

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 22 SEPTEMBER 2020
HELD VIA MICROSOFT TEAMS,
8.00AM – 11.00AM**

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 – left the meeting at 9.25am
K Ellis, Deputy Director of Commissioning, Hull CCG
S Lee, Associate Director (Communications and Engagement), Hull CCG
C Linley, Interim Director of Nursing and Quality, 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

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)
C Denman, Head NHS Funded Care, Hull CCG (Item 8 only)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG
J Dodson, Deputy CFO, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
R Palmer, Head of Contract Management, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 21 JULY 2020

The minutes of the meeting held on 21 July 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 21 July 2020 would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 21 JULY 2020

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

21/07/20 3 – Matters Arising/ Action List from the minutes – this agenda item was marked as complete.

21/07/20 6 – Quality and Performance Report – this agenda item was pushed back to October 2020.

21/07/20 – Terms of Reference – this agenda item was marked as complete.

23/06/20 – Patient Experience Annual Report – The Patient Experience report would reflect Primary Care quality in the next report.

25/02/20 6 – Quality and Performance Report – A lense look through impact of covid particularly on hospices deep dive look at pathway and assurance and out key issues.

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 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. SEND ANNUAL REPORT 2019/20

The Designated Clinical Officer for SEND presented the SEND Annual Report 2019/20 to note.

The purpose of the report was to describe the NHS Hull CCG activities and progress in respect of SEND for the 2019/20 year and the information is intended to provide assurance that the Designated Clinical Officer for Special Educational Needs and Disability (SEND) is working with all partners to ensure that the CCG is meeting its statutory responsibilities in respect of all children and young people in Hull with SEND (0-25 years old).

In 2014 the Children and Families Act was updated to incorporate reforms for Children and Young People (CYP) with Special Educational Need and Disability. The SEND Code of Practice (2015) means that professionals from Education, Health and Social Care have to work together more closely to ensure children and young people from ages 0-25 years with special educational need and/or disability have the support they need to achieve their identified outcomes.

The aim of the Children and Families Act (2014) is not only to bring separate services together in an EHC plan, but to organise and integrate the delivery of these services at a strategic level. The role of the Designated Clinical Officer (DCO) and Designated Medical Officer (DMO) plays a key part in implementing the SEND reforms and in supporting joined up working between health services and the local authority. This year has had the impact of the Corona Virus pandemic. However, the DCO for SEND with support from wider CCG colleagues, partners and the local authority SEND and Inclusion Teams has strived to continue making progress against the work plan developed by the preceding DCO and DMO.

The DCO assurance is presented under the following subject headings as stipulated by the Care Quality Commission (CQC) and OFSTED inspectorate and endorsed by NHE/I and the Council for Disabled Children (CDC):

1. Leadership and governance
2. Joint arrangements
3. Commissioning
4. The EHC processes
5. Engagement
6. Monitoring and redress

The Deputy Chief Finance Officer (formerly the Interim Director of Integrated Commissioning) is the senior strategic lead for NHS Hull Clinical Commissioning Group (CCG) in its delivery of services to children and young people with SEND. This allows the CCG to demonstrate that it has a Senior Champion with a clear line of accountability to the Governing Body and the Local Area SEND Strategic Board.

To achieve its statutory responsibilities the CCG is expected to have a Designated Medical Officer (DMO) for SEND and a Designated Clinical Officer (DCO) for SEND.

The local health services and DCO have continued to work with the local authority to ensure that the Local Offer is maintained and the Local Offer website is up to date for the children and young people with SEND and their families. Recent work on the Local Offer website developed a 'Common Concerns' area for parents and carers of children and young people newly notified as potentially or actually having a special educational need.

It is usual practice for health services to maintain communication of any changes to their service either directly to the Local Offer Information Officer within Hull City Council (CC) or via the quarterly held 'Health SEND Links Group'. During the Corona Virus national lockdown a 'Frequently Asked Questions (FAQ)' page was created and has been continued to be populated and updated by all stakeholders of the SEND Partnership Group both throughout and beyond the lockdown period.

Discussions took place around going forward how will the system handle Covid-19 as the new normal. The Designated Clinical Officer for SEND assured the committee that working virtually was working and staff were more pro-active.

