

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 20 AUGUST 2021  
HELD VIA MICROSOFT TEAMS,  
09.00AM – 12.00PM**

**PRESENT:**

Dr James Moulton	GP Member (Chair), NHS Hull CCG
Estelle Butters	Head of Performance and Programme Delivery, NHS Hull CCG
James Crick	Associate Medical Director, NHS Hull CCG
Debbie Lowe	Deputy Director of Nursing & Quality, NHS Hull CCG
Jason Stamp	Lay Representative (Vice Chair), NHS Hull CCG

**IN ATTENDANCE:**

Chris Denman	Head of NHS Funded Care, NHS Hull CCG
Helen Grimwood	Hull CVS & Meeting New Horizons CIC
Kevin McCorry	Medicines Optimisation Pharmacist, NECS
Mike Napier	Associate Director of Corporate Affairs, NHS Hull CCG
Maria Shepherd	PA to Interim Director of Nursing & Quality (note taker), NHS Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were noted from:-

Ross Palmer	Head of Contract Management, NHS Hull CCG
Sue Lee	Associate Director of Communications & Engagement, NHS Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 18 JUNE 2021**

The minutes of the meeting held on 18 June 2021 were presented and agreed as a true and accurate record.

**Resolved**

(a)	That the minutes of the meeting held on 18 June 2021 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 18 JUNE 2021**

The action list was presented and the following updates provided on outstanding actions:-

09/04/21 15 (b) IPC assurance ratings would be reviewed based on the new levels with further data anticipated within the Annual Report. Update 20/08/21 – Remains outstanding due to absence of IPC Lead Nurse. The IPC Annual Report had been deferred to the October meeting with further work required on trajectories.

09/04/21 22 Pulmonary Rehab waiting lists would be referred to the Planning and Commissioning Committee in writing with regard to what was commissioned in relation to capacity. Update 20/08/21 – In progress. Email drafted by JC and resent to JS and

JM for onward referral by the Chair to the P&C Committee. Work was also underway with ERY CCG around this.

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.

##### Resolved

(a)	There were no items to be taken under Any Other Business.
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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
J Moulton (Chair)	6	Honorary contract holder non-remunerated with HUTHT for Cardiology.
J Moulton (Chair)	6	GP Member of Modality PCN, working with HUTHT to reduce waiting lists for out-patients.

##### Resolved

(a)	The above declarations of interest were noted.
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#### STANDING AGENDA ITEMS

#### 6. QUALITY AND PERFORMANCE REPORT

The Head of Performance and Programme Delivery and the Interim Director of Nursing and Quality presented the Quality and Performance report for consideration. A corporate summary of overall CCG performance was provided by exception which highlighted any areas of deterioration since the last reported position.

## **Performance**

HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in June 2021.

Referral to Treatment 18 weeks waiting times performance at HUTHT also improved slightly in June, reporting 57.38% compared to 56.40% the previous month.

62-day cancer waiting times performance improved slightly in June 2021 for the second consecutive month, however the standard continued to underperform against the national target.

Hull CCG Diagnostic test 6-week waiting times performance improved slightly compared to the previous month, reporting 37.91% of patients waiting longer than 6 weeks in June 2021 compared to 38.53% in May.

## **Finance**

The CCG was currently forecasting to achieve a surplus of £14,275k against the allocation for the first half of 2021/22 (H1). This was a deficit of £575k against the planned surplus of £14,850k. This is an allowable deficit as it relates to the Hospital Discharge Scheme, the Elective Recovery Fund and recoverable Covid expenditure for which additional funding would be received retrospectively. Worked continued on the H1 plan and would work closely with Finance and Business Intelligence to look at how the CCG could triangulate these figures.

## **NHS System Oversight Framework 2021/22**

The CCG had moved to an Integrated Care System (ICS) set of metrics which were being measured through the Humber Oversight Management Board (HOMB). A proposal was put forward to look at how the CCG aligned itself to the HOMB and how this report would be presented to this Committee moving forward. The Lay Member queried whether it was a requirement of this Committee to report on the System Oversight Framework or should this be reported elsewhere and asked for clarification as to how much of the Framework related to quality and performance. The Head of Performance & Programme Delivery confirmed reporting would be condensed and tailored to what was relevant to this Committee. ERY CCG used the HOMB report to report to their Committee, and Hull CCG would look to adopt this to reduce duplication.

## **CCG Constitutional Exceptions**

The Chair raised a query around whether the CCG received granular waiting time indication data and was this accessible to patients and GPs. This information was available to GPs via the NHS Futures platform but was not provided to patients as this was held within the Trust, however an average wait time could be provided. 18 weeks performance had improved slightly and numbers were reducing with the caveat that the 2-week wait was increasing in referrals which had created pressure and therefore performance of 2-week waits was deteriorating. This was being closely monitored.

Through the Quality Delivery Group and with other providers, communication routes to patients were discussed and how they were both advising patients on referral of waiting times and also the monitoring of referrals and updates to patients whilst waiting. From a patient harm perspective, assurance was required from providers that patients were aware of their own disease progression and when to escalate and how to seek support should they deteriorate. These conversations were held with providers but HUTHT in-particular.

