

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 20 OCTOBER 2020
HELD VIA MICROSOFT TEAMS,
8.00AM – 11.00AM**

PRESENT:

J Stamp, Lay Representative, Hull CCG (Chair)
Dr J Crick, Associate Medical Director, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
K Ellis, Deputy Director of Commissioning, Hull CCG
S Lee, Associate Director (Communications and Engagement), Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
R Palmer, Head of Contract Management, Hull CCG
R Thompson, Head of Quality and Nursing, Hull CCG

IN ATTENDANCE:

J Adams, Personal Assistant, Hull CCG - (Minute Taker)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

Dr J Moulton, GP Member (Chair), Hull CCG
D Blain, Designated Professional for Safeguarding Adults, Hull CCG
E Butters, Head of Performance and Programme Delivery, Hull CCG
J Dodson, Deputy CFO, 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

2. MINUTES OF THE PREVIOUS MEETING HELD ON 22 SEPTEMBER 2020

The minutes of the meeting held on 22 September 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 22 September 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 22 SEPTEMBER 2020

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

22/09/20 6 – SEND Annual Report – Marked as complete.

22/09/20 7 – Quality and Performance Report – Marked as complete.

21/07/20 6 – Quality and Performance Report – Request had been put in with the Humber Quality Team for their Board report.
 25/02/20 6 – Quality and performance Report – The Head of Nursing and Quality and the Chair would look at how this would happen going forward – action moved to November 2020.

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. QUALITY AND PERFORMANCE REPORT

The Head of Contract Management and the Head of Nursing and Quality presented the Quality and Performance Report for consideration.

Highlighted within the report were:

Financial Summary

As previously reported to the Committee block contract arrangements have been in place for the first half of this financial year. Guidance on the allocations and contractual arrangements has now been provided and has a much greater emphasis on system working. It also includes an allocation for the cost of COVID related expenditure which will no longer be reimbursed by NHSE/I to ensure a break even position.

Performance Indicators

HUTHT Type 1 A&E 4 hour waiting time performance remained stable in August 2020 compared to the previous month. Reduced activity had supported the improvement of performance; however attendance levels are increasing with ED attends at 90% of activity levels compared with the same period last year.

Referral to Treatment 18 weeks waiting times performance at HUTHT improved slightly in August, reporting 40.58% compared to 35.23% the previous month. Key specialties breaching are Cardiology, ENT (Ear, Nose and Throat), Ophthalmology and Plastic Surgery.

62-day cancer waiting times continue to underperform against the national standard, although a slight improvement in performance is seen in August compared to the previous month. If a second lockdown comes into place HUTH are going to try and keep elective going. Questions were raised whether or not the follow up list for patients had been looked at the Head of Contract Management would follow this up.

Funding for the Lung cancer campaign had been extended and will be relaunching on the 4 November, triage will take place on the telephone and then if a scan is needed take place in a covid safe space.

Diagnostic test 6-week waiting times performance has improved, reporting 36.67% of patients waiting longer than 6 weeks in August compared to 43.28% in July.

Oversight Framework

All Services are holding up relatively well considering the current position, the maternity services are seeing lots of complaints due to dads being unable to attend scans.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Quality

- CHCP have not declared any serious incidents during August 2020.
- CHCP continue to engage with commissioners in ensuring we are updated on their continued COVID-19 response. CHCP have devised a Restorative Plan to ensure provision of optimal COVID-19 safe services which includes an overview of how waiting lists are continually monitored and patients assessed and triaged to reduce risks of harm while waiting.
- Restoration of services has been risk assessed with Cardiac Rehab and Pulmonary Rehab being identified as the services least likely to experience recovery against their agreed KPIs.

Performance

- Pulmonary Rehabilitation - There are 393 waits over 18 weeks in August. There is currently not a history of recovery yet; however, initial indications for September are showing the position levelling.
- Bladder & Bowel - There are 124 waits over 18 weeks in August, an improvement on 178 waiting in July, with an expectation of this falling further in September. Bladder & Bowel is, however, one area of the prioritised services which is recovering slower although further resources and changes in process have already been instigated.

