

**Item: 12.2**

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON 26 MARCH 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)  
E Butters, Head of Performance and Programme Delivery, Hull CCG  
S Lee, Associate Director (Communications and Engagement), Hull CCG  
R Palmer, Head of Contracts Management, Hull CCG  
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council  
J Dodson, Deputy Chief Finance Officer – Contracts, Performance, Procurement and Programme Delivery, Hull CCG  
K Ellis, Deputy Director of Commissioning, Hull CCG  
D Heseltine, Secondary Care Doctor, Hull CCG  
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse  
L Morris, Designated Nurse for Safeguarding Children, Hull CCG  
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 26 FEBRUARY 2019**

The minutes of the meeting held on 26 February 2019 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 26 February 2019 would be signed by the Chair.
-----	----------------------------------------------------------------------------------------

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

There were no matters arising from the Minutes.

**ACTION LIST FROM MEETING HELD ON 26 FEBRUARY 2019**

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

26/02/19 6 (b) Quality and performance report – included within the Quality and performance report.

26/02/19 15 any issues to go to the planning and commissioning committee – The chair of Quality and Performance and chair of the Planning and Commissioning Committee to meet to discuss joint deep dives.

All actions other actions marked as complete.

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

**4. NOTIFICATION OF ANY OTHER BUSINESS**

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

There were no items of Any Other Business.

**Resolved**

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

**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
-----	----------------------------------------------

**6. QUALITY AND PERFORMANCE REPORT**

The Head of Contract 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.

### CCG Performance

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

### Quality Premium

Nothing was highlighted due to awaiting the updated position.

### CCG Performance

#### **A&E**

The A&E 4 hour waiting time target deteriorated further in January. Themes and trends continue to be reviewed as part of the work being undertaken with the HUTHT Aligned Incentive Contract (AIC) and the A&E Delivery Board. Work continues across the system to address identified challenges including flow through the hospital, community care package availability, staffing and diversionary pathways.

#### **Referral to Treatment**

Hull CCG recorded 14 x 52 week breaches in January, all reported by HUTHT.

- Eleven in ENT - 7 of which were due to theatre breakdown, 1 due to theatre capacity, 1 due to equipment breakdown, 1 due to diagnostic delay and 1 due to patient choice.
- Two in Ophthalmology – reasons were due to patient being unfit and patient choice.
- One in Plastic Surgery due to theatre capacity.

#### **Diagnostic Waiting Times**

Diagnostic test 6-week waiting times continue to breach target however a slight improvement in performance is reported in January, compared to the previous month. The CCG recorded 382 breaches during January, compared to 423 the previous month, the majority being for endoscopies 57% (219). Questions were posed as to whether there was an agreed expected turnaround time for diagnostic results back to the GP practice; the Head of Contracts Management would pose this question to HUYHT.

#### **Breast Cancer**

104 patients were seen during January with 10 breaches, 6 of which are due to patient choice and 4 due to inadequate outpatient capacity.

#### **HCAI C Dif**

At the end of January the CCG are 2 cases over the 2018/19 stretch objective.

#### **HCAI E-coli**

The actual activity continues to be above the agreed target for cases for E.coli BSI. A joint action plan was reviewed in November 2018 and links to the work of the UTI collaborative. The Plan was progressing through the approval process.

### CONTRACT PERFORMANCE AND QUALITY

## **CHCP**

Highlighted was the chronic pain management service was currently not achieving the target of 95% a request had been issued for a recovery trajectory and action plan. The response back was predicted performance for February would be 44% and March 58% and April within target, the Committee felt if the trajectory was not met then some action would need to be taken with the service.

It was noted the Depression and Anxiety Service and the Hull TB Service was now above target.

### **Quality**

The Chief Operating Officer presented a report to IGQSG which detailed staffing vacancies by service area and within professional groups in CHCP. It was noted that the area of major recruitment problems was within Allied Health Professionals. CHCP are taking action across a range of areas to develop their own staff internally and encourage people to make CHCP their employer of choice.

It was noted that 2 new named GP's were now providing medical cover at the Rossmore Care Home. It was flagged that the Planning and Commissioning Committee would need to discuss the stroke beds at Rossmore in further detail, the Lay Member would take this forward.

## **HUTHT**

HUTHT was covered under the performance section.

## **HUMBER FT**

Nothing was highlighted as an issue.

### **Quality**

NHSI's Maternity at HUYHT was reviewed and not connected or similar or to a certain clinician, NHSI visited the Trust and received positive assurance.

## **Spire**

No further update was received.

## **YAS**

No further update was received.

## **Thames Ambulance Service**

Hull CCG had written to Thames Ambulance Service Limited to terminate their contract for Non-Emergency Medical Transport, effective from 31st March 2020. This had also involved beginning the necessary discussion to arrange exit arrangements and ensure the continuity and smooth transfer of the service to a new supplier, avoiding any delays or risk to the health and safety of service users.

