Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

# Quality Committee

**Minutes of the meeting held on Thursday 23 July at 1300-1600, on Microsoft Teams**

## Minutes

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| **Present** | | |
| Alison Moon | Independent Registered Nurse (Chair) | AM |
| Lisa Manson | Director of Commissioning | LM |
| Martin Jones | Medical Director, Commissioning & Primary Care | MJ |
| Sarah Talbot-Williams | Independent Lay Member (Patient & Public Engagement) | STW |
| Nick Kennedy | Independent Secondary Care Doctor | NK |
| Melanie Ingham | Deputy Director of Nursing & Quality | MI |
| **Apologies** | | |
| Ben Burrows | Clinical Lead | BB |
| Peter Brindle | Medical Director, Clinical Effectiveness | PB |
| Rosi Shepherd | Executive Director of Nursing & Quality | RS |
| **In attendance** | | |
| Lesley Le-Pine | Interim Quality Lead Manager | LLP |
| Sheila Loveridge | IPC Lead | SL |
| Sarah Carr (Item 5) | Corporate Secretary | SC |
| Adwoa Webber (Item 6.1.2) | Head of Clinical Effectiveness | AW |
| Andrea O'Connell (Item 6.3) | Independent Consultant, CHC Transformation Programme | AOC |
| Angela Stephen (Item 6.3) | Designated Nurse, Looked After Children | AS |
| Rebecca Dunn (Item 6.4) | Associate Director, Service Redesign | RD |
| Freda Morgan | Executive PA (Notes) | FM |

| | Item | Action |
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| 01 | **Apologies**<br><br>Apologies as noted above | |
| 02 | **Declarations of Interest**<br><br>STW is Chair of Trustees at Open Storytellers who are a partner in BILD, which delivers the Oliver McGowan learning disabilities training programme for NHS staff | |

| | Item | Action |
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| 03.1 | **Minutes of Meeting held 21 May 2020**<br><br>The minutes were agreed as an accurate record with the following amendments:<br><br>Minor changes to wording on pages 2, 3, 5, 8,<br><br>It was agreed an action should have arisen from the discussion around health inequalities on page 10.<br><br>**ACTION: PB to be asked to confirm what systems are in place to give an assurance of valued judgements being made when prioritising procedures.** | **PB** |
| 03.2 | **Action Log**<br><br>The action log was discussed and updated.<br><br>LM confirmed the Rectopexy report is going to NBT's Quality Committee tomorrow, and a meeting with Chris Burton has been arranged for 7 August.<br><br>**ACTION: LM to bring verbal update on LVMR to August Quality Committee** | **LM** |
| | **Matters Arising**<br><br>An extraordinary meeting has been held regarding N Somerset CAMHS.<br><br>**ACTION: LM to update on actions and mitigations on N Somerset CAMHS at next meeting**<br><br>NK asked about reports of problems with PPE at the Spire. LM confirmed the Spire are not requiring their staff to use FP3 masks when undertaking aerosol generating procedures, as they consider their testing to be robust. This is a national issue with the Spire. Sheila Loveridge (IPC Lead for BNSSG CCG) has written to the Spire about their position. NBT and UHBW have been clear to all staff that they need to follow NBT/UHBW guidance on PPE when working at the Spire. | **LM** |
| 04 | **Chair's Introduction**<br><br>AM asked if there were any matters of concern not covered by the agenda. No issues were raised. | |