The Lay Member queried whether providing trajectories to patients was helpful and suggested communication was needed to ensure people understood the pressure within the system and the other options available to them. CCG assurance was that those who were clinically urgent would be seen and, where waiting lists were tight, those people who were not deemed as urgent i.e. there were significant people on waiting lists as a precautionary measure. Cancer waiting times were of greatest concern and where attention should be focused.

Significant work had been done with the Trust around clinical prioritisation, being specific to the speciality and what disease progression looked like. For the September Quality Risk Profile meeting the focus was on this from an individual pathway perspective and to look at their risk stratification process. There was less assurance on how this was being communicated to patients. Processes were in place but it was how this was joined up with patient's experience. The Trust should manage the interface with the patient with primary care intervention only required when there was a concern around escalation of a patient's condition. Awareness of length of wait time can change a patient's behaviour. Over half of HUTHT PALS complaints were around waiting times and what the expectations were. The Lay Member advised it would be useful to incorporate within the Healthwatch portfolio to further understand communication with patients.

### **HUTHT Quality Risk Profile (QRP) Process**

Meetings continued to be held with the next meeting on 6 September 2021 which would focus on waiting lists with a clinical harm perspective, being clear on processes and how they prioritised and risk stratified their patients. In response to the Trust's request for what evidence was required to de-escalate risk ratings, a template had been drafted with ERY CCG's Chief Operating Officer which had been shared with the Trust and would form the evidence file for decisions made around current risk levels, of which 8 were extreme risks. The Appendix on page 34 noted the waiting times for HUTHT which provided high level progress and included advice and guidance with the majority of services responding within 2 days.

### **Humber Teaching NHS FT (HTFT)**

The Trust continued to see pressures through Crisis but significantly through CAMHS with CAMHS beds and eating disorders being challenged.

A question was raised by The Lay Member around the Emotional Wellbeing, Mental Health and Neuro Development service and the letters sent to people advising them to access alternative services locally whilst awaiting assessment. The Lay Member asked for clarification as to whether these services were being paid for by HTFT. The Interim Director of Nursing & Quality would raise this at next week's Humber meeting and feedback via email. There were two parts to this i.e. was it done as a referral route or were Humber working in partnership with other support within the system.

### **City Health Care Partnership (CHCP)**

Improvements were being seen around pressure ulcers due to work and investment put into the training and development of staff. A comprehensive presentation was provided around their improvement strategy for pressure ulcers and categorisation of these and CHCP were currently working on a similar approach to frailty around the competency framework which was presented at the last QRP meeting.

Falls featured both for HUTHT and YAS but there was a full system-wide quality and improvement piece of work on behalf of Humber to look at Falls collectively which would ensure there was a joined-up approach moving forward.

### Spire Healthcare

The Chair noted that Spire had no compliments, concerns, comments, complaints or letters for June 2021 and queried the reason for this. It was confirmed this was attributed to private business which accounted for the majority of work carried out by Spire for the month of June 2021. A look back would be carried out to see what the trends were.

### LEVEL OF CONFIDENCE:

#### Financial Management

PROCESS	RAG
There is a <b>HIGH</b> level of confidence in the CCG process for financial management: <i>Established systems and processes for financial management that are verified by internal and external audit.</i>	HIGH
PERFORMANCE	
There is a <b>HIGH</b> level of confidence in the CCG reported financial performance: <i>All statutory targets planned to be achieved. Track record of performance.</i>	HIGH

#### Hull University Teaching Hospitals – A&E 4 hour waiting times

PROCESS	RAG
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	HIGH
PERFORMANCE	
There is a <b>LOW</b> level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	LOW

#### Hull University Teaching Hospitals – Referral to Treatment waiting times

PROCESS	RAG
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	HIGH
PERFORMANCE	
There is a <b>LOW</b> level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	LOW

#### Hull University Teaching Hospitals - Diagnostics Waiting Times

PROCESS	RAG
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	HIGH
PERFORMANCE	
There is a <b>LOW</b> level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	LOW

#### Hull University Teaching Hospitals – Cancer Waiting Times (exc. 62 days target)

PROCESS	RAG
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	HIGH

<b>PERFORMANCE</b>	
There is a <b>LOW</b> level of confidence in the achievement of this target	<b>LOW</b>

#### Hull University Teaching Hospitals – 62-day Cancer Waiting Times

<b>PROCESS</b>	<b>RAG</b>
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	<b>HIGH</b>
<b>PERFORMANCE</b>	
There is a <b>LOW</b> level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	<b>LOW</b>

#### Humber Foundation Trust – Waiting Times (all services)

<b>PROCESS</b>	<b>RAG</b>
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	<b>HIGH</b>
<b>PERFORMANCE</b>	
There is a <b>LOW</b> level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	<b>LOW</b>

#### City Health Care Partnership – Improved Access to Psychological Therapies waiting times

<b>PROCESS</b>	<b>RAG</b>
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	<b>HIGH</b>
<b>PERFORMANCE</b>	
There is a <b>LOW</b> level of confidence in the achievement of this target.	<b>LOW</b>

#### Yorkshire Ambulance Service – Ambulance Handover Times

<b>PROCESS</b>	<b>RAG</b>
There is a <b>HIGH</b> level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	<b>HIGH</b>
<b>PERFORMANCE</b>	
There is a <b>LOW</b> level of confidence in the achievement of this target.	<b>LOW</b>

#### Resolved

(a)	The Quality and Performance Committee members considered the Quality and Performance report.
(b)	The Committee were assured with the work undertaken by the CCG around waiting lists with all providers, around clinical validation and that the data was being used to drive forward priorities.

