

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2018
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
1.00PM – 4.00PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG
D Blain, Designated Professional for Safeguarding Adults, Hull CCG
E Butters, Head of Performance and Programme Delivery, Hull CCG
K Ellis, Deputy Director of Commissioning, Hull CCG
G Everton, Head of NHS Funded Care, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
S Lee, Associate Director (Communications and Engagement), Hull CCG
K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
K Memluks, Quality Lead, Hull CCG
L Morris, Designated Nurse for Safeguarding Children, Hull CCG
R Palmer, Head of Contracts Management, Hull CCG
J Stamp, Lay Representative, Hull CCG (Vice Chair)

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
W Costello, Interim Named Nurse for LAC, CHCP

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council
J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

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

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

20/03/18 – 6 – Quality and Performance Report – an initial conversation had taken place with HEY, it was made clear that a draft plan would need to be produced to be circulated to the Quality and Performance Committee for sign off.

All other actions were marked as complete.

Resolved

(a)	That the minutes of the meeting held on 24 July 2018 would be signed by the Chair.
-----	--

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

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 24 JULY 2018

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

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

4. NOTIFICATION OF ANY OTHER BUSINESS

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

There were no items of Any Other Business.

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

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial 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

Resolved

(a)	There were no declarations of interest noted.
-----	---

6. QUALITY AND PERFORMANCE REPORT

The Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented their report and highlighted the following: .

Financial Position

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

Quality Premium 2018/19

The Quality Premium pages within the report will show the reporting of 18/19, the 17/18 reporting will no longer be included.

CCG Performance Indicators Exceptions

52 week Referral to Treatment

Hull CCG recorded 7 x 52 week breaches in July, all of which are reported by HEYHT. HEYHT: 4 x ENT, 1 x General Surgery, 1 x Neurology and 1 x Urology – reasons for breaches are: 3 due to patient choice, 3 due to theatre capacity and 1 theatre closure.

Diagnostic Test Waiting Times

It was noted that there had been 410 breaches within the diagnostic service with the majority being for endoscopies 62% (255). The Trust continues to communicate action plans through the governance of the Aligned Incentive Contract.

Cancer 62 Day Waits

There had been deterioration in the Hull CCG performance in July to 67.57% (74 patients with 24 breaches). Performance had improved in May to 76.71%.

It was noted that Cancer was still a high risk to the system.

Friends and Family Test for A&E

The Trust continues to miss the % recommended target for FFT; An action plan was in place to improve the Trust's FFT performance will be further developed in September. The Deputy Director of Quality and Clinical Governance/ Lead Nurse agreed to raise the committees concerns at the October QDG.

Family and Friends Test for Postnatal Community

A further nil return had been received on Family and Friends Test for Postnatal patients in the community. A discussion took place around the postnatal questionnaire and if this could be taken at the 6 week maternity check. However it was acknowledged that post-natal questionnaire should be taken after a few days after birth, the Associate Director of Communications and Engagement would confirm this was correct.

CONTRACT AND PERFORMANCE

CHCP

A small number of indicators had breached within the current month but remain within the threshold for the year to date position. The underperforming areas are being monitored to understand the depth of the issue.

A discussion took place around the Let's Talk service, the service was discussed at the Council of Members meeting, there were no major issues raised by the GPs.

Quality

The August IQGSG received a presentation from CHCP to demonstrate the good work on the stroke rehabilitation service at Rossmore. The presentation will be shared with the Committee.

An investigation report was not accepted by the SI panel during Q1 as it was of poor quality and required a multi-agency approach. Hull CCG had met with CHCP to offer

support and advice. The Executive Nurse was currently on leave and will address the concerns once she was back.

HEYHT

See update under the performance section of the report,.

Quality

HEYHT had reported two serious incidents during July 2018:

- 1 unexpected death / suboptimal care
- 1 maternity incident – intrauterine death

No never events had been reported year to date. The Trust have implemented positive actions including 'Stop the Line' campaign and 'Below 10,000 Feet' initiatives taken from learning from East Lancashire Hospitals Trust and the NHSI

HUMBER

The Committee raised concern regarding the performance with CAMHS, Children's ASD assessment service and Paediatric Therapies.

