

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 21 JANUARY 2020
IN BOARD ROOM, WILBERFORCE COURT, HULL, HU1 1UY
9.00AM – 12.00PM**

PRESENT:

J Stamp, Lay Representative, Hull CCG (Chair)
D Blain, Designated Professional for Safeguarding Adults, Hull CCG
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
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
A Rawlings, Designated Nurse Safeguarding Children, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
M Bradbury, Strategic Lead – Mental Health and Learning Disabilities Commissioning, Hull CCG
S Coope, Named GP Safeguarding Children Hull CCG
J Gray, Senior Medicines Optimisation Technician, North of England Commissioning Support

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
Dr J Moulton, GP Member (Chair), Hull CCG
D Storr, Deputy Chief Finance Officer, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 19 NOVEMBER 2019

The minutes of the meeting held on 19 November 2019 were presented and it was agreed that they were a true and accurate record.

All other actions were marked as complete.

Resolved

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| (a) | That the minutes of the meeting held on 19 November 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 19 NOVEMBER 2019

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

19/11/19 9 – Infection prevention and control – this action was now complete a monthly report was being presented to the Senior Leadership Team Meeting.

17/09/19 – Quality and Performance – both actions were closed and the Deputy Director of Commissioning would feed back to the Chair of the Quality and Performance Committee.

17/09/19 9 – Out of area out of contract individual patient placements 2019/ 20 Qtr1 report – This action was marked as complete the Strategic Lead – Mental Health and Learning Disabilities Commissioning attending the meeting of the 21 January 20 and explained the tables within the report.

All other actions were marked as complete.

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| (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

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| (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 |
|------|-----------|-------------------------------------|
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Resolved

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

The Head of Performance and Programme Delivery, 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:

Financial Position

The CCG was currently forecasting an achieved balanced position, Mental Health forecast an overspend of 1,100k there was tolerance around this due to the current savings on prescribing of £2.3m. Questions were raised whether or not the balanced position was sustainable as prescribing won't always be underspending at a rate it currently is, assurance was gained that the forecast position over the next few years.

Quality Premium

The Quality premium has now been stood down, an extra paper will be received under this agenda item for the Quality Premium Achievement for 2018/19.

CCG Constitutional Exceptions

A&E

The A&E 4 hour waiting time performance deteriorated further in November. HUTHT have been hit with a lot of staffing issues and ward closures. D Lowe, P South and B Geary are going to have a walk around of A&E regarding Flow and Serious incidents. The Committee requested that within this section for next month more detail should be included within this section.

Referral to Treatment

Hull CCG reported 0 patients waiting over 52 weeks at the end of November. HUTH reported 1 breach of the 52 week standard in November, within Gynaecology.

Diagnostic Test Waiting Times

Diagnostic test 6-week waiting times continue to breach target. A slight deterioration in performance is reported in November, 10.32% compared to October position of 9.74%. The CCG reported 449 breaches during November, the same number as the previous month, the majority being for endoscopies 67.26% (302).

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

808 patients seen with 96 breaches of the standard:

- 59 due to Patient Choice (26 relating to suspected skin cancer)
- 33 due to inadequate outpatient capacity (31 for suspected Breast Cancer and 2 for suspected lower GI)
- 4 due to clinic cancellation

Ambulance clinical quality – Category 1 mean response time (mins)

The Trust declared an SI on the 12th December 2019 due to the hospital having the Full Capacity Protocol in place, ambulances were queuing outside of the Emergency Department and patients were waiting in the corridor. Patients were also outside in ambulances and handover times exceeded 2 hours on 13 occasions on Monday 25th November and 17 occasions on Wednesday 27th November 2019.

Friends and Family Test for A&E

The Trust provide assurance that the FFT is 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. HUTH are aware of the requirements for the new FFT due to go live in April 2020.

Incidence of healthcare associated infection (HCAI): Clostridium difficile (C.difficile)
In October 2019 the CCG are reporting 34 cases year to date against YTD target of 38. At the same position last year the CCG were reporting 8 more cases (42 cases April – November 2018). 2019/20 year-end plan of 56 cases. Regular meetings between the Deputy Director, the Associate Medical Director and the infection, prevention and Control Lead Nurse are having regular meetings around targets, infection control and care homes.

