

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON TUESDAY 19 MAY 2020  
HELD VIA MICROSOFT TEAMS,  
9.00AM – 12.00PM**

**PRESENT:**

Dr J Moulton, GP Member (Chair), Hull CCG  
J Stamp, Lay Representative, Hull CCG (Vice 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 CCG  
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  
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support  
L Morris, Designated Nurse for Looked After Children, Hull CCG  
R Palmer, Head of Contract Management, Hull CCG  
L Sugden, Quality and Patient Safety Lead, Hull CCG  
R Thompson, Head of Quality and Nursing, Hull CCG

**IN ATTENDANCE:**

M Girdham, R and D Lead Nurse Manager (agenda item 6 only)  
M Harrison, Delivery Manager, Health Watch (agenda item 11 only)  
J Adams, Personal Assistant, Hull CCG - (Minute Taker)

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from:  
D Storr, Deputy Chief Finance Officer, Hull CCG

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

The minutes of the meeting held on 21 April 2020 were presented and it was agreed that they were a true and accurate record.

A few minor changes were requested to be made to the minutes, the Head of Performance and Programme Delivery would contact the Personal Assistant with the amendments.

All other actions were marked as complete.

**Resolved**

(a)	That the minutes of the meeting held on 21 April 2020 would be signed by the Chair.
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**3. MATTERS ARISING / ACTION LIST FROM THE MINUTES**

There were no matters arising from the Minutes.

**ACTION LIST FROM MEETING HELD ON 21 APRIL 2020**

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

21/04/20 6 - Quality and Performance Report - not an IPC problem more of a public perception, more patients are now going to A&E –marked as closed.

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.

- Interim Quality assurance process -Covid19

**Resolved**

(a)	The Deputy Director of Quality and Clinical Governance/ Lead Nurse requested to update the Committee regarding the Interim Quality assurance process -Covid19.
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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. RESEARCH AND DEVELOPMENT COVID 19 REPORT

The R and D Lead Nurse Manager presented the Research and Development Covid -19 report to note.

In response to the current position regarding COVID19 the ERY R & D shared service attained a position statement from the Department of Health and Social Care on the 18th March 2020 stating that until further notice the National Institute of Health Research (NIHR) which was supported by the Yorkshire and Humber Clinical Research Network is 'pausing' the site set up of any new or ongoing studies at NHS and social care sites that are not nationally prioritised as COVID19 studies.

Any nationally prioritised COVID19 studies will enable the clinical and epidemiological evidence to be gathered to inform National policy and enable new treatments, diagnostics and vaccine(s) to be developed and tested.

This pause will of course exclude any studies being amended or implemented in response to COVID19 research programmes, which it is hoped will create better diagnoses, test new treatments and help to prevent and manage the spread of the disease (HRA March 2020).

The R and D Lead Nurse would keep this document as 'live'.

Assurance was requested that when studies are being stopped are the individuals been kept up to date, assurance was received from the R and D Lead Nurse that individuals where fully up to date with the situation regarding studies.

### Resolved

(a)	Quality and Performance Committee members noted the Research and development Covid-19 report.
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## 7. QUALITY AND PERFORMANCE REPORT

The Head of Performance and Programme Delivery, Head of Contract 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:

It was noted that KPIs performance and quality reporting for Providers had been relaxed as per national guidance from NHSE. In addition, Contract Management Boards have been stood down it was not possible to get up to date information and intelligence on Provider Performance. This being the case it is proposed that contract performance reporting against contracted KPIs is relaxed from the next Q&P. In addition an exercise should be undertaken to reset and rebase the position as the CCG moves back into business as usual.

### Financial Summary

At the time of report production the 2019/20 Annual Accounts were in the process of being audited.

### NHS Oversight Framework

The 2019/20 CCG annual assessment process is delayed until at least Quarter 2 (2020/21). The data collection / submission process for all indicators was now suspended given the changing priorities to support the COVID-19 response.

## Performance Indicators

### A&E waiting times

The Quality Delivery Board Group scheduled for 1st April 2020 was cancelled due to Coronavirus. The A&E performance was last discussed at the 5th February 2020 Quality Delivery Group. There was no reported patient harm or serious incidents as a result of the A&E performance. The next meeting will take place in 2 weeks times.

### 52 week referrals

Attention was specifically looked at the number of 52 weeks breaches and diagnostic waiting times given into Hull CCG reported 47 patients waiting over 52 weeks at the end of March, an overall total of 51 during 2019/20. March 2020 breaches relate to the cancellation of elective work from mid-March due to COVID19. Nearly half (48.94%) of the 47 breaches in March relate to the ENT Specialty (23 in total).

