

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON 23 OCTOBER 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  
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, Hull CCG  
L Morris, Designated Nurse for Looked After Children, Hull CCG  
R Thompson, Head of Quality and Nursing, Hull CCG

**IN ATTENDANCE:**

J Adams, Personal Assistant, Hull CCG - (Minute Taker)  
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
Varun Anand, GP Fellow NHS Hull CCG and Modality Partnership  
M Napier, Associate Director of Corporate Affairs, Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
K Ellis, Deputy Director of Commissioning, Hull CCG  
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG  
R Palmer, Head of Contracts Management, Hull CCG  
A Rawlings, Designated Nurse Safeguarding Children, Hull CCG  
D Storr, Deputy Chief Finance Officer, Hull CCG  
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 17 SEPTEMBER 2019**

The minutes of the meeting held on 17 September 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 17 September 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 17 SEPTEMBER 2019**

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

17/09/19 – Out of Area/ out of contract individual patient placements 2019/20 QTR 1 report – the committee discussed M Bradbury attending meetings when this paper was presented, K Ellis to speak to M Bradbury.

17/09/19 – Patient Experience Annual report – the report would be reported to the Quality and Performance Committee 6 monthly.

17/09/19 – Any issues to go to the planning and commissioning committee – The Deputy Director of Quality would take this action forward.

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
S Lee	7	A personal (Close associate) interest, family member works for Sub contract of CHCP, remained in the room, the declaration was noted.
J Crick	12	Non-Financial Professional Interest, Appointed to a non-remunerated post as an Honouree Senior Lecturer with the Hull-York Medical School. Remained in the room, the declaration was noted.

#### Resolved

(a)	The above declarations were noted.
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## 6. E&D UPDATE REPORT

The Associate Director of Corporate Affairs presented the E&D Update Report to consider.

An action plan was shared with the Committee of priorities for the team which include, a comprehensive review of clinical policies to look at what needs updating and if they have EQIA's, an E&D Engagement plan had been developed and two specific workshops had been held in conjunction with Hull City Council and E&D lead. Establishment of a more formal network to be used for the promotion of the AIS and delivery of EDS3 engagement next year. A piece of work was taking place around policies being received at Committee's and Board's with no EQIA's.

Level of Confidence
<b>Hull CCG</b>
<b>Process</b>
A <b>HIGH</b> level of confidence was given due to the good engagement and involvement had taken place in the development of the plan.
<b>Performance</b>
A <b>MEDIUM</b> level of confidence was given due to the level of progress against elements of the plan varies from good to requiring further attention – hence an amber rating overall.

(a)	Quality and Performance Committee Members considered the E&D Update Report.
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## 7. QUALITY AND PERFORMANCE REPORT

S Lee declared a personal (Close associate) interest in agenda item 7 family member works for Sub contract of CHCP, and remained in the room, the declaration was noted.

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.

Highlighted within the report were:

The CCG were currently achieved a balanced financial position against the in-year allocation, it was noted within the revenue resource unit summary 'the other main element of this underspend relates to income received regarding refugee funding that was received to cover costs that have been incurred over several years'. The narrative will reflect more detail on this in the next report.

### Quality Premium

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

### CCG Constitutional Exceptions

### A&E

The A&E 4 hour waiting time performance improved slightly in August compared to the previous month. Themes and trends continue to be reviewed as part of the work being undertaken with the HUTHT Aligned Incentive Contract (AIC) and the A&E Delivery Board.

### Referral to Treatment

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated slightly in August, reporting 73.13%, failing to achieve the local improvement trajectory (80.27%). Capacity issues remain within a few specialties mainly in terms of medical staffing and increasing levels of urgent and cancer referrals. It was raised at the previous meeting that a CCG Summary Dashboard was shared at the previous meeting and would be shared more frequently this hasn't been shared in this report, the Lay member would meet outside of the meeting to discuss this table shared more frequently.

### Diagnostic Waiting Times

Diagnostic test 6-week waiting times continue to breach target. The CCG reported 549 breaches during August, compared to 492 the previous month, the majority being for endoscopies 84.15% (462).

