

**QUALITY AND PERFORMANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 24 JULY 2018  
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY  
1.00PM – 5.00PM**

**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  
Kevin McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
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)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
Joy Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, 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

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 26 JUNE 2018**

The minutes of the meeting held on 26 June 2018 were presented and it was agreed that they were a true and accurate record.

**Resolved**

(a)	That the minutes of the meeting held on 26 June 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 26 JUNE 2018**

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

**26/06/18 Transforming care update** – update timescale to September 18.

**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 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>
J Moutt	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	<ul style="list-style-type: none"> <li>• Chief Officer North Bank Forum for voluntary</li> </ul>

	Items	<p>organisation - sub contract for the delivery of the social prescribing service. Member of Building 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>

## Resolved

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

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

### Financial Position

The Hull CCG was showing a balanced figure to date.

It was noted that there was a financial pressure showing for Community services, which relates to non-contract patient placements. The Head of NHS Funded Care and Deputy Director of Commissioning discussed that there are undertaking a look back review of individual placements to ascertain if there are any repeated packages types which we need to have a contract in place for.

The Head of Funded Care and Deputy Director of Commissioning to feedback at the September meeting.

### Quality Premium

Comments are now showing within the Quality Premium section of the report.

Considerable work had been undertaken by commissioners and the provider in relation to the IAPT service which should start to show some improvement.

## **CCG Performance indicators**

### A&E waiting times

The 4 hour target had slightly deteriorated in May 2018. Themes and trends continue to be reviewed as part of the work being undertaken by the HEYHT aligned incentive contract, however minors and paediatrics continue to be the main contributors to numbers of A&E attendances.

### 52 week referrals

Hull CCG had recorded 12 x 52 week breaches with 11 at HEYHT and 1 at City Health Care Partnership in May.

### Diagnostic Testing

The CCG had 476 breaches with the majority being for endoscopies 53% (252) and imaging 38% (182).

### % of people who are moving to recovery

The achievement of this target has seen improvement following changes in clinical practice and recording of problem descriptors in the IAPT dataset which ensures the correct treatment and therapy for the individual.

### Friends and Family Test for A&E

The Trust continues to miss the target for FFT in A&E. HEY have agreed to draft a FFT improvement plan to address FFT performance across the organisation. The Associate Director (Communications and Engagement) was continuing to work with HEY.

## **Contract Performance and Quality**

### **CHCP**

#### Performance

##### Let's Talk

The 7-day assessment performance remains a significant challenge particularly due to "Did Not Attends" (DNAs) and cancellations at short notice by patients. The Committee requested from the Head of Contracts Management, assurance around the DNA rates at CHCP.

The Let's Talk contract is due to expire in September 2019 and the CCG was reviewing options for ongoing commissioning. The contract had an option to extend for two years.

##### Community Paediatrics

Discussions are under way around developing the Community Paediatrics provision. There will be a further resource pressure on the system due to two consultants who are due to leave in September 2018.

##### Tier 3 Weight management

The performance was being addressed with the provider through the issuing of a formal Contract Performance Notice and an improvement plan agreed which was being closely monitored by commissioners.

#### Quality

The Integrated Governance Quality and Safety Group met on the 4 July 2018. Key staff were on Annual Leave when the meeting took place and it was felt that some reports were not at the standard expected. CHCP were working with the CCGs Quality lead to ensure reports contain the right level of information.

The Group received the Quality Improvement Plan update which gave a level of assurance, however, future reports need to demonstrate if the action, once completed, had achieved the expected outcomes.

The Lay member stated that the quality section within CHCP was worrying due to the report's still not been at the standard that they should be. The Director of Quality and Clinical Governance/ Executive Nurse stated that she would monitor the progress at the next meeting in August 2018. The issues have been formally flagged and discussions have taken place with East Riding CCG who also commission services from CHCP.

## **HEYHT**

### Performance

The Performance Section was covered under the performance indicators section.

### Quality

The last Quality Delivery Group was held on the 6 June 2018, no further update can be provided from the June Quality and Performance Report.

