

**QUALITY AND PERFORMANCE COMMITTEE
MINUTES OF THE MEETING HELD ON FRIDAY 29 OCTOBER 2021
HELD VIA MICROSOFT TEAMS,
09.00AM – 12.00PM**

PRESENT:

Jason Stamp	Lay Representative (Vice Chair), NHS Hull CCG
Estelle Butters	Head of Performance and Programme Delivery, NHS Hull CCG
Karen Ellis	Deputy Director of Commissioning, NHS Hull CCG
Sue Lee	Associate Director of Communications & Engagement, NHS Hull CCG
Michela Littlewood	Deputy Director of Nursing & Quality, NHS Hull CCG
Debbie Lowe	Interim Director of Nursing & Quality, NHS Hull CCG
Ross Palmer	Head of Contract Management, NHS Hull CCG

IN ATTENDANCE:

Kevin McCorry	Medicines Optimisation Pharmacist, NECS
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
Chris Denman	Head of NHS Funded Care, NHS Hull CCG
Dr James Moulton	GP Member (Chair), NHS Hull CCG
Laura Pickering	Designated Nurse for Safeguarding Children, NHS Hull CCG

2. MINUTES OF THE PREVIOUS MEETING HELD ON 20 AUGUST 2021

The minutes of the meeting held on 20 August 2021 were presented and agreed as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 20 August 2021 would be signed by the Chair.
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3. MATTERS ARISING / ACTION LIST FROM THE MINUTES

There were no matters arising from the minutes.

ACTION LIST FROM MEETING HELD ON 20 AUGUST 2021

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

09/04/21 22 Pulmonary Rehab waiting lists would be referred to the Planning and Commissioning Committee in writing with regard to what was commissioned in relation to capacity. Email drafted by JC and resent to JS and JM for onward referral by the Chair to the P&C Committee. Update 29/10/21- D Stevenson had undertaken an investigation. Paper would be submitted to the next Planning & Commissioning Committee and then to this Committee thereafter. Action now closed.

18/06/21 9 (b) Crisis Line Deep Dive. The Committee were requested to confirm that sufficient assurance had been presented, both in respect of improvement measures taken by the Trust and the process of quality assurance in place by commissioners. Update 29/10/21 – Work was ongoing with several changes made but further were required. Challenge to get Humber to work with primary care to establish requirements. Work was underway between partners but not at pace. An update would be provided at the next meeting on 10 December 2021.

18/06/21 23 (b) Humber Independent Investigation Report 2018/25469. Executive summary and covering paper to SLT would be shared with Committee members. Update 29/10/21 – Report previously submitted to SLT and the CCG Board would be shared with Committee members for information.

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.

A piece of work was required around quality assurance. The Interim Director of Nursing and Quality advised this also included those that were out of contract and sub-contracted through Humber. Assurance would be provided outside of this meeting based on the benchmark work being undertaken. On a weekly basis Humber had at least 20 individuals across Hull and East Riding that were placed Out of Area which included the South Bank. The Strategic Lead for Mental Health and Learning Disabilities noted an additional complicating factor around the complexity of the environment in social care and alternative providers. There were extensive challenges in recruitment capacity due to Covid-19 which had caused delayed discharges at Humber, resulting in bed blockages and individuals having to be placed Out of Area.

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

Resolved

(a)	No declarations of interest were noted.
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STANDING AGENDA ITEMS

6. QUALITY AND PERFORMANCE REPORT

The Head of Contract Management, Head of Performance and Programme Delivery and the Interim Director of Nursing and Quality presented the Quality and Performance report for consideration. A corporate summary of overall CCG performance was provided by exception which highlighted any areas of deterioration since the last reported position.

Summary Financial Position as at 30 September 2021

The CCG was currently forecasting to achieve a surplus of £13,939k against the allocation for the first half of 2021/22 (H1). This was a deficit of £911k against the planned surplus of £14,850k. This was an allowable deficit as it related to the Hospital Discharge Scheme, Non-NHS pay pressures and recoverable Covid-19 expenditure for which additional funding will be received retrospectively. The historic surplus of £15,402k had now been issued and would form part of the CCG’s reported position at the end of the year.

Financial planning guidance for H2 had been received and allocations for the Humber system had been published. The finance teams across the system were working together to assess the impact of this and to develop a balanced plan for the remainder of the year.

CCG Constitutional Indicators

HUTHT Type 1 A&E 4 hour waiting time performance had deteriorated in August 2021 compared to the previous month. In August 2021 the Trust reported 11,003 attendances compared to 11,285 in December 2019 (pre-Covid levels).

