Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Quality Committee

Minutes of the meeting held on 22 October 2020, on MS Teams

Minutes

Present		
Alison Moon (Chair)	Independent Registered Nurse	AM
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Nick Kennedy	Independent Secondary Care Doctor	NK
Peter Brindle	Medical Director, Clinical Effectiveness	PB
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Niall Prosser	Deputy Director of Commissioning (Planning & Performance)	NP
Ben Burrows (part)	Clinical Lead GP	BB
Apologies		
Martin Jones	Medical Director, Commissioning & Primary Care	MJ
Lisa Manson	Director of Commissioning	LM
In attendance		
Michael Richardson	Deputy Director of Nursing & Quality	MR
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Sarah Carr	Corporate Secretary	SC
Freda Morgan (Notes)	Executive PA to Director of Nursing & Quality	FM
James Bayliss	Lead Quality & HCAI Manager	JB
Liz Jonas	Interface Pharmacist	LJ
Shaun Langford	Sirona	SL
Anna Davies	Sirona	AD

	Item	**Action**
01	**Welcome and Introductions** AM welcomed everyone to the meeting and apologies were noted as above.	
02	**Declarations of Interest** None declared	
03.1	**Minutes of September 2020 Meeting** The minutes were agreed as an accurate record	

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03.2	**Action Log** The action log was discussed and updated It was noted UHBW have had four Never Events so far in 2020. AM asked for the Quality Report to include an overview of the year so far. **ACTION: MR to review UHBW Serious Incidents and Never Events and update November Quality Committee** The potential risk that Providers may not have the capacity to undertake appropriate governance of incidents was raised due to demands on their capacity following a second surge of COVID-19 and Winter Pressures. MR has instigated regular meetings with patient safety leads at both Acute Trusts.	**MR**
03.3	**Matters Arising** None arising	
04	**Quality Committee Terms of Reference** The Committee Terms of Reference (ToR) have been amended due to the risk management audit, which highlighted a need to reinforce governance around risk and security, and bring out the role of each committee in terms of challenge and seeking assurance. Recommendations include the nomination of a vice chair. It was agreed this would be Nick Kennedy (NK). It was noted that following MJ's departure later this year, there will only be one Medical Director, which could potentially pose a risk to quoracy. The ToR allows a nominated deputy, but this should not become the default position. NK asked if the merging of the two medical director roles has been discussed by the BNSSG Executive to address any shortfalls in the number of meetings to cover. PB said directorate responsibilities are being addressed, and a meeting with the Chief Executive is planned in the near future to discuss corporate responsibilities. The committee agreed the amendments to the Terms of Reference. These will be reviewed again at the January Quality Committee, following the departure of MJ.	

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05	**Chair's Introduction** AM asked if there were any matters of concern not on the agenda which the committee needed to be aware of. NP said the biggest risk is COVID-19, which is on the agenda and its impact on the health system. Some of the actions arising from current plans are putting quality at risk, and planning is in progress to mitigate and manage these risks. AM asked if the next meeting of the Quality Committee should have a major focus on the safety, effectiveness and experience of services during COVID-19, to gain an understanding of the decisions made, risks arising and mitigations in place. NP said the COVID-19 Escalation Plan is expected to be signed off by Chief Executives on Tuesday and will be circulated to committee members for discussion at the November Quality Committee. **ACTION: NP to circulate the COVID-19 Escalation Plan once signed off, for discussion at the November Quality Committee.** It was noted the review into the death of Oliver McGowan was published this week and this would be a substantial agenda item, including the CCG response and learning, at the November meeting	**NP**
06	**Risks and Mitigations**	
06.1	**Corporate Risk Register** Risks currently identified for the committee's scrutiny and attention are: • Cancer patients and harm due to delays in pathway • SWASFT risk of harm due to stacking • MRSA Four risks have been reduced below the threshold, and these are detailed on page 4 of the covering paper. SC asked for confirmation the committee has sufficient assurance relating to these risks. RS said the SWASFT risk had been discussed at the South West Regional Directors of Nursing (DoNs) meeting. SWAST currently have a rating of 25 on their internal risk register, however RS fed back to their DoN that this rating appears high due to the rate of harm that would be expected at this	