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

Hull CCG performance reported 65.08% in June, (61 patients with 23 breaches). It was highlighted by the Committee that the performance continues to underachieve which was of concern. The committee asked whether the Cancer Alliance can provide an update on the local issues and what actions are being taken.

### Ambulance Clinical Quality

The Lay member questioned why there were no targets within the YAS section. The target was confirmed as zero tolerance. The 7 minute target was currently achieving target.

### 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.

### Incidence of healthcare associated infection (HCAI) – E-Coli

It was raised that a local trajectory for e coli had not been set as yet; the Associate Medical Director would contact the Infection Prevention Control Lead Nurse for this information. The local target will be considered for the next report.

## CONTRACT PERFORMANCE AND QUALITY

### **CHCP**

The Committee raised concerns around the falls service due to the underperformance. The Falls Team had presented a paper at the last Quality Meeting due to the concerns around performance. The paper had given details of reorganisation at the Fire Service and the impacts this had on the service. The Head of Nursing and Quality advised that the Falls Liaison would also be coming to a future Quality Meeting to present. The Committee requested that the Head of Contracts Management provide more detail around the Falls Service. Concerns were raised regarding the Bladder and Bowel service. The Head of Nursing and Quality advised that the service had been to a Quality Meeting to present on their difficulties and plans for recovery. These include a bid for more funding which are going to the CHCP CMB for consideration.

Discussions took place regarding the Depression and Anxiety Service due to continued underperformance. A more stringent approach was being taken with the service's sub-contractors with two providers given contract performance notices.

### **Quality**

The Quality Visit to the Stroke Beds at Rossmore had taken place. A report was being written for sharing with CHCP. A separate meeting regarding concerns about Community Nursing Services would take place. Outcomes from that meeting will be fed into the CHCP Quality Meeting to ensure actions are followed up. Concerns about Bladder & Bowel Services and Falls Services are being followed up in the CHCP Quality Meeting.

### **HUTHT**

Covered in the exception section. Part 1

### **Quality**

No Further update provided.

### **HUMBER FT**

There were a number of services not achieving the performance measures and discussions took place around the improvements to be progressed and additional investment agreed at the prioritisation meeting for the Mental Health and Learning in Disabilities services, performance is not being evidence currently. .

### **Quality**

Humber had provided further assurances regarding long waits for CAHMS and Autism. These include details of how patients and families are managed and supported while they are on waiting lists.

### **Spire**

No exceptions to report

### **Quality**

Next Quality meeting in November 2019.

### **YAS**

No Exceptions reported.

### **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**

TASL where going through a major restructuring of complaints including additional training and coaching of staff regarding complaint handling. TASL where reporting a backlog of complaints that had not been resolved. CCG Patient Relations Team continuing to monitor the complaints CCG receives and compare to those reported by TASL. TASL been asked for an action plan re backlog including exact numbers.

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

<p><b>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</b></p> <p><b>Process</b> A <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p><b>Yorkshire Ambulance Service – Ambulance Handover Times</b></p> <p><b>Process</b> A <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p><b>Performance</b> A <b>LOW</b> level of confidence in the achievement of this target due to ongoing underperformance.</p>

## Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Lay member would meet outside of the meeting to discuss the CCG Summary Dashboard being shared more frequently.
(c)	The committee asked whether the Cancer Alliance can provide an update on the local issues and what actions are being taken.
(d)	The Associate Medical Director would contact the Infection Prevention Control Lead Nurse for this information. The local target will be considered for the next report.
(e)	The Committee requested that the Head of Contracts Management provide more detail around the Falls Service and Bladder and Bowel.

## 8. CHILD DEATH REVIEW STATUTORY AND OPERATIONAL GUIDANCE

The Designated Nurse for Looked after Children presented the Child Death Review statutory and operational guidance to approve.

The purpose of this report was to provide an update to the Quality and Performance Committee in relation to the implementation of: The Child Death Review Statutory and Operational Guidance (HM Government October 2018)

Child death review partners are local authorities and CCGs for the local area as set out in the Children Act 2004, amended by the Children and Social Work Act 2017. Changes to the process outlined in the Child Death Review Statutory and Operational Guidance (HM Government October 2018) are due to be implemented by 29th September 2019.

