

**QUALITY AND PERFORMANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 26 JUNE 2018  
IN THE BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY  
1.00 PM – 5.00 PM**

**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  
Dr James Crick, Associate Medical Director, Hull CCG and Hull City Council  
Karen Ellis, Deputy Director of Commissioning, Hull CCG  
Gareth Everton, Head of NHS Funded Care, 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  
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)  
Gail Baines, Delivery Manager  
Mel Bradbury, Head of Mental Health and Vulnerable People, Hull CCG  
Colin Hurst, Engagement Manager Public Engagement & Patient Experience, Hull CCG  
Jo Raper,  
Angie Rawlings,  
Liz Sugden, Patient Safety Lead, Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG  
Kevin Mccorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
Ross Palmer, Head of Contracts Management, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 22 MAY 2018**

The minutes of the meeting held on 22 May 2018 were presented and it was agreed that they were a true and accurate record.

**Resolved**

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| (a) | That the minutes of the meeting held on 22 May 2018 would be signed by the Chair. |
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### 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 22 MAY 2018

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

22/05/2018 – 6 – Quality and Performance Report – Estelle was to go back and look at how they can assure Q&P Committee that HEY are being held to account as part of the aligned incentive contract.

20/03/18 – 15 – Quality and performance report – Hull CCG have agreed to work HEY to produce an action plan for Friends and Family test for postnatal community. All other actions were marked as closed

#### Resolved

(a)	That the action list be noted and updated accordingly.
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### 4. NOTIFICATION OF ANY OTHER BUSINESS

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

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"><li>• GP Partner Faith House Surgery Modality, providing General Medical Services</li><li>• GP Tutor Hull York Medical School</li><li>• Registered with the General Medical Council</li><li>• Registered with the Royal College of General Practitioners</li><li>• Voting GP on Health and Wellbeing Board - Hull City Council</li></ul>
J Stamp	All Items	<ul style="list-style-type: none"><li>• Chief Officer North Bank Forum for voluntary organisation - sub contract for the delivery of the social prescribing service. Member of Building</li></ul>

		<p>Health Partnerships</p> <ul style="list-style-type: none"> <li>• Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG.</li> <li>• Organisation contracted to deliver Healthwatch Hull from September 2017</li> </ul>
S Smyth	All Items	<ul style="list-style-type: none"> <li>• Registered nurse on the NMC register</li> </ul>
K Martin	All Items	<ul style="list-style-type: none"> <li>• Registered nurse on the NMC register</li> </ul>
J Crick	All Items	<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 Commissioning Group and Hull City Council. 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>

## Resolved

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

The Deputy Chief Finance Officer and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report for consideration.

### Financial Summary

The Month 2 (May 2018) financial position is reported, at this early stage of the financial year there are no indications that the statutory financial targets of the CCG will not be achieved.

### Quality premium 17/18

The Quality Premium will be kept on the Quality and Performance Report until there is a final position.

The Head of NHS funded Care stated that the National indicator for Continuing health care should be 89.22% not 64%. EB agreed to amend the report

## **CCG Performance Indicators**

### A&E waiting Times

The Month 2 (May 2018) financial position is reported, at this early stage of the financial year there are no indications that the statutory financial targets of the CCG will not be achieved.

### RRT

RRT achieved 81.85% at month 1sl, against the local STF target of 80%

### 52 Week referral to Treatment

April figures recorded 8 breaches with 5 breaches against CHCP for the weight management service which are being addressed with the provider.

### Diagnostics

During April there was a slight decrease in the number of patients waiting over 6 weeks. The CCG had 420 breaches with the majority being for endoscopies 46% (194) and imaging 39% (163). HEYHT continue to report progress of actions taken to the Planned Care Delivery Group.

### Cancer 2 week waits

167 patients were seen with 23 breaches.

### Cancer 31 day waits

16 patients seen, with 1 breach.

### Cancer 62 day waits

61 patients seen 21 breaches, the CCG is awaiting further details of breaches.

### Ambulance

More resources have been pulled to provide more information for the report, The Director of Quality and Clinical Governance/ Executive Nurse states that information doesn't need to be provided every month, the Executive Nurse also requested that referrals to the coroners are included within the next Quality and Performance Report if available.

### IAPT

It was reported that the IAPT data submissions have been adversely affected by an erroneous data submission. Work is underway to ascertain the actual position. The service has also reported a high did not attend (DNA) rate into the Let's Talk service The Head of Mental Health and Vulnerable People commissioning confirmed that discussions have taken place with the provider to address the key issues.

