

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 21 JULY 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) – left the meeting at 10.25am
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
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 Thompson, Head of Quality and Nursing, Hull CCG (Item 19 only)
D Storr, Deputy Chief Finance Officer, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
C Denman, Head NHS Funded Care, Hull CCG (Item 11 only)
M Girdham, R and D Lead Nurse Manager (Item 18 only)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:
D Blain, Designated Professional for Safeguarding Adults, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
R Palmer, Head of Contract Management, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 23 JUNE 2020

The minutes of the meeting held on 23 June 2020 were presented and it was agreed that they were a true and accurate record.

Resolved

(a)	That the minutes of the meeting held on 23 June 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 23 JUNE 2020

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

23/06/20 6 – QUALITY AND PERFORMANCE REPPORT (b) – further action for Debbie Lowe to raise concerns around the crisis line and would raise Humber QDG.
 23/06/20 10 – PATIENT RELATIONS ANNUAL REPORT – this action still needs to be looked at further as to where the primary care complaints need to sit.
 19/05/20 6 – QUALITY AND PERFORMANCE REPORT (b) – EB has the data for out hours data and would look at incorporating this into the monthly report.
 25/02/20 6 – QUALITY AND PERFORMANCE REPORT – it was agreed that the deep dive would be put in the diary for October 2020, the scope of the meeting would be agreed virtually in September.

All other actions were marked as complete.

(a)	That the action list be noted and updated accordingly.
(b)	The Deputy Director of Quality and Clinical Governance/ lead Nurse to raise concerns around the crisis line and would raise Humber QDG.

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 notifications of 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

Resolved

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

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

Highlighted within the report were:

Financial Summary

As of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement and all NHS invoicing to cease. During the month of July the CCG are expecting to be given further guidance and should therefore be able to present a clearer financial position in the next report.

NHS Oversight Framework

As requested at the previous meeting the oversight framework included further information on the lowest quartile indicators.

Performance Indicators

A&E Waiting times

A&E 4 hour waiting time performance improved further in May 2020 compared to the previous month. Reduced activity has supported the improvement of performance

RTT

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated further in May, reporting 49.91%

52 week referrals

Hull CCG reported 475 patients waiting over 52 weeks at the end of May. Breaches relate to the cancellation of elective work from mid-March due to COVID-19. The majority of the breaches relate to the Ear Nose and Throat (ENT), Plastic Surgery, Gynaecology and Cardiology specialties. Discussions took place around the sense of risk on long waits and the management of these long waits and how this is happening. It was confirmed that the risks are being managed through the CTIG meeting at HUTHT.

Cancer Waiting times

Hull CCG performance reported 62.86% in May (35 patients with 13 breaches). It was reported that various reasons given due to the breaches.

CONTRACT PERFORMANCE AND QUALITY

CHCP

CHCP has declared 2 serious incidents in May, both occurred in the prison health care and will be managed by NHS England as commissioners of that service. The Director of Nursing and Quality raised concerns around CHCP's Serious incidents mainly around pressure ulcers.

Due to CHCP's different reporting systems to other providers Board reports are not placed on their website. The Committee asked for the board report around Serious

incidents to be shared due to the concerns, it was requested that the resources team request this from CHCP.

The impact of COVID-19 was discussed in relation to safeguarding staffing and compliance. Hull CCG safeguarding team are currently developing an options paper to review the safeguarding specification currently in place with CHCP. CHCP reporting an increase in demand for attendance at child safeguarding strategy meetings during Q1. CHCP assisted with delivery of first remotely delivered safeguarding children Level 3 course for GPs on 30th June 2020. Positive feedback following the event with some adjustments required.

Performance

Pulmonary rehab was raised as a concern by the committee due to the high number of patients waiting with a total of 445. The pulmonary service stopped in the months of April 20 and May 20 due to COVID 19, a Commissioner would be working closely with the service to re-establish operations urgently.

HUTHT

Quality

HUTHT reported 9 serious incidents for the month of May 2020.

