

**QUALITY AND PERFORMANCE COMMITTEE**

**MINUTES OF THE MEETING HELD ON 23 OCTOBER 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  
Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council  
K Ellis, Deputy Director of Commissioning, 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  
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG  
J Stamp, Lay Representative, Hull CCG (Vice Chair)

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)  
M Bradbury, Strategic Lead - Mental Health and Vulnerable People Commissioning, Hull CCG  
B Dawson, Strategic Lead for Children, Young People and Maternity, Hull CCG  
G Baines, Delivery Manager, Healthwatch

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 25 SEPTEMBER 2018**

The minutes of the meeting held on 25 September 2018 were presented and it was agreed that they were a true and accurate record.

All other actions were marked as complete.

**Resolved**

(a)	That the minutes of the meeting held on 25 September 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 25 SEPTEMBER 2018**

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

25/09/18 6 – Quality and Performance – this action had now been raised at QDG.

25/09/18 6 – Quality and Performance – an update was received on this item, there are 4 points on the pathway 36 week check, birth and care before discharge, postnatal check within 10 days of birth.

25/09/18 14 – Safeguarding Adults Board Annual Report – The report was now shared on the Hull CCG website.

25/09/18 15 – Control Drugs Annual Report – Update provided - the Medicines Optimisation Pharmacist has spoken to CHCP and it was unrealistic to expect that all drugs can be - monitored once prescribed to patients.

25/09/18 18 – Equality and Diversity Report – it was agreed to keep this action open, a list of E&D policies and Clinical policies would be received by the Committee.

20/03/18 6 – Quality and Performance Report – The Engagement Manager met with FFT at HEY, it was raised that there were concerns with the figures been received an update would be provided at November Q&P.

(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 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
J Stamp	16	Declared a Financial Interest as Chief Executive of North Bank Forum voluntary sector who were

		currently the host organisation for the Social Prescribing Service in Hull. The declaration was noted – no further action was considered necessary
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## Resolved

(a)	The above declaration of interest was noted.
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## 6. Q2 SERIOUS INCIDENT REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q2 Serious incident report to consider.

Highlighted within the report was.

### HEYHT

No never events have been reported during Q2. The Trust are undertaking a review of all near miss never events to identify the commonalities from these and will formulate an action plan.

### HTFT

There remains an area of concern that the Trust does not currently have dedicated SI investigators and this work was an add on to clinician's roles. The revised NHS framework is due to be released by the end of 2018, which may request providers to ensure they have dedicated investigators.

### CHCP

The organisation submitted a substandard investigation report during Q1 which was not accepted by the SI panel. A revised submission was submitted during Q2 which remained of poor quality, despite the organisation being supported by both Hull and ERY CCGs to undertake a multi-agency approach to the investigation. Further concerns were identified in relation to a pressure ulcer investigation, which involved an ERY CCG patient, where it was identified that the clinical records had not been reviewed robustly as part of the investigation, which had failed to identify omissions in care. Duty of Candour had also not been undertaken, which was identified as an issue during a previous investigation. Concerns have been escalated to the Quality Forum.

### Spire

Delayed investigation report submitted.

### YAS

A number of incidents were reported last year by Yorkshire Ambulance Service NHS Trust relating to both Hull and ERY CCG patients in relation to cardiac arrest management. It was identified that a shockable cardiac arrhythmia was present; however this was not identified or treated at the time, which led to significant negative outcomes for the patients.

The chair of the SI panel had written to the Director of Quality and Integrated Governance /Executive Nurse, ERY CCG as chair of the sub-regional YAS 999/111 meeting to seek assurance as to what mitigating actions and appropriate safeguards

had been implemented in the interim to prevent another similar case from occurring until the action plan was fully complete and effective.

