

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 17 SEPTEMBER 2019
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
9.00AM – 12.00PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG
J Stamp, Lay Representative, Hull CCG (Vice Chair)
Dr J Crick, Associate Medical Director, Hull CCG and Hull City Council
K Ellis, Deputy Director of Commissioning, Hull CCG
S Lee, Associate Director (Communications and Engagement), Hull CCG
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG
R Palmer, Head of Contracts Management, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
Jonathon Atkinson, Performance Analyst, Hull CCG
Chris Denman, Head of NHS Funded Care (Agenda item 7 only), Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

E Butters, Head of Performance and Programme Delivery, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
L Morris, Designated Nurse for Safeguarding Children, Hull CCG
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JULY 2019

The minutes of the meeting held on 23 July 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 23 July 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 23 JULY 2019

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

23/07/19 6 (b) Quality and Performance Report – Actioned and included within report.
 23/07/19 6 (c) Quality and Performance Report – It was requested that the Let’s talk action plan to be received by the Quality and Performance Committee at the next meeting.

23/07/19 6 (d) Quality and Performance Report – A verbal update was shared regarding the Community Paediatrics service moving from CHCP to HUTHT

23/07/19 7 LAC Annual Report – Completed

23/07/19 11 Q1 Infection, prevention and Control - Completed

23/07/19 13 Controlled Drugs Annual Report - S Smyth is still the Lead Director for Controlled Drugs, D Lowe would look at becoming this in the interim

21/06/19 8 - Update on Community Equipment increased spend – it has now being agreed for Humber to pay for their own equipment, the Lay Member made it clear that the Audit committee want the money back for the money used for their own equipment.

All other actions were marked as complete.

(a)	That the action list be noted and updated accordingly.
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4. NOTIFICATION OF ANY OTHER BUSINESS

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

There were no items of Any Other Business.

Resolved

(a)	There were no items of Any Other Business to be discussed at this meeting.
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5. DECLARATIONS OF INTEREST In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and the action taken
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda No	Nature of Interest and Action Taken

Resolved

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

The Head of Contracts Management and the Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality and Performance Report for consideration.

Highlighted within the report were:

The CCG were currently achieved a balanced position against the in-year allocation.

Quality Premium

The structure for the Quality Premium for 2019/20 had yet to be confirmed as National guidance was awaited.

Shared within the report was a corporate reporting summary dashboard, the committee found this very useful and asked for it to be shared more frequently.

The Chair requested the dashboard to be shared with the PCN's.

CCG Constitutional Exceptions

A&E

The A&E 4 hour waiting time performance improved slightly in June compared to the previous month. Varied discussions took place around the A&E department and how patients are referred in. The Chair requested if the question could be raised if when GP's are sending patients to A&E that the letter they are sending off with the patient that this can also be emailed to them; the Deputy Director of Commissioning would pick this up with HUTHT.

Diagnostic Waiting Times

Diagnostic test 6-week waiting times continue to breach target. The chair questioned whether or not GPs would be able to see the actual scans not just the reports - patients believe GPs are able to see their CT scan, as he gets asked this by patients, the Deputy Director of Commissioning would pick this up with HUTHT.

Cancer 62 Day Waits; First definitive treatment for cancer within 62 days of referral from an NHS cancer screening

An improvement was seen in the month of June reporting at 77.78%

Cancer 62 Day Waits: Urgent GP referral for suspected Cancer (included 31 day rare cancer)

Hull CCG performance reported 66.08% in June (63 patients with 22 breaches). A discussion took place around a campaign for breast cancer, the cancer service was currently under a lot of pressure, and would the campaign put further pressure on the service. The Chair raised a question can A&E doctors refer into the 2 week, the answer was, no, they use a consultant upgrade.

Friends and Family Test for A&E

The CCG and HUTHT have developed a workplan to address the continued issues with achieving this target.

