

Item: 8.7

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	26 July 2019
Title of Report:	Quality & Performance Committee – Chair’s Annual Report 2018/19
Presented by:	Robert Thompson, Head of Nursing and Quality, James Moulton, Chair of Quality and Performance Committee
Author:	Robert Thompson, Head of Nursing and Quality, James Moulton, Chair of Quality and Performance Committee

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input checked="" type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to update Board members with the progress of the work of the Quality & Performance (Q&P) Committee and provide details of how it has delivered against its terms of reference.

RECOMMENDATIONS:
That the Board receives this annual report as confirmation from evidence provided throughout.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Short summary as to how the report links to the CCG’s strategic objectives

Links to Strategic Objectives 1 / 2 / 3 / 5 / 6 / 7 / 8 / 10 / 11 and 12

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	
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HR	
Quality	<p>Report highlights the need to continue robust monitoring of targets with regards to</p> <ul style="list-style-type: none"> • Methicillin Resistant Staphylococcus Aureus (MRSA) • E-Coli • Cancer waiting times • A&E waiting times • Referral to treatment waiting times • Ambulance hand over times • Autism & Attention Deficit Hyperactivity Disorder (ADHD) Services • Speech and Language Therapy Services
Safety	

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

EQUALITY AND DIVERSITY ISSUES: *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: *(How the report supports the NHS Constitution)*

Report highlights the need for continued monitoring of NHS Constitution targets with regards to :

- Referral to treatment times
- Accident and Emergency waiting times
- Cancer waiting times
- Mental health measures

CCG Strategic Objectives

Objective No	CCG Strategic Objective
1	Integrated commissioning
2	Integrated delivery
3	Delivery of statutory duties
4	Hull Place Based Plan
5	Vulnerable people
6	Children and families
7	Clinical leadership / innovation in commissioning
8	Working with partners to develop and implement a single quality improvement plan.
9	Implement a revised Organisational Development Strategy
10	Implement a revised Research Strategy
11	Improvement in clinical outcomes
12	To embed Patient and Public Involvement across the organisation and ensure that the CCG meets its statutory duty under 14Z2 of the Health and Social Care Act

***All guidance and definitions information in italics to be deleted by the author following completion of their report.**

**Quality and Performance Committee
Chair's Annual Report
1 April 2018 to 31 March 2019**

1. Introduction

The purpose of this report is to update Board members with the progress of the work of the Quality and Performance (Q&P) Committee and to provide details of how it has delivered against its Terms of Reference.

1.1 This report covers the work of the Q&P Committee from 1 April 2018 to 31 March 2019.

1.2 The Committee has been established since the inception of the Clinical Commissioning Group (CCG) as a formal sub-committee of the CCG Board. For the purposes of this report, the term Committee will be used throughout

2. Membership and Role of the Quality and Performance Committee

2.1 The Members, and details of their attendance at the Committee are provided in Appendix 1.

2.2 Dr James Moulton as Chair with Jason Stamp as the Vice Chair.

2.3 11 out of 11 meetings have been quorate. A detailed breakdown of attendance can be found in Appendix 1.

2.4 The Terms of Reference of the Committee are reviewed annually and this was undertaken in April 2018.

2.5 The work programme of the Committee is managed under three discreet areas within the work-plan and agenda, as follows:

- Strategic Development
- System Development and Implementation
- Performance Monitoring

2.6 The Committee provided assurance in respect of the management of clinical risk through the submission of the minutes to Integrated Audit and Governance Committee.

2.7 The Committee is directly accountable to the CCG Board for overseeing and providing an opinion of confidence (Low, Moderate or High) to the CCG Board.

2.8 The Q&P Teams provided bi-monthly integrated quality, performance and contract reports to the Board. This was to ensure an integrated assessment of local provider performance.

The report routinely covered the main providers and gave an overview of the quality of services commissioned including patient outcomes. The report also highlighted areas of concern related to patient safety that could pose a risk to the CCG.

