

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON 21 MAY 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  
 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  
 D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse  
 K Martin, Deputy Director of Quality and Clinical Governance/ Lead Nurse  
 L Morris, Designated Nurse for Safeguarding Children, Hull CCG  
 S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG  
 E Stevens, Designated Professional for Safeguarding Adults, Hull CCG  
 R Thompson, Head of Quality and Nursing, Hull CCG

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)  
 C Denman, Head of NHS Funded Care, Hull CCG  
 C Mulligan, Care Quality Commissioner, Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

D Storr, Deputy Chief Finance Officer  
 K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
 R Palmer, Head of Contracts Management, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 30 APRIL 2019**

The minutes of the meeting held on 30 April 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 30 April 2019 would be 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 30 APRIL 2019**

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

30/04/19 7 Quality and Performance report – J Crick had an initial conversation with T Fielding, action to be kept open.

30/04/19 12 serious incident report – this action was discussed at Primary Care Q&P a trigger list would be produced, action to be closed.

30/04/19 16 Update on the current quality concerns at Alexandra Court – action to be changed to C Mulligan for completion by July 19.

30/04/19 17 Terms of Reference – the terms of reference have been sent to the IAGC Meeting to be reviewed, the Quality and Performance Committee asked for the TOR to be shared at the next meeting.

(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

Head of Performance and Programme Delivery and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report for consideration.

Highlighted within the report were:

The annual accounts were in the process of being audited, interim indications are that Hull CCG will achieve its financial targets.

### Quality Premium

Nothing was highlighted due to awaiting the updated position.

### CCG Performance Indicator

#### A&E Waiting times

The A&E 4 hour waiting time slightly improved compared to previous month's currently sitting at 80.65%.

#### Referral to treatment

Referral to treatment 18 weeks waiting times performance deteriorated further in March 2019 reporting at 76.79%. Capacity issues remain within a few specialities mainly in terms of medical staffing and increasing levels of urgent and cancer referrals.

#### Breast cancer 2 week waits

The actual was currently at 84.00% for the month of March 19 – 75 patients were seen during March with 12 breaches, 7 due to inadequate outpatient capacity and 5 due to patient choice.

#### Cancer 62 day waits

The actual for the month of March 2019 was 70.39%.

## CONTRACT PERFORMANCE AND QUALITY

### **CHCP**

An improvement had been seen in the chronic pain management service and recovery targets had been agreed. The target for Community bed-based rehabilitation had deteriorated to 48.15% in the month of March 19. The targets for Community bed based rehabilitation were currently being revised.

The expert patient programme (Empower) performance had deteriorated against target. 7 patients did not complete prior to the course finishing. Of these 7 patients, 4 were reported to have left the programme due to their condition, while 3 were reported to have left the programme due to the "prison regime". The provider has been asked to clarify what the circumstances are for prison attenders that were affecting their ability to complete the course. Empower have been asked to present at a future CHCP Quality Meeting.

The depression and anxiety service continue to drop and is currently sitting at 33.38%. Commissioners have asked to discuss the performance issues through the service review meeting.

## Quality

CHCP had shared details of a new workforce development report at the last quality meeting which will continue to come back to future meetings. Friends and family test (FFT) feedback included suggestions about different chairs for pain management service, a hearing aid loop at the pain management service. CHCP are developing a new electronic platform for FFT and other patient feedback.

## HUTHT

The performances for HUTHT were covered under the performance section.

### Quality

The Quality Delivery Group were held on the 3<sup>rd</sup> April 19, therefore only sections where covered with March data.

## HUMBER FT

The workforce issues are showing as a problem throughout the report. There are high levels of sickness, although the retention rate was showing good and staff who retire tend to come back.

### Quality

Humber had received the final report from CQC and were awarded overall good with requires improvement for the safety domain. Humber are currently going through a structural review process which was causing issues with staffing.

## Spire

No further update was received.

## YAS

No further update was received.

## Thames Ambulance Service

No further update was received.

### Financial Management

#### 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.

#### 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

### Hull & East Yorkshire Hospitals – A&E 4 hour waiting times

#### 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.

#### Performance

A **LOW** level of confidence in the achievement of this target due to ongoing underperformance.

