

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 18 JUNE 2021
HELD VIA MICROSOFT TEAMS,
08.30AM – 11.30AM**

PRESENT:

Dr James Moulton	GP Member (Chair), NHS Hull CCG
Jason Stamp	Lay Representative (Vice Chair), NHS Hull CCG
Estelle Butters	Head of Performance and Programme Delivery, NHS Hull CCG
Sue Lee	Associate Director of Communications & Engagement, NHS Hull CCG
Debbie Lowe	Deputy Director of Nursing & Quality, NHS Hull CCG

IN ATTENDANCE:

Chris Denman	Head of NHS Funded Care, NHS Hull CCG
Marie Girdham	Research and Development Lead Nurse Manager
David Pullen-Higham	Strategic Lead for Mental Health & Learning Disabilities, NHS Hull CCG
Hazel Moore	Head of Nursing, North Lincolnshire CCG
Maria Shepherd	PA to Deputy Director of Nursing & Quality (note taker), NHS Hull CCG

1. APOLOGIES FOR ABSENCE

Apologies for absence were noted from:-

James Crick	Associate Medical Director, NHS Hull CCG
Karen Ellis	Deputy Director of Commissioning, NHS Hull CCG
Kevin McCorry	Medicines Optimisation Pharmacist, NECS
Ross Palmer	Head of Contract Management, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 9 APRIL 2021

The minutes of the meeting held on 9 April 2021 were presented and agreed as a true and accurate record.

Resolved

(a)	That the minutes of the meeting held on 9 April 2021 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 9 APRIL 2021

The action list was presented and the following updates provided:

19/02/21 6 (c) – The Lay Member requested that complaints received by providers, that were presented at the QDG, would be included within the Q&P report going forward. Update 18/06/21 – Outstanding. EB had not been involved in collating the report and advised this would sit with quality. DL to action for next meeting on 20 August 2021.

09/04/21 6 (b) – Long Waiters. The Chair suggested the Committee would receive a separate report to the next meeting in June 2021 to offer a level of assurance in how

these waiting lists were being managed and that recovery plans were in place. Update 18/06/21 – Outstanding. EB would provide this for the next meeting on 20 August 2021.

09/04/21 10 (b) CCG Response to Covid. A further version of the report would be submitted to the CCG Board which would include Communications response and would be sent to other Quality and Performance colleagues for their input. Update 18/06/21 – In progress.

09/04/21 15 (b) IPC assurance ratings would be reviewed based on the new levels with further data anticipated within the Annual Report. Update 18/06/21 – Outstanding due to absence of IPC Lead Nurse. Action would be carried forward to the next meeting on 20 August 2021.

09/04/21 18 (b) Rationale for out of area placements would be included in future reports. Update 18/06/21 – Outstanding. DL to follow up with DPH for response via email.

09/04/21 18 (c) Follow up required with Hull CCGs Strategic Lead for Mental Health and Learning Disabilities around the Panel that reviewed out of area approvals to clarify lay member representation and where the panel's Terms of Reference should be submitted. Update 18/06/21 – Outstanding. DL to follow up with DPH for response via email.

09/04/21 22 Pulmonary Rehab waiting lists would be referred to the Planning and Commissioning Committee in writing with regard to what was commissioned in relation to capacity. Update 18/06/21 – Outstanding. Follow up required with KE and to link into work of commissioners as there was an existing project of work to focus on this pathway.

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)	The Chair approved for the Humber Independent Investigation Report to be taken under Any Other Business by the Deputy Director of Nursing and Quality.
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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
J Moulton (Chair)	6	Honorary contract holder non-remunerated with HUTHT for Cardiology.
J Moulton (Chair)	6	Modality PCN, working with HUTHT to reduced waiting lists for out-patients.
J Stamp (Vice Chair)	14	Sub-contractor for the Research Evaluation for the Social Prescribing service.

Resolved

(a)	The above declarations of interest were noted.
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STANDING AGENDA ITEMS

6. QUALITY AND PERFORMANCE REPORT

The Deputy Director of Nursing and Quality and the Head of Performance and Programme Delivery presented the Quality and Performance report for consideration. The Committee took the report as read and a summary provided by exception, which highlighted any areas of deterioration since the last reported position. There were no significant changes since the last report.

Finance

Achievement against the financial performance targets were on track and the CCG’s forecast was based on the assumption that expenditure would be in line with the budget with the exception of expenditure on the Hospital Discharge Scheme, however this was being monitored.

NHS Oversight Framework

Currently there were no indicators to be updated. The format of the Quality and Performance report and how it was presented would be reviewed over the coming months.

CCG Constitutional Exceptions

Overall a slight deterioration was reported on the previous month but not in significant numbers. HUTHT attendance levels in April 2021 (10,410) were 60% higher than those seen in April 2020 (6,476) due to the impact of Covid but the overall number of attendances was increasing back to pre-Covid levels.