The Safeguarding quarterly meeting was arranged for the 31 July to discuss quarterly reports and self-assessments for Q1 2020/21 Hull and East Riding CCG Serious incidents panel had recently highlighted from SI reports some concerns regarding delay in HUTHT completing safeguarding referrals and also implementation of the mental capacity act. These will be addressed during the above meeting.

Performance

A breakdown of the number of RTT patients waiting and breakdown of diagnostics was included within the performance section for the Committee.

HUMBER FT

Humber declared one serious incident for the month of May 2020.

Quarter 1 Safeguarding meeting completed on 2nd June 2020 with HTFT. Discussions completed regarding elements of quarterly safeguarding self-assessment. Noted that safeguarding referrals had reduced during the COVID-19 period consistent with local and national reports for safeguarding. HTFT have agreed to potential to participate in HEE pilot to deliver participatory element of safeguarding adults Level 3 training via MS Teams.

Performance

The Lay member highlighted the concerning performance for the CAHMS service and requested that children that Humber need to understand who is on the list as not everyone will need to be on this. Humber had seen continued staffing issues and are struggling to recruit to the service.

Initial discussions have taken place with Humber on re planning activity until March 2021. This will be part of the Phase 3 planning for all sectors.

Spire

Spire have continued over the COVID 19 to support HUTHT with bed capacity as and when needed. No further areas where highlighted.

Performance

Nothing further was highlighted.

YAS

YAS declared 3 serious incidents during May 2020 relating to sub-optimal care.

Safeguarding – level 3 training had begun in Q4 with 105 staff completing but suspended due to COVID 19 demands.

Performance

Nothing further was highlighted within the report.

<p>Financial Management</p> <p>Process A HIGH level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.</p> <p>Performance A HIGH level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance</p>
<p>Hull & East Yorkshire Hospitals – A&E 4 hour waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>

<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>Process A <i>HIGH</i> level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
(b)	The Committee requested the resources team to make contact with Humber and request their board report for serious incidents.

7. QUALITY ACCOUNTS ASSURANCE 2019/ 20 UPDATE

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Quality Accounts Assurance 2019/20 update to approve.

The purpose of the report was to advise the committee of the statutory changes in place for quality accounts as a result of the COVID19 pandemic.

The National Health Service (Quality Accounts) (Amendment) (Coronavirus) Regulations 2020 published 1st May 2020 removed the deadlines for providers to publish and submit Quality Accounts to stakeholders, including the CCG.

In response the following providers advised the CCG that they would not be submitting the Quality Accounts for review to the CCG as per historic timescales:

- Hull University Teaching Hospital
- City Health Care Partnership

- Hull & East Yorkshire Spire Hospital

Only Humber Foundation Trust submitted a Quality Account to East Riding of Yorkshire CCG (as lead Commissioner). Hull CCG provided feedback to East Riding of Yorkshire CCG by the 8th May 2020 deadline as requested by Humber Foundation Trust.

On 6th July 2020 NHSEI issued a letter to all CCG Accountable Officers “Stepping back up of key reporting and management functions”. The letter details the routine functions, reporting and monitoring to be re-started. The letter includes a new deadline for Quality Account publication of 15th December 2020. In order to facilitate this providers are being asked to provide draft Quality Accounts to stakeholders by 15th October 2020 to allow for scrutiny and feedback.

It is proposed that:

1. The CCG will communicate details of new deadlines to all providers who submit Quality Accounts to the CCG asking for submission by 15th October 2020.
2. The CCG will review and provide feedback to providers allowing them to meet their publishing deadline of 15th December 2020.
3. A paper detailing the CCG’s assurance of the Quality Account requirements will be submitted to this Committee in January 2021.

The quality accounts will be included within the Quality and Performance Committee meeting as per previous years, the Committee approved the new actions.