The guidance clarifies processes and sets out high-level principles for how professionals across all agencies involved in the child death review process should work together. It states two main reasons:

- i. To improve the experience of bereaved families, as well as professionals, after the death of a child.
- ii. To ensure that information from the child death review process is systematically captured to enable local learning and, through the National Child Mortality Database, to provide learning at the national level, and inform changes in policy and practice.

Representatives from NHS Hull CCG and Hull City Council met to formulate Hull’s plan to meet the requirements of the revised guidance which was published in June 2019. Following publication it was agreed that NHS Hull CCG would undertake the lead role in enabling the plan to be operationally effective from 29.09.19. Governance arrangements have been put in place.

A child death review (CDR) process operational group had been established and had met on 4 occasions, commencing 10.07.19. The group will meet 2 weekly until arrangements are finalised. The Executive lead for safeguarding for NHS Hull CCG (N. Lincs lead) had established a CDR Executive Group comprising leads from Hull City Council, the Director of Public Health and NHS Hull CCG, the Executive Lead for safeguarding in order to provide strategic direction in relation to the process. Frequency of these meetings was to be agreed, the first meeting scheduled in October.

The paper had been received by the Senior Leadership Team, it was agreed that an update on the child death review process would be updated to the Committee within the six monthly safeguarding Report.

Level of Confidence
<p><b>Hull CCG</b></p> <p><b>Process</b></p> <p>A <b>MEDIUM</b> level of confidence in NHS Hull CCG discharging it’s duties in relation to the implementation of the child death review guidance. There is an Executive Group and an operational group in place. However, the finalisation and discharge of an implementation plan is not complete.</p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence in relation to NHS Hull CCG discharging it’s duties in relation to the child death review process. There is a plan in place for the review of outstanding cases and to review new cases.</p>

**Resolved**

(a)	Quality and Performance Committee Members Approved the Child Death Review statutory and operational guidance.
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**9. HULL SAFEGUARDING CHILDRENS PARTNERSHIP ARRANGEMENTS**

The Designated Nurse for Looked after Children presented the Hull Safeguarding Children’s Partnership arrangements to note.

The purpose of the report was:

- I. To provide information to the Quality and Performance Committee in relation to the implementation of Hull Safeguarding Children’s Partnership (HSCP) local arrangements (published June 2019).
- II. To provide assurance to the Quality and Performance Committee that appropriate action is being taken to ensure that NHS Hull CCG is undertaking its statutory responsibilities under the Children and Social Work Act 2017.
- III. To identify any risks and mitigating factors.

The Children Act 2004, as amended by the Children and Social Work Act 2017 details changes to multi-agency partnership arrangements, including the replacement



of Local Safeguarding Children Boards (LSCBs) with new, flexible local safeguarding arrangements led by three statutory safeguarding partners (local authorities, police and CCGs) and due to be fully implemented on 30<sup>th</sup> September 2019.

The three statutory partners have formed an Executive Board; membership comprises the Director of Children and Families Service, the Director of Nursing and Quality, N. Lincs CCG (interim executive safeguarding lead NHS Hull CCG), the local authority lead for multi-agency safeguarding arrangements and the Chief Superintendent Humberside Police (Chair). The Executive Board currently meet on a monthly basis and taking the strategic lead on implementing the new arrangements.

The Executive Board had determined the priority areas for the first year. Initially the priority area “back to basics” which follows the key areas of improvement identified in the Ofsted inspection of local authority children’s services in January 2019 – thresholds for intervention, child protection case conferences/ core groups, consent around section 47 investigations and strategy meetings, children in cells, children who go missing, access to CAMHS, private fostering and homeless. Priorities will be agreed for a six month period in 2020/21 with a secondee attached to each priority.

Arrangements will not be fully established by 30.09.19. The overarching plan has been agreed and governance arrangements are in place. The detailed underpinning arrangements are not fully implemented.

The Lay Member highlighted the Lack of engagement with key stakeholders regarding the implementation of HSCP arrangements that was noted within the report, and asked for the Designated Nurse for Looked after Children to look at putting this on the risk register.

