

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 19 FEBRUARY 2021
HELD VIA MICROSOFT TEAMS,
9.00AM – 12.00PM**

PRESENT:

J Stamp, Lay Representative, (Chair), Hull CCG
Dr J Moulton, GP Member, Hull CCG
E Butters, Head of Performance and Programme Delivery, 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
C Linley, Interim Director of Nursing and Quality, Hull CCG
D Lowe, Deputy Director of Quality and Clinical Governance/ Lead Nurse, Hull CCG

IN ATTENDANCE:

K Hiley, Medicines Optimisation Pharmacist, NECS
K Wells, Performance Analyst, Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

D Blain, Designated Professional for Safeguarding Adults, Hull CCG
Dr J Crick, Associate Medical Director, Hull CCG
J Dodson, Deputy CFO, 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

2. MINUTES OF THE PREVIOUS MEETING HELD ON 11 DECEMBER 2020

The minutes of the meeting held on 11 December 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 11 December 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 11 DECEMBER 2020

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

11/12/20 7 – Quality and Performance Report - DL has made contact with Michelle Longden to request that a Board Development Session focusing on Serious Incidents should be scheduled in 2021. – action marked as complete

11/12/20 13 – Humber Teaching Hospitals NHS Foundation Trust Crisis Line – report included within the Meeting – Action marked as closed

17/11/20 11 – Health Watch Annual report – DL will catch up with Healthwatch to raise the issue of Healthwatch attendance at future meetings.

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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STANDING AGENDA ITEMS

6. QUALITY AND PERFORMANCE REPORT

The Head of Performance and Programme Delivery and the Deputy Director of Nursing and Quality presented the Quality and Performance Report for consideration. The Committee took the report as read and the Head of Performance and Programme Delivery and the Deputy Director of Nursing and Quality talked through the report at a high level.

Finance

The CCG has been working with partners to identify the expected costs for the remainder of the financial year. Initial analysis highlighted that the funding provided was not sufficient to meet the expected demand, however teams have worked closely together to resolve this and worked this through in the forecast positions.

Overspends up to the end of September have now been fully funded through allocation adjustments for both COVID and non-COVID costs. Some elements of the retrospective funding system remain, in particular the Hospital Discharge Scheme.

NHS Oversight Framework

NHS England had provided some updates against the framework, included within the report was the lowest performing quartile for Hull CCG, and at this point there isn't any change from what had been reported in previous months.

Performance

A&E

HUTHT Type 1 A&E 4 hour waiting time performance improved slightly in December 2020. Attendance levels are at 76% of activity levels compared with the same period last year

Referral to Treatment

Referral to Treatment 18 weeks waiting times performance at HUTHT deteriorated slightly in December, reporting 50.42% compared to 51.84% the previous month.

Diagnostics

Hull CCG Diagnostic test 6-week waiting times performance deteriorated compared to the previous month, reporting 41.27% of patients waiting longer than 6 weeks in December compared to 35.08% in November.

Cancer 2 weeks waits

December performance is at 79.39% for Hull CCG with 849 patients seen and 175 breaches of the standard – nearly 80% of the breaches due to inadequate out-patient capacity (138), 36 due to Patient Choice (36) and the remaining breach down to administrative delay.

Maximum 2 week wait (%) for first outpatient appointment when referred urgently by GP with breast symptoms

2 week's wait – exhibited breast symptoms where cancer not initially suspected standard reported performance of 4.76% in December 2020. A total of 105 patients were seen during December with 100 breaches, 90 due to inadequate outpatient capacity, and 10 due to patient choice. The Lay Member expressed his concerns around the breast cancer figures, and questioned what the recovery plan looks like. It was noted that HUTHT are currently looking at diagnostics and the pathway review, and that the service is monitoring each patient. Good assurance was received at the Quality Delivery Group meeting that good processes are in place. No recovery plan is

currently in place with regards to this service due to ongoing staffing issues and Covid-19 at HUTHT. The Associate Director of Communication and Engagement pointed out that the role out of the National campaign Help Us Help You which was focusing on lung cancer then a focus on other cancers could also put pressure on the service. There are also plans to restart the lung health checks.

Cancer 62 Day waits

Hull CCG performance is 53.33% in December (60 patients with 28 breaches). The majority of the breaches are around capacity in the hospitals.