HUTHT

Quality

HUTHT have reported 8 serious incidents in August 2020:

- 3 diagnostic / failure to act on abnormal test results / follow-up
- 1 pressure ulcer
- 1 surgical incident
- 1 self-inflicted harm
- 2 treatment delay

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.

All ongoing investigations and action plans are discussed with the provider at the serious incident panel to maintain oversight of the progress and to ensure timely identification should the provider begin to experience delays due to COVID pressures.

The Committee expressed concern around the number of Serious Incidents at HUTHT. Concern with regards to serious incidents had been flagged at QDG and the Local Surveillance Group Meeting.

- Winter plans are in place with the winter ward to be opened sooner than planned.
- A Falls specific QIP has been developed and is now in place in response to the increase in fall related incidents. Initially implemented on the department of medically elderly wards.
- To date 13 Trust apportioned MSSA bacteraemia cases have been reported versus 19 cases for the same time period during 2019/20.

Performance

Performance for HUTHT was covered in section one of the report.

HUMBER FT

Quality

HTFT declared 2 serious incidents in August 2020, both were categorised as apparent self-inflicted harm.

Following the Serious Incident Panel identifying a lack of improvement in the number of investigations that continue to demonstrate poor documentation and the failure to review / undertake appropriate risk assessments a review of this area is currently underway jointly with the Trusts newly appointed Assistant Director of Quality and

Patient Safety and the CCGs Patient Safety Lead. The report, inclusive of any recommendations will be presented to the serious incident panel and the quality group forums.

2 MP enquiries around wait times for autism assessments for children was received.

Crisis Response – concerns have been raised by primary care and via patient experience with regards to lengthy delays in accessing the service. Assurance provided via presentation delivered by the Trust citing demand outweighing capacity on the service supported by data analysis. Resolutions have been discussed with commissioners including electronic referral system for primary care roll out in the next 3-4 weeks, dedicated email address for urgent referrals for primary care, phone access for urgent access and PCNs to have the ability to book available slots into the correct service area for the patient.

Performance

All services have been continuing, as far as reasonably possible, through digital solutions. However, for some services/treatments, the use of digital formats is inappropriate, for instance, it is difficult to engage with a service user with trauma issues, learning disabilities, cognitive impairments and/or other communication difficulties, for them to engage with visual or audible communication devices and their treatments/therapies have been paused. Some services are now being re-introduced in different formats and in different buildings, which can provide a secure Coronavirus environment for both service users and staff.

The waiting lists are reviewed on a weekly basis and everyone waiting has a risk classification. Those service users on pathways or referred to services, have been/are provided with a letter on how to continue managing their conditions and how to escalate issues of service users experiencing distress, struggling to cope or in crisis, through the priority escalation process via the CAMHS Crisis Team.

Humber acknowledge NHS Hull CCG have provided additional funding to reduce waiting lists and were working to trajectories and recruiting to posts, at the time restrictions due to Coronavirus came into effect. The service continues to monitor cases against the trajectories and review the recommencement for the planned reduction in waiting times.

Spire

Quality

- Spire has not reported any serious incidents or never events in August 2020.
- 1 SI reported YTD - 1 surgical incident (reported in June 2020)
- Under the revised arrangements for the management of serious incidents during the COVID-19 pandemic, Spire placed its ongoing investigations at the time within cohort 2, meaning that all investigations would progress. Positively, all investigations are now complete and submitted. Spire do not have any outstanding investigations or action plans.
- Spire is making use of Zoom to carry out Consultations. This has become very popular with Consultants and Spire staff alike. Zoom is also being used for Spire meetings.

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.

YAS

- YAS report increasing demands on the 111 service as part of the NHS response to the COVID-19 pandemic and has reintroduced the COVID Hub.
- YAS are progressing “Talk Before You Walk” system to book patients into appointment slots at A&E via the 111 service.
- 111 report having problems with patients who need to be seen as “Urgent within 1 hour by a GP” following 111 triage. It is being reported that practices are refusing to offer appointments and see these patients; this is being raised with the Primary Care Resilience Group.

