

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON TUESDAY 17 NOVEMBER 2020
HELD VIA MICROSOFT TEAMS,
9.00AM – 12PM**

PRESENT:

Dr J Moulton, GP Member (Chair), Hull CCG (Chair)
J Stamp, Lay Representative, Hull CCG
E Butters, Head of Performance and Programme Delivery, Hull CCG
Dr J Crick, Associate Medical Director, Hull CCG
D Heseltine, Secondary Care Doctor, Hull CCG
K Ellis, Deputy Director of Commissioning, Hull CCG (up until agenda item 6)
C Linley, Interim Director of Nursing and Quality, Hull CCG
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG
R Palmer, Head of Contract Management, Hull CCG

IN ATTENDANCE:

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

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
Moira Harrison, Delivery Manager, Health Watch
S Lee, Associate Director (Communications and Engagement), Hull CCG
K McCorry, Medicines Optimisation Pharmacist, North of England Commissioning Support
R Thompson, Head of Quality and Nursing, Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 20 OCTOBER 2020

The minutes of the meeting held on 20 October 2020 were presented and it was agreed that they were a true and accurate record.

The Lay member requested that under agenda item 15 – Proposal for change to the frequency of Quality and Performance Committee meetings - that added within there was a discussion around the terms of reference including a section 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.

A further discussion took place around the frequency of the Quality and Performance Committee meeting; the Committee discussed whether or not the meeting would take place on the month of Board or the opposite month of Board. The proposal of frequency paper will be received by the Board in November, if the Board agree to the changes, the Interim Director of Nursing and Quality, the Lay Member and the Chair would meet to discuss outside of the meeting.

Resolved

(a)	That the minutes of the meeting held on 20 October 2020 would be signed by the Chair.
(b)	The Interim Director of Nursing and Quality, Lay Member and the Chair would meet outside the meeting to discuss Quality and Performance Committee going forward.

3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no matters arising from the Minutes.

ACTION LIST FROM MEETING HELD ON 20 OCTOBER 2020

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

20/10/20 6 – Quality and Performance Report – in discussions with the providers, regarding telephone follow ups, figures will be included within the next quality and performance report.

20/10/2012 – Covid-19 update – the Health Watch report was included within in this meeting.

20/10/20 13 - proposal for change to the frequency of quality and performance committee meetings – would be included at the Board meeting in November 2020.

20/10/20 14 - quality and performance report – The committee agreed that the timing of the deep dive would not the right timing due to covid-19, Committee agreed to scope this out in February 2021.

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 were in place for the first half of this financial year. From month 7 onwards the CCG has been allocated an adjusted level of funding that includes system funding for Covid, provider retrospective top ups and growth.

The CCG has been working with partners to identify the expected costs for the remainder of the financial year. Initial analysis has highlighted that the funding provided is not sufficient to meet the expected demand and teams are working closely to identify how this gap can be resolved.

A budget came through in October for the Humber area to cover some costs for covid-19. There was currently no central guidance on how the coming months will be covered.

No further update was reported.

Performance Indicators

A&E waiting times

HUTHT Type 1 A&E 4 hour waiting time performance deteriorated in September 2020 compared to the previous month. Attendance levels are at 87% of activity levels compared with the same period last year.

Referral to treatment incomplete

Referral to Treatment 18 weeks waiting times performance at HUTHT improved further in September, reporting 46.04% compared to 40.58% the previous month.

52 weeks

Hull CCG reported 2,853 patients waiting over 52 weeks at the end of September. The majority of the breaches relate to the Ear Nose and Throat (ENT), Plastic Surgery, Cardiology and Ophthalmology. Actions and resourcing has been agreed by the Trust Executive Team to respond to the 52 week backlog in these 4 specialities.

Diagnostic test waiting

Diagnostic test 6-week waiting times performance has deteriorated, reporting 39.10% of patients waiting longer than 6 weeks in September compared to 36.67% in August.

Cancer breaches

2 weeks waits – delays in diagnostics and the amount of referrals going through the service are part of the problem with 2 week waits. The three acute trusts are working together to look at getting the patients seen across the system. A Health Cell had also been put in place.