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	level, and asked for an understanding of the rationale for this rating and mitigations in place. The risk has not been raised to the same level on the BNSSG Corporate Risk register, as there is no assurance or explanation behind the rating. Vanessa Read, Director of Nursing, Dorset CCG is investigating this further, and further discussion is planned with regional DoNs. AM raised that this had been an issue for many months and what confidence is there that it will be resolved at this time. RS will feed back after follow-up with Vanessa Read. More detail was requested on the mitigations in place which are showing positive results for the Cancer risk. PB said that Gemma Artz (Head of Performance Improvement, Planned Care), will hold this information. **ACTION: Gemma Artz to be asked for more detail regarding the Cancer risk and confidence in the mitigations** AM noted risk 5 (Risk of failure to recover A&E Performance) has been allocated to the Commissioning Executive, and asked how the decision to allocate risks is made, as this risk also relates to Quality. SC explained Risk Leads and Directors sign off their own directorate risk register, before submitting for inclusion on the Corporate Risk Register. However within each committee there is a role to identify any risks which should be included for that review. AM asked members if they believed the Quality Committee should have oversight of this risk, or whether it should remain with the Commissioning Executive. It was agreed that Quality Committee should have some oversight. **ACTION: SC to amend the Corporate Risk Register, to allocate Risk 5 for scrutiny by Quality Committee in addition to Commissioning Executive Committee** It was proposed by the committee that MRSA needs to remain rated at 15. A business case is being put together to pilot the use of chlorhexidine wipes by the injecting drug user population, which is hoped to reduce the number of MRSA cases in the community. It was acknowledged by the committee that this has been an issue for several years, but no decision had been made because the evidence base was equivocal. The committee noted scores for other HCAI have been reduced.	**PB** **SC**

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06.2	**Governing Body Assurance Framework (GBAF)** SC suggested the committee hold a quarterly deep dive into particular aspects of the GBAF. AM noted the risk controls for Learning Disability and Autism focus mainly on LeDeR. She suggested forward planning a deep dive on Learning Disabilities and Autism more widely. RS said Victoria Bleazard has recently joined as Head of Mental Health and Learning Disabilities, and has been asked to produce a work plan, elements of which will be included in the Quality Report, including compliance, Out of Area placements and oversight of the Host Commissioner role. **ACTION: RS to review oversight of Learning Disability and Autism and consider forward planning to bring reports to this committee** NK asked for further explanation on Funded Care. RS queried whether this was the correct committee for Funded Care to report into and offered to consider outside of the meeting **ACTION: RS/NK to meet to discuss Funded Care** LLP commented that during COVID-19 the Learning Disability & Autism Programme Board was stood down. Some work was picked up by the Learning Disability & Autism Cell, but she understands Victoria Bleazard is looking to stand the programme board back up again. **ACTION: SC and RS to discuss possible deep dive reports to Quality Committee at their next 1:1 meeting**	**RS** **RS/NK** **SC/RS**
07	**Items for Discussion**	
07.1	**COVID-19 Update** The Phase 3 Plan has now been submitted. The main elements are planning how the whole system will operate and change, and the level of mitigations to be introduced to enable the system to recover from COVID-19 . Many of the metrics are acute-focused. This system has recognised these as important, but has identified a range of other areas where investment is needed, for example the system has agreed to invest £3 million in Mental	

