

BNSSG Quality Committee

Minutes of the meeting held on 17 December 2020 at 1400-1700 on MS Teams

Minutes

Present		
Alison Moon (Chair)	Independent Registered Nurse	AM
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Helena Fuller	Deputy Director of Commissioning (Contracting & Procurement)	HF
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Michael Richardson	Deputy Director of Nursing & Quality	MR
Peter Brindle	Medical Director, Clinical Effectiveness	PB
Nick Kennedy	Independent Secondary Care Doctor	NK
Apologies		
Ben Burrows	Clinical Lead GP	BB
Lisa Manson	Director of Commissioning	LM
Lesley Le-Pine	Interim Quality Lead Manager	LLP
In attendance		
Sarah Carr (item 5)	Corporate Secretary	SC
Paulette Nuttall (item 6.3)	Head of Safeguarding Adults	PN
Sharon Woma (Item 6.7)	Inclusion Coordinator	SW
Jacci Yuill	Lead Quality Manager	JY
Heidi Buck	Quality Systems & Surveillance Manager	HB
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM

	Item	Action
01	<p>Welcome and Apologies</p> <p>Apologies as noted above.</p>	
02	<p>Declarations of Interest</p> <p>None declared</p>	

	Item	Action
03.1	<p>Minutes of Meeting</p> <p>The minutes were agreed as an accurate record.</p> <p>It was agreed to remove the specific numbers in the Covid update Page 4 as that captures a point in time, with the first sentence to read “an update was provided”</p>	
03.2	<p>Action Log</p> <p>The action log was updated</p>	
03.3	<p>Matters Arising</p> <p>Concern was raised about the number of never events at UHBW and it was agreed to focus on this during discussion on the Performance Report. RS is making contact with Carolyn Mills, Chief Nurse, UHBW to determine whether there should be a system learning event on Never Events, in addition to this being a single provider issue.</p>	
04	<p>Chair’s Introduction</p> <p>AM asked if there were any issues of concern not on the agenda today.</p>	
05	<p>Risks and Mitigations</p>	
05.1	<p>Corporate Risk Register</p> <p>SC reminded the committee of its remit to ensure it challenges and has scrutiny of the risks on both the CRR and GBAF that fall within its remit.</p> <p>Two new risks have been added to the Corporate Risk Register: one concerning potential supply issues due to Brexit and the other concerning cancer in relation to Health Inequalities. Neither of these risks currently has a committee identified to have oversight, and SC asked the committee whether or not it considers these risks should come under their focus.</p> <p>It was agreed the second risk fell under the remit for the Quality Committee, but the first risk would fall under the scrutiny of the Clinical Executive Committee in line with other EPRR reporting</p> <p>SC drew the committee’s attention to the pathology risk which was discussed in the November meeting. Supply issues have been resolved and the risk significantly reduced. The committee was asked to consider whether the actions reported on the risk register satisfy a recommendation</p>	

	Item	Action
	<p>to Governing Body to close this action.</p> <p>The committee agreed to recommend closure of this risk to Governing Body.</p>	
05.2	<p>Governing Body Assurance Framework</p> <p>A programme of deep dives has been added to the Meeting Plan.</p> <p>NK praised the clear layout of this report.</p> <p>RS noted Denise Moorhouse (Associate Director of Quality – Funded Healthcare) is doing a significant rewrite of the Funded Care item. This will expose some risks which have not been previously identified, but clear actions are now in place.</p> <p>SC said the Assurance Framework pages for Mental Health and Learning Disabilities and Autism are also being updated.</p>	
06	<p>Items for Discussion</p>	
06.1	<p>COVID-19 update – current system escalation level and associated risk</p> <p>HF updated there are still a number of patients in hospital and the system is under significant pressure. Partners are working together and linking in with Somerset and BSW. The system escalation level has fluctuated between OPEL 3 and 4. Acute Trusts and Local Authorities are in high escalation System partners are managing escalation through the ICC and working to maintain as much planned activity as possible as well as maximising flow through our community provider.</p> <p>The main hub for mass vaccination is up and running alongside Primary Care Networks (PCNs).</p> <p>RS reported that outbreaks are still occurring in care homes and the IPC Tactical Cell is supporting this.</p> <p>MR reported visiting the Ashton Gate mass vaccination hub which is expected to run very effectively.</p> <p>RS said an update on the PCN vaccination campaign is reporting effective working.</p>	