Number of >52 weeks referral to treatment Hull CCG reported 5,103 patients waiting over 52 weeks at the end of April, a reduction of 648 when compared to the previous month (March 2021, 5751). The majority of breaches relate to Ear, Nose and Throat (ENT), Plastic Surgery, Ophthalmology and Gynaecology. Long Waiters were being re stratified with significant increase in the usage of the advice and guidance as new referrals were received to ensure that patients at risk were being seen. The Chair asked if HUTHT could provide assurance around timeframes for responses to advice and guidance (within 48 hours) as there were a number of occasions where this was across different specialties. EB confirmed the Trust were reporting against these timeframes.

Hull and East Riding CCG reported on individual specialties which could be provided to the Committee as an additional report.

The exceptions for Cancer waiting times were noted and several of these were due to elective capacity for treatment.

HUTHT Quality Risk Profile (QRP) Process

A process has been initiated with HUTHT following desktop review by NHSE and in light of Hull CCG's areas of concern. The tool applied was a nationally recognised template with 103 indicators across 3 core domains which were Acute Services, Core Services and Maternity Services. All data and intelligence had been collated with input from wider stakeholders across Health Education England, CQC, NHSE, CCGs and others to populate the tool and provide an initial risk score. Two meetings were held with health stakeholders to review data and validate the risk scores. This was presented to HUTHT in May 2021 with a meeting held with the Chief Nurse and Medical Officer to review the risk scores, offer opportunity to challenge/provide more evidence and validate. A further meeting was held with stakeholders to review the outcome.

The first joint QRP/QDG meeting was held on 7 June 2021 with all stakeholders and HUTHT to review the tool and specifically the risk scoring which was defined as Low, Moderate, High or Extreme. There were 7 areas identified as extreme risks which were agreed across all parties. Two actions arising from the QRP/QDG meeting was a Deep Dive of each extreme risk that would be programmed into subsequent meetings and a mapping exercise of what current workstreams/improvement work was being undertaken around those 7 keys risks. As the CCG moves into an ICS, where new collaboratives start up and workstreams are initiated, work was already underway in these areas and the CCG were keen that HUTHT did not set up work in isolation as this was an integrated approach to improvement.

Next Steps

- Mapping of current workstreams/improvement programmes in place across the 7 extreme risks.
- Deep dive of each extreme risk.
- System wide approach to reduce risks and measures put in place to mitigate, manage and improve.
- Monthly meetings would be held going forward under the remit of QDG but separated into two parts – Part A would look at the QRP process and Part B would remain business as usual.
- CCGs would continue to Chair these meetings. This would be the Chief Operating Officers for Hull CCG and ERY CCG.

In response to a query raised by HUTHT around how long they would remain in Enhanced Surveillance, there were no current plans to reduced or remove this status but as improvements were made this would be monitored and measured and a decision made when appropriate as to the level of surveillance in place.

Mental Health

HTFT and HUTHT had experienced an increase in the number of referrals for Children presenting in A&E with self-injurious behaviour who arrive for treatment, HUTHT reporting occasions whereby they become the `place of safety`. HUTHT have asked the system for support with this in addition to the QRP. Whilst this area scored less in the QRP, HUTHT had a keen focus on this which would become one of their priorities for

next year. The Chair queried whether a CAHMS worker would be placed within A&E. It was confirmed HUTHT were looking at options but initial request was for support from the wider system in terms of planning and delivery of a different model and that they integrate this into the current workstreams around the Crisis Care Concordat, managing crisis within the Out of Hospital service and working more collaboratively around solutions.

There is a need to ensure there is a definitive line between the role of a Mental Health provider and Acute provider. The Chair agreed it should be a seamless service from the patient perspective however the patient needed to be in the right place to receive the right level of care and HUTHT was not always the appropriate setting. It was acknowledged this was an additional drive to undertake a piece of work to review the CAMHS pathway, the longer term and the optimum time to move someone to the right place to meet their needs.

Regarding CHCP Out of Hours/Minor Injuries performance the Chair queried whether the Committee should be sited on waiting times data. EB advised that GP Out of Hours sat with primary care and reports were provided from CHCP. Performance around primary care sat with the Primary Care Quality and Performance Sub-Committee with highlights submitted to the Primary Care Commissioning Committee. Significant work had been undertaken on the new dashboard and performance matrix with further work required to build on the quality narrative that sat underneath it however from a patient pathway perspective there should be no gap in terms of performance reporting and any quality issues.

The Lay representative reiterated the importance of assurance around recovery plans, that those most in need were being prioritised in terms of waiting lists, that there was a mechanism in place to escalate those people who became clinically critically urgent. It is a balance across all services in terms of access to services – it was a system issue.

Hull CCG were in receipt of the quality accounts from all providers which reported against quality achievements for this year and what was planned as the quality priorities for next year. The impact of Covid had been significant in providers being able to achieve against those targets. CCG feedback highlighted areas of concern and where we would expect to see quality priorities for next year.

Resolved

(a)	The Quality and Performance Committee members considered the Quality and Performance report.
(b)	>52 weeks referral to treatment. Additional report on Specialties would be provided to the Committee to provide assurance around timeframes for responses to advice and guidance and detail of any deterioration.