<p>Level of Confidence</p> <p><b>Process</b></p> <p>Process</p> <p>A <b>HIGH</b> level of confidence was reported in the That NHS Hull CCG has an effective management process in place for SIs with its main providers. Significant level of assurance following the last internal audit.</p>
<p><b>Hull and East Yorkshire Hospitals NHS Trust</b></p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence is given – there have been no further never events declared by the Trust during Q2. Work continues on the actions arising from the Never Events declared in 2017/18, including the development of a corporately-branded patient safety campaign, which will include concepts akin to ‘Stop the Line’ and ‘below 10,000 feet’ and raising more awareness and empowering all staff to challenge poor practice more effectively.</p> <p>The Trust are undertaking a review of all near miss never events to identify the commonalities from these and formulate an action plan.</p>
<p><b>Humber NHS Foundation Trust</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.</p> <p>The recovery action plan is monitored via both the clinical quality forum arena to ensure milestones are met.</p> <p>There are concerns in relation to recurring themes of poor documentation and risk assessments and communication between teams which have been escalated to the relevant quality forum.</p>
<p><b>City Health Care Partnership (CHCP):</b></p> <p>A <b>LOW</b> level of confidence is given - The organisation submitted a substandard investigation report during Q1 which was not accepted by the SI panel. A revised submission was submitted during Q2 which remained of poor quality, despite the organisation being supported by both Hull and ERY CCGs to undertake a multi-agency approach to the investigation. Further concerns were identified in relation to a pressure ulcer investigation, which involved an ERY CCG patient, where it was identified that the clinical records had not been reviewed robustly as part of the investigation, which had failed to identify omissions in care. Duty of Candour had also failed to be undertaken, which has been identified as an issue during a previous investigation. Concerns have been escalated to the quality forum.</p>
<p><b>Spire Hull and East Riding</b></p> <p>A <b>MEDIUM</b> level of confidence is given – An investigation report was due to be submitted during Q1 on the 15th June. Despite several requests, including via the contract monitoring board, the final report was not submitted until 24th September. The rationale provided included the investigation was being conducted by the organisations corporate services head office compounded by CQC inspection preparation. The report will now go through the SI panel review process following which feedback will be provided as well as any escalation from identified concerns to relevant forums.</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</p>

investigations undertaken.
<b>Hull CCG</b> A <b>HIGH</b> 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 considered the contents of the Q2 Serious Incident Report.
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**7. OUT OF AREA/ OUT OF CONTRACT**

The Strategic Lead - Mental Health and Vulnerable People Commissioning presented the Out of Area/ Out of Contract to note.

Following the introduction of the 5 additional beds on Mill View Court at Humber NHS Foundation Trust (HTFT) the occupied bed days on the wards at HHTFT have reduced. Occupancy on the wards had seen a reduction in out of area referral from 188 to 22 this year. This was highlighted as a massive achievement.

The service had received pressure from NHS England to reduce low secure beds in a locked setting.

An Out of Area/ Out of Contract report would be presented to the Quality and Performance Committee in November/ December 2018.

Level of Confidence
<b>Process</b> A <b>HIGH</b> level of confidence was reported in the Vulnerable People Out of area Policy agreed and in place. A <b>HIGH</b> level of confidence was reported in the MH Funding Panel ToR agreed – virtual decision making with formal meeting when required. A <b>MEDIUM</b> level of confidence was reported in the 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
<b>Performance</b> A <b>MEDIUM</b> level of confidence was reported due to the Budget forecast was to overspend due to number of acute out of area placements. A <b>LOW</b> level of confidence was reported 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/ Out of Contract
(b)	An Out of Area/ Out of Contract report would be presented to the Quality and Performance Committee in November/ December 2018.

**8. CAMHS UPDATE**

The Strategic Lead - Mental Health and Vulnerable People Commissioning gave an update on the Child and Adolescent Mental Health service in Hull.

The Strategic Lead – Mental health and Vulnerable People Commissioning gave an update on each specific service area and the actions in place as follows:-

***Anxiety and Low Mood Pathway - 47 Anxiety and 11 low mood referrals over 18 weeks***

CBT Parent Groups (anxiety only) and Young People's CBT groups (anxiety and low mood) continue to run as a way of managing the high volume of anxiety referrals

***Actions in place***

- HTFT are recruiting 4 further trainee CPWP's in January and September 2019 to build up this team which we hope will reduce the number of referrals requiring Specialist CAMHS.
- Temporarily moving staffing resources from another intervention team to support assessment appointments to release senior clinician capacity to work with young people requiring individual CBT sessions.
- Temporary bank staff are being sought as part of a waiting list initiative

***Early Onset Psychosis Pathway – Zero Young People waiting***

***ADHD – 95 over 18 week waits***

NHS Hull CCG and HTFT are currently reviewing the ADHD pathway and the transfer of patient caseload previously held by CHCP; historically ADHD assessment and diagnosis was provided by both Community Paediatrics (CHCP) and Humber Teaching NHS FT. CHCP are no longer commissioned to provide the service and this has resulted in the increase in referrals to CAMHS – to date the level of additional financial investment to provide stability to HTFT and the new service model has not been determined. It was requested that CHCP would need to cleanse the waiting list before the transfer to Humber.

