

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON 19 NOVEMBER 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
K Ellis, Deputy Director of Commissioning, 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

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
Chris Denman, Head of NHS Funded Care
Varun Anand, GP Fellow NHS Hull CCG and Modality Partnership

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

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
E Stevens, Designated Professional for Safeguarding Adults, Hull CCG
D Storr, Deputy Chief Finance Officer, Hull CCG
S Smyth, Director of Quality & Clinical Governance/Executive Nurse, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

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

The minutes of the meeting held on 23 October 2019 were presented and it was agreed that they were a true and accurate record.

All other actions were marked as complete.

Resolved

(a)	That the minutes of the meeting held on 23 October 2019 would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 23 OCTOBER 2019

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

23/10/19 7 (b) – Quality and Performance report – EB would take this action forward – marked as closed.

23/10/19 7 (c) – Quality and performance report – This action would be marked under KE, the Programme Director for the Cancer Alliance has now left an update would be provided when most appropriate – Marked as closed.

23/10/19 9 – Hull Safeguarding Children’s Partnership arrangements – this action had now been added to the risk register – Marked as closed.

17/09/19 7 – Quality and performance Report – this action would be put back to December 19.

The Head of Contracts Management updated the Committee that Hull CCG had received a letter from HUTHT explaining that they have a capacity shortfall therefore need to temporarily suspend the delivery of the Designated Medical Officer (DMO) role to Hull CCG immediately, becoming effective from 1 November 2019. Will this need to be put on the risk register? And what will happen in the interim?

All other actions were marked as complete.

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

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

There were no items of Any Other Business.

Resolved

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

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

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

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

Name	Agenda No	Nature of Interest and Action Taken

Resolved

(a)	There were no declarations of interest noted
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6. SAFEGUARDING SUPERVISION AND SUPPORT POLICY

The Designated Nurse Safeguarding Children presented the Safeguarding Supervision and Support Policy.

The purpose of the policy was to promote and develop a culture that values and engages in regular safeguarding supervision in order to provide high quality services, advocating best practice and safe service development and one which supports professionals to reflect on their working practices, supports decision making and considers the impact that decision making has on outcomes for children and families and adults in need of care and support.

The Committee approved the Safeguarding Supervision and Support Policy, with some suggestions of adding links to other policies i.e. Mental Health First Aid.

(a)	Quality and Performance Committee Members approved the Safeguarding Supervision and Support Policy.
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7. QUALITY AND PERFORMANCE REPORT

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

It was noted that some of the data was the same as the previous month's report due to data not being available.

Highlighted within the report were:

The CCG currently achieved a balanced financial position against the in-year allocation, it was noted that there would be a £1.25m underspend for Community Based services and a £3.78m over spend for Other Commissioning Services/ reserves this was due to a number of additional schemes that were not in the original financial plan.

Quality Premium

The CCG had received confirmation from NHS England that the 2019/20 Quality premium Scheme would be stood down. The indicators would be included within next month's report for one last track.

CCG Constitutional Exceptions

It was noted that the report will now be presented with quality included within the constitutional Exceptions section of the report.

A&E

The A&E 4 hour waiting time performance improved slightly in August compared to the previous month.

Quality

There had been no reported patient harm or serious incidents relating to constitutional targets as a result of the A&E performance.

Referral to Treatment

Hull CCG report zero patient waiting over 52 weeks at the end of August.

Quality

There had been no reported harm or serious incidents.

Cancer 62 weeks waits

For the month of August the Breast Cancer two weeks wait was a reporting at 86.44%, a verbal update was given and the current reporting status was 93.05%.

Ambulance Clinical Quality

Regular meeting ate taking place with YAS due to the current challenges in A&E and HUTHT due to ambulances queuing, it was also raised at CTIG around patients moving from beds to chairs.

Friends and Family Test for A&E

No further update from the last report.

CONTRACT PERFORMANCE AND QUALITY

CHCP

The below services were raised for discussion

Bladder and Bowel Health was currently reporting at 37.5% with a target of 95% a meeting had been arranged for the 15 December with service to look at a recovery plan. The quality meeting raised concerns about the redesign of a service without consultation with commissioners.

Therapy and rehabilitation service falls prevention was currently reporting at 9.3% with a target of 95%, at the quality meeting it was discussed that the service had challenges around workforce.

