

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 18 FEBRUARY 2022
HELD VIA MICROSOFT TEAMS,
09.00AM – 12.00PM**

PRESENT:

Dr James Moulton GP Member (Chair), NHS Hull CCG
Jason Stamp Lay Representative for Patient & Public Involvement (Vice Chair), NHS Hull CCG
Sue Lee Associate Director of Communications & Engagement, NHS Hull CCG
Michela Littlewood Interim Deputy Director of Nursing & Quality, NHS Hull CCG
Estelle Butters Head of Performance and Programme Delivery, NHS Hull CCG

IN ATTENDANCE:

David Pullen-Higham Strategic Lead for Mental Health & Learning Disabilities
Maria Shepherd PA to Interim 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
Debbie Lowe Interim Director of Nursing & Quality
Kevin McCorry Medicines Optimisation Pharmacist
Ross Palmer Head of Contract Management, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 10 DECEMBER 2021

The minutes of the meeting held on 10 December 2021 were presented and agreed as a true and accurate record subject to the following amendments:

- Page 4, 2nd paragraph. Sentence should read ‘...clarity was needed on who would hold the governance of the patient as this was where the risk was and expressed **interest** in supporting this quality risk area’.
- Page 7, second to last paragraph. Patient Experience Officer would be amended to the **Lead for the Electronic Patient Records**.
- Page 12, paragraph 4. Sentence should read ‘Conversations have commenced with the **Directors of** Nursing.’
- Deputy Director of Nursing & Quality to be amended to **Interim** Deputy Director of Nursing and Quality throughout the minutes.

Resolved

(a)	The minutes of the meeting held on 10 December 2021 would be signed by the Chair subject to the following amendments.
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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 10 DECEMBER 2021

The action list was presented with the following updates provided on outstanding actions:

10/12/21 6 (b) Quality & Performance Report. Maternity. Follow up required with HUTHT around advice given by the labour ward in the final stages of pregnancy to ensure this was documented and audited. **Update 18/02/22 – In progress. Hull CCG’s Quality & Patient Safety Lead would raise at the next Midwifery/Maternity meeting (held bi-monthly) to clarify what system was used and how decisions were checked to ensure these were right for the patient.**

10/12/21 6 (d) Quality & Performance Report. Information on GP practices across Yorkshire that were less likely to see their patients in-hours would be shared with CCG colleagues and providers. **Update 18/02/22 – In progress. The Interim Deputy Director of Nursing and Quality had forwarded information to P Davis & K Memluks and was awaiting response.**

10/12/21 6 (e) Quality & Performance Report Options would be explored for admission letters requiring an urgent response to be sent directly to YAS. The Interim Deputy Director of Nursing and Quality would follow up with YAS’s Lead for Electronic Patient Record. **Update 18/02/22 – In progress. The Interim Deputy Director of Nursing and Quality had followed up with YAS via email and was awaiting response.**

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 items to be taken under 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
Dr Moulton	6	Declared a General Interest as a partner of the Modality Practice. The declaration was noted and no further action was required to be taken.
Interim Deputy Director of Nursing & Quality	6	Declared a General Interest in her seconded role from Yorkshire Ambulance Service which provided clinical support to Out Of Hours in Urgent Care for NHS 111. The declaration was noted and no further action was required to be taken
J Stamp	12 &13	Declared a General Interest in his independent national role with Specialised Commissioning. The declaration was noted and no further action was required to be taken.

Resolved

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

6. QUALITY AND PERFORMANCE REPORT

Dr Moulton declared a General Interest under this section as a partner of the Modality Practice and the Interim Deputy Director of Nursing and Quality declared a General Interest in her seconded role from Yorkshire Ambulance Service which provided clinical support to Out of Hours in Urgent Care for NHS 111. The declarations were noted, and no further action was required to be taken.

The Head of Performance and Programme Delivery and the Interim Deputy Director of Nursing and Quality presented the Quality and Performance report to consider which provided a corporate summary of overall CCG performance, current financial position and contract performance for key providers. An update was provided by exception which highlighted any areas of deterioration/improvement since the last reported position.