Information available does not evidence any adverse patient experience however the Quality Lead will provide the Associate Director (Communications and Engagement) with the IQGQSG quarter 4 report which includes patient experience information for review / evaluation in preparation for to produce further detail for the next quality and Performance Report. This patient experience focus will continue to be presented at future meetings.

### Mixed Sex Accommodation

There were currently no breaches.

### Urgent Operations

There were currently no breaches

## **Contract Performance and Quality**

### **CHCP**

#### Tier 3

The performance of Tier 3 weight management service continues to be monitored closely following further 52 week breaches. This is being addressed with the provider through the issuing of a formal contract performance notice

#### Quality

Work was still in progress in developing the reports to provide adequate assurance.

### **HEYHT**

#### Quality

A quality visit was undertaken in the Emergency Department at Hull Royal Infirmary on 8 May 2018, 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. Hull CCG is currently awaiting a response from HEY following the visit.

#### Serious Incidents

The Trust declared it's sixth never event during Q4 of 2017/18.

#### Staffing

Nursing staffing remains a challenge, following successful interviews, the Trust will be pursuing 140 student nurses who are due to complete their training in September 2018.

### **Humber**

#### Quality

Due to the implementation of the Aligned Incentive Contract (AIC), the HFT meetings have been changed to reflect this with the next meeting taking place on 21st June. The meeting will now be called the Humber Quality Group and terms of reference are currently being consulted on. Membership is also being reviewed

### **Spire**

Contract discussions have come to the conclusion with Spire to refresh the 2017-2019 contracts for its second year of operation. The contract variation will now be agreed and signed.

#### Quality

The first Spire Hull and East Riding Quality Group met on 24 May 2018, the Terms of Reference were agreed by the group. However, the work plan will be reviewed by

the Head of Clinical Services and Quality and Patient Safety Lead on 1 June 2018 and will be brought to the next meeting for approval.

## YAS 999 111

The 111 service currently up for re-procurement

### Coroner's requests

Highlighted within the report was the high number of coroners requests in Hull, the committee asked for the Quality Lead, the Associate Medical Director and the Designated Professional for Safeguarding Adults to go back to the coroners for more information.

## Thames Ambulance Service

It was noted that the performance indicators presented in the performance dashboard for Thames Ambulance Service required a review of format following discussion in the meeting. This will be amended for the next Q&P committee report.

### Autism

Following the Autism Deep Dive last year the Commissioner from Hull CCG has worked closely with Humber FT and Hull City Council on the new model for CYP Autism. The main issue is the waiting time to receive an assessment. A plan is being developed to address this as there are currently 50 referrals a month going into the service which is higher than planned. The team are looking at developing a post diagnosis service model, whilst this is under development the new tam will be able to support the diagnostic team to help manage the backlog of patients. A class room environment will also be set up for children to be assessed so that the service can continue in school holidays.

The team are looking at recruiting a post diagnostic model to manage the backlog of patients. A class room environment will also be set up for children to be assessed so that when it's the school holidays time isn't lost to undertake the assessments.

Level of Confidence
<b>Financial Management</b> Process A <b>HIGH</b> 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. Performance A <b>HIGH</b> level of confidence was reported in the reported financial performance due to all statutory targets planned to be achieved. Track record of performance.
<b>Hull &amp; East Yorkshire Hospitals – A&amp;E 4 hour waiting times</b> Process A <b>HIGH</b> 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. Performance A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.
<b>Hull &amp; East Yorkshire Hospitals – Referral to Treatment waiting times</b> Process A <b>HIGH</b> 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.  
Performance  
A **LOW** level of confidence was reported in the achievement of this target due to ongoing underperformance.

#### **Hull & East Yorkshire Hospitals - Diagnostics Waiting Times**

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

#### **Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)**

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.  
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.

#### **Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times**

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

#### **Humber Foundation Trust – Waiting Times (all services)**

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

#### **City Health Care Partnership – Looked After Children Initial Health Assessments**

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

#### **City Health Care Partnership – Improved Access to Psychological Therapies Waiting times**

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

#### **Yorkshire Ambulance Service – Ambulance Handover Times**

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

**TASL – Key Performance Indicators (all)**  
 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.  
 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.

