

QUALITY AND PERFORMANCE COMMITTEE

**MINUTES OF THE MEETING HELD ON 27 NOVEMBER 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
K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
K Memluks, Commissioning Lead - Quality, 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)
R Thompson, Head of Nursing and Quality, Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
S Lee, Associate Director (Communications and Engagement), Hull CCG
L Morris, Designated Nurse for Safeguarding Children, Hull CCG
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 23 OCTOBER 2018

The minutes of the meeting held on 23 October 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 23 October 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 23 OCTOBER 2018

The action list was presented and the following updates were received:
All actions were marked as complete.

(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

Resolved

(a)	There were no declarations of interest noted.
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6. QUALITY AND PERFORMANCE REPORT

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

Financial Position

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

The amber position against the Community services was highlighted by the committee. The committee requested more information around this service to understand how much of this related to community equipment and how much too social care. The Head of Contracts Management would include this information for the next report.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse updated the Committee that a paper had been produced and would be presented to the Planning and Commissioning Committee in December for CHC Transfer to assess beds at £133,000 and this might add cost pressures to the CHC budget..

Quality Premium

The 2017/18 final published position will be included within the Quality and performance report

A&E waiting times

A&E achieved in September 2018. It was noted that November 2018 had been challenging, the CCG are working closely with NHSE to monitor the position each week.

Referral to Treatment

Referral to Treatment 18 weeks waiting times at HEYHT remained static in September at 81.65%. Hull CCG recorded 9 x 52 week breaches in September, 8 of which were reported by HEYHT. As previously reported waiting times are now being closely monitored and reported through the Aligned Incentive Contract governance structure.

Diagnostic Test waiting times

The CCG recorded 335 breaches during September, the majority being for endoscopies 70% (234). Endoscopy performance remains a challenge. A discussion took place around the red flag checks and was this risk to patients? The committee was assured there was no evidence to support patient safety concerns.

Crew clear days

YAS at HEYHT performance for 15 minute and 30 minute handovers was 72.23% and 95.71% respectively, both improved from the previous month.

% of people entering Treatment

Concern was raised by the committee in relation to DNA's within Mental health, if patients don't attend with mental health problems, this does not necessarily mean that they don't need help, the committee asked that the Strategic Lead - Mental Health and Vulnerable People Commissioning to check that these patients are being followed up.

Incidence of healthcare associated infection (HCAI): E-Coli

The CCG was currently forecasting achievement of the 2018/19 end of year stretch target of 55. At the end of Quarter 2 the CCG are 3 cases under the stretch objective.

CHCP

Integrated Community Care Service

A small number of indicators have 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. Some service areas are planned to be reviewed during the year to ensure that the targets are appropriate for the pathway. These include Community Bed Based Rehabilitation and

Lymphoedema. A timetable for the review of indicators through the year was currently being agreed.

Quality

The Integrated Governance and Quality Safety Group met on 7 November 2018; the Group received the Quarter 2 Quality Report and welcomed the level of detail and assurance that has developed since previous reports.

CHCP reported two dental never events and one death in custody during Q2 it was acknowledged that these incidents were being monitored by NHSE as the lead commissioner.

A discussion took place around the complaints, compliments, comments and concerns section. The 118 concerns raised from Apr 18 – Sept 18 were Patient relations and not always a formal complaint

A letter had been sent to CHCP by the Deputy Director of Quality Clinical Governance Lead Nurse in her capacity as chair of the SI panel due to poor quality reports being produced by the organisation. .

HEYHT

HEYHT update was covered in the performance section.

Quality

Following the increase in urology referrals, the Trust attended a meeting with GPs, who have reported a noticeable change in men's health, particularly in younger men, presenting with concerns for prostate and testicular cancer that have a family history of these diseases. Discussions took place how this would be managed within the trust. This would be discussed at the next Quality Delivery Group in December 2018.

Humber

The Lay Member requested a report outlining the value of the monies invested into the CAHMS service.

Quality

The Trust responded to 17 complaints in August 2018 of which 6 were not upheld with 11 complaints partly or fully upheld. The committee requested for the next meeting that a brief explanation of the Trusts complaints be included within the report.

Spire

The CCG has 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.

YAS

Quality Group has not met since the last meeting therefore nothing to report.

Quality

The North Yorkshire and Humber 111/999 Quality Group met on 15 November 2018 and the Regional Joint Quality Board met on 16 November 2018. The reporting from YAS was currently been looked at.

Thames Ambulance Service

A discussion took place around transport to get patients to GP practices Consideration of opportunities for this was requested.

Level of Confidence
Process Process A HIGH 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.
Hull and East Yorkshire Hospitals NHS Trust Performance A MEDIUM 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. The Trust are undertaking a review of all near miss never events to identify the commonalities from these and formulate an action plan.
Humber NHS Foundation Trust A MEDIUM 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. The recovery action plan is monitored via both the clinical quality forum arena to ensure milestones are met. 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.
City Health Care Partnership (CHCP): A LOW 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.
Spire Hull and East Riding A MEDIUM 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.