LEVEL OF CONFIDENCE:

Financial Management

PROCESS	RATING
There is a HIGH level of confidence in the CCG process for financial management: <i>Established systems and processes for financial management that are verified by internal and external audit.</i>	High

PERFORMANCE	
There is a HIGH level of confidence in the CCG reported financial performance: <i>All statutory targets planned to be achieved. Track record of performance.</i>	High

Hull University Teaching Hospitals – A&E 4 hour waiting times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target. <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	Low

Hull University Teaching Hospitals – Referral to Treatment waiting times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target. <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	Low

Hull University Teaching Hospitals - Diagnostics Waiting Times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	Low

Hull University Teaching Hospitals – Cancer Waiting Times (exc. 62 days target)

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target	Low

Hull University Teaching Hospitals – 62-day Cancer Waiting Times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	Low

Humber Foundation Trust – Waiting Times (all services)

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target <i>Ongoing underperformance.</i>	Low

City Health Care Partnership – Improved Access to Psychological Therapies waiting times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target.	Low

Yorkshire Ambulance Service – Ambulance Handover Times

PROCESS	RATING
There is a HIGH level of confidence in the CCG processes for reporting the performance against this target <i>Established systems and processes for reporting performance information.</i>	High
PERFORMANCE	
There is a LOW level of confidence in the achievement of this target.	Low

7. LEDER ANNUAL REPORT

The Head of Nursing for North Lincolnshire CCG presented the Learning Disabilities Mortality Review (LeDeR) Annual Report to note and the report was taken as read.

This was the third LeDeR Annual Report from CCGs and the first joint Humber CCG's Annual Report. The report would be published online by 30 June 2021. The Humber CCGs would also ensure this was published in an 'easy read' version. The report provided detail of the themes and trends identified from reviews, good practice, where improvement was required and recommendations for 2021/22. Key findings were noted as follows:

- The Humber area saw 55 deaths reported to the LeDeR Programme (1 April 2020 – 31 March 2021) with 62% of the individuals being male – this was slightly higher than the national average of 58%.
- During the time period of this report, 60 LeDeR reviews were completed. Of these reviews, 87% of individuals were identified as having received care which was graded as 'Satisfactory' or above, with 60% of these individuals identified as receiving care that met or exceeded good practice compared to 56% nationally.
- The most common confirmed cause of death identified within the completed reviews was Aspiration Pneumonia (17%) closely followed by Pneumonia (13%). This was in line with the national picture and equated to 30% of the overall causes of death identified within completed reviews.

Four key areas to take forward as a Humber approach were:-

- Continuing to improve the uptake of Annual Health Checks.
- Compliance with the Mental Capacity Act
- Access and uptake to screening
- Reduction in the number of individuals with a learning disability who die from Aspiration Pneumonia/Pneumonia.

The Lay Representative highlighted two areas of priority i.e. To ensure Annual Health Checks were undertaken, support provided to family and carers (unpaid and unrecognised) and post bereavement support. Work was underway on the LeDeR strategy across a Humber footprint which would have a greater impact and gains in being able to work more effectively across a greater geography. A query was raised as to whether development of the strategy would be co-produced with users of services

and their carers. NHSE required all CCGs to have a 3-year strategy based on learning from

LeDeR reports which was in draft format at present and had been submitted to the Humber LeDeR Steering Group where there was parent representation. It was proposed 'Lived Experience' to be captured to underpin the strategy moving forwards.

The Chair queried the inclusion of Covid vaccinations and was there a drive to get these patients vaccinated moving forward. It was clarified that moving forward Covid vaccinations would sit under the Annual Health Checks. Uptake data had been shared for cohort 6 and DL had undertaken work with Public Health due to concern that people with a learning disability would be disproportionately affected. Following a full review of deaths and the number of which were Covid, Hull was not found to be a significant exception. A national review was completed in December 2020 looking at learning disability deaths during Covid to establish any learning. Reports were received, all of which were monitored as part of the LeDeR Steering Group to inform priorities in addition to what was found from a Hull perspective.

An offer extended from Hull CCG's Communications and Engagement Team in supporting the co-production of the LeDeR strategy and drafting an easy read format of this report. Following Committee approval, the report would be published online and submitted to the CCG Board in July 2021.

Resolved

(a)	The Quality and Performance Committee noted the contents within the report and the recommendations made within.
(b)	Committee members noted the priorities for 2021/2022.
(c)	Committee members were asked to approve the publication of the Humber CCGs Learning Disabilities Mortality Review (LeDeR) Programme Annual Report, subject to approval being sought from the 3 further CCGs.

LEVEL OF CONFIDENCE:

PROCESS	RATING
NHS Hull CCG has robust systems and processes in place for the management of Learning Disability Mortality reviews.	High

8. EQUALITY AND DIVERSITY REPORT

The Associate Director of Communications and Engagement presented the Equality and Diversity report to note. The Equality, Diversity and Inclusion Steering Group met on 12 May 2021 and agreed revised objectives for 2021/22 for each of the CCG functions. The appendix to this report detailed the revised outcomes and progress made against these. Detail of additional areas of EDI work was provided as follows::

Training

A programme of tailored EDI training had been agreed to be delivered by Amanda Heenan, EDI Consultant and specialist EDI trainer, Jamie Spurway. The four sessions, scheduled for July and September 2021 would be offered to Hull and North Lincolnshire CCG staff and would include two generic sessions for all staff with an aim to strengthen EDI awareness and skills and two follow up sessions around applying the principles for Equality Impact Assessment, one specifically for HR staff and one for Commissioning, Contracting, Engagement and Quality.