Constitutional Indicators

Position had largely remained the same as last month's data with no significant improvements or deterioration. A slight improvement was reported on the number of >52 Week Referral to Treatments with Hull CCG reporting 2,194 patients waiting over 52+ weeks at the end of December 2021, a reduction of 258 when compared to the previous month (2,452 November 2021). Maximum 2 Week Wait for suspected Cancer showed the majority of breaches were due to inadequate out-patient capacity.

The Chair asked if there had been any impact on A&E following the new GP workstream located at 'front of house'. Paediatric impact was reported as positive with additional UTC for Children provided by CHCP.

Performance

HUTHT Type 1 A&E 4 hour waiting time was challenged at present even with support from CHCP via their Integrated Urgent Care service. Discussions held at executive level around HUTHT and proposed changes were ongoing, an update of which would be submitted to this Committee on 29 April 2022.

Hull University Teaching Hospital Trust (HUTHT)

The Trust continued to be in a period of Enhanced Surveillance, following the commencement of the Quality and Risk Profile (QRP) process, led by NHS Hull CCG. Quality Delivery Group meetings, chaired by the CCG, continued and had been revised to include the wider health stakeholders and was focussed upon support for the Trust and system wide improvements.

The report into the serious incident associated with nosocomial COVID 19 infections, declared in March 2021, was now complete and had been shared with commissioners, including those CCGs where their patients were affected. Hull and ERY CCG had also requested a copy of the in-depth investigation report which was awaited.

All NHS organisations had received the 'Ockenden Review of Maternity Services – One Year On' letter dated 25 January 2022. This letter covered the emerging findings and recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals published in December 2020. This would be progressed at HUTHT's Board on 8 March 2022 to ensure compliance with all actions had been met.

The Vice Chair recommended the CCG needed to be 'front footed' in terms of assurance to the CCG Board with a focused overview provided around maternity services. A paper to document the detail around this would be submitted to Hull CCG's SLT and included in April's Quality and Performance report. The Patient Experience element of maternity was also of importance and should be included to provide a balance between the provider and public. The Interim Deputy Director of Nursing & Quality informed that HUTHT had put in additional support for their midwifery team and were using the Freedom to Speak Up Champions within the Trust to assure themselves and make more visible the route to which midwifery staff could raise any issues. The Vice Chair noted the ability to support patients to share their experiences was also as important.

The Chair asked if there was any appetite to undertake engagement around women's/family's experience of maternity services in the 6-to-8-week period after birth. The Associate Director of Communications and Engagement advised this would be picked up by the Local Maternity Service (LMS). Hull's Maternity Voices Partnership (MVP) was set up as an advocate for local people and regularly surveyed other mothers, providing feedback to the LMS, however, over and above this would require a conversation with Hull CCG's Strategic Lead for CYP & Maternity to understand the mechanism for undertaking further engagement. Commissioning the MVP to undertake this work was suggested for consideration.

Humber Teaching Foundation Trust (HTFT)

There remained a lack of suitable mental health beds for patients who were presenting at HUTHT, resulting in vulnerable patients within the emergency department for prolonged periods with five 12-hour trolley breach SIs reported by HUTHT. NHS England were aware of this and that specialist paediatric mental health beds were also a concern. The Trust continue to try and maintain safe staffing levels and report a good position in implementing weekly reviews of staff, production of dashboards showing staff by areas and ongoing recruitment. The Vice Chair did not feel assured by this noting this was an issue to be resolved locally and a 'Plan b' put in place for how those patients were managed and to evidence what was actively being done to increase capacity. The Interim Deputy Director of Nursing & Quality felt this couldn't be progressed any further without additional support, particularly with the increase in complexity of paediatric

patients. The Vice Chair stated that if the only option, due to clinical need and lack of capacity, was to place people Out of Area then this should be included as part of the plan with a view to bring them back as soon as possible. This was a vulnerable area that had never been planned for and from a patient perspective the CCG needed to be much more 'front footed' on this. This was acknowledged and added that there may be benefits in the ICS being able to address this via HCV wide. A national piece of work was needed but moving forward it was felt this would become a multi-ICS responsibility rather than a national NHSE responsibility with a regional approach.