#### 7. SERIOUS INCIDENTS REPORT Q1 2021/22

The Interim Director of Nursing and Quality presented the Serious Incidents (SI) Report for Q1 to consider which provided a full update on SIs reported, learning and actions being implemented by providers in mitigating reoccurrence and highlighted the current thematic issues and areas of concern that had been identified and appropriately escalated by the SI Panel to this Committee.

Discussion was taking place as to what the Patient Safety Incident Framework (PSIF) would look like following changes to be made as the CCG moved into an ICS with greater focus on providers managing their own processes for assurance. Conversations were being held with HUTHT around the CCG's Patient Safety and Quality Lead being directly involved in this work to ensure that the new model and framework was being applied.

The CCG now attended the HUTHT Panel meetings which were Chaired by the Chief Nurse or Medical Director. This had been positive as the CCG were provided with information from the start and could ask questions to prevent further enquiries.

Themes around SIs for HUTHT were Maternity, Diagnostics, Falls, and Pressure Ulcers. In terms of progress against these, improvement plans were in place for Diagnostics, Falls and Pressure Ulcers which formed part of HUTHT's quality priorities and were seeing a reduction in Falls. Maternity continued to be closely monitored due to a number of SIs and severity and levels of harm. The Head of Midwifery would provide a presentation to the September Quality Delivery Group (QDG) focussing on Midwifery in terms of Ockenden, the service as a whole, patient experience and a key focus on SIs and learning from incidents. The Chair of this Committee would be invited to attend the QDG meeting with outcomes to be provided to this Committee on 15 October 2021.

The Chair queried whether the CCG should look at a broader report and support into maternity services given the ongoing concerns that had not been abated and at what point would this trigger a wider local enquiry. The Health Service Investigation Board (HSIB) were reviewing some of the maternity incidents. Nothing had been escalated outside of the Trust at this stage but was on the radar for QRP and the Local Maternity Services who oversaw the Ockenden report and were an attendee at the CCG's SI Panel to ensure a joined-up approach. There was a need to consider 'what next' for maternity services within the ICS and to have a full understanding of the HUTHT position. Further discussion around this would take place at the September QDG.

### City Health Care Partnership (CHCP)

Nothing significant to report. Hull CCG continue to be sighted on their prison healthcare SIs with two 'treatment to diagnostic' delays but there was assurance around the reporting of their clinical harm as a result of these delays.

### Humber Teaching Foundation Trust (HTFT)

The report detailed a CAMHS patient who had died with the case under review by NHSE. There were previous SIs involved with this patient and highlighted issues with regard to HTFT's approach to risk assessment and learning from patient risk.

### LEVEL OF CONFIDENCE:

PROCESS	RAG
That NHS Hull CCG has an effective management process in place for SIs with its main providers. Significant level of assurance was obtained following an internal audit undertaken in August 2019.	High
PERFORMANCE	
Hull University Teaching Hospitals NHS Trust:  A low level of assurance is given as there are concerns with this provider in the following areas:	Low

<ul style="list-style-type: none"> <li>• Diagnostics whereby reoccurring themes are evident including, failure to action abnormal results / failure or delay to follow-up, and the failure to apply appropriate flags for urgent or unexpected findings.</li> <li>• Maternity – some evidence of recurring themes and 4 serious incidents reported during the Q1 period.</li> <li>• The number of falls related serious incidents</li> </ul> <p>The Trust is currently in a period of Enhanced Surveillance following Quality and Risk profiling.</p>	
<p>Humber NHS Foundation Trust: A medium level of assurance is given as thematic learning issues continue to be identified in a proportion of the Trusts investigation reports.</p>	Medium
<p>City Health Care Partnership (CHCP): A medium level of assurance is given as a small number of serious incidents are reported by the organisation, however this is increasing.</p>	Medium
<p>Spire Hull and East Riding: A high level of assurance is given as the provider positively engages with the CCG for advice prior to declaring and investigations have been robust.</p>	High
<p>Hull CCG: that a high level of confidence exists given that appropriate SIs are identified and reported as SIs where appropriate.</p>	High

## Resolved

(a)	The Quality and Performance Committee noted the updates provided within the report and the actions undertaken by the providers and the SI panel in response to issues identified.
(b)	The Committee were assured that NHS Hull CCG has a robust Serious Incident (SI) management process in place and concerns identified are addressed with the relevant provider and appropriately escalated.