Number of >52-week Referral to Treatment in Incomplete Pathways

Hull CCG reported 3,209 patients waiting over 52+ weeks at the end of August 2021, a reduction of 276 when compared to the previous month (July 3,485). In August 2021 the

Trust had 6,912 52+ week breaches, an improvement of 497 patients when compared to those reported in July 2021 (7,409). The majority of the breaches related to Ear Nose and Throat (ENT), Plastic Surgery, General Surgery, Gynaecology and Urology. This was being managed through the planning route.

The Chair asked if the 2-year waits were captured within the 52 week waits or was this recorded separately. Committee members were informed these were included within the 52 week waits but not shown on the graph within the report. The main focus around super long waiters was at Humber who received patient level data through on cases that had waited this long. These were being monitored by Humber and at present there were none from Hull within this category. In terms of 18 Weeks, the CCG were being monitored through the ERF Fund in how the backlog was being recovered. The Chair ask for consideration to given on how the 52 Week Waits and Super Long Waits were recorded for future reference.

Cancer 62 Day Waits

Long breaches were mainly due to complex diagnosis.

City Health Care Partnership (CHCP)

Quality meetings were much more focused with a 'deep dive' held around the frailty service during the reporting period. Specialist health leaders were in attendance to present on their areas which provided the opportunity to review these areas and identify where there were risks. Focus was on harm, clinical prioritisation and to look at waiting lists. Significant work had been undertaken within the Frailty service contributing to Covid-19 by working with the wider system i.e. the Local Authority and being able to support the Covid-19 response through the Integrated Care Centre. Details of the presentation were noted within the report. From a quality perspective CHCP were seeing a reduction in Pressure Ulcers which continued to be the case.

HUTHT

SIs

The Quarter 2 report was on the agenda for discussion, however it was noted that for this reporting period HUTHT had seen SIs coming through for patients that were waiting, particularly in Ophthalmology, for treatment or assessment and, as a result, there had been disease progression with the patient identified as suffering harm.

SIs for Trolley breaches had been reported by the Trust, figures of which had increased since this reported period. A watchful eye would remain over these breaches and in-particular those that convert into SI reports. Learning and outcomes were around system wide working and the pressures within.

Covid-19 Update

A static number of approximately 40 patients were reported with Covid-19 over the last few weeks.

Patient Experience & PALS and Complaints

Backlog noted with challenges responding to complaints in a timely manner. The Committee were assured that HUTHT were now back on track with these and were in an acceptable position in terms of contacting patients, acknowledging their concerns and responding accordingly. Detail of patient experience reports were provided within this report, which had been lacking in previous reports. Performance data was included

but needed to draw out the themes and issues. Started to see a balance of information received directly into the CCG combined with information collated from HUTHT's internal panel which provided a good overall line of sight. The Chair noted the baseline position but felt there was more work to do around patient experience.

Quality Risk Profile (QRP) Process

The process that commenced in March continued with meetings held with the Trust, however some of the wider stakeholder meetings scheduled for July and August were stood down by the Chair at the request of the Trust who went into OPEL 4. A meeting was held in October and the CCG had received assurance and presentations from the Trust with regard to the acute services i.e. ambulance wait times, ability to triage and manage patients within ED, managing clinical risk within this area and the proposed improvements they wished to make in ED. Attendance numbers were not greater but acuity of patients was far greater and had presented challenges for the Trust.

Following the meeting held in October there was no change to the risks identified as 'Extreme' as it was felt that these couldn't be downgraded at this time and the decision would be taken at the wider stakeholder QSG forum Chaired by the ICS Director of Nursing. The extreme risks continued to be the focus of the monthly QRP meetings held with the Trust, membership of which had been scaled back to only include leaders who were able to make decisions and escalate to the most appropriate forum.

In relation to increased acuity the Deputy Director of Commissioning noted the Trust was not seeing an increase in the conversion rate for ED. When numbers dropped the admissions dropped and were currently looking at a 22-24% admission conversion rate which was deemed as normal. It was more around the length of stay as patients admitted were sicker and therefore staying for longer.

Missed Opportunities Audit

The CCG was invited to be part of the NHSE Audit which was attended by the Deputy Director of Nursing and Quality. The audit undertook a review of patients coming through HUTHT's Emergency Department (ED) and noted the patient's reason for admission, what services they had been in contact with previously and their presenting illness/condition. It could then be considered whether there were any opportunities to access services differently and were the pathways correct. An action plan and report were due to be published which would be provided to this Committee in due course.

Falls, Diagnostics and Pressure Ulcers

These were areas with increased numbers of SIs with concerns raised by the CCG to the Trust and equally the Trust Board had noted their concerns. Hull CCG's Interim Director of Nursing and Quality attended HUTHT's Quality Board which provided a closer line of sight over this work with significant improvements being made with these areas. November's Quality Delivery Group meeting would focus on the quality and safety strategy with a review of intended outcomes for 2022.