City Health Care Partnership (CHCP)

Positive headlines detailed within the report however it was noted discussions were ongoing around HUTHT, CHCP and the Urgent Treatment Centre (UTC). From a patient perspective the experience was good with 75-95 patients seen per day from the A&E workstreams. A piece of work was underway around the transfer of Continuing Health Care (CHC) into the CCG. A Project Manager had been sourced since the completion of the report, meetings had been held with CHCP along with regular internal CCG meetings which were progressing well.

The Chair noted his concern with anecdotal information received from patients who were passed between UTC and A&E and left not knowing where they should go. It was asked if A&E risk assessed these patients before they were referred onward to the UTC. The Interim Deputy Director of Nursing and Quality informed the meeting that patients should be assessed, triaged and referred to the most appropriate service. The numbers captured were relatively small and CHCP had undertaken work around communication from their staff to the patients to ensure clear information was given on the co-located services to which they were referred. The Vice Chair noted the historic behaviour of two organisations passing patients between them and a lack of working together to create one service which posed a risk to the ICS.

Spire Healthcare

Current capacity was manageable however, patients were staying longer and were more acutely unwell. This had the potential for bed shortages with the situation being closely monitored. An enhanced care initiative was being considered to optimise discharges, aimed at patients who have had hip and knee surgeries with a view to discharge on day 0 and day 1. This would only be for patients who meet the criteria and where it was safe to do so.

Spire reported that all patients had been clinically reviewed on the waiting lists; the long waiters were being targeted first and clinical prioritisation had taken place. The planned trajectory to clear the waiting lists by the end of March 2022 was reported as on track. No patient harm had been identified to date. The Vice Chair highlighted the need for cultural change to improve the promotion of discharge support services within HUTHT to enable patients to be discharged safely and to further understand what this interface looked like. HUTHT had recently advertised for a Senior Director level post to coordinate this work which had been through the Strategic Oversight Group (SOG) and the Committee were assured that Spire had a good discharge process with significant follow up information. The Chair commented that Spire's Information Discharge Letters (IDLs) were of poor quality and hard to navigate as a clinician compared to HUTHT's IDLs which were much clearer on the advice provided to the GP. It was proposed this was followed up with Spire at their next Quality meeting.

Yorkshire Ambulance Service (YAS)

There was significant pressure within 999 and 111 services due to increased demand and continued delays in category 1 and 2 response times. All category 1 & 2 calls that were outside of timescale were clinically reviewed by a Senior Nurse or Paramedic to identify any harm due to the delay and was picked up within their Quality meeting. The Chair queried whether YAS were feeding back data to PCNs in terms of numbers of calls or where a PCN/practice was overusing their service. It was noted that hotspot reports were done and reviewed as part of their Quality meetings. The Chair felt it would be helpful for GPs to have a per head of population rate for 999 calls made for their practices and it was suggested this could be looked at through the Population Health work. YAS have a frequent caller process to pick up people who use the service regularly to further understand any underlying issues.

The Vice Chair acknowledged the position of the report was one of recovery across the board due to immense pressure in the system and that the focus was more around assurance that work was being done and a plan was in place to address the issues and support recovery.

The Head of Performance and Programme Delivery raised a query around the report's Executive Summary and the level of detail that would normally be disclosed in Part 2 of the report therefore should this be removed for the public. The Vice Chair advised the public Executive Summary should be a brief overview with the detailed discussion held in Part 2. The Committee were also asked if they were content with the amount of detail captured within Part 2 which was onerous to produce and could be more streamlined. The Vice Chair suggested the detail should be more focused to only include highlights by exception and any areas of concern/issues the Committee needed to be sighted on to help carry forward the plan already in place, rather than providing detail on everything. It was agreed the format of the report would remain the same with the level of detail/data captured to be more focused for future reporting.

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

Resolved

(a)	The Quality and Performance Committee members considered the Quality and Performance Report.
(b)	Follow up required with Spire to review/improve the quality of their IDLs. The Interim Deputy Director of Nursing and Quality would raise this at their next Quality meeting.
(c)	Q&P Report would be revised with level of detail/data captured to be more focused for future reporting – ML & EB.