<p><b>Financial Management</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>HIGH</b> level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance</p>
<p><b>Hull &amp; East Yorkshire Hospitals – A&amp;E 4 hour waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – Referral to Treatment waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals - Diagnostics Waiting Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>
<p><b>Hull &amp; East Yorkshire Hospitals – 62-day Cancer Waiting Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Humber Foundation Trust – Waiting Times (all services)</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>City Health Care Partnership – Looked After Children Initial Health Assessments</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>

<p><b>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Yorkshire Ambulance Service – Ambulance Handover Times</b></p> <p><b>Process</b> A <b>HIGH</b> 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><b>Performance</b> A <b>LOW</b> 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)	Questions were posed as to whether there was an agreed expected turnaround time for diagnostic results back to the GP practice; the Head of Contracts Management would pose this question to HUYHT.
(C)	It was flagged that the Planning and Commissioning Committee would need to discuss the stroke beds at Rossmore in further detail, the Lay Member would take this forward.

**7. MENTAL HEALTH AND LEARNING DISABILITIES COMMISSIONING UPDATE**

The Strategic Lead for Mental health and Vulnerable People presented the Mental Health and Learning Disabilities Commissioning Update for information.

Highlighted within the report was.

The Average number of referrals including Autism each month – 280 (range 333 – 164). The current number of routine referrals awaiting telephone triage – 427.

The service Operates using the Thrive model – which is recommended in the NHS Long Term Plan. A discussion took place around the number of young people on the waiting list and waiting list accuracy. MIND continue to provide support and intervention to young people with mild to moderate needs. A meeting was to take place in May between Humber, Hull Council and Hull CCG to look at the current issues with the CAHMS Service and Contact Point.

**CYP Autism Service**

- Average number of referrals each month – 38 (range 69 – 21)
- Current waiting list:
  - 191 – for screening
  - 560 for specialist assessment (311 over a year)

Going forward GP’s will only refer pre-school age and children educated at home – and SENCO’s will be able to refer.

## ADHD

- Average number of referrals each month – 13 (range 45 - 6)
- Current waiting list:
  - 152 (130 routine referrals over 18 weeks)

CHCP Community paediatric ADHD caseload will transfer over to HTFT from 1 April 2019. A new psychological led model for ADHD assessment, diagnosis and post diagnostic support in the city is being developed. Due to capacity and the CHCP ADHD transfer a Locum Consultant Psychiatrist has been recruited from 1 May 2019.

### Adult Rapid Response

Calls to the Crisis line continues to be 55% of the overall calls received into the service. The data demonstrates that the busiest time through the whole of 2018 is 9am-5pm.

During February 2019 due to increased call numbers Humber Teaching NHS FT (HTFT) took the decision to put the routine call line for Rapid Response onto an answer phone. This decision was taken without consultation with CCG Commissioners. This decision has now been reversed. HTFT have proposed a new model for the delivery of the Rapid Response service; working in partnership with a Voluntary Sector provider – this is currently under consideration by the CCG.

### Community Mental Health Teams

HTFT and both CCG Commissioners have commenced a review of CMHT as pressures on the team continue. Waiting list review has been completed and identified many patients on caseload are Cluster 7&8 and have a personality disorder and require long term packages of care. Plans are being developed to consider a structured tiered approach based on patient need to release capacity to meet demand this is will form part of the workshop scheduled for 5 April 2019 with NHS E in attendance to seek options for a future CMHT model – which will include opportunities for closer alignment with Primary Care.

### Memory Assessment Service

8 vacancies still exist which has resulted in performance deteriorating in recent months. Both the Memory Clinic and Dementia Clinic (Reported separately) both have an average wait of less than 8 weeks in Feb-19.

The committee agreed that an update would be provided on the service in October 19.

Level of Confidence
<b>NHS Hull CCG</b>
<b>Process</b>
A <b>HIGH</b> level of confidence was provided in the Hull CCG Commissioning
A <b>LOW</b> level of confidence was provided in the ability of the provider to deliver against KPI and contractual targets
<b>Finance</b>
A <b>HIGH</b> level of confidence was provided in the budget forecast to be in balance.

### Resolved

(a)	Quality and Performance Committee Members noted the Mental Health and Learning Disabilities commissioning update.
-----	-------------------------------------------------------------------------------------------------------------------

(b)	The committee agreed that an update would be provided on the service in October 19.
-----	-------------------------------------------------------------------------------------

## 8. CHILDRENS SPEECH AND LANGUAGE THERAPY SERVICE

The Strategic Lead – Children, Young People and Maternity presented the Children’s Speech & Language Therapy Service report.