***Actions in place***

- A very experienced Advanced Nurse Practitioner and Prescriber has been recruited to increase Consultant Psychiatry capacity for non-ADHD cases but unfortunately the person is on maternity leave for 12 months. The service is therefore recruiting to temporary staff to support in the short-term
- A new initial assessment screening form has been designed to prevent all young people requiring a full specialist ADHD assessment if this is not required
- Temporarily moving staffing resources from another intervention team to support ADHD assessment appointments
- The ADHD pathway will work closely with the Autism Service to look at SENCO's having more of a role in screening appropriate assessments into the service by working across agency to develop a neurodevelopmental checklist.
- Propose to work closely with the newly commissioned parenting support for SEND to ensure parents are supported whilst waiting for assessment and provided with advice.

The Strategic Lead - Mental Health and Vulnerable People Commissioning requested that the CCG would need to consider investment into the ADHD service via SLT/ Planning and Commissioning.

***Conduct Pathway – 29 over 18 weeks wait***

It is acknowledged that the Conduct Pathway does not appropriately describe the needs of the young people referred and accepted to this service, therefore HTFT are to meet on 25 October 2018 to review the referrals and the model of the service and how CAMHS can work closer with other agencies to provide support as many of the young people referred have safeguarding needs.

***Learning Disability Pathways – 21 over 18 weeks wait***

***Action in place***

HTFT have advised an additional 2 WTE. Band 5 staff would clear the waiting list and maintain minimum waits. The Strategic Lead - Mental Health and Vulnerable People Commissioning was currently waiting for to see if the bid into the Trail Blazer had been accepted for LD and Anxiety.

***Long Term Conditions and Diabetes Pathways requiring Psychologist input – Zero Young people waiting***

***Deliberate Self-harm pathway – 1 over 18 week wait***  
This was an anomaly due to patient engagement.

***Trauma Pathway – 3 Routine over 18 weeks wait***  
This was an anomaly due to the high level of multi-agency working and for 1 young person the requirement for interpreters.

***Getting more help - CAMHS Eating Disorder Team - Zero young people waiting***

***Getting risk support – CAMHS Crisis Team - no waiting list held***

***Children and Young people autism***

In October 2018 NHS Hull CCG and HTFT agreed a financial investment and waiting list reduction trajectory which will commence in January 2019. The service will be 18 week compliant by the summer of 2020. From October HTFT will work closely with KIDs charity so that whilst young people are waiting for assessment and diagnosis the young person and family will receive a range of support from HTFT and KIDs.

Assurance was received from the Strategic Lead - Mental Health and Vulnerable People Commissioning that once the back log had been filled that the service would be able to keep on top of the waiting list.

Every child and young person who had been referred to CAMHS had received a telephone triage and a face to face assessment which determines which pathway of service they would benefit from.

The Strategic Lead - Mental Health and Vulnerable People Commissioning will be attending Council of Members on the 8 November and was to present for consideration the opportunity to have mental health workers aligned to the GP groupings to support, advise and take referrals whilst in primary care on a day to day basis, this will improve quality of care and also streamline referrals which will help with reducing waiting times.

In November the Strategic Lead - Mental Health and Vulnerable People Commissioning was planning to hold a CAMHS Transformation plan review meeting

with colleagues from Council, Health and voluntary sector to review the work which had been undertaken to date and what we need to plan for the future, this will include what opportunities there are to work differently in the City and understand where referral pathways and how the overall health and social care system (including HeadStart) can contribute toward further improving access for young people to services. It was suggested at the meeting that this issue could also be picked up at Integrated Commissioning Oversight Board as CAMHS is an issue wider than health.

The members of the Committee agreed that an update would be received in March 2019.