The Infection, Prevention and Control Lead Nurse were currently filming an IPC training package that will be used for Care Home staff.

CONTRACT PERFORMANCE AND QUALITY

CHCP

The below Services at CHCP were raised for discussion.

The performance for Bladder and bowel had continued to deliver below target reporting at 43.04% for November. A performance recovery meeting between Hull CCG and the service will take place in the next few weeks. The Head of Nursing and Quality had already met with the CHCP Quality Lead regarding the service and had received assurances about patient safety and how the waits for the service are being managed as part of this meeting CHCP advised that a group had also been created to address long waits for several CHCP services. The Terms of reference for this group will be shared with the Head of Nursing and Quality.

The Committee noted that there are recurring themes of workforce issues across the whole of CHCP.

Quality

Patient harm was reported to 11 cases and met the threshold for an SI as per NHS England Framework (2015) for the following reported year to date:

- 6 deaths in custody – the Committee requested that clarity be sought that these are just Hull CCG that are reviewing these.
- 2 pressure ulcers
- 1 treatment delay
- 1 IG related incident – no patient harm
- 1 medication incident

After reviewing the PALS comments on CHCP the Committee noted a comment that was made by a patient about a form at Story Street Urgent Treatment Centre. The form only provided a male or female option box. Due to the comment the form had now been changed.

The committee also raised issues with a rise in complaints regarding sexual health due to a drop in provision at GP practices. The Head of Nursing and Quality had previously picked this up with the Local Authority and this was due to a change in contract, the Committee requested the Associate Medical Director pick this up with his Local Authority colleagues around how changes to services are communicated to patients.

HUTHT

Covered in the exception section.

Quality

7 never events reported to date, included within the reporting figures:

- Retained foreign object - Retained throat swab
- 4 x Wrong site surgery
- Misplaced NG tube
- Patient placed on air when requiring oxygen

A Thematic review will be taking place at HUTHT looking at Maternity and theatre services. Once this has taken place the outcome will be shared with the Committee.

The Committee queried that assurance needs to be received at a Committee level regarding Mortality levels within the CCG commissioned services. Agreed this would be at this be Quality and Performance Committee. The Associate Medical Director would confirm this with the Chair of the CCG.

HUMBER FT

The below services at Humber were discussed.

The Children's Adolescent Mental Health services (CAMHS) reported a position of 2.7% for the month of November 2019. In ensuring CYP are receiving an intervention within 18 weeks, Humber have reported they are piloting face-to-face triage of urgent referrals by Contact Point, with safety/risk plans being put in place following the contact. The resulting effect is an increase of a number of urgent referrals being re-prioritised to routine following triage, generating a reduction in urgent referrals for specialist CAMHS input. In turn, this is allowing the treatment teams to increase their focus on reducing longer waits.

Discussions took place around the memory service due to reporting a position of 9.8% against a target of 85% for the month of November 19. Humber was reporting staffing issues are a contributing factor to the performance of the service.

Quality

No further update was provided.

Spire

The 2019/20 contract value was currently being negotiated with Spire. The delay in gaining contract agreement relates to a dispute about a range of value for money indicators, which had recently been resolved. The Chief Finance Officer for Hull CCG and Chief Finance Officer of East Riding and the Head of Contracts Management was due to meet with Spire to try and resolve the issue.

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. This had also involved beginning the necessary discussion to arrange exit arrangements and ensure the continuity and smooth transfer of the service to a new supplier, avoiding any delays or risk to the health and safety of service users.

Quality

No further update was provided.

- **The Head of Performance and Programme Delivery presented a report to update the Committee of the Quality Premium performance for 2018/19.**

It was confirmed that an achievement of £579k had been received of a possible £1,421,600.

The Committee noted the contents of the paper.

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.

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| <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

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| (a) | Quality and Performance Committee Members considered the Quality and Performance report. |
| (b) | More detail would be included within the A&E section of the report. |

7. SAFEGUARDING ADULTS/ CHILDREN REPORT

The Designated Nurse Safeguarding Children and the Designated Professional for Safeguarding Adults presented the Safeguarding Adults/ Children report.

Highlighted within the report was.

During this reporting period the Executive Nurse from NHS Hull CCG began an external secondment. As an interim arrangement the Executive Nurse from NHS North Lincolnshire CCG has provided cover for this post.

