

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 22 JANUARY 2019
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
9.00AM – 12.00PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG
E Butters, Head of Performance and Programme Delivery, Hull CCG
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 McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG
J Stamp, Lay Representative, Hull CCG (Vice Chair)
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
Gail Baines, Delivery Manager, Health Watch
Liz Sugden, Patient Safety Lead, Hull CCG
R Thompson, Head of Nursing and Quality, Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG
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
K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse
L Morris, Designated Nurse for Safeguarding Children, Hull CCG
R Palmer, Head of Contracts Management, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 18 DECEMBER 2018

The minutes of the meeting held on 18 December 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 18 December 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 18 DECEMBER 2018

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

18/12/18 6 (c) – This actions timescale would be moved to February 19.

18/12/18 6 (e) – This action was marked as complete, update provided by S Lee no concerns.

18/12/18 8 – This Actions timescale would be moved to February 19.

27/11/18 6 (b) – This Actions timescale would be moved to March 19.

27/11/19 6 (c) – This Actions timescale would be moved to March 19.

All actions other actions 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
J Stamp	11	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.

Resolved

(a)	The above declaration of interest was noted.
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6. **QUALITY AND PERFORMANCE REPORT**

The Head of Performance and Programme Delivery and the Director of Quality and Clinical Governance/ Executive Nurse presented the Quality and Performance Report to consider.

Highlighted within the report were:

The CCG was currently forecasting to achieve a balanced position against the in-year allocation. There is therefore no impact on the CCG's historic surplus of £15.267m. This is in line with the 2018/19 financial plan submitted to NHS England.

Continuing Healthcare (forecast underspend of £0.8m) reported: A reduced forecast underspend compared to previous months due to some data quality work being undertaken.

CCG Performance

An overview of the constitutional indicator exceptions were presented to the committee areas discussed included:

A&E Waiting Times

The A&E 4 hour waiting time target deteriorated significantly in November. The system pressures experienced in the latter half of October have continued throughout November. It should be noted that locally reported performance during December had seen further deterioration and variation on a daily basis and this had continued into January. Themes and trends continue to be reviewed as part of the work being undertaken with the HEYHT Aligned Incentive Contract (AIC) and the A&E Delivery Board.

The Deputy Director of Commissioning gave an update of operational issues affecting the trust and a lengthy discussion took place around the concerning A&E figures the Committee agreed to formally escalate these to the Hull CCG Board. Due to ongoing concerns with Cancer figures at HEYHT, overall HEYHT issues would be escalated through Part 2 of the CCG Board meeting.

Referral to Treatment

Hull CCG recorded 1 x 52 week breaches in November, reported by HEYHT in Plastic Surgery due to theatre capacity.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Nursing and Condition Management – the Chronic Pain Service was currently underperforming at 38.61% for face to face assessments taking place within 4 weeks against a target of 95%. The underperformance had been formally raised at the Contract Management Board and a meeting was being arranged with the service to discuss the issues and agree a recovery plan and trajectory.

The Depression and Anxiety Service Hull Let's Talk was currently under performing at 40.35% of assessments / clustering taking place within 7 days. The committee was advised that a meeting will be held with the provided to review the finances within the contract and development plan produced. It was noted that the number of face to face assessments was impacting on operational performance. The Committee requested an update of where to understand the figures in more detail.

Quality

CHCP had received the CQC report on Rossmore following the visit in October and November 2018. CHCP have queried the report for factual accuracy with CQC and await their response. Feedback was also given about a recent positive quality visit to community nursing services in Driffield and Bransholme.

HEYHT

HEYHT performance and exceptions was discussed under the CCG performance section.

Quality

A&E Performance had been closely monitored during December 18. Regular reports on trolley waits have been received by the Quality Team. While no 12 hour breaches have been reported, the Quality Team sought assurances from HEY about how patients on trolleys and waiting for admission are being monitored to ensure that Fundamentals of Care are being maintained. The Trust has confirmed that nurses have been in A&E monitoring patients waiting longer than 4 hours. Pressure relieving mattresses have been made available for those identified as being at risk and food and drink has been made available. The Trust has reported the first MRSA cases of the year, this was unavoidable and was associated with a very complex patient undergoing significant surgery. Wards 70 and 9 also closed due to an outbreak of Norovirus adding to pressures at the Trust.