### Diagnostic test waiting times

It was noted that this had gone up significantly the quality Team are currently implementing a team deep dive into diagnostics, this will be brought back to the next meeting going back on the last few years.

## **CONTRACT PERFORMANCE AND QUALITY**

It was noted that some Information was old within each service update.

## **CHCP**

The Chair raised that there was no out of hours data within the Quality report. Out of hours data is not an outlier so not seen at this committee, the chair felt this should be reported. The Head of Contract Management would look at this outside of the meeting to bring back to Q and P for information and then look at how we go forward with this information.

### Quality

Several SI have taken place in CHCP as part of prison health. The deaths in custody are managed by NHS England as commissioners of that service, these have occurred across the prison estate of HMP Humber and HMP Hull. The remainder are managed via the SI panel.

## **HUTHT**

### Quality

- The last Quality Delivery Group meeting took place on the 5<sup>th</sup> February 2020. The 1<sup>st</sup> April 2020 meeting was cancelled due to the COVID-19 pandemic. The next meeting is due to take place on 3<sup>rd</sup> June 2020.
- The Trust has developed and shared it's Action Plan in response to the Child Sexual Assault Assessment Service (CSAAS) CQC inspection, undertaken in January 2020, following which a Section 29a Warning Notice was issued.

- The revised interim process for the management of Serious Incidents (SIs) and Never Events during the COVID-19 pandemic has been successfully implemented. Providers are continuing to progress with investigations with minimal delays anticipated.
- The review of the Surgical Never Events at HUTH by Airedale Foundation Trust has been completed. Airedale have written to HUTH and an Action Plan has been developed. The action plan which was developed requires review as it lacks measurable outcomes and does not provide assurances that recurrences would not occur. Commissioners have not seen the letter but have the action plan. Reported back to NHSE that more detail and assurance would be wanted from the action plan.

### **Humber Teaching Foundation Trust**

Humber are currently splitting the core children's mental health and neurodevelopmental referrals and putting into place a new manager for neurodevelopmental services across Hull and the East Riding of Yorkshire.

They continue to monitor the CAHMS service and ensure the team are keeping families up to date.

#### Quality

- Staff sickness continues to be a challenge in all Humber inpatient units, impacted by difficulty recruiting to some key posts. The Trust currently has circa 120 registered nurse vacancies and they have introduced a senior role at Band 8a funded for 2 years to lead and deliver their recruitment campaign. Impacting further with staff going off with covid19.

Reports noted a drop in safeguarding adult referrals during Quarter 3.

### **Spire**

1 never event reported in February:

- East Riding patient – surgical invasive procedure by category.

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

## Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Head of Contract Management would look at the out of hours data outside

	of the meeting to bring back to Q and P for information and then look at how we go forward with this information.
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## 8. SERIOUS INCIDENTS ANNUAL REPORT

The patient Safety Lead presented the Serious Incidents Annual Report to note.

Highlighted within the report was:

### HUTHT

- Whilst it is positive that the Trust are reporting incidents, there has been a total of eight never events reported during 2019/20.
  - A peer review undertaken by Airedale Trust identified a culture within the surgical setting that is preventing appropriate safety checks to be undertaken.
  - Failure / delay to identify and act on abnormal test results including failure to follow patients up. This includes failure to ensure diagnostic tests are undertaken / rebooked if cancelled.
  - A commonality has been identified with abnormal / suspicious findings not being appropriately reported by outsourcing companies on the reporting on diagnostics.
  - 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.
  - Trust staff not identifying when a safeguarding referral should be made or considered.
- Delays in the identification and reporting of serious incidents

### 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

- Low numbers reported versus the size and services delivered by the organisation.

#### Process

A **HIGH** level of confidence in the CCG was given due to NHS Hull CCG has 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

##### HUTHT

A **LOW** level of confidence was given in HUTHT due to the total number of never events reported by the Trust during 2019/20 is eight; 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, the removal of a fallopian tube instead of the appendix and wrong site block.