A request was received from Symphonie PCN for specific training for staff to support a number of transgender patients. One practice within the PCN had a significant number of registered patients for whom this was relevant. External expert training was sourced and two sessions delivered which were well received with positive feedback provided. Work was being undertaken to look at how this could be rolled out as part of a wider training package.

Transgender Patient Experience

The Yorkshire and Humber EDI Network, of which Hull CCG was a member, had looked to refresh the Trans protocol developed by the network 10 years ago. A number of issues relating to trans patients had been raised by members and a Task and Finish group was established (chaired by Amanda Heenan). Hull had been put forward for the local testing of policy, practice and impact which was due to get underway involving CHCP, HUTHT, HTFT and Primary Care, along with input from local support organisations. Outputs from this work would be used to inform the refreshed protocol.

Primary Care

An approach had been developed to support PCNs to reflect on the impact of COVID on their staff, and to better understand their duties in relation to equalities including any steps they can take to strengthen good practice in relation to EDI and reducing health inequalities. An initial discussion meeting was planned with Clinical Directors with a view to setting up dedicated sessions including staff from primary care along with community and equality interest representatives.

A recently published Humberside LMC report had highlighted discrimination faced by staff and patients from Black and Ethnic Minority backgrounds in general practice and called for a zero-tolerance approach to tackle racism in all its forms. The report would be formally presented to the Primary Care Commissioning Committee on Friday 25 June 2021. Recommendations from the report would be discussed at this forum and CCG actions identified.

Conversations had commenced across the Humber with EDI Leads within the 4 CCGs to map approaches/potential structures moving forward and to align processes/policies working collaboratively across the Humber and wider ICS.

LEVEL OF CONFIDENCE:

PROCESS	RATING
The CCG has a system in place to capture progress against the EDI outcomes.	High
PERFORMANCE	
Whilst good progress has been made against the majority of the outcomes, work will continue during 2021-22.	Medium

Resolved

(a)	The Quality and Performance Committee members noted the updates against the EDI outcomes.
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ITEMS BY EXCEPTION

9. CRISIS LINE DEEP DIVE

The Strategic Lead for Mental Health and Learning Disabilities presented the above report to provide the Committee with assurance in respect of the improvements made

by HTFT following concerns raised previously by the Committee in respect of the effective and responsiveness of the Crisis Line Service.

Since the last meeting there had been significant media attention around the waits for the crisis line which had coincided with the closure of the Humber Bridge to pedestrians due to an increase in suicides. At this time Humber implemented a series of additional changes to the crisis line to further improve the current provision. Changes were evolving and there were more in the pipeline to ensure sustainable changes were delivered for this service.

Last year, due to an increase in presentations in ED through the Section 136 suite and through the Crisis Line, in part due to Covid, Humber introduced the following measures:-

- Commissioned Hull & East Yorkshire Mind to provide 24-hour support for non-urgent patients
- The introduction of `Silver cloud` open access to all residents of Hull and East Riding of Yorkshire.
- Spot purchase of private sector beds to support during the pandemic.

Whilst these changes were temporary the Trust were consulting on new pathways to ensure the service could continue to meet demand. A briefing paper was presented at the Health and Wellbeing Board last week to seek approval for the commencement of a series of engagement sessions with residents/patients with lived experience, providers and stakeholders. The paper received approval and scoping was underway.

Humber plan to implement radical changes in the way the crisis line works. PCN consultation meetings on new proposed models would be announced in the coming weeks. This will be done jointly with Hull and East Riding PCNs to enable richer feedback. It was acknowledged this would be step one as the changes would take time to evolve.

There would be a dedicated phonenumber for medical practitioners which would be directed straight to a clinician. If it was a true crisis, this would go straight through to the crisis team and for advice and guidance this would go to the local CMHT team. Key difference is the additional clinical resource to ensure the service had capacity to manage the Section 136 suite and the crisis line separately.

The Lay Representative felt the report failed to recognise the equal number of concerns from patients and their families around the Crisis Line as well as professionals, there was a need to ensure the CCG did not lose sight of people in crisis trying to manage conditions and was not assured that the proposed changes would make a difference. The question was asked as to whether this was part of the core Humber contract, or could the service be delivered differently and whether Humber was the right service provider. Whilst the Lay Member welcomed the engagement approach, he remained unsure what it was for and concluded that the report raised more questions than answers. The above comments were acknowledged and response provided as follows:

A significant change would be to ensure the phone line was far more responsive and to be a freephone number. Accessibility in the way the patient could navigate the crisis line and the different elements of provision would also change. Regarding feedback there were two elements - Humber have a proposal of the changes they wished to make and, to date, they had developed a new service redesign but had not engaged with

Commissioners for their feedback. The second part around public and stakeholder engagement was a longer piece of work around what people want from the crisis line. This work would inform future commissioning arrangements. It was accepted there wasn't a high level of assurance but there were a number of pieces of work underway to help improve this position.