Quality

A deep dive had been requested by the Humber Quality Group to ensure compliance with the safety domain which had been rated by CQC as requiring improvement following their inspection earlier in 2017.

A quality visit will be taking place on Thursday 4 October at Westlands in relation to registered nurse fill rates, the use of bank and agency, sickness, clinical supervision and the recent serious incident.

The introduction of the perfect ward and the use of structured judgement reviews are starting to see improvements within the service.

The Trust had reported seven serious incidents year to date 2018/19; all were declared within two working days of identification.

SPIRE

The CCG had been able to negotiate with SPIRE improved use of financial resources against local and national benchmarks in terms of New to Follow Up ratios which had resulted in a significant reduction in Orthopaedic procedures due to the implementation of the MSK triage service.

Challenges had been raised with the provider in relation to New to Follow Up ratios being outside of appropriate benchmarks. However these challenges are currently being disputed by the provider. An Activity Query Notice had been issued to the provider in September.

Quality

The Spire Quality Group met on 8 August 2018, this was the second meeting and the work plan was agreed.

The Quality Monitoring Dashboard for July was requested but not received until after the meeting. Spire has had a change in personnel since the meeting was held with the Deputy Matron now working as Quality and Compliance Lead.

An investigation report was due to be submitted on 13th June which remains outstanding. This has been escalated to the Spire Hull and East Riding Quality Group.

A full CQC inspection took place at Spire last week, initial outcome of the visit was positive. New staffs were now in place, the CCG are hoping this will improve the Quality reporting.

YAS 999/ 111

The Quality Lead and The Designated Professional for Safeguarding Adults had met with the Coroner on 29 August 2018 to discuss the number of requests from YAS Hull patients as they were showing as an outlier compared to other areas in Yorkshire. The Coroner confirmed he does not have any concerns about the treatment provided by YAS; however, he does make more requests than his peers which he believes are due to the fact that he was medically and legally trained when his peers are only legally trained.

THAMES AMBULANCE SERVICE

No further update was provided.

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

<p>A LOW level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target established systems and processes for reporting performance information.</p> <p>Performance A MEDIUM level of confidence was reported in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>
<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Improved Access to Psychological Therapies Waiting times</p> <p>Process A HIGH level of confidence was reported in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Tier 3 weight management waiting times</p> <p>Process A HIGH 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 LOW level of confidence was reported in the CCG Performance for reporting the performance against the target due to ongoing under performance.</p>
<p>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.</p>
<p>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.</p>

Resolved

(a)	Quality and Performance Committee Members considered the contents of the Quality and Performance Report.
(b)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse would feedback the concerns around HEY’s Friends and Family Test for A&E at QDG.
(c)	The Associate Director of Communications and Engagement would confirm that post-natal checks should be taken after a few days after birth.

7. CONTINUING HEALTH CARE QUALITY AND PERFORMANCE REPORT

The Head of NHS Funded Care presented the Continuing Care Quality and Performance Report to note.

Highlighted within the report was.

In Quarter 1 there were 3 new key activity measures which were:-

- Number of local appeals completed in quarter
- Number of local appeals resulting in eligibility
- Number of incomplete local appeals at the end of Q1

NHS England had recently (10 September 2018) provided clarification to CCGs regarding the 28 day assessment target. Custom and practice had been for CCGs to not “start the clock” until a valid referral form, including consent or best interest decision record was provided. Although NHS England had confirmed that CCGs were unable to start the assessment process until consent was provided, they have confirmed that the clock should start from the moment the CCG was informed an individual might be eligible:

Level of Confidence
<p>Process A HIGH level of confidence was reported in NHS Hull CCG are compliant with the National Framework and is meeting the statutory responsibilities around NHS funded care</p>

Performance

A **HIGH** level of confidence was reported in NHS Hull CCG submits quarterly reports to NHS England regarding the delivery of NHS funded care. The CHCP service is exceeding the quality premium targets for NHS-CHC and local key performance indicators.

Resolved

(a)	Quality and Performance Committee Members noted the Continuing Healthcare Quality and Performance Report.
-----	---

8. Q1 SAFEGUARDING ADULTS

The Designated Professional for Safeguarding Adults presented the Q1 Safeguarding Adults Report to Note.

Highlighted within the report was.