**Resolved**

(a)	Quality and Performance Committee Members considered the contents of the Quality and Performance Report.
(b)	Executive Nurse also requested that referrals to the coroners are included within the next Quality and Performance Report.
(c)	The Quality Lead will provide the Associate Director (Communications and Engagement) with the IQGQSG quarter 4 report which includes patient experience information and continue on a quarterly basis up to date patient experience information for the next quality and Performance Report.
(d)	The Head of Performance and Programme Delivery would go back and check the data for performance indicators within the Quality and performance for Thames Ambulance service

**7. OUT OF AREA REPORT**

The Head of Mental Health and Vulnerable People presented the Out of Area Report for information.

Level of Confidence
Process A <b>HIGH</b> level of confidence was reported in the processes for Vulnerable People Out of area Policy agreed and in place A <b>HIGH</b> level of confidence was reported in the processes for MH Funding Panel ToR agreed – virtual decision making with formal meeting when required A <b>MEDIUM</b> level of confidence was reported in the processes for Continued additional case management support since June 2017 – however Transforming Care is putting pressure on Case Management function due to the demands of NHS E Performance A <b>LOW</b> level of confidence was reported in the performance as the Budget is forecast to overspend due to number of acute out of area placements A <b>LOW</b> level of confidence was reported in the performance Due to pressure on Hull CCG from NHS E re patients being discharged from low secure hospital this is creating additional workload and financial pressure

**Resolved**

(a)	Quality and Performance Committee Members noted the Out of Area Report
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## 8. TRANSFORMING CARE UPDATE

The Head of Mental Health and Vulnerable People presented the Transforming Care Update for information which included the latest Transforming Care Programme Update Report.

The Transforming Care Programme is a national programme to reduce the number of people with autism, learning disabilities, or both, in inpatient settings. This includes some bed closures and transfer of resources from Specialist Commissioning to local commissioners. Currently the program is not achieving its target trajectory of net discharges but a recovery plan is in place which is expected to achieve the plan by March 2019. The Head of Mental Health and Vulnerable People shared the current issues and risks facing the Transforming Care Programme.

The Director of Quality and Clinical Governance/ Executive Nurse questioned whether when patients are been moved if a full Health Assessment takes place at their new home, the Head of Mental Health and Vulnerable People would check that this is happening. The Deputy Director of Quality and Clinical Governance/ Lead Nurse also queried if the risks and quality concerns had been raised with the Quality and Surveillance Group led by NHSE. The Director of Quality and Clinical Governance/ Executive Nurse agreed to raise this at the next meeting

Level of Confidence
Process
A <b>HIGH</b> level of confidence was reported in the processes Engagement with TCP Partnership Board.
A <b>HIGH</b> level of confidence was reported in the processes for NHS Hull CCG weekly reporting to NHS E on Transforming Care in addition fortnightly phone call with NHS E TCP Case Manager leads.
Performance
A <b>LOW</b> level of confidence was reported in the performance Hull CCG delivery against TCP plan – this has worsened since NHS E have determined secure patients to now require locked rehabilitation which is commissioned by CCG's.
A <b>LOW</b> level of confidence was reported in the performance Despite numerous assessments lack of pathways and delays due to awaiting low secure placements and awaiting legal framework for Community DOLs and Community Treatment Orders is hindering our ability to swiftly move patients through the system.
A <b>LOW</b> level of confidence was reported in the performance due to Significant workload on dedicated Commissioning Manager and the CCG Case Manager as well as Senior Finance Managers with the CCG

### Resolved

(a)	Quality and Performance Committee Members noted the Transforming Care Update
(b)	The Head of Mental Health and Vulnerable People would check that this is happening.
(C)	The Director of Quality and Clinical Governance/ Executive Nurse would take this to the Quality and Surveillance Group.

## 9. Q4 CQUIN REPORT

The Quality Lead presented the Q4 CQUIN Report to note.

### HEYHT

A 5 percent point improvement in two of the three NHS annual staff questions on health and wellbeing, MSK and stress indicators were not achieved.

The Trust has partially achieved the Q4 milestones of the scheme requirements resulting in a 10% payment.

### Humber Teaching Trust

A 5 percent point improvement in two of the three NHS annual staff questions on health and wellbeing, MSK and stress indicators were not achieved.

### CHCP

Full achievement has been awarded to CHCP against the scheme.

### Spire

Spire was awarded full achievement for Q4 against Scheme 2.