DPH confirmed the service did form part of Humber's core contract with interdependencies with other services however Humber were looking at elements that could be provided elsewhere and were working with HEY Mind to increase capacity. DPH was happy to take the suggestion forward but didn't feel there was an easy solution to this given the direction over the next 9 months.

The Chair queried whether the crisis line telephone system would be more advanced in a way that would recognise the number of calls coming in, missed calls, calls waiting etc to help formulate a response to the demand. DPH would confirm if this had been installed or would be part of the next change.

With regard to progress around older adults DPH had asked for this to be included within this piece of work. DPH was working with Hull CCG's dementia lead to look at this to be provided elsewhere to support the pre-crisis element which at present was a gap within the city. The Lay Member acknowledged the good progress made to date but regular updates were needed to ensure this was moving forward. The Trust was due to meet with CDs and PCNs to present their proposed changes with aim of the Trust to be held accountable for what they were delivering and to receive feedback.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Process to track quality of changes to service	Medium
Process to track patient and professional feedback of the service	Medium
PERFORMANCE	
Ability to respond to capacity challenges with the provider	Medium

Resolved

(a)	The Quality and Performance Committee noted the content of the paper and assurance given in respect of the improvements made by the Trust for this service.
(b)	The Committee were requested to confirm that sufficient assurance had been presented, both in respect of improvement measures taken by the Trust and the process of quality assurance in place by commissioners.

REGULAR ASSURANCE REPORTS

10. SAFEGUARDING ANNUAL REPORT

Following submission of this report to the Hull CCG Board, the report was provided to this Committee for information only. The report assured and informed of the local and wider safeguarding progress and developments between April 2020 and March 2021.

LEVEL OF CONFIDENCE:

PROCESS	RATING
There is a HIGH level of confidence in NHS Hull CCG discharging its duties in relation to safeguarding adults and children. There are strong safeguarding assurance processes in place and the safeguarding executive role continued to be provided via interim arrangements with North Lincolnshire CCG. There were Designated Professionals and Named Doctors in post throughout the reporting period ensuring compliance with statutory duties.	High
PERFORMANCE	
There is a HIGH level of confidence in NHS Hull CCG discharging its duties in relation to safeguarding adults and children. NHS Hull CCG was represented at executive and all other levels of the HSAPB, HSCP and many other multi-agency meetings and partnerships in the city to safeguard vulnerable people and families.	High

Resolved

(a)	The Quality and Performance Committee noted the Safeguarding Annual Report for information.
(b)	The Committee was assured that NHS Hull CCG, as a commissioner of services was fulfilling its statutory duties in relation to safeguarding and Children Looked After in accordance with the Children Act 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

11. CONTINUING HEALTH CARE QUALITY AND PERFORMANCE REPORT

The Head of NHS Funded Care presented the above report to note which provided the Committee with assurance in respect of NHS Hull CCG’s delivery of the statutory duties set out within the National Continuing Healthcare Framework (2018) for Quarter 3 & 4 2020/21. The service continued to meet the KPIs and through the emergency legislation and pandemic, continued to work well with partners. It has managed to support people being discharged and maintain the response in line with the guidance. In terms of addressing the backlog, created as a result of pausing the national framework, the local team were able to move at pace with a recovered position achieved.

In terms of future direction of the service, a paper was being developed which set out the CCGs preferred proposal and would be presented through the local governance process (ICOB, CCG Board and Committee in Common). In terms of performance the service continued to meet, and in some areas, exceed the national premium quality targets for Q3 and Q4.

Going forward it was recommended the report should include a quality and patient experience element i.e. updates on eligibility reviews, reviews of those patients who were out of area on CHC packages and assurance to this Committee in respect of quality assurance visits undertaken and frequency/outcomes of those. Equally assurance that Out of Area placements for CHC were of a good standard and highlight any areas of patient in service provision that required improvement. The Committee were in support of the above recommendations.

LEVEL OF CONFIDENCE:

PROCESS	RATING
NHS Hull CCG remains compliant with the National Framework and is meeting the statutory responsibilities around NHS funded care.	High
PERFORMANCE	
NHS Hull CCG submits quarterly reports to NHS England regarding the delivery of NHS funded care. The Hull service has continued to meet and, in some instances continued to exceed the national quality premium targets for NHS-CHC for Q4 of 2020/21.	High

Resolved

(a)	The Committee noted the contents of the CHC Quality and Performance report and were assured that NHS Hull CCG remains compliant with the requirements set out within the National Framework and is meeting the statutory responsibilities around NHS funded care.
(b)	That appropriate measures were in place, in responding to the Covid pandemic and in accordance with national interim legislation.
(c)	NHS Hull CCG continue to perform well, in the delivery of local services for Continuing Healthcare and continue to benchmark its performance against national performance measures and the within the evolving Integrated Care System.