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 considered the Quality and Performance report.
(b)	The committee requested more information around the Community service's to understand how much of this related to community equipment and how much too social care. The Head of Contracts Management would include this information for the next report.
(C)	The Strategic Lead - Mental Health and Vulnerable People Commissioning to check that the Mental health patients are been followed up and not marked as Did Not Attend.
(D)	The Lay Member requested a report outlining the value of the monies invested into the CAHMS service.
(e)	The committee requested for the next meeting that a brief explanation of the Humber Trusts complaints be included within the report.
(f)	A discussion took place around transport to get patients to GP practices Consideration of opportunities for this was requested.

7. Q2 SAFEGUARDING ADULTS REPORT

The Designated Professional for Safeguarding Adults presented the Q2 Safeguarding Adults report to note.

Highlighted within the report was.

Publications of the first health inter collegiate document for roles and competencies for safeguarding adults being the same as safeguarding children.

Hull CCG

Staff training for Safeguarding adults was currently at 90% and 89% for CT Prevent WRAP.

Hull and East Yorkshire Hospital Trust (HEY)

HEY are just above target at 81% for Prevent WRAP.

Spire

Concerns were raised around the Prevent WRAP training as spire currently at 78% and there had been no training since July 2018.

Serious Case Reviews

YAS contributed to one Serious Case Review (for children) in Q2.

Safeguarding Adult Reviews

YAS contributed to six Safeguarding Adult Reviews in Q2.

A Protected Time for Learning will be taking place in April 2019 around Domestic Abuse.

Hull Adults Safeguarding Programme Board currently had 6 Safeguarding Adult Reviews (SAR) at varying stages in progress, which there was no change from Q1. No Hull CCG Serious Incident (SI) reports were escalated to the HSAPB for SAR consideration in Q2. It was asked that comparative numbers be included within the next report.

Level of Confidence
NHS Hull CCG Process There was a HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults. There are strong safeguarding assurance processes in place. There is an Executive lead, designated 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.
Performance There was a HIGH level of confidence 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.
Hull & East Yorkshire Hospitals Process There was a HIGH level of confidence in HEY discharging it's duties in relation to safeguarding adults. There are robust safeguarding processes in place with clear leadership, requisite professionals in post with internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.
Performance There was a MEDIUM level of confidence in HEY discharging it's duties in relation to safeguarding adults. During Q2 HEY maintained a safeguarding adults training compliance rate of over 80% in all areas. However, CT WRAP prevent training compliance stagnated with no staff completing face to face workshops and only 5 staff completing e-learning . HEY are represented at all levels of the HSAPB and other associated multi-agency groups to safeguard vulnerable people in the city.
Humber Process There was a HIGH level of confidence in HTFT discharging it's duties in relation to safeguarding adults. There are robust safeguarding processes in place with clear leadership, requisite professionals in post and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.
Performance There was a MEDIUM level of 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.

City Health Care Partnership

Process

There was a **HIGH** level of 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.

Performance

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

CHCP have maintained consistent compliance levels during Q2 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.

Spire

Process

There was a **MEDIUM** level of confidence 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 Q2 of 2018-19, combined with a fall in Prevent WRAP compliance.

Performance

There was a **MEDIUM** level of confidence 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.

Yorkshire Ambulance Service

Process

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

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

Performance

There was a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding adults. YAS maintained high levels of training and reporting for safeguarding adults in 2017-18 and this has been maintained during in Q2 of 2018-19.

Resolved

(a)	Quality and Performance Committee Members noted the Q2 Safeguarding Adults report.
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8. Q2 SAFEGUARDING CHILDRENS REPORT

The Designated Professional for Safeguarding Adults presented the Q2 Safeguarding Children's report to note.

Highlighted within the report was.

NHS Hull CCG

Staff training for Hull CCG was currently at 95%.

The Quality and Performance Committee noted the Q2 Safeguarding Children's report.

Level of Confidence
NHS Hull CCG Process There was a HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children. There are strong safeguarding assurance processes in place. There was 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.
Performance There was a HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding children. 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
Hull & East Yorkshire Hospitals Process There was a HIGH level of confidence in HEYHT discharging it's duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.
Performance There was a HIGH level of confidence in HEYHT discharging its duties in relation to safeguarding children. HEY has consistently maintained a safeguarding children compliance rate of over 80%. Significant progress has been made in relation to required inspection actions.
Humber Teaching Foundation Trust Process There was a HIGH level of confidence in HTFT discharging its duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership and requisite professionals in post. There was internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.
Performance There was a HIGH level of 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.
City Health Care Partnership Process There was a HIGH level of confidence in CHCP discharging it's duties in relation to safeguarding children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.
Performance There was a HIGH level of confidence in CHCP discharging it's duties in relation to safeguarding children. Progress has been achieved in relation to safeguarding children training uptake and required inspection actions.
Spire Process

There was a **HIGH** level of confidence in SPIRE discharging it's duties in relation to safeguarding children.
The self-declaration reported to CMB does not identify any deficits in relation to safeguarding children.