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	Health. As a system, close to £30 million is being spent to improve productivity across different organisations and mitigations. This will bring us close to the level of pre-COVID-19 activity, but there will remain an increasing waiting list for both acute providers, and a significant number of 52 weeks wait (52ww) patients. This will be a significant challenge nationally. The national team have recognised BNSSG as one of the most challenged systems. The BNSSG plan has the highest level of bed occupancy in the country, and we are working to improve that position. A Discharge to Assess business case is being written aiming to improve flow by increasing community capacity. STW asked if there was any understanding why BNSSG were one of the most significantly challenged on waiting lists, when we were also one of the least affected by wave 1. NP said specialties with pressure points and 52ww remain orthopaedics, ophthalmology and dental. These are located in very open plan buildings and have struggled with social distancing and meeting IPC requirements. NP shared the risk register for Phase 3 planning. This will be updated on a monthly basis, and NP will bring this back to the Committee. There are risks around the length and size of waiting lists, and also how the system continues to run as all areas are challenged. This is being closely monitored and an overview will be presented to the System Delivery Oversight Group (SDOG) on a fortnightly basis. STW asked if workforce was also a key risk. NP said that within P3 discharge activity, additional workforce will be recruited across all organisations. 25% are in high risk areas, where there may be a struggle to recruit. The Workforce Cell is helping to resolve this. AM thanked NP for sharing this data, and would support the highest risks being presented to the committee on a monthly template.	
07.2.1	**Quality Report** RS noted HB and colleagues have been looking at quality metrics, and these have been included to allow a risk based approach. MR will be working with safety leads at both acute trusts to discuss harm from long waiting times.	

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	There was a concern UHBW may have had 6 nosocomial COVID-19 cases. MR is awaiting an update. The independent medical examiner process is starting to embed at UHBW and governance arrangements are now in place. MR is working closely with the Head of Patient Safety at NBT with the Patient Safety Incident Reporting Framework (PSIRF), which will be discussed under item 10.2 HB said the biggest concern was UHBW not meeting national compliance data for complaints and feedback. Work has been ongoing to join up processes across both sites, and a drop in compliance has been seen in responding to complaints within specific times. STW raised concern about the lack of Tier 4 CAMHS provision and asked whether there is rigorous monitoring of out of area placement impact. RS said Tier 4 CAMHS is commissioned by NHSE/I. Concern has been expressed that by not having sufficient CAMHS provision in the BNSSG area, children are having to travel further from home, and as a consequence may result in higher risk children in Tier 3 in AWP, which results in further risk for AWP to manage. Some of the out of NHS provider market is also under capacity demands, and RS has raised with the Regional Quality Surveillance Group that this pushes risk into the system on top of what is already being managed. STW said more assurance is needed on this issue. RS and LM are working with North Somerset on their pre-statutory service position. She suggested speaking to Lisa Manson to bring a thematic report on CAMHS and Children's Contracting to Quality Committee. **ACTION: RS to speak to LM about CAMHS and Children's Contracting, and to confirm when a thematic report on this can be brought to Quality Committee** AM noted it is now six months since UHB and Weston merged, and asked what are the biggest clinical risks identified in terms of quality and performance, and whether there is confidence in their mitigations. RS said an internal piece of work is being carried out. AM said the committee would expect details of actions being taken next month. AM asked if there are reports of patients having VTE as a result of not	**RS**

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	having VTE risk assessments. RS said there has been no correlation. A report on Serious Incidents (SI) is being brought to RS and MR on a weekly basis, so trends can be identified. MR will raise as part of regular meetings with UHBW patient safety lead. AM commented on the HCAI section. Although threshold standards for this year have not been published, she asked for future reports to indicate a comparison with last year, to show whether there is need for concern. AM noted that assurance needs to be received on the CAS alerts process. HB said that the assurance reports which were previously received at the end of each quarter have not been received, however she has received assurance from both Sirona and UHBW within the last week. UHBW have confirmed they are also reviewing the CAS alert system at the Weston site, and will scrutinise the process retrospectively prior to 1 April to ensure the CAS alerts have been checked and actioned. RS said additional metrics slides have been included for information. In future, these will be used in the Quality Business Meeting to identify themes which need to be looked at more closely, and reported on in the executive summary. This report will be amended for Governing Body with some slides removed.	
07.2.1b	**Performance Report** NP said continued pressure is being seen across the system on performance. 12 hour breaches continue to be a challenge. NBT have been in Internal Critical Incident for a number of weeks due to bed related challenges, and as a consequence a number of electives have had to be cancelled. Organisations are enacting escalation plans to ensure there are enough beds available. There continues meanwhile to be an increase in COVID-19 cases. Due to IPC requirements, about 80 beds have currently been taken out of hospital trusts. Community services and discharges from community services are also blocked, which causes a ripple effect back into hospital. It is not clear if this is causing harm or concerns for patients. RS asked how much Social Care providers will be able to support and encourage families to help. There is concern around nosocomial infection, and about fatigue in the workforce leading possibly to a lack of compliance with social distancing in	