It was noted that the Prevent Training was now split into two types of training Prevent WRAP and Basic Prevent Training (BPT)

NHS Hull CCG

1 Counter Terrorism (CT) Prevent Workshop to raise awareness of prevent (WRAP) was delivered during Q1 to provide new and existing CCG staff a further opportunity to gain or refresh compliance.

HSAPB had 6 Safeguarding Adult Reviews (SAR) at varying stages in progress. No Hull CCG Serious Incident (SI) reports were escalated to the HSAPB for SAR consideration in Q1.

During Q1 a Humberside wide CT prevent gold group was also established. The designated professional for safeguarding adults attended the first meetings and is in the process of developing a memorandum of agreement with the other 3 CCGs in the Humberside area to share attendance responsibilities.

A future PTL for primary care will receive feedback and lessons learnt from the current Domestic Homicide Reviews taking place in Hull.

Level of Confidence
<p>NHS Hull CCG Process A HIGH level of assurance was given 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 professional and a Named GP in post. A recent safeguarding audit published in May 2018 by Audit One has returned a judgement of substantive assurance for NHS Hull CCG.</p>
<p>Process A HIGH level of assurance was given in NHS Hull CCG discharging it's duties in relation to safeguarding adults. The CCG was consistently represented at all levels of the HSAPB and other multi-agency meetings in the city to safeguard vulnerable people.</p>
<p>Hull & East Yorkshire Hospitals (HEY) Process A HIGH level of assurance was given 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</p>

<p>to NHS Hull CCG.</p> <p>Performance A MEDIUM level of assurance was given in HEY discharging it's duties in relation to safeguarding adults. During Q1 HEY have maintained a safeguarding adults training compliance rate of over 80%. CT prevent remained below compliance targets throughout 2017-18, but improvement was evident during Q1 of 2018-19 but requires sustaining. HEY are represented at all levels of the HSAPB and other associated multi-agency groups to safeguard vulnerable people in the city.</p>
<p>Humber Teaching Foundation Trust (HTFT)</p> <p>Process A HIGH level of assurance was given 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 A HIGH level of assurance was given confidence in HTFT discharging it's duties in relation to safeguarding adults. Although training compliance has been maintained in relation to safeguarding adults training, various reviews continued to highlight some areas for concern relating to safeguarding adults processes and unsafe discharge incidents. HTFT are represented at all levels of the HSAPB and other associated multi-agency groups to safeguard vulnerable people in the city.</p>
<p>City Health Care Partnership (CHCP)</p> <p>Process A HIGH level of assurance was given confidence in CHCP 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 group with strong links to NHS Hull CCG via service specifications.</p>
<p>Performance A HIGH level of assurance was given in CHCP discharging it's duties in relation to safeguarding adults. CHCP have maintained consistent compliance levels during Q1 for training and via the self-assessment process. CHCP are represented at all levels of the HSAPB and other associated multi-agency groups to safeguard vulnerable people in the city.</p>
<p>SPIRE</p> <p>Process A HIGH level of assurance was given in SPIRE discharging it's duties in relation to safeguarding adults. The self-declaration reported to CMB during 2017-18 did not identify any deficits, however further scrutiny identified poor attendance at HSAPB and the CT Prevent Silver group. This was still below expectations during Q1 of 2018-19.</p>
<p>Performance A HIGH level of assurance was given in SPIRE discharging it's duties in relation to safeguarding adults owing to some continued discrepancies within training reports and below required expectations for attendance at multi agency meetings.</p>
<p>YAS</p> <p>Process A HIGH level of assurance was given 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 NHS Hull CCG attends YAS Quality Forums. A current memorandum of agreement was in place with between all 23 CCGs and 13 SABs across Yorkshire for communication and raising concerns.</p>

A **HIGH** level of assurance was given in YAS discharging its duties in relation to safeguarding adults. YAS maintained high levels of training and reporting for safeguarding adults in 2017-18 and this has been maintained during in Q1 of 2018-19.

Resolved

(a)	Quality and Performance Committee Members noted the Q1 Safeguarding Adults Report.
-----	--

9. Q1 SAFEGUARDING CHILDREN

The Designated Nurse for Safeguarding Children presented the Q1 Safeguarding Children Report to Note.

Highlighted within the report was.