### Hull & East Yorkshire Hospitals – Referral to Treatment waiting times

#### 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.

#### Performance

A **LOW** level of confidence in the achievement of this target due to ongoing underperformance.

<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.
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**6i. HUTHT INDICATOR PERFORMANCE ACTION REPORT**

The Head of Performance & Programme Delivery presented the HUTHT Indicator Performance Action Plan to note.

The purpose of the report was to provide the Q&P Committee with a summary of actions to be progressed following the presentation highlighting key areas within the Hull University Teaching Hospital Trust performance review held on 7 March 2019.

Following the presentation at the April Q&P Committee, members requested an action plan of key elements to be provided to the May Committee, noting that commissioners continue to report through the governance structure into Hull CCG Planning & Commissioning committee.

The actions identified as key issues are reported into the appropriate committees with clear project plans, owners and timelines.

The Committee discussed the action plan and agreed that when timeframes were not specific for an action they would be removed.

**Resolved**

(a)	Quality and Performance Committee Members noted the HUTHT Indicator Performance Action Plan.
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**7. HULL AND ERY CCGS INFECTION PREVENTION & CONTROL ANNUAL REPORT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Hull & ERY GG’s Infection, Prevention & Control Annual report to discuss.

Highlighted within the report were:

The CCG’s have successfully undertaken and completed a number of work streams as part of the collaborative initiatives across the whole health economy as follows: Escherichia coli, urinary tract infection (UTI), Nutrition and Hydration and Infection prevention Society Audit Tool.

Hull CCG and ERY CCG have agreed local reporting arrangements with commissioned services that are below the MRSA BSI threshold to take the PIR process forward to ensure organisations continue to learn and share lessons learnt. A four week turn around had been agreed from notification to agreement on the outcome of cases.

Level of Confidence
<p><b>Process</b></p> <p>A <b>HIGH</b> level of confidence was in the CCG Process due to a robust C diff review process continues across the health economy with the CCG’s coming in under their nationally set trajectory for the last four years. Hull CCG ended the year 4 cases under the agreed local stretch target for 2018/19. Collaboration continues to take place across health boundaries to ensure the process continues to develop and responds to the changing environment.</p> <p>A <b>MEDIUM</b> level of confidence was in the CCG due to the process for reviewing Ecoli BSI cases was ongoing in both secondary and Primary Care. The process continues to be reviewed.</p>
<p><b>Performance</b></p> <p>A <b>LOW</b> level of confidence was in the CCG due to not meeting the 10% reduction objective for E.coli BSI 2018/19.</p> <p>A <b>HIGH</b> level of confidence was in the CCG due to the C diff objective delivered at the end of 2018/19 demonstrates a reduction against trajectory.</p>

## Resolved

(a)	Quality and Performance Committee Members noted the Hull & ERY GG's Infection, Prevention & Control Annual report
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### 7i. **MSSA PROPOSED OBJECTIVE FOR HUTHT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the MSSA proposed objective for HUTHT for approval.

The purpose of this report was to provide the committee with an overview of HUTH current position in relation to MSSA BSI cases and proposed objective for 2019/20.

During 2018/19 it was reported that an increasing number of MSSA BSI cases were attributed to HUTH. Both CCG's raised their concerns regarding the increasing number of cases via the HUTH Quality Development Group.

Between 2015 -2018 Trust had reported annually between 36 - 44 cases of MSSA BSI and during 2018/19 the number of cases reported had significantly increased to 59 cases.

The proposed objective of 50 cases for 2019/20 was based on the previous five year's performance and provides a realistic reduction of nine cases. It was anticipated that the work the Trust plan to undertake in relation to the management of IV devices will help support the reduction in the number of cases.

The committee accepted and approved the proposed objective for MSSA BSI.

Level of Confidence
<b>NHS Hull CCG Performance</b>
A <b>MEDIUM</b> level of confidence was given to Hull CCG and HUTHT as they have seen an increase in the number of MSSA BSI cases during 2018/19.

## Resolved

(a)	Quality and Performance Committee Members approved the MSSA proposed objective for HUTHT
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### 8. **Q4 CONTINUING HEALTH CARE REPORT**

The Head of NHS Funded Care presented the Q4 Continuing Health Care report to note.