For 2018/19 the Commissioners and Spire have agreed that the BMI / Smoking scheme is complete and will be replaced with a scheme that focusses on Patient Experience within the outpatient setting.

Level of Confidence
Process A <b>HIGH</b> level of confidence was reported in the processes exists for the way in which Hull CCG reconciles the CQUIN scheme with HEYHT through the NHS Standard Contract, including with partner CCGs.
Performance A <b>MEDIUM</b> level of confidence was reported in the performance exists for the way in which Hull CCG's main provider has engaged with the 2017-19 CQUIN scheme per the NHS Standard Contract and has used CQUINs to improve services for patients at HEYHT.

### Resolved

(a)	Quality and Performance Committee Members noted the Q4 CQUIN Report
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## 10. QUALITY IMPROVEMENT PROGRAMME PLAN

The Quality Lead presented the Quality Improvement Programme Plan to note.

The Pressure Ulcer Working Group has met on four occasions since December 2017. Current progress to date is:

- Approved Terms of Reference and timetable of meetings.
- Developed project plan and Plan on a Page (Appendix B).
- Baseline activity undertaken and being reviewed by two main Providers.
- Low attendance at meetings, which is a concern, despite reminders.
- Agreement regarding consistent approaches to local guidance / education / training.
- BADEN and WATERLOW tools being used, which causes concern due to the nature of rating

A report will be presented at the next Quality and Performance Committee meeting on substance misuse services across Hull and East Riding which will provide the Committee with the achievements to date, lessons learned and an action plan to further enhance the service.

Level of Confidence
Process A <b>MEDIUM</b> level of confidence was reported in the processes exists for the way in which all parties are engaged in the process. Terms of Reference have been approved. Plan on a Page has been developed.

Reporting is undertaken through the Senior Nurse Forum and the Provider Quality Forums.  
 Performance  
 A **MEDIUM** level of confidence was reported in the performance exists for the way in which the group membership has engaged with the Working Group.  
 Two main Providers are working together to review the current baseline data for Pressure Ulcers.

**Resolved**

(a)	Quality and Performance Committee members noted the Quality improvement programme plan
(b)	A report will be presented at the next Quality and Performance Committee meeting on substance misuse services across Hull and East Riding which will provide the Committee with the achievements to date.

**Jason Stamp declared a direct financial interest in this item**

**11. HEALTHWATCH UPDATE**

The Delivery Manager for Health watch presented the Health watch Update to consider.

Stroke Report

Currently Health watch have not had received any responses from HEY and Hull City Council, following the completion of the report. It was hoped that these will be finalised in the next couple of days and then the report will be published  
 Discussion took place around the stakeholder event which had been very valuable to gain organisational feedback as well as patient involvement.

Annual report

The Quality and Performance Committee highlighted the good work within the Health watch Annual Report

**Resolved**

(a)	Quality and Performance Committee Members noted the Health watch Update
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**12. Q4/ ANNUAL REPORT SAFEGUARDING CHILDREN**

The Designated Nurse for Safeguarding Children presented the Q4/ Annual Report for Safeguarding Children to note.

Highlighted within the report was.

A robust safeguarding audit process undertaken during 2017/18 identified significant assurance that governance, risk management and control arrangements are in place within NHS Hull CCG.

It was noted that the training compliance rate for YAS was reported differently in the Quality and Performance report compared to the Safeguarding children report, the Designated Nurse for Safeguarding Children would check the figures on each report.