## **Humber**

### CAMHS

A table including waiting times and capacity for the CAHMS service was provided to the committee as requested in the June 2018. Discussion took place around the investment that had been put into the CAHMS service and if the service was not showing an improvement, then committee would need some assurance around the delivery of service.

It was noted that the Autism and Speech and Language service had been awarded funding which will be directly received by Humber.

### Quality

The Humber Quality Group took place on the 21st June 2018 following the implementation of the aligned incentive contract. It was noted that the meeting was a more positive meeting.

### Patient Experience

Following the publication of the NHSI Patient Experience Improvement framework – The Trust is undertaking a gap analysis and will feedback at the next meeting in August 2018.

## **Spire**

The acknowledged that a significant reduction in activity for Orthopaedic procedures due to the implementation of the MSK triage service. Challenges have been raised with the provider in relation to New to Follow Up ratios being outside of appropriate benchmarks.

### Quality

The first Spire Hull and East Riding Quality Group met on 24 May 2018, the next meeting is due to take place on 8th August 2018. No further update was available.

## YAS

NHS England have asked commissioners and providers to a move away from using time based performance as the main measure of how well an ambulance trust is performing. It will shortly be publishing a 'balanced scorecard' which will identify key metrics which will have the capacity to show trend analysis across a range of indicators.

### Quality

#### Coroners Request

At the June 2018 Quality and Performance Committee meeting it was requested that the Quality and Performance report would include more information around the coroner's requests in Hull. This work was currently under way and would be reviewed by the Quality Lead and feedback will be provided at the next meeting.

### Thames Ambulance Service

### Quality

The Deputy Director of Quality and Clinical Governance /Lead Nurse and the Head of NHS Funded Care had met with TASL Quality team to agree local Quality requirements; more information should be included within the next report.

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 <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.
<b>Hull &amp; East Yorkshire Hospitals - Diagnostics 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

<p>A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</b></p> <p>Process A <b>HIGH</b> 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 <b>MEDIUM</b> 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><b>Hull &amp; East Yorkshire Hospitals – 62-day Cancer Waiting Times</b></p> <p>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.</p> <p>Performance A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p><b>Humber Foundation Trust – Waiting Times (all services)</b></p> <p>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.</p> <p>Performance A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Looked After Children Initial Health Assessments</b></p> <p>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.</p> <p>Performance A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Improved Access to Psychological Therapies Waiting times</b></p> <p>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.</p> <p>Performance A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Tier 3 weight management waiting times</b></p> <p>Process A <b>HIGH</b> level of confidence was reported in the CCG processes for reporting the performance against the target due to established systems and processes for reporting performance information.</p> <p>Performance A <b>LOW</b> level of confidence was reported in the CCG Performance for reporting the performance against the target due to ongoing under performance.</p>
<p><b>Yorkshire Ambulance Service – Ambulance Handover Times</b></p> <p>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.</p> <p>Performance A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing</p>

underperformance.
<b>TASL – Key Performance Indicators (all)</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>Medium</b> 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)	The Committee requested from the Head of Contracts Management, some assurance around the DNA rates at CHCP.
(c)	The Deputy Director of Quality and Clinical Governance /Lead Nurse and the Head of NHS Funded Care have met with TASL Quality team to agree local Quality requirements; more information should be included within the next report.

## 7. IFR ANNUAL REPORT

The Director of Quality and Clinical Governance/ Executive Nurse presented the IFR Annual Report to consider.  
Highlighted within the report was.

The IFR Service is provided by NECS on behalf of NHS Hull CCG. This report provides the activity, performance and process of the Service for the financial year (1<sup>st</sup> April 2017 – 31<sup>st</sup> March 2018).

The service managed 12 IFR Panel meetings and 1 Extraordinary Panel meeting between April 2017 and March 2018.

NHS Hull CCG has been involved in harmonising 21 clinical policies working with the other CCGs and the Health and Care Partnership (HCP).

The service has currently managed 1113 IFR submissions in the last financial year 2017/18 of which 935 cases were clinically triaged and recommended for CCG ratification. 155 cases were considered by the IFR Panel which was a 25% increase compared to the previous year.

