

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON WEDNESDAY 26 FEBRUARY 2020  
IN THE 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 CC  
D Heseltine, Secondary Care Doctor, 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)  
J Raper, Infection, prevention and Control Lead Nurse, East Riding CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG  
S Lee, Associate Director (Communications and Engagement), Hull CCG  
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG  
D Storr, Deputy Chief Finance Officer, Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 21 JANUARY 2020**

The minutes of the meeting held on 21 January 2020 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 January 2020 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 JANUARY 2020**

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

All other actions were marked as complete.

(a) That the action list be noted and updated accordingly.

**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.

**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.

**6. QUALITY AND PERFORMANCE REPORT**

The Head of Performance and Programme Delivery, the Head of Contracts Management and the Head of Nursing and Quality presented the Quality and Performance Report for consideration.

Highlighted within the report were:

**Financial Position**

The CCG was currently forecasting an achieved balanced position, Mental Health forecast an overspend of 750k. Expenditure for the Let's Talk service during the year

had increased due to the focus on achieving the national access targets. This had resulted in a forecast overspend of £300k.

It was noted that the NHS Oversight Framework was shared within the report including the lowest performing quartile for Hull CCG, due to the data showing the lowest quartile are mainly regarding end of life, after discussion it was decided that a deep dive around palliative care would take place including the Quality and Performance Committee meeting and Planning and Commissioning.

Queries were also raised around Pharmacies are they open after 6pm? So patients are able to get end of life medicines at any time of day.

## CCG Constitutional Exceptions

### A&E

The current performance data for the month of December 19 was 59.58%, A&E had hit late 60% in the last 2 weeks. Discussions took place around Primary Care being the biggest outlier for requiring ambulances, do we have the data to understand who are ringing for ambulances. The Head of Contracts Management was meeting with YAS CMB on the 27 February 20 and would query if YAS can supply this data.

### Referral to Treatment

Referral to Treatment 18 weeks waiting times performance at HUTHT remained stable in December, reporting 69.66% compared to 69.98% the previous month. The Planned Care Delivery group is working with teams in the Trust to focus and prioritise work streams supporting outpatients and activity planning.

The Quality Team had been invited to attend the Trusts Performance & Assurance (PANDA) meeting; a senior member of the CCG quality team will attend to observe the clinical harm reviews that are undertaken for patients on waiting lists.

### Number of 52 week referral to treatment in incomplete pathways

HUTHT reported 0 breaches of the 52 week standard in December. Hull CCG reported 0 patients waiting over 52 weeks at the end of December.

### Diagnostic Test Waiting Times

Diagnostic test 6-week waiting times continue to breach target. A slight deterioration in performance is reported in December, 10.42% compared to November position of 10.32%. The CCG reported 485 breaches during December, the majority being for endoscopies 67.63% (328).

### Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with suspected cancer

761 patients seen with 54 breaches of the standard, 46 due to Patient Choice.

### Cancer 62 day waits: first definitive treatments following urgent GP referral for suspected cancer including 31 day rare cancers

It was noted that in last month's report the breaches were mainly around patient choice and this month due to capacity, it was raised that patients from York and Scarborough are on a pathway to clear a backlog and are being seen in Hull, was this reason there isn't capacity?

### Friends and Family Test for A&E

The Trust provide assurance that the FFT was promoted actively and various ways of responding including SMS Text responses and the use of QR Code posters to make it easier for patients to respond have been used. HUTHT were aware of the requirements for the new FFT due to go live in April 2020.

### All service users who have operations cancelled, on or after the day of admission

Queries were raised around the number of operations within this section, was the data correct? are procedures classed as operations? The Committee requested that the Deputy Director of Quality and Clinical Governance/ Lead Nurse pick this up when attending the PANDA meetings.

## CONTRACT PERFORMANCE AND QUALITY

### **CHCP**

The following services at CHCP were discussed as follows.

The bladder and bowel service was reporting at 58.44% for the month of December 2019. A request for additional resources for the service had been received. An urgent meeting was booked in with the service on 19<sup>th</sup> February 2020 to review the current position and devise a recovery plan.

The Podiatry Service was showing an improvement from previous months reporting at 79.14% for the month of December 19. The Committee requested that data would be included within next months for patients that have waited over 6 weeks to be seen.