## 8. EQUALITY AND DIVERSITY REPORT

The Lay Member presented the Equality and Diversity report to note which provided the Committee with a bi-monthly update of progress against agreed Equality, Diversity and Inclusion (EDI) objectives. The appendix to this report detailed the revised outcomes and progress made against these. Everything was progressing. Key areas of focus moving forward, arising from the Humber LMC 'Racism and Discrimination' report presented to the Primary Care Committee in June 2021, was to work with Primary Care and Primary Care Networks (PCNs) around equality and diversity with dedicated sessions to be held with staff from primary care along with community and equality interest representatives.

Next step was to distil recommended actions from the LMC report into the EDI Outcomes Plan and to work with the LMC to bring these into meaningful action and collaboration. Further dialogue would be undertaken with the ICS to understand how they intend to integrate EDI into their architecture and governance.

Hull CCG's localised plan was progressing, Equality Impact Assessments were coming through with the assurance they were all of high quality and integrated within the process.



## LEVEL OF CONFIDENCE:

PROCESS	R.A.G
The CCG had a system in place to capture progress against the EDI outcomes.	High
PERFORMANCE	
Whilst good progress had been made against the majority of the outcomes, work would continue during 2021-22.	Medium

### Resolved

(a)	The Quality and Performance Committee members noted the updates against the EDI outcomes.
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## REGULAR ASSURANCE REPORTS

### 9. CARE QUALITY BOARD REPORT

The Associate Medical Director presented the Care Quality Board report to note which provided the Committee with assurance regarding the mechanisms in place to monitor and improve the quality of the nursing, residential and domiciliary care provision in Hull.

Two broad themes were identified as ongoing challenges around staffing, capacity and vacancy rates across the system. The whole system had held a number of vacancies prior to the pandemic which had not improved and had been compounded by existing staff working to cover these gaps, level of ill health over last 12 months and isolation as a result of Covid-19. These posts could not be delivered remotely as they were direct patient care. The Adult Social Care team were continuing to keep abreast of these challenges with no incidents of sub-standard care reported.

The second theme received from two providers was around management of medication and medicines within those settings. Hull City Council and the CCG were involved in development of a universal medications policy with support put in through PCNs and medicines management advice. Five settings were included within the report, four of which were care homes and one a residential care provider. The IPC team, Frailty team, Adult Social Care (ASC) and Public Health meet weekly to discuss any challenges and ASC were producing a daily sit rep in terms of care homes. From a monitoring perspective the Committee could take assurance that ASC were managing these challenges.

The Lay Member commended the report which offered strong assurance and demonstrated a proactive board that dealt with issues in a timely manner. A wider issue around workforce retention rates was noted specifically around social care and how to attract people to these roles. Considering this in the wider context across the Humber/ICS footprint, an emphasis on social care recruitment and a plan in place around workforce for the future was recommended. This was reflected in Care Quality Board discussions and within other parts of the system.

Weekly meetings were held between Hull CCG's Interim Director of Nursing and Quality and the ICS Director of Nursing to look at functions/portfolios at Place and ICS level which included care homes. Significant progress and work done to support care homes throughout the pandemic by Directors of Nursing would continue with a dedicated area within their portfolio. Opportunities to provide ASC staff parity and equity with training and development and for clinical skills to be enhanced would also be explored along with opportunities for student nurses and staff access to placement mentors.

Conversations held with the Local Authority around work undertaken during the pandemic and innovation and progress made around quality schemes particularly around use of technology and equipment with a desire to enhance this. Governance within the system from a Local Authority and partnership perspective was under review and would feed into the Care Quality Board who would maintain oversight with a quality focus to enable the Board to monitor quality improvement across care homes.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>R.A.G.</b>
The meeting maintains good engagement from Partners.	High
<b>PERFORMANCE</b>	
The information shared through the regular meetings has allowed services to be improved, with a focus on infection prevention and control.	High

**Resolved**

(a)	The Quality and Performance Committee noted the concerns that have been identified within the Care Quality Board Report and the mitigations put in place.
(b)	The Committee noted the levels of assurance that the paper and the Care and Support Services Quality Board provided.

**10. HEALTHWATCH ANNUAL REPORT 2020/21**

The Deputy Chief Officer for Hull CVS & Meeting New Horizons CIC presented the Healthwatch Annual Report ‘On Equal Terms, Then & Now’, Hull 2020-21 for discussion which provided detailed findings across 7 themes. The following key points were noted:-

- Healthwatch continued to produce monthly intelligence reports to both providers and commissioners. These were constantly evolving to become more useable and thematic based.
- Significant feedback received from patients struggling to make contact with GP services and in recent months had supported the NHS campaign to increase access and work had commenced with the LMC around access challenges and abusive behaviour.
- Access to dentists was the biggest issue across all Healthwatch areas. Liaised with NHSE commissioners, signposted the public where possible and escalated up to Healthwatch England who were reviewing on a national basis.
- Feedback received around obtaining prescriptions and the challenges faced at the beginning of the Covid-19 pandemic. Healthwatch were supporting the LPC to find out further detail around these issues.
- Over the past year Healthwatch has promoted the CQC and Healthwatch England’s #Because We All Care campaign which took a thematic approach to peoples experiences during the pandemic. Themes so far have included the Discharge to Assess model, Long Term Conditions, Learning Disabilities and Carers experiences of health and social care services.
- Covid-19 survey conducted specifically around collating the experiences of the public at the time of the pandemic, with issues raised fed back to the commissioner/service provider.
- Covid-19 Vaccine Survey conducted to help local services and national policymakers understand how they could improve the vaccination programme.

