

Item: 8.8

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	25 th September 2020
Title of Report:	Quality & Performance Committee Annual Report 2019/20
Presented by:	Dr James Moulton, Committee Chair
Author:	Robert Thompson, Head of Nursing & Quality

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to update Board members with the progress of the work of the Quality & Performance (Q&P) Committee during 2019/20 and provide details of how it has delivered against its terms of reference.

RECOMMENDATIONS:

a That the Board receives this annual report as confirmation from evidence provided throughout

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Short summary as to how the report links to the CCG's strategic objectives

Links to Strategic Objectives 1 / 2 / 3 / 5 / 6 / 7 / 8 / 10 / 11 and 12

IMPLICATIONS: (summary of key implications, including risks, associated with the paper),	
Finance	Report highlights the ways by which the Committee has ensured value for money in services commissioned by NHS Hull CCG.
HR	No HR implications identified
Quality	Report highlights the need to continue robust monitoring of targets with regards to <ul style="list-style-type: none"> • Cancer waiting times • A&E waiting times • Referral to treatment waiting times • Ambulance hand over times • Autism & ADHD Services • Community Paediatric Services • Bladder & Bowel Service • Falls Service
Safety	Report highlights the ways by which the Committee has ensured steps are taken to ensure patient safety in services commissioned by NHS Hull CCG.

ENGAGEMENT: (Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)
No engagement issues identified.

LEGAL ISSUES: (Summarise key legal issues / legislation relevant to the report)
No legal issues identified.

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

Report highlights the need for continued monitoring of NHS Constitution targets with regards to :

- Referral to treatment times
- Accident and Emergency waiting times
- Cancer waiting times
- Mental health measures

**Quality and Performance Committee
Chair's Annual Report
1 April 2019 to 31 March 2020**

1. Introduction

The purpose of this report is to update Board members of the progress of the work of the Quality and Performance (Q&P) Committee, providing details of how it has delivered against its Terms of Reference.

- 1.1 This report is inclusive of all work of the Q&P Committee for the period of 1 April 2019 to 31 March 2020.
- 1.2 The Committee has been established since the inception of the Clinical Commissioning Group (CCG) as a formal sub-committee of the CCG Board. For the purposes of this report, the term Committee will be used throughout.

2. Membership and Role of the Quality and Performance Committee

- 2.1 The Members, and details of their attendance at the Committee are provided in Appendix 1.
- 2.2 Dr James Moulton is the appointed Chair with Jason Stamp as the Vice Chair.
- 2.3 During this period, all 9 out of 9 meetings have been quorate. A detailed breakdown of attendance can be found in Appendix 1.
- 2.4 The Terms of Reference of the Committee are normally reviewed annually. A review was planned in February 2020 however this was deferred due to the impact of COVID19. There was a further need to clarify commissioning arrangements between the CCG and Hull City Council. Advice will therefore be sought from Corporate Services for when the review must be undertaken.
- 2.5 The work programme of the Committee is managed under three focus areas within the work-plan and agenda, as follows:
- Strategic Development
 - System Development and Implementation
 - Performance Monitoring
- 2.6 The Committee provide assurance in respect of the management of clinical risk through the submission of the minutes to Integrated Audit and Governance Committee.
- 2.7 The Committee is directly accountable to the CCG Board, for overseeing and providing an opinion of confidence (Low, Moderate or High) to the CCG Board.

- 2.8 The Q&P Teams provide bi-monthly integrated quality, performance and contract reports to the Board. This to ensure an integrated assessment of local provider performance.

The report routinely covers the main providers and gives an overview of the quality of services commissioned including patient outcomes. The report also highlighted areas of concern related to patient safety that could pose a risk to the CCG.