CHCP

Quality

CHCP have not declared any serious incidents during December 2020. The revised Provider Safeguarding Self Declaration Tool has now been shared with provider organisations. The plan is that the tool will be phased in through Q3 and Q4 of this year before being embedded for use in Q1 of 2021/22. The safeguarding team at CHCP have had some changes in their team with four members of the substantive team retiring over recent months. A new Named Nurse and Integrated Safeguarding Team Manager is now in post. The Integrated Quality meeting have continued to meet and agendas have increased to focus on waiting times, recovery and managing episodes of surge. CHCP continue to be our provider for the designated beds at the Needler Unit. Representatives from the CCG and CHCP met and worked through their restoration plan to look at all their areas. A lengthy presentation was given at the last Integrated Quality Meeting from CHCP focused on pressure ulcers and the categorisation of pressure ulcers, due to a low number of pressure ulcers been declared compared to other areas across the Region. They have reported back on the work that they have been doing, the CCG have asked for CHCP to share this more widely, for a more joint approach including HUTHT. The Quality and Safety Manager had agreed to take this forward.

A pilot to develop training packages is being delivered with Health Education England and the safeguarding training videos having been created and being used nationally. The Deputy COO led a virtual roadshow to engage with staff, using on-screen surveys, and thanking them for their commitment.

The Chair raised if he submitted a Datix report around an incident at his practice with regards to CHCP how would this be picked up internally? And where would this be picked up within the Quality and Performance Report? The Deputy Director of Nursing and Quality explained that this would be picked up internally and flagged that it's with regards to Primary Care and CHCP by the Quality and Safety Lead. Then would make contact with CHCP as to whether or not there needs to be a joint investigation or how it can be resolved. The Director of Nursing and Quality followed that the Datix wouldn't currently be picked up within this report, the team would have the discussion with the provider. The Interim Director of Nursing and Quality had some ideas that would strengthen the quality section and make clearer the areas of assurance.

Performance

An overview of the status of the recovery plan was provided within the report, and some detailed information provided of some key specialities that have been focused on over the past few months. The Vice Chair raised the question that over the last couple of

months the Committee had recognised that services had been stood down and staff been re deployed and really concerned around recovery and how this would affect patients waiting for these services are we more assured as a CCG? The Performance Manager felt that there was a lot of joint working and monitoring and felt more assured.

The Chair asked whether the Covid-19 Vaccination reporting should be included within the CHCP section of the report. A discussion took place, and it was agreed this would sit better with an update at Hull CCG Board, and the Interim Director of Nursing and Quality agreed to raise this as agenda item for future Boards. The Associate Director of Communication and Engagement raised that a weekly stakeholder bulletin for Humber, Coast and Vale footprint is now being produced, and that this had now been broken down to a CCG level and the Primary Care Clinical Directors could be included in the circulation of this if it would be useful. The Associate Director of Communication and Engagement agreed to include everyone in the stakeholder bulletin as requested.

HUTHT

Quality

HUTHT have reported 11 serious incidents in December 2020. HUTHT will start using the safeguarding self-declaration tool. HUTHT are providing some level 4 response working to a national directive admitting patients into ITU from out of area. The role out of the COVID-19 vaccine programme was progressing well in vaccinating key staff and supporting adult social care. HUTHT continue to successfully progress the pilot of their Acute Care Navigation Hub. A virtual hub with a single point of access for all GPs in gaining fast and timely access for their patients into acute specialities; reducing the need for patients to attend the Emergency Department.

The Lay Member raised that the Patient experience section of the report was showing a theme of communication been poor. The Deputy Director of Nursing and Quality confirmed that they are currently looking at resources with regards to the service and would provide more of an update at the next meeting. The Associate Director of Communication and Engagement meets with the Director of Communications at HUTHT weekly and would pick up with them what the plan was going forward. The Lay Member asked that the actual complaints that the providers receive that are presented at QDG would be included within this report going forward.

Performance

This was covered in Part One of the Quality and Performance Report.

Humber

Quality

HTFT declared two serious incidents in December 2020.

- 1 Unexpected death
- 1 Alleged abuse

Humber will start using the safeguarding self-declaration tool. Responsiveness of the complaints line has a 72 hour reply time which as previously mentioned for HUTHT needs to be again looked at. The Trust are now introducing Primary Care Mental Health Practitioners into PCNs, to support closer working and closing the gap between primary care and mental health services. The Trust remains focussed upon workforce and their recruitment pipeline for the future and in acknowledging retirement figures

within the workforce over the coming years. A group has been established to focus on roles that are challenging and difficult to recruit into. Recruitment to Registered Nurses remains positive and international recruitment is also underway. A further 5 new Nurse Associate roles are recruited to with a pathway in place through to apprenticeships. The Trust are currently working with commissioners in respect of accessing medical equipment. A task and finish group has been developed to address the challenges in accessing pressure relieving equipment and in reviewing the current arrangements.