The Associate Medical Director suggested the Designated Clinical Officer for SEND make contact with Helen Christmas – Acting Public Health Consultant at Hull City Council to discuss swabbing in SEND.

<p>Hull CCG Process A HIGH level of confidence was given in Hull CCG due to NHS Hull CCG understands and is accountable for its duties in relation to SEND.</p> <p>Performance A MEDIUM level of confidence was given in Hull CCG due to NHS Hull CCG delivering all the requirements for children and young people with SEND.</p>
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Resolved

(a)	Quality and Performance Committee members noted the SEND Annual Report 2019/20.
(b)	The Designated Clinical Officer for SEND would contact Helen Christmas – Acting Public Health Consultant at Hull City Council to discuss swabbing in SEND.

7. QUALITY AND PERFORMANCE REPORT

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

Highlighted within the report were:

Financial Summary

As stated in the Financial Position reported the Committee in July, as of 1st April 2020 the CCG moved to a different finance regime of paying NHS providers on a block contract arrangement for months April to July and all NHS invoicing to cease.

The arrangements currently in place allow CCG's to overspend against the allocations provided on both COVID and non-COVID costs, with those variances being adjusted in the subsequent month's funding. This ensures that the CCG remains in a break even position. Provider organisations are subject to a similar system with retrospective top-up funding being provided for financial shortfalls.

NHS Oversight Framework

Workplans are in place for the Learning and Disability and Autism service and people with Long term conditions and Complex needs.

Performance Indicators

A&E Waiting times

Performance deteriorated slightly in July 2020 compared to the previous month attendance at A&E was increasing.

RTT

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated further in July, reporting 40.46%. Performance could potentially include NLAG capacity going forward.

52 week referrals

Hull CCG reported 1,677 patients waiting over 52 weeks at the end of July. 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, Cardiology and Ophthalmology specialties. It was noted that HUTHT are writing to all patients who are on the waiting lists to reassure them that they are not forgotten about and are still on the waiting list and to contact their GP if their condition had worsened. The Interim Director of Nursing and Quality would pick up these numbers at the HUTHT QDG Meeting, the Head of Performance and Programme Delivery would provide the Interim Director of Nursing and Quality with a breakdown of the 52 week wait referrals.

Diagnostic test Waiting times

Diagnostic test 6-week waiting times performance has improved, reporting 43.28% of patients waiting longer than 6 weeks in July compared to 55.83% in June. There had been a change in counting for diagnostic testing rather than waits its diagnostic testing as stated in the phase 3 plan.

CONTRACT PERFORMANCE AND QUALITY

CHCP

CHCP have declared 2 serious incidents in July, both occurred within prison health care and will be managed by NHS England as commissioners of that service.

CHCP have agreed to work in partnership with Health Education England to deliver Safeguarding Adults Level 3 Interactive Training as part of a national pilot.

CHCP advised that they have continued to provide business as usual in relation to PALS and complaints and did not 'pause' their processes due to COVID-19. CHCP are not currently reporting a backlog or any risks in respect of the processes for PALS and Complaints.

CHCP continue to report challenges for them with regards to face to face consultation and PPE, they are however making full use of technology to provide online consultations were appropriate.

CHCP have surveyed their staff regarding their experiences of home working during the pandemic and have plans in place to action learning from the feedback and embed good practice developed during the pandemic.

CHCP are confirmed as the lead employer for Bring Back Staff. In total 7 staff are being actively engaged with in respect of deployment. Capacity and resilience - staffing discussed and a healthy bank of temporary staff has been established by CHCP to respond to future demand or a possible second wave of COVID-19.

Performance

Full reporting on Performance had now resumed. The Team are progressing with CHCP for further information for the next report. Pulmonary Rehab and Bladder and Bowel service was showing with the most significant patients waiting, this was due to the service being totally suspended due to covid-19.

HUTHT

Under the revised arrangements for the management of serious incidents during the COVID-19 pandemic, HUTHT have placed all ongoing investigations within cohort 2, meaning that all investigations are progressing. The majority of investigations have been submitted with minimal delay.