NHS Hull CCG, as a statutory partner with the Local Authority and the police in the newly formed Hull Safeguarding Children Partnership (HSCP), offers significant contribution to the multi-agency safeguarding children arrangements in the city including NHS Hull CCG Executive Lead for safeguarding being a member of the HSCP Executive Group and the Designated Nurse for Safeguarding Children developing and chairing the Quality Assurance and Performance Group and being a member of the Learning from Individual Cases Group and the Early Help and Safeguarding Hub Strategic Management Board.

Under the new Liberty Protection Safeguards (LPS), for the first time, hospitals and CCGs will be responsible for authorising deprivations of liberty. With this new duty under the Mental Capacity Amendment Act 2019, CCGs will be responsible and accountable for authorising deprivations of liberty for CHC cases which are 100% funded by CCG, whatever the setting. A briefing paper was delivered to the NHS Hull CCG Senior Leadership Team in September 2019 outlining the new legislation and responsibilities of CCGs regarding LPS. This issue has been added to the CCG risk register and a further update and progress briefing will be delivered to the NHS Hull CCG Senior Leadership Team in January 2020.

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| Level of Confidence |
| <p>Process Hull CCG A MEDIUM level of confidence was given in Hull CCG due to discharging it's duties in relation to safeguarding adults and children. There are strong safeguarding assurance processes in place and the safeguarding executive nurse role is provided via North Lincolnshire CCG. There are designated professionals and Named GPs in post. It was highlighted during Q1 and Q2 that there were some gaps in compliance with reporting of Safeguarding Adult Reviews (SAR) and full implementation of the new safeguarding children arrangements.</p> |
| <p>Performance Hull CCG A MEDIUM level of confidence was given in Hull CCG due to There is a MEDIUM level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children. The current Designated Doctor for Looked after Children is currently on long term leave, interim cover arrangements are in place via the Designated Doctor for Safeguarding Children. The CCG is represented at all levels of the HSAPB, HSCP and other multi-agency meetings in the city to safeguard vulnerable people including PREVENT, MAPPA and the Hull Community Safety Partnership.</p> |
| <p>Process Hull University Teaching Hospitals Trust (HUTHT) A HIGH level of confidence was given in Hull University Teaching Hospitals Trust (HUTHT) due to discharging it's duties in relation to safeguarding adults and children. There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with interim cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.</p> |
| <p>Performance Hull University Teaching Hospitals Trust (HUTHT) A MEDIUM level of confidence was given in Hull University Teaching Hospitals Trust (HUTHT) due to discharging its duties in relation to safeguarding adults and children. HUTHT has consistently maintained a safeguarding children compliance rate of over 80%, although over recent months this has declined. Figures for Counter Terrorism (CT) Prevent training remain below compliance targets (85%), and this has contributed to the medium level of confidence. This is also compounded by lack of reporting for safeguarding adults</p> |

level 3 compliance. HUTHT are represented at the HSAPB, HSCP and other associated multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals.

Process

Humber Foundation Trust (HTFT)

A **HIGH** level of confidence was given in Humber Foundation Trust (HTFT) due to discharging its duties in relation to safeguarding adults and children.

There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding committee with strong links to NHS Hull CCG.

Performance

Humber Foundation Trust (HTFT)

A **HIGH** level of confidence was given in Humber Foundation Trust (HTFT) due to discharging its duties in relation to safeguarding adults and children.

HTFT are represented at all levels of the HSAPB, HSCP and other associated multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals.

City Health Care Partnership (CHCP)

Process

A **HIGH** level of confidence was given in City Health Care Partnership (CHCP) due to discharging its duties in relation to safeguarding adults and children.

There are robust safeguarding processes in place with clear leadership, requisite professionals either in post or with cover arrangements in place and internal monitoring via a safeguarding group with strong links to NHS Hull CCG.

Performance

A **MEDIUM** level of confidence was given in City Health Care Partnership (CHCP) due to CHCP discharging its duties in relation to safeguarding adults and children. CHCP are represented at all levels of the HSAPB, HSCP and other associated multi-agency groups to safeguard vulnerable people in the city and meet regularly with the CCG designated professionals and Named GPs.