Performance

The report highlights key updates on the Specialties that have been monitored for underperformance which gives a positive picture against progress. Speech & Language (SLT) although referrals remain high over 18 weeks look like they are decreasing. CAMHS are showing a reduction in the current waiting list. Autism - Humber have recruited to 2 full time Band 5 practitioner positions to support with the referrals and screening process, both roles are due to start in early January 2021. The service continues to recruit for a Band 7 Occupational Therapist. The Lay Member raised a concern that the number of patients is dropping but they are accessing other services that aren't Humber services and the problems the patients have don't just disappear. The Lay Member also raised concern around COVID-19 recovery and the anticipated impact on mental health services in the future. A new strategic Lead for Hull CCG has been recruited and it was raised that an out of areas placements report had not been received by the committee for a long time, the Committee agreed a report would be presented at the next meeting.

Spire

Spire has not reported any serious incidents or never events in December 2020. Spire will start using the safeguarding self-declaration tool. A robust process is in place in respect of reviewing and clinical prioritisation of patients on waiting lists as per National Guidance. Spire currently report 300 patients within P3 and 700 patients within P4 categories. Covid-19 testing arrangements are now in place.

YAS

YAS reported positive feedback in relation to the '111 First'. In response to Covid-19 Virtual Wards and Pulse Oximetry, a pathway for out of hours and weekends has been progressed that is run by CHCP to ensure that patients who are in the amber group, defined by the national oximetry at home SOP as patients with oxygen saturation levels of 93-94%, have somewhere to go when their GP is closed. For patients with oxygen saturations 92% or lower these are placed in the red group and should be admitted for ongoing treatment.

The Committee agreed that the Non-Emergency Medical Transport Service – Performance Summary could now be removed from the report due to assurance been gained on this service, the report will come back to the Committee if the performance drops again.

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.

Hull & East Yorkshire Hospitals – Referral to Treatment 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.

Hull & East Yorkshire Hospitals - Diagnostics 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.

Hull & East Yorkshire Hospitals – Cancer Waiting Times (exc. 62 days target)

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 emerging improved performance but not yet assured of sustained improvement.

Hull & East Yorkshire Hospitals – 62-day Cancer 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.

Humber Foundation Trust – Waiting Times (all services)

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.

City Health Care Partnership – Looked After Children Initial Health Assessments

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>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.
(b)	The Associate Director of Communication and Engagement will include the directors in the stakeholder Vaccination bulletin.
(c)	The Associate Director of Communication and Engagement meets with the Director of Communications at HUTHT weekly and would pick up with them what the plan was going forward
(d)	The Lay Member asked that the actual complaints that the providers receive that are presented at QDG would be included within this report going forward.
(e)	Out of Areas Report would be presented at the next Committee meeting in April 2021.

6I. QIPP REPORT

The Head of Performance and Programme Delivery presented the QIPP report to consideration.

The report provides an overview of the recommendation to pause the Hull CCG QIP schemes for the remaining period of 2020-21.

It is recommended that the Committee:

- Note the contents of this report including the monitoring pause of the overall QIPP plan.
- that the Medicine Optimisation QIPP monitoring will continue.

The Committee agreed to the terms agreed within the report.

Resolved

(a)	Quality and Performance Committee Members considered the QIPP Report.
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7. SERIOUS INCIDENT Q3 REPORT 2020/21

The Deputy Director of Nursing and Quality presented the Serious Incident Q3 Report 2020/21 to Consider.

Hull CCG continue to see the most Serious incidents at HUTHT, very similar to last year’s reporting. The number of reported Never Events are less than the previous

year, and there have been 8 reported surgical incidents of which 5 are retained foreign objects. These key areas were discussed at length at the Quality Delivery Group. In terms of surgical incidents, HUTHT had commissioned an independent review conducted by Airedale and a sound action plan was now in place. In terms of diagnostic's there is a programme of work in place and which will feed back to the Quality Delivery Group. Falls and pressure ulcers has also been raised both at the serious incident panel and directly with HUTHT due to the number of these been reported. Staff have been redeployed to other areas, and they are struggling to keep the staff they have fully trained, the Trust have acknowledged that this is difficult to achieve in the present time. In terms of concerns raised previously with regards to maternity, a thematic review was completed and currently there are a lower level of incidents than previously reported. HUTHT had reported to their internal Board around concerns due the number of falls coming through, and the Trust is implementing an internal thematic review.