Highlighted within the report were:

The fast track NHS- CHC conversion rates had reduced from 100% in Q4 17/18 to 82% in Q4 18/19. Despite the reduction in standard CHC referrals the conversion rate following a DST had increased significantly. Further work was required as regards to the current fast track conversion rates. The Committee requested further detail regarding the conversion rates to be included within the next report.

Level of Confidence
<b>NHS Hull CCG</b>

**Process**

A **HIGH** level of confidence was given to NHS Hull CCG due to compliant with the National Framework and is meeting the statutory responsibilities around NHS funded care

**Performance**

A **MEDIUM** level of confidence was given to NHS Hull CCG submits quarterly reports to NHS England regarding the delivery of NHS funded care. The CHCP service is for the most part exceeding the quality premium targets for NHS-CHC and local key performance indicators. Regionally Hull and ERYC are below expectations regarding FastTrack conversions rates which currently sits at 82% and 85% respectively as opposed to the national picture of 90-95%.

Discussions with the HUTHT discharge liaison team are being set up. This will provide the clarity around the target set by NHSE and will enable systems and processes to be set up to meet the national target,

**Resolved**

(a)	Quality and Performance Committee Members noted the Q4 Continuing Health Care Report.
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**9. NHS ENGLAND ENHANCED HEALTH IN CARE HOMES (EHCH) FRAMEWORK UPDATE**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse and the Care Quality Commissioner presented the NHS England Enhanced Health in Care Homes (EHCH) framework update to consider.

The purpose of the report was to provide an overview of the CCG various work streams taking place across the Hull CCG's Quality team in support of NHS England EHCH vanguards.

The Care Quality Commissioner shared that there was an action plan in place, and the Committee requested that they receive this in the Autumn.

**Resolved**

(a)	Quality and Performance Committee Members considered the NHS England Enhanced health in care homes (EHCH) framework update.
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**10. 2018/19 END OF YEAR REPORT – MENTAL HEALTH AND LEARNING DISABILITY BESPOKE PACKAGES OF CARE**

The Deputy Director of Commissioning presented the 2018/19 End of Year Report – Mental Health and Learning Disability bespoke packages of care for information.

The Committee received the report for information; further clarification was sought regarding the Appendix that was shared as part of the report.

**LEVEL OF CONFIDENCE****Process**

A **HIGH** level of confidence was given in NHS Hull CCG due to Vulnerable People out of area policy was agreed.

A **HIGH** level of confidence was given in Hull CCG due to MH Funding Panel TOR agreed – virtual decision making with formal meetings when required.

A **MEDIUM** level of confidence was reported in Hull CCG due to continued pressure on case management function due to the demands of NHSE.



## Resolved

(a)	Quality and Performance Committee Members received the 2018/19 End of Year Report – Mental Health and Learning Disability bespoke packages of care for information.
(b)	Further clarification was sought regarding the Appendix that was shared as part of the End of Year Report – Mental Health and Learning Disability bespoke packages of care report.

### 11. PATIENT EXPERIENCE ANNUAL REPORT

The Associate Director of Communications presented the Patient Experience Report to note.

Highlighted within the report were:

#### **NHS Hull CCG**

The highest number of themes or issues that Hull CCG saw was patients accessing services and issues with IFR. There were 55 complaints made regarding the IFR service, a discussion took place and it was felt that this may change once the new system was in place for the GP's to use.

#### **Hull University Teaching Hospitals Trust**

The highest number of themes of issues that Hull University Teaching Hospitals Trust was delayed appointments.

#### **CHCP**

There were no particular themes or trends developing from the contacts relating to CHCP.

The areas the contacts related to were:

- District Nursing
- Special Needs Dentist
- GP out of hours
- Podiatry
- Community paediatrics
- Occupational therapy and physio
- Let's Talk Depression and anxiety service
- Chronic Pain
- Dietetics
- Integrated Sexual Health Service
- Urgent Care

#### **Humber**

The highest number of themes and issues relating to Humber Foundation Trust was information about services.

#### **TASL**

NHS Hull CCG received 35 PALS contacts relating to TASL.

Currently any Primary Care complaints have to go through NHS England.