Humber Teaching NHS Foundation Trust (HTFT)

Seeing an increased number of CAMHS patients coming through ED where there were challenges around managing patients who have presented with mental health issues. Work was being undertaken, in addition to the routine QDG meetings, with NHSE, Hull CCG and HUTHT to look at how HUTHT could best support these patients in-particular those that were referrals into acute service from Inspire. Pressures on mental health services was significant and a watchful eye would be maintained on CAMHS, what

impact this was having and where they were presenting. The Chair noted the CAMHS position with regard to the significant long waiters and the opportunity to do things differently and asked that if people were able to wait for long periods of time, did they need to be on the waiting list in the first place.

In relation to CAMHS admissions, The Strategic Lead for Mental Health and Learning Difficulties informed there were a large number of young people presenting at HUTHT with self-harm tendencies but did not meet the threshold to be sectioned. There was significant risk but no placement for them to be referred onto with a lot of these young people being Children Looked After. It was a complex situation with HUTHT working with Humber on a 'Safe Space' bid which would facilitate some of these patients.

With regard to CAMHS waiting lists there were a number of factors i.e. there were some who were waiting for neuro-diversity assessments which would be resolved once the new 'Front Door' was opened. Conversations had commenced last week jointly with East Riding on the co-production of what a new referral pathway would look like for mental wellbeing and how, collectively, a review of early intervention services could be undertaken to help families, young people and professionals navigate through the system to get them to the right place in a timely manner. The Chair acknowledged the opportunity to consider alternative pathways and interventions and asked what support could be offered to patients currently on waiting lists.

With regard to the increased waiting list for the Memory service, the Head of Performance and Programme Delivery asked what plan was in place to help reduce this. The Strategic Lead for Mental Health and Learning Disabilities informed this was being picked up through formal monitoring meetings held with Humber who have had significant recruitment challenges coinciding with staff members on longer term sick. Humber were now fully established and working towards a trajectory to reduce waits within the targets by the end of March 2022 and were currently on track to achieve this. The Dementia Collaborative had recommenced jointly with East Riding CCG which would revisit work started pre-Covid on what a dementia pathway should look like, reviewing, not only the diagnostic pathway, but the wrap around services that sit with this regardless of outcome. The Chair was reassured by this and felt this was the right direction of travel.

Spire Healthcare

Spire continued to support the wider system with patients from HUTHT and have produced their Friends and Family test responses which provided good overall feedback. The Head of Contracts noted issues around the refurbishment of operating theatres and staffing numbers but in terms of supporting the wider health economy over the last 2-3 months, since the acceptance of transfers from HUTHT, Spire had only completed around 200 operations. The CCG had continued to encourage Spire to increase these numbers and support but was predicated on current resource.

Yorkshire Ambulance Service (YAS)

The Committee were asked to note the impact of current system pressures and the challenges around wait times. Work was undertaken with HUTHT around ambulance handovers. On a positive note, the Children's Respiratory direct booking was now in place which was a significant step forward and due to changes in working practice, over 40% of 999 calls were now dealt with as a 'hear and treat' or a 'transfer and treat' which was a diversionary pathway to avoid ED attendances.

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)	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.

7. SERIOUS INCIDENTS REPORT Q2 2021/22

The Deputy Director of Nursing and Quality presented the Serious Incidents (SI) Report for Q2 to consider which 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 had been identified and appropriately escalated by the SI Panel to this Committee.

There had been an increase in the number of SIs reported for HUTHT (noted under section 3) some of this was encouraging as issues were being reported and there was no national benchmarking for SIs with national work ongoing to consider how this would look once the CCG had moved to an ICS. Two 'Never Events' had occurred with a further one reported in Q3. Whilst this looked bad, the harm and consequence were quite different.

For Maternity, the Head of Midwifery provided a good presentation at the last Quality Delivery Group (QDG) which was followed up with the Trust by Hull CCG's Quality and Patient Safety Lead. There had been action taken around CTG monitoring which was of concern but had identified this was one person relating to two cases. The Midwifery service had written a business case in an effort to take some training forward for the CTG and good relationships were now in place between midwives and medics which

ensured early contact was made with medics around deliveries and the reporting of any concerns. This work was ongoing. The Chair highlighted the need to be on the front foot with Midwifery and the SI reporting to the CCG Board to ensure the presentation of this was around progress and action rather than numbers. Progress was being made and actions taken with leadership now in place from the Head of Midwifery who had pulled all elements together to provide a detailed plan of action.

The Interim Director of Nursing and Quality noted the absence of midwifery within the main Quality and Performance report (agenda item 6) which would be included within the revised report for submission to the CCG Board.

Diagnostics triangulated with some of the things seen on waiting lists and challenges in terms of reporting and results. Vacancies within Radiology were being addressed. Falls was a key feature with a number of actions taken by the Trust to progress this. Significant challenge was noted around the number of frail patients admitted to hospital, some of whom were identified as requiring one to one care which posed a challenge across the health and social care system.