<p>Hull CCG</p> <p>Process</p> <p>A HIGH level of confidence was given in Hull CCG due to In accordance with The Health Act 2009, the Department of Health expect the CCG to provide a statement of no more than 500 words for inclusion in the Quality Accounts.</p> <p>The CCG will take reasonable steps to check the accuracy of data provided in the Quality Account against any information they have been supplied during the year (e.g. as part of a provider’s contractual obligations) and provide a statement, to be included in the organisation’s Quality Account.</p> <p>Performance</p> <p>A HIGH level of confidence was given in Hull CCG due to NHS Hull CCG will complete the review of each provider’s Quality Account and supplied a statement signed by the Chief Officer within the required timescales.</p>
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Resolved

(a)	Quality and Performance Committee members approved the Quality Accounts Assurance 2019/20 update.
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8. Q1 SERIOUS INCIDENT REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Q1 Serious Incident Report to consider.

The highlights raised within the report were:-

HUTHT

- The Trust have reported two Never Events during Q1
- An overreliance on the Trusts Harvard system is evident within completed investigation reports.
- Trust staff not identifying when a safeguarding referral should be made.

Humber Foundation Trust

- Recurring themes of poor documentation and handover of care between services, mainly in the context of risk assessment management.

CHCP

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

The Patient Safety Incident Response Framework (PSIRF):

NHSI released the long awaited introductory version of the Patient Safety Incident Response Framework (PSIRF) on the 22nd March 2020. This is the framework that will eventually replace the current national SI framework (2015).

Coronavirus Interim SI Management Arrangements:

The revised process for the interim management of serious incidents has during the coronavirus pandemic has continued to work well. The main aim of this was to relieve pressure on providers while protecting patient safety. SI panels have continued as usual via MS Teams and providers have on the whole continued to undertake and submit investigations timely

Hull CCG

Process

A **HIGH** level of confidence was given in Hull CCG 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 an internal audit undertaken in August 2019.

Performance

HUTHT

A **LOW** level of confidence was given due to the Trust has declared two Never Events during Q1 of 2020/21; both were retained foreign objects post-surgery and occurred within the same clinical setting. The Trust declared eight Never Events during 2019/20 however one was subsequently downgraded to a serious incident as was re-categorised as an incomplete operation due to anatomical abnormalities.

It should be noted that 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 with this provider in the following areas:

- Trust staff not identifying safeguarding concerns / delay in referrals being made
- Failure / delay to escalate within the maternity services / follow guidance.
- A culture within the surgical setting that is preventing appropriate safety checks to be

<p>undertaken.</p> <ul style="list-style-type: none"> • Recurring themes relating to diagnostics including of failure to act on abnormal results / failure or delay to follow-up, overreliance on the Harvard system and the failure to apply appropriate flags for urgent or unexpected findings. • Failure to follow guidance Trust wide • Poor documentation
<p>Humber Foundation Trust</p> <p>A MEDIUM level of confidence was given due to The failure to undertake accurate or appropriate reviews of risk assessments and poor / inadequate documentation continues to be a theme identified in a significant proportion of the Trusts investigation reports.</p>
<p>CHCP</p> <p>A MEDIUM level of confidence was given due to A small number of serious incidents are reported by the organisation however it is concerning given the size of and services delivered by the organisation that the number of SIs reported continues to be low.</p>
<p>Spire Hull and East Riding</p> <p>A HIGH level of confidence was given due to One SI has been declared during Q1, the provider positively engages with the CCG for advice prior to declaring and recent investigations have been robust.</p>
<p>Hull CCG</p> <p>A HIGH level of confidence was given due to appropriate SIs are identified and reported as SIs as evidenced in this report.</p>

Resolved

(a)	Quality and Performance Committee members considered the Q1 Serious Incident Report.
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9. LEARNING DISABILITY MORTALITY REVIEWS (LeDeR) ANNUAL REPORT 2019/20

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Learning Disability Mortality Reviews (LeDeR) Annual Report 2019/20.

The Deputy Director of Quality and Clinical Governance/ Lead Nurse updated the committee that the process for LeDeR had continued through COVID19 with a robust procedure in place with no back logs for LeDeR reports. The Team are currently looking for additional support for signing off reviews so that a buddying system can be put in place. The LeDeR panel had continued to meet monthly through the pandemic which is made up of Clinicians, CCG and the Local Authority.