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:

<ul style="list-style-type: none"> <li>Trust staff not identifying safeguarding concerns</li> <li>Delay in reporting a number of serious incidents by the Medicine Health Group</li> <li>Failure / delay to escalate within the maternity services and undertaking of procedures outside of scope of practice.</li> <li>A culture within the surgical setting that is preventing appropriate safety checks to be undertaken.</li> <li>Lack of embedding of learning trust wide</li> <li>Recurring themes relating to diagnostics including of failure to act on abnormal results / failure or delay to follow up inclusive of diagnostic scans.</li> </ul> <p>Failure to follow guidance Trust wide (including maternity services)</p>
<p><b>Humber</b></p> <p>A <b>MEDIUM</b> level of confidence was given in Humber 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. In addition, band 3 staff triaging calls and not identifying or escalating 'red flags' has been identified as a commonality in recent SIs. The concerns were appropriately escalated to and are being monitored via the quality forum.</p>
<p><b>CHCP</b></p> <p>A <b>MEDIUM</b> level of confidence was given in CHCP due to consistent representation at the SI panel has been maintained and there has been a notable improvement in the quality of investigation reports. Given the size of and services delivered by the organisation, the number of SIs reported is low.</p>
<p><b>Spire</b></p> <p>A <b>MEDIUM</b> level of confidence was given in Spire due to One SI and one Never Event involving a wrong prosthesis were reported during 2019/20.</p>
<p><b>Primary Care</b></p> <p>A <b>LOW</b> level of confidence was given in Primary Care due to No SIs have been reported during 2019/20.</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>The Committee was not sure around the assurance for Primary care due to there been no SI's been reported.</p>
<p><b>Hull CCG</b></p> <p>A <b>HIGH</b> level of confidence was given in Hull CCG due confidence exists given that appropriate SIs are identified and reported as SIs as evidenced in this report.</p>

## Resolved

(a)	Quality and Performance Committee members noted Serious Incident Annual report.
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## 9. MANAGEMENT OF SERIOUS INCIDENTS DURING COVID 19 PANDEMIC

The Patient Safety Lead presented the Management of Serious Incidents during Covid19 pandemic to note.

In response to the pressures on health caused by the COVID-19 pandemic it had been necessary for the Hull CCG to review the current arrangements for how the serious incidents process during this challenging time to relieve pressure on clinicians whilst maintaining patient safety.



Both NHS Hull CCG and the East Riding of Yorkshire CCG have therefore revised current procedures and will be implementing these interim arrangements with immediate effect and for an initial period of 16 weeks.

This interim process will apply to the following provider organisations and will be effective immediately:

- Hull University Teaching Hospitals NHS Trust
- City Healthcare Partnership
- Humber Teaching NHS Foundation Trust
- Spire Hospital Hull and East Riding
- Primary Care
- Hull and the East Riding of Yorkshire CCGs

There are Currently two Cohorts:-

Cohort 1: Cannot progress/ suspended

Cohort 2: Can be progressed/ learning derived via a concise methodology and seeking clinical advice as and when required/ is achievable

The new process will be reviewed in 3 months' time.

#### **Resolved**

(a)	Quality and Performance Committee members noted the Management of Serious Incidents during Covid19 pandemic.
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#### **9i. REGIONAL PATIENT SAFETY BRIEFING**

The patient Safety Lead presented the Regional Patient Safety Briefing for information.

During the COVID-19 pandemic, some quality and patient safety functions will be considered for prioritisation and others which can be paused in the interests of focusing clinical and managerial effort on the national incident response.

This briefing was not intended to replace national guidance for Providers in respect of Patient Safety and Quality functions which is currently being drafted and is an early opportunity to be sighted on the expected changes.

#### **Resolved**

(a)	Quality and Performance Committee members took the Regional Patient Safety Briefing for information.
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#### **10. LEDER ANNUAL REPORT**

This item was deferred to June 2020.

## 11. HEALTH WATCH REPORT

The Delivery Manager from Health Watch presented the Health Watch report to note.

The Intelligence report provides feedback that Healthwatch Kingston upon Hull received during March 2020.

The feedback covered was direct from the public, and the report provides a breakdown of the information for example, the method of contact and who contacted us, services, direct quotes from the public, trends identified during March and the emergence of themes from January to March

It was hoped that the report will be received in the spirit of partnership and promotes the values of openness and transparency.

The report was to ensure commissioners are made aware of any noise within the health and social care system, so they have an opportunity to respond accordingly for example what action will be taken.

MH was happy to accommodate adding anything further to the report that the Committee felt would strengthen the report.

It was agreed that The Delivery Manager at Health Watch, Head of Nursing and Quality, and the Designated Professional for Safeguarding Adults would meet to look at a process for reporting issues to safeguarding and to look at making improvements to the format of the report.