Implementation of the 2017 Children and Social Work Act has now been implemented. This now details changes to the multi-agency partnership arrangements including replacing LSCBs with new, flexible arrangements led by 3 equal safeguarding partners (local authority, police and CCG).

Level of Confidence
<p>NHS Hull CCG</p> <p>Process</p> <p>A HIGH level of assurance was given in NHS Hull CCG discharging its 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 (the last by NHS England in July 2016) have found significant assurance.</p>
<p>Process</p> <p>A HIGH level of assurance was given in NHS Hull CCG discharging its 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>Hull & East Yorkshire Hospitals (HEY)</p> <p>Process</p> <p>A HIGH level of assurance was given in HEYHT discharging its 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>A HIGH level of assurance was given 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>Humber Teaching Foundation Trust (HTFT)</p> <p>Process</p> <p>A HIGH level of assurance was given in HTFT discharging its duties in relation to safeguarding children.</p> <p>There are robust safeguarding processes in place with clear leadership and requisite professionals in post. There was internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p>

<p>Performance</p> <p>A HIGH level of assurance was given confidence in HTFT discharging it's duties in relation to safeguarding children. Progress has been achieved in relation to safeguarding children training uptake and required inspection actions.</p>
<p>City Health Care Partnership (CHCP)</p> <p>Process</p> <p>A HIGH level of assurance was given confidence in CHCP 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 cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.</p>
<p>Performance</p> <p>A HIGH level of assurance was given in CHCP discharging it's duties in relation to safeguarding children. Progress has been achieved in relation to safeguarding children training uptake and required inspection actions.</p>
<p>SPIRE</p> <p>Process</p> <p>A HIGH level of assurance was given in SPIRE discharging it's duties in relation to safeguarding children.</p> <p>The self-declaration reported to CMB does not identify any deficits in relation to safeguarding children.</p>
<p>Performance</p> <p>A HIGH level of assurance was given in SPIRE discharging it's duties in relation to safeguarding children.</p> <p>Safeguarding training compliance was sound.</p>
<p>YAS</p> <p>Process</p> <p>A HIGH level of assurance was given in in YAS discharging it's duties in relation to safeguarding children.</p> <p>The required processes are in place, monitored by Wakefield CCG as the lead commissioner.</p>
<p>A HIGH level of assurance was given in YAS discharging it's duties in relation to safeguarding children.</p> <p>Training compliance was improving as the revised system was monitored.</p>

Resolved

(a)	Quality and Performance Committee Members noted the Q1 Safeguarding Children Report.
-----	--

10. HULL AND ERY CCG INFECTION, PREVENTION & CONTROL STRATEGY

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Hull ERY CCG Infection, Prevention and Control Strategy to Discuss.

The committee reviewed and accepted the strategy.

It was noted that Flu was not covered within the strategy; flu planning and monitoring would be discussed at the Primary Care Quality and Performance Sub Committee and there was a designated Flu meeting chaired by NHS England.

Resolved

(a)	Quality and Performance Committee Members noted the Hull ERY CCG Infection, Prevention and Control Strategy.
-----	--

11. LAC ANNUAL REPORT

The Named Nurse for Looked after Children presented the Annual Report for Looked After Children to note.

Highlighted within the report was:

The highest reason for a child becoming LAC in Hull was abuse and neglect this was also the highest reason reported nationally.

The appointment of the Designated Nurse for LAC within the CCG and the forthcoming permanent appointment of the Named Nurse for LAC will facilitate a continued improvement of the health profiling for looked after CAYP.

Health assessments are still a high area of concern due to 51% in total, CAYP were offered an appointment for their initial health assessments within 28 days of becoming looked after.

The comments from the feedback form of the report was well received, The committee requested that areas are covered and not just health related.

Resolved

(a)	Quality and Performance Committee Members noted the LAC Annual Report.
-----	--

12. MATERNITY SERVICES FORUM WORKPLAN UPDATE

THIS ITEM WAS DEFERRED TO 27 NOVEMBER 2018

13. RESEARCH REPORT AND UPDATE

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Research Report and Update to note.

Highlighted in the report was.