CONTRACT PERFORMANCE AND QUALITY

CHCP

Quality

Level 3 training compliance was below contractual standard for adults and children due to COVID-19 restrictions of face to face training. A remote learning resource has been developed by CHCP and currently trialling with staff. No SI's were reported for the month of September. A number of quite detailed forums where CHCP were able to talk through all areas where seen impact and each service was able to give an update, which was then being fed into the quality meetings, more time had been dedicated within the meetings to focus more on the services that are struggling.

Performance

It was highlighted that a number of services had seen waiting lists go down, but Pulmonary Rehabilitation was still struggling. The Lay member requested whether or not within the report Speech and Language was showing as green was this correct? It was clarified that the speech and language related to stroke. CHCP was showing as receiving 0 complaints within September; the committee agreed assurance was needed regarding this.

CHCP are currently helping the track and trace system were they are following up on patients that had tested positive for Covid-19 and taking their contact details and putting in the local system.

HUTHT

Quality

No Never events were reported in this period.

HUTHT have reported 11 serious incidents in September 2020:

- Diagnostic / failure to act on abnormal test results / follow-up
- Medication incidents
- Safeguarding children
- Falls
- Treatment delay

The Lay member raised a concern with regards to a high level of serious incidents within one month. Assurance was gained that the SI panel are pushing back on HUTHT with regards to these. Conversations have taken place between the Chief Nurse and the Medical Director at the Trust with regards to the concerns of the SI's.

The total 52 week waits was reported and this continues to grow and is expected to rise further as HUTHT enter Phase 3. There are targeted investment plans in respect of ENT, Ophthalmology, Cardiology and Plastics. Concern was raised regarding the waiting lists as some patients that are on the lists could have a number of issues in different specialities; a number of patients were receiving 3 or 4 letters regarding each issue.

Performance

No further discussion took place.

HUMBER FT

HTFT have not declared any serious incidents in September 2020.

Under the revised arrangements for the management of serious incidents during the COVID-19 pandemic, HTFT have placed all ongoing investigations within cohort 2, meaning that all investigations are progressing.

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

All completed investigation reports and action plans are robustly reviewed as part of the Hull and East Riding Collaborative serious incident panel.

Common themes for Pals were relating to poor care and 2 MP letters had been received with regards to waiting times for autism assessments.

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 a 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.

Performance

Discussions took place with Humber with regards to how they are managing the virtual assessments in the areas that they can take place, especially with regards to the CAHMS service. The CAHMS service was still not improving and the team will go back to Humber and ask for a recovery plan. The Lay member requested that the figures for the CAHMS service are looked at and show the actual figures and the narrative matches the figures within the table.

Spire

The information within the report was taken as read, nothing was highlighted.

<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 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>

Resolved

(a)	Quality and Performance Committee Members considered the Quality and Performance report.
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7. OUT OF AREA PLACEMENTS

The Deputy Director of Commissioning presented the Out of Area Placements report to consider.

The report updated the Quality and Performance Committee on the current position regarding out of area placements / bed usage. It provides a current situation update on beds commissioned as part of the Humber Teaching NHS Foundation Trust and on those cases that have been placed in none Humber facilities which are classed as out of area.

The report was set out in three areas Acquired Brain injury, Transforming Care and Complex Adult/ Older people Mental Health.

The Lay member raised concern around the amount of money that was being spent on out of area placements. There was a request to reduce the rating of the transforming care on the risk register at the Integrated Audit Committee, and feels that the Quality and Performance Committee should have been cited on this before the request.

The Committee agreed that the Out of area would be received by the committee more frequently going forward.

<p>Process A HIGH level of confidence was given to the Process to monitor and manage individual placements A MEDIUM level of confidence was given to the process to track financial allocations and invoices. A MEDIUM level of confidence was given to the process to fairly apportion financial responsibility between commissioners. A MEDIUM level of confidence was given in the process to positively interface with NHSE regarding shared responsibilities</p>
<p>Performance A HIGH level of confidence was given in the Ability to respond to any raised concerns regarding the quality or safety of these care packages.</p>

Resolved

(a)	Quality and Performance Committee Members considered the Out of Area Placements Report.
(b)	The Committee agreed that the Out of area would be received by the committee more frequently going forward

8. SAFEGUARDING ADULTS/ CHILDRENS SIX MONTHLY REPORT

The Interim Director of Nursing and Quality presented the Safeguarding Adults/ Children's Six Monthly report.