During 2017/18, NECS rolled out the new electronic IFR system to primary, secondary and independent care provider on behalf of NHS Hull CCG. The system manages all IFR cases in one system.

The service undertook one root cause analysis to investigate the circumstances relating to an IFR case. There were no incidents requiring Datix Reporting for the service or judicial reviews.

The Committee stated that the Report was a really comprehensive report. The Lay Member highlighted that complaints were not included within the report as previously requested.



It was noted that the report had been received by the IFR panel and Integrated Audit and Governance Committee.

Level of Confidence
<p><b>Process</b> A <b>HIGH</b> level of confidence was reported in the process of IFR due to the CCG has sought support from the NHS North of England Commissioning Support (NECS) to administer the IFR process. This process is robust and effective in its delivery of clinical triage and the IFR panel</p> <p><b>Performance</b> A <b>HIGH</b> level of confidence was reported in the process of IFR due to The IFR Policy is in place to ensure that the IFR process set out in this policy will be used to consider individual requests for funding where a service, intervention or treatment falls outside existing service agreements. All IFR requests for individual funding is considered in a fair and transparent way with decisions based on the best available evidence and in accordance with the CCG commissioning principles and in doing so the targets and KPIs set out in the NECS contract are met</p>

**Resolved**

(a)	Quality and Performance Committee Members considered the IFR Annual Report
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**8. PRESCRIBING ACTIVITY Q4 AND ANNUAL REPORT**

The Medicines Optimisation Pharmacist presented the Prescribing Activity Q4 and Annual Report.

Highlighted within the report was.

Finance/ performance

Prescribing budget performance – the forecast expenditure performance for March 2018 is -3.50% (-£1,735,682).

Hull has consistently maintained its position similar to Barnsley and Wakefield, (Hull’s comparator CCGs in the Yorkshire and Humber area) in this quarter and in previous years.

Medicines management QIPP monitoring - CCG Medicines management QIPP monitoring for March 2018 has been produced. This is showed an end of year QIPP savings of £1,968,486 million against a target of £850,000; therefore above the target by £1,118,486 million.

A discussion took place around the Medicas practice Group as they were showing as red on two of the local enhancements, the Director of Quality and Clinical Governance/ Executive Nurse requested that Medicas are discussed at the next Prescribing Activity Meeting.

The Quality and Performance Committee flagged the Dr Malczewski’s practice on the figure 6 Trimethoprim to Nitrofurantoin as the practice had high rates of prescribing than the other practices. It was agreed that the Medicines Optimisation Pharmacist would pick this up with the practice.

Level of Confidence
<p>Process A <b>HIGH</b> level of confidence was reported in the Interpretation of Budget Position &amp; QIPP</p>

A **HIGH** level of confidence was reported in the Interpretation of Prescribing Quality PERFORMANCE  
 A **HIGH** level of confidence was reported in the Forecast Expenditure  
 A **HIGH** level of confidence was reported in the Actual QIPP savings  
 A **MEDIUM** level of confidence was reported in the Practice Performance within the Extended Medicines Management Scheme  
 A **HIGH** level of confidence was reported in the Red Drug Prescribing charts

**Resolved**

(a)	Quality and Performance Committee Members noted the Prescribing Activity Q4 and Annual Report.
(b)	The Director of Quality and Clinical Governance/ Executive Nurse requested that Medicas are discussed at the next Prescribing Activity Meeting.
(C)	Medicines Optimisation Pharmacist would pick up the Trimethoprim to Nitrofurantoin with the Dr Malczewski Practice.

**9. LAC ANNUAL REPORT**

**THIS ITEM HAS BEEN DEFERRED TO SEPTEMBER 18**

**10. QUALITY ACCOUNTS**

**THIS ITEM HAS BEEN DEFERRED TO SEPTEMBER 18**

**11. Q1 EQUALITY AND DIVERSITY REPORT**

**THIS ITEM HAS BEEN DEFERRED TO SEPTEMBER 18**

**12. Q1 CARE AND SUPPORT SERVICES QUALITY BOARD**

The Associate Medical Director presented the Q1 Care and Support Services Quality Board Report to note.