Level of Confidence
<b>NHS Hull CCG</b>
Process

<p>There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children.</p> <p>There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and a Named GP in post. Regular safeguarding audits have found significant assurance.</p> <p>Performance</p> <p>There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children.</p> <p>Following a reduction in training uptake owing to difficulties with ESR, reported to the Quality and Performance Committee, steps put in place to rectify the situation has resulted in a significant improvement.</p>
<p><b>Hull &amp; East Yorkshire Hospitals (HEY)</b></p> <p>process</p> <p>There is a <b>HIGH</b> level of confidence in HEYHT discharging it's duties in relation to safeguarding children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p> <p>Performance</p> <p>There is a <b>HIGH</b> level of confidence in HEYHT discharging its duties in relation to safeguarding children.</p> <p>HEY has consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.</p>
<p><b>Humber Foundation Trust (HTFT)</b></p> <p>Process</p> <p>There is a <b>HIGH</b> level of confidence in HTFT discharging it's duties in relation to safeguarding adults. There are robust safeguarding processes in place with clear leadership, requisite professionals in post and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p> <p>Performance</p> <p>There is a <b>MEDIUM</b> level of confidence in HTFT discharging it's duties in relation to safeguarding adults.</p> <p>Although training compliance has been maintained in relation to safeguarding adults training, reviews highlighted some areas for concern relating to safeguarding adults processes.</p>
<p><b>City Health Care Partnership (CHCP)</b></p> <p>Process</p> <p>There is a <b>HIGH</b> level of confidence in CHCP discharging it's duties in relation to safeguarding adults.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals in post and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.</p> <p>Performance</p> <p>There is a <b>HIGH</b> level of confidence in CHCP discharging it's duties in relation to safeguarding adults.</p> <p>Progress has been achieved in relation to safeguarding children uptake and required inspection actions.</p>
<p><b>SPIRE</b></p> <p>Process</p> <p>There is a <b>MEDIUM</b> level of confidence in SPIRE discharging it's duties in relation to safeguarding adults.</p> <p>The self-declaration reported to CMB did not identify any deficits, however, lack of attendance at HSAPB and CT Prevent Silver group was evident throughout the year.</p> <p>Performance</p> <p>There is a <b>MEDIUM</b> level of confidence in SPIRE discharging it's duties in relation to safeguarding adults owing to incremental training reporting and below required compliance for CT prevent.</p>
<p><b>YAS</b></p>

**Process**

There is a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding adults.

The required processes are in place monitored by Wakefield CCG as the lead commissioner, and a current memorandum of agreement in place with all 23 CCGs across Yorkshire.

**Performance**

There is a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding adults. YAS maintained high levels of training and reporting for safeguarding adults in 2017-18 and also introduced a higher level of training for clinical staff in Q4.

**Resolved**

(a)	Quality and Performance Committee Members noted the Q4/ Annual Report Safeguarding children
(b)	The Designated Nurse for Safeguarding Children would check the figures for training compliance of YAS on the Quality and Performance report and the Safeguarding children annual report.

**13. Q4/ ANNUAL REPORT SAFEGUARDING ADULTS**

The Designated Professional for Safeguarding Adults presented the Q4/ Annual Report for Safeguarding Adults Report to note.

Highlighted within the report was.

A robust safeguarding audit process undertaken during 2017/18 identified significant assurance that governance, risk management and control arrangements are in place within NHS Hull CCG.

Completed delivery of the Hull Safeguarding Adults Board 4 year strategic plan.

Completion and publication of bespoke safeguarding adult's policy for primary care practices in the city.

Successful recruitment of a Named GP for safeguarding adults following the resignation of the previous post holder.

Safeguarding adults issues being highlighted via SI processes and escalated to HSAPB as consideration for Safeguarding Adult Reviews (SAR).

Funding and support for multi-agency conferences on self-neglect and counter terrorism/radicalisation.

**Level of Confidence****NHS Hull CCG****Process**

There is a **HIGH** level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults.

There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and a Named GP in post. Recent safeguarding audit has found substantive assurance.

**Performance**

There is a **HIGH** level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults.

Following a reduction in training uptake owing to difficulties with Electronic Staff Records (ESR) , reported to the Quality and Performance Committee, steps put in place to rectify the situation has resulted in a significant improvement.

#### **Hull & East Yorkshire Hospitals (HEY)**

##### **Process**

There is a **HIGH** level of confidence in HEY discharging it's duties in relation to safeguarding adults.

There are robust safeguarding processes in place with clear leadership, requisite professionals in post with internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.

##### **Performance**

There is a **MEDIUM** level of confidence in HEY discharging it's duties in relation to safeguarding adults.

HEY has consistently maintained a safeguarding adults compliance rate of over 80%. CT prevent remained below compliance targets throughout the year but improvement was evident by the end of Q4. Significant progress has been made in relation to required inspection actions.

#### **Humber Foundation Trust (HTFT)**

##### **Process**

There is a **HIGH** level of confidence in HTFT discharging its duties in relation to safeguarding children.

There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.

##### **Performance.**

#### **City Health Care Partnership (CHCP)**

##### **Process**

There is a **HIGH** level of confidence in CHCP discharging it's duties in relation to safeguarding children.

There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.

##### **Performance**

There is a **HIGH** level of confidence in CHCP discharging it's duties in relation to safeguarding children. Progress has been achieved in relation to safeguarding children uptake and required inspection actions.