12. PATIENT EXPERIENCE AND PATIENT RELATIONS ANNUAL REPORT

Due to a period of absence for Hull CCG's Patients Experience Officer, it was agreed this item would be deferred to the next meeting on 20 August 2021.

13. NHS HULL CCG RISK REGISTER REPORT

The Deputy Director of Nursing and Quality presented the NHS Hull CCG Risk Register for approval. This incorporated existing risks and new risks added since the last meeting. The Committee were requested to:

- endorse the revised risk description and risk scores for Risk 960 and 962 relating to NHS Funded Care.
- As requested by IAGC to review and consider the current description and rating for Risk 963 – risk to patient safety Serious Incidents HUTHT. It was noted HUTHT were not an outlier for SIs but Commissioners had concerns around some of the health groups in particular incidents relating to Surgical, Diagnostics, Falls, Pressure Ulcers and Maternity. It was agreed the Committee would need to see an improvement in all areas and a reduction in incidents across these areas before endorsing as a moderate risk.
- As requested by IAGC to review the risk description for 911 relating to staffing at HTFT. To agree upon a revised description and risk score based upon the wider issues of the impact of the pandemic of waiting lists.

Resolved

(a)	The Quality and Performance Committee members endorsed the current risk register in providing assurance in respect of the oversight and monitoring of the associated Quality and Performance risks to NHS Hull CCG Board.
(b)	The Committee endorsed the agreed revisions to be made to risks 960, 962 963 and 911 as detailed above.

14. RESEARCH AND DEVELOPMENT (R&D) ANNUAL REPORT

Hull CCG's Research and Development Lead Nurse Manager presented the above report for discussion which was taken as read and provided information on activity for the period from 1 April 2020 to 31 March 2021. The report focused on the following areas:

- R&D response to COVID 19 and the Urgent Public Health (UPH) NIHR portfolio Study Activity for 2020/21.
- Status update reports on Hull CCG small grants funded projects.
- Status update on Hull open excess treatment costs.
- Updates on R&D strategic development work into 2020/21.

The Chair raised a query around the Dr Scot Richardson funding and whether the offer was available to other PCNs or GP practices. It was confirmed there was potential for an extension on this funding and would be taken forward. Moving forward quarterly and annual reports should include the outcomes and how they link into the wider collaboratives, workstreams, design of pathways and work across the ICS ensuring these fed through as learning and development to inform future commissioning intentions.

In response to the above there was a research cycle that was underpinned by the commissioning cycle and once outputs and recommendations were received from work progressed, relevant commissioners would be approached to look at how these could impact on the needs of the population.

Regarding the communications/partnership approach, as we look at what the place partnerships may look like and resources allocated to those, it was agreed to revisit this as there was real opportunities from a public recruitment perspective and valuing research.

The following two end of study reports were provided for information:

- Connect Well Social Prescribing Research Evaluation
- PACE (ICC Anticipatory Care) Study Evaluation

The report was praised for the detail provided and how it demonstrated value for money.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Assurance is given that Hull CCG continues to deliver its objectives for Research and Development. Promoting research and the use of research evidence to inform commissioning intentions and improving patient's outcomes and experience of services.	High
PERFORMANCE	
The Research and Development (R&D) activity is monitored through the Shared R and D service which links into the Hull Research, Innovation, Evaluation and Improvement Group.	High

Resolved

(a)	The Quality and Performance Committee members considered the contents of the R&D Annual Report 2020-21 and were assured by the continued commitment to R&D.
(b)	The Committee reviewed both the Covid-19 response and the non-Covid development work that had been progressed in 2020-21.
(c)	Hull CCG's R&D Lead Nurse Manager would be invited to attend a future Clinical Director meeting with PCNs to present research opportunities. (DL)

15. SERIOUS INCIDENT Q4 REPORT

The Deputy Director of Nursing and Quality presented the above report for information which provided the Committee with a full update on SIs reported, learning and actions being implemented by providers in mitigating reoccurrence, the current thematic issues and areas of concern that have been identified and appropriately escalated by the Serious Incident (SI) Panel.

HUTHT were still reporting an increase in Maternity, Pressure Ulcer and Sub-optimal care but a reduction in Falls and Diagnostics. Both were areas of concern, improvement plans were in place at Trust level and had started to see some reduction and embedding of learning. Full assurance could not be given at this stage however Commissioners had oversight of these 5 key areas which would be monitored as part of the Quality Delivery Group.

CHCP reporting still remained low, and discussions had taken place with the provider. One of the concerns was around pressure ulcers. A deep dive was undertaken as part of their quality group with significant work undertaken around training/development of staff and categorisation of pressure ulcers. The CCG were assured that improvement work was having an impact.

HTFT SIs were around unexpected deaths and self-injurious behaviour. Ongoing work with regard to risk assessments, and the communication handover had commenced on 21 March to look at key areas to progress improvement work and to link to the Thrive model.