To date over 1,750 people had completed the survey with feedback reported around vaccine hesitancy and perceived lack of testing of the vaccine prior to its use.

- Raised awareness of the Coronavirus Act 2020 Easements. Helped the local authority to develop a communication plan which detailed individuals preferred method of contact should the Easements be enacted.
- Review undertaken with care homes and domiciliary care at the start of the pandemic to obtain views of challenges faced. Positive response received and were supportive of support received by the CCG and Local Authority.
- 2020 saw all four Healthwatch's across the Humber come together to form Healthwatch Humber Network. This formalised joint working approach would align with ICS developments and allow more extensive range of feedback to be gathered which would then be collated into a central system for themes and trends to be identified on a much larger footprint. A project arising from this formalised working, and in the absence of not being able to continue with the physical Enter & View, Healthwatch developed a mechanism to ensure that care home residents continued to have a voice. Working with three neighbouring Healthwatch teams in the Humber region, a virtual means of engagement was developed, and 3 virtual care home engagements were carried out over a two-week period. This helped to gain a broad picture of experiences across different areas.

#### **Plans for 2021**

- Local Authority would commission Homecare and Extra Care services. Healthwatch had delivered added engagement with users of Adult Social Care around those services. Findings of this had been fed back to the Local Authority which would inform the final service specification.
- Work was due to commence on access to care for people with hearing impairments which had been one of the biggest themes over the past year.
- To look at service user experience of LD Services/ Day Services and the impact of these being put on hold during the pandemic.
- Across the Humber area work would commence on the longer-term impact of Covid-19 which would look at delayed access to care, cancellations and to tease out what the influx may look like once people felt confident to access services again. This would cover all aspects of care i.e. Primary, Secondary, Mental Health and Care Homes. Input was received from various partners which would be rolled out jointly across the four Humber Healthwatch's over the next two months.
- A meet and greet service would be launched within the Orchard 2000 Centre over the next few months. This was a service, currently delivered in North Lincolnshire, which was developed following feedback received from service users accessing a site which housed multiple services but with no main reception. A team of volunteers were based there to meet and greet visitors and provide signposting.

The Lay Member noted the report captured the voice of communities and how they experienced services well and credited Healthwatch with the extensive work undertaken during a challenging period.

With regard to seeing an increase of formalised complaints around people on waiting lists not being seen within timescales, The Lay Member asked if Healthwatch could contribute to this wider piece of work to gain understanding from a patient perspective.

The Lay Member also asked how we revert back to regular reporting from Healthwatch into this Committee as their intelligence alongside patient experience/complaints data was valuable. Moving forward the CCG would unlock Healthwatch's potential to add value into work already taking place, to help define roles in terms of primary care and how it fits into the wider ICS/Humber level of working.

The Lay Member noted the omission of complaints advocacy within the report which would be helpful to triangulate any highlights, key themes and trends from this alongside other work around complaints.

### Resolved

(a)	The Committee noted the findings of the Healthwatch Annual Report and were assured that the voice of communities and how they experienced services was being heard.
(b)	The Interim Director of Nursing & Quality would follow up with H Grimwood around reporting timescales for Healthwatch updates into this Committee.

### 11. INFECTION, PREVENTION & CONTROL ANNUAL REPORT

It was agreed this item would be deferred to the next meeting on 15 October 2021.

### 12. PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Q4 Prescribing Report to note which updated the Committee on prescribing performance for Hull CCG and CCG GP Practices up to the end of March 2021. The report was broken down into a finance/performance section plus a quality section. Due to Covid-19 the CCG agreed for the NECS medicines optimisation resource to be redeployed to support the CCG and GP practices delivery of their essential core work during the pandemic response.

Prescribing growth for Hull CCG was lower than both regional and national. Prescribing budget areas were showing less growth and cost containment compared to the national picture. QIPP performance for March 2021 showed a QIPP savings of £1,712,230 which was above the target of £1,500,000. All indicators within the quality section have shown a reduction year on year in Antibiotic volume, Trimethoprim, Opioid analgesics, hypnotics/ anxiolytics and NSAID volume. A continued reduction in numbers and cost of RED drugs was also reported. Other areas supported within the year were detailed as follows:-

- A Joint Formulary across primary and secondary care had been produced which continued to be updated and rolled out within NHS Hull CCG.
- Ongoing regular attendance and participation in the Hull and East Riding Prescribing Committee (HERPC).
- Ongoing input into the Hull University Teaching Hospitals NHS Trust and Humber NHS Foundation Trusts Drugs and Therapeutics committees.
- Covid-19 response with support provided to the vaccination programme.