Level of Confidence
<b>Process</b> A <b>HIGH</b> level of Confidence was reported in the commissioning and contracting of Children and Young People mental health and learning disability services in the City
<b>Performance</b> A <b>LOW</b> level of Confidence was reported in the delivery of Children and Young People mental health and learning disability services in the City.
A <b>LOW</b> level of Confidence was reported in Anxiety and Low Mood Pathway
A <b>HIGH</b> level of Confidence was reported in Early Onset Psychosis
A <b>LOW</b> level of Confidence was reported in ADHD
A <b>LOW</b> level of Confidence was reported in Conduct
A <b>LOW</b> level of Confidence was reported in Learning Disabilities
A <b>HIGH</b> level of Confidence was reported in Long Term Conditions – Diabetes (psychological input)
A <b>MEDIUM</b> level of Confidence was reported in Deliberate Self Harm
A <b>MEDIUM</b> level of Confidence was reported in Trauma Pathway
A <b>HIGH</b> level of Confidence was reported in Eating Disorders
A <b>HIGH</b> level of Confidence was reported in CAMHS Crisis Team
A <b>LOW</b> level of Confidence was reported in Autism – Waiting List
A <b>MEDIUM</b> level of Confidence was reported - Autism – Commissioning of New Pathways

**Resolved**

(a)	Quality and Performance Committee Members noted the CAHMS Update.
(b)	The Strategic Lead - Mental Health and Vulnerable People Commissioning requested that the CCG would need to consider investment into the ADHD service.
(c)	The members of the Committee agreed that a CAHMS update would be received in March 2019.

**9. MENTAL HEALTH FUNDING PANEL REVISED TERMS OF REFERENCE**

The Strategic Lead - Mental Health and Vulnerable People Commissioning presented the Mental health Funding Panel revised TOR.

The refreshed terms of reference were shared and noted. The Committee will continue to receive quarterly and annual updates from the Strategic Lead - Mental Health and Vulnerable People Commissioning.

Minor changes that were picked by the committee would be made to the TOR.

**Resolved**



(a)	Quality and Performance Committee Members noted the Mental Health Funding Panel revised Terms of Reference.
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**10. CASE MANAGEMENT PROTOCOL**

The Strategic Lead - Mental Health and Vulnerable People Commissioning presented the reviewed Case Management Protocol for information.

The refreshed Case Management Protocol was shared and noted.

**Resolved**

(a)	Quality and Performance Committee Members received the reviewed Case Management Protocol for information
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**11. 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:

**CORPORATE PERFORMANCE**

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

**Quality Premium**

No significant change.

**A&E Waiting Times**

The A&E waiting times have improved, a turnaround Director was currently employed.

**Referral to Treatment**

HEYHT referral to Treatment 18 weeks waiting times improved marginally in August to 81.66%, maintaining compliance with the local improvement trajectory.

Hull CCG recorded 12 x 52 week breaches in August, 10 of which are reported by HEYHT - 4 x ENT, 2 x General Surgery, 2 x Gynaecology, 1 in Cardiology and 1 x Urology. Reasons for breaches are as follows, 3 due to theatre capacity, 2 due to patient choice, 2 due to outpatient capacity and 1 due to patient compliance with the other 2 reasons unclear.

**Diagnostic Test waiting times**

There was a slight deterioration in the performance against the 6-week waiting times target for diagnostic tests in August. The CCG had 389 breaches with the majority being for endoscopies 60% (233).

**CONTRACT PERFORMANCE AND QUALITY**

**CHCP**

A discussion took place around the Expert Patient Programme element of the Integrated Community Care Services table within the report, as 15% was achieved

against a target of 85%. A meeting would be organised to discuss value for money due to the limited activity going through the service.

The Integrated Governance, Quality and Safety Group met on 3rd October 2018, CHCP were unable to produce their full Quarter 2 report due to the dates of the meeting and the timing of the data being available. The workplan had now been reorganised to fit the timings of the meetings.

The Quality Lead had been to visit CHCP to go through their NICE processes and this seems to be working well.

## **HEY**

Discussed in the performance section.

### Quality

HEYHT have reported six serious incidents during August 2018:

- 2 unexpected death / suboptimal care
- 2 pressure ulcer
- 1 treatment delay
- 1 fall

No never events have been reported year to date.

Following the increase in urology referrals, the Trust attended a meeting with GPs, who have reported a noticeable change in male health, particularly in younger men, presenting with concerns for prostate and testicular cancer that have a family history of these diseases. A follow-up meeting with GPs is planned for November. Work continues to roll out the 'no DIP' project relating to urinary sepsis.