3 Strategic Development

In terms of strategic development the Committee clinical members, lay members, public health colleagues and CCG management teams have:

- 3.1 Worked in line with the Quality Assurance Framework and have systematically reviewed and managed performance via a six stage process (refer to the Commissioning for Quality Strategy 2016-2020);
- 3.2 Monitored and reported against the Commissioning for Quality Strategy at each meeting, by assessing the process and performance of each provider at Quality Delivery Groups / Clinical Quality Forums. This has provided assurance to the Committee and the Board against the quality strategic objectives and CCG objectives.
- 3.3 Received the 2018/19 Q4 / Annual Report for Safeguarding Adults and Children in June 2019. The reports demonstrated how the CCG and commissioned providers were fulfilling legislative duties in relation to safeguarding and adults. The report particularly highlighted the implementation of the Children and Social Work Act 2017 and the Care Act 2014, and the implications and risks for the CCG associated with this. The report also highlighted that NHS Hull CCG has signed up to the domestic abuse minimum standards and is committed to taking a leadership role, alongside partner agencies in the review of the Hull Community Safety Partnership Domestic Abuse Strategy 2017-2020.
- 3.4 Received the Looked After Children Report in July 2019. Highlighted within the report was the need to improve the data collection regarding the health of Looked After Children and other priorities including improved immunisation for children and better co-ordinated mental health services for care leavers.
- 3.5 Approved the 2019/20 Commissioning for Quality and Innovation (CQUIN) schemes for integration into contracts for commissioned services; and monitored performance on a quarterly basis. Providers focused on a number of innovations from 1 April 2019 aimed at improving quality and outcomes for patients, including reducing health inequalities, encourage collaboration across different providers and improve the working lives of staff. Key highlights were:
- Antimicrobial Resistance
 - Staff Flu Vaccinations

- Alcohol and Tobacco Use - Screening & Brief Intervention
- Same Day Emergency Care
- 72hr Post Discharge Follow up of People with a Mental Health Problem
- Anxiety Disorder Measures in IAPT
- High Impact Changes to Prevent Falls

3.6 Received the Research and Development Annual Report in April 2019 noting the work carried out in the previous twelve months. Also received in October 2019 was the bi annual Research and Development update providing evidence that NHS Hull Clinical Commissioning Group CCG maintains and develops its statutory duty to 'promote research, innovation and the use of research evidence' (Health and Social Care Act, 2012);

3.7 Received the Hull Maternity Voices Partnership: Annual Work Programme in July report which made a series of recommendations that would lead to improvements in the care of and outcomes for women and babies. The recommendations informed the National Maternity Transformation Programme and have been further reinforced by the NHS Long Term Plan 2019. The key requirements of the national programme and NHS Long Term Plan include:

- Improved choice and personalisation
- Improved safety of maternity care
- Improved prevention, mental health and postnatal pathways and care
- Better Integration with neonatal care

3.8 Received in October 2019 a report detailing the implementation of the new Hull Safeguarding Children's Partnership (HSCP) local arrangements. The report provided assurances that appropriate action was being taken to ensure that NHS Hull CCG is undertaking its statutory responsibilities under the Children and Social Work Act 2017. The reported also highlighted risks and mitigation actions taken with the process.

3.9 Received in October 2019 the Child Death Review statutory and operational guidance to approve. The report provided an update to the Committee in relation to the implementation of The Child Death Review Statutory and Operational Guidance. The guidance clarifies processes and set out high-level principles for how professionals across all agencies involved in the child death review process should work together the goal being to:

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

4 System Development and Implementation

In terms of system development and implementation the Committee has:

4.1 Ensured the CCG has robust systems for quality improvement and clinical governance in place in line with statutory requirements, national policy and

guidance and that quality, clinical governance and Value for Money (VFM). Issues have been appropriately addressed in all service developments / reconfiguration of services. These requirements have been met by:

4.1.1 Engaging with providers on quality assurance visits (part of the CCG's Quality Visiting framework). These visits have been carried out where quality concerns were identified from the Commissioner and the Serious Incident (SI) process, including recurrences of incidents themes, evidence of failure to embed learning, issues of compliance, reporting, in-depth investigation and continuity.

Several visits were made to Provider organisations during 2019/20, following which recommendations were made and action plans developed to drive required improvements. Action plans developed following quality visits were monitored via the CCG Clinical Quality Forums to ensure effective implementation. Visits were undertaken at: HUTH Maternity, Ward 110, A&E, Rossmore Stroke Rehabilitation, Rose Villa assess to discharge commissioned beds, CHCP – Community nursing teams (Hull and East Riding), Westlands Inpatient Unit and the CHCP Podiatry service.