CONTRACT PERFORMANCE AND QUALITY

CHCP

The Falls Service: no patients had been seen in the reporting month of July a meeting was to be organised between the CCG and the service to consider the position urgently. A discussion also took place regarding the bladder and bowel service due to the steady decline over the past six months. The service had the chance to give an update at the last IGQSG meeting regarding the service, current problems are staff sickness, delays in recruitment and inappropriate referrals. Changes to the NICE guidelines and a more in depth approach had led to an increase in waiting times.

Quality

CHCP had provided assurance on progress regarding the CQC report for the Stroke Service at Rossmore. The Vice Chair raised that he still had concerns that there was still no plan B in place for the issues with Stroke Service at Rossmore Care Home, he had concerns around the stroke patients that are placed in the Stroke Service. Discussions took place regarding where in the care system stroke patients could be placed if the Stroke Service at Rossmore was closed and could another provider of the current stroke service be found. It was suggested that rather than continually reviewing the existing service, a comprehensive review of the Stroke Pathway was needed and commissioning arrangements changed to reflect the outcome of the review CHCP still have issues with recruitment which they are seeking to address.

HUTHT

Covered in the exception section.

Quality

5 Serious Incidents including 4 Never Events have been reported this month.

HUMBER FT

Nothing further was discussed.

Quality

Humber updated Commissioner on their "Must Do" actions following CQC inspection, reporting good progress being made especially in relation to safety.

Assurance on the management of patients waiting more than 52 weeks for CAMHS was given. Humber continue to have issues with safer staffing levels and are addressing recruitment and retention issues within wider workforce review and redesign. Humber had an under 18 year old admitted to an adult inpatient bed, plans agreed to ensure notification of commissioners and process in event of any recurrence in future.

Spire

No exceptions to report

Quality

Spire training data indicates uptake below 80% of contractual requirement –due to differences in financial years between the CCG and Spire. Patient complaint not dealt with in accordance with Complaints Regulations.

YAS

No exceptions to report

Quality

The July 2019 Quality Meeting looked into the issue of delayed transfers of care at HUTH. Latest YAS complaints data indicates main themes are delayed response and attitude.

Thames Ambulance Service

Nothing further was discussed.

Quality

No Serious Incidents have been reported YTD. Complaint about TASL referred to Complaints Ombudsman. The Patient Experience Officer had noticed that the CCG had picked up more complaints than TASL where reporting, The Patient Experience Officer would now be reviewing the complaints.

<p>Financial Management</p> <p>Process A HIGH level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.</p> <p>Performance A HIGH level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance</p>
<p>Hull & East Yorkshire Hospitals – A&E 4 hour waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>

<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The dashboard in the Quality Premium section of the report was asked to be shared more frequently and shared with the PCN's
(c)	The Chair requested if the question could be raised if when GP's are sending patients to A&E that the letter they are sending off with the patient that this can also be emailed to them; the Deputy Director of Commissioning would pick this up with HUTHT.
(d)	The chair questioned whether or not patients are able to their CT scan, as he gets asked this, the Deputy Director of Commissioning would pick this up with HUTHT.

7. CONTINUING HEALTH CARE QUALITY AND PERFORMANCE REPORT

The Head of NHS Funded Care presented the Continuing Healthcare Quality and Performance Report to note.

Highlighted within the report was.

Q1 demonstrates that referral activity has continued to remain stable at 190 referrals and conversion rates for eligibility have also remained solid at 40%. Hull is at the top of the table with regards to the Std CHC eligibility conversion of 40%, compared to our five other STP CCG's.

The conversion rate for Fast Track continues to be under the national recommended threshold of 90%; however, recent steps to address this situation have already started to improve the quality of referrals received.

The current quarterly return requires 9 different data points in total, moving forwards the monthly return will require at a minimum 34 data points per patient, if the patient is new to the eligibility process and not on the fast track pathway, which could be considerably more if they exceed the three months and are reassessed to meet fully funded CHC. For context to inform the committee; the current return requires approximately 9 different data points quarterly and going forwards the monthly return will be nearer to several thousand (7000+) data points. These changes will take effect from April 2021.