The GP member suggested that a map of the care homes in Hull to be included within the report. The Lay member also suggested that the Associate Medical Director make contact with Health watch to support the board, and this could compliment the work of Health Watch’s workplan around enter and view visits.

The Quality and Performance Committee noted the Q1 Care and Support Serviced Quality board Report.

Level of Confidence
<b>NHS Hull CCG</b>
Process
There is a <b>MEDIUM</b> level of confidence in the Quality Board due to The meeting has good engagement from Partners. The quality report received by the meeting requires development; A Quality Assurance framework is being developed by the commissioners.
Process
There is a <b>MEDIUM</b> level of confidence in the Quality board due to Adult Social Care is identifying risks and concerns, managing these and escalating internally and externally as appropriate. The Quality report still requires development and as a result it is not possible to provide complete assurance to the Committee that performance is green at this point.

## Resolved

(a)	Quality and Performance Committee Members noted the Q1 Care and Support Services Quality board Report
(b)	The Associate Medical Director make contact with Health watch might be able to support the board, and how the board might be able to support Health Watch's workplan around enter and view visits.

### 13. Q1 INFECTION, PREVENTION AND CONTROL REPORT

The Director of Quality and Clinical Governance/ Executive Nurse presented the Q1 Infection, Prevention and Control report to discuss.

Highlighted within the report was.

#### **E coli BSI**

In the period April 2018 to June 2018, 64 cases of Escherichia coli (E.coli) were attributed to Hull CCG at the end of quarter one in 2018/19. The objective for 2018/19 is 209 cases and currently the CCG is 16 cases over at the end of Quarter 1 objective.

#### **Clostridium Difficile**

In the period April 2018 to June 2018, 14 cases of Clostridium difficile (C diff) were attributed to Hull CCG at the end of quarter one. The stretch objective for 2018/19 is <55 cases and currently the CCG is on target for Quarter 1 objective. HEY have reported 6 Trust apportioned cases of C diff.

#### **Pseudomonas Aeruginosa BSI**

Pseudomonas aeruginosa BSI reporting has commenced from April 2017 as per PHE requirements, 3 CCG attributable cases have been reported at the end of quarter 1.

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

No cases of PVL have been notified in patients registered with Hull GP's in Quarter.

Level of Confidence
Process A <b>HIGH</b> level of confidence was reported in the process due to a robust C diff review process continues across the health economy with the CCG coming in on objective for Q1 against the agreed stretch objective for 2018/19. A <b>LOW</b> level of confidence was reported in the process due to the process for reviewing E.coli BSI cases is to be changed to in both secondary and primary care to include the completion of the primary care data set for 100% of all E.coli BSI cases in Q2 and 50% of case in Q3 onwards. The process will continue to be reviewed in line with the Quality premium requirements.
Process A <b>LOW</b> level of confidence was reported in the performance due to the CCG is over objective for the end of Q1 and there has been a significant increase in the number of HEY attributed cases at the end of Q1 2018/19 compared to the end of Q1 2017/18. A <b>HIGH</b> level of confidence was reported in the performance due to the CCG is on target to meet the C diff stretch objective for 2018/19

## Resolved

(a)	Quality and Performance Committee Members noted the Q1 Infection,
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**14. Q1 SERIOUS INCIDENT REPORT**

The Director of Quality and Clinical Governance/ Executive Nurse presented the Q1 Serious Incident report to consider.

Highlighted within the report was:

**HEYHT**

Establishment of a Culture and Wellbeing Committee, of which part will focus on deteriorating patient work and a patient safety campaign, to include stop the line and 10,000 feet (taken from the learning from East Lancashire Hospitals). No patient harm identified from the tracking access plan which is being managed by the clinical harm group.

**HTFT**

There remains an area of concern that the Trust does not currently have dedicated SI investigators and this work is an add on to clinician's roles. Discussions continue via the Humber Quality Forum. The Trust is progressing well with its improvement plan and positive results are noted in the report for quality and multi-agency involvement.

