

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 25 JUNE 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
S Lee, Associate Director (Communications and Engagement), Hull CCG
D Lowe, 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
D Storr, Deputy Chief Finance Officer, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
S Cutts, NHS Funded Care Commissioner, Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
D Heseltine, Secondary Care Doctor, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
R Palmer, Head of Contracts Management, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 21 MAY 2019

The minutes of the meeting held on 21 May 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 21 May 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 21 MAY 2019

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

26/02/19 6 Quality and Performance Report – this action would be marked as complete; a detailed narrative has been given at previous meetings.
 30/04/19 7 – Quality and Performance – a letter had been sent to NHSE from T Fielding – this action can be closed.

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

The Head of Performance and Programme Delivery highlighted that the team had reviewed the layout of the Quality and performance report and updated, the changes to the report were well received by the Committee members.

Highlighted within the report were:

The CCG were currently forecasting to achieve a balanced position against the in-year allocation.

Quality Premium

A summary of the Quality premium for April was shared and further information would be presented in future months.

CCG Improvement Assessment Framework (IAF)

The CCG IAF was shared to the Committee; NHS England had requested that Committees include information of clinical area performance

CCG constitutional exceptions Summary

A&E Waiting times

The A&E 4 hour waiting time performance deteriorated in April compared to previous months. NHSE and NHSI have indicated that figures should now include urgent care Centres figures.

Referral to treatment

Referral to treatment 18 weeks waiting times performance deteriorated further in April 2019 reporting at 76.56%.

Diagnostic test waiting times

The CCG recorded 251 breaches during April, the majority being for endoscopies, the committee requested more information regarding this for next month.

Breast cancer 2 week waits

In April there were 13 breaches, there are talks around indicators being changed, it was requested that conversion rates to be included next month to understand the data.

Cancer 62 day waits

The actual for the month of April 2019 was 75.34%.

Ambulance Clinical quality – category 1

The indicators are being monitored at operational level and reported through the A&E Delivery Board chaired by HUTHT.

Friends and Family Test for A&E

The CCG and HUTHT have developed a work plan to address the continued issues with achieving this target, actions including reviewing the data submission, collection method and determination of the FFT target.

HCAI E-Coli

In April 19 the CCG reported 21 cases. The 2019/20 trajectory had yet not been confirmed, The Associate Medical Director would contact the Infection Prevention & Control Lead Nurse to request an update.

Number of Mixed sex accommodation breaches

Hull CCG reported zero breaches for mixed sex accommodation in April 19.

CONTRACT PERFORMANCE AND QUALITY

CHCP

The figures for the depression and anxiety service has seen a slow decline over the last 3 months, an action plan was in place, the committee requested that they would like an understanding of what happened at the service when the performance went up and why was this not sustainable, next month's should include monies and data performance.

The Head of Contracts Management was currently looking further into the Therapy and Rehabilitation falls service due to the decline in performance, further narrative will be included in next month's report.

Quality

One concern was raised around communication and appointment information for the pain management clinic during this reporting period.

HUTHT

HUTHT was discussed under the Performance indicator section of the report.

Quality

Four never events have taken place in a twelve month period at HUTHT. As part of their SI management process HITH have set up an internal Serious Incidents panel to review and track SI management.

HUMBER FT

Work was ongoing with the children and adolescent mental health services (CAHMS) with performance up at 18.52% for April 19, currently investment stand at £1 million.

Quality

The Humber Quality group met on the 16th May 2019, Humber presented an Integrated Board report which highlighted a high level summary of performance stemming from Integrated Quality and Performance Tracker. Humber will be using statistical process charts (SPC) to report the monitoring of performance indicators.

Humber's mandatory training currently stands at 88.4% against a target of 85%. Patients likely to recommend Humber services considerably reduced in March with a decrease of 8.4%.

A discussion took place around the community Paediatrics medical Model service moving from Humber to HUTHT as a large number of these children had not been reviewed in a significant amount of time, should this be on the risk register? Meetings are currently in place between Hull CCG Humber and HUTHT, a further update would be provided at the next meeting.

Spire

The 2019/20 contract was currently being negotiated with Spire.