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| 05 | **Risks and Mitigations** | |
| 05.1 | **Corporate Risk Register**<br><br>No new risks have been added. SC requested members review those risks assigned to Quality Committee<br><br>**Risk ref: BNSSG QD 001 11 (Cancer Patients)**<br><br>Covid has impacted on performance in cancer waits. AM asked if we are assured the CCG can recover its position, managing risk and identifying potential harm at an early enough stage.<br><br>LM confirmed the suspension of routine elective work for three months has created an impact which can be seen in the performance report. There is now more activity, however not yet at pre-Covid levels. 30% capacity has been lost due to Covid restrictions, and modelling is ongoing to determine what the new capacity requirement will be going forward Providers across the system are prioritising based on Royal College of Surgeons guidance, to ensure maximum use of available capacity, mitigated by use of independent sector providers.<br><br>NK said it was important for this committee to highlight quality aspects and ensure these are uppermost in the minds of those considering this issue.<br><br>AM noted that with criteria looking at clinical need rather than length of wait, there may inevitably be harm occurring, and there is a need to have clear assurance that systems and processes are in place to minimise any harm. One of the actions that hospitals should be taking is understanding at specialty level not just the numbers on the waiting list, but undertaking a clinical review of these and prioritising so that there is a minimisation of risk at specialty level. Assurance is needed that systems at all levels are doing their best to minimise the risk.<br><br>NK said that there needs to be quality oversight across the system, to ensure the best use of full system capacity.<br><br>AM agreed it is important for Governing Body to discuss this issue.<br><br>STW said the health inequality issue is also very pertinent, as there are some disadvantaged groups who have a higher impact of harm than others. Some patients from these groups may be at a diagnostic rather than a treatment stage.<br><br>LM said the process is still being mapped out for patients who have not yet presented or who are urgently waiting to be seen through outpatients.<br><br>**Risk Ref: BNSSG QD 021 (SWASFT Call Incident Stacking)** | |

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| | The latest update on this risk is from January 2020. A request to discuss the SOP has been requested. It was noted that due to reduced activity since the start of Covid, there has not been significant call stacking for several months. However, like ED performance, this may not be due to our own actions.<br><br>**ACTION: LLP to ask RS to review whether this risk is still valid and if so, to update mitigations**<br><br>**Risk Ref: BNSSG QD 023 (Lack of trained LeDeR Reviewers)**<br><br>There are now a good number LeDeR Reviewers, and due to Covid there is an increased capacity to take on reviews, however as services return to normal, this capacity may be reduced. Risk to remain on register at present, for review at a future date.<br><br>**Risk Ref: BNSSG QD 043 (MRSA)**<br><br>The risk score has been reviewed, and the risk amended to 3x5=15, so remains on register. All HCAI risks have been split out, but MRSA is the only one which scores above the threshold for inclusion on the register. BNSSG Is an extreme outlier for MRSA, and due to Covid there has been a delay in reviewing the required PIR investigations, and it has been hard to access notes through providers. Most infections are community acquired.<br><br>It was proposed to split this risk into two as follows, and to reword the risk detail, and controls and action in place to provide assurance.<br><br>1) BNSSG is an extreme outlier for BNSSG<br>2) Due to Covid there is now a backlog of cases to review<br><br>**ACTION: LLP to liaise with Sheila Loveridge to split the MRSA risk as discussed, and to reword the risk detail and the controls and actions in place, to provide greater assurance.**<br><br>**ACTION: FM to add Deep Dive on MRSA to meeting planner for a future Quality Committee meeting.** | **LLP**<br><br>**LLP**<br><br>**FM** |
| 05.2 | **Governing Body Assurance Framework (GBAF)**<br><br>SC will be taking a paper to Governing Body in August to reaffirm the process and next steps to identify objectives, risks and collective responsibility for the GBAF to be approved going forward.<br><br>It was noted the GBAF has not been updated since February 2020, and AM asked if updates could be received for the August Quality Committee meeting, noting that there will be a new set of objectives presented in due course.<br><br>**ACTION: SC to ask Directors to provide update to the GBAF for the August Quality Committee meeting** | **SC** |

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| 06 | **Items for Discussion** | |
| 06.1 | **Covid Update** | |
| 06.1 | **Health Inequalities**<br><br>AW was welcomed to the meeting to present this item.<br><br>This paper is in response to a request from Gold Command and the Healthier Together Executive Group, to understand the impact of Covid and Health Inequalities, and incorporates some of the local work which has been done to understand the impact on local communities in BNSSG. Recommendations in the paper are aimed at the system rather than individual partners.<br><br>The report has flagged that there are not currently many actions focused on children and young people.<br><br>A paper on inequalities and health will be presented to the Governing Body seminar in August, and AW asked if there was anything in particular members would like to see discussed at this seminar.<br><br>AM said this was an important paper which reflected in particular the Kings Fund work. Her understanding is that, looking nationally at shielded people in communities, it is quite common to only know the ethnicity of around 60%, and there needs to be an accurate database of ethnicity. There is a strong message about co-designing, and including communities in developing plans.<br><br>STW noted that although poverty and education was mentioned, there was no mention of overcrowding and inappropriate housing, which is a long-term issue that needs to be taken on board.<br><br>AW said the strength in bringing partners together is not to focus solely on health or social care, but bring these together to focus on all of a person's life. It would be useful to start to explore the wider determinants, and how all partners have a role to play in public health prevention. National reports do talk about housing, and the impact of economic instability on housing.<br><br>STW said a lot of the work that Alex Ward-Booth is doing around coproduction fits in neatly with this. She asked if AM could share the Kings Fund paper.<br><br>**ACTION: AM to share the Kings Fund paper with STW.**<br><br>MJ said this has been discussed previously in other forums. The contribution by health to overall inequalities is relatively small, however it must be recognised. He said it would be good to have positive actions arising from the Governing Body Summit, and there would be an opportunity to involve Primary care in this work. | **AM** |