<b>LEVEL OF CONFIDENCE</b>
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<b>Performance</b>
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A <b>HIGH</b> level of confidence was given in the Patient Relations Service. A <b>HIGH</b> level of confidence was given in the reporting of PALS and Complaints intelligence. A <b>HIGH</b> level of confidence was given in the Learning for PALS and Complaints intelligence.
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**Resolved**

(a)	Quality and Performance Committee Members noted the Patient Experience Report.
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**12. QDG REPORT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the QDG Report to Note.

The report provides an overview of the work taken forward during 2018/2019 to the Quality Delivery Group (QDG) and Senior Nurse Forum against the Quality Improvement Programme Plan of the 4 working groups-

- Reduce Out of Hospital Acquired Pressure Ulcers
- Improve Nutrition and Hydration of patients being admitted to the Trust
- Reduce in Gramme Negative Blood Stream Infections.
- Review and Develop Pathways between Mental Health and Substance Misuse Services across Hull and East Riding localities

The report outlines the work to date and makes recommendations to be taken forward by the health economy in 2019/2020.

The following groups have been agreed to be taken forward by the health economy in 2019/2020 and will be reported on quarterly by the chairs of the individual groups.

- To develop a suite of system wide Always Events
- To refresh and continue the out of hospital pressure ulcer task and finish group
- Children's mental health in relation to substance misuse

The Committee received and noted the contents of the QDG report.

**Resolved**

(a)	Quality and Performance Committee Members noted the QDG Report.
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**13. CHCP – COMMUNITY NURSING AND PODIATRY SERVICE QUALITY VISIT REPORTS AND RESPONSES**

The Director of Quality and Clinical Governance/ Executive Nurse presented the CHCP – Community nursing and Podiatry service quality visit for information.

The Committee received the contents of the report for information.

## Resolved

(a)	Quality and Performance Committee Members received the CHCP – Community nursing and Podiatry service quality visit for information.
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### 14. **QUALITY & PERFORMANCE COMMITTEE – CHAIRS ANNUAL REPORT 2018/19**

The Head of Nursing and Quality presented the Quality & Performance Committee – Chairs Annual Report 2018/19 to approve.

The Quality and Performance Committee approved the chairs annual report with a few amendments to be made.

- 4.3 section of the report would need to be reviewed
- Capital letters to be added to the beginning of all paragraphs
- The Summary section would need to be reviewed

The Committee requested the report be received by the Committee with amendments made at the next meeting due to take place on the 25 June 2019.

## Resolved

(a)	Quality and Performance Committee Members Approved the Quality & Performance Committee – Chairs Annual Report 2018/19.
(b)	The amendments where to be made to the Quality & Performance Committee – Chairs Annual Report 2018/19 and received by the Committee in June 19.

### 15. **RISK REGISTER**

The Risk Register was deferred to the 25 June 2019.

### 16. **MATERNITY SERVICES FORUM WORKPLAN UPDATE**

The Maternity Services Forum was deferred to the 23 July 2019.

### 17. **DEEP DIVE AGENDA ITEMS**

No Deep Dive agenda items were discussed. The Meeting due to take place on the 18 June 2019 was to be cancelled.

## Resolved

(a)	No Deep Dive Agenda Items were discussed.
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### 18. **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.
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### 19. **NOTES FROM THE FOLLOWING MEETINGS ARE AVAILABLE ON REQUEST:**

- HEYHT Contract Management Board
- Humber FT Contract Management Board
- Spire Contract Management Board
- H&ERY Serious Incident Panel

- Infection, Prevention and Control Group

**20. ANY OTHER BUSINESS**

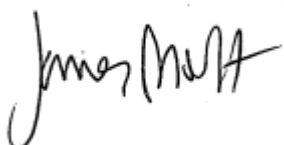
No other business was discussed

**21. CHAIR'S UPDATE REPORT**

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

**22. DATE AND TIME OF NEXT MEETING**

The next meeting of the Q&PC would be held on Tuesday 25 June 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



Signed: \_\_\_\_\_  
(Chair of the Quality and Performance Committee)

Date: 27/06/2019

## **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
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	Protected Time for Learning
Q&PC	Quality and Performance Committee
Q1	Quarter 1
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service