4.1.2 Worked with the Hull City Council to implement NICE standards in care homes via a Quality Board, chaired by the Associate Medical Director / Consultant in Public Health. This being to ensure where an individual has a continuing healthcare need that the quality of care and supporting providers such as care homes and home care providers in Hull is monitored.

4.1.3 The work was also expanded to include a range of quality indicators to improve overall care provided in care homes based around the Enhanced Care in Care Homes Framework (EHCH) Framework document. The Care Quality Commissioner gave a progress report to the Committee in May 2019 detailing progress made so far in the following areas :

- Roll out of the Hospital Transfer Pathway – Red Bags
- Roll out of an Electronic Bed state tool
- Continued support to Inadequate Care Homes
- Sharing of good practice across the Region
- Support to further develop the EHCH framework

4.1.4 The Care Quality Board continues to meet where CCG staff, the Care Quality Commission (CQC), Healthwatch Hull, safeguarding, contract monitoring, nurses and social workers can share intelligence about providers and agree any remedial action required. Key outcomes have included joint working between CCG and Local Authority on a range of quality concerns in a number of providers, working with Local Authority colleagues and the CQC to support homes in remaining open and assisting with the transfer of residents to new facilities when concerns cannot be safely addressed. This is particularly challenging in Hull where the availability of nursing beds in private homes is increasingly under pressure.

4.1.4 Monitored the transformation programme for NHS funded care during 2019/20, which included the national programme to reduce the number of people with autism, learning disabilities, or both, in inpatient settings. This

includes some bed closures and transfer of resources from Specialist Commissioning to local commissioners. The Strategic Lead for Mental Health and Learning Disabilities Commissioning shared the current issues and risks facing the Transforming Care Programme with the Committee via the Bespoke Packages of Care report. Specific risks include the lack of appropriate Learning Disability community providers meaning patients with Learning Disabilities cannot easily be discharged back into the community.

4.1.5 Receiving and checking Quality Account submissions from all the CCG major providers in accordance with the Health and Social Care Act 2012. A paper providing assurances to the Committee on compliance with statutory requirements was submitted in July 2019.

4.2 Identified and built on good practice, shared experience, expertise and successes in relation to quality and Value for Money (VFM) with other commissioners and providers, by:

4.2.1 Promoting collaborative working between local mental health providers and the substance misuse service, hosting two workshops to identified simplified pathways for patients experiencing both mental health and substance misuse issues.

4.2.2 Receiving a report on Community Equipment Supplies from the Specialist Commissioner to explain the increased expenditure with regards to the service. The report was able to provide assurance that the increase in expenditure was being monitored and managed and was a reflection of the increasing numbers of patients with complex health problems that were being managed in the community.

4.2.3 Receiving a report from the Head of NHS Funded Care on the implementation of the Continuing Healthcare Assurance Tool (CHAT) and Assurance and Improvement Management System (AIMS). Both CHAT and AIMS are online assurance system commissioned by NHSE. The CHAT tool is structured using a Key Line of Enquiry (KLoE) based approach which covers strategic planning, governance and delivery areas of CHC service. The AIMS system assesses compliance with regards to the three main performance standards that underpin all CHC framework delivery. The report provided assurance to the Committee on the CCG's completion and compliance with standards via these tools.

4.3 Agreed a work plan for 2019/20. Progress was reported to the Board via the minutes of the monthly meetings and through the agreed corporate performance reporting process

4.4 Reviewed the Risk Register at least quarterly as per the work plan. In January 2020 the Committee reviewed the high level risks and agreed a new Safeguarding risk should be added under the Quality and Performance section of the register due to concerns regarding new arrangements.

4.5 Considered the NHS Hull CCG Equality and Diversity Plan, associated objectives and the action plan in Sept 2019 and noted the activities undertaken with the CCG

Equality and Diversity programme. The report included details of the E&D Engagement plan that had been developed and two specific workshops that had been held in conjunction with Hull City Council and E&D lead.