7. EQUALITY AND DIVERSITY REPORT

The Associate Director of Communications and Engagement presented the above report to note which provided the Committee with updates against the CCG's EDI outcomes detailed in the table at Appendix 1.

Future Operating Model

An ICS convened meeting took place in January 2022 with all CCG EDI Leads to look at what equality, diversity and inclusion may look like in the future across the ICS. As the statutory duty for EDI would transfer to the ICB, the ICS team was currently looking at models and structures to support this. All current models of good practice were discussed with a strong desire to ensure that these, along with CCG expertise, were not lost in the transition process and that there were clear lines of accountability at ICS level. A proposal for resourcing would be discussed by the ICS Transition Executive.

Hull CCG's Independent Consultant for EDI had completed the first draft of the scoping work that was commissioned across the Humber. This was discussed by the Humber Executive team on 3 February 2022 and the proposal for more grassroots, community-based approach to be embedded at 'place' was well received and would be considered in the development of place models. The Vice Chair acknowledged the strong position in terms of networking and engaging with communities and that the Hull work, which was far more progressed than other places, had driven the equalities agenda.

The Vice Chair notified the Committee that the HCV VCSE Leadership Group had recently commissioned an organisation to commence the BME Community Leadership Programme funded by the ICS. Hull was one of the two pilot sites which would look at how to connect up the workforce need with community engagement. Good practice was acknowledged collectively from other CCGs i.e., North East Lincolnshire around their public assurance processes, with a robust system in place and East Riding CCG's training offer. It was hoped these areas of good practice would not get overlooked during the transition period.

LEVEL OF CONFIDENCE:

With regard to the 'Amber' rating given for overall performance, the Committee felt this was over cautious and agreed this should be revised to a 'Green' rating.

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 2022.	Medium

Resolved

(a)	The Committee noted the contents of the Equality and Diversity Report and the update against the EDI outcomes contained within the EDI Outcomes Plan.
(b)	Level of Confidence rating for performance around the EDI outcomes would be revised to 'Green'.

8. **DRAFT ANNUAL EQUALITY INFORMATION REPORT 2021/22**

The Associate Director of Communications & Engagement presented the draft Annual Equality Information Report 2021/22 to note which provided the Committee with progress against the CCG's EDI outcomes over the last year and demonstrated how the CCG was meeting its public sector equality duties and NHS England equality standards. The report went beyond compliance, to reflect the equality programme of work outlined in Section 6 and despite the backdrop of the continuing pandemic, the CCG had made good progress over the past year against the Equality and Inclusion outcomes set out for each of the areas of focus. Key areas of progress were highlighted against each of the outcomes set for this reporting period as follows:

- Strategic Oversight and EDI Governance,
- Engagement & Communication
- Commissioning
- Corporate Governance
- Quality
- Primary Care
- Contracting & Procurement

A summary of progress for the CCG as an employer was provided particularly around the number of policies produced, recruitment and selection processes had been reviewed and were now more proactive in the way the CCG attracts applicants to their vacancies and it was hoped this would be a large focus of the ICS workplan. Support programmes put in place for staff were detailed along with the relaunch of the staff Wellbeing Group as a wider group across Hull, North Lincolnshire and East Riding.

Priorities for next year included continuing the work in supporting the PCNs, priorities identified as part of the newly formed ICS and work with the provider collaboratives and Local Authorities.

This draft version may be subject to small amendments prior to formal submission to the CCG Board on 25 March 2022.

Reflecting on truth and poverty within the report, the Vice Chair felt that the Social Inclusion work of the Local Authority should be referenced as this data gave the CCG a model of talking to diverse communities of their experiences of living in the city. Detail around priorities should also emphasise the approach for the future model of working around vaccine champions, developing and sustaining networks and resourcing communities to do work on the CCG's behalf. Building on this model, particularly in relation to the EDI work, was key to continue at place.

LEVEL OF CONFIDENCE:

With regard to the 'Amber' rating given for overall performance, the Committee felt this was over cautious and agreed this should be revised to a 'Green' rating.