The Chair asked if Hull CCG's Medicines Optimisation Pharmacist was aware of the Ardens tool utilised in primary care and whether there were areas of the report that could be aligned with this tool.

The Associate Medical Director queried the significant increase in cost for Diabetes and whether there were plans to look at a shift into timelier glucose monitoring for patients?

Following agreement at the Planning and Commissioning Committee for the launch of Freestyle Libre, a report was received from HUTHT 6 to 12 months post launch which saw positive outcomes with a reduction in hospitalisations.

The Lay Member commented that the report should be submitted to this Committee for approval as it was not submitted to the CCG Board.

#### LEVEL OF CONFIDENCE:

PROCESS	RAG
Interpretation of Budget Position & QIPP Performance	High
Interpretation of Prescribing Quality	High
PERFORMANCE	
Forecast Expenditure	High
Actual QIPP savings	High
Practice Performance within the Extended Medicines Management Scheme	Medium
Red Drug Prescribing charts	High

#### Resolved

(a)	The Quality and Performance Committee noted and approved the contents of the Q4 2020/2021 year-end Prescribing Report.
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### 13. CONTINUING HEALTH CARE QUALITY & PERFORMANCE ANNUAL REPORT

The Head of NHS Funded Care presented the above report to note which provided the Committee with an end of year assured position with respect to Hull CCG's delivery of the statutory duties set out within the National Continuing Healthcare Framework (2018) and the Coronavirus emergency legislation 19 March 2020 to 31 August 2020.

The report provided a summary over the last year in relation to some of the delivery challenges faced locally, implications of Covid-19 and the continued prevalence in the city and some of the innovations put in place locally which were also adopted at regional and national level.

With regard to item 7 'Appeals and Complaints' The Lay Member proposed to remove enquiries and concerns and to focus on complaints where there was a process around this. The Committee were assured that all complaints had been dealt with in a timely manner with only one query raised around a complaint received on 2 March 2021 relating to a concern raised regarding delayed checklists from Oct 19, Feb 20 and Aug 2021. It was unclear what this related to and agreed that further narrative would be included within complaints moving forward.

The Interim Director of Nursing and Quality confirmed the report provided detail of Out Of Area (OOA) placements for Neuro Rehabilitation within the community and would look at how the CCG could integrate all of the systems, with regards to the pathway for those patients, into what was currently in place with the Local Authority to have one Quality and Risk process and one Funding and Approval panel. As part of future report further consideration was required on how to maintain quality oversight of those patients whilst in OOA placements.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>R.A.G</b>
NHS Hull CCG has continued to meet compliance with the National Framework and is meeting the statutory responsibilities around NHS funded care, throughout the year. During Q1 and Q2 additional requirements were placed on local CHC delivery as a result of the Coronavirus emergency legislation. The local CHC delivery met all of the additional requirements and in some instances was a lead nationally in developing new ways of working.	High
<b>PERFORMANCE</b>	
NHS Hull CCG submits quarterly reports to NHS England regarding the delivery of NHS funded care. The reporting process was stepped down during Q1 and Q2 as a result of the pandemic and the implementation of the emergency legislation. Following the reintroduction of the statutory frameworks for Q3 and Q4 the Hull service has continued to meet and, in some instances continued to exceed the national quality premium targets for NHS-CHC.	High

**Resolved**

(a)	The Committee noted the contents of the CHC Q&P Annual Report and were assured that Hull CCG had remained compliant with the requirements set out within the Coronavirus emergency legislation and the reintroduction of the National Framework and had met the statutory responsibilities around NHS funded care throughout the year.
(b)	That NHS Hull CCG ensured appropriate measures were in place, in responding to the COVID pandemic and in accordance with additional requirements as set out in the Coronavirus emergency legislation.
(c)	That Hull CCG had continued to perform well in the delivery of local services for Continuing Healthcare and continued to benchmark its performance against national performance measures and was a high performer in respect of the wider Integrated Care System.

**14. PATIENT RELATIONS ANNUAL REPORT**

The Interim Director of Nursing & Quality presented the Patient Relations Annual Report to note which provided the Committee with assurance in respect of the processes and activity for Patient Relations. The report contained intelligence, gathered through the CCG Patient Relations Service, for Hull CCG and key providers during the period 1 April 2020 to 31 March 2021.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>R.A.G</b>
There is a high level of confidence in the CCG process for Patient Relations Service	High
<b>PERFORMANCE</b>	
Reporting of PALS and Complaints Intelligence directly into the CCG by the public is high	High
Learning for PALS and Complaints Intelligence partially relies on other provider organisations informing the CCG of patient outcomes	Medium

**Resolved**

(a)	The Committee noted the contents of the Patient Relations Annual Report and assurance provided.
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## PATIENT EXPERIENCE ANNUAL REPORT

It was agreed that the current Patient Experience Annual Report would be deferred to the next meeting on 15 October 2021 as further detail was required.

### 15. SEND ANNUAL REPORT

The Interim Director of Nursing & Quality presented the SEND Annual Report to note which detailed Hull CCG's activities and progress for the 2020/21 financial year and provided the Committee with assurance in respect of the statutory duties and the roles of responsibilities of the CCG.