**CHCP**

There are concerns that the organisation is immature in their skill, knowledge and understanding of how to identify when an incident requires a multi-agency approach to the investigation and how to undertake this robustly. The concerns have been escalated from the SI panel to the Quality Forum for discussion and action.

Level of Confidence
<p>Process</p> <p>There is a <b>HIGH</b> level of confidence in NHS Hull CCG due to an effective management process in place for SIs with its main providers. Significant level of assurance following the last internal audit.</p>
<p><b>HEY</b></p> <p>A <b>LOW</b> level of confidence is given – there have been no further never events declared by the Trust during Q1. The Trust has undertaken a thematic review of the incidents and visited East Lancs Trust who have experienced similar never events. An overall improvement plan is being developed to demonstrate the action the Trust is taking to prevent recurrences.</p> <p>If the Trust do not declare any further never events during Q2 and sustain noted improvement, the rating of confidence should be reviewed to increase to medium.</p>
<p><b>Humber</b></p> <p>A <b>MEDIUM</b> level of confidence is given – The Trust is progressing well with its recovery plan following a formal letter of concern, which was sent to the Trust in quarter two, 2017. The patient safety lead, Hull CCG is a member of the work stream, which has been established to deliver the improvement plan. There have been some notable improvements to date in responses given by the Trust at the SI panel and the work which is being implemented by the improvement work stream.</p> <p>The recovery action plan is monitored via both the clinical quality forum arena to ensure milestones are met.</p>
<p><b>CHCP</b></p> <p>A <b>LOW</b> level of confidence is given – a recent investigation report was not accepted by the SI panel due to the poor quality and the lack of identification by the organisation that it required a multi-agency approach to robustly investigate the incident. This demonstrated that the organisation does not have the depth of knowledge or skill required to undertake</p>

investigations. The organisation is being supported by both Hull and ERY CCGs in the undertaking of a multi-agency investigation.

**Spire**

A **HIGH** level of confidence is given – Spire has shown evidence of reporting appropriate incidents as SIs when they occur and submit investigations to national timescales. Commissioners have the ability to scrutinise the organisation’s incident data to ensure SIs are not missed.

**Primary Care**

A **LOW** level of confidence exists – work has been undertaken with practices via PTL events and other forms of communication to aid in the understanding of SIs and subsequent requirement to investigate as per national framework (2015).

It is difficult to measure improved understanding until SIs are declared and subsequent investigations undertaken.

**Hull CCG**

A **HIGH** level of confidence exists given that appropriate SIs are identified and reported as SIs as evidenced in this report.

**Resolved**

(a)	Quality and Performance Committee Members noted the Q1 Serious Incidents report.
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**15. ANNUAL QUALITY VISIT REPORT**

The Director of Quality and Clinical Governance/ Executive Nurse presented the Annual Quality Report to consider.

The providers and areas visited during 2017/18 were:

**Hull and East Yorkshire Hospitals NHS Trust (HEY)**

- Maternity Services
- Ward 70 (diabetes and endocrinology)
- Eye hospital

**City Healthcare Partnership CIC (CHCP)**

- Rossmore Stroke Rehabilitation Unit

**Thames Ambulance Service (TASL)**

- Carlton Street Site and Lincoln Control Centre

The overall outcome from the provider quality assurance visits undertaken during 2017/18 was positive. A number of recommendations were made for each provider visited.

The majority of the recommendations are either fully implemented, with a small number still in progress. There are some positive examples of patient safety and service improvement detailed within the report as a result of the recommendations made to the providers following completion of the visits.

The Lay Member felt that the recommendations could have been highlighted more clearly within the report.

The GP Member raised if visits were not pre planned with the service, would we see a different outcome. The Director of Quality and Clinical Governance/ Executive Nurse stated the Hull CCG are not the CQC, visits will always be planned.

A Discussion took place around the Quality visits, are they robust? Are they working? A lot of time and effort goes into the visits; in 18/19 we need to see a more positive outcome. It was felt the processes we have in place provide some assurance but we need to start seeing the 'so what' and what are the changes as a result of the visits to improve patient care.