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)	Questions were raised whether or not the follow up list for patients had been looked at the Head of Contract Management would follow this up.

7. OUT OF AREA PLACEMENTS

This item was deferred to November 2020.

The Deputy Director of Commissioning updated that the report next time would look at an overview of where they are now and a financial position.

8. Q1 PRESCRIBING REPORT

The Medicine Optimisation Pharmacist presented the Q1 Prescribing report to note.

The purpose of this report is to update members of the Quality and Performance Committee on the prescribing performance and medicines optimisation activities re: NHS Hull CCG and NHS Hull CCG GP Practices up to the end of June 2020 i.e. Q1 2020/2021. The report has been broken into a CCG prescribing work plan progress finance/performance section plus a quality section.

The Committee took the report as read and the below was highlighted within the report.

- Overall prescribing costs for Q1 2020/2021 – GP practice prescribing costs for NHS Hull CCG has grown by +4.03% (+£465,391) for April 2020 to June 2020 compared to the same period last year, this is below the England average cost growth of +6.1% and Yorkshire and Humber average cost growth of +6.23%.
- Category M changes and “no cheaper stock obtainable” (NCSO) medications: There are still significant cost pressures especially in the increased uptake of the direct oral anticoagulants during the COVID-19 response and “no cheaper stock obtainable” (NCSO) medications. For further information on the “no cheaper stock obtainable” (NCSO);
- Hull has 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
- Medicines optimisation QIPP monitoring: CCG Medicines optimisation QIPP monitoring for June 2020 shows a QIPP savings of £447,965 which is above the target of £342,000.

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

Resolved

(a)	Quality and Performance Committee members noted the Q1 Prescribing Report.
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9. Q2 SERIOUS INCIDENTS REPORT

The Head of Nursing and Quality presented the Q2 Serious Incident Report to consider.

The purpose of this report was to provide assurance to the Quality and Performance Committee that the CCG has a robust Serious Incident management process in place and concerns identified are addressed with the relevant provider and appropriately escalated. This will contribute to both the sharing and embedding of learning and to prevent recurrence.

Highlighted within the report was:-

HUTHT:

- The Trust have reported five surgical related incidents YTD of which four involved retained objects
- There has been an increase in falls related incidents
- The Trust have shared their action plan following the peer review undertaken by Airedale Trust, the report and findings have not been shared with the CCG.

- The surgical incidents review, as requested by NHSI has been completed, the Trust have not shared the outcome report.
- Failure / delay to identify and act on abnormal test results including failure to follow patients up. This includes failure to ensure diagnostic tests are undertaken / rebooked if cancelled and appropriate alert flags are placed on abnormal / unexpected findings.
- Failure to follow guidance is a commonality seen running through various category type incidents and is not localised to one particular area but is Trust wide.
- Trust staff not identifying when a safeguarding referral should be made. – safeguarding are now part of the Serious Incident Panel.
- Repeat of pressure ulcer SIs on Ward 11, HRI

HTFT:

- Recurring themes of poor documentation and handover of care between services, mainly in the context of risk assessment management.
- Failure to either undertake accurate or timely review of risk assessments and communication between teams.

CHCP:

- Low numbers of SIs reported versus the size and services delivered by the organisation. – this was discussed at the CHCP Quality Meeting.

The Lay Member raised concern around the number of HUTHT's Serious Incidents reported within the report.

<p>Process Hull CCG A HIGH level of confidence was given in Hull CCG due to having 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.</p>
<p>Performance HUTHT A LOW level of confidence was given in HUTHT due to there being concerns with this provider in the following areas:</p> <ul style="list-style-type: none"> • Increase in falls incidents • Recurrence of pressure ulcer incidents on ward 11 • Surgical related incidents and a culture within the surgical setting that is preventing appropriate safety checks to be undertaken. • 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 and poor documentation is a commonality identified with investigations. • Maternity services thematic review outcome is awaited
<p>Humber NHS Foundation Trust A MEDIUM level of confidence was given in Humber due to the failure to undertake accurate or appropriate reviews of risk assessments and poor / inadequate documentation continues to be a theme identified in a significant proportion of the Trusts investigation reports.</p>

CHCP A MEDIUM level of confidence was given in CHCP 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.
Spire Hull and East Riding A HIGH level of confidence was given in Spire Hull and East Riding due to the provider positively engages with the CCG for advice prior to declaring and recent investigations have been robust.
Hull CCG A HIGH level of confidence was given in Hull CCG due to appropriate SIs are identified and reported as SIs where appropriate.