Process

A **HIGH** level of confidence in the CCG has an effective management process in place for SIs with its main providers. Significant level of assurance was obtained following an internal audit undertaken in August 2019.

**HUTHT
Performance**

A **MEDIUM** level of confidence was given in HUTHT as there are concerns with this provider in the following areas:

- Surgical setting, the Trust continues to declare a high number of surgical related incidents.
- Diagnostics whereby reoccurring themes are evident including of failure to act on abnormal results / failure or delay to follow-up, and the failure to apply appropriate flags for urgent or unexpected findings.
- Staff not following guidance and poor documentation continues to be identified with investigations.
- The Trust is reporting an increasing number of falls related serious incidents
- Recurrence of pressure ulcer incidents and failure to embed the learning on ward 14, CHH

Humber

A **MEDIUM** level of confidence in Humber is given as 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.

CHCP

A **MEDIUM** level of confidence in CHCP is given as 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

A **HIGH** level of confidence in Spire is given as the provider positively engages with the CCG for advice prior to declaring and investigations have been robust.

Hull CCG

A **HIGH** level of confidence in the CCG given that appropriate SIs are identified and reported as SIs where appropriate.

A discussion took place with regards to the Low level of confidence for HUTHT. Whilst the Committee felt assured at the moment around HUTHT's serious incidents, the Interim Director of Nursing and Quality felt that there wasn't consistent criteria to support the level of confidence being reported., The Deputy Director of Nursing and Quality and the Interim Director of Nursing and Quality would discuss this outside of the meeting and bring back proposals to a future meeting.

Resolved

(a)	Quality and Performance Committee Members considered Serious Incident Q3 Report 2020/21.
(b)	The Interim Director of Nursing and Quality and Deputy Director of Nursing and Quality would agree criteria around the levels of assurance for the Serious Incident report outside of the meeting and present these to the Committee at a future date.

8i. DRAFT ANNUAL EQUALITY INFORMATION REPORT 2020/21

The Associate Director of Communication and Engagement presented the Draft Annual Equality Information Report 2020/21 to Note.

The draft Annual Equality Information Report 2020/21 is being presented to Quality and Performance Committee to note, prior to formal submission to the CCG Board on 26th March 2021.

The CCG will continue to drive operational progress and integration of Equality Diversity and Inclusion within all of programmes of work. The CCG will work towards implementing EDS3 once guidance is received and we will look to strengthened EDI links with:

- Primary Care Networks
- The Integrated Care System
- Provider Alliances
- Local authority

A key area of focus will be supporting our workforce in any transition arrangements (e.g. post COVID or due to structural / organisational changes) as the new Integrated Care System configures.

The Lay Member noted that there were no quality outcomes within the report. It was noted that Liz Sugden was new to the group and the outcomes would be included in the draft report before being presented at the Board Meeting on 26 March 2021.

The Committee agreed this was a very detailed and informative report.

The committee noted the progress against the CCG's Equality, Diversity and Inclusion outcomes.

Resolved

(a)	Quality and Performance Committee members noted the Draft Annual Equality Information Report 2020/21.
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(b)	DL would ensure LS includes the quality outcomes within the Equality Information report before being received by Board.
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8ii. EQUALITY, DIVERSITY AND INCLUSION POLICY

The Associate Director of Communication and Engagement presented the Equality, Diversity and Inclusion Policy to ratify.

The Equality, Diversity and Inclusion Policy has been reviewed and updated in consultation with the members of the Equality, Diversity and Inclusion Steering Group and was presented to Quality and Performance Committee to ratify prior to submission to the CCG Board for approval.

The Quality and Performance Committee ratified the report to be approved at March Hull CCG Board.

Resolved

(a)	Quality and Performance Committee members ratified the equality, Diversity and Inclusion Policy.
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8iii. EQUALITY, DIVERSITY AND INCLUSION STEERING GROUP TOR

The Associate Director of Communication and Engagement presented the Equality, Diversity and Inclusion Steering Group TOR to Approve.

The purpose of the Equality, Diversity and Inclusion (EDI) Steering Group was reviewed and membership expanded in October 2020 following a refresh of the CCG’s EDI objectives. The Terms of Reference was drafted to reflect the purpose of the EDI Steering Group.

- The Interim Director of Nursing and Quality queried the use of Executive Lead within the TOR, it was agreed this would be changed to Lead.

The Quality and Performance Committee approved the Equality, Diversity and Inclusion Steering Group TOR.

