIs, ensuring lessons shared and learning disseminated. SI review panels form part of the process where completed provider SI investigation reports are reviewed and subsequent feedback provided prior to discussing these in person with the provider organisations at the SI panel meetings. Refer to the SI Quarter 4 Report presented to the Committee in April 2018 for further information.

Six Never Events were reported by one Provider during 2017/18 (four related to the East Riding of Yorkshire CCG) were discussed by the Committee. The Provider was requested to undertake a thematic review to identify any common themes, by the Hull and East Riding SI Panel. The North Yorkshire SI Panel is no longer part of the H&ER SI Panel. The patient harm on these cases was reported as minimal and the patients recovered.

- 5.7 The committee has reviewed incidents, and received reports about complaints, concerns, comments and compliments received into the CCG. The Engagement Manager has presented bi-annual Patient Experience and Pals and Complaints reports to the Committee, and assurance has been given that the CCG has processes in place to not only act on and resolve complaints and concerns raised, but also to review themes and trends, ensure any feedback is disseminated appropriately across the organisation and that any learning is shared.
- 5.8 The committee has monitored the reports of the Research and Development (R&D) Steering group which ensured:
- the CCG promoted opportunities for high quality and relevant research.
 - that good research led to innovation and provides a strong evidence base for clinical decision making.
 - the promotion and conduct of research was embedded in Hull CCG.
 - a developing and evolving knowledge base was established to improve health outcomes and reduce inequalities underpinned by the Hull 2020 vision.
- 5.9 The committee approved the annual schedule of meetings and workplan 2018/19 in June 2018.

6. Summary

The Quality and Performance Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be provided with a high level of assurance that the quality and patient safety related business is in line with the CCG organisational objectives and the CCG Commissioning for Quality Strategy 2016-2020.

Areas of limited assurance within the report will be tightly monitored by the Committee during 2018/19:

- Never Events
- MRSA
- E-Coli
- Cancer waiting times
- A&E waiting times
- Referral to treatment
- Bed capacity
- Staff resource.

The Committee has taken responsibility for leadership on behalf of the Board ensuring there were mechanisms and reporting systems in place to advise the Board of quality and performance management for contracted providers and that remedial action plans were developed and implemented.

The Committee oversaw the continued development, monitoring and reporting of performance outcome metrics in relation to the quality improvement, financial

performance and management plans. It has ensured the delivery of improved outcomes for patients in relation to the CCGs agreed strategic priorities.

James Moul
Chair - Quality and Performance Committee
June 2018

Jason Stamp
Vice Chair - Quality and Performance Committee

Appendix 1

DATE OF MEETING		27/04/17	23/05/17	27/06/17	25/07/17	26/09/17	24/10/17	28/11/17	19/12/17	23/01/18	20/02/18	20/03/18	% Attendance
SURNAME	FIRST NAME												
Moult	James	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
Stamp	Jason	✓	✓	✓	✓	✓	✓	x*	✓	✓	✓	✓	100%
Smyth	Sarah	x	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	82%
Crick	James	x	✓	✓	✓	✓	x	✓	x	✓	✓	x	67%
Dodson	Joy	x*	x*	x*	x*	x*	x*	✓	✓	x*	✓	x*	100%
Morris	Lorna	✓	✓	✓	✓	✓	✓	x	✓	x	✓	✓	82%
Lee	Sue	✓	✓	x	✓	✓	✓	x	✓	✓	✓	✓	82%
Blain	David	x	✓	✓	✓	✓	✓	✓	✓	x	✓	x	73%
Ellis	Karen				✓	x	x	✓	✓	✓	x	x	50%
Martin	Karen	✓	✓	x	✓	x	x	✓	✓	✓	✓	✓	73%
Total % Attendance													81%
*Representative attended													
Was not a member at the time													