The Committee noted the update and agreed to receive regular updates.

Level of Confidence
<p><b>NHS Hull CCG</b></p> <p><b>Process</b></p> <p>A <b>MEDIUM</b> level of confidence in NHS Hull CCG discharging its duties in relation to the implementation of HSCP arrangements. There is an Executive Board with representation from the NHS Hull CCG executive lead for safeguarding children and adults and a transition group with representation from the NHS Hull CCG designated Nurse Safeguarding Children in place. However, the finalisation and implementation of the revised safeguarding arrangements is not complete.</p>
<p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence in NHS Hull CCG discharging its duties in relation to the implementation of HSCP arrangements. The transition group has been extended until January 2020 in order to finalise revised arrangements. A stakeholder group event is planned for December 2019.</p>

**Resolved**

(a)	Quality and Performance Committee Members noted the Hull Safeguarding Children’s Partnership Arrangements.
(b)	The Lay Member highlighted the Lack of engagement with key stakeholders regarding the implementation of HSCP arrangements that was noted within the report, and asked for the Designated Nurse for Looked After Children to

look at putting this on the risk register.
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**10. SERIOUS INCIDENT SUMMARY REPORT QUARTER TWO**

The Head of Nursing and Quality presented the Serious Incident Q2 report to consider.

Highlighted within the report was:-

**HUTHT:**

- Whilst it's positive that the Trust are reporting incidents, there have been a further two never events reported during Q2. The total reported year to date was five. Failure / delay to escalate for medical review within the maternity services and undertaking of procedures outside of scope of practice are beginning to be noticed commonalities seen within maternity related investigations that have been completed to date.

**HTFT:**

- Recurring themes of poor documentation and handover of care between services.
- Failure to either undertake accurate or review risk assessments and communication between teams.

**CHCP:**

- Failure to embed the identified learning, specifically in relation to pressure damage within the community nursing teams. Recurring themes are evident in this area inclusive of the identification and management of wounds, undertaking a holistic review of patients and poor documentation.
- Inconsistency within the quality of investigation reports.
- Failure to recognise safeguarding concerns.

**Primary Care**

There were no incidents reported for Primary Care for this quarter. A discussion for clarification of whether or not the Primary Care Incident need to be reported to this Committee as they are reported within the Primary Care Quality and Performance Sub Committee Meeting.

Level of Confidence
<b>Hull CCG</b> <b>Process</b> A <b>HIGH</b> level of confidence was given in Hull CCG due to an effective management process in place for SIs with its main providers. Significant level of assurance was obtained following a recent internal audit undertaken in August 2019.
<b>Performance</b> <b>Hull University Teaching Hospitals NHS Trust</b> A <b>LOW</b> level of confidence was given in Hull due to The trust have declared two never events during Q2 bringing the total reported year to date to five; the categories include wrong site surgery removal of wrong tooth, a misplaced naso-gastric tube, a retained throat swab post-surgery, wrong site hand surgery and connection of a patient to an air flow meter instead of oxygen.  Whilst it is acknowledged that never events are wholly preventable and should never occur, the level of harm in the majority of the cases we see locally are not as great as that seen in incidents categorised as SIs.  There are concerns in the following areas:

- Failure / delay to escalate within the maternity services and undertaking of procedures outside of scope are beginning to be noticed commonalities seen within maternity related investigations that have been completed to date.
- Lack of embedding of learning particularly in relation to pressure ulcers.
- Recurring themes relating to diagnostics including of failure to act on abnormal results / failure or delay to follow up.
- Treatment and management of diabetic patients (including maternity).
- Failure to follow guidance (including maternity services)

**Humber NHS Foundation Trust:**

A **MEDIUM** level of confidence was given due to the failure to undertake accurate or appropriate reviews of risk assessments and poor / inadequate documentation continues to be a theme identified in a significant proportion of the Trusts investigation reports. The concerns were appropriately escalated to and are being monitored via the quality forum.

The Trust is undertaking a piece of work around how community care is being integrated via a community service model, how risk assessments in community setting within new model are being reviewed, how handover of care will be concentrated on, and assurance around competency of staff undertaking risk assessments.