A judgement of medium confidence is given due to CHCP partially delivering against the current safeguarding service specification in relation to safeguarding adults training with no sessions delivered in Q1 or Q2 to primary care.

SPIRE

Process

A **HIGH** level of confidence was given in SPIRE due to discharging its duties in relation to safeguarding children and adults.

There is a lead matron with responsibility for safeguarding within Spire who meets regularly with the CCG designated professionals and seek support on an ad hoc basis.

Spire have actively engaged with the self-declaration and requested amendments from designated professionals.

Performance

A **MEDIUM** level of confidence was given in SPIRE due to discharging its duties in relation to safeguarding children and adults.

There remains limited representation and engagement with multi-agency safeguarding meetings and committees.

YAS

Process

A **HIGH** level of confidence was given in YAS due to discharging its duties in relation to safeguarding children and adults.

The required processes are in place, monitored by Wakefield CCG as the lead commissioner. A current memorandum of agreement (MOA) is in place between all 23 CCGs and all local Safeguarding Adult Boards (SABs)/Safeguarding Children Partnerships (SCPs) across Yorkshire for communication and raising concerns. This MOA was updated in May 2019 and circulated for all CCGs to agree and return.

Performance

A **HIGH** level of confidence was given in YAS due to discharging its duties in relation to

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| safeguarding children and adults. Safeguarding training consistently remains at good levels of compliance. |
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Resolved

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| (a) | Quality and Performance Committee noted the Safeguarding Adults/ Children report. |
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8. SERIOUS INCIDENT SUMMARY REPORT QUARTER THREE

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Serious Incident Report quarter three to consider.

Highlighted within the report was.

HUTHT:

- Whilst it is positive that the Trust are reporting incidents, there have been a further two never events reported during Q3. The total reported year to date is seven.
- Reported themes arising within the surgical setting that is preventing appropriate safety checks to be undertaken.
- Failure / delay to escalate for medical review within the maternity services and undertaking of procedures outside of scope of practice. These are noticed commonalities seen within some of the maternity related investigations that have been completed to date. In addition, failure to effectively communicate to the women is also being seen.
- Failure / delay to identify and act on abnormal test results (including diagnostics). This also includes failure to ensure diagnostic tests are undertaken / rebooked if cancelled.
- Failure to follow guidance has been identified as a theme running through various category type incidents and is not localised to one particular area but is Trust wide.

HTFT:

- Recurring themes of poor documentation and handover of care between services, mainly in the context of risk assessment, management.
- Failure to either undertake accurate or timely review of risk assessments and communication between teams.
- Health care assistants (band 3 posts) triaging patients where red flags are not being identified.

CHCP:

- Inconsistency within the quality of investigation reports.
- Lack of understanding of process associated with multi-agency investigations.
- Failure to recognise safeguarding concerns.
- Submission of action plan evidence that has not been through a ratification process.

Discussion took place regarding SI's that took place in Primary Care. None have been reported this year. Discussion took place about whether SI's were being reported as other incidents within Primary Care and if awareness raising needed to take place. It was requested that a Senior Leadership perspective to be sought by the Deputy Director of Quality and Clinical Governance/ Lead Nurse.

Level of Confidence

Process

A **HIGH** 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.

Performance

Hull University Teaching Hospitals NHS Trust:

A **LOW** level of confidence was given due to The trust have declared two never events during Q3 bringing the total reported year to date to seven; the categories include removal of wrong tooth, a misplaced naso-gastric tube, a retained throat swab post-surgery, wrong site hand surgery, connection of a patient to an air flow meter instead of oxygen, undertaking of a lumbar puncture on the wrong baby and the removal of a fallopian tube instead of the appendix.

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 of practice.
- A culture within the surgical setting that is preventing appropriate safety checks to be undertaken.
- Lack of embedding of learning trust wide
- Recurring themes relating to diagnostics including of failure to act on abnormal results / failure or delay to follow up inclusive of diagnostic scans.
- Failure to follow guidance Trust wide (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.

City Health Care Partnership (CHCP):

A **LOW** level of confidence was given due to a thematic review was requested of the community nursing services inclusive of SIs, incidents and complaints. The review focused solely on serious incidents and was therefore requested to be redone. The organisation required support in understanding how to undertake this and demonstrate how the conclusion had been met.

