

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 26 FEBRUARY 2019
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
9.00AM – 12.00PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG
J Stamp, Lay Representative, Hull CCG (Vice Chair)
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
R Palmer, Head of Contracts Management, Hull CCG
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
Colin Hurst, Engagement Manager (Patients and the Public), 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
E Butters, Head of Performance and Programme Delivery, Hull CCG
J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
L Morris, Designated Nurse for Safeguarding Children, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 22 JANUARY 2019

The minutes of the meeting held on 22 January 2019 were presented and it was agreed that they were a true and accurate record.

All other actions were marked as complete.

Resolved

(a)	The minutes of the meeting be taken as a true and accurate record and signed by the Chair.
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3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 22 JANUARY 2019

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

22/01/2019 (b) Q3 Health Watch Report – Health Watch will produce a monthly report for the PALS Team.

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.

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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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 and Action Taken

Resolved

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

The Head of Contracts Management and the Deputy Director of Quality and Clinical Governance/ Lead 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 was therefore no impact on the CCG's historic surplus of £15.267m. This was in line with the 2018/19 financial plan submitted to NHS England.

Continuing Healthcare (forecast underspend of £0.8m) was discussed: It was acknowledged that the Continuing Health Care underspend could look different after April 2019 as the current specification for CHC was being reviewed.

CCG Performance

An overview of the constitutional indicator exceptions were covered under the Contract Performance and Quality Section of the report.

Quality Premium

Nothing was highlighted due to awaiting the updated position.

CONTRACT PERFORMANCE AND QUALITY

CHCP

The Pain management service was currently under performing at 18.99% with a target of 95%, the Committee were concerned around the current figures and requested for the Head of Contracts Management to provide the committee with a trajectory at the next meeting.

It was noted that the Depression and Anxiety Service (DASH) was showing some improvement across some areas.

Quality

Following the CQC inspection of the Rossmore Care Home in November the home had been rated as "requires improvement". A discussion took place regarding the care home and it was felt by many of the Committee members that alternative placements for stroke patients should be explored with commissioners. The Service Manager from CHCP had been invited to the next IGQSG meeting to discuss the CQC report and an Action plan that had been put in place.

The CHCP Q3 Quality Report had included a review of the organisations staffing and workforce. The Group received only partial assurance from the report with regards to workforce. A more detailed report had been requested.

HUTHT

The major issues impacting the delivery of RTT performance remains the same as reported in previous months. At the end of December the Trust's clearance rate was 14.6 weeks, up from November's 15.2 weeks, significantly greater than the recommended rate of 12 weeks or less for sustainability and delivery of the 92% standard.

A&E waits

Performance fell by 5.5% from the previous month. Increasing activity through "majors" reflects the increasing acuity seen. A follow up meeting had been arranged for the Committee to have ongoing discussions around the current issues in A&E.

Improvement was noted in the cancer waits HEYHT were currently using SPIRE to ease the pressure on the service.

Quality

No never events have been declared year to date. The recently appointed Medical examiner role will review all deaths on the same day that they occur, four consultants within the Trust will take up this role. It was noted that there was still a potential risk regarding paediatrics.

Daily review of Virtual Trauma Orthopaedics Monitoring System (VTOMS) includes the undertaking of a risk assessment of both out and inpatients to assess the level of urgency of treatment.

The 40 days complaint response standard performance has improved. Quality assurance checks are being undertaken on complaints which had resulted in the increase in partially upheld complaints.

Humber

The Committee raised concerns regarding the Children and Adolescent Mental Health Service (CAHMS) due to the current month performance of 9.1%.

Quality

Humber had held an event on 25th January 2019 entitled "Building Our Priorities". The event was attended by the Chief Exec and Chief Operating Officer of Humber Mental Health along with other senior managers and Humber Governors. Commissioners from East Riding CCG and Hull CCG, Carers groups, Healthwatch and users of Humber services were also in attendance.

Spire

The CCG had been able to negotiate better value against local and national benchmarks in terms of the "New to Follow Up" ratios and a significant reduction in Orthopaedic procedures due to the implementation of the MSK triage service.

Yorkshire Ambulance Service

No further update.