3 Strategic Development

- 3.1 In terms of strategic development the Committee clinical members, lay members, public health colleagues and CCG management teams have:
- 3.2 Continued to work in line with the Quality Assurance Framework and have systematically reviewed and managed performance via a six stage process (refer to the Commissioning for Quality Strategy 2016-2020);
- 3.3 Monitored and reported against the Commissioning for Quality Strategy at each meeting, by assessing the process and performance of each provider at Quality Delivery Groups / Clinical Quality Forums. This has provided assurance to the Committee and the Board against the quality strategic objectives and CCG objectives;
- 3.4 Received the 2017/18 Q4 / Annual report for Safeguarding Adults and Children in June 2018. The reports demonstrated how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding and adults. A robust safeguarding audit process undertaken during 2017/18 identified for both children and adults indicated significant assurance that governance, risk management and control arrangements are in place within NHS Hull CCG
- 3.5 Received the Looked After Children Report in September 2018 Highlighted within the report was the highest reason for a child becoming LAC in Hull was abuse and neglect this was also the highest reason reported nationally.
- 3.6 Received the LeDer (Learning Disability Mortality Review) Annual Report 2017/18 The CCG was notified of nine deaths of people with learning disability in total during 2017-18. Q1 and Q2 LeDer updates were presented in December 2018.
- 3.7 Approved the 2018/19 Commissioning for Quality and Innovation (CQUIN) schemes for integration into contracts for commissioned services; and monitored performance on a quarterly basis. Providers focused on a number of innovations from 1 April 2018 aimed at improving quality and outcomes for patients, including reducing health inequalities, encourage collaboration across different providers and improve the working lives of staff. Key highlights were:
 - Provision of healthy food for staff, visitors and patients
 - Identification and intervention with patients who smoke and drink excessively
 - Increased uptake of flu vaccination with frontline staff
 - Timely identification of sepsis in A&E and inpatient facilities
 - Reduction in antibiotic use per 1,000 admissions
 - Reduced A&E attendance for people with mental health problems
- 3.8 Received the Research and Development Annual Report in April 2018 noting the work carried out in the previous twelve months. Also received in September 18 was the bi annual Research and Development update providing evidence that NHS Hull Clinical Commissioning Group CCG maintains and develops its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012);

- 3.9 Received and commented on the Research and Development Vision Strategy in February 2019. 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 CCG, Hull City Council and Hull York Medical School (HYMS).

4 System Development and Implementation

In terms of system development and implementation the Committee has:

- 4.1 Ensured the CCG has robust systems for quality improvement and clinical governance in place in line with statutory requirements, national policy and guidance and that quality, clinical governance and Value for Money (VFM). Issues have been appropriately addressed in all service developments / reconfiguration of services. These requirements have been met by:

- 4.1.1 Engaging with providers on quality assurance visits (part of the CCG's Quality Visiting framework). These visits have been carried out where quality concerns were identified from the Commissioner and the Serious Incident (SI) process, including recurrences of incidents themes, evidence a of failure to embed learning, issues of compliance, reporting, in-depth investigation and continuity.

Several visits were made to Provider organisations during 2018/19, following which recommendations were made and action plans developed to drive required improvements. Action plans developed following quality visits were monitored via the CCG Clinical Quality Forums to ensure effective implementation. Visits were undertaken at: HRI Ward 110 (Stroke), HRI Emergency Department, Maternity Services, East Riding Child and Adolescent Mental Health Services (CAHMS), Westlands Inpatient Unit, Spire, CHCP - Rossmore Stroke Rehabilitation, Rose Villa assess to discharge commissioned beds, CHCP – Community nursing teams (Hull and East Riding) and the CHCP Podiatry service.

The Director of Clinical Governance / Executive Nurse continues to take a system leadership role within quality through the chairing of the Sustainability Transformation Plan (STP) Quality Group. The four work streams of the group were :

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

The significant outputs from this work have been the development of a Pressure Ulcer leaflet which will be adopted six CCGs within the Humber, Coast and Vale STP. A series of training sessions for care homes on nutrition and hydration has also been commissioned. Staff from mental health and substance misuses services have met twice to simplify the patient pathway for patients experiencing a substance misused problem alongside

their mental health problem. An STP Integrated Impact Assessment Tool is also been developed as a key enabler to support the Humber Acute Services Review.