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	or out of work, and not using PPE effectively. There have been outbreaks nationally either linked to people coming in to work when symptomatic, or not using PPE effectively. There has been an increase in COVID-19 cases and admissions at UHBW and NBT. Prevalence is increasing from younger into middle age adults. In the care home sector, staff have tested positive in some settings although reports suggest there is no current onward transmission to residents. AM asked how realistic it is for care home staff to only work in one care home. RS said this is primarily what they have been doing. IPC funding has been received by Local Authorities to encourage this. However, domiciliary and community staff are unable to do work in one setting as they visit patient homes, hence the need for good IPC practice. There is a difference from the first phase in that the number of patients requiring ventilation remains low, however this means more patients with high acuity are being managed on general wards STW asked what plans are in place to use the Nightingale Hospital. PB said the facilities in the Nightingale Hospital do not match the current need of the system, and therefore it cannot be used as a resource to meet the acute bed problems. The location of the hospital also means there is no access to other specialities. STW asked if this model is the same in all regions. RS said the decision was made by the national team, at a point where we believed the clinical presentation would require additional ventilation beds. Cancer performance was discussed. PB said 2ww performance challenges are expected to continue, particularly at UHBW. At NBT, the predominant challenge has been around breast services, and August activity was low partly due to pre-arranged staff annual leave. There is ongoing difficulty complying with IPC and social distancing measures. There have been significant radiology staffing issues as individuals have needed to shield or self-isolate, and the organisation has struggled to recruit due to COVID-19 . Mitigations are in place to improve this. The primary concern in UHBW is dermatology, where there has been a surge in demand. Capacity has been increased and the backlog has now been cleared, but performance recovery will not be seen until November figures are published.	

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	There is an ongoing challenge with the previous endoscopy service suspension and COVID-19 testing requirements before attending. The required isolation period has now been reduced, and this should lead to an improvement. AM asked if there was an opportunity to look at other systems which are exemplars in cancer pathways. PB said there is a national initiative called Adopt and Adapt which aims to look at best practice at regional level, particularly in areas that affect cancer. A list of best practice has been compiled for systems to cross-check and report on where things could be done differently; however he was not aware of many areas of action for BNSSG. STW asked if cancer harm was to be measured. PB said trusts have a clear process for clinically validating all patient tracking lists, and bring forward people at risk of harm. The areas of most delay tend to be in more slower growing and less aggressive cancers, where time is not so crucial, and regular assurance is received from trusts. There is less assurance on the numbers of 2ww referrals and subsequent recovery. In many areas recovery has been completed however there are other areas where recovery is still at 50% of pre-COVID-19 levels. A specific attempt has been made to find out cancer diagnosis rates to see whether or not this reduced recovery, particularly in lung cancer, is likely to make an impact. BNSSG has not carried this out yet, but Taunton have started to process small numbers of data, and a first glance showed there appears to be an increase in the number of lung cancer diagnoses within ED, and a suggestion more diagnoses are made at a later stage than pre-COVID-19 . There is some imprecision as the numbers are small, but once received, a case analysis can be carried out to trace back and discern which part of the pathway was at fault to cause late diagnosis.	
07.2.2	**Weston Outbreak** The UHBW internal investigation of the Weston Outbreak has been received. Further RCAs are to be carried out in to individual cases and deaths, and a system overview investigation has been undertaken by Jonathan Webster, Independent Consultant commissioned by UHBW. There is a proposal to set up a system learning event to look at the information from these reports, and other learning from outbreaks, and to share learning across the system to ensure clear understanding about what	