The Male Sexual Dysfunction service was reporting at 14.29% for the month December 2019. The Head of Nursing and Quality had previously spoken with CHCP regarding this and it was reported it was due to patient choice.

### **Quality**

It was noted that at the CHCP Quality meetings services that are have been flagged as having performance issues are the services that are invited to the meeting for future Quality meetings.

### **HUTHT**

Covered in the exception section.

### **Quality**

The Committee was concerned with regards to the 8<sup>th</sup> Never event that had been reported from Hull University Teaching Trust. The majority of Never Events concern surgical procedures. The Committee requested that an update regarding Never Events at next month's Committee meeting to provide assurance and details of actions that might be needed as a result of the Never Events.

### **HUMBER FT**

The following services at Humber were discussed as follows.

The CAHMS, Memory and Children's ASD services were all continuing to report low number's for the month of December 2019. Positive news was the Paediatrics service was now showing some improvement from previous months.

### Quality

No further update was provided.

### Spire

Work was underway to complete the 2020/21 contract. A clinical audit of delivery was currently being arranged which will feed into the contract indicators. The inability to gain contract agreement for 2019/20 relates to a dispute about a range of value for money indicators, which has recently been resolved.

### Quality

No Further update was provided.

### YAS

No further Update was provided.

### Quality

No further update was provided.

### Thames Ambulance Service

The CCG have written to Thames Ambulance Service Limited to terminate their contract for Non-Emergency Medical Transport, effective from 31st March 2020.

#### Financial Management

##### Process

A **HIGH** level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.

##### Performance

A **HIGH** level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance

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

##### Process

A **HIGH** level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.

##### Performance

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

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

##### Process

A **HIGH** level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.

##### Performance

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

#### Hull & East Yorkshire Hospitals - Diagnostics Waiting Times

##### Process

A **HIGH** level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.

##### Performance

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

<p><b>Hull &amp; East Yorkshire Hospitals – 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)	A deep dive around palliative care would take place including the Quality and Performance Committee meeting and Planning and Commissioning.
(c)	Queries were also raised around Pharmacies are they open after 6pm?
(d)	The Head of Contracts Management would ask YAS for data regarding ambulance outliers.
(e)	Cancer 62 day breaches were mainly around patient choice and this month due to capacity, it was raised that patients from York and Scarborough are on a pathway to clear a backlog and are being seen in Hull, was this reason there isn't capacity?
(f)	Queries were raised around the number of operations within this section, was the data correct? are procedures classed as operations? The Committee requested that the Deputy Director of Quality and Clinical Governance/ Lead

	Nurse pick this up when attending the PANDA meetings.
(g)	The Podiatry Service was showing an improvement from previous months reporting at 79.14% for the month of December 19. The Committee requested that data would be included within next months for patients that have waited over 6 weeks to be seen.
(h)	The Committee requested that an update regarding Never Events at next month's Committee meeting to provide assurance and details of actions that might be needed as a result of the Never Events.

## 7. INFECTION, PREVENTION AND CONTROL REPORT

The Infection, Prevention & Control Lead Nurse presented the Infection, Prevention & Control Report to discuss.

The purpose of the report was to provide assurance to the Quality and Performance Committee that infection prevention and control arrangements are in place and are making continued progress in reducing the risk of Health Care Associated Infection (HCAI). The report also looks to highlight the main developments in the management of infection prevention and control activity for the period April 2019 to December 2019 for NHS Hull Clinical Commissioning Group (CCG).

The proposed changes to IPC and AMR in the NHS Standard contract:

- NHS England and NHS Improvement now propose to set annual targets for Trusts and CCGs level reductions in further gram-negative bloodstream infections including MSSA, Klebsiella and Pseudomonas.
- The current arrangements for financial sanctions for MRSA and CDI are no longer fit for purpose. The proposal is to remove the financial sanctions relating to MRSA and CDI.
- A minor change is proposed for antibiotic prescribing to ensure clarity on the required reduction in antibiotic prescribing rates. The new requirement introduced a year ago was for a 1% year-on-year reduction from the 2018 baseline level. In accordance with this, the specific requirement in 2020/21 is therefore for a cumulative reduction of 2% from the 2018 baseline level.
- Existing Contract requirements on use of the Safety Thermometer are creating too great a bureaucratic burden, and not facilitating learning. It is proposed to remove the specific requirements relating to use of the Safety Thermometer and, instead, introduce a higher-level obligation on acute providers to ensure and monitor standards of care in the four clinical areas which the Safety Thermometer addresses (venous thromboembolism, catheter-acquired urinary tract infections, falls and pressure ulcers).