The Committee noted the report was reassuring and the redesign going forward to be included within the next report. It was also requested that a glossary of terms be included.

Level of Confidence
<p>Hull CCG</p> <p>Process</p> <p>A HIGH level of confidence was given in NHS Hull CCG due to complaints with the National Framework and is meeting the statutory responsibilities around NHS funded care.</p> <p>Performance</p> <p>A HIGH level of confidence was given in NHS Hull CCG due to quarterly reports to NHS England to evidence 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 continue to be below expectations regarding Fast Track conversions rates which sit at 85% (Q4 rates were 82% for Hull) and 88% (Q4 rates were 85% for ERYC) respectively; in opposition to the national picture of 90-95%. Joint discussions have taken place with HUTHT discharge liaison team, local Macmillan nurses and with other local partners which is starting to move this issue forwards.</p>

Resolved

(a)	Quality and Performance Committee Members noted the Continuing Healthcare Quality and Performance Report.
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8. CQUIN SCHEMES OF 2017/ 2019

The Head of Nursing and Quality presented the CQUIN schemes of 2017/ 2019 to note.

Highlighted within the report was.

The Health and Wellbeing of NHS Staff indicator had not been achieved across all providers.

New CQUIN Schemes for 2019/20 had been agreed and will be reported to a future meeting.

Level of Confidence
NHS Hull CCG
Process A HIGH level of confidence in the CCG process for monitoring the performance and delivery of the CQUIN Schemes
Performance A MEDIUM level of confidence in the ability of CCG Providers to deliver the outcomes of their CQUIN schemes

Resolved

(a)	Quality and Performance Committee Members noted the Health Watch Annual Report.
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9. OUT OF AREA/ OUT OF CONTRACT INDIVIDUAL PATIENT PLACEMENTS 2019/20 QTR 1 REPORT

The Deputy Director of Commissioning presented the Out of Area/ Out of Contract individual patient placements 2019/20 QTR 1 Report for information.

The report provided clinical and financial information to advise the CCG on the current number of service users and associated cost that are in receipt of a bespoke package of care from an out of area or non-contract activity provider.

The committee highlighted the high number of LAC- various placements within the table on page 6, the Deputy Director would take back to the Strategic Lead Mental Health & Learning Disabilities to questions the high number and if there was a comparative.

The Associate Medical Director questioned the HULL309 patient from the table of page 8, was a failed discharge; the Committee also requested that it would be clearer around what the unit cost was. The Committee raised that it would be more valuable if the Strategic Lead Mental Health & Learning Disabilities attended the meeting when this report was presented to the Committee.

Level of Confidence
Hull CCG
Process A HIGH level of confidence was given in Hull CCG due to Vulnerable People Out of area Policy agreed – updated October 2018 A HIGH level of confidence was given in Hull CCG due to the MH Funding Panel ToR agreed – updated October 2018 - virtual decision making with formal meeting when required. A MEDIUM level of confidence was given in Hull CCG due to Continued pressure on Case Management function due to the demands of NHS E – Transforming Care and discharges from secure hospital care.

Resolved

(a)	Quality and Performance Committee Members took the Out of Area/ Out of Contract individual patient placements 2019/20 QTR 1 Report for information.
(b)	The Deputy Director of Commissioning would speak to the Strategic Lead Mental Health & Learning Disabilities around the questions raised about the report.

10. PATIENT EXPERIENCE ANNUAL REPORT

The Head of Nursing and Quality presented the Patient Experience Annual report to note.

The purpose of this report is to provide a review of Patient Experience information and data in relation to three of our key providers during the period 1st November 2018 – 31st July 2019.

The new friends and family guidance comes into effect from 1 April 2020 and the new guidelines were included within the report. The new FFT guidance will be circulated to all of the CCG's main providers. Future Quality Reports from March 2020 will be checked to ensure that providers are compliant with the new approach to the FFT.