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| | LLP said that in terms of the learning disability impact, BNSSG was not impacted by Covid to the same degree as nationally. The national annual report for LeDeR has just been published. In comparison to BNSSG data people with learning disabilities living in BNSSG live longer than the national LeDeR average mortality.<br><br>AM said that as a member of Governing Body, she thinks we should reflect we have not made as much progress to address health inequalities as we would have liked. | |
| 06.1 | **Silver Risk Register**<br><br>LM presented. Covid infections are continuing to decrease across the system. Modelling is in progress for a potential increase in terms of a second surge, and monitoring in the context of lockdown and changes in lockdown arrangements.<br><br>The PPE risk has reduced dramatically. There is now a steady supply and contingency arrangements in place.<br><br>Antibody testing for staff has been rolled out, and national guidance issued on testing of care home staff and residents.<br><br>Whilst we remain at Incident Level 4, an ICC response will be maintained, but there needs to be a shift to restart the work that has been stood down due to Covid.<br><br>MJ said that Primary Care have a spreadsheet of all activity which has stopped, and the Primary Care Network (PCN) and Locality teams are working through what to prioritise, the impact of starting (or not) activity, and the impact on things such as PPE. Health Inequalities are also being taken into consideration. There is also a focus on the delivery of flu vaccinations which will be a significant challenge to practices over the next year. This is alongside the care home work which PCNs and Localities have picked up alongside the Quality Team.<br><br>LM said one of the core things being planned is how services are maintained as we move into phase 3, including routine GP work, diabetes follow-up and asthma clinics. From an impact and capacity perspective, it is not possible to maintain social distancing in Emergency Departments, and there is a need to think of a different route.<br><br>AM mentioned a risk raised at the LeDeR Steering Group this morning, that residential homes for people with Learning Difficulties are excluded from the routine testing every 28 days, with weekly testing for staff. This is putting the LD population at risk, including those aged over 65 or with dementia.<br><br>This risk has been escalated to various bodies, including NHSE, and milestones and Brandon Trust are part of the LeDeR Steering Group. | |

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| | LM asked how testing could be used as a tool to manage Covid when there is not an outbreak. MJ said this has been discussed with the contracting and Mental Health teams.<br><br>STW said at the last Quality Committee there had been discussion over the fact that 15 people with Learning Difficulties died from Covid in a short period, and asked if there was correlation between this and testing. AM said this was discussed at this morning's LeDeR Steering Group. Of the 15, 5 died at home, and 10 in hospital. 12 of the deaths were in April, and LLP has agreed with colleagues to go back through the rapid reviews to identify any themes arising. LLP noted these deaths at home were all in residential homes, and not in the same home; these were in different geographic areas, so it cannot be classed as an outbreak. | |
| 06.2 | **Quality & Performance Report**<br><br>LLP presented the Quality Report.<br><br>Covid remains a focus.<br><br>The North Somerset CAMHS service was transferred to AWP at the start of April, and concerns remain. There has been a Mental Health Homicide in North Somerset. A Never Event has occurred at UHBW involving incorrect air filters. This is being investigated as the same issue has arisen in the past.<br><br>IPC tactical cell are carrying out high level activity with providers. There has been a huge roll-out of training, particularly to primary care, which has had an uptake.<br><br>SL updated the function of the IPC cell is being re-examined with a focus on forward planning, and a workshop is planned with partners to discuss the future of the cell. Engagement is underway with partners to continue a more joined-up service and provide support for everybody.<br><br>MI noted engagement from Primary Care practices to ensure IPC and enhanced PPE delivery took place. There is continued training, and preparation being undertaken for flu management. Plans are underway for the workforce across the system to be deployed back to their usual jobs, but with contingency for mobilisation in the event of any local or national lockdown.<br><br>Commenting on the Never Event at UHBW, AM said that the mixing of airflow and oxygen was the subject of a national safety alert within the past two years, and all providers were asked to provide assurance they have implemented recommendations to prevent this. | |