LEVEL OF CONFIDENCE:

PROCESS	RATING
That NHS Hull CCG has an effective management process in place for SIs with its main providers. Significant level of assurance was obtained following an internal audit undertaken in August 2019.	High
PERFORMANCE	
<p>Hull University Teaching Hospitals NHS Trust: A low level of assurance is given as there are concerns with this provider in the following areas:</p> <ul style="list-style-type: none"> • 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. • Maternity 5 serious incidents reported during the Q4 period. • The Trust is reporting an increasing number of falls related serious incidents • Recurrence of pressure ulcer incidents and failure to embed the learning. 	Low

Humber NHS Foundation Trust: A medium level of assurance is given as thematic learning issues continue to be identified in a significant proportion of the Trusts investigation reports.	Medium
City Health Care Partnership (CHCP): A medium level of assurance is given as a small number of serious incidents are reported by the organisation.	Medium
Spire Hull and East Riding: A high level of assurance is given as the provider positively engages with the CCG for advice prior to declaring and investigations have been robust.	High
Hull CCG: that a high level of confidence exists given that appropriate SIs are identified and reported as SIs where appropriate.	High

Resolved

(a)	The Quality and Performance Committee noted the updates provided within the report and the actions undertaken by the providers and the SI panel in response to issues identified.
(b)	The Committee could be assured that NHS Hull CCG has a robust Serious Incident (SI) management process in place and that concerns identified are addressed with the relevant provider and appropriately escalated.

16. RESPONSIBLE COMMISSIONER REPORT

NHS Hull CCG's Strategic Lead for Mental Health and Learning Disabilities and the Head of NHS Funded Care presented the above report to note which updated the Committee on Section 117 Aftercare statutory requirements and NHS Funded Care. For Section 117 Aftercare there hadn't been a process in place within the CCG and Local Authority that articulated the funding split agreement and rationale. This was separate to the processes that were in place for quality assurance of placements and how they were procured which was in part delivered by the Local Authority.

A proposal for a new way of working was completed last year by the Local Authority. Social Workers, along with the hospital, (if an inpatient), and the Case Manager which put forward the case of need based on the presenting patient with a separate panel to decide funding. Rationale was to separate out the quality assurance element of the package with the funding so money was not seen as overriding the decision for the package of care. This went live on 1 April 2021 with a short review of implementation due to commence prior to a formal review in the coming months. The Committee would be updated following feedback from the first review.

An internal review of mental health case management had been undertaken to look at the experience of the team and stakeholders to ensure appropriate governance and administration was in place. It was anticipated this review would be completed by the end of June 2021 with agreed actions to be submitted to this Committee. Key themes that would be developed into an action plan to be taken forward were to strengthen internal processes and capacity within the team.

Part of the NHS Funded Care review and redesign would look at crossover where someone may be Section 117 entitled but also present with physical health conditions and to make the process more responsive to the individual to ensure their needs were met appropriately and to prevent the financial administration becoming the delay. Work was underway to strengthen pathways and take a more cohesive and holistic approach. The Committee were assured that the issues highlighted by the review would be addressed.

Resolved

(a)	The Quality and Performance Committee noted the contents of the Responsible Commissioner Report.
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17. OUT OF AREA PLACEMENTS

It was agreed this item would be deferred to the next meeting on 20 August 2021.

18. TRANSFORMING CARE PLAN Q3/Q4

NHS Hull CCG’s Strategic Lead for Mental Health and Learning Disabilities presented the above report to consider and provided the Committee with assurance in respect of quality targets for the Transforming Care Programme (TCP). The report provided current performance data and highlighted risks and actions to bring performance within target.

The TCP was for patients with a learning disability and autism following the Winterbourne report. It is governed through a Humber-wide Transforming Care programme which had an ICS level steer and would report into this structure for monitoring. There were a number of nationally set targets and for Q4 was above trajectory for inpatient admissions by 4 patients. The increases and delays in discharge were due to extremely complex individuals. There had been an increased position for Q1 and a deep dive would be undertaken in collaboration with HTFT, Hull CCG and Specialist Commissioning as a supportive check and challenge to understand the pathway and search for alternative solutions to speed up transitions. A challenge for discharge within the city was having appropriate providers and the TCP had invested in two new Market Development posts to look at developing more providers within the city with a strong focus on supporting education and training to ensure providers had the appropriate level of carers to support individuals to move to placements.

Out of Area Placements

There were 3 patients flagged as out of area currently with a target of zero. These patients had been visited by Case Managers and continued to have care treatment reviews to assess their next step and placement. Assurance was given that there was oversight of these individuals and oversight of placements of which none were under CQC enforcement or significant improvement measures.

Learning Disability Annual Health Checks

From the nationally published data the CCG had not achieved the target of 67%. The reason for discrepancies between the local and national reporting was now clear. One practice within the city had been using another reporting template which was not feeding through to the national dataset. This had now been fixed and was working with NHSE to see if they can re-run the Q3/Q4 data which would improve the national position.