### Resolved

(a)	Quality and Performance Committee members noted the Healthwatch report.
(b)	It was agreed that The Delivery Manager at Health Watch, Head of Nursing and Quality, and the Designated Professional for Safeguarding Adults would meet to look at a process for reporting issues to safeguarding and to look at making improvements to the format of the report.

## 12. SIX MONTHLY SAFEGUARDING REPORT

The Designated Professional for Safeguarding Adults presented the Six monthly Safeguarding Report to note.

It was noted at the beginning that due to Covid19 Demand there was no Q4 data available for this report.

Highlighted within the report was

During this reporting period, the Executive Safeguarding lead continued to be provided by the Director of Nursing and Quality from NHS North Lincolnshire CCG. The substantive Designated Professional for Safeguarding Adults returned from a 12 month secondment to NHSE/I in Q4. The Designated Nurse for Safeguarding Children left Hull CCG in Q4 and the vacant post was successfully recruited to on 26/02/20. Interim arrangements were provided by the Designated Nurse for Safeguarding Children from NHS North Lincolnshire CCG to provide cover during Q4. The Named GP for Safeguarding Children also tendered resignation in Q4 and

recruitment will take place in Q1 of 2020/21. A Designated Professional was also placed in the safeguarding children's multi agency practice review hub during Q4 to support implementation of the statutory requirements of the latest safeguarding children's arrangements.

SLT requested that due to the longevity of the interim arrangements for the Designated Doctor for Looked After Children, that this be placed on the CCG risk register.

Key achievements were noted

- GP practice nurses were trained in one Hull practice during Q3 for a domestic abuse routine enquiry pilot, and the pilot was initiated in Q4 also involving the Hull Domestic Abuse Partnership. Progress will be reported internally through safeguarding reports to Hull CCG Q&P Committee and Board. Externally, this will also be reported to the Hull Community Safety Partnership to inform the city's domestic abuse strategy, with potential for further roll out in other practices.
- The Level 3 training and GP forum meetings scheduled for March 2020 had to be postponed due to COVID 19 pandemic, however work continued to explore opportunities provide Level 3 training as a webinar, in conjunction with the CHCP safeguarding trainer.
- Humber, Coast and Vale (HCV) Designated Safeguarding Group established in Q3. Regular meetings completed throughout Q3 and Q4. Funding (£10,000) secured from NHSE/I to support two HCV area safeguarding conferences in 2020/21. Priorities established in Q4 to support further collaboration and joint work plan in 2020/21.
- In Q3 and Q4, NHS Hull CCG were involved and represented in a local MAPPA Serious Case Review that highlighted a high level of service provided by commissioned health partners involved in the case. Good practices highlighted from Humber

CCG risk register

Liberty Protection and Safeguards (LPS) and Hull Safeguarding Children's Partnership (HSCP) remained on the Hull CCG risk register.

Since lockdown begin there was seen a drop in referrals due to safeguarding concerns from providers. There are concerns that there are significant numbers of vulnerable people that are not being highlighted to safeguarding teams. , It is anticipated there will be a surge in safeguarding referrals when lockdown is relaxed.

Positive conversations have taken place with safeguarding team at Hull City and there was now a Safeguarding Lead for Education in post.

The Committee felt there was a lack of Hull Safeguarding Children Partnership and Safeguarding Children's information provided which would strengthen the report.

**Hull CCG****Process**

A **HIGH** level of confidence was given to 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 continued to be provided via interim arrangements with North Lincolnshire CCG. There were Designated Professionals and Named GPs in post throughout Q3 and Q4 of this reporting period ensuring compliance with statutory duties.

**Performance**

A **MEDIUM** level of confidence was given in Hull CCG due to discharging it's duties in relation to safeguarding adults and children.

The current Designated Doctor for Looked after Children remained on long term leave, interim cover arrangements remained in place via the Designated Doctor for Safeguarding Children, however this was placed on the CCG risk register in Q4 due to the longevity of this arrangement.

The CCG was represented at executive and all other levels of the HSAPB, HSCP and many other multi-agency meetings in the city to safeguard vulnerable people and families, including Counter Terrorism PREVENT, Multi Agency Public Protection Arrangements (MAPPA) and the Hull Community Safety Partnership (CSP).

**HUTHT****Process**

A **MEDIUM** level of confidence was given to HUTHT due to discharging it's duties in relation to safeguarding adults and children.

There are 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. A delay in recognising and reporting safeguarding concerns was also highlighted through the Serious Incident panel process during Q4.