There is a national requirement that the LeDeR Annual Report will be published on the CCG website, this will be achieved by 30th September 2020 following presentation at the Hull Clinical Commission Group Governing Body on Friday 25th September 2020. The Committee discussed before the report could be presented to the Board that the outcomes for 2020/21 need to be sharpened up and few spell check errors where picked up by the Chair. It was also requested that the outcomes improvement in annual health checks need to be included in the data performance.

The Committee noted the Report and requested the further amendments be made to the report before being received by the Hull CCG Board.

Hull CCG**Process**

A **HIGH** level of confidence was given in Hull CCG due to discharging its duties to the LeDeR programme.

Performance

A **HIGH** level of confidence was given due to NHS Hull CCG discharging its duties to the LeDeR programme.

Resolved

(a)	Quality and Performance Committee members noted the Learning Disability Mortality Reviews (LeDeR) Annual Report.
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10. HEALTH CARE ACQUIRED INFECTION (HCAI) PROPOSED OBJECTIVES FOR 2020/21

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Health Care acquired infection (HCAI) proposed objectives for 2020/21 to approve.

Nationally set objectives for *Clostridium difficile* (C.diff) and *Escherichia coli* (E.coli) BSI and have been in place in previous years. However due to the current pandemic the objectives for 2020-21 have not been published for either CCG's or Secondary Care organisations.

Hull CCG monitors the rates of HCAI to assure themselves that progress against the reduction of these infections is made year on year and any learning is shared across the health and social care economy.

It was requested that the C Diff and E.coli objectives for 2019/20 are rolled over as the target for 2020/21, if further guidance was issued then this would be re looked at. The Committee approved the proposed targets for C.diff and E.coli.

Hull CCG**Performance**

A **MEDIUM** level of confidence was given due to Hull CCG and HUTHT have seen an increase in the number of MSSA BSI cases during 2018/19.

Resolved

(a)	Quality and Performance Committee members approved the Health Care acquired infection (HCAI) proposed objectives for 2020/21
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11. NHS CONTINUING HEALTHCARE REPORT (NHS CHC) REPORT FOR QUARTER 4

The Head of NHS Funded Care presented the NHS Continuing Healthcare (NHS CHC) report for Quarter 4 to note.

Highlighted within the report was.

NHS England has a responsibility to provide an assurance function with regards the delivery of NHS-CHC by individual CCGs. The primary indicators which are monitored being:

- Less than 15% of all full NHS-CHC assessments take place in an acute hospital setting;
- More than 80% of cases with a positive NHS-CHC Checklist, NHS-CHC eligibility decisions are made by the CCG within 28 days from receipt of the Checklist (or other notification of potential eligibility);

Hull CHC performance for Q4 2019/20 in direct comparison to local regions, Hull remains at the top of the local table for all four comparisons.

For the first two quarters of this financial year Hull's fast track conversion rate was under the national recommended threshold of 95%, each quarter demonstrates improvements were made as a result of the targeted work with our local acute provider.

With respect to local appeals that had been escalated through the NHS funded Care eligibility panel following decisions, the below table provides a breakdown of the Q4 for 2019/20 and a total for the year.

Activity	Q4 19/20	Full year 19/20
Number of local appeals completed in quarter	2	9
Number of local appeals resulting in eligibility	1	2
Number of incomplete local appeals at the end of Q – full year	6	6

Considering the escalated appeals known as Independent Review Panels (IRP) the table below provides details on the cases which were not successfully resolved at the local appeal stage; included is a brief relating to the outcome of each IRP hearing.

No of IRP's in 2019/20	Periods under review	IRP outcome	
		Sound	Unsound
6	30.09.07 – 30.07.19	4	2 (in part)

At the end of Q3 this year the Northern Region had successfully fulfilled the backlog and locally Hull has had a consistently low number of IRP's in the last couple of years.