It was noted that the Equality, Diversity and Inclusion Manager would be starting with Hull CCG working across Hull and North Lincolnshire on Monday 22 February 2021. The Associate Director of Communications and Engagement gave thanks to Amanda Heenan for all her help and support she had given her over the last six months.

Resolved

(a)	Quality and Performance Committee members approved the Equality, Diversity and Inclusion Steering Group TOR.
(b)	Exec Lead within the Equality, Diversity and inclusion TOR, would be changed to Lead.

ITEMS BY EXCEPTION

9. RISK 861 HUTH NEVER EVENT

The Deputy Director of Nursing and Quality presented the Risk 861 HUTH Never Events to Approve.

The purpose of the report was to provide the Quality and Performance committee with assurance in respect of the processes in place for Serious Incident reporting and the requirements for the declaration of Never Events under the National Never Event Framework (2018) by providers.

NHS Hull CCG Quality team presented the paper to the Quality and Performance Committee at the request of the Integrated Audit and Governance Committee; to provide assurance and in making a recommendation for the removal of CCG Risk 861 from the risk register.

The paper outlines the findings of a recent review into the reported incidents which have been declared by Hull University Teaching Hospitals Trust as Never Events. The review considered the themes, trends and assurances in place within the Trust and considered the improvements, learning and change which has taken place within the Trust to improve patient's safety and experience.

Risk 861 was first reported on 21/11/12 and has over the years been subsequently updated to reflect the reporting of Never Events by the Trust over a period of 8yrs.

The Interim Director of Nursing and Quality as the risk owner agreed to remove risk 861 and replace with a new risk associated with Serious Incidents at Hull University Teaching Trust.

Resolved

(a)	Quality and Performance Committee members Approved the Risk 861 Never Events.
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9i. QUALITY AND PERFORMANCE COMMITTEE RISK REPORT

The Deputy Director of Nursing and Quality presented the Quality and Performance Committee Risk Report to discuss.

- The Deputy Director of Nursing and Quality requested the Quality and Performance Committee to consider either a reduction or removal of risk 927-IPC, for this year and review for next year, the Interim Director of Nursing agreed to recommend the removal of the risk in relation to MRSA but remained less confident with the reduction of the risk relating to e-coli. The Deputy Director of Nursing and Quality agreed to draft a new risk for E-coli and recommend the removal of risk 927 to the next meeting of the Integrated Audit and Governance Committee.
- Risk 899 Out of area placements – the Lay Member requested an update to the next Quality and Performance Committee with regards to Out of Area Placements due to this not been reported to the Committee regularly.

Resolved

(a)	Quality and Performance Committee members discussed the Quality and Performance Committee Risk Report.
(b)	The Deputy Director of Nursing and Quality would draft a new risk for E-coli and remove risk 927.

(c)	Out of Area placements Report would be reported to the next Quality and Performance Committee.
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10. HUMBER TEACHING HOSPITAL FOUNDATION TRUST CRISIS LINE

The Deputy Director of Nursing and Quality presented an update report on the Humber Teaching Hospital Foundation Trust Crisis Line for consideration.

The purpose of this report was to provide the Quality and Performance Committee with assurance in respect of the improvements made by Humber Teaching Hospitals Foundation Trust, following concerns raised previously by the Committee in respect of the effective and responsiveness of the Crisis Line Service.

The paper provides a narrative of the issues and the improvement measures taken by the Trust in response to the concerns and actions taken to improve the service.

On the 9th November 2020 the Mental Health Response Service (MHRS) went live with an electronic referral system (eRS). The MHRS email address thereafter being dedicated for urgent referrals only and the eRS being requested to be used for all routine referrals.

Telephone access for emergency referrals continues to be 301701 Option 4. It is however reported that some GP Practices are continuing to use "Option 1" which is primarily for urgent/crisis referrals. The Trust continues to see a high volume of calls to 301701 for referrals which could be managed electronically through the eSR system which is the preferred route for non-emergency referrals.

The Trust currently have in place is a separate number for older adults and calls for this patient group are being directed to phone number 335795, as this is a dedicated number for older adults.

The GP member raised concerns when using the crisis line in a GP surgery pressing Option 4 can take a considerable amount of time to get through to someone when they have a patient sat with them saying they will do something to harm themselves and not having the time to sit on the phone for nearly an hour. The Interim Director of Nursing and Quality felt the report didn't give the Committee the assurance that the report was recommending. We need to understand the following: -

1. the performance information with regards to the activity
2. The report was not clear of the different elements of the mental health pathways and the response needed
3. Within the report it mentions incidents, but not clear if new incidents have been reported since we last met as a committee and the CCG should also encourage Primary Care to report these on Datix.