In the period April 2019 to December 2019 there have been one MRSA BSI cases attributed to Hull CCG. HUTH have reported two MRSA BSI cases via the national reporting system.

In the period April 2019 to December 2019, 36 cases of Clostridium difficile (C diff) were attributed to Hull CCG. This is a decrease of seven cases based on 2018/19 end of Quarter 3 figure. The CCG are currently 7 cases under the end of Quarter 3 objective. HUTH have reported 42 Trust apportioned cases of C diff.

Hull CCG had seen a decrease by 24 cases of MSSA BSI reported at the end of Quarter 3 2019/20 compared to 2018/19. This was the second quarter a reduction had been reported.

HUTH have reported 44 cases attributable to the trust (Chart 4), which was a decrease of 1 case from Quarter 3 2018/19.

No care home audits had taken place during Quarter 3.

Two GP audits had been undertaken in Quarter 3.

It was noted that 1 care homes had taken place in Quarter four and had now been served 28 days' notice.

Level of Confidence
<b>Process</b> <b>Hull CCG</b> A <b>MEDIUM</b> level of confidence was given in Hull CCG due to a robust C diff review process continues across the health economy
<b>Performance</b> <b>Hull CCG</b> A <b>MEDIUM</b> level of confidence was given in Hull CCG due to The CCG is under its C diff objective for the end of Q3

**Resolved**

(a)	Quality and Performance Committee noted the Infection, Prevention and Control Report.
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**8. CONTINUING HEALTH CARE REPORT**

This item was deferred to the 31 March 2020.

**9. QUALITY BOARD REPORT**

The Associate Medical Director presented the 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 had identified a residential care provider that represents an extreme level of risk. The provider rating with the regulator moved from Requires Improvement to Good (6th December 2019). The provider submitted evidence against the Quality Framework to the Contract Performance and Quality Team; this triggered a routine meeting to triangulate the self-assessment with the objective findings. A significant number of issues relating to poor practice were identified and a suspension and remedial action plan were put in place.

The Contract Performance and Quality Team are in conversation with the Hull City Council Legal Team, exploring mechanisms to deal with the provider. The home had capacity for 17 individuals, and currently has 13 residents; the Contract Performance and Quality Team are actively sourcing opportunities to relocate these residents. The



Care Quality Commission are working with the Contract Performance and Quality Team to identify how they might learn from this situation.

One provider had been identified as representing a high level of risk due to concerns raised through the Care Quality Commission. These concerns relate to the administration and monitoring of medication. In addition the Care Quality Commission also reported further safety concerns and poor record keeping. The home has been inspected and the formal report is not anticipated to be positive; the CQC also raised concerns with inconsistencies in the information being provided by the Registered Manager, and concerns being raised by the Fire and Rescue service, although it is understood that the latter issues have not led to a formal response from the Fire and Rescue Service.

The Contract Performance and Quality Team have suspended the provider and put a remedial action plan in place. The Team are visiting weekly and monitoring this closely. This provider houses approximately 40 residents which, should the Care Quality Commission identify any issues that could lead to de-registration of the home, would act as a substantial risk in terms of re-housing this population. CCG colleagues are in conversation with the Contract Performance and Quality Team to consider options.

If both Care Homes were to close there would be 53 patients that would need moving, assurance was given that there was capacity in place at other care homes to move these patients.

Since the report was written CQC have visited another care home and suspended the home, an action plan has been put in place but will remain open.

The Lay member felt that missing from the report was what families are saying about the care homes, the Associate Medical Director agreed for the next report to include this.