For Q4 of 2019/20 there have been no IRP's for Hull CCG

National guidance was published on the 19th of March 2020 hospital discharge service requirements with respect to the Hospital Discharge Service Requirements for all NHS trusts, community interest companies and private care providers of acute, community beds and community health services and social care staff in England. What this has meant for CHC is a relaxing of the current framework usual process of checklist, DST assessment and 28 day eligibility.

The interim process has suspended the usual targets as set out in the first sections of this report and moved to a process where checklists are maintained on a register and DST's are deferred until after the emergency legislation has been stepped down.

The Lay Member acknowledged the hard work that had taken place in the last 12 months, to get CHC to the place that it was today.

Hull CCG

Process

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

Performance

A **HIGH** level of confidence was given in Hull CCG due to quarterly reports to NHS England regarding the delivery of NHS funded care. The CHCP service continues to meet and in some instances exceed the national quality premium targets for NHS-CHC.

Resolved

(a)	Quality and Performance Committee members noted the nhs continuing healthcare report (nhs chc) report for quarter 4.
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12. EQUALITY AND DIVERSITY REPORT

This item was deferred to September 2020.

13. Q4/ ANNUAL PRESCRIBING REPORT

The Medicines Optimisation Pharmacist presented the Q4 Annual Prescribing Report to note.

Highlighted within the report was.

Overall prescribing costs for Q4 2019/2020 – GP practice prescribing costs for NHS Hull CCG has grown by +2.1% (+£978,022) for April 2019 to March 2020 compared to the same period last year, this is above the England average cost growth of +5.14% and Yorkshire and Humber average cost growth of +5.13%.

Hull had consistently maintained its position similar to Barnsley and Wakefield, (Hull's comparator CCGs in the Yorkshire and Humber area) in this quarter and in previous years.

Areas of growth between April 2019 – March 2020

In NHS Hull CCG Anticoagulants and Protamine had shown a significant increase in cost growth +16.29% which represented a cost difference of +£398,028. This has been the result of increased use of the new oral anticoagulant drugs (NOACs). Drugs used in rheumatic disease and gout has also shown a significant increase in cost growth of +20.55% which represented a cost difference of +£163,375. This is in the mainly due to the 'NCSO' for naproxen. Another significant increase in cost difference came from drugs used in diabetes +£452,962 driven by a cost growth of +7.77% and an item growth of +3.20%. There have been significant increases in the costs of bronchodilators, antidepresants, antisecretory drugs+mucosal protectants, analgesia.

Risks associated with the 2019-20 Prescribing Budget

Increase spend on Anticoagulants and Protamine
Increase anticipated with increased uptake of NICE guidance

Cost growth has been similar to the national increase in Anticoagulants and Protamine
 Hull CCG (latest information – Q3) spend grew by £61,425 less than national comparison.

Increase in spend on drugs used in diabetes
 Poor diabetic control causes future expenditure treating avoidable complications. Increased diagnosis will lead to increase prescribing costs. There is an increase prevalence re: diabetes which is resulting in increased prescribing costs Diabetes medicines optimisation cost saving switches to lower priced alternatives for needles, lancets and blood glucose testing strips.
 Hull CCG (latest information – Q3) spend grew by £42,941 less than national comparison.

Prescribing Work plan – QIPP Performance

Medicines optimisation QIPP monitoring: CCG Medicines optimisation QIPP monitoring for March 2020 shows a QIPP savings of £1,824,102 which is above the target of £850,000.

The monthly trend in total RED items and actual spend on RED drugs. There has been a steady fall in both numbers and cost over the last number of years. It should be noted that the spike on November 2018 is due mainly to a supply problem with Dalteparin and therefore Tinzaparin which was a red drug had to be used instead.