From 1st November 2017 to 30th April 2018, all patients with E.coli blood stream infections were reviewed by an infectious diseases consultant, either at the bedside or via a case notes review.

## **HUMBER TFT**

A discussion took place regarding the current high volume of calls to the rapid response line, staff have been diverted to support the call line.

The Humber Quality Group took place on the 11 October 2018.

## **SPIRE**

The CCG had been able to negotiate better value against local and national benchmarks in terms of New to Follow Up ratios and a significant reduction in 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. These challenges are currently being disputed by the provider.

## Quality

At CMB on 28 September 2018, Spire gave initial feedback from the full CQC inspection advising that the inspection had gone well.

### **YAS**

No new updates were reported.

## Quality

The Yorkshire and Humber 111/999 Quality Group met on 20 September 2018.

YAS confirmed that a positive recruitment drive has resulted in an increase in the number of clinicians within 111, which had resulted in the calls being responded to much quicker when transferred from a call handler. Recruitment is on-going for both clinicians and call handlers. The group requested further information to be shared in relation to recruitment and vacancy rates. The Quality Lead updated the Committee that the further information had now been received.

YAS presented the Training 999 infection, prevention and Control training to the Group; Hull CCG Quality Lead requested further information in the drop in compliance for vehicle IPC in July, at 79%. The response will be provided to the next meeting.

### **THAMES AMBULANCE SERVICE**

TASL are now submitting a Quality report with a good level of detail received, further staffing information had been requested.

The number of complaints and concerns received for TASL have decreased in the last 2 months.

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.

#### **City Health Care Partnership – Tier 3 weight management waiting times**

Process  
A **HIGH** level of confidence was reported in the CCG processes for reporting the

<p>performance against the target due to established systems and processes for reporting performance information.</p> <p>Performance</p> <p>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</p> <p>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</p> <p>A <b>LOW</b> level of confidence was reported in the achievement of this target due to ongoing underperformance.</p>
<p><b>TASL – Key Performance Indicators (all)</b></p> <p>Process</p> <p>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</p> <p>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>

## Resolved

(a)	Quality and Performance Committee Members noted the Quality and Performance Report.
(b)	A meeting would be organised to discuss value for money due to the limited activity going through the service.

## 12. PAEDIATRICSPEECH AND LANGUAGE

The Strategic Lead – Children, Young People and Maternity presented the Paediatric Speech and Language Report to discuss.

Highlighted within the report was.

A SEND inspection had taken place between 9 October – 13 October 2017. The Inspection report identified that Children and Young People do not have timely access to Speech and Language Therapy services in Hull and that there was not an effective plan for securing improvement. The current waiting times exceeds the target of 18-week wait for treatment following a referral. At the time of the inspection 310 children were waiting for their speech and language initial assessment.

From November 2017, Hull CCG has worked with the service to review the current delivery model, identify and understand capacity and demand issues, and performance and quality outcomes.

On the basis of the report, non-recurrent funding of £200k was approved by the CCG in June 2018 for the period 2018-2020.

The Strategic Lead- children, young people and Maternity noted that the table within the report stating the number of Children and Young people waiting for initial assessment was incorrect. The number of Children and Young people waiting for initial assessment was incorrect. A data cleanse will need to take place and will be reported in March as part of the updated position.

A discussion took place around the service and the Quality and Performance Committee felt that the waiting list for Long Paediatric Speech and Language service waiting times for assessment and treatment would be added to the Hull CCG Risk Register. It was also agreed that an Executive to Executive meeting would need to take place between Humber Foundation Trust and Hull CCG to look at the service as a whole.

An update on SLT would be provided to the Quality and Performance Committee at the end of the financial year March 2019. .

Level of Confidence
Process A <b>LOW</b> level of confidence was reported in the Referral to initial assessment and Initial assessment to treatment/ intervention.