The report highlighted the work undertaken by Hull CCG's Designated Clinical Officer (who worked across Hull and North Lincolnshire) and the SEND Strategic Group during Covid-19. The governance structure around SEND was extremely robust with the CCG embedded into this and joint working arrangements in place. Key points from the report were as follows:-

- There were currently 2100 Educational Health Care Plans being maintained for children and young people with SEND in Hull which required assessments to be completed and a comprehensive review of the needs of the child undertaken, along with working with schools, education and health to review those care plans to ensure they were up to date and met the child's needs. Additional resources to support this work were being explored.
- The 6 key priorities for joint commissioning for SEND in Hull over the period of 2021-24 were detailed which focussed on structure and processing, improving outcomes, early intervention and to ensure there were robust arrangements in place both now and as the CCG moved into an ICS.
- Challenging year due to Covid-19 but equally had brought about new opportunities and integrated working around improvement for this cohort of young people which would be carried forward.
- Drive to reduce number of tribunals for SEND and to work with parents and young people to ensure their needs were met and that they understood the process/assessment and how that would shape the plan/decision going forward.

Following a query raised by The Lay Member, it was confirmed the Designated Executive Lead for SEND sat within the remit of Hull CCG's Chief Finance Officer.

### LEVEL OF CONFIDENCE:

PROCESS	R.A.G
There was a <b>HIGH</b> level of confidence in NHS Hull CCG's accountability for delivering its statutory duties in relation to SEND.	High
PERFORMANCE	
There is a <b>MEDIUM</b> level of confidence in NHS Hull CCG delivering all the requirements for children and young people with SEND.	Medium

### Resolved

(a)	Committee members noted the contents of the SEND Annual Report and were assured in respect of the role of Hull CCG in delivering its statutory duties.
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## 16. OUT OF AREA PLACEMENTS REPORT Q3 & Q4

The Interim Director of Nursing and Quality presented the Out of Area Placements Report to consider which updated the Committee on the current position regarding out of area placements/bed usage. It provided an update on beds commissioned as part of the Humber Teaching NHS Foundation Trust and on those cases that had been placed in non-Humber facilities which were classed as out of area.

The Lay Member raised a concern in relation to the medium assurances offered as the report did not provide narrative to explain this level of assurance and The Associate Medical Director queried whether the CCG were able to influence the medium assurances in any way. The Interim Director of Nursing and Quality noted that this was related to elements of care that were apportioned to different aspects of the placement i.e. the placement as a provider and then additional resources put in through a separate funding stream. There was a workstream that K Ellis, D Lowe and D Pullen-Higham were involved in with the Local Authority and wider partners to bring this together into one place.

### LEVEL OF CONFIDENCE:

PROCESS	R.A.G
Process to monitor and manage individual placements	High
Process to track financial allocations and invoices	Medium
Process to fairly apportion financial responsibility between commissioners	Medium
Process to positively interface with NHSE regarding shared responsibilities	Medium
PERFORMANCE	
Ability to respond to any raised concerns regarding the quality or safety of these care packages	High

### Resolved

(a)	The Committee considered the contents of the Out Of Area Placements Report for Q3 and Q4.
(b)	Follow up required with the Deputy Director of Commissioning around the Medium assurances provided within the report.

## 17. INDIVIDUAL FUNDING REQUEST ANNUAL REPORT 2020/21

The IFR Annual Report was provided to the Committee which detailed the application of the Individual Funding Request policy and process in order to demonstrate the appropriate functioning of the system, processes and usage of the policy. The report provided activity and performance of the IFR Service for the financial year (1 April 2020 – 31 March 2021) and the range of cases considered through the IFR process. The Committee requested further clarification from The Deputy Director of Commissioning on the current and previous version of the report submitted to this meeting.

### LEVEL OF CONFIDENCE:

PROCESS	R.A.G
A secure, effective request management process was in place.	High
A consistent IFR Panel was in place, meeting monthly.	High
Decision making process both at triage and Panel appeared effective as demonstrated through low levels of complaints, requests for review of decision.	High



## Resolved

(a)	The Committee noted the contents of the IFR Annual Report.
(b)	Follow up required with the Deputy Director of Commissioning to provide clarity around the current and previous version of the IFR Report submitted to this Committee.

### 18. HULL CHILDREN'S SAFEGUARDING PARTNERSHIP 2021/22 PRIORITIES

The Interim Director of Nursing and Quality provided the published Hull Safeguarding Children's Partnership (HSCP) priorities for 2021/22 for information and in recognition of comments made previously at the CCG Board with regard to the Annual Report and a request for evidence of work undertaken in terms of children in Hull and the difference being made with a number of strategic conversations and workshops held over the last month.

The report detailed the five priorities and workstreams for the HSCP which reflected learning and development and the impact of Covid-19. The HSCP was one of four executive groups that sat within the overall Safeguarding Partnership and Collaborative with a new Chair in post and Scrutiny Officers in place.