Male sexual dysfunction was currently reporting at 42.11% with a target of 5%, the service had not previously been discussed at the Quality meeting, however if performance continues to remain low assurance and issues emerging will be discussed in the quality meeting.

Quality

An unplanned visit had now taken place at Rossmore, the Quality Team where currently working on the report and it will be shared at the next Quality and Performance Committee Meeting. CHCP continues to have a number of Clinical staff vacancies.

HUTHT

Covered in the exception section.

Quality

No further update.

HUMBER FT

Nothing further was reported.

Quality

Following Humber's CQC inspection earlier in the year Humber have a number of actions to undertake as part of their action plan. Humber submitted a deep dive report to the Trust Board for CAHMS 52 week wait breaches. ERY CCG Director of Quality and Governance and Hull CCG Director of Integrated Commissioning have been nominated to jointly work with the trust to agree a performance reporting and monitoring process.

A concern was raised that was reported to the PALS team a mother was under the impression that her child had been referred for an autism assessment over a year ago, she was then made aware that no referral had been made. The child will be put on the waiting list at the point that the referral should have been made.

Spire

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

Quality

No further update was reported.

YAS

No Exceptions reported.

Quality

No further update was reported.

Thames Ambulance Service

The CCG had written to Thames Ambulance service Limited to terminate their contract for non-emergency medical transport effective from 31 March 2020.

Quality

Two complaints that Thames Ambulance Service was dealing with have now been dealt with by the ombudsman.

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.

<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>
<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
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8. CHAT (CONTINUING HEALTHCARE ASSURANCE TOOL)/ AIMS

The Head of NHS Funded Care presented the CHAT (Continuing Healthcare Assurance Tool)/ AIMS to be noted.

The purpose of the report was to provide an update regarding the Continuing Healthcare (Adults only) Assurance Tool (CHAT) and the Assurance & Improvement Management System (AIMS).

NHS-EI regionally have subscribed to an online assurance framework which includes CHAT and AIMS, the online system is provided by QUIQSOLUTIONS through and NHS-EI managed contract. The CHAT system was introduced late 2016 and the AIMS element of the system was introduced during the summer of 2019.

The CHAT tool has three registered users;

- Head of NHS Funded Care – Hull CCG
- Senior Operational Manager – CHCP
- Operational Service Manager (CHC) – CHCP

The AIMS system has three registered users;

- Head of NHS Funded Care – Hull CCG
- Performance Analyst - Hull CCG
- Information Systems Manager – CHCP

Following the review on the 9th of September On the 11th of September 2019 an email was received by the regional assurance lead notifying Hull CCG Hull's CHAT tool was mainly incomplete. This prompted the Head of NHS Funded Care to conduct an immediate schedule of work to update each KLoE submission and source suitable evidence to substantiate the self-assessed RAG rating.

Due to the speed in which we were able to turn our compliance around there had been no further monitoring intervention put in place by NHS-EI.

At this moment in time it was not clear whether the CHAT tool will be extended to include Children & Young People's Continuing Care delivery, once NHS-EI have concluded their review into the Children & Young People's Continuing Care framework.

AIMS

The Assurance & Improvement Management System or AIMS has been developed on the same QUIQSOLUTIONS platform as the CHAT tool. The regional NHS-EI assurance team commissioned the AIMS product as an early access to assess regional compliance with regards to the three main performance standards that underpin all CHC framework delivery;

1. As an average across the last quarter have less than 15% of all full NHS CHC assessments taken place in an acute hospital setting?
2. As an average across the last quarter did more than 80% of cases with a positive NHS CHC Checklist receive an NHS CHC eligibility decision by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility)?

3. At quarter end, does the CCG have ZERO incomplete referrals that have exceeded 28 days in the 12-26 week category AND the over 26-week category?

If the CCG was compliant with the performance targets they submit one straightforward answer for each of the three performance targets acknowledging their compliance. Where a CCG will not be compliant with any target the response for each area of compliance will be a minimum of six questions accompanied by a written action plan of how the non-compliance would be managed/mitigated. This could be up to a total of eighteen questions and three action plans were significant under performance has occurred.

The report was well received by the committee, it was agreed that the report would continue to be received on a quarterly basis and reporting by exception.