Q1 Patient Experience

- There has been a notable decrease in concerns during this period. Issues arising remain however in respect of reported concerns due to poor care received and lack of communication with relatives.
- Further communication issues have also been raised relating to patients/relatives struggling to get through to the PALS team and wards.
- Some concerns have been raised in respect of expectations around the timings of ongoing appointments and follow up appointments.

Quality Update

- An Executive Risk Management Committee was set up by HUTHT to plan through the COVID-19 pandemic and mitigate risks.
HUTHT declared 2 Never Events during Q1 of 2020/21; both were retained foreign objects post-surgery. Following discussion with the CCG these have been downgraded to Serious Incidents.
- A peer review of the Trust's surgical safety checklist was undertaken by a Consultant from Airedale Trust in January 2020. HUTHT have shared details of the Action Tracker as a result of the review and details of the training undertaken in theatres to improve adherence with the WHO Surgical Checklist.
- The Terms of Reference and timescales for the Maternity Services thematic review are being progressed and will be confirmed at the next QDG.
- Diagnostic related Serious Incidents – In addition to the commonalities identified relating to failure to act upon / follow-up on abnormal results, a further theme has been identified within recent SI reports which have highlighted a failure to identify abnormal findings on diagnostic X-Rays / scans which were outsourced to an external provider. In addition, there was also an indication that HUTHT medical staff were also failing to review some of the reported images resulting in abnormalities failing to be identified and therefore not acted upon. An over reliance on the Harvard system appears evident. The CCGs Deputy Director of Quality/Clinical Governance and Lead Nurse has raised this concern with the Trusts Chief Nurse and has been escalated to the Quality Delivery Group for discussion.

Performance

52 week breaches reported was 3,307 with circa. 43% of the breaches awaiting surgical treatment.

HUMBER FT

HTFT declared 1 serious incident in July 2020, under the category of self-inflicted harm. The Serious Incident Panel has noted that there has been a lack of improvement in the number of investigations that continue to demonstrate poor documentation and the failure to review / undertake appropriate risk assessments. There has been a delay in the paper being produced detailing these incidents that have been through the serious incident panel over the past 18 months that will be formally escalated for discussion at the quality forum due to a key member of staff leaving at the Trust. This is now being progressed with the newly appointed Assistant Director of Quality and Patient Safety.

Patience Experience

Q1

- Most issues raised are relating to poor care provided from mental health services.
- 2 MP enquiries around wait times for autism assessments for children.
- Ongoing issues with one patient who is making demands on numerous services.

Update from provider on position following 'pause' on complaints.

HTFT advised that they did implement the pause, but then lifted it in mid-June, which was earlier than the national guidance of 1 July 2020.

Humber have now recruited 17 peer support workers. All are paid employees and they will work across Primary Care to support PCNs. MIND are supporting the induction of these support workers.

Absence due to COVID in Humber is reducing and overall sickness rates are low.

Humber are currently carrying vacancies within their Infection Prevention and Control team. In total they require 2.4 WTE posts but in the coming months will only have 0.4 WTE in post.

Humber continue to provide support to staff in responding to the COVID-19 pandemic. They have set up "Wellbeing Groups" and "Wobble rooms" to provide space for staff who are struggling.

Performance

The Committee discussed that as an organisation there needs to be a better understanding of who needs to be on the CAHMS waiting lists and if the patient was on the right pathway, due to the pandemic concerned where raised that the waiting list was only going to get bigger.

The Lay member requested that the Out of Area report would need to come to Q&P more frequently rather than ad hoc as previously reported.

Spire

The quarterly safeguarding meeting planned for 30th July 2020 did not take place due to apologies received due to COVID impact. Issues and concerns to be raised via email communication.

Spire seeing more NHS outpatients. They have 4 operating theatres open every day at the Lowfield Road site. In addition their Plastics Centre at Hesslewood is also operational.

Spire continue to report problems with GP referrals information, it has therefore being agreed that further improvement work is to be achieved with the support of PCNs.

Following some initial problems with FF3 masks which have now been addressed there have been no PPE problems for Spire.

Performance

Currently, and from the beginning of the COVID-19 outbreak, Spire has been part of a national agreement to support the health sector through NHS England. This agreement is in place until December 2020 and it is uncertain if the responsibility for management of the independent sector will return to local planning organisations. Local Clinical Commissioning Groups (CCGs) do not currently hold contracts with Spire nor are they paying for any activity.