- 4.1.2 Worked with the Hull City Council to implement NICE standards in care homes via a Quality Board, chaired by the Associate Medical Director / Consultant in Public Health. This is to ensure where an individual has a continuing healthcare need that the quality of care and supporting providers such as care homes and home care providers in Hull is monitored.

A quality monitoring forum continues to meet where CCG staff, the Care Quality Commission (CQC), Healthwatch Hull, safeguarding, contract monitoring, nurses and social workers can share intelligence about providers and agree any remedial action required. Key outcomes have included joint working between CCG and Local Authority on a range of quality concerns in a number of providers, working with Local Authority colleagues and the CQC to support homes in remaining open and assisting with the transfer of residents to new facilities when concerns cannot be safely addressed. This is particularly challenging in Hull where the availability of nursing beds in private homes is increasingly under pressure.

- 4.1.3 Monitored the transformation programme for NHS funded care during 2018/19, which included the national programme to reduce the number of people with autism, learning disabilities, or both, in inpatient settings. This includes some bed closures and transfer of resources from Specialist Commissioning to local commissioners. The Head of Mental Health and Vulnerable People shared the current issues and risks facing the Transforming Care Programme with the Committee.

- 4.1.4 Received feedback from the Mortality Task and Finish Group including feedback from the GP Protected Time for Learning (PTL) Event in July 2018 and plans for a further Mortality Summit in April 2019.

- 4.2 Identified and built on good practice, shared experience, expertise and successes in relation to quality and Value for Money (VFM) with other commissioners and providers, by:

- 4.2.1 Promoting collaborative working between local mental health providers and the substance misuse service, hosting two workshops to identified simplified pathways for patients experiencing both mental health and substance misuse issues.

- 4.2.2 Monitoring the Quality Improvement Plan with providers and partners made up of the four work streams :

- 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

- 4.2.3 Received a report from the North East Commissioning Support Unit (NECS) on the implementation of the new electronic Individual Funding Request (IFR)

system including the harmonisation of 21 IFR / commissioning policies across different CCGs

- 4.3 Agreed a work plan for 2018 / 19 in June 2018. Progress was reported to the Board via the minutes of the monthly meetings and through the agreed corporate performance reporting process
- 4.4 Reviewed the Board Assurance Framework (BAF) in September 2018 and March 2019.
- 4.5 Reviewed the Risk Register in February 2019. The committee reviewed the high level risks and agreed a new Autism risk should be added under the Quality And Performance section of the register due to concerns regarding the quality of the service.
- 4.6 Considered the NHS Hull CCG Equality and Diversity Plan, associated objectives and the action plan in Sept 2018 and noted the activities undertaken with the CCG Equality and Diversity programme. The Committee requested extra work on the Appendices as details of clinical policies and specifications were missing.
- 4.7 Received and approved the Mental Health Funding Committee Terms of Reference in December 2018 making suggestions of changes to ensure quoracy and governance.

5 Performance Monitoring

- 5.1 The committee has monitored and reported on the quality, performance and Value for Money (VFM) of contracted services ensuring remedial actions are taken as appropriate to address significant service issues. This has included the oversight of contractual levers and advising on the point of escalation.
- 5.2 The committee has monitored the delivery of the Medium Term Financial Plan (MTFP).
- 5.3 The Committee received a detailed report on spending by the Community Equipment Service in January 2019. The report had been requested following concerns over the rising cost of the service. The report from the Clinical Commissioner provided significant assurance to the Committee that the spending was appropriate and in keeping with the CCG strategy of supporting patients appropriately at home.
- 5.4 The committee has reviewed in-year performance on Quality, Innovation, Productivity and Prevention (QIPP) programmes as well as achievement of the Quality Premium.
- 5.5 The committee has received regular updates and assurance on Medicine Management, Infection Control and Controlled Drugs Management. The medicines Optimisation team from North of England Commissioning Support (NECS) has reported a number of key achievements over the past year, including:
 - Worked with practices on the Medicines Management scheme that was extended from 2017/18. The Extended Medicines Management Scheme is

based on 2 parts; an individualised prescribing plan component which sets out a series of initiatives designed to manage the most relevant clinically effective; quality and prescribing budgetary objectives; and a prescribing quality indicators component. This is a mix of cost and clinical quality prescribing indicators.