Thames Ambulance Service

A scheduled meeting between the CCG and TASL representatives on 8 February 2019 did not take place, due to TASL representatives sending apologies very shortly before the meeting. It was agreed between the CCG Deputy Chief Finance Officer and TASL Director of Operations that a meeting would be scheduled within 2 weeks, however, a meeting date is yet to be established. The CCG Deputy Chief Finance Officer had escalated the CCG concerns on the service performance reporting to TASL's Chief Executive Officer, and we are awaiting a response.

<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)	The Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Head of Contracts Management to provide the committee with a trajectory at the next meeting for the Pain management service due to the current under performance.

7. 6 MONTHLY PATIENT RELATIONS REPORT

The Engagement Manager (Patients and the Public) presented the 6 Monthly Patient Relations Report to note.

Highlighted within the report as the biggest concern was that almost half of the PALS contacts aligned to the CCG relate to individual Funding Requests (IFR). The committee had a discussion around this and it was felt that the Engagement Manager should send the IFR team a quarterly report to outline the concerns raised.

Level of Confidence
<p>NHS Hull CCG</p> <p>Process A MEDIUM level of confidence was reported in the Patient Relations Service A MEDIUM level of confidence was reported in the reporting of PALS and Complaints Intelligence. A MEDIUM level of confidence was reported in the learning for PALS and Complaints intelligence.</p>

Resolved

(a)	The Quality and Performance Committee Members noted the 6 Monthly Patient Relations Report.
(b)	The Engagement Manager would send the IFR team a quarterly report to outline any concerns that are raised.

8. Q3 CARE SUPPORT SERVICES QUALITY BOARD REPORT

The Associate Medical Director presented the Q3 Care Support Services Quality Board Report.

The Adult Social Care Directorate continues to work collaboratively with the CCG through the Contract Performance and Quality Officers and the CCG Quality Team.

A number of visits have been undertaken both as part of a routine quality monitoring schedule, and in response to concerns or complaints.

There had been two notable successes in terms of the relocation/reallocation of individuals as a result of contract termination or care facility closure in a seamless manner.

There were a number of specific risks identified, however these were being mitigated and managed by the Adult Social Care Directorate.

The Hull system benchmarks well against statistical neighbours from a CQC perspective, although there are opportunities for improvement which will be driven by the use of the quality framework that was being implemented. Work has been undertaken by the quality team to ensure that the Quality Framework links closely to NICE

It was noted that there was continued positive collaborative work between the Hull CCG and Adults Social Care.

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

Resolved

(a)	The Quality and Performance Committee Members noted the Q3 Care Support Services Quality Board report.
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9. Q3 INFECTION, PREVENTION AND CONTROL REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q3 Infection, Prevention and Control Report.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse gave an overview of the last Quarter. Highlighting within the report, an update on the Gram Negative Quality premium for 2019/20.

The Government have released a five year action plan for antimicrobial prescribing which discusses continuing the work to halve healthcare associated Gram-negative BSIs, adopting a systematic approach to preventing infections and delivering a 25% reduction by 2021-2022 with the full 50% by 2023-2024.

In the period April 2018 to December 2018 there has been one MRSA BSI cases attributed to Hull CCG. Hull and East Yorkshire Hospitals NHS Trust (HEY) have reported 2 MRSA BSI cases via the national reporting system.

In the period April 2018 to December 2018, 43 cases of Clostridium difficile (C diff) were attributed to Hull CCG at the end of Quarter three. The stretch objective for 2018/19 was <55 cases and currently the CCG was one case over the stretch target at the end of Quarter 3 objective.

MSSA BSI continues to be reported as per PHE requirements, 86 CCG attributed cases have been reported at the end of Quarter 3.

In the period April 2018 to December 2018, 189 cases of Escherichia coli (E.coli) were attributed to Hull CCG at the end of Quarter 3 in 2018/19.

CHCP have undertaken 2 infection control Primary care training sessions in Quarter 3 a total of 7 people attended the sessions from 5 GP practices.

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

Resolved

(a)	The Quality and Performance Committee Members noted the Q3 Infection, Prevention and Control report.
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10. Q3 OUT OF AREA REPORT

The Deputy Director of Commissioning presented the Q3 Out of Area Report to note.

The Deputy Director of Commissioning provided an update for Q3 Out of Area/ Out of Contract individual patient placements 2018/19.