PROCESS	RATING
The CCG has a system in place to capture progress against the EDI outcomes.	High
PERFORMANCE	
Good progress has been made against the majority of the outcomes, there is still some further work to do and it is suggested that this should be reflected in the refresh of any delivery plans as the CCG moves into ICB transition phase.	Medium

Resolved

(a)	The Committee noted the contents of the draft Annual Equality Information Report 2021/22.
(b)	Level of Confidence rating for performance around the EDI outcomes would be revised to 'Green'.

9. SERIOUS INCIDENTS REPORT Q3

The Interim Deputy Director of Nursing & Quality presented the above report to note which provided assurance to the Committee that the CCG had a robust Serious Incident (SI) management process in place and that concerns identified were addressed with the relevant provider and appropriately escalated.

The report provided a full update on SIs reported, learning and actions being implemented by providers in mitigating reoccurrence and highlighted the current thematic issues and areas of concern that have been identified and appropriately escalated by the SI Panel for this Committee.

HUTHT

Themes noted around diagnostics. Maternity would be picked up within the report to SLT which would then be submitted to this Committee. Work was underway around ED with 12hr waits which were being reported even though no patient harm had occurred. Discussions were being held with HUTHT around this. Pressures in ED were a concern resulting in SIs. Falls work was ongoing. The CCG were working closely with HUTHT around the volume and trajectory of SIs and how these were being managed.

On review of the SI position for this quarter, the Vice Chair queried if this was worse in comparison to last quarter's report. The Interim Deputy Director of Nursing & Quality confirmed no as work was ongoing with HUTHT in an open and transparent manner. A Never Event was noted within the report and the Humber area would commence a joint piece of work with all acute Trusts to further understand why these Never Events were occurring. Concern was expressed to HUTHT that unless there were more reviewers in place to complete reports, it was unlikely the situation would change. This was being discussed in the SI meeting. The Vice Chair noted that the majority of SIs were due to simple errors/lack of basic expectations of qualified staff and added that the culture of responding to these incidents required review.

Regarding duty of candour, particularly with Covid-19 and maternity related SIs, the Vice Chair was interested in the conversations held with patients around difficult/sensitive issues and not just to note the Trust was not an Outlier. The Interim Deputy Director of Nursing and Quality informed that HUTHT took more complex cases than other areas and regional work was underway to look at this. HUTHT had improved with their duty of candour and was in a much stronger place. Regarding Covid-19 SIs, feedback had been requested from all CCGs which would be fed back to HUTHT. Greater assurance was required on how HUTHT were addressing the situation rather than a change of process.

If HUTHT was an outlying Trust, the Chair asked what difference this would make in terms of scrutiny, grip and analysis and why wait until it became an outlier for the issues to be addressed. The Interim Deputy Director of Nursing & Quality informed bi-monthly meetings were held with the Head of Midwifery, questions were regularly being asked, actions put in place and there was a regional plan in place for midwifery services. The Ockenden Report – One Year One would be reviewed at HUTHT’s internal Board meeting on 8 March 2022 and would report back to the CCG on their progress to achieve the recommendations. The Vice Chair proposed there should be a ‘front footed’ approach to the CCG Board around how the CCG was proactively working with the Trust to address the concerns.

Humber Teaching Foundation Trust (HTFT)

HTFT were commended in terms of their joint SIs and working across the board. Due to some of their patients being high risk, they were extremely open and honest with good duty of candour and accurate factual reports which included mitigations. Numbers were on trajectory in comparison to previous years, however, given the patient cohort, the Vice Chair felt the reported number was too low. The Chair asked how often the Trust were aware of coroner’s cases and did they actively follow up cases they had been involved with to learn from. The Interim Deputy Director of Nursing and Quality informed that coroner’s cases were routinely flagged at the Trust’s Quality meeting and were often part of a journey. The patient would be known to the Trust within the system but at the point of death, was not dealt with by HTFT and therefore would not constitute an SI. The Vice Chair requested a close eye be kept on this due to the low number of reported SIs.