The purpose of the report was to ensure that NHS Hull Clinical Commissioning Group (CCG) Quality and Performance Committee are informed of the local and wider safeguarding progress and developments in the Q1 and Q2 period of 2020/21, with particular reference to compliance with the NHS England/Improvement (NHSE/I) Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (SAAF) 2019.

During the first two quarters of 2020/21, there have been some changes in the safeguarding team. The Director of Nursing and Quality has continued to provide Executive Leadership for safeguarding, with a new Designated Nurse and Named Doctor for Safeguarding Children both commencing in post during Q2. Processes were also initiated to consolidate capacity within the CCG Safeguarding Team with the recruitment of a permanent Safeguarding Practitioner during Q3.

The SAAF 2019 makes clear that, as a commissioner of local health services, Hull CCG needs to assure itself that it has appropriate arrangements in place to seek safeguarding assurance from commissioned services and organisations. Following an internal review of the NHSE/I Safeguarding Accountability and Assurance Framework (SAAF, 2019) it was identified that there had been no forum for the CCG safeguarding team to offer formal oversight and scrutiny of safeguarding activity. The Safeguarding Assurance Group (SAG) was therefore introduced in Q2 to offer strategic oversight of safeguarding activity.

Impact of COVID-19

The Safeguarding Team have continued to see the sustained increase in activity in certain elements of services due to the ongoing impact of COVID-19. The CCG Safeguarding Team have continued to ensure that statutory duties are fulfilled. Safeguarding referral rates for both children and adults are now reported to be back within expected parameters, but there has been a sustained 40% increase in referrals for domestic abuse incidents/support in the city.

The other significant challenge faced by all organisations is in relation to maintaining training compliance. For all health professionals who require Level 3 Safeguarding Children or Adults training, the Intercollegiate Document (2019) outlines the requirement for 50% of this to be participatory learning.

Safeguarding Risks

The Interim Director gave an update with regards to the three safeguarding risks, implementation of the liberty protection safeguards, Implementation of the new HSCP arrangements and the functionally allowing safeguarding teams to override sharing

consent preferences is being removed from SystemOne. The Chair questioned any outputs from the CCG from the use of arden within system one that most practices use and arden has a functionality of safeguarding documentation evidence around safeguarding reflecting some of the high number of concerns. The Interim Director Nursing and Quality would take this question away and ask one of the professional safeguarding leads.

The Hull Safeguarding Board has supported the re-establishment of a Business Unit for the HSCP, recruitment of an Independent Chair and Scrutineer and to create a full time Business Manager role.

The Lay member raised a concern around the grooming of young children within the first lockdown and this needs to be kept an eye on.

The Lay member also raised that the risk register needs to be on the agenda more frequently, if the Quality and Performance Committee meeting meets bi-monthly due to the Audit meeting also being bi-monthly, they could be a significant time lag between meetings.

<p>Process A HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children. There are strong safeguarding assurance processes in place via executive role with Designated Professionals and Named GPs in post throughout the reporting period ensuring compliance with statutory duties.</p>
<p>Performance A HIGH level of confidence in NHS Hull CCG discharging it's duties in relation to safeguarding adults and children. NHS Hull CCG was represented at executive and all other levels of the Hull Safeguarding Adults Partnership Board (HSAPB), Hull Safeguarding Children Partnership (HSCP) and many other multi-agency meetings and partnerships in the city to safeguard vulnerable people and families.</p>

Resolved

(a)	Quality and Performance Committee members noted the Safeguarding six monthly report.
(b)	The Chair questioned any outputs from the CCG from the use of arden within system one that most practices use and arden has a functionality of safeguarding documentation evidence around safeguarding reflecting some of the high number of concerns. The Interim Director Nursing and Quality would take this question away and ask one of the professional safeguarding leads.

9. PATIENT EXPERIENCE REPORT

The Deputy Director of Nursing and Quality presented the Patient Experience Report to note.