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| | **ACTION: LLP to ask UHBW to provide assurance they have previously implemented recommendations to prevent the mixing of airflow and oxygen.** | **LLP** |
| | The rise in C-Diff rates was noted. This needs to be monitored. | |
| | There is a risk of under-reporting of serious incidents during Covid, as the CCG and some providers have stepped down their SI panels. AM asked what assurance was in place from providers that Serious Incidents are still being highlighted. LLP confirmed the CCG is stepping this process back up, led by MI. The process will draw on the closer partnership working arrangements with providers that have developed during Covid. There is a watertight oversight position, and a restoration piece has been undertaken to review reported incidents and look for themes or trends. | |
| | **ACTION: Details of assurance on providers' SI processes to be provided for next meeting of Quality Committee** | **MI** |
| | AM noted that the Primary Care Contact Us Portal reported that when GPs raise concerns, responses are not always obtained from providers. | |
| | MI said this is being looked into. | |
| | Of the 18 themes identified, 12 involved no RESPECT forms being provided. This issue is being communicated to the team leading on the improvement of RESPECT forms. | |
| | LLP noted the portal appeared to deal more with concerns about people, rather than reporting primary care incidents according to policy. MJ clarified the portal is a mechanism to report concerns about quality in patient care, so themes and areas for improvement can be identified. | |
| | LM presented the Performance Report. | |
| | As highlighted in the Risk register discussion, the number of patients waiting over 52 weeks has increased dramatically, which is a reflection of the number of core operations cancelled in April and May. | |
| | ED performance is improved, but this may be driven more by the core number of attendances, rather than any changes in place. | |
| | Cancer performance worsened during May, and this pattern is expected to be repeated in June. 2ww performance improved for the BNSSG population | |

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| | overall, but worsened slightly at UHBW. There was a significant reduction in the number of patients referred to Cancer 2ww, so whilst all urgent patients were seen by providers, the number of referrals was significantly reduced.<br><br>Delivery against the 31 and 62 day standards was much reduced.<br><br>Overall there was increased performance in Urgent Care, but the change was due to a reduction in numbers, and not in the ways of working.<br><br>Regulators are concerned with the increase in elective waiting lists in all systems. LM suggested that if there is physically not sufficient capacity to achieve the target set, we would be better saying what percentage can be delivered, based on current capacity, and give the reality of what can be achieved opposed to the national target, to provide a more structured position.<br><br>MJ said this could potentially be mitigated by grouping activities, so that similar activity was carried out in the same time slots, to reduce the need for cleaning and resetting.<br><br>As A&E performance is still good, there is a key focus on sustaining and managing through a future surge. This is one of the key drivers in the development of 111 First.<br><br>NK asked what work was being undertaken to prioritise capacity effectively, to ensure the best treatment for the most people, given the restraints already highlighted. MJ confirmed PB is leading on this work. | |
| 06.3 | **LAC Appreciative Enquiry Workshop update**<br><br>AOC presented an update from the workshop which was held on 10 July. All three Local Authorities were present, with representation from Sirona, Directors of nursing and Operations, and key leads for LAC.<br><br>The Designated Nurse who undertook the review presented the findings which were well received.<br><br>There was discussion on how Covid has changed the way Looked After Children are dealt with. An example was given of a young person who had missed seven attendances, but was happy to engage more virtually. There is a recognised risk in only engaging virtually, as there is not the opportunity to observe the home environment, and both approaches are planned to be used going forward. | |