This Research and Development Status Report presents information to the Committee on the half-year R&D activity for Hull CCG since April 2018. It provides the evidence that Hull Clinical Commissioning Group (CCG) maintains and develops its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012); namely it offers updates on:

- Hull CCG-funded studies – Local researchers who received funding during the 2015/16 and 2016/17 financial years were provided within the report and details of their progress was given.
- Hull CCG-funded Excess Treatment Costs – A summary of two studies which had Excess Treatment Cost (ETC) funding from Hull CCG since April 2018 were provided with the report.
- Current strategic work – Partnership working with the Clinical Research Network (CRN) in order to improve the current National Institute for Health Research (NIHR) portfolio research activity in primary care was now underway.

The lay member requested more information on appendix 1 of the report as it was felt that for £29,000 investment the report should include more detailed information.

Level of Confidence
Process A HIGH level of assurance was given that Hull CCG continues to be at the forefront of promoting research and the use of research evidence.
Process A HIGH level of assurance was given due to the R and D activity was monitored through the Humber R and D service which links into the Hull R and D Steering group.

Resolved

(a)	Quality and Performance Committee Members noted the Research Report and Update.
(b)	The lay member requested more information on appendix 1 of the report as it was felt that for £29,000 investment the report should include more information.

14. SAFEGUARDING ADULTS BOARD ANNUAL REPORT

The Designated Professional for Safeguarding Adults presented the Safeguarding Adults Board Annual Report for Information.

The report was available to read on the Safeguarding Adults website; it was also noted that e placed on the Hull CCG website. The committee asked that the report be shared with GP practices.

A discussion took place around whether or not the Designated Nurse for Safeguarding Children would present the Safeguarding Children’s Board annual report to the Committee, it was agreed the report would come to the November committee meeting.

Level of Confidence
Process A HIGH level of confidence was given in NHS Hull CCG discharging it’s duties in relation to safeguarding adults. There are strong safeguarding partnership processes in place between NHS Hull CCG and HSAPB.
Performance A HIGH level of confidence was given in NHS Hull CCG discharging it’s duties in relation to safeguarding adults. The Director of Quality and Clinical Governance/Executive Nurse was vice chair of the HSAPB and attends the executive group. The designated professional for safeguarding adults attends the following HSAPB sub groups; Strategic Delivery Group (SDG) Strategic, Accountable, Focus, Engagement (SAFE) group Safeguarding Adult Review (SAR) Group

Resolved

(a)	Quality and Performance Committee Members took the Safeguarding Adults Board Annual Report for Information.
(b)	The safeguarding Children’s Board Annual Report would be presented at the November Committee Meeting.
(c)	The report would be shared with the GP practices and on the NHS Hull CCG website.

15. CONTROLLED DRUGS ANNUAL REPORT

The Medicines Optimisation Pharmacist presented the Control Drugs Annual Report to note.

Highlighted within the report was:

- All controlled drug schedules –It was noted that Hull CCG has the 4rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the Sustainability and Transformation Partnership (STP). It should be noted that the CCG has had the 2nd biggest reduction in cost per 1000 patient's year on year 2017/2018 (Figure 1).
- Schedule 2 - Hull CCG has the 4rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 2).
- Schedule 2 injectables - Hull CCG has the 5th highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 3).
- Schedule 3 - Hull has the 2rd highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 4).
- Schedule 4 - Hull CCG has the highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 5). It should be noted that the CCG has had the biggest reduction in cost per 1000 patients year on year 2017/2018
- Schedule 5 - Hull CCG has the 5th highest out of 6 CCGs re: 2017/2018 cost per 1000 patients in the STP (Figure 6).
- Overall controlled drug prescribing it was noted that Hull CCG was in the lowest 3 CCGs in the STP; which was positive given the demographic of Hull CCG compared to other CCGs in the STP.

A range of actions were being put in place to further improve controlled drug prescribing.

The Chair of the Quality and Performance Committee queried when just 'in case medicine' are prescribed to patients, was there a process in place to make sure these medicines particularly Diamorphine are coming back into the system when a patient dies ? The Medicines Optimisation Pharmacist would seek assurance from CHCP that there was a robust process in place.