The Deputy Director of Nursing and Quality highlighted to Committee that the report was shorter than previously presented in other months due to COVID-19, Patient surveys, patient experience audits and CQC inspections have been put on hold.

The Friends and family service was due to start back up again in December 2020, but as we have now entered wave 2 could see some delay in this.

Providers have their own patient experience meetings which the CCG are involved in especially from a HUTHT perspective. The Deputy Director of Nursing and Quality posed to the Committee due to the link between the patient relations and Experience report would it be worthwhile going forward to combine the reports.

The Lay member felt the report was a lot of interesting information but not about the so what. Due to COVID-19 there is a massive opportunity to find out what patients are feeling about the current experience they are receiving.

The Interim Director of Nursing and Quality agreed the report needs to be focused on the themes by provider and recognise what was consistent across providers, and pin down the so what including what the providers have done differently with the feedback and had the feedback changed the way the CCG commission.

The Committee agreed to take a step back to look at what experience, relations and engagement is and then produce a report that includes all elements.

Resolved

(a)	Quality and Performance Committee members noted the Patient Experience report.
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10. RESEARCH AND DEVELOPMENT REPORT AND UPDATE

The R and D Lead Nurse presented the Research and Development Report and update to note.

The update report focuses on the R & D response to the COVID 19 situation and the proposed RESTART framework for non COVID studies and the assurances that are in place to potentially restart the non- COVID R & D work.

Urgent public health studies principle study one of the studies that is out there. Promotion of research which supports this, health research authority fast tracking trials but at the moment student based research for ethic research, got to go through other routes if doing masters work. The key areas of research are having to ask the HRA that want to more of a virtual rather than face to face contact, which brings different challenges.

The report provided an update against all of the current studies that are funded by Hull CCG including what challenges COvid-19 has brought to these.

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. Data from local CRNS and NIHR Clinical Research Facilities indicated that NIHR staff previously deployed to clinical 'front line' could begin returning to research roles.

As a result, the NIHR Coordinating Centre representatives and wider partners developed the **RESTART framework** which was published in May 2020. The goal was to RESTART a fully active portfolio of NIHR research while supporting important COVID 19 studies.

A revised R & D Partnership Vision was approved by the CCG Board in March 2019 with Hull CCG, Hull City Council and Hull, York Medical School, The University of Hull. The Vision was underpinned by National drivers, such as the Health and Social Care Act (2012) which placed a duty on commissioners to deliver the key statutory duties; to promote and support research, to use research evidence in commissioning and to ensure treatment costs in research are appropriately resourced.

The Chair asked where consecutive funding for practices is there appreciation from output and getting value for investment. The performance is monitored from the clinical network and from their pot of money.

The Committee agreed the report would need to be a shorter when going to board and highlighting the key points.

Resolved

(a)	Quality and Performance Committee members noted the Research and Development report and update.
(b)	The Research and Development Report and update would be shorter highlighting key points when being presented to the Board Meeting.

11. HEALTH WATCH ANNUAL REPORT

The Interim Director of Nursing and Quality presented the Health Watch Annual Report to note.

The Committee took the report as read and agreed that Delivery Manager, Health Watch needs to attend the Committee meeting to talk through the report.

The Chair and Vice Chair agreed that more joint working going forward should happen going forward and develop the working relationship between Health Watch and the CCG.

Resolved

(a)	Quality and Performance Committee members noted the Health Watch Annual Report.
(b)	The Committee agreed that the Delivery Manager, Health Watch needs to attend the Committee meeting to talk through the report.

14. DEEP DIVE AGENDA ITEMS

No deep dive agenda items were discussed.

Resolved

(a)	No Deep Dive agenda items were discussed.
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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 Minutes where available.

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

The Committee agreed that going forward the minutes would be included within the Committee meeting going forward including the SAG meeting.

18. ANY OTHER BUSINESS

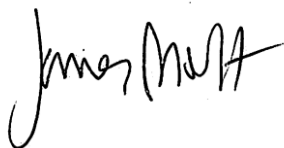
No other business was discussed.

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 Friday 11 December 2020, 9.00am – 12.00pm Via Microsoft Teams.



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

Date: 11 December 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