Quality

No SI's have been reported Year to Date.

YAS

No further update was received.

Thames Ambulance Service

No further update was received.

<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>

City Health Care Partnership – Looked After Children Initial Health Assessments

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.

City Health Care Partnership – Improved Access to Psychological Therapies 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.

Yorkshire Ambulance Service – Ambulance Handover 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.

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The committee requested that they would like an understanding of what happened at the depression and anxiety service when the performance went up and why was this not sustainable, next month’s should include monies and data performance.
(c)	The Associate Medical Director would contact the Infection Prevention & Control Lead Nurse to confirm the new trajectories for E-coli for 19/ 20.

7. Q3/ Q4 SAFEGUARDING ADULTS AND CHILDREN REPORT

The Designated Professional for Safeguarding Adults and Designated Nurse for Safeguarding Children to approve.

The purpose of the report was to provide an overview of the arrangements in place to safeguard and protect children and adults in Hull.

Highlighted within the report was.

There was a significant increase in children being on child protection plan, this rise was happening nationally.

The role of named GPs for safeguarding children and adults are now firmly embedded within NHS Hull CCG and general practice and has made significant contribution to multi-agency partnership arrangements.

The Protected Time for Learning Event that took place on the 4 April around Domestic Violence was well received.

A discussion took place around the was not brought for children could this be something that was used for Adults with carers as they should be classed as not brought, the Designated Professional for Safeguarding Adults would follow this up.

The Quality and Performance Committee approved the Safeguarding Annual report, credit was given around the work that both the Designated Professional for Safeguarding Adults and Designated Nurse for Safeguarding Children have done in such a short amount of time.

Level of Confidence
<p>Hull CCG</p> <p>Process</p> <p>A HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children.</p> <p>There are strong safeguarding assurance processes in place. There is an Executive lead, designated professionals and Named GPs in post.</p>
<p>Performance</p> <p>A HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children.</p> <p>The CCG is consistently represented at all levels of the HSAPB, HSCB and other multi-agency meetings in the city to safeguard vulnerable people including PREVENT, MAPPA and the Community Safety Partnership.</p>
<p>HUTHT</p> <p>Process</p> <p>A HIGH level of confidence in HUTHT discharging it's duties in relation to safeguarding adults and children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p>
<p>Performance</p> <p>A HIGH level of confidence in HUTHT discharging its duties in relation to safeguarding adults and children.</p> <p>HEY has consistently maintained a safeguarding children compliance rate of over 80%. Figures for CT Prevent training are below compliance targets, this has been raised with the Trust and they are beginning to address this. HUTHT are represented at all levels of the HSAPB, HSCB and other associated multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals.</p>
<p>Humber Foundation Trust</p> <p>Process</p> <p>A HIGH level of confidence in HTFT discharging its duties in relation to safeguarding adults and children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p>
<p>Performance</p> <p>A HIGH level of confidence in HTFT discharging it's duties in relation to safeguarding adults and children.</p> <p>HTFT are represented at all levels of the HSAPB, HSCB and other associated multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals.</p>
<p>CHCP</p> <p>Process</p> <p>A HIGH level of confidence in CHCP discharging it's duties in relation to safeguarding adults and children.</p> <p>There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.</p>
<p>Performance</p> <p>A HIGH level of confidence in CHCP discharging it's duties in relation to safeguarding adults and children. CHCP are represented at all levels of the HSAPB, HSCB and other associated</p>

multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals and Named GPs.
<p>Spire Process</p> <p>A MEDIUM level of confidence in SPIRE discharging it's duties in relation to safeguarding children.</p> <p>There is a lead matron with responsibility for safeguarding within Spire who meets regularly with the CCG designated professionals</p> <p>The self-declaration reported to CMB does not identify any deficits However, training compliance can only be reported incrementally.</p>
<p>Performance</p> <p>A MEDIUM level of confidence in SPIRE discharging it's duties in relation to safeguarding children. Safeguarding training compliance is reported incrementally providing a lower level of assurance. There remains no representation and engagement with multi-agency safeguarding meetings and committees.</p>
<p>YAS Process</p> <p>A HIGH level of confidence in YAS discharging it's duties in relation to safeguarding children and adults.</p> <p>The required processes are in place, monitored by Wakefield CCG as the lead commissioner. A current memorandum of agreement is in place with between all 23 CCGs and 13 SABs across Yorkshire for communication and raising concerns.</p>
<p>Performance</p> <p>A HIGH level of confidence in YAS discharging it's duties in relation to safeguarding children and adults.</p> <p>Safeguarding training consistently remains at good levels of compliance.</p>