It was noted the CCG should accept that out of area placements where there was a clear clinical rationale is sometimes required, as focus should be on outcomes for the patient. It was about ensuring good quality oversight of placements and that outcomes were reviewed and levels of engagement with the provider and patient continued in terms of their experience and recovery journey.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Process to monitor and manage individual placements	High

Process to track quality of placements	Medium
Process to monitor LD Health checks	High
Process to positively interface with NHSE regarding shared responsibilities	Medium
PERFORMANCE	
Ability to respond to any raised concerns regarding the quality or safety of these care packages	High

Resolved

(a)	The Quality and Performance Committee considered the content of the Transforming Care Plan Q3/Q4 Report and were assured that the performance continued to be monitored and challenged through the TCP governance.
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MEETING GOVERNANCE

19. CHAIR'S ANNUAL REPORT

Committee members were notified that the report was in development and would be signed off virtually by the Chair for submission to the CCG Board on 24 September 2021.

REPORTS FOR INFORMATION

20. COMMUNITY PAEDIATRICS INDEPENDENT REVIEW

The Deputy Director of Nursing and Quality presented the above report to note which detailed the outcome/findings of the Independent Review of the Community Paediatrics Medical Service (chaired by Professor Andrew Cant) and recommendations as agreed by the Community Paediatrics Oversight Group. Specialist clinical advice was also provided from independent Consultant Paediatrician Dr Alistair Morris.

The Review focused on the transfer of medical community paediatric services and the children detailed within the report continued to receive support, assessment and treatment from wider MDT members but the report itself focussed on the medical aspects of their care. Professor Cant and Dr Morris had worked with all stakeholders, mainly HUTHT and CHCP and the key question to be answered was in respect of learning from that transfer of care. In total there were 2427 children that were transferred from CHCP to HUTHT. The review focussed on the impact of this with the outcome being to determine whether any harm was found and how assurances could be taken forward to ensure these patients were assessed, seen and on a pathway and that duty of candour had been followed. Of the 2427 cases transferred, 46% were discharged after desktop exercise, 53.8% were triaged.

The agreed recommendations were to look at common themes i.e. delay in timeliness and follow up of patients, lack of understanding of roles and responsibilities, management pathways and MDT working, recruitment issues and confused position in relation to transfer and work done to establish who was waiting, when and where patients were in terms of their reviews.

Professor Cant had concluded the review with a number of recommendations. The report would be published following assurance received from CHCP and HUTHT with regard to the Duty of Candour process. ERY CCG's Head of Communications and Engagement was leading on the communications strategy on behalf of both organisations. The report would then go to ICS structures to inform future pathways and assurance around the recommendations and measures taken to improve would continue to be monitored and would also be submitted to all relevant Board meetings.

Resolved

(a)	The Quality and Performance Committee is asked to note the contents of Independent Review of the Community Paediatrics Medical Service and findings and recommendations.
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21. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

Resolved

(a)	There were no issues to be highlighted to the Planning and Commissioning Committee.
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22. NOTES FROM MEETINGS

Notes from the following meetings were provided to the Committee for information.

- Planning and Commissioning
- HUTHT Operational System Oversight Management Board (SOMB) – 31 March 2021, 15 April 2021, 22 April 2021 and 29 April 2021.
- Humber Quality Meeting, 22 April 2021
- H&ERY SI Panel, 23 April 2021

23. ANY OTHER BUSINESS

Humber Independent Investigation Report 2018/25469

The Deputy Director of Nursing and Quality provided a verbal update on the above report which pertained to an independent investigation undertaken for a Hull patient under Humber services which had been ongoing for over 2 years but had moved at pace over the last week. Whilst the report was still in draft, there was an ambition to publish online on 14 July 2021.

Six recommendations were made as part of the report. HTFT had taken the action plan for these recommendations to their private Board. Next steps were as follows:

- Assurance meeting would be held with HTFT to report against the six recommendations.
- Report would be published on 14 July 2021 with assurance template and action plan to be published at a later date alongside the report.
- No actions for Hull CCG.

Resolved

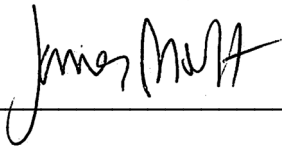
(a)	The Quality and Performance Committee noted the update provided on the Humber Independent Investigation Report 2018/25469 and its findings and recommendations.
(b)	Humber Independent Investigation Report 2018/25469. Executive summary and covering paper to SLT would be shared with Committee members – DL.

24. CHAIR’S UPDATE REPORT

The content of the Chair’s Update Report would be produced outside of the meeting.

25. DATE AND TIME OF NEXT MEETING

The next meeting of the Quality & Performance Committee would be held on Friday 20 August 2021, 9.00am – 12.00 noon via Microsoft Teams.

Signed:  _____

(Chair of the Quality and Performance Committee)

Date: 20 August 2021

GLOSSARY OF TERMS

ASD	Autism Spectrum Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHC	Continuing Health Care
CHCP	City Health Care Partnership
COO	Chief Operating Officer
CQC	Care Quality Commission
COVID19	Coronavirus Disease 2019
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality & Innovation
FFT	Friends and Family Test
HTFT	Humber Teaching Foundation Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
HUTHT	Hull University Teaching Hospital Trust
IFR	Individual Funding Request
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
QRP	Quality Risk Profile
QDG	Quality Delivery Group
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service