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	<p>PB has had reports from clinicians appreciating the opportunity to see general practice and PCNs in action, and this has opened up a new level of team working. He would expect there to be long lasting benefits from this.</p>	
06.2.1	<p>Quality Report</p> <p>MR presented the Quality Report.</p> <p>There have now been six Never Events to date for UHBW.</p> <p>The achievements of the LeDeR Reviews were noted, alongside steady progress on Funded Care Assessments.</p> <p>NBT falls rate has increased slightly. The Falls Academy involves members of the Quality Team working with NBT on this. There are some harm reviews still awaited from NBT which MR is following up.</p> <p>Grade 2 pressure ulcers have increased slightly at NBT. They have had a MRSA bacteraemia and there are some nosocomial COVID-19 infections.</p> <p>UHBW VTEs are now being addressed through the newly set up Joint Quality Meetings with UHBW and NBT. A mandatory field has been added to ensure VTE assessments are carried out.</p> <p>A sixth Never Event has occurred at UHBW. This is another wrong site block. The mistake was identified immediately and the procedure proceeded with the correct site being blocked. Assurance is being sought from UHBW that changes are being made to avoid further similar events.</p> <p>A deep dive is underway on medication incidents at Sirona. Sirona are also being supported with safeguarding training compliance.</p> <p>AWP have a CQC inspection underway. IAPT report an increase in service users who are self-harming. A review is underway which the Quality Team are supporting.</p> <p>We are within the threshold for HCAI (against last year's targets), excluding C.Diff.</p> <p>BNSSG has been selected to take part in a CQC review of DNACPR arrangements. Early feedback is positive. Specific cases have been uploaded today for CQC to review. The review concludes on 22 December and a feedback session will be held in January.</p>	

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	<p>NK commented that the Never Event is potentially serious as this should be done by an anaesthetist who should be experienced in this area. He questioned whether this highlighted serious cultural issues. Action as per RS above</p> <p>NK asked if there was a reason for the difference in the number of Grade 3 pressure ulcers between UHBW and NBT.</p> <p>ACTION: MR to ask Carol DeHalle to investigate the reason UHBW have a higher number of Grade 3 Pressure Ulcers than NBT, and to ascertain if there is a consistency in the reporting regimes between the two Trusts.</p> <p>AM noted that all providers are under pressure. UHBW have confirmed their SOPs for staffing have changed in line with national guidance. AM reminded members that they need to be assured that providers are continuing to provide a safe service and that there are satisfactory mitigations in place.</p> <p>STW said it is interesting to see the figures, but asked if future reports could show whether there was a pattern of improvement or decline.</p> <p>RS mentioned SWAST are losing many hours of time in handover delays in ED which has caused a significant drop in performance. This creates a risk to patients in the community. Work is underway to resolve this.</p> <p>ACTION: RS and HF to provide an update at next Quality Committee on steps taken to address pressures in the system, to mitigate risks to patient safety</p> <p>HF confirmed that Claire Thompson at NBT is leading on the mass vaccination programme, with Chris Burton chairing the system group. The trajectories are presented to the ICS.</p> <p>MR said he has spoken to Anne Morris to ask that we are sighted on any quality issues or incidents. AM asked to flag that people with Learning Disabilities are at high risk of infection.</p>	<p>MR</p> <p>RS/HF</p>
06.2.2	<p>Performance Report</p> <p>HF presented the report. It has not been possible to collate updated data for all areas.</p> <p>System pressures are reflected in worsening performance.</p>	

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	<p>The planned care list size has increased again. 52 week waits continue to increase. All Trusts have been asked to clinically validate waiting lists by the end of December. The Planned Care Team is working hard to ensure patients are treated in priority order and the best use is made of capacity including the independent sector. Diagnostics activity continues to increase, and the number of patients waiting more than 6 weeks has improved. The CCG diagnostic group is working with the independent sector to improve imaging and endoscopy. Cancer performance has improved however has not achieved the 93% standard. Severnside has improved greatly the number of calls answered within 60 seconds, and have achieved the standard for call validation.</p> <p>AM said in the quality report Severnside is noted as having significant staffing challenges and asked that reports within quality and performance are reviewed to ensure a rounded view of a service</p> <p>AM asked if medically fit for discharge patients are increasing and if there is a particular issue leading to this. HF said that system partners including Local Authorities are working to improve flow, however two of the Local Authorities are at OPEL 4 and under immense pressure. RS said this is being affected by asymptomatic staff being identified through lateral flow testing.</p>	
06.3	<p>Equality & Diversity 6 monthly report</p> <p>SW was welcomed to the meeting to present this report, which fulfils the CCG's Public Sector Equality Duty. Members were asked for feedback and comments on this paper, which is to be presented to Governing Body in January.</p> <p>PB asked if SW had any insights into what the Equality Impact report may contain. He asked if there is any detail on gender included in the shortlisting declarations which may add to information on the gender pay gap. SW said that not sufficient data is received from HR to identify whether there are more male or female applicants for roles.</p> <p>SW said that EIAs over the summer were reviewed. There is still a mix of quality in terms of EIAs submitted, as not all colleagues have attended workshops.</p> <p>ACTION: FM to ask SW for today's presentation to share with members.</p>	FM