#### **SPIRE**

##### **Process**

There is a **MEDIUM** level of confidence in SPIRE discharging it's duties in relation to safeguarding children.

The self-declaration reported to CMB does not identify any deficits However, training compliance can only be reported incrementally.

##### **Performance**

There is a **MEDIUM** level of confidence in SPIRE discharging it's duties in relation to safeguarding children owing to incremental training reporting.

#### **YAS**

##### **Process**

There is a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding children.

The required processes are in place, monitored by Wakefield CCG as the lead commissioner.

##### **Performance**

There is a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding children. Although there has been a reduction in training compliance in Q4, an action plan is in place.

## Resolved

(a)	Quality and Performance Committee Members noted the Q4/ Annual report Safeguarding Adults
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### 14. LeDeR ANNUAL REPORT

The Designated Professional for Safeguarding Adults presented the LeDeR Annual Report to note.

Highlighted within the report was.

The Director of Quality and Clinical Governance/Executive Nurse is the nominated Local Area Contact (LAC) for Hull and is supported by the deputed LAC's, the Designated Safeguarding Professional and the Head of Vulnerable People. The CCG was notified of nine deaths in total during 2017-18. Four of these have now been fully investigated and reports produced. The CCG has currently 12 reviewers trained, 3 of which are from the Local Authority.

It was requested for future reports there would be more context around the numbers and benchmarking.

Level of Confidence
Process There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its duties in relation to the LeDeR programme.
Performance There is a <b>HIGH</b> level of confidence in NHS Hull CCG discharging its duties in relation to the LeDeR programme.

## Resolved

(a)	Quality and Performance Committee Members noted the LeDeR Annual Report
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### 15. INFECTION, PREVENTION AND CONTROL ANNUAL REPORT

The Infection, Prevention and Control Lead Nurse presented the Hull and East Riding CCG's Infection, Prevention and Control Annual report to discuss.

Highlighted within the report was

Both Hull CCG and East Riding CCG have seen a decrease in C diff cases based on the 2016/17 data compared to 2017/18.

This is the first year for reporting for pseudomonas aeruginosa Blood Stream Infections and forms part of the gram negative BSI agenda.

HEY have reported 3 infection control related incidents during 2017/18. Incidents 1 & 2 both relate to patients who had been transferred from hospitals out with the UK.

E.coli is still showing an increase probably due to the implementation of the Sepsis bundle

A subsequent review of 12 patients with E coli has been undertaken and has shown that patients with type 2 diabetes was a common theme.

Level of Confidence
<p>Process</p> <p>There is a <b>HIGH</b> level of confidence in A robust C diff review process continues across the health economy with the CCG's coming in under objective for the last three years. More collaboration is taking place across health boundaries to ensure the process continue to develop and respond to the changing environment.</p> <p>There is a <b>MEDIUM</b> level of confidence The process for reviewing E.coli BSI cases is ongoing in both secondary and primary care. The process continues to be reviewed as the process develops.</p> <p>Performance</p> <p>There is a <b>LOW</b> level of confidence The Hull CCG has not met the 10% reduction objective for E.coli BSI cases at the end of Quarter 4 by 28 cases.</p> <p>There is a <b>HIGH</b> level of confidence in C diff objective delivered at the end of 2017/18 demonstrates a reduction against objective. Stretch targets have been agreed locally</p>

**Resolved**

(a)	Quality and Performance Committee Members noted the Infection, Prevention and Control report
(b)	

**16. PATIENT RELATIONS UPDATE**

The Engagement Manager Public Engagement & Patient Experience presented a Patient Relations Update.

The Lay Member expressed that the information provided within this update report needs to be articulated within the original Patient relations report. The Patient relations report will now be included within the Quality and Performance Report, this would be included in the July Committee.

Level of Confidence
<p>Performance</p> <p>There is a <b>MEDIUM</b> level of confidence in the Patient Relations Service</p> <p>There is a <b>MEDIUM</b> level of confidence in the Reporting of PALS and Complaints Intelligence</p> <p>There is a <b>MEDIUM</b> level of confidence in the learning for PALS and Complaints Intelligence</p>

**Resolved**

(a)	Quality and Performance Committee Members noted the patient Relations Update
(b)	The Patient relations report will now be included within the Quality and Performance Report.

**17. WORKPLAN**

The Quality and Performance Committee Meeting agreed the Quality and Performance workplan for 18/19.