5 Performance Monitoring

- 5.1 The committee has monitored and reported on the quality, performance and Value for Money (VFM) of contracted services ensuring remedial actions are taken as appropriate to address significant service issues. This has included the oversight of contractual levers and advising on the point of escalation.
- 5.2 The committee has reviewed in-year performance on Quality, Innovation, Productivity and Prevention (QIPP) programmes as well as achievement of the Quality Premium.
- 5.3 The committee has received regular updates and assurance on Medicine Management, Infection Control and Controlled Drugs Management. The medicines Optimisation team from North of England Commissioning Support (NECS) has reported a number of key achievements over the past year, including:
- Worked with practices on the Medicines Management scheme for 2018/19. The Extended Medicines Management Scheme is based on 2 parts; an individualised prescribing plan component which sets out a series of initiatives designed to manage the most relevant clinically effective; quality and prescribing budgetary objectives; and a prescribing quality indicators component. This is a mix of cost and clinical quality prescribing indicators.
 - Worked with practices to reduce inappropriate use of antibiotics leading to antibiotic volume reduction and decreased use of higher risk antibiotics.
 - Worked with practices to reduce opioid, NSAID and Pregabalin/Gabapentin analgesic volume.
 - Continued audit and promotion of antibiotic toolkits to improve prescribing of antimicrobial drugs in GP practices
 - Worked to support the CCG Right Care programme and achieved the savings targets for the Medicines Optimisation Quality, Innovation, Productivity and Prevention (QIPP) for 2019/20
- 5.4 The committee has ensured that service providers are fulfilling their statutory requirements with regards to Infection Prevention and Control (IPC).

An IPC Lead Nurse hosted by NHS East Riding of Yorkshire CCG provided strategic leadership and specialist advice to the CCG, provided expert advice to drive service improvements and compliance with standards and practices across the Hull health care economy. The IPC Lead Nurse has also supported the CCG in developing new local targets for MSSA infection and eColi infection in the absence of national targets.

A reduction target for incidences of Clostridium difficile (C.diff) was achieved for the fourth consecutive year. The local target for 2018/19 was 50. 48 cases were recorded between 1 April 2018 and 31 March 2019. The national target for 2018/19 was 52.

There were three MRSA's reported during 2018/19 and all had a Post Infection Review. These were monitored by Public Health England. All cases were associated with very complex surgical interventions.

- 5.5 The Committee has received quarterly reports on Serious Incidents (SIs) and Never Events. The Committee has monitored performance of provider SIs and Never Events, ensuring lessons learnt are shared and learning disseminated. SI review panels form part of the process where completed provider SI investigation reports are reviewed and subsequent feedback provided prior to discussing these in person with the provider organisations at the SI panel meetings. The Committee has noted the eight Never Events reported in 2019/20 and sought assurance on the measures taken in response to these. Refer to the SI Quarter 4 Report presented to the Committee in May 2020 for further information.

A total of nine end to end reviews have been undertaken following serious incidents which have been positively received by providers and have generated additional learning and recommendations which are then translated into action plans and monitored by the various quality groups. The CCG awaits the publication of the new SI Reporting Framework which has been delayed again. Once this guidance is published it will be used to update the CCG's Incident Reporting Policy to reflect the new Patient Safety Incident Response Framework (PSIRF) as described in the NHS Patient Safety Strategy.

- 5.6 The Committee has reviewed incidents, complaints and Patient Advice and Liaison Service (PALS) and ensured lessons learnt and learning were disseminated. The service transferred to the Quality Team during 2019/20 from the Communications and Engagement team. This has provided a more direct input from PALS into discussions with providers regarding patient feedback through Quality Meetings. Reports to the Committee are currently under review to find a format that provides greater intelligence and assurance.
- 5.7 The Committee has historically received quarterly reports from Healthwatch on their activities. Following changes with Healthwatch locally work is now underway with the Patient Relations Officer and Healthwatch to integrate regular reporting back into the Committee. This work also involves ensuring that Healthwatch concerns and issues are fed into complaints and safeguarding processes effectively and also into the Patient Relations report sent to this Committee.
- 5.8 The committee has monitored the reports of the Research and Development (R&D) Steering group which ensured:
- The CCG promoted opportunities for high quality and relevant research.
 - That good research led to innovation and provides a strong evidence base for clinical decision making.
 - The promotion and conduct of research was embedded in Hull CCG.
 - A developing and evolving knowledge base was established to improve health outcomes and reduce inequalities underpinned by the Hull 2020 vision