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	<p>STW noted the change in thinking from diversity to inclusivity, and asked what the implications will be on the CCG. SW said the strategic diversity management needs to become more robust.</p> <p>AM commended the report. She said the cover sheet headings will enable a focus on key aspects such as risks which stated none. She identified risks around the EIAs not being of high quality, and that we are only rated amber as there are people from protected groups who do not fare as well as others. AM expressed concern that the risk for disabled people has doubled, and that people have a fear of admitting disability as this may prevent career progression. This is an opportunity to be clear about future challenges and risks.</p> <p>RS asked whether reverse mentoring would be useful to help leaders. SW said NHS South West had asked if the CCG would like to be involved in a regional programme for reciprocal mentoring.</p> <p><i>PB left the meeting</i></p> <p>AM said the NHS Leadership has an extensive programme. MR said that peer mentoring was undertaken at his previous NHS employer in Gloucestershire.</p>	
06.4	<p>OMG MAR Actions</p> <p>RS provided a verbal update on the MAR Action Plan, following discussions at this morning's LeDeR Steering Group. A quick turnaround piece of work is to be undertaken to ensure a clear line of accountability and the updated action plan will be presented to Governing Body in January.</p> <p>The LD, Autism & Mental Health Steering Group are sighted on this report, and there is positive support to ensure these actions are delivered.</p> <p>AM noted a written report will come back to Quality Committee in January. RS said that Liz Williams from AWP can be invited as a representative of AWP, and as SRO for Autism.</p>	
06.5	<p>Quality Surveillance Group Update</p> <p>The System Quality Surveillance Group took place on Thursday 10 December, focusing on nosocomial infection. All system partner agencies were represented at this meeting to feed back on their experience of nosocomial infection. The Weston Outbreak report was also discussed at</p>	

	Item	Action
	<p>this meeting.</p> <p>Themes that came out included: People with LD and elderly people present with different symptoms than the general population; payment of temporary staff to ensure they are not moving between different employers; the impact of visiting and the change in visiting regulations for both hospitals and care homes; a report from the public health team in Scotland showing that larger care homes were more at risk from nosocomial infection which is being reflected in the BNSSG area and which the IPC team are working on. PPE fatigue was discussed, both in terms for people not complying and also people forgetting their training and the IPC team are also following up on this. The need to understand the impact of Covid on BAME staff was discussed. There are issues to be followed up with EZEC about use of PPE in transport.</p> <p>ACTION: RS to bring a written report to January Quality Committee summarising the themes discussed at the December Quality Surveillance Group and including information on the Board Assurance Framework for IPC</p> <p>AM asked if the number of people who have died due to nosocomial infection in BNSSG is known.</p> <p>ACTION: HB and MR to include data on nosocomial infection in future reports</p>	<p>RS</p> <p>MR/HB</p>
06.5.1	<p>Weston Outbreak Update</p> <p>The report on this was presented to QSG and is due for publication this week. Recommendations have been accepted and RS is looking to identify the best group to have oversight of these.</p> <p>ACTION: RS to update Quality Committee on actions following recommendations from the Weston Outbreak update report</p>	RS
06.5.2	<p>IPC Board Assurance Frameworks</p> <p>Work is underway with trusts on the IPC Board Assurance Frameworks. The ten key points for IPC have been embedded in board assurance frameworks, and updates have been requested from the Trusts. RS anticipates seeing compliance across the ten steps by Friday, with the exception of two outstanding issues at UHBW, which Carolyn Mills is looking to resolve.</p>	