On a positive note HEYHT have immunised 75% of their workforce against influenza. The Trust is due to go live in January 2019 with the National Early Warning Score (NEWS2) system. There are challenges in relation to being fully electronic on e-Observations across both HRI and CHH sites. A pilot has commenced on six wards to ensure the system works as intended ensuring patients are on the right care package/pathway. Significant improvements have been made in relation to Virtual Trauma Orthopaedics Monitoring System (VTOMS). Extra theatre time has been introduced at Hull Royal Infirmary (HRI).

Humber

Humber was seeing low performance figures on Mental Health and Learning Disabilities, Older People's Single Point of access, Memory Assessment Service and CAMHS. Specific attention was brought to the CAHMS service figures, and it was noted that the Strategic Lead Mental Health and Vulnerable People would be presenting an update around CAHMS at the Quality and Performance Committee meeting in March 2019.

Quality

The most recent meeting of the Humber Quality Group took place on the 10th January 2019.

The CQC are currently undertaking an inspection of various Trust services and are interviewing staff. Areas visited to date include Westlands, New Bridges, Avondale, PICU and Mill View Court. No formal feedback had been provided as yet.

The Trust where currently undertaking a review of Serious Incidents in relation to suicides ruled by the Coroner in the last 18 months. A thematic review of the learning

will be produced and shared with Commissioners. This piece of work will also link to the NHS E Operating Plan 2019-20 in relation to the reduction of suicides in in-patients.

NHSI had also commented positively on Humber's Patients and Carer Engagement Strategy which has been held up nationally as an example of good practice. Humber staff were to be interviewed by NHSI about their approach to engagement.

Humber are holding a "Building Our Priorities" event on 25th January 2019 looking at priorities for their Quality Accounts and approach to Equality & Diversity. The Head of Nursing and Quality will be attending on behalf of the Quality Team.

Spire

The Clinical Quality Group (CQG) last met on 27 November 2018; and another meeting was not due until 29 January 2019. No further update.

Yorkshire Ambulance Service

No further update.

Thames Ambulance Service

The provider had experienced data quality issues with reported performance for both October and November 2018. The CCG are working through these issues with the provider. It was requested that more narrative would be included within this section of the report before going to Hull CCG Board.

- **Community Equipment Increased Spend**

The NHS Funded Care Commissioner presented the Community Equipment Increased Spend Report to note.

Highlighted within the report was.

The most significant reason for increased spend in this financial year was increased demand.

The data shows that there had been an overall 11% increased spend across catalogue equipment within this direct comparison of time periods. The most significant increases are on spend associated with wheelchairs (26% increase) and hoists and slings (44% increase).

Examples of non-wheelchair high spends on special order equipment issued over this financial year are: over £44,000 on specialist beds and accessories.

The Committee Members were impressed with really positive report and it was requested that the report would be received by Integrated Audit and Governance Committee.

An update would be provided to the Quality and Performance Committee Meeting in 6 months' time.

<p>Financial Management</p> <p>Process A HIGH level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.</p> <p>Performance A HIGH level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance</p>
<p>Hull & East Yorkshire Hospitals – A&E 4 hour waiting times</p> <p>Process A HIGH level of confidence 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>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence 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>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence 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>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence 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 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 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>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence 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 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 – Improved Access to Psychological Therapies waiting times</p> <p>Process A HIGH level of confidence 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>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>Process A HIGH level of confidence 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>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Director of Quality and Clinical Governance/ Executive Nurse would formally escalate the HEY issues through part 2 of the Hull CCG Board.
(c)	The Committee requested an update of where the Depression and Anxiety Service Hull Let’s Talk service was now and to understand the figures in more detail.
(D)	More narrative would be included within the Thames Ambulance Service section of the report before going to Hull CCG Board.
(E)	An update on the Community Equipment Increased Spend would be provided to the Quality and Performance Committee Meeting in 6 months’ time.

7. Q3 SERIOUS INCIDENT REPORT

The Patient Safety Lead presented the Q3 Serious Incident Report to note.

Highlighted within the report was.