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	could be managed differently. AM said rapid understanding is needed to prevent a recurrence of such an event. NK asked if there is a risk with staff moving between sites to cover staff shortage. RS said that UHB and Weston share staff across ED, as cross-cover has been needed for senior clinical leadership. They have done their best to minimise crossover between COVID-19 and non-COVID-19 areas, but the real issue is the size and configuration of the Weston site. MR said the greatest risk is changing site for staff on the same shift, which is why there has been more risk in Weston as a smaller site. Research suggests there is minimal risk when moving sites on different days. RS said that individual patient RCAs will not be received until December, but there is plan for a single item Quality Surveillance Group in November, learning from which can be brought to the December Quality committee. **ACTION: HB to set up a single item Quality Surveillance Group to focus on learning from the Weston Outbreak.**	**HB**
08	**Clostridium difficile Deep Dive Update** There was a spike in Clostridium difficile (C.diff) cases during Quarter 1. A review was carried out of the 28 cases which occurred in June. On review, one of these met criteria for deletion. The majority of cases were community onset: 21 new cases, 1 continuing case, and 5 repeat relapses. South Gloucestershire had the highest proportion of cases at 41%, despite not having the largest population. The national figure for all case-fatality is 16%, but in BNSSG the figure is 7.4%, suggesting people are presenting for treatment. 16 out of the 27 patients were on Proton Pump Inhibitors (PPI). Further work is needed to be carried out on the implications of this; there is some suggestion that being on a PPI increases the risk of relapse, and that these should be stopped unless there is a clinical need at first diagnosis. GP records were reviewed for alerts, and 48% of these cases had no alert. A wider piece of work needs to be carried out as a system to review community onset cases. The Post Infection review (PIR) Process for acute	

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	cases is robust. The antibiotics received by these patients were reviewed, and all but two of the sample received antibiotics in the three months before diagnosis. One patient received six courses. Of the antibiotics likely to be associated with C.diff, Clindamycin appeared to be the most likely. General antibiotic prescribing was reviewed to identify if there were any trends causing concern. There was a slight peak in March when anticipatory antibiotics may have been prescribed, but otherwise prescribing across the system was reduced. Nationally BNSSG is the highest prescriber of Clindamycin. An audit of Clindamycin prescribing has been carried out, requesting each practice to review 5 prescriptions within the last three months. 212 prescriptions were reviewed in total, mostly for skin and soft tissue infections, and 32% were deemed to be associated with Clindamycin usage. There also appears to be repeat prescribing of Clindamycin for cellulitis in some patients, where the guidelines recommend discussion with a microbiologist first. The recommendation in the report is for an urgent discussion to be held with microbiologists about Clindamycin and guidelines, and for more education on cellulitis prescribing and repeat courses. Martin Williams at UHBW is the regional lead for C.diff. Further work needs to be carried out on PPI usage and how these contribute to the C.diff risk, and also with Connecting Care colleagues about documentation alerts on the system. JB is exploring with colleagues whether it is possible for reviews to be completed at practice level; over the course of a year there will be very few cases per practice. AM asked why there is such a difference in Clindamycin prescribing between BNSSG and the rest of the country. LJ explained that this is in part due to the population size, but also BNSSG guidelines recommend use of Clindamycin for penicillin allergic patients, whereas most of the country follow the NICE guidelines which advise differently. Martin Williams is a national expert on cellulitis, and LJ has asked for his support to review hospital admission rates to identify if BNSSG have lower rates for cellulitis admissions than elsewhere. NK noted that some patients who claim to have an allergy do not necessarily have an allergy, but a side effect. LJ said the anti-microbial	