YAS

YAS now reporting on training compliance separated by substantive staff and Voluntary Care Service (VCS). VCS noted to be below compliance currently. Substantive staff meeting compliance levels (>85%) for both children and adults safeguarding.

Update from provider on position following 'pause' on complaints.

YAS advised that they did not fully implement a 'pause', they explained that they continued to receive cases and triaged on receipt placing longer timeframes on some which would be progressed later when the demand on frontline resources allowed. They confirmed that they are now progressing all cases and have no backlog.

YAS continues to report demands on the 111 service as part of the NHS response to the COVID-19 pandemic. Also identifying a possible link between increased use of e-Consults by GP practices sign-posting patients directly to 111 leading to an increase in demand for 111.

YAS are progressing "Talk Before You Walk" system to book patients into appointment slots at A&E via the 111 service.

Performance

Nothing further was highlighted within the report.

Financial Management

Process

A **HIGH** level of confidence in the CCG process for financial management due to established systems and processes for financial management that are verified by internal and external audit.

Performance

A **HIGH** level of confidence in the CCG reported financial performance due to all statutory targets planned to be achieved. Track record of performance

Hull & East Yorkshire Hospitals – A&E 4 hour waiting times

Process

A **HIGH** level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.

Performance

A **LOW** level of confidence in the achievement of this target due to ongoing underperformance.

<p>Hull & East Yorkshire Hospitals – Referral to Treatment waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals - Diagnostics Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to emerging improved performance but not yet assured of sustained improvement.</p>
<p>Hull & East Yorkshire Hospitals – 62-day Cancer Waiting Times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Humber Foundation Trust – Waiting Times (all services)</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Looked After Children Initial Health Assessments</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>City Health Care Partnership – Improved Access to Psychological Therapies waiting times</p> <p>Process A HIGH level of confidence in the CCG processes for reporting the performance against this target due to established systems and processes for reporting performance information.</p> <p>Performance A LOW level of confidence in the achievement of this target due to ongoing underperformance.</p>
<p>Yorkshire Ambulance Service – Ambulance Handover Times</p> <p>Process A <i>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.</i></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 Interim Director of Nursing and Quality would pick up the numbers for 52

	week referrals at the HUTHT QDG Meeting
(c)	The Head of Performance and Programme Delivery would provide the Interim Director of Nursing and Quality with a breakdown of the 52 week wait referrals.
(d)	The Lay member requested that the Out of Area report would need to come to Q&P more frequently rather than ad hoc as previously reported.

8. NHS CONTINUING HEALTHCARE (NHS-CHC) REPORT FOR QUARTER ONE 2020/21

The Head of NHS Funded Care presented the NHS Continuing Healthcare (NHS-CHC) report for quarter one 2020/21.

The report updated the Committee of the activity for CHC for the months of April, May and June 2020. The below was highlighted within the report.

- Hull's CHC performance for Q1 of 2020/21 in direct comparison to our local region. Noticeably there are significant variation in the figures that have been reported at this time, this directly reflects the diverse responses in relation to the deployment of CHC activity during Q1 as a result of the national response to the pandemic and associated legislative changes. With respect to Hull's 28-day performance, a delayed decision as a result of a local dispute process affected the Team being able to maintain the usual high performance.
- During the peak of the pandemic the CHC Band 6 nurse assessor resource (5.4 WTE) was redeployed in to the community system to bolster resources and provide system resilience. CHCP as the contracted provider of CHC made the necessary decisions in terms of their deployment.
- The Band 8a operational manager and 1.5 WTE Band 7 nurse facilitators remained in the team supported by the full complement of admin staff.
- The CHC Team prior to Covid-19 were carrying a vacancy (1 WTE Band 6) recruitment took place during July and an appointment has been made, the new starter commences with the CHC Team week beginning the 7th of September
- The current CHC delivery is in part overseen by the Local Authority, providing case management, brokerage and financial administration. A report is in the process of being validated by the local authority from their finance system, however, the interim position is currently believed to be approaching £900k, however, this work still requires validation to ensure complete accuracy.