**Resolved**

(a)	Quality and Performance Committee Members noted the Speech and Language Report.
(b)	Long Paediatric Speech and Language service waiting times for assessment and treatment would be added to the Hull CCG Risk Register.
(c)	An Executive to Executive meeting between Hull CCG and Humber Foundation Trust will take place to look at the Speech and Language Service.
(d)	An update on SLT would be provided to the Quality and Performance Committee at the end of the financial year March 2019.
(e)	The number of Children and Young people waiting for initial assessment was incorrect. A data cleanse will need to take place and will be reported in March 2019 as part of the updated position

**13. Q2 CARE AND SUPPORT SERVICES QUALITY BOARD REPORT**

The Associate Medical Director presented the Q2 Care and Support services quality Board Report to note.

The draft of the Quality Assurance Framework will be presented to the Care and Support Services Quality Board on the 23<sup>rd</sup> October 2018 for comments and discussion to provide further opportunities to improve the framework.

Level of Confidence
Process A <b>MEDIUM</b> level of assurance was given that 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 and the CCG Quality Team has been involved in the development.
Process A <b>MEDIUM</b> level of assurance was given due to the 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 Q2 Care and
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#### 14. Q2 INFECTION, PREVENTION AND CONTROL REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q2 Infection, prevention and Control Report to discuss.

##### Gram Negative Blood Stream Infection

The Quality premium for the reduction of Gram negative blood stream infection has been updated for 2018/19. This change requires the CCG to undertake a primary data set collection on 100% of E.coli cases in Quarter 2 and 50% of cases in Quarter 3.

##### Clostridium Difficile

The stretch objective for 2018/19 is <55 cases and currently the CCG is on target for the Quarter 2 objective. HEY have reported 19 Trust apportioned cases of C diff.

Level of Confidence
<p><b>Process</b></p> <p>A <b>HIGH</b> level of confidence was given in NHS Hull CCG due to a robust C diff review process continues across the health economy with the CCG coming in on objective for Q2 against the agreed stretch objective for 2018/19.</p> <p>A <b>MEDIUM</b> level of confidence was given in NHS Hull CCG due to The process for reviewing E.coli BSI has changed both secondary and primary care cases 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.</p>
<p><b>Performance</b></p> <p>A <b>LOW</b> level of confidence was given in NHS Hull CCG due to The CCG is over objective for the end of Q2 for cases of E.coli BSI. Though this remains over objective the increase in numbers has reduced compared to those seen in the previous financial year.</p> <p>A <b>HIGH</b> level of confidence was given in NHS Hull CCG due to CCG been on target to meet the C diff stretch objective for 2018/19.</p>

##### Resolved

(a)	Quality and Performance Committee Members noted the Q2 Infection, Prevention and Control Report.
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#### 15. Q1 PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Q1 Prescribing Report to note.

Prescribing budget performance – the forecast expenditure performance for June 2018 is -4.09% (-£2,000,000).

Medicines management QIPP monitoring - CCG Medicines management QIPP monitoring for June 2018 has been produced. This is showed a QIPP savings of £765,680 against a target of £196,250.

On page 12 of the report it was noted that a letter had been sent to the GP groupings regarding the red areas within figure 4 of the report.

Level of Confidence
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**Process**

A **HIGH** level of confidence was reported in the Interpretation of budget position and QIPP performance.

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 saving.

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 Q1 Prescribing Report.
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**16. Q2 HEALTH WATCH REPORT**

J Stamp declared a Non-financial professional interest in this item.

The Delivery manager at Healthwatch presented the Q2 Health Watch Report to note.

## Thematic reviews

- Access to Healthcare for those with no fixed abode – information gathering complete – report in draft
- Medicines management & pharmacy services – survey & data collection period is live – report to be available in January 2019

## Advocacy

- New cases reduced in this quarter
- Cases being closed in line with new processes
- Reporting process being developed with commissioners

## Issues and signposting

- Figures are increasing due to change in how we collect & record patient contact
- Issues relating to CHCP services have increased in this quarter (Primary care & residential nursing provision)

**Resolved**

(a)	Quality and Performance Committee Members noted the Q2 Health Watch report.
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**17. DEEP DIVE AGENDA ITEMS**

The Diagnostic Deep Dive was to be rearranged.

**Resolved**

(a)	The Personal Assistant would re arrange the Diagnostic Deep Dive Meeting.
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**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**

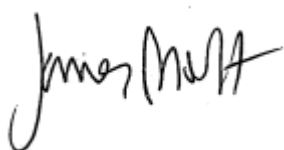
No other business was discussed

**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: 28 November 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
YAS	Yorkshire Ambulance Service