6. Summary

The Quality and Performance Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be provided with a high level of assurance that the quality and patient safety related business is in line with the CCG organisational objectives and the CCG Commissioning for Quality Strategy 2016-2020.

Areas of limited assurance within the report will be tightly monitored by the Committee during 2019/20 including:

- Cancer waiting times
- A&E waiting times
- Referral to treatment waiting times
- Ambulance hand over times
- Autism & ADHD Services
- Community Paediatric Services
- Bladder & Bowel Service
- Falls Service

The Committee has taken responsibility for leadership on behalf of the Board ensuring there were mechanisms and reporting systems in place to advise the Board of quality and performance management for contracted providers and that remedial action plans were developed and implemented.

The Committee oversaw the continued development, monitoring and reporting of performance outcome metrics in relation to the quality improvement, financial performance and management plans. It has ensured the delivery of improved outcomes for patients in relation to the CCGs agreed strategic priorities.

James Moulton
Chair
Quality and Performance Committee
September 2020

Jason Stamp
Deputy Chair
Quality and Performance Committee
September 2020

Appendix One

DATE OF MEETING		30/04/19	21/05/19	25/06/19	23/07/19	17/09/19	23/10/19	19/11/19	21/01/20	26/02/20
Moult	James	✓	✓	✓	x	✓	✓	✓	X	✓
Stamp	Jason	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heseltine	David				✓	x	✓	x	✓	✓
Smyth	Sarah	✓	✓	✓	x	x	x	x	x	x
Crick	James	✓	✓	✓	✓	✓	✓	x	✓	✓
Dodson	Joy	x	x							
Storr	Danny			✓	x	x	x	x	x	x
Morris	Lorna	x	✓	✓						
Lee	Sue	✓	✓	✓	✓	✓	✓	x	✓	x
Blain	David				x	x	x	x	✓	x
Stevens	Emma	x	✓	✓						
Butters	Estelle	✓	✓	✓	✓	x	✓	✓	✓	✓
Palmer	Ross	✓	x	x	✓	✓	x	✓	✓	✓
Ellis	Karen	x	✓	✓	✓	✓	x	✓	✓	✓
Martin	Karen	✓	✓							
Lowe	Debbie		✓	✓	x	✓	✓	✓	✓	x
Thompson	Robert	✓	✓	x						
Sugden	Liz	x	x	x						
Rawlings	Angie	x	x	x						
Denman	Chris	x	✓	x						
	Was not a member at the time									

Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
C diff	Clostridium difficile
CHCP	City Health Care Partnership
COVID19	Coronavirus 2019
CQC	Care Quality Commission
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality and Innovation
eColi	Escherichia coli
FFT	Friends and Family Test
HEYHT	Hull and East Yorkshire Hospitals NHS Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
HSIB	Healthcare Safety Investigation Branch
Hull CCG	Hull Clinical Commissioning Group
HUTH	Hull University Teaching Hospital
HYMS	Hull York Medical School
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
MRSA	Methicillin Resistant Staphylococcus Aureus
NECS	North East Commissioning Support Unit
NHS	National Health Service
NHSE	NHS England
PALS	Patient Advice and Liaison Service
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PTL	Protected Time for Learning
Q&P	Quality and Performance
Q&PC	Quality and Performance Committee
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
RTT	Referral to Treatment Times
SI	Serious Incidents
SALT	Speech & Language Therapy
STP	Sustainability & Transformation Plan
TASL	Thames Ambulance Service Limited
VFM	Value for Money
YAS	Yorkshire Ambulance Service