**Performance**

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

HUTHT has maintained a safeguarding training compliance rate of over 80% in most areas. Figures for Counter Terrorism (CT) Prevent training stagnated and remained 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 level 3 compliance in Q3. 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.

**HTFT****Process**

A **HIGH** level of confidence was given in 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.

**Performance**

A **HIGH** level of confidence was given in HTFT due to discharging it's 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.

**CHCP****Process**

A **HIGH** level of confidence was given in CHCP 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 cover arrangements in place and internal monitoring via a safeguarding group with links to NHS Hull CCG.

**Performance**

A **HIGH** level of confidence was given to CHCP due discharging it's 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.

**Resolved**

(a)	Quality and Performance Committee members noted the six monthly safeguarding report.
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**13. LAC REPORT**

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the LAC Report to note.

The purpose of the report was to provide the Quality and Performance Committee with

- an overview of the current arrangements to support the health of children looked after in Hull
- assurance that NHS Hull CCG are fulfilling their statutory duties in relations to meeting the health needs of Children Looked After in Hull
- assurance that NHS Hull CCG have plans and are taking action to respond to gaps in provider performance information.

An Ofsted single inspection of Kingston Upon Hull City Council Children's Services, a process undertaken on a 3 yearly basis was published in February 2015 and gave an overall judgement of `requires improvement`.

An Ofsted monitoring visit took place in January 2020 with the focus on CLA. There was no grading or recommendations specified within the written findings from a monitoring visit. However, the letter identifies clear gaps and states "the local authority is making insufficient progress in improving services for children in care". Inspectors also note that the number of children in care has risen at a rate more than double the national average and that leaders have not analysed this rising trend to help them respond appropriately and address the underlying issues.

In relation to health the inspectors found that the health needs of CLA are prioritised but performance had deteriorated in the last year with fewer children having timely health assessments or dental checks.

The challenges posed by the coronavirus pandemic on CLA services was being met and monitored in several ways. NHS Hull CCG is engaged in virtual meetings including with local authority colleagues which have clarified how IHAs and Review Health Assessments (RHAs) will continue to be conducted and how health colleagues can assist local authority colleagues in supporting this vulnerable group of children and their carers. The CHCP Named Nurse and adolescent team are conducting telephone RHAs

following a risk assessment process and offering telephone advice and support to carers. Not seen an increase in looked after children

The team are currently awaiting on national guidance around LAC and look at face to face reviews with children that are the greatest risk.

1.

<p><b>Hull CCG</b></p> <p><b>Process</b></p> <p>A <b>MEDIUM</b> level of confidence was given to Hull CCG due to there is a Designated Nurse for CLA (22.5 hours per week). The post of Designated Doctor CLA is vacant and is currently being covered on an interim basis (long term) by the designated Doctor Safeguarding Children.</p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence was given in Hull CCG due to the performance around statutory timescales for initial health assessment (IHA) for Looked after Children, Escalation processes have commenced.</p>
<p><b>HUTHT</b></p> <p><b>Process</b></p> <p>A <b>MEDIUM</b> level of confidence was given to HUTHT due to the process in relation to IHA. HUTHT has been appropriately represented at a series of process mapping meetings and has increased administrative capacity, working collaboratively with the local authority.</p> <p><b>Performance</b></p> <p>A <b>MEDIUM</b> level of confidence was given to HUTHT due to performance around statutory timescales for IHAs and a lack of performance information in relation to dental and immunisation uptake.</p>
<p><b>CHCP</b></p> <p><b>Process</b></p> <p>A <b>HIGH</b> level of confidence was given in CHCP due to processes in place to undertake review health assessments. There is a team led by a Named Nurse for CLA with dedicated administrative support. There is close liaison with the local authority including via membership of the CCG led Integrated Looked After Children health group.</p> <p><b>Performance</b></p> <p>A <b>HIGH</b> level of confidence was given to CHCP due to the timeliness of RHAs is good. Where there have been exceptions the reasons are identifiable and there is good liaison with local authority colleagues.</p>

## Resolved

(a)	Quality and Performance Committee members noted the LAC report.
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## 14. CONTINUING HEALTHCARE REPORT

The Head of NHS Funded Care presented the Continuing Healthcare Report to note.

The report was requested to come back to Q&P due to some debate in the last meeting, the committee felt assured that the changes and the context.

**Process**

A **HIGH** level of confidence was given in Hull CCG due to NHS Hull CCG are compliant with the National Framework and is meeting and in some cases exceeding the statutory responsibilities around NHS funded care.