**City Health Care Partnership (CHCP):**

A **LOW** level of confidence was given due to there has been a noticeable improvement in the overall management of its SI process following the development of an improvement plan there are concerns relating to a failure to embed the identified learning, specifically in relation to pressure damage within the community nursing teams. Recurring themes are evident in this area inclusive of the identification and treatment of wounds, undertaking a holistic review of patients and poor documentation.

The organisation has been asked to review and resubmit a number of action plans and to enhance investigation reports.

A thematic review of the community services inclusive of SIs, incidents and complaints has been undertaken which will be discussed at a planned meeting taking place on 11th October.

**Spire Hull and East Riding:**

A **MEDIUM** level of confidence was given due to no SIs has been reported during Q2. While the organisation continues to report appropriate SIs and never events, the timescale for submission are not always met.

**Primary Care:**

No SIs have been reported during Q2.

There continues to be positive engagement with primary care in a number of end to end reviews undertaken, of which some have been following other provider's serious incident investigations.

This level should remain low until such a time that there is evidence that SIs and subsequent requirement to report and investigate as per national framework (2015) is achieved.

**Hull CCG:**

A **HIGH** level of confidence exists given that appropriate SIs are identified and reported as SIs as evidenced in this report.

**Resolved**

(a)	Quality and Performance Committee Members considered the Serious Incident Summary Report Quarter 2.
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## 11. Q1 2019/20 PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Q1 2019/20 Prescribing Report to note.

Highlighted within the report was:-

Overall prescribing costs for Q1 2019/2020 – GP practice prescribing costs for NHS Hull CCG had grown by -0.47% (-£54,081) for April 2019 to June 2019 compared to the same period last year, this was above the England average cost growth of -1.1% and Yorkshire and Humber average cost growth of -1.42%.

Category M changes and “no cheaper stock obtainable” (NCSO) medications.

Hull had consistently maintained its position similar to Barnsley and Wakefield, (Hull’s comparator CCGs in the Yorkshire and Humber area) in this quarter and in previous years.

Risks highlighted within the report where

Risk	Impact	Actions taken to manage risk (Updates will be given in further quarterly prescribing reports)
Increase spend on Anticoagulants and Protamine	Increase anticipated with increased uptake of NICE guidance	Cost growth has been similar to the national increase in Anticoagulants and Protamine Hull CCG (latest information) spend grew by £11,746 less than national comparison.
Drugs used in rheumatic disease and gout	Increase in prescribing costs.	A non-steroidal anti-inflammatory volume indicator has been included in the Extended management scheme for 2019/2020. NCSO price increases in naproxen have had a significant impact on increasing prescribing costs.  Hull CCG (latest information) oral nutrition grew by £8,766 more than national comparison.
Drugs used in hypertension and heart failure	Increase in prescribing costs	Hull CCG (latest information) Drugs used in hypertension and heart failure spend grew by £3,015 less than national comparison.

### Red Drugs

There had been a steady fall in both numbers and cost over the last number of years. It should be noted that the spike on November 2018 was due mainly to a supply problem with Dalteparin and therefore Tinzaparin which was a red drug had to be used instead.

Level of Confidence
<b>NHS Hull CCG</b>
<b>Process</b>
A <b>HIGH</b> level of confidence was given due to Interpretation of Budget Position & QIPP Performance.

A <b>HIGH</b> level of confidence was given due to Interpretation of Prescribing Quality.
<b>Performance</b>
A <b>HIGH</b> level of confidence was given due to Forecast Expenditure.
A <b>HIGH</b> level of confidence was given due to Actual QIPP savings.
A <b>MEDIUM</b> level of confidence was given due to Practice Performance within the Extended Medicines Management Scheme.
A <b>HIGH</b> level of confidence was given due to Red Drug Prescribing charts

**Resolved**

(a)	Quality and Performance Committee Members noted the Q1 2019/20 Prescribing Report
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**12. R&D SIX MONTH STATUS REPORT APRIL 2019 – OCTOBER 2019**

J Crick declared a Non-Financial Professional Interest in item 12 and remained in the room, the declaration was noted.