The Lay member would like to see alongside this anecdotal information, figures and patients experience of the service before the Committee can gain assurance from the report provided. The Deputy Director of Nursing and Quality would present this at the next Quality and Performance Committee.

Resolved

(a)	Quality and Performance Committee members considered the Humber Teaching Foundation Trust Crisis Line.
(b)	The Deputy Director of Nursing and Quality would present the Crisis Line update at the next Quality and Performance Committee.

11. HULL UNIVERSITY HOSPITAL 52 WEEKS WAITS

The Deputy Director of Nursing and Quality presented the Hull university Hospital 52 Weeks waits to Note.

The paper outlines the current position for 52 week waits at Hull University Teaching Hospitals Trust and provides the Quality and Performance committee with assurance in respect of the processes in place for quality governance oversight of 52 week waits at Hull University Teaching Hospitals Trust.

Prior to the onset and first wave of Covid, the Trust had no patients waiting over 52 weeks.

The 3 Acute Trusts across the Integrated Care System (ICS) are at this time are working together, in maximising the use of capacity, both within their facilities and in the independent sector; to manage 52 week waiting times and to deliver the overall required capacity. Hull patients are now being offered appointments for treatment at other facilities across the ICS.

In response to the impact of the Covid-19 pandemic HUTHT have produced a summary strategy, detailing the Clinically Validation process for its waiting lists and in assessing clinical harm of patients that have had long waits. The process has four stages;

- 1-Patient level risk and benefit assessment
- 2-Clinical prioritisation as per the national guidelines
- 3-Safety netting for patients
- 4- Harm review if harm has been identified as occurring.

Commissioners continue to maintain oversight of all clinical harm for patients via the Quality Delivery Group meeting.

The Interim Director of Nursing and Quality requested further assurance as in normal times there would be a root cause analysis done on every 52 week breach, but this is only currently done when harm has taken place.

Resolved

(a)	Quality and Performance Committee members noted the Hull University Hospital 52 Weeks waits.
(b)	Quality and Performance Committee members confirmed that sufficient assurance had been presented in respect of 52 week waits and the role of the CCG Quality Team in ensuring good quality governance.

REGULAR ASSURANCE REPORTS

12. NHS CONTINUING HEALTHCARE (NHS-CHC) REPORT FOR QUARTER 2 2020/21

The Deputy Director of Nursing and Quality presented the NHS Continuing Health Care report for quarter 2 2020/21 to note.

The Committee noted the contents of the NHS Continuing Health Care (NHS-CHC) Report for Quarter 2 2020/21.

Resolved

(a)	Quality and Performance Committee members noted the NHS Continuing Health Care Report for Quarter 2 2020/21.
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13. INDIVIDUAL FUNDING REQUEST ANNUAL REPORT

This item was deferred to April 2021.

14. Q2 2020/21 PRESCRIBING REPORT

The Pharmacy Technician Project Manager presented the Q2 2020/21 Prescribing report to Note.

The Committee noted the contents of the Q2 2020/21 Prescribing report.

Resolved

(a)	Quality and Performance Committee members noted the Q2 2020/21 Prescribing report to note.
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MEETING GOVERNANCE

15. QUALITY AND PERFORMANCE COMMITTEE TERMS OF REFERENCE

The Chair presented the Quality and Performance Committee Terms of Reference to be ratified.

The Quality and Performance Committee ratified the Quality and Performance Committee Terms of reference.

Resolved

(a)	Quality and Performance Committee members ratified the Terms of Reference.
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16. 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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17. NOTES FROM THE FOLLOWING MEETINGS ARE ATTACHED:

- Planning and Commissioning
- HUTHT Operational System Oversight Management Board (SOMB)
- Humber Quality meeting
- Spire CMB
- H&ERY SI Panel
- Infection, Prevention and Control Group – *none available meeting cancelled due to covid*
- Safeguarding Assurance Group (SAG)

18. ANY OTHER BUSINESS

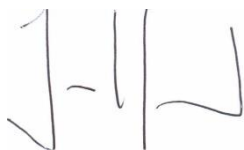
No other business was discussed.

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 May 2021, 9.00am – 12.00pm Via Microsoft Teams.

A handwritten signature in black ink, appearing to be 'JHW', written above a horizontal line.

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

Date: 09 April 2021

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