City Health Care Partnership (CHCP)

One prison SI reported however this service was not commissioned via the CCG and this contract was due to end in the near future. CHCP were very open and honest with good quality reports submitted to the CCG and would flag early with any concerns. The Vice Chair queried the low number of SIs reported (3) and asked if this was a real position or was something being missed. The Interim Deputy Director of Nursing and Quality confirmed significant work had been undertaken by CHCP who had strived to improve and did not feel this was indicative of underreporting. The CCG had suggested CHCP de log some of their incidents as they were not SIs. They had improved their reports and were good at embedding learning with staff.

Spire Healthcare

Nothing to report but they would follow up with the CCG for guidance should an SI be reported.

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	
Hull University Teaching Hospitals NHS Trust: A low level of assurance is given as there are concerns with this provider in the following areas: <ul style="list-style-type: none"> • Diagnostics whereby reoccurring themes are evident including, failure to act on abnormal results / failure or delay to follow-up. 	Low

<ul style="list-style-type: none"> • Maternity – some evidence of recurring themes and 11 serious incidents reported year to date. • The number of unexpected / potentially avoidable deaths within the area of ED. • The number of falls related serious incidents • The current volume of serious incident requiring investigation <p>The Trust is currently in a period of Enhanced Surveillance following Quality and Risk profiling.</p>	
<p>Humber NHS Foundation Trust: A medium level of assurance is given as thematic learning issues continue to be identified in a proportion of the Trusts investigation reports.</p>	Medium
<p>City Health Care Partnership (CHCP): A high level of assurance is given, the provider is reporting a broader range of incidents and undertaking multi-agency investigations where appropriate.</p>	High
<p>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.</p>	High
<p>Hull CCG: that a high level of confidence exists given that appropriate SIs are identified and reported as SIs where appropriate.</p>	High

Resolved

(a)	The Committee noted the updates provided within the report and the actions undertaken by the providers and the SI Panel in response to issues identified and,
(b)	were assured that NHS Hull CCG had a robust Serious Incident (SI) management process in place and concerns identified were addressed with the relevant provider and appropriately escalated.
(c)	CHCP SIs. Clarification required on number of SIs reported to the CCG, incidents requested to be de-logged and number of near misses - ML.

REGULAR ASSURANCE REPORTS

10. BOARD ASSURANCE FRAMEWORK (BAF)

The Committee noted the current Board Assurance Framework and acknowledged this did not reflect the latest updates due to the deadline being today.

LEVEL OF CONFIDENCE:

PROCESS	RATING
There was a high level of confidence in the Hull CCG BAF process, in that the BAF is regularly monitored, reviewed and updated.	High

Resolved

(a)	The Committee noted the contents of the Board Assurance Framework.
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11. LEDER UPDATE REPORT Q1 AND Q2

The Interim Deputy Director of Nursing and Quality provided the above presentation to note with Committee members asked for comments/feedback. The Head of Nursing for North Lincolnshire CCG and Interim for Hull CCG was leading on this work across the

Humber, there were plans for it to go Humber, Coast & Vale wide and a paper had been submitted to the ICS to review the way forward for LeDeR.

LEVEL OF CONFIDENCE:

PROCESS	RATING
There was a high level of confidence around robust systems and processes in place for the management of Learning Disability Mortality reviews.	High

Resolved

(a)	The Committee noted the contents of the LeDeR presentation provided for Q1 and Q2.
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12. OUT OF AREA PLACEMENTS 6 MONTHLY REVISED REPORT

The Vice Chair declared a General Interest in his independent national role with Specialised Commissioning. The declaration was noted and no further action was required to be taken.

The Strategic Lead for Mental Health & Learning Disabilities presented the above revised report to consider which provided the Committee on the current position regarding out of area placements / bed usage. It provided a current situation update on beds commissioned via Humber Teaching NHS Foundation Trust and on those cases that have been placed in non-Humber facilities which were classed as out of area.

The two Complex Adult/Older People Mental Health placements were out of area, both related to PICU and had high-cost levels due to the one-to-one care required. A decrease was reported in both transforming care placements and Older Adults out of area but PICU remained a challenge nationally. Item 3.3 within the report noted the potential national move to re-categorise out of area placements to 'out of ICS' however it was understood that transforming care would not be included in this and would remain as 'out of Hull'. Further guidance was awaited, and the Committee would be kept up to date with any changes in definitions.