Highlighted within the report was:-

### Workforce

- Recruitment to the core and additional service almost complete with 1 x 0.6 B6 in progress. The service was developing a business case alongside the remodelling that will support the sustainable service requirements and proactively manage the fixed term posts.
- A work programme to closely link in with regional universities to offer work placements of student SLT’s to incentivise applications.
- Use of Agency SLT’s – HTFT have been unable to source locum SLT’s, and have looked at other providers who may be able to support the waiting list reduction

### Service remodelling

- A review of the referral criteria, pathway and internal processes was being undertaken and led by HTFT during February - March 2019 to identify efficiencies within the service.
- The referral and clinical pathways have been revised and will be reviewed by the Children’s SLCN group prior to submission to the Joint Hull & East riding Pathway Review Group for approval.
- The service was reviewing its website and the supporting training and information resources and toolkit for parents and staff

#### Waiting List

The service was reporting to a new agreed set of KPI’s that provides more detailed and accurate information regarding waiting times for initial assessment and first treatment/intervention.

The service demand continues to increase with the average referral rate increasing from 100 to 120 per month thus impacting on managing both the core service and waiting list. . There have already been over 1,200 referrals in 2018/19 with an anticipated rate of over 1,400 for the full year.

As of January 2019, there were:

- 590 CYP on waiting for assessment (538 - Dec 2018)

Of the 590 referrals, 379 were from Early Years and Education. This was reflective of the service review that identified 66% of referrals related to pre-school children.

The provider was undertaking a full review of the waiting list to provide clinical quality and performance assurance to their Executive Board and the CCG. This was expected in March 2019. The service will be writing to the school and parents of children on the waiting list that will identify those who still require the service with an ‘opt-in’ approach. This was planned for May and a SLT assistant will be allocated to work with those schools and children where appropriate.



The service will not provide the CCG with a recovery trajectory, discussions took place and the committee raised concerns around the service unable to provide the CCG with a recovery trajectory when extra funding had been put in place. The Committee asked for the Strategic lead - Children, young people and maternity to meet with the Head of Performance and Programme Delivery and the Director of Commissioning around setting some recovery trajectories with the service.

Level of Confidence
<b>NHS Hull CCG</b> <b>Performance</b> A <b>LOW</b> level of confidence was reported in the Speech and Language service due to a) Waiting times for referral to initial assessment b) Waiting times from initial assessment to treatment / intervention c) Management of the waiting list

**Resolved**

(a)	Quality and Performance Committee Members noted the Children’s Speech and Language Therapy Service Report.
(b)	The Committee asked for the Strategic lead - Children, young people and maternity to meet with the Head of Performance and Programme Delivery and the Director of Commissioning around setting some recovery trajectories with the service.

**9. CONTINUING HEALTH CARE**

This item was deferred to 30 April 2019

**10. BOARD ASSURANCE FRAMEWORK**

The Chair presented the Board Assurance Framework to discuss.

No changes were suggested to be made to the BAF.

It was agreed that going forward the Board Assurance Framework would be reviewed by the Directors before being received by the Hull CCG Board.

Level of Confidence
A <b>HIGH</b> level of confidence was reported in the Hull CCG BAF process, in that the BAF was regularly monitored, reviewed and updated.

**Resolved**

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

**11. TERMS OF REFERENCE**

The Chair presented the terms of reference to discuss.

The below changes were suggested to be made to the Terms of reference

- The Associate Director (Communications and Engagement) would be added to the members section

- Programme Delivery Group and Integrated Delivery Board to be added to the links and interdependencies section

It was agreed going forward a review of committee agenda items would be added to the agenda monthly. It was also suggested that the Chair of Planning & Commissioning would look at sitting at one of the Quality and Performance Committee Meetings and vice versa.

Amendments would be made and they would come back to the Quality and Performance Committee Meeting taking place on the 30 April 2019.

**Resolved**

(a)	The Quality and Performance Committee Members discussed the Terms of Reference.
(b)	It was agreed going forward a review of committee agenda items would be added to the agenda monthly.
(c)	The Chair of Planning & Commissioning would look at sitting at one of the Quality and Performance Committee Meetings and vice versa.
(d)	Amendments would be made and they would come back to the Quality and Performance Committee Meeting taking place on the 30 April 2019.

**12. DEEP DIVE AGENDA ITEMS**

No Deep Dive agenda items were discussed.

**Resolved**

(a)	No Deep Dive Agenda Items were discussed.
-----	-------------------------------------------

**13. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE**

No issues were to go to the Planning & Commissioning Committee.

**Resolved**

(a)	No issues were to go to the Planning & Commissioning Committee.
-----	-----------------------------------------------------------------

**14. MINUTES FROM PLANNING AND COMMISSIONING COMMITTEE 4 JANUARY 2019**

The Minutes of the meeting held on 4 January 2019 were submitted for information and taken as read.

**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**

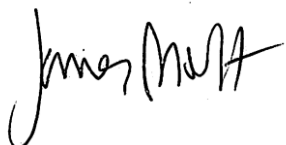
No other business was discussed

**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 30 April 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 March 2019

## **GLOSSARY OF TERMS**

BAF	Board Assurance Framework
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
HUTHT	Hull University Teaching Hospital 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	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service