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	group and UHBW have commenced a programme of work on penicillin allergy, to ensure clear documentation about allergies and clear coding. STW asked for a timeline and understanding of what this programme would look like. JB confirmed an action plan is being drawn up. STW asked how the decision was made to depart from this aspect of the NICE guidelines. LJ said that one of the prescribing groups had agreed for this specific indication. RS said she understood that if a decision is being made to deviate from national guidelines, this should be made at Clinical Cabinet. For example, where there was a decision not to follow COVID-19 guidance, an explicit conversation was made with clinicians. She recommended this be added to the agenda for Clinical Cabinet, where there is the expertise to underwrite a system agreement in this incidence. PB agreed with this recommendation. **ACTION: RS and MR to request the use of Clindamycin be discussed at Clinical Cabinet, to ensure clear governance around the decision.** PB congratulated JB and LJ on a thorough piece of work. AM asked if there was more merit in looking at practices in South Gloucestershire, and asked if there was a breakdown by practice which could be taken into the quality discussions at Primary Care Commissioning Committee (PCCC). JB said that the case set in this deep dive includes detail on individual practices. There may be some benefit in continuing to monitor for a further month or so, to ensure the South Gloucestershire figures are not an anomaly for that particular month. **ACTION: C.diff Deep Dive to be included in the quality report for PCCC** STW noted that South Gloucestershire has a high drug-using population, and questioned whether incidences of cellulitis could be related to this. JB has asked the South Gloucestershire Health Protection Committee for detail of current numbers of injecting drug users. Report and recommendations noted.	**RS/MR** **RS**

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09	**LeDeR**	
09.1	**LeDeR Quarter 1 & 2 Activity Report** All cases from 2019 are now closed on the platform, and all cases are now allocated. Sirona have supported with LeDeR Reviews, and RS has obtained funding for additional capacity. There are now 22 active reviewers. Over the past two quarters, 61% of reviews identified that care was satisfactory, 28% good, and 11% fell short, and it was noted that quarter 1 had a higher percentage of "good" than quarter 2. Most common causes of death are pneumonia, sepsis relating to constipation, and cancer. More patients die in hospital than at home, and discussions have been held over the number of moves in the last year of life. Completion of annual health checks needs improvement, with only 7% currently being completed. Every GP practice needs to do on average three per week if the target is to be reached by March. The review into the death of Oliver McGowan's second LeDeR and the review of the first process were published on Tuesday. RS said she would appreciate a fuller discussion on this at the next meeting of the Quality Committee. RS and LLP have reviewed the recommendations, and RS highlighted the need to be ambitious about the care and support of people with Learning Disabilities and Autism in the future. AM proposed the November Quality Committee have an extended discussion to focus on LeDeR, to include the recommendations from the Oliver McGowan review, and the data in the LeDeR Activity Reports. STW asked if "satisfactory" was the best practice rating. LLP confirmed there are two grades above. STW asked if it would be possible in future to show what rating we are aiming at, and what percentage of reviews fall short of this. LLP said that we do get some "good" ratings, but have never had an "excellent". This is partly due to the fact that reviewers and the clinical case review panel scrutinise cases in detail. AM noted there is no backlog of reviews which is a huge improvement.	

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09.1	**LeDeR Review of community deaths** SL and AD were invited to the meeting to present this report, which came out of work from the LeDeR Steering Group. BNSSG reviewed deaths in hospital due to COVID-19, and Sirona reviewed those which occurred in the community. This presentation was shared with the LeDeR Steering Group in September. Five reviews were completed across BNSSG, in three locations within one organisation. AM thanked SL and AD for this report. RS said the report is to be presented to the Care Provider Cell, and it would be good to ensure an ongoing presence in that cell to maintain awareness that it is not just frail elderly in care. PB said this report provided interesting and important learning. It can be difficult to diagnose problems in people with learning disabilities as there are often non-standard methods of communication. He asked if more detail on the approach to this could be shared, to ensure learning. SL said the Berkshire tool was used to look at the presentation of COVID-19, and that this has been merged with learning from the Sirona report, to produce a document looking at the COVID-19 symptoms and how these could present in someone with a Learning Disability. This document can then be shared with GP practices and care providers. The Berkshire tool can be found at: https://www.berkshirehealthcare.nhs.uk/media/33429463/covid-19 -symptom-checker-learning-disabilities-berkshire-healthcare.pdf PB said the Primary Care Cell sends all the information out to practices, and adds to Remedy. It is important that people know this resource is on there, and that there is a need to look for it. He suggested taking this report to PCCC. LLP said the document could be added to the Teamnet Remedy pages on learning disability. SL will also be sharing through LD practice champions. STW asked if consideration had been given to find ways to communicate with the patients themselves and to provide resources to support this. SL	