Process	
A	HIGH level of confidence was given in Hull CCG due to Interpretation of Budget Position & QIPP Performance
A	HIGH level of confidence was given in Hull CCG due to Interpretation of Prescribing Quality
Performance	
A	HIGH level of confidence was given in Hull CCG due to Forecast Expenditure
A	HIGH level of confidence was given in Hull CCG due to Actual QIPP savings
A	MEDIUM level of confidence was given in Hull CCG due to Practice Performance within the Extended Medicines Management Scheme
A	HIGH level of confidence was given in Hull CCG due to Red Drug Prescribing charts

Resolved

(a)	Quality and Performance Committee members noted the Q4/ Annual Prescribing Report.
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14. SEND ANNUAL REPORT

This item was deferred to September 2020.

15. COMMISSIONERS SAFEGUARDING POLICY

The Interim Director of Nursing and Quality presented the Commissioners Safeguarding policy to ratify.

The reviewed and updated policy captures and reflects how NHS Hull CCG fulfils it's statutory duties in collaboration with local multi-agency safeguarding partnerships to protect the welfare of children (including Children that are Looked After) (CLA), young people and adults at risk across the health economy in Hull.

The review and update of the commissioners safeguarding policy had been completed by all designated and named safeguarding professionals within NHS Hull CCG.

The Committee agreed and ratified the policy.

Process

A **HIGH** level of confidence was given in Hull CCG due to discharging it's duties in relation to safeguarding adults and children. There are strong safeguarding assurance processes in place and the safeguarding executive role is provided by the Director of Nursing and Quality. The reviewed and updated commissioners safeguarding policy provides currency and is commensurate with national legislation and guidance.

Performance

A **HIGH** level of confidence was given in Hull CCG due to discharging it's duties in relation to safeguarding adults and children. NHS Hull CCG is represented at executive and all other levels of the Hull Safeguarding Adults Partnership Board, Hull Safeguarding Children Partnership and many other multi-agency meetings and partnerships in the city to safeguard vulnerable people and families. Processes and systems are in place to monitor safeguarding performance of commissioned health providers.

Resolved

(a)	Quality and Performance Committee members ratified the Commissioners safeguarding policy.
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16. TERMS OF REFERENCE

The Interim Director of Nursing and Quality presented the Terms of Reference to approve.

The following changes were discussed and would be amended to the Terms of Reference.

- A number of job titles need to be changed to match current ones
- Strategic objectives these need to be the current ones
- Section 11.1 safeguarding Adults and Children would be removed as not strategy
- Estelle Butters was not included within the membership, this would be updated
- Frequency of the meeting was also discussed, this would be discussed outside of the meeting between the Chair and the Interim Director of Nursing and Quality

Resolved

(a)	Quality and Performance Committee members approved the Terms of Reference.
(b)	The Head of Nursing and Quality would update the Terms of Reference with changes requested.
(c)	The frequency of the meeting was also discussed, this would be discussed outside of the meeting between the Chair and the Interim Director of Nursing and Quality

17. HUTHT CARE QUALITY COMMISSIONING INSPECTION REPORT 24.06

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the HUTHT Care Quality Commissioning inspection report 24.06 for information.

The following report provides the NHS Hull CCG Senior Leadership Team with an overview of findings and subsequent outcomes in relation to the Care Quality Commission (CQC) inspection for Hull University Teaching Hospitals NHS Trust.

The CQC visited the Trust between 3rd and 5th March 2020. The Trust has been rated Requires Improvement overall. As well as for whether its services are safe and responsive. It is rated as Good for whether its services are caring and effective.

The CQC issued a total of 11 requirement notices for breeches of Regulatory activity HSCA (RA) Regulation 2014.

A total of 8 requirement notices were for breeches of legal requirements for the urgent and emergency services at Hull Royal Infirmary.

The Care Quality Commission Inspection Report was published 24th June 2020. The Trust is yet to share its response action plan detailing how it plans to respond to and demonstrate how it will deliver the required improvements that have been identified from the inspection undertaken in March 2020.

Resolved

(a)	Quality and Performance Committee members took the HUTHT Care Quality Commissioning inspection report 24.06 for information.
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18. POSITION STATEMENT UPDATE NIHR RESTART FRAMEWORK

The R & D Lead Nurse presented the briefing paper on the National Institute for Health RESTART Framework to discuss.