There is concern that evidence submitted to support action plans to closure have not been through a ratification process raising concern with regards to the organisations governance processes. This has been raised at the quality forum where assurance will be requested on the organisations processes.

There remains a lack of understanding in the undertaking of multi-agency investigations as a recent investigation report had failed to state which other agencies had contributed to the investigation and were omitted from the action plan. In addition there was a lack of sign off from the other agencies involved.

Spire Hull and East Riding:

A **MEDIUM** level of confidence was given due to No SIs has been reported during Q3. While the organisation continues to report appropriate SIs and never events, the timescale for submission are not always met.

Primary Care:

A **LOW** level of confidence was given due to No SIs have been reported during Q3.

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| <p>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.</p> <p>There is concern that primary care may not identify when an incident meets the threshold for a serious incident.</p> <p>Therefore, 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.</p> |
| <p>Hull CCG</p> <p>A HIGH level of confidence was given due to given that appropriate SIs are identified and reported as SIs as evidenced in this report.</p> |

Resolved

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| (a) | Quality and Performance Committee Members considered the Serious Incident Summary quarter 3 summary report. |
| (b) | The Deputy Director of Quality and Clinical Governance/ Lead Nurse would gain SLT's perspective on where Primary Care SI's would sit. |

9. NHS CONTINUING HEALTHCARE (NHS-CHC) NHS FUNDED CARE TERMS OF REFERENCE

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the NHS Continuing Healthcare (NHS-CHC) NHS funded care terms of reference to approve.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse requested that the Committee approve the updated terms of reference for the NHS Funded care eligibility panel.

The Quality and Performance Committee approved the updated Terms of reference with the following to be included within the appeals and disputes section, timescales need to be included within here.

Resolved

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| (a) | Quality and Performance Committee Members approved the NHS Continuing HealthCare (NHS-CHC) NHS Funded Care terms of reference. |
| (b) | Within the appeals and disputes section of the NHS Continuing Healthcare NHS Funded Care terms of reference, timescales need to be included within here. |

10. BESPOKE PACKAGES OF CARE 2019/20 QUARTER TWO REPORT

The Strategic Lead for Mental Health and Learning Disabilities presented the Bespoke packages of care 2019/20 Quarter two report.

The Strategic Lead – Mental Health and Learning Disabilities Commissioning updated the Committee on Commissioning and Case management of Bespoke Packages of Care for people with a diagnosed mental illness or learning disability.

It was noted that the report was now going to be called Bespoke package of Care to provide clarity that these packages are bespoke to the patient's needs which is outside of care contracted from the CCG Mental Health providers.

The question was raised as to who the Lay member representative on the funding request panel was due to the passing of Paul Jackson. The Strategic Lead – Mental Health and Learning Disabilities confirmed that currently no one had replaced this role. The Lay Member requested that this should be discussed outside of the meeting.

Service issues that were highlighted.

Continued demands upon CCGs to deliver against the both NHS E reduction in secure hospital beds and the national Transforming Care Agenda is creating problems in the CCG being able to identify robust community care providers who are able to recruit dedicated trained staff to support high complex people.

In August 2019 7 admissions into Townend.

Of the 7 individuals

4 – Hull CCG

1 - Scarborough and Ryedale CCG

1 - North East Lincolnshire CCG

1 - North Lincolnshire CCG

All individuals have previously had inpatient admissions, with six of the seven having previously been inpatients at Townend Court. For two individuals, this was a re-admission within eight months of their previous inpatient stay.

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| Level of Confidence |
| NHS Hull CCG |
| Process |
| A HIGH level of confidence was given in the Hull CCG due to Vulnerable People Out of area Policy agreed – updated October 2018. |
| A HIGH level of confidence was given in the Hull CCG due to 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 |
| Finance |

Resolved

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| (a) | Quality and Performance Committee Members took the Bespoke packages of care 2019/20 quarter 2 report for information. |
| (b) | The Funding Request panel attendees would be discussed outside of the meeting. |

11. WAS NOT BROUGHT (WNB) GUIDANCE

The Named GP for Safeguarding Children presented the Was Not Brought Guidance to approve.

The purpose of the report was to inform Q&P committee about the WNB guidance which had been developed through meetings held with the CCG, Primary Care, community and secondary/tertiary care providers over 2019.