With the following additions to be made:-

- QUIPP Report to be added twice yearly
- Mortality Update adhoc



## Resolved

(a)	Quality and Performance Committee Members approved the Quality and Performance workplan for 18/19.
(b)	The Personal Assistant was to update the Workplan with the changes suggested by the Committee.

### 18. CHAIRS ANNUAL REPORT

The Quality Lead presented the Chairs Annual Report for approval.

The Committee approved the Chairs Annual report with the below updates to be made:-

- The Associate Medical Director would provide the Quality Lead with an update around Care Homes
- The Associate Director (Communications and Engagement) would provide the Quality Lead with further information around Patient Experience
- The Head of Performance and Programme Delivery would provide the Quality Lead with the Contract Query notices that were sent out due to discussions within the Quality and Performance Committee.

Level of Confidence
<p>Process</p> <p>A <b>HIGH</b> level of confidence exists for the way in which the Quality and Performance (Q&amp;P) Committee monitor the work programme under three discreet areas:</p> <ul style="list-style-type: none"><li>• Strategic Development</li><li>• System Development and Implementation</li><li>• Performance Monitoring</li></ul> <p>The Committee has ensured there were mechanisms and reporting systems in place to advise the Board of quality and performance management for contracted providers.</p>
<p>Performance</p> <p>A <b>HIGH</b> level of confident exists for the way in which the Q&amp;P Committee has overseen 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.</p>

## Resolved

(a)	Quality and Performance Committee Members approved the Chairs Annual Report.
(b)	The Associate Medical Director would provide the Quality Lead with an update around Care Homes.
(c)	The Associate Director (Communications and Engagement) would provide the Quality Lead with further information around Patient Experience.
(d)	The Head of Performance and Programme Delivery would provide the Quality Lead with the Contract Query notices that were sent out due to discussions within the Quality and Performance Committee.

### 19. STROKE PEER REVIEW (SNNAP) REPORT

The Deputy Director of Commissioning presented the Stroke Peer Review (SSNAP) Report to consider.

A follow up visit by the SSNAP reviewers took place on the 3<sup>rd</sup> May 2018 at the Trust; the visiting Team were impressed with the progress made over the past year specific findings from the visit were:

It was agreed to increase the HASU beds from 4 to 8 and employ the additional nurses needed to fully staff these beds to national standards. There is a commitment to further expand to 12 beds in line with plans to become the regional thrombectomy centre.

All stroke patients will now go to the stroke unit for up to 48 hours  
A further update will be received at the Quality and Performance Committee in 9 months' time.

Level of Confidence
<p>Process A <b>HIGH</b> level of confidence is in the processes for A multi-agency Integrated Stroke Pathway Group is established to progress the recommendations arising from the initial Peer Review and the group will continue to meet to progress the recommendations from the follow-up visit.</p> <p>Performance A <b>MEDIUM</b> level of confidence is in the performance due to Whilst improvements in access to HASU beds have been made, recruitment challenges persist which mean not all stroke patients access the HASU.</p>

**Resolved**

(a)	Quality and Performance Committee Members considered the Stroke Peer Review (SSNAP) Report.
(b)	The Personal Assistant was to update the Quality and Performance Committee workplan with the Stroke Peer Review Report been reported in 9 months' time.

**20. DEEP DIVE AGENDA ITEMS**

The Deputy Head of Commissioning made the suggestion of Diagnostics as a Deep dive agenda item, the committee agreed The deep dive will be undertaken jointly with East Riding CCG and the Trust. The Deputy Director of Commissioning would take this forward.

**Resolved**

(a)	The Deputy Head of Commissioning would contact East Riding CCG and The Trust to organise a Deep Dive around Diagnostics.
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**21. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE**

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

**22. NOTES FROM THE FOLLOWING MEETINGS ARE AVAILABLE ON REQUEST:**

- HEYHT Contract Management Board
- Humber FT Contract Management Board
- Spire Contract Management Board
- H&ERY Serious Incident Panel
- Infection, Prevention and Control Group

**23. ANY OTHER BUSINESS**

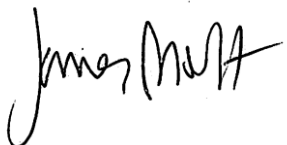
No other business was discussed

**24. CHAIR'S UPDATE REPORT**

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

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

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

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

Date: 24 July 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