12-hour trolley breaches showed no harm but needed to be reported to identify themes and trends.

Covid-19 Harms. SIs were beginning to be reported where harm was due to the impact of the pandemic. During Q2 four ophthalmology SIs had been reported and two gynaecology surgery delays. There was an SI on Nosocomial infections with a report being prepared in relation to this. For Ophthalmology, the Deputy Director of Nursing and Quality noted the concerns raised but queried how was this being reported back at a national level and what learning had been achieved.

Of the 63 HUTHT SIs, the Chair asked if this figure was high in comparison to what was expected. The Deputy Director of Nursing and Quality informed that the CCG were well sighted on these, work was ongoing with HUTHT and processes were in place. It was difficult to benchmark against other Trusts and there was no national guidance. The Interim Director of Nursing and Quality noted the positive relationship between the CCG and the Trust who had approached commissioners for support. Hull CCG's Quality and Patient Safety Lead had worked with the Trust over the last 4 weeks to review the incidents which were placed into 3 cohorts to determine what was reasonable and proportionate from which a concise review report would be produced.

Humber Teaching Foundation Trust (HTFT)

Significant work had been undertaken with the CCG and would look to carry out end to end reviews around system issues i.e. handovers, and patient information. Good communication with the CCG around the reporting of potential SIs and presenting this in detail at the Quality meetings and the actions they had taken to address these.

Spire

No SIs had been reported by the organisation during Q2.

City Health Care Partnership (CHCP)

No real concerns noted. SIs were displayed within the report by type and theme. Two prison healthcare SIs were reported during Q2 and were reportable to NHSE Specialised Commissioning.

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, and the failure to apply appropriate flags for urgent or unexpected findings. • Maternity – some evidence of recurring themes and 7 serious incidents reported year to date. • The number of falls related serious incidents <p>The Trust is currently in a period of Enhanced Surveillance following Quality and Risk profiling.</p>	Low
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.	Medium
City Health Care Partnership (CHCP): A medium level of assurance is given as a small number of serious incidents are reported by the organisation; however, this is increasing.	Medium
Spire Hull and East Riding: A high level of assurance is given as the provider positively engages with the CCG for advice prior to declaring and investigations have been robust.	High
Hull CCG: that a high level of confidence exists given that appropriate SIs are identified and reported as SIs where appropriate.	High

Resolved

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

8. PATIENT EXPERIENCE ANNUAL REPORT

The Deputy Director of Nursing and Quality presented the above Annual Report which provided the Committee with assurance in respect of the activity undertaken by the NHS Hull CCG Quality Team in maintaining oversight of patient experience, insight and intelligence. The report focused on the collaborative work of NHS Hull CCG's Quality Team and wider health and social care partners and gave assurance in respect of monitoring for CCG commissioned provider services.

Analysis was provided of data and intelligence for the period of the 1 April 2020 to 31 March 2021.

HUTHT

Significant work had been undertaken around patient experience which had been paused due to Covid-19 but some of which had recommenced. Governance processes had been reviewed and a new Head of Patient Experience appointed which offered the opportunity for the CCG to work with HUTHT in a more collected and detailed way moving forward. 91.55% of people would recommend HUTHT should they need to receive care. One of HUTHT's quality priorities was to reduce response times which in turn would reduce complaints.

HTFT

Very innovative with good ideas and significant information shared with the CCG. No concerns to note.

Yorkshire Ambulance Service (YAS)

Significant challenges at times due to virtual working and being heavily impacted by Covid-19. Positive and negative responses reported.

Spire Healthcare

No concerns to note.

City Health Care Partnership (CHCP)

Some challenges faced but had been responsive with new ideas/initiatives and friends and family test was reasonably favourable.

Healthwatch Hull Report

Issues noted around access to Primary Care and Mental health services featured heavily within the report along with dentistry availability both locally and nationally however Hull was performing better than a lot of services with good work undertaken around access for Looked After Children. Significant partnership working and Patient Engagement undertaken along with a People's Panel held by Hull City Council. Findings had been shared and would build on these with the new Healthwatch Manager to take this forward. For 2022 it was proposed to include primary care into this report and Committee members were asked to endorse this.

The Chair noted the assurance around process but stated the report did not ask the question 'So What' and felt the definition of patient experience hadn't been captured accurately which should drive improvement, change and new ways of working. The inclusion of Primary Care within the report was acknowledged but felt, in doing so, may dilute the impact. It was suggested to build on the new relationship with Healthwatch and look at how we use the information gathered around primary care as a driver of new models of primary care moving forward.

The Associate Director of Communications and Engagement supported a focused piece of work around primary care which would draw together all strands of work and individual complaints received into practices which the CCG did not have oversight of at present. This would be an ongoing programme of work, in partnership with Healthwatch and should be routed through the Primary Care Commissioning Committee and the Primary Care Quality and Performance Sub Committee.

The Interim Director of Nursing and Quality noted the report showcased the great work undertaken but lacked understanding of what sat behind this in terms of how decisions were made around priorities. Thematic understanding was required and to define what

we mean by patient experience and patient engagement which linked into work within the ICS to ensure narrative was there to inform the ICS collaboratives and workstreams and ensure that the patient's voice is captured.

A request was made in respect of the two reports currently provided by quality to be combined into one report covering both PALS and Complaints and Patient Experience as a 6 monthly report. The Chair supported this with the caveat that it did not lose the intended impact and detailed the outcome as a result of the process.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Assurance of the patient experience medium, as performance is varied in reporting due to the impact of the pandemic	Medium
PERFORMANCE	
Patient and public voice are at the heart of CCG decision making and this is reported into both the CCG, Healthwatch and providers.	High
CQC Adult Inpatient Patient Experience Surveys are variable across providers.	Medium

Resolved

(a)	The Quality and Performance Committee members noted the content of the Patient Safety Annual Report.
(b)	Patient Experience Report. ML would follow up with SL to review, reorder and include final chapter within in the report to ensure patient experience was accurately reflected to drive forward improvement.

REGULAR ASSURANCE REPORTS

9. PATIENT SAFETY SPECIALIST REPORT

The Deputy Director of Nursing and Quality presented the above presentation for information which provided the Committee with detail of the new Patient Safety Specialist role which was a requirement for all Trusts and providers and, for Hull CCG, would be undertaken by the Interim Director of Nursing and Quality and the Quality and Patient Safety Lead. The role would have a single focus on patient safety with a direct line into the Executive team. The role would build on existing relationships with key people i.e. direct links to IG Leads, Freedom to Speak Up and Infection Prevention and Control.

A list of patient safety priorities had been compiled with a framework being developed to support this. The challenge for the CCG was the transition to the ICS and how this work would translate into the new organisation. Executive support requirements were noted, the development of the Patient Safety Group and how this would be taken forward.

The Interim Director of Nursing and Quality noted the requirement for this role was a 'one size fits all' and would take the principles of this and look at what was applicable to the CCG. It was also the role of the CCG to seek assurance from providers to ensure they had comprehensive overview of this and that arrangements were in place. In terms of assurance to the CCG Board, the Interim Director of Nursing and Quality was the Accountable Officer for this role. The key priority for the CCG was the PSIRF (Patient Safety Incident Response Framework) documents and how this framework would change moving forward. A Safety forum would be established to extract learning from across the system and share more widely.

The Chair noted the risk in giving additional responsibility to staff who were already at full capacity which could result in important elements being overlooked.

Resolved

(a)	The Quality and Performance Committee noted the contents of the Patient Safety Specialist presentation provided for information.
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10. INFECTION, PREVENTION AND CONTROL (IPC) ANNUAL REPORT 2020/21

The IPC Lead Nurse presented the above Annual Report to consider which provided assurance to the Committee that infection prevention and control arrangements were in place and continued progress made in reducing the risk of Health Care Associated Infection (HCAI). The report highlighted the main developments in the management of infection prevention and control activity for the period 1 April 2020 to 31 March 2021.

The Committee were asked to acknowledge the variation of data and depth of information presented in the report which was, in part, due to how this was collected across the four Humber CCGs and to note the support provided across Hull and East Riding CCGs, both clinical and non-clinical, to bolster the IPC team in delivering the ask against Covid-19 which continued to date. Also, the support in the delivery of FiT testing for FFP3 masks for providers within the community to ensure these were protected throughout the pandemic. Good overall response to the pandemic was noted. The training delivered to care homes and daily contact with their managers provided much needed emotional support and assurance during their outbreaks.

For 2021 a HCAI review saw a reduction across all infections predominantly due to the pandemic and organisations not delivering their normal level of activity. Concern was around C-Diff and may see rates rise due to the treatment given for Covid-19 at the start of the pandemic. This may require further investigation however review of this year's figures to date, from Hull CCG's perspective, saw less than half of the reduced objective. E.coli was on track for 50% of cases and looked to achieve this trajectory. Pseudomonas and klebsiella were new objectives for 2021 with a target for Hull of 24 and 47 respectively. Klebsiella would pose a real challenge as cases had already reached 30 out of a projected 47 which were predominantly community acquired with further exploration work to be carried out around this.

The Chair asked if Hull CCG had formally received trajectories for Hull to allow the Committee to be sighted on this and understand performance. It was confirmed this had stepped back up, HCAI reviews would recommence with providers from December 2021 and normal reporting would be stepped up in due course. The IPC Lead Nurse would meet with Hull CCG's Head of Performance and Programme Delivery to look at how objectives would be profiled throughout the year.

The Interim of Director of Nursing and Quality noted a risk on Hull CCG's risk register relating to E.coli and MRSA. The MRSA part was removed due to being under trajectories and was now in a position to remove Ecoli but may need to be replaced with a new risk around Klebsiella. This would be discussed further under agenda item 18 (Risk Register).

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

Resolved

(a)	The Committee noted the findings of the Infection, Prevention and Control Annual Report.
(b)	A paper would be provided to the Committee on IPC trajectories for Hull.

11. CONTROLLED DRUGS ANNUAL REPORT 2020/21

The Medicines Optimisation Pharmacist presented the above Annual Report to note which updated the Committee on the NHS England Single Operating Model for Controlled Drugs (CDs) at a local level. Responsibilities of Hull CCG on the safe use of CDs was outlined with one CD incident reported to the CCG via the Datix system which was resolved in year. No Serious Incidents had been reported and no Incident Panels were held to date.

Accountable Officers from local healthcare providers attend the six-monthly Local Intelligence Network (LIN) including HUTHT, Humber and CHCP. All providers report incidents directly to the NHS England Y&H Area Team. No premises had been identified in connection with the management or use of CDs which was not subject to inspection by other regulatory bodies and no concerns raised relating to inappropriate or unsafe use of CDs by a person who was not providing services for any designated body.

Prescribing data was presented for April 2020 to March 2021 with summary points which provided further detail. Actions to address controlled drug items growth and cost growth were listed and the CDs Schedule by Commissioner (figure 1) showed Hull CCG as the greatest reduction in cost and items. CD schedules for GP practices (figure 7) were ranked in decreasing cost per 1000 patients but due to practice mergers during 2019/20 and 2020/21 some practices were showing significant increases and decreases. The report would be submitted to the CCG Board on 26 November 2021 for approval.

LEVEL OF CONFIDENCE:

PROCESS	RATING
Interpretation of prescribing Data	High
Collation of Incidents relating to Controlled Drugs	High
PERFORMANCE	
Representation on local Intelligence Network	High
Review of incidents/Issues	High
Share learning from incident/issue reviews	High

Resolved

(a)	The Committee noted the content of the Annual Report and the prescribing of Controlled Drugs for NHS Hull CCG and,
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(b)	Were assured that the responsibilities as outlined within the Memorandum of Understanding were being delivered.
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12. SAFEGUARDING 6 MONTHLY REPORT

The Interim Director of Nursing and Quality presented the above 6 monthly report to note which provided the Committee with an overview of the arrangements in place to safeguard and protect children and adults in Hull (in accordance with the NHSE/ Safeguarding Accountability and Assurance Framework 2019) and assurance in respect of the local and wider safeguarding progress and developments in the Q1 and Q2 period of 2020/21. Challenges faced during Covid-19 were reflected within the report and it was noted the CCG had worked collaboratively with the wider partnership around a number of safeguarding areas for both Adults and Children, Looked After Children, Foster and Adoption and Carers as well as undertaking any required investigations.

The Safeguarding Assurance Group (SAG) was now well established and provided internal assurance to the CCG. The Accountable Officer role was now undertaken by the Interim Director of Nursing and Quality with continued attendance at the Hull Safeguarding Children’s Partnership (HSCP), Hull Safeguarding Adults Partnership Board (HSAPB) and the Better Together Partnership and Hull Together Partnership. CCG employees and Designated Professionals were involved with the Community Safety Partnership, MAPPA Meetings, Counter Terrorism and Modern Slavery.

As a result of Covid-19, work continued with the revised arrangements, particularly for the Hull Safeguarding Children’s Partnership and also those people where the line of sight had been lost i.e. closure of schools and organisations that had ongoing monitoring with face to face contacts, posed a real challenge. Recovery and learning from Covid-19 was a key priority moving forward i.e. what worked well, where were the gaps and areas of further learning. These priorities would be taken forward for both Boards. Hull CCG had now become a ‘CCG of Sanctuary’ which commenced a few months ago. Significant work had been undertaken over the last year, face to face contacts were resuming in the community and within meetings/Boards, none of which had been stood down over the 6-month period and had been managed remotely where necessary.

Resolved

(a)	Committee Members noted the content of the Safeguarding 6 Monthly Report and,
(b)	were assured that NHS Hull CCG, as a commissioner of services, was fulfilling its statutory duties in relation to safeguarding and Children Looked After in accordance with the Children Act 1989, 2004, Health and Social Care Act 2012, Care Act 2014 and Mental Capacity Act 2005.

13. SUMMARY OF SAFEGUARDING CASES (CONFIDENTIAL)

The Interim Director of Nursing and Quality presented the above report to note which provided the Committee with information in relation to Safeguarding Adult Reviews (SAR), Child Safeguarding Practice Reviews (CSPR), Serious Case Reviews (SCR), Domestic Homicide Reviews (DHR) and Multi Agency Public Protection Arrangements (MAPPA) cases. All reviews were monitored and managed and all cases were completed in partnership with the Hull Safeguarding Adults Partnership Board (HSAPB), Hull Safeguarding Children’s Partnership (HSCP), Community Safety Partnership (CSP) and MAPPA SCR Panel.

Hull CCG were currently involved in nine safeguarding reviews as part of a wider partnership, six of which were adults, the learning of which would be reported to the HSAPB and three reviews linked to children, outcomes of which would be reported to the HSCP. Nine homeless deaths were reported during Covid-19, with themes relating to drugs, mental health problems and risk behaviours and some of which had underlying health conditions. A piece of work was underway on how to best support homeless people moving forward. Learning from all SCRs and investigations was a focus for both adult and children's safeguarding Boards and to commission further analysis and work around how to make improvements.

The Chair queried whether the number of cases was a concern. It was noted some of these were historical and so the number was not considered exceptional by either Board at this time.

Resolved

(a)	The Committee noted the content of the Summary of Safeguarding Cases in relation to the current SARs, SPR/SCRs, DHRs, and MAPPA cases and were assured that NHS Hull CCG was effectively contributing to these in accordance with its statutory duties.
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14. 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. Key highlights over the last two months were noted as follows:

Workforce Race Equality Standard (WRES)

Submission was completed in August and presented to the CCG Board in September 2021. Key indicators required to be reported against and the corresponding action plan was detailed within the report.

Training

A programme of training had been produced with a focus on strengthening the practice around Equality Impact Assessments (EqIAs). This was in response to requests received from Human Resources who were keen to explore the EqIA process that sat behind the review of policies. Two sessions were held with an additional session for Contracting, Commissioning, Engagement and Quality staff. Training was delivered jointly with North Lincolnshire CCG.

Engagement

Transgender patient experience engagement work undertaken, born out of a regional programme of work through the Yorkshire and Humber EDI Network. CHCP had undertaken work around record keeping of transgender patients with the CCG's EDI consultant leading on this work which provided an opportunity in Hull to test this out. An initial event was held in September 2021 and was attended by a mix of practitioners, primary care staff and organisations involved in supporting transgender communities. A suggested idea following the event was to create a dedicated area on Hull CCG's website that focused on transgender patient experience and signposting to further information/resources. Engagement work was ongoing looking at 'What Next' with a co-production approach.

Engagement had commenced with primary care around EDI and to look at what support the CCG could provide. Clinical Directors were supportive of the approach with the first of two co-production workshops held with representatives from primary care to look at areas of need. The beginning of 2022 would see the delivery of one or a series of workshops followed by a review of the programme with the expectation the 'Place' partnership would pick this work up moving forward.

Early conversations had commenced with the ICS, whose brief was staff/partner focused regarding EDI, with the aim to gain an understanding of what would be picked up at an ICS level, what would sit with 'Place' partnerships and what assurance would be provided in terms of statutory duties from 'Place' up to the ICS. This would inform plans going forward. The appendix to the report provided updates around specific areas of responsibility. An ICS workshop around equalities was due to be held with a date scheduled in diaries.

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 would 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.
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15. RESPONSIBLE COMMISSIONER REPORT Q1 and Q2

The Strategic Lead for Mental Health and Learning Disabilities presented the above report to note which updated the Committee on the Section 117 Aftercare statutory requirements and NHS Funded Care. Since the completion of the report and moving into Q3, more opportunities had emerged for what the future would look like.

From a Section 117 point of view the matrix criterion, which determined funding arrangements for aftercare with the Local Authority, was put in place in April 2021. The idea behind this was to take out the cost element to ensure packages of care were delivered around need and with the split between the CCG and Local Authority to be decided after the quality elements. Significant learning had emerged from this process and had identified areas that had not been addressed previously, mainly around capacity but also the crossover between Section 117 and Continuing Health Care (CHC). The Strategic Lead for Mental Health and Learning Disabilities and the Head of NHS Funded Care now fed into the Section 117 Panel and both attended the Operational group to review post implementation.

What was evident now was the difference where people who had been on CHC for a number of years and had subsequently been admitted to a mental health hospital, the legislation moved them from one portfolio to another, but the needs were still there. Looking at ways to work more collaboratively with Case Managers to ensure the packages of care were designed around individual's needs.

The Funded Care portfolio was under review with proposals put forward which would take into account the overlap between Section 117 and CHC and would provide greater opportunity at Hull Place and across Humber moving forward. A review of the Section 117 matrix implementation would be undertaken jointly with the Local Authority and would look to resource this as a priority. From a CHCP perspective a new tracker was now in place for neuro rehabilitation which had not been in place previously.

The Interim Director of Nursing and Quality noted an amendment to be made to the title of the report and proposed the background on the Responsible Commissioner and wider understanding of the assurance process and clinical governance of these patients would be included for future reports.

Resolved

(a)	Committee Members noted the contents of the Responsible Commissioner Report.
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16. OUT OF AREA PLACEMENTS REPORT Q1 & Q2

This item would be deferred to the next meeting on 10 December 2021 to allow for collation of data to be presented in a new report format.

17. PROVIDER QUALITY ACCOUNTS

The Provider Quality Accounts were provided to the Committee for information and completeness and offered assurance to the Committee that NHS Hull CCG had received, reviewed and produced a statement for inclusion into the Quality Accounts 2020-21 for its commissioned providers. The Interim Director of Nursing and Quality noted the submission of the accounts had not follow the usual process due to time constraints. Greater reference was now made to the quality priorities within the accounts as part of the quality delivery meetings with providers.

LEVEL OF CONFIDENCE:

PROCESS	RATING
In accordance with The Health Act 2009, the Department of Health expect the CCG to provide a statement of no more than 500 words for inclusion in the CCG Quality Account.	High
The CCG will take reasonable steps to check the accuracy of data provided in the Quality Account against any information they have been supplied during the year (e.g. as part of a provider’s contractual obligations) and provide a statement, to be included in the organisation’s Quality Account.	
PERFORMANCE	
NHS Hull CCG has completed the review of each provider’s Quality Account and supplied a statement signed by the Chief Officer within the required timescale	High

Resolved

(a)	The Committee noted the content of the Provider Quality Accounts and were assured that NHS Hull CCG was fully engaged in the delivery of their Statutory Quality Accounts responsibilities and,
(b)	noted the statements provided by NHS Hull CCG to the providers of commissioned services as detailed in the 2020/21 Quality Accounts.

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:

- Removal of risk relating to E.coli and replace with new a risk relating to Klebsiella.
- Removal of risk relating to the Humber staffing and replace with a new risk around waiting lists which would include staffing pressures as a result.
- The above updates would be submitted (if possible) to the next Integrated Audit and Governance Committee in November 2021 for sign off.

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 approved the closure of risk 927 relating to MRSA, E.coli and the recommendation to the Integrated Audit and Governance Committee to close risk 911 Humber staffing issues and new risks to be added to the register around Klebsiella and waiting lists.

MEETING GOVERNANCE

19. No reports were assigned to this item.

REPORTS FOR INFORMATION

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

No issues raised.

21. HULL SAFEGUARDING CHILDREN'S PARTNERSHIP ANNUAL REPORT UPDATE – OCTOBER 2020 TO MARCH 2021

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

22. CDOP ANNUAL REPORT 2020/21

Item deferred to the next meeting on 10 December meeting.

23. APPROVED MEETING NOTES

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

- Planning and Commissioning Committee, 06/08/21
- H&ERY Collaborative SI Panel, 16/07/21 and 20/08/21
- Safeguarding Assurance Group, 22/07/21.

24. ANY OTHER BUSINESS

Resolved

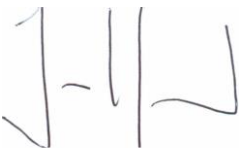
(a)	There were no items of Any Other Business to be discussed.
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25. CHAIR'S UPDATE REPORT

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

26. DATE AND TIME OF NEXT MEETING

The next meeting of the Quality & Performance Committee would be held on Friday 10 December 2021, 9.00am – 12.00 noon via Microsoft Teams.

Signed: 

(Chair of the Quality and Performance Committee)

Date: 10 December 2021

GLOSSARY OF TERMS

ASD	Autism Spectrum Disorder
BAF	Board Assurance Framework
CAMHS	Child and Adolescent Mental Health Services
C diff	Clostridium difficile
CHC	Continuing Health Care
CHCP	City Health Care Partnership
COO	Chief Operating Officer
CQC	Care Quality Commission
COVID19	Coronavirus Disease 2019
CQF	Clinical Quality Forum
CQUIN	Commissioning for Quality & Innovation
FFT	Friends and Family Test
HTFT	Humber Teaching Foundation Trust
HSAB	Hull Safeguarding Adults Board
HSCB	Hull Safeguarding Children's Board
Hull CCG	Hull Clinical Commissioning Group
HUTHT	Hull University Teaching Hospital Trust
IFR	Individual Funding Request
IPC	Infection, Prevention and Control
LAC	Looked After Children
LeDeR	Learning Disability Death Reviews
NHSE	NHS England
PCQ&PSB	Primary Care Quality and Performance Sub Committee
PTL	Protected Time for Learning
Q&PC	Quality and Performance Committee
QRP	Quality Risk Profile
QDG	Quality Delivery Group
Q1	Quarter 1
Q2	Quarter 2
Q3	Quarter 3
Q4	Quarter 4
QIPP	Quality, Innovation, Productivity and Prevention
YAS	Yorkshire Ambulance Service