The Head of Nursing and Quality talked through the change that he had made to the report including a comparative of year's 2017 patient response to 2018 patient response and whether they had gone up/ down or stayed the same.

CHCP are now changing to a live dashboard to monitor their Friends and Family feedback. The areas that were raised that CHCP could do better included improve appointment system and availability, waiting times, better access and better waiting room facilities.

The Committee members requested that the timings when this report would be received at this meeting are looked at.

Level of Confidence
NHS Hull CCG
Process
A LOW level of confidence was given in Hull CCG due to assurance of the patient experience performance of the providers of commissioned services.
A HIGH level of confidence was given in Hull CCG due to patient and public voices are at the heart of CCG decision making.
A MEDIUM level of confidence was given in Hull CCG due to partnership working with Hull City Council to ensure patient and public voice are at the heart of decision making.
Performance
A MEDIUM level of confidence was given in Hull CCG due to Maternity Patient experience.
A LOW level of confidence was given due to Adult inpatient patient experience.
A LOW level of confidence was given due to Community Mental Health Patient Experience.
A MEDIUM level of confidence was given due to CHCP services Patient Experience.

Resolved

(a)	Quality and Performance Committee Members noted the Patient Experience Annual report.
(b)	The Personal Assistant and the Head of Nursing and Quality are to look at the workplan for when the Patient Experience Report would be reported.

11. BOARD ASSURANCE FRAMEWORK

The Chair presented the Board Assurance Framework to discuss.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse would update the Board Assurance Framework outside of the meeting.

It was requested that the new Child Death Review Process and the Hull Safeguarding partnership arrangements were to be added to the Board Assurance Framework.

Level of Confidence
Hull CCG Process A HIGH level of confidence was given in Hull CCG BAF process, in that the BAF is regularly monitored, reviewed and updated.

Resolved

(a)	Quality and Performance Committee Members discussed the Board Assurance Framework.
(b)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse would update the BAF outside of the meeting.
(C)	The new Child Death Review Process and the Hull Safeguarding partnership arrangements were to be added to the Board Assurance Framework.

12. RISK REGISTER

The Chair presented the Risk Register to discuss.

- Risk 936 – this risk would be looked at the rating coming down.
- Risk 928 – This risk would be looked at the rating coming down.
- Risk 861 – look at making this a moderate risk
- Risk 922 – is this still a risk?

The Deputy Director of Quality would update the risk register as discussed, it was requested by the Lay Member that when updating risks the narrative match the ratings.

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

Resolved

(a)	Quality and Performance Committee discussed the Risk register.
(b)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse would update the Risk register accordingly.

13. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were discussed.

Resolved

(a)	No deep dive agenda items were discussed.
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14. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

The Deputy Director of Commissioning would raise at the next Planning and Commissioning Committee a joint deep dive meeting regarding CAHMS.

Resolved

(a)	The Deputy Director of Commissioning would raise at the next Planning and Commissioning Committee a joint deep dive meeting regarding CAHMS.
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15. MINUTES FROM PLANNING AND COMMISSIONING 5 JULY 19

The Minutes of the meeting held on 5 July 2019 were submitted for information and taken as read.

16. NOTES FROM THE FOLLOWING MEETINGS ARE AVAILABLE ON REQUEST:

- HEYHT Contract Management Board
- Humber FT Contract Management Board
- Spire Contract Management Board
- H&ERY Serious Incident Panel
- Infection, Prevention and Control Group

17. ANY OTHER BUSINESS

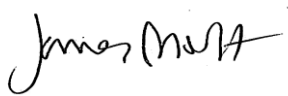
No other business was discussed

18. CHAIR'S UPDATE REPORT

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

19. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Wednesday 23 October 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull

Signed: 

(Chair of the Quality and Performance Committee)

Date: 24 October 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
IGQSG	
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