Level of Confidence
Process A HIGH level of confidence was reported in the Interpretation of prescribing Data A HIGH level of confidence was reported in the Collation of incidents relating to controlled drugs.
Performance A HIGH level of confidence was reported in the representation on local intelligence network. A HIGH level of confidence was reported in the Review of incidents/Issues A HIGH level of confidence was reported in the Share learning from incident/issue reviews

Resolved

(a)	Quality and Performance Committee Members noted the Controlled Drugs Annual Report.
(b)	The Medicines Optimisation Pharmacist would seek assurance from CHCP that there was a robust process in place around just in case medicines coming back in to the system, if they are not used once a patient passes.

16. QUALITY ACCOUNTS

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality Accounts.

The Quality and Performance Committee Meeting noted the Quality Accounts.

Level of Confidence
Process A HIGH level of confidence was reported in accordance with The Health Act 2009, the Department of Health expect the CCG to provide a statement of no more than 500 words for inclusion in the CCG Quality Account. The CCG will take reasonable steps to check the accuracy of data provided in the Quality Account against any information they have been supplied during the year (e.g. as part of a provider's contractual obligations) and provide a statement, to be included in the organisation's Quality Account.
Performance A HIGH level of confidence was reported as NHS Hull CCG had completed the review of each provider's Quality Account and supplied a statement signed by the Chief Officer within the required timescale.

Resolved

(a)	Quality and Performance Committee Members noted the Quality Accounts.
-----	---

17. BOARD ASSURANCE FRAMEWORK

The Chair presented the Board Assurance Framework to note.

The Quality and Performance Committee agreed there were no updates to be made to the Board Assurance Framework.

A minor amendment would be made before it was submitted to the Integrated Audit Committee.

Level of Confidence
Process A HIGH level of confidence was reported due to the vulnerable people out of area policy was agreed and in place. A HIGH level of confidence was reported due to the MH funding panel TOR agreed – virtual decision making with formal meeting when required. A MEDIUM level of confidence was reported due to the continued additional case management support since June 2017 – however Transforming care was putting pressure on case management function due to the demands of NHSE.
Performance A MEDIUM level of confidence was reported due to the Budget was forecast to overspend due to the number of acute out of area placements. A LOW level of confidence was reported due to pressure on Hull CCG from NHSE re patients being discharged from low secure hospital this was creating additional workload and financial pressure.

Resolved

(a)	Quality and Performance Committee Members noted the Board Assurance Framework.
-----	--

18. EQUALITY AND DIVERSITY REPORT

The Chair presented the Equality and Diversity Report to note.

The Quality and Performance Committee meeting noted the Equality and Diversity Report.

It was requested by the Committee that further work would be undertaken to appendix 1 as Clinical policies and Service specs were missing from the list. Appendix 1 of the Equality and Diversity Report would be presented at the next Quality and Performance Committee meeting.

Resolved

(a)	Quality and Performance Members noted the Equality and Diversity Report.
(b)	Appendix 1 of the Equality and Diversity Report would be presented at the next Quality and Performance Committee meeting with the updates suggested.

19. OUT OF AREA/ OUT OF CONTRACT INDIVIDUAL PATIENT PLACEMENTS

THE DECISION WAS MADE TO DEFER THIS REPORT UNTIL OCTOBER 2018.

20. COMPLAINTS POLICY

The Associate Director of Communications and Engagement presented the Complaints policy for approval.

The complaints Policy was approved by the Quality and Performance Committee.

Resolved

(a)	Quality and Performance Members approved the Complaints policy.
-----	---

21. DEEP DIVE AGENDA ITEMS

A discussion took place around a Deep Dive on CAHMS, a decision was made that in the first instance a report would be presented at the next Quality and Performance Committee which have more focus on the CAHMS in and a decision would be made whether or not a deep dive was necessary.

Resolved

(a)	The Committee requested that an update report would be presented to the next Quality and Performance around the CAHMS performance.
-----	--

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

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

23. 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

24. ANY OTHER BUSINESS

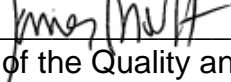
No other business was discussed

25. CHAIR'S UPDATE REPORT

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

26. 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: 24 October 2018

GLOSSARY OF TERMS

CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHCP	City Health Care Partnership
CQC	Care Quality Commission
CQF	Clinical Quality Forum
FFT	Friends and Family Test
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
NHSE	NHS England
PCQ&PSB	Primary Care Quality and Performance Sub Committee
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention