

**QUALITY AND PERFORMANCE COMMITTEE  
MINUTES OF THE MEETING HELD ON FRIDAY 10 DECEMBER 2021  
HELD VIA MICROSOFT TEAMS,  
09.00AM – 12.00PM**

**PRESENT:**

Dr James Moult	GP Member (Chair), NHS Hull CCG
Jason Stamp	Lay Representative for Patient & Public Involvement (Vice Chair), NHS Hull CCG
James Crick	Associate Medical Director, NHS Hull CCG
Joy Dodson	Deputy Chief Finance Officer (Contracts, Performance, Procurement & Programme Delivery)
Karen Ellis	Deputy Director of Commissioning, NHS Hull CCG
Sue Lee	Associate Director of Communications & Engagement, NHS Hull CCG
Michela Littlewood	Interim Deputy Director of Nursing & Quality, NHS Hull CCG
Debbie Lowe	Interim Director of Nursing & Quality, NHS Hull CCG

**IN ATTENDANCE:**

Chris Denman	Head of NHS Funded Care, NHS Hull CCG
Jonathan Dunn	Healthwatch Manager, Hull
Marie Girdham	Research & Development Lead Nurse Manager
Kevin McCorry	Medicines Optimisation Pharmacist, NECS
David Pullen-Higham	Strategic Lead for Mental Health & Learning Disabilities
Jo Raper	Infection, Prevention & Control (IPC) Lead Nurse
Maria Shepherd	PA to Interim Director of Nursing & Quality (note taker), NHS Hull CCG

**1. APOLOGIES FOR ABSENCE**

Apologies for absence were noted from:-

Estelle Butters	Head of Performance and Programme Delivery, NHS Hull CCG
Ross Palmer	Head of Contract Management, NHS Hull CCG

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 29 OCTOBER 2021**

The minutes of the meeting held on 29 October 2021 were presented and agreed as a true and accurate record.

**Resolved**

(a)	The minutes of the meeting held on 29 October 2021 would be signed by the Chair.
-----	--

**3. MATTERS ARISING / ACTION LIST FROM THE MINUTES**

There were no matters arising from the minutes.

During a recent audit of the Committee papers, it was noted that paper submission and procedures were not always being consistently applied and processed in line with CCG established processes and policies. In order for the Committee to remain fully compliant

at all times, the Chair highlighted the findings and outcomes required to ensure these were consistently applied to this meeting.

### **ACTION LIST FROM MEETING HELD ON 29 OCTOBER 2021**

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

20/08/21 16 (b) Out of Area Placement Report Q3 & Q4. Follow up required with the Deputy Director of Commissioning around the Medium assurances provided within the report. DPH update 25/10/21 – Action would be picked up in the new report and submitted to the next meeting on 10 December 2021. In the interim numbers in terms of placements would be provided via correspondence to gauge whether this was the result of system pressures. Update 10/12/21 – The Vice Chair expressed concern that the report provided for review under agenda item 16 was not what the Committee usually received, the action had not been followed up and the required information had not been received.

29/10/21 6 Quality and Performance Report. Reporting of 52 Week Waits and Super Long Waits would be considered with additional details to be provided in Part 2 of future Quality and Performance Reports to the Committee. Update 10/12/21 – KE noted EB was to review to breakdown Over 52 weeks into better time bands. Challenges noted in terms of the data flow for information on Super Long Waits. Work was ongoing, and the Committee acknowledged the challenges and would continue to try and analyse the data the CCG were in receipt of.

29/10/21 18 (b) NHS Hull CCG Risk Register. The Committee approved the recommendation of the removal of risk 927 relating to MRSA and E.coli and would consider a new risk around Klebsiella.

Risk 911 – Humber risk. To recommend the removal of the current risk and the replacement with a new risk relating to workforce across the system. Update 10/12/21 – This would be discussed further under agenda item 18 of this meeting.

All other actions were marked as complete.

(a)	That the action list be noted and updated accordingly.
-----	--

#### **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.
-----	---

#### **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
Associate Medical Director	13	Declared a General Interest in his Public Health Consultant role as Chair of the People Study Hull Steering Group. The declaration was noted and no further action was required to be taken.

### Resolved

(a)	The above declarations of interest were noted.
-----	--

## 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 Deputy Chief Finance Officer (Contracts, Performance, Procurement & Programme Delivery) and the Interim 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 since the last reported position.

A clear improvement on trajectory for ASD waiting lists was reported with the service working closely with the CCG around this neurodiversity service.

Significant attention remained around Elective Recovery and the Elective Recovery Fund with guidance released to Trusts on the management of 82/84 week waits, to note

the reported position on these by early January 2022 with an aim to work toward zero 104 week waits by the end of March 2022.

Cancer and Ophthalmology services were still of concern with possible risk of harm. The CCG were looking at addressing this through the voluntary sector.

From a clinician perspective, the Chair noted the interaction with the Trust upon admittance of patients was still unsatisfactory. A piece of work was undertaken around the interface between the GP and the hospital (Acute Care Navigation Hub) which had been given a 6-month pilot phase and was thought not to be of any use. However, the safe handover of a patient remained an issue especially in light of the spread of the Covid Omicron variant. The Chair asked if there was any desire to reintroduce this interface that existed in other Trusts across the country.

Hull CCG's Deputy Director of Commissioning stated this needed to be relooked at following access to the Acute Assessment Unit, Surgical Assessment Unit and those developing same day emergency care facilities, however the challenge was around YAS and patients coming through 111 and for the Trust to make these pathways clearer for GPs in how they interface with these services. The Interim Deputy Director of Nursing and Quality highlighted that if something were to be reintroduced, 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.

The Vice Chair noted focus was required around quality issues i.e. Serious Incidents (SIs) across providers and, in terms of HUTHT, Concerns and Complaints which had increased since the Committee had last met. The Committee could take assurance that Commissioners and Providers were working to look at how those most at risk of harm were treated. Waiting lists were made up of a wide variety of patients with differing needs and some patients who may wait for two years would never be top of the list. The Interim Deputy Director of Nursing and Quality informed of significant work being undertaken with HUTHT through attendance at their two assurance meetings and Patient Experience Group which provided insight around developments HUTHT were trying to implement but were struggling with volume. Main areas identified through the Healthwatch report were communication, quality of care and interface.

The Deputy Director of Commissioning notified the Committee of the new Urgent Treatment Centre (UTC) at HUTHT's A&E which included minor illness and minor injuries. It was planned for this to be the total 'Front Door' with the exception of arrivals in ambulances which would be admitted into 'Majors' and were now seeing 80 to 90 patients per day through this new UTC front entrance.

Regarding the communications issue the Vice Chair did not feel everything was being done to address this and was less persuaded that Covid was impacting on the ability to answer queries and complaints from the public. This was about basic customer service and how to manage and interface the message that acknowledged current pressures but recognised the significant number of people that were no longer allowed hospital visits. This also included patient communication. A huge amount work was underway within the voluntary sector around winter pressures and to enhance home from hospital services however the quality of these onwards referrals into support services was inadequate. There needed to be a more creative way to manage this interface. Healthwatch were supporting these enquiries through Cloverleaf Advocacy.

The Interim Deputy Director of Nursing and Quality noted her attendance at HUTHT's PEEC meeting where it was agreed a piece of work would be taken forward around communication and the use of volunteers. Hull CCG's Quality and Patient Safety Lead had commenced a piece of work with HUTHT around Discharge Liaison and would follow up with HUTHT on actions other providers had recognised as a challenge around discharge and communication. A consistent approach was required, and expectations of volunteers should be clear to ensure this was appropriate and not exploitative. Information Discharge Letters (IDLs) given to patients should be clearer and more concise. Healthwatch highlighted their 'Read Right' service which worked with volunteers and staff to edit resources/documentation into a more accessible format with a network available across Hull and East Riding. This would be shared via GP Contact Us for information.

A sub-group of the Primary/Secondary Care Interface Group was looking at IDLs with their first meeting held last week where a number of issues were raised around the clarity of this documentation. HUTHT had informed there were national guidelines around what should be included in IDLs but was more about the order in which these appeared. The Deputy Director of Commissioning attended this group and would raise the concerns of this Committee around legibility for both clinicians and patients.

### **Serious Incidents (SIs)**

The Vice Chair queried the SI figures within the report and asked if they were the same figures reported for October. The Interim Deputy Director of Nursing and Quality confirmed they were but noted they were added to and updated every week, so this showed the latest position at the end of October 2021.

Due to the number Maternity SIs for HUTHT, Hull CCG Board had taken an interest in this area and anticipated push back against this to query whether all was being done to make a difference as it appeared no improvement had been made. Although assurance had been provided to the Board, incidents continued to occur which was a huge vulnerability risk. The Interim Deputy Director of Nursing and Quality informed that the East Riding and HUTHT Lead had met with the Head of Maternity and advised that HUTHT were not an outlier in comparison to other maternity services. A number of actions, outlined within the report, were being taken forward, learning from the Ockenden Report was being worked through however HUTHT's population was more challenged than other maternity units.

In light of a further reported maternity incident since October, the Vice Chair requested the next report included a real focus on maternity. The presentation received from HUTHT would be embedded within the next report for submission to the next Committee meeting on 18 February 2022.

The Chair noted an element of concern from some mothers around their initial contact with the labour ward in the final stages of their pregnancy where advice given wasn't always as it should be and queried if an audit had been undertaken at this advice stage, i.e. was the advice documented and checked to ensure this was correct as felt these crucial interfaces were not audited as they should be. The Interim Deputy Director of Nursing and Quality noted 'Best Practice' was for the advice to be documented but would follow this up.

### **City Health Care Partnership (CHCP)**

The Vice Chair noted his attendance at the Planning and Commissioning Committee and the piece of work delegated from this Committee around Pulmonary Rehab. The report would be circulated to members of this Committee for information.

Pressure noted around Integrated Urgent Care and Out of Hours (OoHs). Work continued on recovery plans and were making good progress.

Urgent Community Response (UCR) across GP Out of Hours, Story St and Bransholme, were seeing 600-700 patients per day which had doubled over the last 6 months with GP OOHs seeing significant numbers of around 100 patients per weekend day. There were a number of infection issues that were impacting on CHCP's resource i.e., providing support to the Avian Flu outbreak in the East Riding and may have to review what services could be stood down in light of this and rising Covid-19 cases.

Regarding OoHs, the Chair asked if there was a sense that providers of in-hours primary care were not providing face to face appointments resulting in patients turning to OoH as an alternative. The Deputy Director of Commissioning confirmed it was a system view that patients were not getting timely access to face-to-face appointments, and it was a fine balance between new ways of working versus face to face. Where small 'deep dives' had taken place, the issue related to patients who attended infrequently or were reporting on someone's behalf. Current figures showed there were more appointments available now but not all were face to face.

The Interim Deputy Director of Nursing and Quality informed of a piece of work undertaken at the start of the year that was shared with A&E Delivery Boards and detailed GP practices across Yorkshire that were less likely to see their patients in-hours which was then reflected in Out of Hours. This information would be shared with CCG colleagues and providers.

Regarding communications there was a need to market the clinical quality of a telephone consultation and the negligible likelihood of an adverse outcome from it and how to empower parents to feel comfortable with this. The Deputy Director of Commissioning informed of data received from YAS on the top 20 list of primary care calls taken by YAS which noted less primary care clinical generated calls from Hull practices compared to East Riding however this may change. Drilling down to this level showed where the challenges lied, and which practices were using different areas higher than expected.

The Vice Chair informed of the Primary Care Communications and Engagement Group meeting held this week where discussion took place around the amount resource going into the different options available to people for accessing primary care and felt this was too much and had become confusing. There needed to be a clear message around the quality of the intervention and persuading people that the options offered to them were as good as a face-to-face appointment. It was the system that was the problem, not the patient and, at present, the primary care customer service interface was not being delivered to a good standard. The Deputy Director of Commissioning informed of meeting held this week which would look at an Operational Hub as single point of access for any urgent care needs for people who are unable to access a service. Care Navigators would be on hand to direct to the right place within the system and promotion of the 'No Wrong Front Door' model was also underway which would help people move across to the right service. Work had also been undertaken with YAS with Directory of

Services (DoS) to provide them with options for patients. These concepts were being trialled and would take time to embed.

### **Humber Teaching Foundation Trust (HTFT)**

CAMHS referrals. Eight referrals received with five seen outside of 18 weeks. The Vice Chair queried why there were three that appeared to be received in error and should have been dealt with differently. The Director of Nursing and Quality advised this was part of the community paediatrics review which highlighted a significant number of Humber cases/referrals that were on the wrong pathway but had been referred by clinicians with the best of intentions. This was often the case in mental health where the true needs of a patient were not known until they had gone through a thorough assessment.

The Deputy Chief Finance Officer (Contracts, Performance, Procurement & Programme Delivery) shared with the Committee the trajectory for waiting list improvement for Autism which showed 7-8 months of sustained meeting of the trajectory which had never been achieved before and provided assurance to the Committee that this was being closely monitored. Steps continued to be taken to look at every opportunity to reduce the backlog despite difficulties in recruitment. Work had been undertaken with parents and families around the digital offer where this was appropriate to free up more clinical time.

The Vice Chair formally acknowledged the incredible work and leadership undertaken by the Deputy Chief Finance Officer (Contracts, Performance, Procurement & Programme Delivery) and her team around what appeared to be an impossible task and the sustained recovery was a tribute to the commitment of this organisation and, in particular the Deputy Chief Finance Officer, in terms of driving this forward with innovation and a focus on the needs of the children and their families to help shape the future service.

### **Yorkshire Ambulance Service (YAS)**

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 declaration was noted and no further action was required to be taken.

Areas highlighted as Red within the report was noted which related to increased demand and the pressures on Integrated Urgent Care. Actions were being taken and ambulance improvement rates had come down in the last month but were not yet reflected within the report.

Regarding the admittance of patients with an acute illness that required an urgent response, the Chair stated it would be useful to be able to send YAS the admission letter rather than to the patient or to A&E and asked if this could be fed back to YAS. The Interim Deputy Director of Nursing and Quality would follow this up with YAS's Lead for the Electronic Patient Record. Work was also ongoing with the Local Care Records System which would provide paramedic crews with this additional information.

The Interim Director of Nursing and Quality acknowledged YAS's interdependency with the Emergency Department and HUTHT which was significant. HUTHT's recent Quality Risk Profile meeting held a focused session on ambulance handovers, appreciating the impact in the community on YAS and HUTHT's role within this. The presentation and

notes from the QRP meeting held on 6 December 2021 would be shared with Committee members for information.

### Spire Healthcare

Productive meetings continued with Spire. HUTHT have now commissioned care from Spire who have opened up a further operating theatre to accommodate this. Spire have also produced a patient information booklet which would be shared wider once evaluated for any required changes.

### LEVEL OF CONFIDENCE:

#### Financial Management

PROCESS	RATING
There is a <b>HIGH</b> 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 <b>HIGH</b> 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 <b>HIGH</b> 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 <b>LOW</b> 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 <b>HIGH</b> 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 <b>LOW</b> 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 <b>HIGH</b> 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 <b>LOW</b> 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 <b>HIGH</b> 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 <b>LOW</b> level of confidence in the achievement of this target	Low



### Hull University Teaching Hospitals – 62-day Cancer Waiting Times

PROCESS	RATING
There is a <b>HIGH</b> 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 <b>LOW</b> 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 <b>HIGH</b> 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 <b>LOW</b> 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 <b>HIGH</b> 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 <b>LOW</b> level of confidence in the achievement of this target.	Low

### Yorkshire Ambulance Service – Ambulance Handover Times

PROCESS	RATING
There is a <b>HIGH</b> 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 <b>LOW</b> 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)	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.
(c)	P&C Pulmonary Rehab Report would be shared with Committee members for information – KE/MS.
(d)	Information on GP practices across Yorkshire that were less likely to see their patients in-hours would be shared with CCG colleagues and providers - ML.
(e)	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 the Electronic Patient Record.
(f)	QRP Presentation relating to ambulance handovers and notes from the meeting held on 6 December 2021 would be shared with Committee members for information - DL.

## 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.

The delivery of the outcomes was overseen by the Equality Diversity and Inclusion Steering Group which was made up of the relevant named Leads, along with the Lay Member for Patient and Public Involvement, the Board Lead for Health Inequalities and the CCG's Independent Consultant for EDI. This group last met on 24 November 2021 to review and update outcomes for EDI pertaining to Governance, Workforce, Communications and Engagement, Commissioning, Corporate Governance, Quality, Primary Care and Contracting and Procurement.

Discussion had recently taken place with the Associate Director of IMT around including specific outcomes relating to the IMT programme and this would be included in future reports to the Quality and Performance Committee.

Work had been undertaken with PCNs around training and upskilling of practice staff on EDI with two workshop planning sessions held to develop agenda for wider PCN workshop. Agreed dates for these workshops were 12 January 2022 and 2 March 2022 with work underway with Clinical Directors to identify relevant people to attend which would comprise of a cross section of staff.

Work was currently being undertaken to explore Pride in Practice training with a view to identifying appropriate CCG staff to train and also potential for funded places for primary care staff.

### Future Operating Model

With the transfer of statutory equalities duties passing to the ICB from April 2022, work was now underway to better understand what functions would be undertaken at ICS level and which would remain at Place. An initial ICS convened meeting was scheduled for 20 January 2022 to look at what equality, diversity and inclusion may look like in the future across the ICS with the Lay Member for EDI, the Associate Director of Communications and Engagement and the Independent Consultant for EDI invited to be part of that conversation.

The Humber Senior Leadership Team had authorised a piece of work to conduct an EDI assessment within the Humber CCGs (and potentially NY&Y) to better understand current EDI practice, processes, and policies with a view to developing a draft operating model with a strong Place focus for delivery and an interface with the ICB and NHSEI EDI teams for reporting and assurance purposes. This work would inevitably feed into conversations starting at the ICS session on 20 January 2022.

### 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 Committee noted the contents of the Equality and Diversity Report and the update against the EDI outcomes contained within the EDI Outcomes Plan.
-----	---

## REGULAR ASSURANCE REPORTS

### 8. CARE AND SUPPORT SERVICES QUALITY BOARD (CSSQB) REPORT

The Associate Medical Director provided a verbal update to the Committee which offered assurance in respect of the mechanisms in place to monitor and improve the quality of the nursing, residential and domiciliary care provision in Hull. The following headlines were noted:

#### **Covid-19 Booster Vaccinations**

The majority of residents in care homes had received their booster vaccination which equated to 72% and included all people in learning disability homes. It was anticipated that everyone would receive the booster vaccine by the end of December 2021 for those that had capacity or where a person lacked capacity and a best interest decision had been made.

#### **Challenges with Care Homes**

There were several care homes that both Adult Social Care (ASC) and the Care Quality Commission (CQC) had been working together with in relation to quality and safety concerns. In relation to nursing provision, two care home providers had been issued with notices and suspensions from ASC and the CQC. IPC also shared these concerns and, as a result, significant work was ongoing with these providers with an action plan in place with a 3-month deadline for completion by the beginning of January 2022. An updated position would be taken at the next CSSQB on 20 December 2021.

A further care home provider, that had issues to a lesser degree but for longer, has had their registration cancelled by the CQC. ASC were to relocate the residents ahead of the formal closure and CCG Quality team had been involved in some of these conversations.

Discussions held regarding a potential SI in care homes, recognising the SI framework was an NHS construct and not a Social Care construct however NHS community providers have been involved and the CCG Quality team were liaising with the Local Authority to explore details and further opportunities. ASC and the CQC continued to be involved with this provider.

#### **Learning Disability Settings**

The majority of these were Supported Living rather than residential care homes. There was a whistleblowing incident directly from an employee to ASC in relation to one particular site which was one of a number of sites provided by the same provider. Both ASC and IPC team had visited the site and identified some concerns in terms of IPC and PPE practice. An action plan was in place which was monitored and supported by ASC and the IPC team. Following the whistleblowing event, the CQC had visited the other sites ran by the provider and had identified other concerns which were being actively managed by ASC with reasonable engagement from the provider and the safeguarding team.

### Quality Improvement Opportunities

The CQC had reflected that the baseline position for care home quality in Hull was significantly lower/poorer than other areas with conversations held around how this would be worked up. The Associate Medical Director had met with the Director of ASC, Hull CCG's Director of Nursing and Quality and the CQC to discuss the vision and strategy for Hull and what the opportunities were. The Community Frailty team were also a key member of the meeting and provided updates and soft intelligence to ASC.

The IPC team have improved/increased the number of IPC Champions in care homes in Hull but was still lower than anticipated and were not doing what was expected of them i.e., to act as local champions, cascading learning and identifying challenges proactively which had not been the case. As a result, the IPC team and ASC were working together to see how they can improve this.

The Vice Chair had previously flagged his concern around workforce, referred to by ASC as market stimulation. There were already challenges in the ability to provide care packages within the city which had a knock-on effect to the wider system i.e., the Trust were unable to move patients out of ED in a timely manner due to bed blockages. The winter period would become increasingly challenged therefore needed to think about short and long term solutions. In the short term how does the system sustain something that is broken and for the long term to look at opportunities to invest in social care workforce and consider how best to retain and develop this staff group. This was not solely a Local Authority issue, and the CCG should take full responsibility around how it could be much more creative in its workforce to support residential care.

The Interim Director of Nursing and Quality informed this was on the CCG Risk Register in the context of capacity but needed to consider the narrative around quality. From the meeting held with the CQC it was acknowledged the quality offer needed to be a joined-up approach therefore subsequent meetings would be held with the Local Authority, CQC and the CCG or 'Place' going forward which would draw out what needed to happen in terms of quality improvement and assurance that there was a good package of support in place for care homes. Conversations have commenced with the Directors of Nursing across North Lincolnshire and Hull CCG around how support could be provided to workforce in care homes in relation nursing and further opportunities for more bespoke training.

The Deputy Director of Commissioning could not provide a high degree of assurance but informed this issue was being discussed on daily system calls and via the Strategic Oversight Group along with involvement from Hull CCG's Accountable Officer. HUTHT have offered their Nursing Assistants to work in care homes should this be required and the whole system was looking at how the challenges could be addressed to manage the sheer volume of patients coming through at present.

### Resolved

(a)	The Committee noted the verbal update provided on behalf of the Care and Support Services Quality Board in respect of the mechanisms in place to monitor and improve the quality of the nursing, residential and domiciliary care provision in Hull
-----	---

## 9. HEALTHWATCH REPORT Q1 AND Q2

The Healthwatch Manager for Hull presented the quarterly Healthwatch Reports which provided the Committee with activity undertaken for April to June 2021 and July to September 2021 respectively. Intelligence reports were showing the following themes:

- Communication,
- Access to appointments
- Quality of Care and Support,
- Administration and prescription
- Patient experience around treatment

Advice and information provided for Quarter 1 was largely around dentistry and for Quarter 2 was more varied and included CHCP and Local Authority. A review of projects undertaken for Q1 and Q2 was provided and Q3 would include more reports.

In relation to the Patient Experience Report, the Vice Chair acknowledged the quality of the content but felt it raised a 'So What?' question and queried how the information would become useful. The report did not show how the impact of what people say would drive service improvement or improve patient experience and suggested this was reflected in the Q3 report. Additionally, it would be helpful to note how Healthwatch connected to other work the CCG was undertaking i.e., primary care communications and engagement.

The Vice Chair also noted that half the Healthwatch service also included NHS complaints advocacy and the absence of any data reporting/thematic analysis around complaints left a huge gap as this was needed to triangulate this report with other patient experience information the CCG received. This was a key element to help inform on our providers and patient experience and therefore need to understand the numbers, themes and trends to drive the work of this Committee. The Vice Chair acknowledged the significant step forward made with Healthwatch and welcomed the submission of the reports to this meeting. The feedback was acknowledged by Healthwatch and would look to take this forward.

The Interim Deputy Director of Nursing and Quality noted that both HTFT and HUTHT have young people groups and queried whether there was any crossover or links with the children and young people champions and asked if the CCG could link in with Healthwatch around this. Healthwatch also informed of their involvement in the new Neurodiversity service and would provide an update on their contribution to this service over the coming year.

With regard to future working arrangements/relationships, the Director of Nursing and Quality noted the need to think about how the CCG and Healthwatch worked collaboratively with other organisations as part of the ICS as there would no longer be that central position in same way going forward.

### Resolved

(a)	The Committee noted the contents and update provided on the quarterly Healthwatch Reports for April to June 2021 and July to September 2021.
-----	--

## 10. PRESCRIBING REPORT Q1 AND Q2

The Medicines Optimisation Pharmacist presented the above report which provided the Committee with prescribing performance and medicines optimisation activities for NHS Hull CCG GP practices for Q1 and Q2 2021/2022. The report had been broken down into a CCG prescribing work plan progress, finance/performance and a quality section.

In June 2021 the CCG's Planning and Commissioning Committee agreed to the start of the CCG Medicines Optimisation work plan for 2021/2022 which had been put on hold due to the COVID-19 pandemic. This work plan was agreed to restart in Q3 2021/2022.

### **Finance/Performance**

Overall prescribing costs for Q1 and Q2 2021/2022, GP practice prescribing costs for Hull CCG had grown by +1.01% (+£244,290) for April 2021 to September 2021 compared to the same period last year. This was below the England average cost growth of +2.51% and Yorkshire and Humber average cost growth of +2.5%. The report detailed areas of growth and reductions within the first 6 months and high spend areas showing a commonality in these areas for Anticoagulants, Diabetes, Bronchodilators, Analgesics and Oral nutrition. These were growing less in compared to a national comparison of growth.

### **Prescribing Work plan – QIPP Performance**

CCG Medicines optimisation QIPP monitoring for Q1/Q2 2021/22 shows a QIPP savings of £509,633.

### **Quality**

#### **Extended Medicines Management Scheme**

Prescribing Indicators for July to September 2021 were broken down into GP practices. Within the indicators Antibiotic Volume had increased compared to the baseline but this was extraordinarily low and showed sharp reductions within the last year due to Covid-19 and a reduction in patients presenting and less infections circulating. The CCG continued to meet the NHS Oversight Framework Metrics within Antibiotic Volume. Opioid's prescribing had reduced but hypnotics, anxiolytics and NSAIDs had increased compared to the baseline which was considerably lower than the previous year.

### **Red Drugs**

Figures 5 within the report showed the monthly trend in total RED items and actual spend on RED drugs. There had been a steady fall in both numbers and cost over the last number of years.

### **Formulary Development/Joint Working with Secondary Care**

- There is ongoing regular attendance and participation in the Hull and East Riding Prescribing Committee (HERPC) to ensure a collective strategic and ethical approach to prescribing & medicines management issues across the Hull and East Riding Health Community, in relation to the safe, clinical and cost-effective use of medicines.
- There is ongoing input into the Hull University Teaching Hospitals NHS Trust and Humber NHS Foundation Trusts Drugs and Therapeutics committees.

### **Other Initiatives and Activities**

- Humber Area Prescribing Committee – work had commenced on merging the two separate area Prescribing Committees in the Humber area into one Humber Area Prescribing Committee.

## LEVEL OF CONFIDENCE:

PROCESS	RATING
Interpretation of Budget Position & QIPP Performance	High
Interpretation of Prescribing Quality	High
PERFORMANCE	
Forecast Expenditure	High
Actual QIPP savings	High
Practice Performance within the Extended Medicines Management Scheme	Medium
Red Drug Prescribing charts	High

## Resolved

(a)	The Committee noted the contents and update provided for the Q1 and Q2 Prescribing Report 2021/2022.
-----	--

## 11. CONTINUING HEALTHCARE (CHC) QUALITY AND PERFORMANCE REPORT Q1 AND Q2

The Head of NHS Funded Care presented the above report which provided the Committee with an assurance position with respect to Hull CCG's delivery of the statutory duties set out within the National Continuing Healthcare Framework (2018) for Q1 & Q2 of 2021/22. The following was noted:

Hull CCG had continued to meet NHSE's requirements in terms of performance and Q2 showed some stabilisation of activity of the team and were steadily returning back to pre-pandemic levels. In response to challenges relating to the market, joint working had been undertaken with Local Authority teams in response to those providers who had been decommissioned, either by themselves or due to quality failings.

There were several ongoing joint reviews, and for the small Learning Disabilities service, it was confirmed the last two remaining CHC funded individuals had been moved on from today.

The Head of NHS Funded Care was a member of a working group formed to review nursing provision in the city. This was due to a provider who had recently decommissioned their nursing registration, and the CCG had received further communication to state this provider had another home in the city which was anticipated to also decommission the nursing element of their service.

In terms of quality there had been significant work, activity and innovation due to the pandemic in terms of becoming more aligned with Local Authority colleagues in managing quality within the services. One area that required further work was finance, as Hull were in the bottom 3 nationally for funded rates and in terms of resource, and this often had a detrimental impact on ability and facilities available to a provider to meet quality expectations.

In other activity there were two cases where two individuals, who were living in residential care, had family members who were anti-vaccination and had contested their vaccinations. Currently in the court protection for both matters with Hull CCG seen as the statutory authority that would support such applications in the court protection. A full application had been made for one of the individuals with the next hearing to be held on 7 January 2022 where it was anticipated this would be resolved. The other case had taken longer due to the complex communication undertaken to get it to a reasonable

position, however, the Head of NHS Funded Care would attend court on 13 December 2021 to commence this trial process and where an application in support of the vaccination would be made.

Work continued at ICS level in terms of the deep dive for CHC to further understand opportunities for joint working and to notify the Committee of recent communication from NHSE that the proposed quality data changes were now being implemented. The new quality regime would move from quarterly to monthly reporting and instead of focusing on 3 key indicators of quality, the new requirement was to report on up to 50 different quality lines of patient level data from 1 April 2022. Work had been undertaken in preparation for this and, as part of the redesign of the service, the IT and digital systems used would be reviewed.

With regard to the reporting and the system required to be in place the Director of Nursing and Quality highlighted the need to reflect this in the review of risk on the risk register as this may increase the risk profile given the timeline around this. Regarding the two vaccination cases mentioned earlier in this update, the Committee were reminded that these cases were not included within the report as they were not CHC specific around assurance and oversight.

In relation to the ICS and the deep dive work undertaken, consideration was given to where CHC would sit and it was confirmed this area of work would sit within the Director of Nursing portfolio going forward with delegation to 'Place'. The Committee were also asked to note the current work undertaken around existing contracts where there were duties that would be delegated by the ICS to 'Place' and where other providers would then be commissioned to provide those services on behalf of 'Place'. Legalities around this and how those arrangements fitted in terms of compliance with the ICS duties was under review and a definitive position on this was awaited. This was applicable to two areas i.e., functions for Safeguarding and CHC which may need to be added to the risk register should the service be required to be delivered in-house.

#### LEVEL OF CONFIDENCE:

PROCESS	RATING
NHS Hull CCG has continued to meet compliance with the National Framework and is meeting the statutory responsibilities around NHS funded care, throughout the first two quarters of the year.	High
PERFORMANCE	
NHS Hull CCG submits quarterly reports to NHS England regarding the delivery of NHS funded care.	High

#### Resolved

(a)	The Committee noted the contents of the Continuing Healthcare Quality and Performance Report Q1 and Q2 and were assured that:-
(b)	NHS Hull CCG had remained compliant with the requirements set out within the National Framework and has met the statutory responsibilities around NHS funded care throughout Q1 & Q2.
(c)	That NHS Hull CCG had continued to work in partnership with the Local Authority in the activities of market oversight and market management in meeting the needs of eligible children, young people and adults and that,
(d)	NHS Hull CCG had continued to perform well, in the delivery of local services for Continuing Healthcare and continue to benchmark its performance against



	national performance measures and continues to be a high performer in respect to the wider integrated Care System.
--	--

## 12. PATIENT EXPERIENCE & PATIENT RELATIONS Q1 AND Q2 REPORT

The Deputy Director of Nursing and Quality presented the above report which provided the Committee with a review of the Patient Experience information, data and assurance in relation to the CCG's 5 key providers during the period 1 April 2021 to 30 September 2021. The following key points were noted:

Friends and Family Test (FFT) had recommenced in a number of areas with information received from CHCP and HTFT. The remaining providers had yet to submit their FFTs. This was an ongoing piece of work and was reflected in the RAG rating. The next report to the Committee would be an Annual Report following recommendations made from the last meeting.

The Vice Chair stated there was a 'So What' question to the report as it should detail the learning from patient experience and not just what the provider was doing in relation to it. There was a need to revisit the purpose and content of the report as this was not the same report the Committee had received previously. The Interim Deputy Director of Nursing and Quality informed she was advised to produce it differently using an annual approach and to join the two elements together. It was agreed that meetings should take place to discuss future reports to ensure the expectation of the Committee for this item was met.

In terms of the reports the Director of Quality and Nursing noted it had been agreed to provide a 6 monthly combined Patient Experience and Patient Relations report and an Annual Report which historically had been done separately. It was acknowledged the report needed to focus on the 'So What?' highlighting what had changed as a result or what were the recommended changes. In terms of roles and responsibilities significant work had been undertaken over the last 6 months to ensure the CCG's PALS and complaints support also supported patient experience and additional training offered to support staff to provide this element within the report.

### LEVEL OF CONFIDENCE:

PROCESS	RATING
Assurance of the patient experience performance of the providers of commissioned services	Medium
Patient and public voice are at the heart of CCG decision making	High
PERFORMANCE	
CQC Adult Inpatient Patient Experience Survey	Low

### Resolved

(a)	The Committee noted the contents of the Patient Experience and Patient Relations Q1 and Q2 Report.
-----	--

## 13. RESEARCH AND DEVELOPMENT (R&D) 6 MONTHLY REPORT

The Associate Medical Director declared a General Interest in this item in his Public Health Consultant role as Chair of the People Study Hull Steering Group. The declaration was noted and no further action was required to be taken.

The Research & Development Lead Nurse Manager presented the above 6 monthly status report which provided the Committee with the R&D activity for the period of 1 April 2020 to 31 October 2021. The report focused on the R&D response to the Covid-19 pandemic and the locally grown non-Covid-19 R&D studies and any development opportunities that had been attained over the past six months.

Appendix 3 detailed the Moving with Dignity evaluation report which fed into outputs from Hull City Council and the Joint Commissioning Forum. A letter detailed at Appendix 2, from the Chief Operating Officer and Clinical Director of the NIHR Clinical Research Network (CRN) Yorkshire and Humber, acknowledged the considerable contributions to Covid-19 research that all Yorkshire and Humber communities, partners and stakeholders had made over the last two years. Nationally Hull were ranked as 2nd in the country.

Strategically at a Humber-wide level, deep dive work would be undertaken to look at the direction of travel for R&D and how this would sit across the ICS. An Organisational Advert had been published for a Medical Director Post which would cover this portfolio going forward from an ICS perspective.

The Vice Chair asked how much of this work had been postponed due to Covid-19, where would the infrastructure for research sit in the future and how much hang over of work was anticipated by the end of March 2022. The R&D Lead Nurse Manager advised they were instructed to focus on the urgent public health work and for the locally grown non-Covid-19 work, a lot of the research teams had to adjust their methodologies, re-establish their Gant charts and look at other options to deliver this research. A lot had moved from face to face to virtual and was this feasible to run these studies. The NIHR had put forward a restart framework, detailed within the report, and would look at how to bring this engagement work forward with the non-Covid-19 work.

With regards to mopping up there would be some work required at Place and, as part of the governance arrangements, the R&D team would monitor this work with reports expected on a 6 monthly basis.

The Director of Nursing and Quality highlighted a question raised at the CCG Board around GPs/PCNs and if there were any future plans to bolster their involvement in research, including engagement with Clinical Directors and how would this progress going forward. The R&D Lead Nurse Manager noted there was significant engagement with the Agile Research Team within the Clinical Research Network but acknowledged that, with the urgent public health work taking precedence, this resource had been depleted. Further discussions would be held at Clinical Director level. The Chair proposed Dr Scott Richardson could provide feedback to the Clinical Director meeting around his successes from a research point of view.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>RATING</b>
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 outcomes and experience of services.	High
<b>PERFORMANCE</b>	

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 noted the contents of the R&D 6 monthly report April – October 2021 and were assured by the continued commitment to R&D and,
(b)	noted both the Covid-19 response and the non-Covid-19 development work that had been progressed over the past six months.

## 14. INFECTION, PREVENTION AND CONTROL (IPC) Q1 and Q2 REPORT

The IPC Lead Nurse presented the above report which provided the Committee with an overview of the infection prevention and control activity and support in the management of the Covid-19 response for the period of April to September 2021. The follow key points were noted:

### Care Home Training

The IPC team have continued to deliver PPE training sessions to care homes with good attendance across all care homes. These sessions would be renamed moving forward to reflect the broader scope of the training offered. 56 people had undertaken the Champions training over the last two quarters which showed a significant increase in comparison to previous quarters. National Champion training had been advertised with further detail awaited on how this would fit in with what was delivered locally.

### Outbreak Management

Since April 2021 to the end of September 2021, 29 care homes support visits were undertaken by the IPC team. An action plan had been developed following each visit which would be monitored and updated until all actions were completed. A follow up visit was undertaken to provide assurance that IPC standards had been maintained.

### Surveillance

2021/22 saw the introduction of new thresholds for gram-negative bacteria's with the introduction of thresholds for pseudomonas and Klebsiella. In conjunction with Business Intelligence each of the thresholds had been profiled using data from the previous four years to develop a monthly objective. These were included in the report for review and agreement by the Committee.

Following the HCAI review there were no concerns noted with any of the specific objectives apart from Klebsiella which was expected to breach. The Hull and ERY HCAI review meeting had recommenced with a change in the terms of reference which would see quarterly updates from providers around the broader HCAIs and any themes and trends.

The Committee were notified of a current East Riding issue where a number of care homes were refusing to take unvaccinated residents which could see Hull care homes follow suit. East Riding were making significant approaches to the care homes to change their stance as this would cause significant challenges across the whole system. The Associate Medical Director noted this was an opportunity to explore why these residents were not vaccinated and to encourage vaccination.

## LEVEL OF CONFIDENCE:

PROCESS	RATING
The development of IPC processes to achieve delivery of and IPC response at pace in relation to the COVID 19 Pandemic	High
PERFORMANCE	
Delivery of Care home training through in response to COVID	High
C.diff, Pseudomonas BSI, E.coli BSI and MRSA BSI cases all on track to achieve year end objectives.	High
Klebsiella BSI currently at more than 50% of year end objective	Low

## Resolved

(a)	The Committee considered the findings of the Infection, Prevention and Control Q1 and Q2 report and associated assurances and,
(b)	Approved the proposed monthly profiling for HCAI.

## 15. OUT OF AREA PLACEMENTS 6 MONTHLY REPORT

The Strategic Lead for Mental Health & Learning Disabilities presented the above report to consider which provided the Committee on the current position regarding out of area placements / bed usage. An update on beds commissioned as part of HTFT and on those cases that had been placed in non-Humber facilities which were classed as out of area was provided. Appendix 1 detailed all Out of Area placements currently commissioned by Hull CCG of which there were 66 placements within 38 individual providers. The following key points were noted:

- Depending on the type of placement and framework the individual was held under, they would be subject to different levels of review/type of review.
- Whilst timescales for review had been included to demonstrate oversight, the Committee were asked to note the absence of national guidance/best practice on frequency or framework for quality assurance visits.
- Locally the complexity and acuity of patients was increasing at a time where workforce vacancies were increasing. The result was more patients were being placed Out of Area to ensure their needs could be met.

The Transforming Care Programme (TCP) had recently announced a national Safe and Wellbeing Review which was happening at pace and was an intensive review of each of the placements for the TCP which provided an opportunity to learn from the governance/framework that would sit behind this to then be able to apply a standard way of reviewing all Out of Area placements.

The Vice Chair informed that historically Out of Area placement reports to this Committee combined this information with narrative around activity numbers, appropriateness of placements and if there was an increase in Out of Area placements due to system pressures, therefore it was felt this report provided only half the requested information. It was proposed to revisit the previous reporting format that combined the two elements into one. The Vice Chair also expressed his dissatisfaction around an action arising from the previous meeting, relating to this item, that had not been followed up and included within the report. Combining the two elements would provide the Committee with assurance around Out of Area placements and would provide the data needed in terms of how the system was managing the lack of bed availability.

The Deputy Director of Commissioning informed the revised format of the report had tried to address this with a balance between the clarity and usefulness of the information provided but acknowledged the feedback and would review the format of future reports.

**LEVEL OF CONFIDENCE:**

<b>PROCESS</b>	<b>RATING</b>
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
<b>PERFORMANCE</b>	
Ability to respond to any raised concerns regarding the quality or safety of these care packages	High

**Resolved**

(a)	The Committee noted the content of the Out of Area Placements 6 Monthly Report but were not fully assured by its findings. As a result, the format of the report would be reviewed with a revised version to be submitted to the next meeting on 18 February 2022 – KE / DPD.
(b)	The Committee 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.

**16. MENTAL HEALTH CRISIS RESPONSE SERVICE REPORT**

The Strategic Lead for Mental Health/ Learning Disabilities presented the above report which provided the Committee with assurance in respect of the improvements made by Humber Teaching Foundation Trust (HTFT) following concerns raised previously by the Committee in respect of the effective and responsiveness of the Crisis Line Service. The report provided a narrative to the changes that have been implemented and wider improvements to crisis services in Hull.

In response to a number of suicides and media attention, HTFT implemented changes to the service by sub-contracting with MIND to provide a new crisis phone line. This was without CCG oversight but HTFT have since worked closely with CCGs to continue to improve the service offered. The phone line went live on 19 July 2021 which involved creating a new freephone number for service users and carers and a separate line for professionals. Data was still lacking which was recognised by HTFT and MIND were working tirelessly to improve their core data.

Future developments were detailed within the report and MIND had listened to patient feedback one of which was mindfulness self-guided meditation calming exercises should the caller be put on hold, a call back option and plans in place to manage frequent callers. The benefit of this system was that MIND had full access to Lorenzo so were able to read care/crisis plans and act upon them or refer into the Community Mental Health Team (CMHT) should the patient need something more routine or escalate directly into the 136 Suite should there be a risk to life.

HTFT had presented at the Hull & ERY Humber Quality Meeting in October 2021. At this time no serious incidents had been reported. 1 complaint had been received by Humber and MIND by the same ERY patient which was investigated and resolved. HTFT continued to have engagement sessions with PCNs. This was a similar position

for the professional's phone line who had a direct line into the crisis line. This included Police, PCNs, YAS and Social Workers. Direct bookable slots for assessments for patients had also been introduced which could be booked directly with the CMHT.

Right Care Right Person (RCRP) was noted which was a Humber-wide programme, established in 2020 to ensure that the right person, with the right skills, training and expertise were available to support individuals in the community. The programme enabled Humberside Police to implement changes to the way in which it dealt with calls in relation to concern for welfare. This had been achieved through development of a multiagency Crisis Pathway Memorandum of Understanding.

CAMHS and Older Adults had also been incorporated into the changes, along with the recent introduction of a mental health response vehicle in Hull which would meet with the individual and convey them to the most appropriate setting. The Committee was asked to note that this was not street triage which was on the agenda for the next 18 months.

Although these changes were in the early stages, significant improvements had been made and HTFT have continued to work tirelessly with professionals the public alongside engagement work that was underway with the Health and Wellbeing Board (H&WB) to further understand what was generating this level of response in Hull.

The Vice Chair commended the report and the amount of work undertaken and welcomed the next steps which would provide a positive change to future delivery of services. The Chair asked if the professional's line was available on weekdays only or did this include Out of Hours. It was confirmed this line was available 24/7 with two options.

## Resolved

(a)	Committee Members noted the content of the Mental Health Crisis Response Service Report and assurance given in respect of the improvements made by the Trust for this service.
(b)	The Committee agreed 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.

## 17. LEDER 6 MONTHLY UPDATE REPORT

The Interim Director of Nursing and Quality presented the above presentation for information with the following key points noted:

Reports were now produced directly into the ICS in terms of LeDeR performance and the working towards having one ICS strategy and policy. The Deep Dive work going forward would be led by ERY CCG's Assistant Director of Quality & Improvement in the absence of the Interim Director of Nursing and Quality. There was a strong shared approach with HTFT which would be expanded to a full ICS LeDeR team.

The Interim Director of Nursing and Quality continued to lead and oversee LeDeR on behalf of NHS Hull CCG and aimed to get to a position where there would be one dedicated response to LeDeR across the ICS and to shift the focus in terms of 'learning into action' to make a difference. A proposal was submitted to the Quality Lead for Humber Coast & Vale (HCV) ICS on 7 December 2021 which detailed future operational

arrangements for LeDeR i.e. two distinct hubs to deliver the process and to then work collectively on the strategy, policy and to ensure there was learning into practice.

Quality assurance continued at HTFT level with the QRP and QDG Panel meetings and the Humber Steering Group. A proposal would be put forward as to whether these meetings were kept separate or done at an ICS level.

### Resolved

(a)	The Committee noted the contents of the presentation and update provided for the LeDeR 6 Monthly Update Report.
-----	---

## 18. NHS HULL CCG RISK REGISTER REPORT

The Interim 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: -

- To endorse Risk 969. This was a new risk associated with the commissioning of `wrap around care` for young adults with behavioural/mental health issues.
- To note that Risk 927 relating to MRSA and E. coli remained on the risk register and that, following the IPC Annual Report submitted on 29 October 2021, a request to remove this risk from the register was made to the Integrated Audit & Governance Committee (IAGC). The recommendation remained that this risk be removed however a further action was required aligned to the IAGC prior to this action being completed.
- To note that Risk 911 remained on the risk register. As agreed within both this Committee and IAGC this risk would be removed following a review of risks associated with HTFT.
- To note that Risk 936 associated with Hull Safeguarding Children's Partnership had now been removed following the IAGC meeting on the 9 November 2021.

### 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 recommendations made in relation to the updating of risks on the risk register and required approval from the IAGC.

## MEETING GOVERNANCE

### 19. QUALITY & PERFORMAMNCE COMMITTEE WORKPLAN

The Committee's yearly work plan was provided to the meeting for review, however as there was only one further meeting scheduled for 18 February 2022 and in light of the CCG's closedown scheduled for March 2022, the Vice Chair would raise the review of Committee workplans with Hull CCG's Associate Director of Corporate Affairs and the Senior Leadership Team.

## REPORTS FOR INFORMATION

### 20. ANY ISSUES TO GO TO THE PLANNING AND COMMISSIONING COMMITTEE

No issues raised.



**21. HUMBERSIDE MAPPA ANNUAL REPORT**

The above Annual Report was provided to the Committee for information.

**22. APPROVED MEETING NOTES**

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

- Planning and Commissioning Committee – 1/10/21
- H&ERY Collaborative SI Panel – 22/10/21

With the exception of the required submission of other Committee meeting minutes, it was proposed for future meetings that this Committee would only receive minutes from other meeting forums as requested rather than routinely.

**23. ANY OTHER BUSINESS**

**Resolved**

(a)	There were no items of Any Other Business to be discussed.
-----	--

**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 18 February 2022, 9.00am – 12.00 noon via Microsoft Teams. There may be a requirement for a further meeting to be scheduled in March 2022 as part of the CCG closedown however this would be confirmed in due course.

Signed: 

(Chair of the Quality and Performance Committee)

Date: 18 February 2022



## 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