The Associate Medical Director presented the R&D Six Month Status Report April 2019 – October 2019 to note.

**NIHR Portfolio Study Activity**

The committee was informed of how in comparison to this time last year the recruitment was just over double and there was a large recruiting study that was due to open in Hull called PEOPLE Hull.

**For R&D Infrastructure and capacity building**

Since submission of the report, the R & D Lead Nurse Manager had received correspondence, acknowledging a delay in response, and advising the R 7 & lead of the recent successful recruitment of a Research Assistant, post commenced on the 14th October 2019, further updates to be requested which will feed into the next reporting period.

Overall the development and direction of travel for R & D looks exciting and aims to bring further opportunities and scope for building on the existing work streams and the focus links into the implementation of the Vision.

Level of Confidence
<b>Hull CCG</b>
<b>Process</b>
A <b>HIGH</b> level of confidence was given due to Hull CCG continues to be at the forefront of promoting research and the use of research evidence.
<b>Performance</b>
A <b>HIGH</b> level of confidence was given due to the R&D activity was monitored through the shared R&D service which links into the Hull research, innovation, evaluation and improvement group.

**Resolved**

(a)	Quality and Performance Committee Members discussed the R&D six month status Report April 2019 - October 2019.
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### 13. CARE AND SUPPORT SERVICES QUALITY BOARD

The Associate Medical Director presented the Care and Support Services Quality Board Report to Note.

The report provides information regarding the successes, concerns, risks and mitigations relating to the Residential, Nursing and Domiciliary care, and Day Opportunity services commissioned by Hull City Council and NHS Hull CCG through the joint contract arrangements.

The Authority was working with eight homecare providers that have been identified as representing a medium level of risk. Seven of these are considered to be stable, and appropriate mitigations are in place to manage the risk.

Risk	Mitigation
One Care Home is not on the provider framework and represents a medium level of risk.	This provider has a remedial action plan in place which is being monitored. This is being escalated and managed through the Adult Social Care Directorate Management Team.
One Care Home is a cause for concern due to issues identified through a whistleblowing process.	A voluntary suspension is in place as is a remedial action plan. This is being escalated and managed through the Adult Social Care Directorate Management Team.

The Authority was continuing to work with two Residential and Nursing care providers that represent a medium level of risk. These providers are working collaboratively with the Authority to address concerns and improve services and positive assurances have been received. Where necessary and appropriate, the CCG are providing additional support to the process.

#### Resolved

(a)	Quality and Performance Committee noted the Care and Support Services Quality Board Report.
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Level of Confidence
<b>NHS Hull CCG</b>
<b>Process</b>
A <b>HIGH</b> level of confidence was given due to The meeting has good engagement from Partners.
The quality report received by the meeting provides a clear narrative around the risks and mitigations relating to providers in the City;
A Quality Assurance framework has been developed by the commissioners and the CCG Quality Team have been involved in this.
<b>Performance</b>
A <b>HIGH</b> level of confidence was given due to Adult Social Care is identifying risks and concerns, managing these and escalating internally and externally as appropriate.
The Quality report provides assurance that risks are being identified and mitigated appropriately.

### 14. HEALTHWATCH REPORT

This item was deferred to January 2020.

**15. DEEP DIVE AGENDA ITEMS**

No Deep Dive agenda items were discussed.

**Resolved**

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

No issues were discussed to go to Planning and Commissioning Committee.

**Resolved**

(a)	No issues were discussed to go to Planning and Commissioning Committee.
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**17. MINUTES FROM PLANNING AND COMMISSIONING 5 JULY 2019 AND 2 AUGUST 2019**

The Minutes of the meeting held on 5 July 2019 and 2 August 2019 were submitted for information and taken as read.

**18. 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

**19. ANY OTHER BUSINESS**

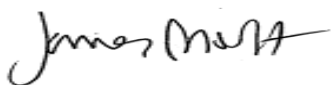
No other business was discussed

**20. CHAIR'S UPDATE REPORT**

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

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

The next meeting of the Q&PC would be held on Tuesday 19 November 2019, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



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

Date: 26/11/19

## **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