The guidance had been disseminated and relevant organisations had been encouraged to review their existing policies/procedures against this guidance in order to make any changes in practice and/or incorporate into training material.

The Committee decided that the guidance should be taken as to be approved at this Committee rather than for information as requested. The guidance needs to be communicated to all PCN's to be implemented, discussion took place around mandating the guidance within the contract, the Named GP Safeguarding Children and the Head of Contracts Management would discuss this outside of the meeting and would be captured within the Quarterly Safeguarding Report.

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| Level of Confidence | |
| NHS Hull CCG | |
| Process | |
| <p>There was a HIGH level of confidence given in NHS Hull CCG due to WNB incidents can be a flag for potential child neglect, and it is therefore important that they are dealt with appropriately and effectively.</p> <p>The guidance was adapted from Hampshire CCG's publication, which had been shared on a national named GP network, with permission for other professionals to use.</p> <p>Local application of this guidance was developed through detailed discussion over several meetings with safeguarding children leads from relevant organisations, including Spire Hospitals (as children are seen for some NHS outpatient appointments, and therefore the WNB guidance can be applicable in these situations).</p> <p>It became clear that there was a current lack of consistency in approach to responding to an incident where a child WNB to an appointment in secondary/tertiary care. Therefore it was agreed that the 'traffic light' approach was helpful in order to guide towards a more standardised process, where the potential risk of the child not being brought was considered and appropriate actions taken.</p> <p>There is a high level of confidence in NHS Hull CCG having developed this guidance in partnership with other relevant organisations, and subsequently disseminating this to encourage further discussion and action within those organisations to inform adaptation of policies and procedures.</p> | |
| Performance | |
| <p>There is a MEDIUM level of confidence in NHS Hull CCG discharging its duties in relation to obtaining assurance from organisations that a review of existing policies/procedures against this guidance has taken place and appropriate changes have been agreed and implemented in practice.</p> <p>Assurance has been sought through email correspondence with the safeguarding children leads, requesting confirmation of the above. This is still awaited from several of the organisations as the process of discussion with their SLTs and agreement on any changes is ongoing.</p> <p>The Named GP has informed Hull GPs and individual practice safeguarding leads, both by email and at Level 3 training and Safeguarding GP lead forum events, where additional discussion about the guidance has taken place.</p> <p>The Hull Safeguarding Children's Partnership has been informed and the Named GP has liaised with the East Riding Named GP and Designated Nurse for Safeguarding Children, in order to seek their views in relation to whether they are in agreement with the guidance being shared within ERCCG, to encourage consistency across the wider area.</p> | |

Resolved

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| (a) | Quality and Performance Committee Members approved the Was Not Brought Guidance. |
| (b) | The Named GP Safeguarding Children and the Head of Contracts |

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| Management would discuss mandating the guidance within contracts. |
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12. PATIENT RELATIONS 2019 Q1, Q2 AND Q3 REPORT

The Head of Nursing and Quality presented the Patient Relations 2019 Q1, Q2 and Q3 Report.

The purpose of the report was to provide a review of patient relations activity and intelligence, gathered through the CCG Patient Relations Service, for NHS Hull CCG and key providers during the period 1st April 2019 – 31st December 2019.

The report was well received by the Committee which included a lot of helpful information, it was suggested that the report needs to include more of the so what and a triangulation of information.

It was agreed that the report would continue to be received 6 monthly.

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| Level of Confidence |
| NHS Hull CCG Performance |
| A HIGH level of confidence was given for the Patient Relations Service. |
| A MEDIUM level of confidence was given in the reporting of the PALS and complaints intelligence. |
| A MEDIUM level of confidence was given in the learning for PALS and Complaints intelligence. |

Resolved

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| (a) | Quality and Performance Committee Members noted the Q2 Infection, Prevention and Control report. |
|-----|--|

13. Q2 2019/20 PRESCRIBING REPORT

The Senior Medicines Optimisation Technician presented the Q2 2019/20 Prescribing Report to note.

The report was intended to update members of the Quality and Performance Committee on prescribing performance for NHS Hull CCG and CCG GP Practices up to the end of September 2019 i.e. Q2 2019/2020.

Highlighted within the report was.

Prescribing budget performance – the forecast expenditure performance for September 2019 was -1.58% (-£763,103).