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| | A clear vision was identified; to focus on every child achieving their potential, linking to the Thrive model which is being adopted across the system, to result in aspirational young people who are looked after.<br><br>One of the key actions from the workshop is to draw up a “map of the world”, to enable partners to better understand what each other are doing, key meetings being held, and what is being reported, so partners can support each other better as a system.<br><br>A system wide action plan is to be drawn up, and a system wide training plan for LAC.<br><br>Next steps are as follows:<br><br>• All agencies’ action plans are to feed into the overarching plan, through the Children and Young Peoples Family Partnership Board.<br>• A further workshop to be set up, to put together the action plan<br>• Each area across the system to bring together key people into task and finish groups to follow up on agreed actions<br>• Review of performance notice<br>• Sirona to provide clear reporting time frames.<br><br>The aim is to bring the action pan to Quality Committee on a bi-monthly basis for assurance, as well as to the Children & Young Peoples Family Partnership Board.<br><br>STW commented how good it was to now hear the voice of the child included in this process, and that there is now a sense of ambition and aspiration in the area.<br><br>NK asked how this positivity will be maintained going forwards. He asked if there was enough staff for the training, and details of the timescale to see an improvement in metrics.<br><br>AOC said that the group which met on 10 July were clear they wanted to meet again in August, which will help maintain the momentum. The working parties for each area will be held to account by the Children & Young Peoples Family Partnership Board.<br><br>AOC confirmed that there is the right staff skill mix and expertise within the team to use wisely to train. Regarding timescale, the workshop was clear that action needs to happen within months in some areas, but timescales will be clearer once the action plan has been finalised. | |

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| | AS said there is a need to identify when this can be taken to corporate parent boards, as it is also their responsibility to drive this. LAC should also be raised in the safeguarding partnerships. It is helpful that NHSE is driving that while LAC is a specialist element of safeguarding, it should also be part of the health economy for children.<br><br>MJ noted this is a good example of health inequalities, and asked what primary care representation was involved. He asked AS to please contact him if more support is needed from primary care. AS commented in the meeting chat box that support could include the following:<br><br>• Availability to discuss health pathways and cases of concern<br>• Supporting the connection to the wider LAC network, Local Authority, CAMHS, Police and Youth Offender Teams<br>• Advice on supporting foster carers and families who will be adopting if there is a risk of adoption breakdown or family pressures<br>• Patient and carer alerts<br>• Support of care leavers / care experienced patients.<br><br>MI asked whether fast tracking to CAMHS was included in mapping. AS confirmed CAMHS was on the agenda, and there are good connections. However fast tracking opportunities can be limited, as many Looked After Children are out of area.<br><br>During Covid AWP have continued to remain well connected with children and have oversight. There is awareness of mental health needs and that when doing a telephone assessment, the dynamic with foster carers is not being seen.<br><br>STW said the involvement of the voluntary sector was not included. There are many voluntary sector organisations who could support as part of an integrated approach. AOC confirmed this has been considered.<br><br>AM thanked AOC and AS for their report, and agreed that the action plan should come to Quality Committee on a bi-monthly basis for assurance.<br><br>**ACTION: FM to add LAC Action Plan to meeting planner as a bi-monthly item** | **FM** |
| 06.4 | **BNSSG Stroke Programme Equality Assessment**<br><br>RD presented this paper.<br><br>The Committee confirmed support for this paper. | |

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| 07 | **Items for Information** | |
| 07.1 | **Minutes: LeDeR Steering Group**<br><br>Minutes noted. | |
| 08 | **New Risks Identified** | |
| 09 | **Any Other Business** | |
| 10 | **Review of Committee Effectiveness**<br><br>Did the meeting run to time - yes<br>Did the right people attend - yes<br>Were action items assigned where appropriate to the right people - yes<br>Were all items given sufficient time to discuss - yes<br>Were all members able to contribute – yes<br>• Has the meetings business contributed to the organisation's aims and objectives in terms of:<br>  ○ Strategy - yes<br>  ○ Planning - yes<br>  ○ Governance - yes<br>Were any of the items inappropriate for this committee - no<br>Did the meeting receive the administrative support that it needed - yes<br><br>The high quality of the papers at today's meeting was noted. | |
| | **Date of next meeting:**<br><br>**Thursday 20 August** | |

**Freda Morgan**
**Executive PA**
**23 July 2020**