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	said this did not come up as part of the Sirona reviews. The focus of these was very much on learning from the experience of these five people, all of whom had become unconscious with communication very difficult in the last weeks of life.	
10	**Patient Safety**	
10.1	**Serious Incident Report** The Quality and Safety team had been deployed to the IPC cell during the first months of the COVID-19 wave, and as a result CCG oversight of Serious Incidents was reduced from its current level. . There is still a reduction in routine reporting by trusts although this is now increasing. The team have reviewed 89 reports, including 41 Root Cause Analyses (RCAs). Assurance on implementing action plans from learning is being sought from reviews of the RCAs, with a focus increasingly on the outcomes of delays of care. PB asked what further scrutiny is required and if there are themes in harm being seen. HB said predominantly there are harm reviews being carried out in the acute trusts to determine whether harm has occurred due to excessive waiting times. Alison Wint (cancer Lead) is sighted on these. MR advised that a sample of harm reviews will be reviewed by the CCG for quality assurance. **ACTION: MR to liaise with Patient Safety Leads at both acute trusts to provide a sample of harm reviews for quality assurance, and to report back to Quality Committee on these at the January meeting** NK noted there appear to be a growing number of issues with the care of deteriorating patients, and asked if there was any understanding why this may be. RS suggested a year on year look at some of these themes would identify if there is a changing pattern or any arising issues. AM said she was aware that in the first wave of COVID-19, local trusts worked differently and noted that fewer Serious Incidents were reported, advising that we would need to ensure we are clear on our expectations were of providers during future waves. HB said there was another issue to consider, which was the appointing of Sirona as the main community provider, and the merger of UHBW and Weston. This meant these providers were not only dealing with COVID-19, but were also adapting to changes in internal processes, which may have	

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	led to lower numbers of reporting. NBT had little change in process. From a quality process, the staff who were deployed to the IPC cell have now returned to business as usual and are able to attend the clinical patient safety meetings at each of the providers. AM asked would the CCG change its approach to SI governance in a second surge. It was acknowledged that this would need to be reviewed in context of system pressures at the time.	
10.2	**Patient Safety Incident Response Framework (PSIRF)** This framework came out of the new patient safety strategy which was issued in late 2019. The aim is to look at incidents in more detail, and group themes together to develop new investigation and learning models. NBT is an early adopter of this framework, and MR is working closely with Christopher Brooks-Daw, Head of Patient Safety at NBT. **ACTION: MR to invite Christopher Brooks-Daw to report to Quality Committee on PSIRF in early 2021**	**MR**
11	**Items for Information**	
11.1	**Minutes: LeDeR Steering Group** Item noted	
12	**New Risks Identified** • There has been a cluster of Never Events at UHBW • Increase in COVID-19 presentation and its impact on the system, and elective activity in particular.	
13	**Any Other Business** No further discussion	
14	**Review of Committee Effectiveness** • Did the meeting run to time? YES • Did the right people attend? YES • Were action items assigned where appropriate to the right people? YES • Were all items given sufficient time to discuss? YES	

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	• Were all members able to contribute? YES
	• Has the meetings business contributed to the organisation's aims and objectives in terms of:
	  ○ Strategy YES
	  ○ Planning YES
	  ○ Governance YES
	• Were any of the items inappropriate for this committee? NO
	• Did the meeting receive the administrative support that it needed? YES	

	Date of next meeting: Thursday 19 November 2020, 1300-1600	

Freda Morgan
Executive PA
21 October 2020