Level of Confidence
<p><b>NHS Hull CCG</b></p> <p><b>Process</b></p> <p>A <b>High</b> level of confidence was given in Hull CCG due to The meeting has good engagement from Partners.</p> <p>The quality report received by the meeting provides a clear narrative around the risks and mitigations relating to providers in the City;</p> <p>A Quality Assurance framework has been developed by the commissioners and the CCG Quality Team have been involved in this.</p>
<p><b>Performance</b></p> <p>A <b>High</b> level of confidence was given in Hull CCG due to Adult Social Care is identifying risks and concerns, managing these and escalating internally and externally as appropriate.</p> <p>Adult Social Care, the CCG and CQC are sharing information and working together to improve practice and support the population.</p> <p>The Quality report provides assurance that risks are being identified and mitigated appropriately by the CPQT.</p>

**Resolved**

(a)	Quality and Performance Committee Members noted the Quality Board report.
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(b)	The Associate Medical Director would include family's feedback of care homes within the next quarterly report.
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**10. Q2 CQUIN REPORT 2019/20**

The Head of Nursing and Quality presented the Q2 CQUIN report 2019/20 to note.

The purpose of the report was to inform the Committee of the achievement of Hull CCG's main providers with regard to Quarter 2 goals of the CQUIN 2019/20 scheme, following external reconciliation with all providers.

The schemes for 2019/20 are intended to deliver clinical quality improvements and drive transformational change. The schemes have been designed for specific provider settings as well as to support local providers with their Sustainability and Transformation Plans.

As part of the simplification of CQUIN, the total value of CQUIN has been reduced to 1.25% of contract value to providers delivering services under a NHS Standard Contract.

The details of the CQUIN schemes were not published until 8th March 2019. This made it impossible to discuss, negotiate agree the schemes with providers before 1st April 2019.

The Head of Nursing and Quality gave an overview of each provider on their achievements so far.

**HUTH**

HUTH had not achieved 1a, 3a and 3c all others are achieved.

**CHCP**

CHCP had achieved all.

**HUMBER**

Humber had achieved all.

**SPIRE**

Spire had achieved all.

The Head of Nursing and Quality explained that HUTH and Humber are on an aligned incentive contract so regardless of them achieving the indicators they will receive the money. The Lay member raised concerns regarding this and asked the Head of Contracts Management if this could be looked into.

Level of Confidence
<b>NHS Hull CCG</b>
<b>Process</b>
A <b>High</b> level of confidence exists for the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.
<b>Performance</b>
A <b>High</b> level of confidence exists for the way in which Hull CCG's main providers have engaged with the 2019-20 CQUIN schemes per the NHS Standard Contract and have used

CQUINs to improve services for patients.

**Resolved**

(a)	Quality and Performance Committee Members noted the Q2 CQUIN report.
(b)	The Head of Head of Nursing and Quality follow up queries raised regarding the HUTH and Humber's aligned incentive contract.

**11. TERMS OF REFERENCE**

The Chair presented the Terms of reference to discuss.

Due to the amount of changes that would need to be made to the Quality and Performance Committee meeting terms of reference the decision was made that the Head of Nursing and Quality would review them and bring them back to the next Committee meeting for a further review.

**Resolved**

(a)	Quality and Performance Committee Members discussed the Terms of reference.
(b)	The Head of Nursing and Quality would review the Quality and Performance Terms of Reference outside of the meeting and bring them back to the next meeting for further review.

**12. WORKPLAN**

The Chair presented the workplan to discuss.

The following changes where discussed.

- Individual Funding Request update – to be removed no longer needed
- Transforming care plan and out of area report to be merged for a 6 monthly update
- The QUIPP plan needs to be added
- Controlled drugs report needs to be added

The changes would be made to the workplan outside of the meeting and will come back to next month's committee meeting for further discussion.

**Resolved**

(a)	Quality and Performance Committee members discussed the workplan.
(b)	The changes discussed in the meeting would be changed outside of the meeting and the workplan would come back to the March 20 meeting for further discussion.

**13. DEEP DIVE AGENDA ITEMS**

A deep dive Meeting was agreed around palliative care, the Deputy Director of Commissioning and the Deputy Director of Quality and Clinical Governance/ Lead Nurse would take this forward.

**Resolved**

(a)	The Deputy Director of Commissioning and the Deputy Director of Quality and Clinical Governance/ Lead Nurse would take forward the deep dive agenda item.
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**14. 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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**15. MINUTES FROM PLANNING AND COMMISSIONING 03 JANUARY 2020**

The Minutes of the meeting held on 03 January 2020 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

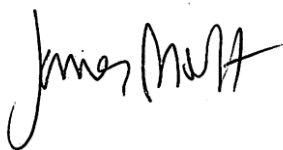
**17. ANY OTHER BUSINESS**

**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 Tuesday 31 March 2020, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



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

Date: 27.04.20

## **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