HEYHT:

- No never events have been reported during Q3 or year to date. The Trust has appointed a deputy Chief Medical Officer with specific focus on quality improvement taking forward actions that have identified the need for whole system changes. The first piece of work will focus on sub optimal care of the deteriorating patient including failure/delay to act on abnormal test results.
- Sustained position in the number of extension requests for both reports and action plans
- Failure by the Trust to learn from pressure ulcer related SIs
- Increased number of maternity categorised SIs, however these are varying in nature with no commonalities identified at this point in time.
- No patient harm identified from the tracking access plan SI, managed by the clinical harm group which is now complete
- Recurring themes in relation to the deteriorating patient, to be addressed by the quality improvement work lead by the newly appointed deputy chief medical office

HTFT:

- The Trust does not currently have dedicated SI investigators and this work is an add on to clinician’s roles. This may be a requirement of the revised national SI framework due for release in the spring of 2019.
- The Trust continues to demonstrate improvements to its overall management of its SIs following the development of a recovery plan however the Trust has yet to demonstrate that this is sustainable and target the key areas where further work is needed.
- Following the recent high profile case in the media relating to a police officer which followed a previous high profile case in 2016, the Trust are undertaking a review of learning from deaths from suicide for the last 18 months to look at any themes to provide assurances regarding care delivery, actions taken and any further areas the Trust need to address. The outcome will be shared with commissioners upon completion. The review will incorporate the recurring themes of poor documentation and risk assessments and communication between teams.

CHCP:

- A letter of concern was sent from the chair of the SI panel on the 14th November to raise concerns in relation to the organisations management of its SI and to seek assurance on systems and processes.

Spire:

- Positive engagement by the new Clinical Governance & Compliance Lead with regards to adherence to the national SI framework.

It was requested that the table on 6.1 would be updated for Q4 to be more readable.

Level of Confidence
<p>Process</p> <p>A HIGH level of confidence was reported in NHS Hull CCG as an effective management process was in place for SIs with its main providers. Significant level of assurance following the last internal audit.</p>
<p>Performance</p> <p>Hull and East Yorkshire Hospitals NHS Trust:</p> <p>A MEDIUM level of confidence is given – there have been no never events declared by the Trust year to date. Work continues on the actions arising from the Never Events declared in 2017/18, including the development of a corporately-branded patient safety campaign, ‘Stop the Line’ empowering all staff to challenge poor practice more effectively.</p> <p>The Trust has appointed a deputy Chief Medical Officer with specific focus on quality improvement and whole system changes. The first piece of work will focus on sub optimal care of the deteriorating patient including failure/delay to act on abnormal test results.</p> <p>Humber NHS Foundation Trust:</p> <p>A MEDIUM level of confidence is given – The Trust continues to demonstrate improvements to its overall management of its SIs following the development of a recovery plan however the Trust has yet to demonstrate that this is sustainable and target the key areas where further work is needed including consistent quality of investigations and action plans.</p> <p>Following the recent high profile case in the media relating to a police officer which followed a previous high profile case, the Trust are undertaking a review of learning from deaths from suicide for the last 18 months to look at any themes to provide assurances regarding care delivery, actions taken and any further areas the Trust need to address which will be shared with commissioners upon completion. The review will incorporate the recurring themes of poor documentation and risk assessments and communication between teams.</p>

City Health Care Partnership (CHCP):

A **LOW** level of confidence is given – A letter of concern was sent from the chair of the SI panel on the 14th November 2018 to raise concerns in relation to the organisations management of its SIs and quality of investigations and action plans where assurance was requested in the following key areas:

- Ensuring that the organisation has the capacity and capability to undertake robust comprehensive investigations that are consistent in their quality, underpinned by recognised root cause analysis tools;
- Ensuring there is a clear understanding of the Serious Incidents (2015) and Never Events (revised 2018) National Frameworks;
- Understanding and executing Duty of Candour obligations;
- Identifying and undertaking robust multi-agency investigations;
- Developing robust action plans;
- The organisation has a robust process in place for the management of its serious incidents; and
- Learning is identified and effectively shared and embedded into practice

A meeting took place on 17th December 2018 with the Executive Nurse/Care Group Director, CHCP to discuss the concerns following which an improvement plan was shared. This is now being monitored via both the CHCP quality forum and the SI panel.

Spire Hull and East Riding:

A **MEDIUM** level of confidence is given – No SIs or never events were reported during 2018/19. A meeting took place between the Patient Safety Lead, Hull CCG and the newly appointed Clinical Governance & Compliance Lead and the Modern Matron on the 20th November 2018. The purpose of the meeting was to ensure that the organisation undertook investigations as per national SI framework (2015) expectations, as this had not always been consistent in the past leading to poor quality investigations and none adherence to national timeframes. The meeting was positive and the organisation has welcomed the support from the CCG.