Level of Confidence
<p>NHS Hull CCG</p> <p>Process</p> <p>A HIGH level of confidence was reported due to Vulnerable People Out of area Policy agreed – updated October 2018</p> <p>A HIGH level of confidence was reported due to MH Funding Panel ToR agreed – updated October 2018 - virtual decision making with formal meeting when required.</p>

A **MEDIUM** level of confidence was reported due to Continued pressure on Case Management function due to the demands of NHS E – Transforming Care and discharges from secure hospital care

Finance

A **LOW** level of confidence was reported due to the Budget was forecast to be in balance with possible underspend.

Resolved

(a)	The Quality and Performance Committee Members noted the Q3 Out of Area Report.
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11. R & D VISION

The Director of Quality and Clinical Governance/ Executive Nurse presented the R&D vision to discuss.

The report sets out the overarching Hull Health and Public Health Partnership vision for Research, Innovation, Evaluation and Improvement. This had been jointly developed by Hull Clinical Commissioning Group (CCG), Hull City Council and Hull York Medical School (HYMS).

The Committee fully supported the R&D vision, it was suggested the report would need to be streamlined to make the report more concise.

Level of Confidence

NHS Hull CCG

Process

A **HIGH** level of confidence was reported due to Assurance was given that the Hull Health and Public Health Partnership vision will help to drive forward improvements in health and care outcomes

A **HIGH** level of confidence was reported due to the deliverables for the overarching R & D vision will be performance managed via the R & D Steering group which has representatives from across Hull CCG, Hull City Council and HYMS. A performance action plan will set out the key actions to meet the objectives of the vision.

Resolved

(a)	The Quality and Performance Committee Members discussed the R & D vision.
(b)	It was suggested the R&D Vision would need to be streamlined to make the report more concise.

12. Q3 EQUALITY AND DIVERSITY REPORT

The Associate Director of Corporate Affairs presented the Q3 Equality and Diversity Report to consider.

The Associate Director of Corporate Affairs gave an update on the CCG’s progress with respect to its equality and diversity work programme, as reflected in the draft 2018-19 Equality Information Report.

The Committee considered the report and expressed that the report would need more celebration included due to the positive internal work that had taken place by the CCG.

Level of Confidence
NHS Hull CCG
Process
A HIGH level of confidence was reported due to good engagement and involvement had taken place in the development of the plan.
A MEDIUM level of confidence was reported due to the level of progress against elements of the plan varies from good to requiring further attention.

Resolved

(a)	The Quality and Performance Committee Members considered the Q3 Equality and Diversity Report.
(b)	The Equality and Diversity report would need more celebration included due to the positive internal work that had taken place by the CCG.

13. RISK REGISTER

The Chair presented the Risk Report to discuss.

A discussion took place around risk 839 - Waiting times for CYP Autism: Assessment and Diagnosis exceeds the national 18 week target that sits under planning and Commissioning, the Committee felt that a risk for autism should also be placed under the Quality and Performance Committee in view that there are potential quality issues relating to long wait's

It was requested that risk 933 be transferred to the Primary Care Commissioning Committee.

It was agreed that when providing progress updates against risks that the responsible officers name would be written in full, rather than using initials.

Resolved

(a)	The Quality and Performance Committee Members discussed the Risk register.
(b)	Risk 839 - Waiting times for CYP Autism: Assessment and Diagnosis exceeds the national 18 week target that sits under planning and Commissioning, risk would be placed under the Quality and Performance Committee.
(c)	Risk 933 does not feature in future Q&P risk reports and continues to be submitted to the Primary Care Commissioning Committee.

14. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were discussed.

Resolved

(a)	No Deep Dive Agenda Items were discussed.
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15. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

It was proposed to hold occasional joint deep dives with Planning and Commissioning Committee to ascertain what could be undertaken on

underperforming trajectories. The Deputy Director of Commissioning would take this action forward the Planning and Commissioning Committee.

Resolved

(a)	The Deputy Director of Commissioning would propose to the planning and Commissioning Committee to propose joint Deep Dives.
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16. 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

17. ANY OTHER BUSINESS

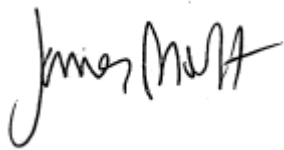
No other business was discussed

18. CHAIR'S UPDATE REPORT

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

19. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 26 March 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



Signed: _____

(Chair of the Quality and Performance Committee)

Date: 27/03/19

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