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 submitting quarterly reports to NHS England regarding the delivery of NHS funded care. The Hull service continued to meet and, in some instances exceed the national quality premium targets for NHS-CHC; prior the relaxing of national performance measures in response to the interim Coronavirus virus emergency discharge legislation introduced on March 19th 2020.

Resolved

(a)	Quality and Performance Committee members noted the NHS Continuing Healthcare (NHS-CHC) report for quarter one 2020/21.
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9. COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN) UPDATE 2020/21

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Commissioning for Quality and Innovation (CQUIN) update 2020/21.

The purpose of the report was to assure the Quality and Performance Committee that NHS Hull CCG was meeting its contractual obligations regarding CQUIN for financial year 2020/21

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

"The operation of CQUIN (both CCG and specialised) for Trusts will be suspended for the period from April to July 2020; providers need therefore not take action to implement CQUIN requirements, nor carry out CQUIN audits or submit CQUIN performance data. (Commissioners and Trusts should also take a pragmatic approach to agreement of the final payment amounts for the 2019/20 CQUIN scheme, and this should be on the basis of all currently available data. We will not be seeking the submission of 2019/20 quarter 4 data from providers via the national CQUIN data collection.)"

On 1st July 2020 NHSE Contracting wrote to all CCG's advising:

"the operation of the 2020/21 CQUIN scheme will remain suspended for all providers for the remainder of the year; an allowance for CQUIN will continue to be included in the block payments made to Trusts, and commissioners should continue to make CQUIN payments to non-NHS providers at the full applicable rate (except where the "small-value contract" exception described in national CQUIN guidance has been properly applied)."

As a consequence no CQUIN schemes have been progressed for 2020/21.

The Committee noted the contents of the report and the CQUIN Scheme would be removed from the Quality and Performance workplan for 2020/21.

Hull CCG Process A HIGH level of confidence was given in Hull CCG due to which Hull CCG manages its CQUIN schemes in accordance with NHSE guidance and the Standard NHS contract.
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Resolved

(a)	Quality and Performance Committee members approved the commissioning for quality and innovation (CQUIN) update 2020/21.
(b)	The Personal Assistant would remove the CQUIN report from the 2020/21 work plan for the Quality and Performance Committee.

10. CONTROLLED DRUGS ANNUAL REPORT 2019-20

The Medicines Optimisation Pharmacist presented the Controlled Drugs Annual Report 2019/20 to note.

The purpose of this report is to update the Quality and Performance Committee on the NHS England Single Operating Model for Controlled Drugs at a local level.

Summary points highlighted within the report.

- All controlled drug schedules - Hull CCG has the 4th highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the Sustainability and Transformation Partnership (STP) (Figure 1).
- Schedule 2 - Hull CCG has the 4rd highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the STP (Figure 2).
- Schedule 2 injectables - Hull CCG has the 5th highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the STP (Figure 3).
- Schedule 3 - Hull has the 3rd highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the STP (Figure 4).
- Schedule 4 - Hull CCG has the highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the STP (Figure 5).
- Schedule 5 - Hull CCG has the 4th highest out of 6 CCGs re: 2019/2020 cost per 1000 patients in the STP (Figure 6).
- An opioid prescribing volume indicator was introduced as part of the 2019/2020 GP practice enhanced service - Extended Medicines Management Scheme; with the aim to reduce the volume of opioids prescribed in Hull CCG. This prescribing indicator will continue into 2020/2021.
- The CCG introduced the implementation and delivery of the Campaign to Reduce Opioid Prescribing (CROP) project in 2019/2020 and this project will continue into 2020/2021.

Process

A **HIGH** level of confidence was given in Hull CCG due to Interpretation of prescribing Data
A **HIGH** level of confidence was given in Hull CCG due to Collation of Incidents relating to Controlled Drugs

Performance

A **HIGH** level of confidence was given in Hull CCG due to Representation on local Intelligence Network
A **HIGH** level of confidence was given in Hull CCG due to Review of incidents/Issues
Share learning from incident/issue reviews

Resolved

(a)	Quality and Performance Committee members noted the Controlled Drugs Annual report 2019-20
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11. THE PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK (PSIFR)

This item was deferred to October 2020.