Hull CCG had consistently maintained a similar position to comparison City’s Barnsley and Wakefield.

Figure 4 within the report was showing each practice rated against each practice within their own Primary Care Network.

Within the Risks associated with the prescribing Quality Indicators table it was highlighted that there was a campaign to reduce opioid prescribing that was being rolled out in the CCG. Questions were raised whether communication had gone out to patients due to current queries from patients around drugs being stopped. The

Senior Medicines Optimisation Technician would check whether or not communication was being fed to patients around the changes to their medication.

A joint formulary across primary and secondary care had been produced. This continues to be updated and rolled out to practices within NHS Hull CCG.

It was highlighted that four out of the five indicators were new for 19/20 therefore as expected the new indicators reflect this and present need for improvements, expected progresses Q3/Q4. Reassuringly the historic Antibiotic indicator is mostly green.

The Quality and Performance Committee noted the contents of the report.

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| Level of Confidence |
| NHS Hull CCG |
| Process |
| A HIGH level of confidence was given due to the interpretation of budget position and QIPP performance. |
| A HIGH level of confidence was given due to the interpretation of prescribing quality. |
| Performance |
| A HIGH level of confidence was given due to the forecast of expenditure. |
| A HIGH level of confidence was given due to the actual QIPP savings. |
| A MEDIUM level of confidence was given due to practice performance within the extended medicines management scheme. |
| A HIGH level of confidence was given due to red drugs prescribing charts. |

Resolved

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| (a) | Quality and Performance Committee Members noted the Q2 2019/20 Prescribing Report. |
| (b) | The Senior Medicines Optimisation Technician would check whether or not communication was being fed to patients around the changes to their medication. |

14. EQUALITY AND DIVERSITY UPDATE REPORT

The Chair presented the Equality and Diversity Update Report to consider.

The latest updated 2019/20 E&D Action plan was presented to the Committee.

The Committee was updated that a Board Development session would take place in February 2020 and training around EQIA's will be given to staff members.

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| Level of Confidence |
| NHS Hull CCG |
| Process |
| A HIGH level of confidence was given due to good engagement and involvement had taken place in the development of the plan. |
| Performance |
| A MEDIUM 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. |

Resolved

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| (a) | Quality and Performance Committee Members considered the Equality and |
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| Diversity Update Report. |
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15. CORPORATE RISK REPORT

The Chair Presented the Corporate Risk Report to discuss.

The purpose of this report is to brief the Quality and Performance Committee (Q&PC) on the management and oversight of the Q&P risks within the corporate risk register.

The Committee discussed the risk report and the following changes will be made.

- Risk number 936 – The decision was made to down grade this risk, due to clear processes now in place.
- Risk number 861 – consideration would be made outside of the meeting to down grade this risk.
- Risk number 941 – consideration would be made to raising this risk due to financial risks.

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

Resolved

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| (a) | Quality and Performance Committee Members discussed the Corporate Risk Report. |
| (b) | The Deputy Director of Quality and Clinical Governance/ Lead Nurse would look at reviewing risk number 936. |
| (c) | The Deputy Director of Quality and Clinical Governance/ Lead Nurse would look at reviewing risk number 861. |
| (d) | The Deputy Director of Quality and Clinical Governance/ Lead Nurse would look at reviewing risk number 941. |

16. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items where discussed.

Resolved

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| (a) | No deep dive agenda items where discussed. |
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17. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

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

Resolved

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| (a) | No issues were discussed to go to Planning and Commissioning Committee. |
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18. MINUTES FROM PLANNING AND COMMISSIONING 01 NOVEMBER 2019 AND 06 DECEMBER 2019

The Minutes of the meeting held on 01 November 2019 and 06 December 2019 were submitted for information and taken as read.

19. 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

20. ANY OTHER BUSINESS

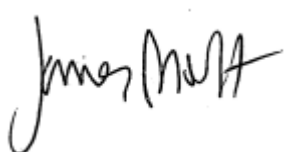
No other business was discussed

21. CHAIR'S UPDATE REPORT

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

22. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Wednesday 26 February 2020, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



Signed: _____
(Chair of the Quality and Performance Committee)

Date: 27.02.20

GLOSSARY OF TERMS

| | |
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| 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 |