Performance

There was a **HIGH** level of confidence in SPIRE discharging it's duties in relation to safeguarding children.
Safeguarding training compliance was sound.

YAS

Process

There was a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding children.
The required processes are in place, monitored by Wakefield CCG as the lead commissioner.

Performance

There was a **HIGH** level of confidence in YAS discharging it's duties in relation to safeguarding children.
Training compliance was improving as the revised system is monitored.

Resolved

(a)	Quality and Performance Committee Members noted the Q2 Safeguarding Children's report.
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9. Q1 CQUIN REPORT

The Quality Lead presented the Q1 CQUIN report to note.

The Quality Lead highlighted that HEY Sepsis had not achieved for this quarter.

The Quality and Performance Committee noted to the report.

Level of Confidence
<p>Process</p> <p>That a HIGH level of confidence exists for the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.</p>
<p>Performance</p> <p>That an overall HIGH level of confidence exists for the way in which Hull CCG's main providers have engaged with the 2017-19 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients</p>

Resolved

(a)	Quality and Performance Committee Members noted the Q1 CQUIN report
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10. PATIENT EXPERIENCE ANNUAL REPORT

The Engagement Manager (Patients and the Public) presented the Patient Experience Annual report to note.

- Hull and East Yorkshire Hospitals performance in the Maternity National survey highlights two areas where the trust were worse than the rest of the

country these were for reasonable response times to calls following birth, and advice and support at the beginning of labour.

- Hull and East Yorkshire Hospitals performance in the Inpatient National survey highlights one area where the trust performed better than the rest of the country this was for Privacy in A&E. The trust performed worse than the rest of the country for patients feeling there were enough nurses on duty to care for them.
- A plan to improve the CCG’s monitoring the patient experience activity should be presented to the committee in January

Resolved

(a)	Quality and Performance Committee Members received the Patient Experience report.
(b)	A plan to improve the CCG’s monitoring the patient experience activity should be presented to the committee in January 19.

11. SAFEGUARDING CHILDRENS BOARD ANNUAL REPORT

The Designated Professional for Safeguarding Adults presented the Safeguarding Children’s Board Annual Report for information.

The Committee highlighted the attendance section of the safeguarding report the attendance for the Designated Professional for Safeguarding Children was showing at 33%, was the attendance of the Director of Quality and Clinical Governance/ Executive Nurse and the Designated Professional for Safeguarding Children a true reflection of their attendance?

The Designated Professional for Safeguarding Adults would feed the comments to the Designated Professional for Safeguarding Children.

The Quality and Performance Committee Meeting noted the Safeguarding Children’s Board Annual Report.

Resolved

(a)	Quality and Performance Committee Members took the Safeguarding Children’s Board Annual Report for information.
(b)	The Designated Professional for Safeguarding Adults would feed the comments to the Designated Professional for Safeguarding Children around the attendance section.

12. Q2 OUT OF AREA/ OUT OF CONTRACT INDIVIDUAL PATIENT PLACEMENTS 2018-19

The Deputy Director of Commissioning presented the Q2 out of Area/ Out of contract individual patient placements 2018-19 to note.

A question was raised by the Lay Member to be asked of the Strategic Lead - Mental Health and Vulnerable People Commissioning “Was the push back from NHS England going to achieve what they are wanting for the service?”

The Quality and Performance Committee meeting noted the Q2 Out of Area/ out of contract individual patient placements 2018/19.

Level of Confidence
Process
A HIGH level of confidence in vulnerable people out of area policy agreed – updated October 2018
A HIGH level of confidence in MH funding panel TOR agreed – updated October 2018 – virtual decision making with formal meeting when required.
A MEDIUM level of confidence in the continued pressure on case management function fur to the demands of NHSE – Transforming care and discharges from secure hospital care
Finance
A HIGH level of confidence was forecast to understand by £266k

Resolved

(a)	Quality and Performance Committee Members noted the Q2 out of Area/ Out of contract individual patient placements 2018-19.
(b)	The question to be asked of the Strategic Lead - Mental Health and Vulnerable People Commissioning “Was the push back from NHS England going to achieve what they are wanting for the service?”

13. DEEP DIVE AGENDA ITEMS

No new deep dive agenda items were suggested.

Resolved

(a)	No new deep dive agenda items were suggested.
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14. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

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

15. 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

16. ANY OTHER BUSINESS

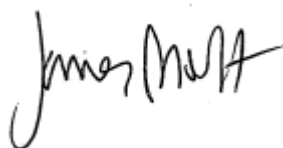
No other business was discussed

17. CHAIR’S UPDATE REPORT

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

18. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 18 December 2018, 1pm – 4pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



Signed: _____
 (Chair of the Quality and Performance Committee)

Date: 18 December 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
PTL	
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service