Resolved

(a)	Quality and Performance Committee members considered the Q2 Serious Incidents Report.
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10. PATIENT RELATIONS ANNUAL REPORT

The Head of Nursing and Quality presented the Patient Relations Annual Report to note.

The purpose of this report is to provide a review of patient relations activity and intelligence, gathered through the CCG Patient Relations Service, for NHS Hull CCG and key providers during the period 1st April 2020 – 30TH September 2020.

The permanent move of the Patient Relations Service to the Quality & Clinical Governance was confirmed in August 2019. The change is proving valuable in terms of sharing of information, especially with regards to providing richer intelligence and context in provider quality meetings.

Over the reporting period NHS Hull CCG received 219 Pals contacts (this figure does not include complaints, comments, enquiries and compliments). Of these, 82 related to either primary care services, or locations such as a patient's home address.

Primary Care contacts are reported separately to the Primary Care Quality and Performance Committee on a bi-monthly basis. The patient relations activity relating to the CCG's main providers and is reported to the Quality and Performance Committee through the monthly quality report.

Of note; NHS Hull CCG recorded 37 contacts of which related to COVID-19 concerns/enquiries during this reporting period, these were mainly from people wanting information around shielding and how to get a test/ test results.

Hull CCG received 13 MP letters within this reporting period.

Pals received 9 Pals concerns for NHS Hull CCG during this reporting period.

Hull University Teaching Hospital PALS

55 Pals concerns for HUTHT during this reporting period.

The majority of concerns and complaints are passed to the Pals and complaints team at HUTHT. The patient relations team have been requesting outcomes to complaints where patients have given consent, however our requests so far have been denied. This has been escalated and we continue to work with HUTHT for an outcome.

City Healthcare Partnership (CHCP) PALS

Hull CCG received 7 PALS concerns for CHCP during this reporting period.

Following a concern raised relating to issues deaf people had encountered accessing the Warfarin clinic at The Park Health Centre due to the door being locked. CHCP have advised that a staff member will now collect any patients with a communication need or cannot access the centre from outside for their appointment.

Humber NHS Foundation Teaching Trust PALS

Hull CCG received 34 PALS concerns for HTFT during this reporting period.

4 MP Letters were received relating to Humber Foundation Teaching Trust,

- MP enquiries related to CAMHS and Autism assessments (3)
- Access to speech and language therapies (1)

Hull CCG received 3 contacts wanting to formally make a complaint about Humber Foundation Teaching Trust:

- Concerns were about patients/families feeling they were discharged prematurely from units (2)
- Poor care received (1)

All concerns and complaints are sent through to the Pals team at HTFT at their request; we do not receive feedback on the case.

Spire Healthcare PALS

Hull CCG received 2 PALS concerns for Spire Healthcare during this reporting period.

The contacts related to:

- An operation being cancelled twice (1)
- Family having to isolate due to COVID prior to an operation (1)

As well as the concerns received it is worth noting that we also received 1 enquiry. The enquiry was from a solicitor regarding a potential claim. An enquiry is a request for information rather than an expression of dissatisfaction; therefore they are recorded in a different way.

Hull CCG received 5 PALS concerns for NRS during this reporting period.

- Concerns raised from both members of the public and staff members that routine inspections of equipment were still going ahead during the pandemic (2)
- Poor communication whilst trying to get equipment ordered or fixed (3)

Following the complaint relating to the appointment letters NRS have implemented further training with their administration staff and put in measures to ensure that this type of error cannot happen again.

The CCG lead for wheelchair services is working closely with NRS to ensure the recommendations from complaints are implemented.

Affect

As acknowledged there have been significant benefits realised in moving the patient relations officer role to the Quality & Clinical Governance Team, as this allows for more great scrutiny, thematic understanding and escalation to at all provider quality forums where necessary. There is also much greater alignment with existing quality surveillance and thematic understanding of emerging issues.