The purpose of this paper was to present the key highlights paper to Hull CCG Quality and Performance Committee on the recently published National Institute for Health Research (NIHR) RESTART Framework (2020) which sets out guidance for the recommencement of NIHR research activities paused as result of COVID-19.

Following the advent of the COVID-19 pandemic earlier this year the NHS suspended many routine clinical services, including many clinical research trials.

As a result of the “second phase of response to COVID-19” a letter from the NHSE/NHSI CEO in late April 2020 advised the restart of non COVID-19 urgent services and some routine elective care.

NIHR have proposed a checklist Appendix A to assist the local feasibility assessment, encompassing factors related to study viability; safety; capacity and site readiness; and prioritisation.

Process

A **HIGH** level of confidence was given in Hull CCG due to Hull CCG continues to be at the forefront of promoting research and the use of research evidence.

Performance

A **HIGH** level of confidence was given in Hull CCG due to The R and D activity is monitored through the shared R & D service which links into the Hull Research, Innovation, Evaluation and Improvement Group.

Resolved

(a)	Quality and Performance Committee members took the briefing paper on the National Institute for Health RESTART Framework to discuss.
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19. HOST COMMISSIONER ARRANGEMENTS FOR PEOPLE WITH LEARNING DISABILITIES AND AUTISM

The Head of Nursing and Quality presented the Host arrangements for people with Learning Disabilities and Autism to note.

The purpose of this report is to present details to the Committee of the new Host Commissioner arrangements for people with Learning Disabilities and Autism and the requirements this places on the CCG.

Any specialist mental health inpatient unit, which provides care that is commissioned by CCGs, to people with a learning disability, autism or both, will need to have an identified host CCG. In the Hull CCG area, Townend Court has been identified as a unit requiring a Host Commissioner. As Townend Court is within the geographic area of NHS Hull CCG we have been identified as Host Commissioner for any patients placed there from out of area.

A requirement of the guidance is that the host CCG must identify a named individual within the CCG who can act as the host commissioner, and undertake the responsibilities described within the Host Commissioner guidance. For NHS Hull CCG this is Jill Burton, Commissioning Manager – Vulnerable People. This information has been communicated to the Regional Lead for Learning Disability and Autism.

The host CCG must ensure it has a full list of which individuals with a learning disability, autism or both are placed in any units for which it has host commissioner responsibility, and which CCGs or commissioners are responsible for those individual patients.

The Host Commissioner must play a vital role in ensuring local stakeholders are involved in and kept up-to-date with any surveillance or actions being undertaken with a provider.

This should include:

- Placing Commissioners
- Local CQC service relationship owner;
- Key partners within the Local Adult Safeguarding Adult Board

The Quality & Performance Committee noted the contents of this report and took assurance that the CCG has appropriate measures and processes in place to meet its obligations regarding Host Commissioner arrangements.

Resolved

(a)	Quality and Performance Committee members took the Host Commissioner arrangements for people with Learning Disabilities and Autism to note.
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20. QUALITY BOARD REPORT

This item was deferred due to covid19.

21. DEEP DIVE AGENDA ITEMS

The Palliative Care Deep Dive would take place in October 2020 with a scoping meeting taking place in September 2020.

Resolved

(a)	The Palliative Care Deep Dive would take place in October 2020 with a scoping meeting taking place in September 2020.
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22. 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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23. MINUTES FROM PLANNING AND COMMISSIONING 01 May 2020

The Minutes of the meeting held on 01 May 2020 were submitted for information and taken as read.

24. 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

25. ANY OTHER BUSINESS

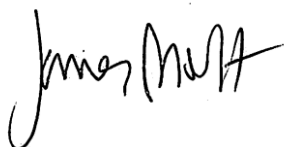
The Deputy Director of Quality and Clinical Governance/ Lead Nurse would circulate the Interim Quality assurance process -Covid19 update.

26. CHAIR'S UPDATE REPORT

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

27. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 22 September 2020, 9.00am – 12.00pm Via Microsoft Teams.



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

Date: 22 September 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