The Vice Chair commented on the usefulness of the report, noted the 66 current out of area placements and queried if this number felt comfortable or too high. Acknowledging pressures in the system was this likely to become an issue for the CCG in placing people out of area due to lack of capacity locally. It was clarified that out of area placements were not just due to capacity but also skill mix and appropriate setting, especially for transforming care and those with autism only, where a specialist sensory environment was required.

The report did not include children and young people as this was not commissioned by the CCG and came under the remit of Specialised Commissioning (Spec Com) as part of the Provider Collaborative which included all Tier 4 admissions for CAMHS or Specialist Eating Disorders, of which there was a lack of capacity nationally. There were 4 PICU beds at Spire Healthcare currently under recruitment for staffing and training which would increase local capacity.

There was a dedicated workstream for Specialist Eating Disorders with additional meetings scheduled over the coming weeks due to one provider being served notice by the CQC and was under review. Other services were applying to the CQC to take their

age limit down to 16 years. This was a Provider Collaborative workstream fed into by the CCG. There were 7 patients in HUTHT that required Specialist Eating Disorder placements, one of which was from Hull but due to being physically unwell was suitably placed.

The Vice Chair noted the significant assurance around how the process was managed, that money was being spent on the right things and acknowledged the blurred area between CCG commissioned and specialised services. The Transforming Care Report that followed this item reinforced the fact that demand was high and due to the complexity of cases, the only suitable place was out of area which demonstrated that focus was on the best outcomes for the patient and to provide the right care in the right place.

The Strategic Lead for Mental Health & Learning Disabilities was working with colleagues across the ICS to benchmark costs of out of area placements with the aim that this work would develop to incorporate bed modelling and understand the opportunity to reinvest in specialist provision within the ICS.

The Vice Chair noted the level of detail provided within the revised report offered the assurance that was lacking in previous reports.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Process to monitor and manage individual placements	Medium
Process to track financial allocations and invoices	Medium
Process to fairly apportion financial responsibility between commissioners	Medium
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 Committee considered the contents of the Out Of Area Placements 6 Monthly Revised Report and,
(b)	Supported the Quality Team & Case Management team to develop and agree a quality assurance framework and timescales for all oversight visits using the learning from Safe and Wellbeing Reviews.

13. TRANSFORMING CARE PLAN Q1 & Q2 REPORT

The Vice Chair declared a General Interest in his independent national role with Specialised Commissioning. The declaration was noted and no further action was required to be taken.

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

Headline figures in item 2.1 showed the CCG trajectories against NHSE trajectories. For Spec Com locally the CCG were 4 patients above trajectory but was not an outlier as this was an issue across the ICS and nationally. There were two out of area placements,

a reduction of one since the last reporting period and two patients that were due to be transitioned, one by the end of March 2022 and the other was End of Life and the required provider had changed therefore an alternative provider would be sought. Neither provider was under CQC special measures or had any enforcements in place and both had been visited in January 2022 as part of the Safe and Wellbeing Review.

Learning Disability Annual Health Checks

The health checks were for anyone eligible over 14 years were at 40% against a target of 67%. CHCP had continued to support Community Psychiatric Nurses (CPNs) in delivery. Requests to step down activity based on capacity within PCNs would not be accepted as it was stated in the Claire Murdock letter that this should be prioritised and continued to reduced health inequalities. PCN level activity showed some PCN's had achieved over 85% were as others were low at around 20% therefore the CCG would provide support to increase uptake.

Safe and Wellbeing Reviews

This was a nationally mandated review. Any patients that were in mental health inpatient care on 31 October 2021 and were commissioned by Hull CCG would be in scope to receive a Safe and Wellbeing Review. Five individuals were identified by Hull CCG, four commissioned by Hull CCG and 1 under a risk share agreement by HTFT. The reviews were undertaken as per national guidance using nationally mandated template and each completed review was signed off by the CCG and subsequently by the ICS. The review to be undertaken by Humber was yet to be completed due to delays in accessing the service but was on track to be completed by the deadline of the end of February 2022.