The Patient Relations officer has met with her colleagues in the East Riding of Yorkshire CCG and North Lincolnshire CCG's and continues to work with them in progressing further improvements and in aligning systems and processes.

Monthly meetings are now being held with Healthwatch in order that we can work together to understand the issues being raised and where we can work together on these.

The Lay member suggested for the future a aligned PALS service across the system which could be something to bear in mind as an opportunity for the future.

The Lay Member also questioned when the Health Watch Annual Report would be presented to the Quality and performance Committee. The Head of Nursing and Quality would follow this up and would ensure it be presented at the next Quality and Performance Committee meeting.

Performance
A HIGH level of confidence was given in the Patient Relations Service.
A MEDIUM level of confidence was given in the Reporting of PALS and Complaints
A MEDIUM level of confidence was given in the Learning for PALS and Complaints Intelligence.

Resolved

(a)	Quality and Performance Committee members noted the Patient Relations Annual Report.
(b)	The Health Watch Annual Report would be presented at the next Quality and Performance Committee Meeting.

11. UPDATE ON PATIENT SAFETY STRATEGY

The Head of Nursing and Quality presented the Update on patient safety strategy to note.

The purpose of the report was to provide an overview to the Quality and Performance Committee of the Patient Safety Strategy inclusive of the requirement of Patient Safety Specialists and the Incident Response Framework (PSIRF) that will replace the current National Serious Incident Framework (2015) and assurance that the CCG has a robust process in place for the transition over to the revised framework.

The Patient Safety Incident Response Framework is a key part of the NHS Patient Safety Strategy. Published in July 2019 it supports the wider strategic aim to help the NHS to improve its understanding of safety by drawing insight from patient safety incidents.

Until an organisation has formally moved over to PSIRF, they are expected to continue to abide by the existing Serious Incident Framework (2015) and all its relevant reporting, incident investigation and management requirements.

Proposal for the Patient Safety Specialist role at NL CCG and Hull CCG

There is an expectation that patient safety specialists will focus solely on patient safety from April 2021, however two or more people, possibly of different seniority, may fulfil this role by sharing the responsibility. This will enable people to combine being a patient safety specialist with alternative roles as well.

The most important factor is that a patient safety specialist is always available and working on safety within an organisation.

The proposal for both NL CCG and Hull CCG is that the primary role is allocated to the Deputy Directors of Nursing and Quality (DDoN&Q), with support by a named post holder within each CCG for the operational day to day functions. The rationale for the dual role is due to the requirements and remit of the role and the current structures in place across both CCG's.

The supporting named post holder in Hull CCG is suggested to be the Quality and Patient Safety Lead.

The supporting named post holder in NL CCG is suggested to be the Quality Manager.

In the longer term it should be possible to have a Patient Safety Specialist Lead across the Humber CCG's, with additional support being provided at Place for operational functions.

The committee noted the processes in place to manage and monitor the transition to the new framework. The Committee also noted the allocation of the Patient Safety Specialist roles.

Resolved

(a)	Quality and Performance Committee members noted the Update on Patient Safety Strategy.
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12. COVID-19 UPDATE

The Head of Nursing and Quality presented the COVID-19 update for information.

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

- An overview of the COVID-19 response, governance arrangements and changes at System level, Place and within the CCG
- A briefing on key changes mandated by NHS England / Improvement (NHS E/I) and other national bodies to support the national response to the pandemic
- An update on the Humber and Hull CCG Quality Team response to the Pandemic including revised provider assurance arrangements that have been established for the pandemic period
- Identification of key issues and risks
- A forward view with regard to COVID and recovery
- To assure the Committee that the CCG has appropriate arrangements in place to respond to the pandemic, maintain oversight and assurance of quality in services commissioned

Highlighted within the report was.

Phase 3 of the COVID-19 pandemic response.

Guidance was released on the 31st July 2020 by the NHS Chief Executive and NHS Chief Operating Officer outlining the fundamental actions required during Phase 3 of the NHS response which came into effect on the 1st August 2020.