- Worked with practices to reduce inappropriate use of antibiotics leading to antibiotic volume reduction and decreased use of higher risk antibiotics.
- Continued audit and promotion of antibiotic toolkits to improve prescribing of antimicrobial drugs in GP practices
- Worked to support the CCG Right Care programme and achieved the savings targets for the Medicines Optimisation Quality, Innovation, Productivity and Prevention (QIPP) for 2018/19

5.6 The committee has ensured that service providers are fulfilling their statutory requirements with regards to Infection Prevention and Control (IPC).

An IPC Lead Nurse hosted by NHS East Riding of Yorkshire CCG provided strategic leadership and specialist advice to the CCG, provided expert advice to drive service improvements and compliance with standards and practices across the Hull health care economy.

A reduction target for incidences of Clostridium difficile (C.diff) was achieved for the fourth consecutive year. The local target for 2018/19 was 50. 48 cases were recorded between 1 April 2018 and 31 March 2019. The national target for 2018/19 was 52.

The two year Quality Premium commenced in April 2017 focusing on the reduction of E.coli blood stream infections and the inappropriate antibiotic treatment of urinary tract infection. In 2018/19 the e-coli target was 174. Unfortunately 228 cases had been declared by February 2019.

There were three MRSAs reported during 2018/19 and all had a Post Infection Review. These were monitored by Public Health England. All cases were associated with very complex surgical interventions.

5.7 The Committee has received quarterly reports on Serious Incidents (SIs) and monitored performance of provider SIs, ensuring lessons shared and learning disseminated. SI review panels form part of the process where completed provider SI investigation reports are reviewed and subsequent feedback provided prior to discussing these in person with the provider organisations at the SI panel meetings. Refer to the SI Quarter 4 Report presented to the Committee in April 2019 for further information. One provider has undertaken a thematic review of suicide related SIs to identify themes and learning associated with the incidents.

A number of end to end reviews have been undertaken following serious incidents which have been positively received by providers and have generated additional learning and recommendations which are then translated into action plans and monitored by the various quality groups. It is intended that an increased number of these types of reviews will be carried out during 2019 / 20 to extract and share the learning from serious incidents. The CCG awaits the publication of the new SI Reporting Framework which will be used to update the CCG's Incident Reporting Policy.

A total of six never events have been reported in 2018/19 – CHCP reported three dental surgery never events and one podiatry never event, Spire reported one surgical never event and Primary Care one IT related never event.

The Committee also received a report following a review of Maternity Services at HEY by the Healthcare Safety Investigation Branch (HSIB). This followed an SI at HEY Maternity Services where a baby died. Although funded by the Department of Health and Social Care, and hosted by NHS Improvement (NHSI), HSIB operate independently. In the National Maternity Safety Strategy it was announced that the HSIB would undertake independent safety investigations of maternity deaths from April 2018.

HSIB have distinct and different investigation processes and reporting mechanisms focusing on learning where harm may or has taken place.

- 5.8 The Committee has reviewed incidents, complaints and Patient Advice and Liaison Service (PALS) and ensured lessons learnt and learning were disseminated. The Patient Engagement Manager presented assurance through the bi-annual reports to the Committee. Following review of the report in February 2019, the Committee noted the number of complaints associated with Individual Funding Requests (IFR) and requested that the Patient Engagement Manager share the report with the IFR team.

An updated Complaints Policy was also presented to the Committee for approval in September 2018

- 5.9 The Committee has received quarterly reports from Healthwatch on their activities. This has included their engagement work on stroke services, access to services for people with no fixed abode and Patient Participation Groups in GP Practices. Health watch have also submitted details of complaints and themes received by them flagging up concerns about CCG providers. Concerns reported about access to GP practices and prescribing have been passed to Primary Care colleagues.