#### LEVEL OF CONFIDENCE:

PROCESS	R.A.G
The HSCP is now an established Board, regular meetings and workstream are in place across the partnership. NHS Hull CCG is one of the 3 statutory partners.	High
PERFORMANCE	
The HSCP of which NHS Hull CCG are a statutory partner have established a clear strategic plan for 2021/22. Governance and scrutiny is in place and the Board continue to maintain oversight of the delivery of the objectives for the partnership and the priorities plan.	High

## Resolved

(a)	The Committee noted the contents of the published Hull Safeguarding Children's Partnership priorities for 2021/22.
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### 19. PROVIDER QUALITY ACCOUNTS

The Interim Director of Nursing and Quality advised the Committee that all comments had been incorporated but was still awaiting the final version of the Provider Quality Accounts which would be presented with a statement from this Committee.

The Lay Member advised that this Committee should have sight of the comments prior to them being incorporated into the accounts as an assurance check to reflect the views of this Committee in respect of the quality of the relevant organisations. The Interim Director of Nursing and Quality explained the reason this did not occur was due to the tight timeframe for providers to release their draft accounts to the CCG and in hindsight should have been shared with members of this Committee. SLT had reviewed the accounts with comments provided which were reflected in the final statement.

It was therefore agreed this item would be deferred to the next meeting on 15 October 2021.

## 20. BOARD ASSURANCE FRAMEWORK (BAF)

The Committee Chair presented the BAF to note which provided the Committee with the current position against the assessed risks to the CCG's 2021/22 strategic objectives. This was a working document and felt not appropriate for this Committee to comment on at this time.

PROCESS	R.A.G
There is a high level of confidence in the Hull CCG BAF process, in that the BAF was regularly monitored, reviewed and updated.	High

### Resolved

(a)	The Quality and Performance Committee members noted and discussed the contents of the BAF.
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## 21. NHS HULL CCG RISK REGISTER REPORT

The Interim Director of Nursing and Quality presented the NHS Hull CCG Risk Register for approval. This incorporated existing risks and new risks added since the last meeting. The Committee were requested to:

- Approve the removal of risk 936 relating to the HSCP which had a current risk rating of 2 and was deemed no longer a risk to the CCG. Good governance and level of scrutiny was now in place with a substantive Chair and priorities agreed for 2021.
- Review the risk description for 911 relating to staffing at Humber Teaching Hospital Trust and agree upon a new description and risk score based upon the wider issues of the impact of the pandemic of waiting lists. As the current risk description could not be overwritten, it was proposed this risk would be closed and a new risk added that reflected the wider issues around waiting lists.

### Resolved

(a)	The Quality and Performance Committee members endorsed the current risk register in providing assurance in respect of the oversight and monitoring of the associated Quality and Performance risks to NHS Hull CCG Board.
(b)	The Committee had reviewed the priorities and progress made with the HSCP and approved the removal of risk 936.
	The Committee approved the closure of risk 911 and a new risk to be added to the risk register in the context of waiting lists that included staffing.

## MEETING GOVERNANCE

### 22. CHAIR'S ANNUAL REPORT

Committee members were notified that the report was nearing completion and would be signed off virtually by the Chair for submission to the CCG Board on 24 September 2021. The Vice Chair highlighted concern around the significant time lag in finalisation of this report which had been deferred since June 2021 but appreciated the reasons for this.

### Resolved

(a)	The Chair's Annual Report would be forwarded to the Chair and Vice Chair for virtual sign off prior to submission to September CCG Board.
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## REPORTS FOR INFORMATION

### 23. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

Pulmonary Rehab waiting lists would be referred to the Planning and Commissioning Committee in writing with regard to what was commissioned in relation to capacity.

**Resolved**

(a)	Pulmonary Rehab waiting lists. Formal request had been drafted by email for onward referral by the Q&P Chair to the Planning & Commissioning Committee.
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### 24. NOTES FROM MEETINGS

Notes from the following meetings were provided to the Committee for information:-

- Planning and Commissioning Committee, 07/05/21, 04/06/21
- Humber Quality Meeting, 11/06/21
- H&ERY SI Panel, 18/06/21
- Safeguarding Assurance Group, 22/04/21.

### 25. ANY OTHER BUSINESS

**Resolved**

(a)	There were no items of Any Other Business to be discussed.
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### 26. CHAIR'S UPDATE REPORT

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

### 27. DATE AND TIME OF NEXT MEETING

The next meeting of the Quality & Performance Committee would be held on Friday 15 October 2021, 9.00am – 12.00 noon via Microsoft Teams.

Signed: \_\_\_\_\_

(Chair of the Quality and Performance Committee)

Date:

## GLOSSARY OF TERMS

ASD	Autism Spectrum Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHC	Continuing Health Care
CHCP	City Health Care Partnership
COO	Chief Operating Officer
CQC	Care Quality Commission
COVID19	Coronavirus Disease 2019
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality & Innovation
FFT	Friends and Family Test
HTFT	Humber Teaching Foundation Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
HUTHT	Hull University Teaching Hospital Trust
IFR	Individual Funding Request
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
QRP	Quality Risk Profile
QDG	Quality Delivery Group
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service