A summary table of the CCG's findings could be found in Appendix 1 of the report. Themes related to Safety, Physical Health & Weight and Family Feedback. All reviews had actions, signed off by the ICS, and would be followed up with each of the providers and monitored through the TCP. Medium to long term ambition was to develop the availability and quality of the market.

The Vice Chair felt the report offered significant assurance and acknowledged the amount of work involved in terms of the review of placements and the issues to be addressed. Uptake of Learning Disability Health Checks continued to disappoint, and it was proposed that a paper be produced for submission to April's Primary Care Commissioning Committee that detailed the learning from High Performers to help inform the Low Performers as 48% was not an acceptable level of uptake. Targeted communications were required with particular patient groups, and was on the Communications and Engagement Team's workplan to provide support with this work. The Health Checks were a standing agenda item at the monthly Operational Delivery Group (ODG) meetings and also discussed at the Primary Care Quality & Performance Sub Committee via the Quality Dashboard.

LEVEL OF CONFIDENCE:

PROCESS	RATING
There was a high level of confidence in the process.	High
PERFORMANCE	
A medium level of assurance was given around performance due to trajectories not met.	Medium

Resolved

(a)	Committee Members noted the content of the Transforming Care Plan Report for Q1 & Q2 and,
(b)	were assured that the performance continues to be monitored and challenged through the TCP governance.
(c)	Learning Disability Health Checks. A paper would be produced for submission to April's Primary Care Commissioning Committee that detailed the learning from High Performers to help inform the Low Performers. ML to follow up with the Strategic Lead for Primary Care and DPH.

14. NHS HULL CCG RISK REGISTER REPORT

The Interim 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 formally note the following recommendations:

- Risk 911 Humber Foundation Teaching Hospitals NHS Trust (HTFT) Risk related to staffing and pressures of skill mix. The IAGC Committee agreed the current risk was a challenge for all health and social care providers and not just for HTFT. It had been agreed to close risk 911 and to replace with a generic staffing risk regarding all providers. The new staffing risk ID number was 972.
- The Committee were asked to note that Risk 927, E. coli, remains on the risk register and that following the IPC Annual Report submitted on 29 October 2021, a request to remove this from the register was made to the Integrated Audit & Governance Committee (IAGC). The recommendation remained that this risk could be removed and a new action added that related to Klebsiella. The risk ID number was 971.
- A new risk would be required relating to wheelchair services provided by Nottingham Rehab Supplies (NRS). This was due to long patient waiting times and an increase in complaints. This was discussed at SLT on the 31 January 2022. A full update would be brought to the next Quality & Performance Committee meeting.
- It was noted that some current risks required further updates that were not updated prior to the Q&P risk report being produced however, there were no further actions or updates at this time. They would be reviewed and updated prior to IAGC.

Resolved

(a)	The Committee 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.
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MEETING GOVERNANCE

15. No reports assigned to this item.

REPORTS FOR INFORMATION

16. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE
No issues raised.

17. APPROVED MEETING NOTES

Notes from the following meetings were provided to the Committee for information:-

- Planning and Commissioning Committee – 03/12/21
- H&ERY Collaborative SI Panel – 17/12/21 & 21/01/22
- Safeguarding Assurance Group (SAG) – 14/10/21

18. ANY OTHER BUSINESS

Resolved

(a)	There were no items of Any Other Business to be discussed.
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19. CHAIR’S UPDATE REPORT

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

20. DATE AND TIME OF NEXT MEETING

The next meeting of the Quality & Performance Committee would be held on Friday 29 April 2022, 9.00am – 12.00 noon via Microsoft Teams.

Signed: 

(Chair of the Quality and Performance Committee)

Date:

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
HCV	Humber, Coast & Vale
Hull CCG	Hull Clinical Commissioning Group
HUTHT	Hull University Teaching Hospital Trust
ICS	Integrated Care System
IFR	Individual Funding Request
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
NHSE	NHS England
OoH	Out of Hours
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