Resolved

(a)	Quality and Performance Committee Members approved the Q3/ Q4 Safeguarding Report.
(b)	The Designated Professional for Safeguarding Adults would follow up following the discussions regarding the patients with carers being marked as was not brought.

8. UPDATE ON COMMUNITY EQUIPMENT INCREASED SPEND

The NHS Funded Care Commissioner presented the update on Community Equipment increased spend for information.

The following updates were received.

Since the previous report was presented in January 2019, the commissioners have continued to review, scrutinise, approve and decline special order and high cost requests for community equipment and wheelchairs in the same way as previously described.

Special order requests for both community equipment and wheelchairs have continued the trend of increasing cost and complexity.

The pricing review for 2019/20 has indicated a rise of 0.49% on contract prices, therefore this combined with anticipated continuing increased demand will therefore likely add to the increasing spend.

A discussion took place around the number of bariatric patients currently in the system, could they predict when patients would need equipment going forward to predict the spend, this was proving more difficult than first thought.

Further discussions took place around the weight management of wheelchair users, when patients are gaining more weight they need a bigger wheelchair ordering, are there processes in place to manage their weight rather than ordering bigger wheelchairs, the NHS Funded Care Commissioner had already raised these questions.

It was raised that Humber had been using Community Equipment funds for their own in patients; this was something that needs to be flagged with Humber.

The Committee agreed no further update would be needed in the future unless the budget goes off track again.

Level of Confidence
NHS Hull CCG
Process
A HIGH level of confidence was given in forecast budget expenditure.
A HIGH level of confidence was given in the Management of the budget.
Performance
A MEDIUM level of confidence was given in the Forecast Expenditure.

Resolved

(a)	Quality and Performance Committee Members received the update on community Equipment increased spend for information.
(b)	The Deputy Chief Finance Officer would flag with Humber over the use of Community equipment funds being used for their in patients.

K Ellis left the meeting.

9. RISK REGISTER

The Chair presented the Risk register to discuss.

The following updates would be made to the risk register.

- Risk 928 – the Designated Nurse for Safeguarding Children would update this risk to be lowered.
- Risk 922 – The Deputy Chief Finance Officer would review this risk.
- The Designated Nurse for Safeguarding Children will add the MASSA risk to the risk register.

Level of Confidence
NHS Hull CCG
Process
A HIGH level of confidence was given to NHS Hull CCG risk process, in that the Quality and Performance teams raise risks as they occur and regularly monitor and review any current risks.

Resolved

(a)	Quality and Performance Committee Members discussed the risk register.
(b)	The Risk register would be updated accordingly.

10. CHAIRS ANNUAL REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Chairs annual report to approve.

The Quality and Performance Committee approved the Chairs annual report; the report will be presented at July 2019 Board Meeting.

Resolved

(a)	Quality and Performance Committee Members approved the Chairs Annual report.
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11. CASE STUDIES

The Chair presented the Case studies for information.

The Quality and Performance Committee received the Case Studies for information.

Resolved

(a)	Quality and Performance Committee Members received the Case Studies for information.
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12. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were discussed.

Resolved

(a)	No Deep Dive Agenda Items were discussed.
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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.
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14. MINUTES FROM PLANNING AND COMMISSIONING 1 MARCH 19 AND 5 APRIL

The Minutes of the meeting held on 1 March 2019 and 5 April 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

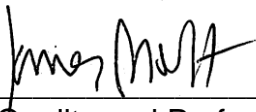
No other business was discussed

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

Signed: 

(Chair of the Quality and Performance Committee)

Date: 23/07/2019

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