Level of Confidence
<p>Process</p> <p>There is a <b>HIGH</b> level of confidence in NHS Hull CCG due to an effective management process in place for SIs with its main providers. Significant level of assurance following the last internal audit.</p>
<p><b>HEY</b></p> <p>A <b>LOW</b> level of confidence is given – there have been no further never events declared by the Trust during Q1. The Trust has undertaken a thematic review of the incidents and visited East Lancs Trust who have experienced similar never events. An overall improvement plan is being developed to demonstrate the action the Trust is taking to prevent recurrences.</p> <p>If the Trust do not declare any further never events during Q2 and sustain noted improvement, the rating of confidence should be reviewed to increase to medium.</p>
<p><b>Humber</b></p> <p>A <b>MEDIUM</b> level of confidence is given – The Trust is progressing well with its recovery plan following a formal letter of concern, which was sent to the Trust in quarter two, 2017. The patient safety lead, Hull CCG is a member of the work stream, which has been established to deliver the improvement plan. There have been some notable improvements to date in responses given by the Trust at the SI panel and the work which is being implemented by the improvement work stream.</p> <p>The recovery action plan is monitored via both the clinical quality forum arena to ensure milestones are met.</p>
<p><b>CHCP</b></p> <p>A <b>LOW</b> level of confidence is given – a recent investigation report was not accepted by the SI panel due to the poor quality and the lack of identification by the organisation that it required a multi-agency approach to robustly investigate the incident. This demonstrated that the organisation does not have the depth of knowledge or skill required to undertake investigations. The organisation is being supported by both Hull and ERY CCGs in the undertaking of a multi-agency investigation.</p>
<p><b>Spire</b></p> <p>A <b>HIGH</b> level of confidence is given – Spire has shown evidence of reporting appropriate incidents as SIs when they occur and submit investigations to national timescales. Commissioners have the ability to scrutinise the organisation's incident data to ensure SIs are not missed.</p>
<p><b>Primary Care</b></p> <p>A <b>LOW</b> level of confidence exists – work has been undertaken with practices via PTL events and other forms of communication to aid in the understanding of SIs and subsequent requirement to investigate as per national framework (2015).</p> <p>It is difficult to measure improved understanding until SIs are declared and subsequent investigations undertaken.</p>
<p>Hull CCG</p> <p>A <b>HIGH</b> level of confidence exists given that appropriate SIs are identified and reported as SIs as evidenced in this report.</p>

## Resolved

(a)	Quality and Performance Committee Members noted the Annual Quality visit Report.
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### 16. INTERNAL AUDIT REPORT – QUALITY GOVERNANCE

The Director of Quality and Clinical Governance/ executive Nurse presented the Internal Audit Report – Quality Governance for information.

Level of Confidence
<b>Process</b> A <b>HIGH</b> level of confidence exists for the way in which all parties were engaged in the process.
<b>Performance</b> A <b>HIGH</b> level of confidence exists for the way in which the Quality and Performance Committee has undertaken its duties to ensure it has commissioned high quality accessible services including the commitment to quality of care, safety and patient experience.

## Resolved

(a)	Quality and Performance Committee Members noted the Internal Audit Report – Quality Governance.
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### 17. DEEP DIVE AGENDA ITEMS

The Deputy Director of Commissioning was in the process of contacting HEYHT around organising a Diagnostics Deep Dive and a progress update would be shared at the next meeting.

## Resolved

(a)	Quality and Performance Members noted update on Deep Dive agenda items.
(b)	A Diagnostics Deep Dive and a progress update would be shared at the next meeting.

### 18. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

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

### 19. 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

### 20. ANY OTHER BUSINESS

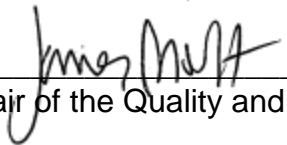
No other business was discussed

### 21. CHAIR'S UPDATE REPORT

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

### 22. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 25 September, 1pm – 4pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

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

Date: 25 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