- 5.9 The committee has monitored the reports of the Research and Development (R&D) Steering group which ensured:

- The CCG promoted opportunities for high quality and relevant research.
- That good research led to innovation and provides a strong evidence base for clinical decision making.
- The promotion and conduct of research was embedded in Hull CCG.
- A developing and evolving knowledge base was established to improve health outcomes and reduce inequalities underpinned by the Hull 2020 vision

6. Summary

The Quality and Performance Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be provided with a high level of assurance that the quality and patient safety related business is in line with the CCG organisational objectives and the CCG Commissioning for Quality Strategy 2016-2020.

Areas of limited assurance within the report will be tightly monitored by the Committee during 2019/20 including:

- MRSA
- E-Coli
- Cancer waiting times
- A&E waiting times
- Referral to treatment waiting times
- Ambulance hand over times
- Autism & ADHD Services
- Speech and Language Therapy Services

The Committee has taken responsibility for leadership on behalf of the Board ensuring there were mechanisms and reporting systems in place to advise the Board of quality and performance management for contracted providers and that remedial action plans were developed and implemented.

The Committee oversaw the continued development, monitoring and reporting of performance outcome metrics in relation to the quality improvement, financial performance and management plans. It has ensured the delivery of improved outcomes for patients in relation to the CCGs agreed strategic priorities.

James Moulton
Chair

Quality and Performance Committee
June 2018

Appendix One

DATE OF MEETING		24/04/2018	22/05/2018	26/06/2018	24/07/2018	25/09/2018	23/10/2018	27/11/2018	18/12/2018	22/01/2019	26/02/2019	26/03/2019
SURNAME	FIRST NAME											
Moult	James	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smyth	Sarah	✓	✓	✓	✓	X*	✓	X*	✓	✓	✓	✓
Crick	James	✓	X	✓	✓	X	✓	✓	X	X	✓	X
Heseltine	David					✓	✓	✓	✓	✓	✓	X
Dodson	Joy	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*	X*
Butters	Estelle	✓	X	✓	✓	✓	✓	✓	✓	✓	X	✓
Palmer	Ross	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓
Morris	Lorna	✓	✓	✓	✓	✓	✓	X	✓	X	X	X
Everton	Gareth	✓	X	✓	✓	✓						
McCorry	Kevin			X	✓	✓	✓	X	X	✓	X	X
Harris	Helen	✓	✓	✓								
Lee	Sue	✓	✓	✓	X	✓	✓	X	✓	✓	✓	✓
Memluks	Kate	✓	✓	✓	✓	✓	✓	✓				
Blain	David	✓	X	✓	✓	✓	✓	✓	X			
Stevens	Emma									✓	✓	X
Ellis	Karen	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X
Martin	Karen	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X
Total % Attendance												
* Representative attended												
Was not a member at the time												
Left the CCG												
Changed Role												

Glossary of Terms

The use of abbreviations and acronyms should be kept to a minimum. If it is necessary to use them please ensure that a full description is provided when first used and add a Glossary at the end of the report.

ADHD	Attention Deficit Hyperactivity Disorder
BAF	Board Assurance Framework
C diff	Clostridium difficile
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CHCP	City Health Care Partnership
CQC	Care Quality Commission
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality and Innovation
eColi	Escherichia coli
FFT	Friends and Family Test
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
HSIB	Healthcare Safety Investigation Branch
Hull CCG	Hull Clinical Commissioning Group
HUTH	Hull University Teaching Hospital
HYMS	Hull York Medical School
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
MRSA	Methicillin Resistant Staphylococcus Aureus
NECS	North East Commissioning Support Unit
NHS	National Health Service
NHSE	NHS England
PALS	Patient Advice and Liaison Service
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PTL	Protected Time for Learning
Q&P	Quality and Performance
Q&PC	Quality and Performance Committee
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
RTT	Referral to Treatment Times
SALT	Speech & Language Therapy
SI	Serious Incidents
STP	Sustainability & Transformation Plan
VFM	Value for Money
YAS	Yorkshire Ambulance Service