Resolved

(a)	Quality and Performance Committee noted the CHAT (Continuing Healthcare Assurance Tool)/ AIMS.
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9. Q2 INFECTION, PREVENTION AND CONTROL REPORT

The Infection, Prevention and Control lead Nurse presented the Q2 Infection, prevention and Control report to discuss.

The purpose of this report is 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 September 2019 for NHS Hull Clinical Commissioning Group (CCG).

Clostridium difficile

The CCG are currently 3 cases over the end of Quarter 2 objective. HUTH have reported 27 Trust apportioned cases of C diff.

MRSA Blood Stream Infection (MRSA BSI)

In the period April 2019 to September 2019 there have been no MRSA BSI cases attributed to Hull CCG. HUTH have reported two MRSA BSI cases via the national reporting system.

A potential SI attributed to the CCG had been reported this week but the CCG need to gain more information.

E coli BSI

In the period April 2019 to September 2019, 133 cases of Escherichia coli (E.coli) were attributed to Hull CCG. This was the same number of cases reported at the end of quarter Two 2018/19. The objective for 2019/20 will be awaited and it was anticipated we will receive the objective via the STP Antimicrobial Resistance Meeting. HEY had reported 57 Trust apportioned cases of E.coli BSI this is a decrease of 1 case based on the end of Quarter 2 2018/19.

MSSA BSI

Hull CCG has seen a decrease by 18 cases of MSSA BSI reported at the end of Quarter

HUTH have reported 27 cases attributable to the trust, which is a decrease of 6 cases from Quarter 2 2018/19. A local objective for the number of MSSA cases was agreed with HUTH at the end of 19/20 due to the increase in the number of MSSA BSI cases attributed to the Trust. HUTH are currently within the objective and continue to undertake work to identify and understand the reasons for the increase in cases.

Care Homes

One care home audit has been undertaken following concerns raised by the Local Authority.

GP Audits

Two GP audits have been undertaken in Quarter 2. Both have come back over 95% which demonstrates compliance with the required level.

IPC visits

The lead nurse for IPC had undertaken two walk around visits of two local hostels due to concerns raised by Council colleagues. A number of issues were identified in general the main issues on both site relate to the level of cleanliness and state of repair of the building to support appropriate cleaning.

A discussion took place around the concerns raised at the hostels; the Committee was assured there was a high level of surveillance and monitoring from Hull City Council on these hostels. The Committee also discussed what contingency plans are in place if these hostels were to close and A&E was full to capacity. The Deputy Director of Quality and Clinical Governance/ Lead Nurse would raise these concerns with the Senior Leadership Team.

Level of Confidence
NHS Hull CCG
Process
A HIGH level of confidence was given due to a robust C diff review process continues across the health economy
A LOW level of confidence was given due to currently awaiting the release of the Quality premium for 2019/20
Performance
A LOW level of confidence was given due to the CCG is over its C diff objective for the end of Q22

Resolved

(a)	Quality and Performance Committee Members noted the Q2 Infection, Prevention and Control report.
(b)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse would raise the concerns raised around the two hostels that had IPC visits.

10. LEDER ANNUAL REPORT

This item was deferred to December 19.

11. DEEP DIVE AGENDA ITEMS

No Deep Dive agenda items were discussed.

Resolved

(a)	No deep dive agenda items were discussed.
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162 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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13. MINUTES FROM PLANNING AND COMMISSIONING 6 SEPTEMBER 19 AND 4 OCTOBER 19

The Minutes of the meeting held on 6 September 2019 and 4 October 2019 were submitted for information and taken as read.

14. 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

15. ANY OTHER BUSINESS

No other business was discussed

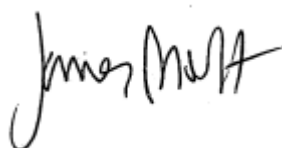
16. CHAIR'S UPDATE REPORT

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

17. DATE AND TIME OF NEXT MEETING

A discussion took place around the date and time of the next Quality and Performance Committee that was due to take place on the 10 December 19, due to the Performance figures not been available in time for the next meeting the decision was made to cancel the meeting.

The next meeting of the Q&PC would be held on Tuesday 21 January 2020, 9.00am – 12.00pm in the Boardroom at Wilberforce Court, Alfred Gelder Street, Hull



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

Date: 22 January 2020

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