12. FULL BRIEFING OF THE HUTHT CQC REPORT

The Deputy Director of Quality and Clinical Governance/ Lead Nurse presented the Full Briefing of the HUTHT CQC report to note.

It was noted that the Committee had previously received a briefing version of the HUTHT CQC report and as requested at the previous meeting the Full CQC report would be presented at this meeting.

The CQC inspected HUTH between 3rd and 5th March 2020, the findings of which were reported to the NHS Hull CCG Governing Body on Friday 24th July 2020 (appendix 1).

The Trust was rated as Requires Improvement overall for whether its services are safe and responsive. It is rated as Good for whether its services are caring and effective. The inspection did not inspect against the well led domain.

The inspection took place just prior to the onset of the COVID-19 pandemic and so in appreciating the unprecedented time the CQC temporarily suspended all routine inspections on 16th March 2020; this decision being reached to support and reduce the pressure on health and social care services during the COVID-19 pandemic.

As a result, the ratings for the overall Trust and five key questions included in the report remained unchanged from the previous inspection. The report did however report a total of 11 breaches of regulatory practice and further areas in which practice should be improved.

The Trust has now completed and submitted their action plan, to address the findings of this most recent report; this has been reported within timeframe to the Care Quality Commission. In ensuring internal governance and scrutiny the action plan continues to reportable to and is monitoring by the Trust Board.

The most recent inspection action plan has been shared with both Hull and East Riding of Yorkshire CCG. Assurance and oversight continues to be monitored through the joint Quality Delivery Group.

The Trust report being on an improvement journey and have an overall aim to achieve an outstanding rating by 2023-24. At this time the CQC have not advised the Trust of the timescales for re-inspection and continue to meet with the Trust in gaining assurance against the actions taken to address the regulatory breaches. The Trust last met with the CQC on the 14th September 2020.

The Quality and Performance Committee noted the findings of the report.

Resolved

(a)	Quality and Performance Committee members took the full briefing of the HUTH CQC report for information.
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13. RISK REGISTER

The Chair presented the Risk Register to discuss.

The Committee discussed the risk register and agreed that no further changes would be needed.

Process

A **HIGH** level of confidence was given in Hull CCG due to the Quality and Performance teams raise risks as they occur and regularly monitor and review any current risks.

Resolved

(a)	Quality and Performance Committee members discussed the Risk Register.
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14. BOARD ASSURANCE FRAMEWORK 2019/20

The Chair presented the Board Assurance Framework 2019/20 to discuss.

The Committee discussed the Board Assurance Framework 2019/20 and agreed that no further changes would be needed.

Process

A **HIGH** level of confidence was given in Hull CCG due to the BAF being regularly monitored, reviewed and updated.

Resolved

(a)	Quality and Performance Committee members discussed the Board Assurance Framework 2019/20.
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15. EQUALITY AND DIVERSITY UPDATE REPORT

The Associate Director of Communications and Engagement presented the Equality and Diversity update report to approve.

The Committee was made aware that the Associate Director of Communications and Engagement had now taken over the portfolio for Equality and Diversity from the Associate Director of Corporate Affairs.

The Quality and Performance Committee receives six-monthly updates against agreed Equality and Diversity objectives and a report to this effect was scheduled to be presented to the July committee meeting along with revised outcomes and progress against the actions. However, in light of the recent pandemic and the national requirements of the Phase 3 pandemic response, the CCG has taken the opportunity to review its plans and it is proposed to adopt five redefined, overarching objectives with a set of refreshed outcomes to be developed against which delivery will be measured. It is proposed to adopt the terminology Equality, Diversity and Inclusion for the purposes of this programme of work as this better reflects some of the new requirements placed on us, particularly in terms of addressing health inequalities.

The purpose of this report is to provide context for the revision of the CCG's approach and gain approval for the redefined Equality, Diversity and Inclusion objectives. These objectives, once agreed, will be used as the basis for the CCG's Equality, Diversity and Inclusion Steering Group to agree refreshed actions and outcomes for the Equality, Diversity and Inclusion Plan 2020-2021.