There are 3 key priorities to the Phase 3 response which are;

- a) Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter.
- b) Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- c) Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Care Homes

Collaborative working continues across the system to support Care Homes across Hull in relation to Infection, Prevention and Control measures, workforce and Clinical support and training; the operational delivery of interventions being achieved as an integrated approach and through the Care Homes Oversight Group.

Weekly testing of Care Home staff and 4 weekly testing of residents has continued since its implementation in July 2020. This has been fundamental in the early identification of asymptomatic staff working in the Care Home sector who have immediately self-isolated in line with national guidance.

The Committee took the information within the report for information and felt the Board Meeting should be cited of the report.

Resolved

(a)	Quality and Performance Committee members took the Covid-19 update for information.
(b)	The Board meeting would be cited on the Covid-19 update report.

13. PROPOSAL FOR CHANGE TO THE FREQUENCY OF QUALITY AND PERFORMANCE COMMITTEE MEETINGS

The Head of Nursing and Quality presented the proposal for change to the frequency of Quality and Performance Committee meetings to approve.

The paper seeks approval for changes to the frequency of the Quality and Performance Committee meeting and associated work-plan; from monthly meetings to bi-monthly meetings.

NHS Hull Clinical Commissioning Group (CCG) Board has an established Quality and Performance Committee, this being in accordance with its Constitution, Standing Orders and Scheme of Delegation and as defined within the Terms of Reference (appendix 1)

It is proposed that there is a change to the frequency of the meetings, from monthly to bi-monthly; to align with the current Hull CCG Board scheduled meetings. This change will ensure that the reporting into Hull CCG Board is presented with the most up to date information.

In effecting this change it is envisaged that there will be positive benefits realised in respect of effecting change, collaborative working and a greater ability to deliver a more quality improvement agenda.

The paper has been tabled and discussed within the Senior Leadership Team meeting held on 12th October 2020, whereby these proposals were supported.

The Committee discussed the proposals to change the frequency of the Quality and Performance Committee and supported the changes. The Lay member felt that the workplan needed to be reviewed to give assurance that the reports will be evenly spread out across the year. The Lay member, Head of Nursing and Quality and the Personal Assistant would meet to produce the workplan for 2021-22. The Lay member requested within the terms of reference a section should be include that if the meeting was to go bi-monthly there was scope for a meeting to take place in between if there was any urgent quality concerns.

The Lay member questioned whether or the not the revised Terms of reference for the Quality and Performance Committee would need to be reported into the IAGC meeting for approval.

Resolved

(a)	Quality and Performance Committee members approved the Proposal for change to the frequency of quality and performance committee meetings.
(b)	The Lay member, Head of Nursing and Quality and the Personal Assistant would meet outside of the meeting to produce the workplan for 2021-22.
(C)	The Head of Nursing and Quality would raise with the Associate Director of Corporate affairs whether or not the terms of reference would need to be reported into the IAGC due the changes.

14. DEEP DIVE AGENDA ITEMS – UPDATE WITH REGARD TO EOL DEEP DIVE

The Head of Nursing and Quality would clarify with the Chair of the Quality and Performance Committee meeting around what his concerns were with end of life, to be able to establish a deep dive meeting and have the relevant information/ people at the meeting.

Resolved

(a)	The Head of Nursing and Quality would clarify with the Chair of the Quality and Performance Committee meeting around what his concerns were with end of life, to be able to establish a deep dive meeting and have the relevant information/ people at the meeting.
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15. 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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16. MINUTES FROM PLANNING AND COMMISSIONING

No approved minutes were received.

17. 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

18. ANY OTHER BUSINESS

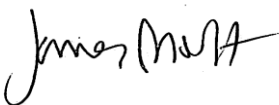
No other business was discussed.

19. CHAIR'S UPDATE REPORT

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

20. DATE AND TIME OF NEXT MEETING

The next meeting of the Q&PC would be held on Tuesday 17 November 2020, 9.00am – 12.00pm Via Microsoft Teams.

Signed: 
(Chair of the Quality and Performance Committee)

Date: 17 November 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