Primary Care:

A **LOW** level of confidence exists – This level should remain until such a time that there is evidence that SIs and subsequent requirement to report and investigate as per national framework (2015) is achieved.

Hull CCG:

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

Resolved

(a)	Quality and Performance Committee Members noted the Q3 Serious Incident Report.
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8. Q2 PRESCRIBING REPORT

The Medicine Optimisation Pharmacist, NECS presented the Q2 Prescribing Report to Note.

Highlighted within the report was.

Overall prescribing costs for Q2 2018/2019 – GP practice prescribing costs for NHS Hull CCG has grown by -3.83% (-£920,531) for April 2018 to September 2018 compared to the same period last year, this is above the England average cost growth of -4.65% and Yorkshire and Humber average cost growth of -4.43%.

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

Medicines optimisation QIPP monitoring: CCG Medicines optimisation QIPP monitoring for September 2018 has a QIPP savings of £1,387,079 against a target of £413,500; therefore above the target by £973,579.

In NHS Hull CCG Anticoagulants and Protamine has shown a significant increase in cost growth +25.90% which represented a cost difference of +£235,513. In view of the above it was agreed that the Head of Contracts Management would review the Service Performance.

A discussion took place around EU Exit, the Committee was updated that there was a national plans in place and pharmaceutical companies should have a 6 weeks' worth of stocks already in place. There are ongoing national discussions on this to mitigate risks.

Level of Confidence
NHS Hull CCG
Process
A HIGH level of confidence was reported in the Interpretation of budget position & 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 savings.
A MEDIUM level of confidence was reported in the practice performance within the extended medicines management scheme.

Resolved

(a)	Quality and Performance Committee Members noted the Q2 prescribing Report.
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9. 6 MONTHLY PATIENT RELATIONS REPORT

The decision was taken to defer this item to 26 February 19.

10. Q3 CARE AND SUPPORT SERVICES QUALITY BOARD REPORT

The decision was taken to defer this item to 26 February 2019

11. Q3 HEALTHWATCH REPORT

J Stamp declared a Non-financial professional interest in this item as Chief Executive of North Bank Forum voluntary sector who were currently the host organisation for the Social Prescribing Service in Hull.

The Healthwatch Delivery Manager presented the Q3 Health Watch Report to note.

Highlighted within the report was.

Thematic reviews

- Access to Healthcare for those with no fixed abode – report enclosed

- Medicines management & pharmacy services – information gathering is complete – report in draft – to be available February 19

Advocacy

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

Issues and signposting

- Increase in contacts relating to Primary Care
- Decrease in contact from last quarter

A discussion took place around Healthwatch being invited to attend the Primary Care Quality and Performance Sub Committee Meeting.

A discussion took place around the feedback to the groupings about the issues that are brought to Healthwatch. The Healthwatch Delivery Manager would discuss this with the Associate Director (Communications and Engagement), as not all groupings have a quality lead, so they can work out where these would be fed.

Resolved

(a)	Quality and Performance Committee Members noted the Q3 Healthwatch report.
(b)	Healthwatch would be invited to attend the Primary Care Quality and Performance Sub Committee Meeting.
(c)	The Healthwatch Delivery Manager would discuss the feedback to the groupings about the issues that are brought to Health watch with the Associate Director (Communications and Engagement), as not all groupings have a Quality Lead, so they can work out where these would be fed.

12. Q3 EQUALITY AND DIVERSITY UPDATE REPORT

The decision was taken to defer this item to 26 February 2019.

13. DEEP DIVE AGENDA ITEMS

The Personal Assistant and The Deputy Head of Commissioning would chase HEY regarding the Diagnostic Deep Dive.

Resolved

(a)	No new deep dive agenda items were suggested.
(b)	The Personal Assistant and The Deputy Head of Commissioning would chase HEY regarding the Diagnostic Deep Dive.

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

The minutes from the Planning and Commissioning Committee would be shared with the Quality and Performance Committee. The Committee members agreed that the Quality and Performance Committee minutes would also be shared with 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

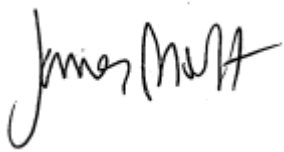
No other business was discussed

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 26 February 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



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

Date: 27 February 2019

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