An internal E&D Steering Group has been established for some time and oversees and leads on elements of the ED&I work plan. This group currently comprises:

- Lay Member for ED&I (Chair)
- Associate Director of Communications and Engagement, Executive Lead
- Interim Head of People
- Deputy Director of Commissioning
- Associate Director of Corporate Governance

- Head of Engagement
- Independent ED&I Consultant (Arc of Inclusion)

It is clear that further capacity is needed to deliver on this growing agenda and Hull and North Lincolnshire CCGs are currently exploring options for shared operational support in the development and implementation of our ED&I work plans.

At the start of 2020, the CCG’s internal E&D Steering Group reviewed its work plan and agreed a new set of outcomes and activities to deliver the CCG’s equality objectives. These actions were grouped under the following areas of operational delivery: Governance, Workforce, Engagement and Communications and Commissioning. Steering Group members each take a lead for delivery and reporting against their own actions and the Quality and Performance Committee can take assurance that the delivery of the organisation’s statutory responsibilities has been fulfilled.

The Associate Director of Communications and Engagement provided assurance to the committee that good progress had been made against the current actions but it was clear that the plan needs to be re-developed to support the CCG to not only deliver its planned objectives, but to respond most effectively and make a meaningful, positive difference.

It is proposed that the objectives listed in 4.1 above be replaced by the following more overarching objectives, which allows greater flexibility to develop more specific underpinning outcomes, some of which will do doubt evolve over the next 12 months.

- To be an employer with a well supported workforce and Board that represents our population
- To work, alongside partners, to tackle health inequalities with the aim of better health outcomes for all
- To demonstrate leadership on equality and inclusion through collaboration
- To ensure that our governance and decision making pays due regard to equalities
- To ensure that all our diverse communities are able to have their voices heard and their views are taken into account in our decision making

A series of refreshed outcomes and appropriate actions will be developed by the relevant responsible officer leads from CCG’s Equality, Diversity and Inclusion Steering Group in collaboration with their own teams. These outcomes will form the basis of the next iteration of the Equality, Diversity and Inclusion work plan, which will be brought back to a future Quality and Performance Committee and be the basis on which progress on delivery in monitored.

The Committee agreed that outcomes would be developed to sit under the objectives that were agreed and that reporting on progress against these would come to Q&P on a more frequent basis than previous reports.

Resolved

(a)	Quality and Performance Committee members approved the Equality and Diversity Update Report.
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(b)	The Committee agreed that outcomes would be developed to sit under the objectives that were agreed and that reporting on progress against these would come to Q&P on a more frequent basis than previous reports.
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16. SAFEGUARDING ASSURANCE GROUP CHAIRS REPORT

The Interim Director of Nursing and Quality presented the Safeguarding Assurance Group Chairs report to note.

The purpose of this report is to provide an update to Quality and Performance (Q&P) Committee from the Safeguarding Assurance Group on 27/08/2020.

Prior to now there was no forum for the CCG safeguarding team to offer formal oversight and scrutiny of safeguarding activity. The SAG was therefore introduced from an assurance perspective to offer strategic oversight of safeguarding activity. As a group, it gained approval from the Senior Leadership Team (SLT) in June, and the first meeting was held on 27th July 2020.

The Terms of Reference (ToR) indicate the Chair will provide a report to Q&P after each meeting. This is the Chair's report following the first meeting.

The Quality and Performance noted the contents of this report.

Resolved

(a)	Quality and Performance Committee members noted the Safeguarding Assurance Group Chairs report.
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17. DEEP DIVE AGENDA ITEMS

The Interim Director of Nursing and Quality suggested an impact of Covid -19 on the wider Quality report would be produced as one had been done in North Lincolnshire CCG to come to the Quality and Performance Committee rather than a deep dive into this.

Resolved

(a)	The Interim Director of Nursing and Quality suggested an impact of Covid -19 on the wider Quality report would be produced.
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18. 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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19. 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.

20. 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

21. ANY OTHER BUSINESS


The Head of Performance and Programme Delivery discussed the format of the Part 2 of the Quality and Performance report, do the committee feel the report was fulfilling the need for the committee or does it need to be done differently? The Interim Director of Nursing and Quality feels the information the committee receive is valid but was happy to have a discussion around this going forward and how it will move forward with the changes to single Executive Team.

22. 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 20 October 2020, 9.00am – 12.00pm Via Microsoft Teams.



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

Date: 20 October 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