**Performance**

A **HIGH** level of confidence was given in Hull CCG due to NHS Hull CCG submits quarterly reports to NHS England to evidence the delivery of NHS funded care. The CHCP service is for the most part exceeding the quality premium targets for NHS-CHC and local key performance indicators. The hard work engaging with clinicians and practitioners across the local system has paid off and for Q3 2019/20 Fast track conversion is now back on track at 100%

**Resolved**

(a)	Quality and Performance Committee members noted the Continuing Healthcare report.
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**15. QUALITY BOARD REPORT**

*This item was deferred due to COVID19.*

**16. Q3 CQUIN REPORT**

The Head of Nursing and Quality presented the Q3 CQUIN Report to note.

The Committee Members noted the Q3 CQUIN Report.

**Process**

A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.

**Performance**

A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG's main providers have engaged with the 2019-20 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients.

**16i. PROPOSAL FOR Q4 CQUIN REPORT**

The Head of Nursing and Quality presented the Proposal for the Q4 CQUIN Report to note.

The purpose of this report was to ask the Committee to consider and approve the planned approach to approving and payment of CQUIN schemes for the CCG's Providers in Q4 of 2019/20.

Due to the impact of the COVID 19 pandemic, on 26<sup>th</sup> March 2020 NHS England issued "Revised arrangements for NHS contracting and payment during the COVID-19 pandemic". In the guidance NHS England advise Commissioners that :

This report will summarise the proposed approach to approval and payment of Q4 based on historic performance, discussion with providers and data that has been submitted and made available to the CCG.

The Committee approved the payment of CQUIN indicators in Q4 of 2019/20. The approach taken to justify achievement is based on national guidance, submitted

evidence and historical achievement. It is therefore proposed that this is a reasonable and pragmatic approach as required by guidance,

**Process**

A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG reconciles its CQUIN schemes with its main providers through the NHS Standard Contract, including with partner CCGs.

**Performance**

A **HIGH** level of confidence was given in Hull CCG due to the way in which Hull CCG's main providers have engaged with the 2019-20 CQUIN schemes per the NHS Standard Contract and have used CQUINs to improve services for patients.

**Resolved**

(a)	Quality and Performance Committee members noted the Q3 CQUIN report.
(b)	Quality and Performance Committee members approved the proposal for the Q4 CQUIN report.

**17. BAF**

The Chair presented the BAF report to note.

The Committee noted the contents of the BAF report.

**Process**

A **HIGH** level of confidence was given in the Hull CCG BAF process, in that the BAF is regularly monitored, reviewed and updated.

**Resolved**

(a)	Quality and Performance Committee members noted the contents of the BAF.
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**18. TERMS OF REFERENCE**

This item was deferred due to COVID19.

**19. WORKPLAN**

The Chair presented the workplan to discuss.

A few minor changes were requested to be changed to the workplan, the Personal Assistant would make these changes outside of the meeting.

**Resolved**

(a)	Quality and Performance Committee members discussed contents of the Workplan.
(b)	Changes to the workplan discussed would be made by the Personal Assistant.

**20. DEEP DIVE AGENDA ITEMS**

There were no Deep Dive agenda items discussed.



**Resolved**

(a)	No Deep Dive agenda where discussed.
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- 21. 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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- 22. MINUTES FROM PLANNING AND COMMISSIONING 07 February 20, 06 March 2020, 03 April 2020**

The Minutes of the meeting held on 07 February 20, 06 March 2020, 03 April 2020 were submitted for information and taken as read.

- 22. 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

- 23. ANY OTHER BUSINESS**

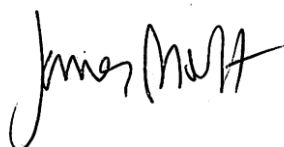
The Deputy Director of Quality and Clinical Governance/ Lead Nurse would circulate the Interim Quality assurance process -Covid19 update.

- 24. CHAIR'S UPDATE REPORT**

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

- 19. DATE AND TIME OF NEXT MEETING**

The next meeting of the Q&PC would be held on Tuesday 23 June 2020, 9.00am – 12.00pm Via Microsoft Teams.



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

Date: 24 June 2020

## **GLOSSARY OF TERMS**

ASD	Autism Spectrum Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHCP	City Health Care Partnership
CQC	Care Quality Commission
COVID19	Coronavirus Disease 2019
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality & Innovation
FFT	Friends and Family Test
HFT	Humber Foundation Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
HUTH	Hull University Teaching Hospital
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
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service