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	ACTION: MR to gain assurance of consistency of approach to the IPC 10 point plan across providers.	MR
06.6	<p>National Guidance on Clinical Prioritisation – assurance on provider compliance</p> <p>This item was discussed alongside the action log.</p> <p>A letter from NHSE on harm reviews was circulated with the meeting papers. PB said this letter made a significant statement. He asked members what they felt the implications of this might be.</p> <p>NK asked how clinical prioritisation would be standardised between different specialities, and asked if some specialties have a higher risk of harm than others, and how it would be ensured that the highest priority patients are treated first. He also noted the need to take into account harm that may arise from longer waiting times</p> <p>STW said she would feel more comfortable from an assurance perspective if a risk based approach was adopted, making clear what that would involve before stopping harm reviews.</p> <p>MR said that it would appear from the letter that this is a relative risk approach, and that the letter suggests that by conducting harm reviews on all patients this may slow down the time to treat patients.</p> <p>RS said it would be interesting to find out if Acute partners have a formal SOP around prioritisation, and what their “safety net” is.</p> <p>AM said a consistent and agreed approach to the risk based approach is needed across BNSSG, as this will be scrutinised both now and in any future event.</p> <p>ACTION: MR to request information from acute trusts on how they have responded to the harms letter</p>	MR
06.7	<p>Safeguarding Children and Adults Q2 Report</p> <p>PN was welcomed to present this report and updated on work carried out since this report.</p> <p>Meetings have taken place focusing on how each area will work with the Domestic Abuse bill and training professionals to work within the area of coercive control.</p>	

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	<p>The DRIVE project has arisen from the Domestic Abuse Bill, and South Gloucestershire have put in a bid to carry out this project, which works with perpetrators, and are looking to procure an agency to work on this. There are elements of concern around consent as the CCG's input will be to share information.</p> <p>There is the first meeting on the first ways of working with Liberty Protection Safeguards (LPS) tomorrow. The CCG is also part of the NHSE LPS workshop.</p> <p>RS updated on children's safeguarding arrangements. In North Somerset and South Gloucestershire a survey was sent out to review these, and the North Somerset Safeguarding Executive met with Sir Alan Wood last week, with a subsequent report expected in January. The North Somerset Safeguarding Children's Partnership also held a development day on 16 December.</p> <p>RS offered to bring back information on the different safeguarding arrangements across our three local authority areas.</p> <p>ACTION: A one year post-Wood Safeguarding Review to be brought to Quality Committee. RS to advise timing of this.</p> <p>STW asked if the voluntary sector was included in multi-agency work. PN said that the voluntary sector is involved in the DRIVE project. Separate Safeguarding Adults Boards remain in North Somerset and South Gloucestershire which involve voluntary sector partners. Most work with voluntary sector is carried out by local authorities.</p> <p>RS said the change for children is the joint accountability at an executive level and this is clearer in North Somerset and South Gloucestershire. The involvement of the voluntary sector takes place at sub-group level.</p> <p>AM questioned the cover sheet which states there are no identified risk implications. She requested that future papers clarify any risks related to the achievement of our aspirations. PN said this is played out in the action plans and this is where we flag up our risks.</p> <p>RS said the development day yesterday discussed how the five workstreams that sit under the North Somerset Executive can be clear of their priorities and how that works to achieve the ambition to make children safer.</p>	<p style="text-align: center;">RS</p>

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	<p>STW said this also feeds into health inequalities, as safeguarding issues mainly occur in areas where there are also health inequalities.</p> <p>RS and PN updated the committee on a particular safeguarding case regarding a missing child.</p> <p>PN was thanked for her report.</p>	
06.8	<p>Ockenden Report – Immediate & Essential Actions</p> <p>This report follows concerns of the delivery of maternity in Shrewsbury and Telford. A number of actions have arisen and Helen Blanchard, Chief Nurse at NBT is coordinating the system responses to this.</p> <p>There is a plan to do a Maternity based QSG in either February or March of 2021 following the conclusion of a maternity investigation in BNSSG.</p> <p>AM noted that actions from this report relate to trusts, and there is a need to ensure there is no conflict of interest for Helen Blanchard to lead on this. RS said this has been discussed with Helen Blanchard, and the system response will include community providers as well as trusts.</p> <p>ACTION: RS to provide an update on the progress on actions from the Ockenden report to the January Quality committee.</p>	RS
07	<p>Items for Information</p> <p>07.1 HCAI Quarter 1 & 2 Report</p> <p>07.2 Minutes: LeDeR Steering Group</p> <p>07.3 Minutes – HCAI Group</p> <p>07.4 Minutes – Safeguarding Governance Group</p> <p>Items noted</p>	
08	<p>New Risks Identified</p>	
09	<p>Any Other Business</p> <p>No further business was discussed</p>	
10	<p>Review of Committee Effectiveness</p> <ul style="list-style-type: none"> • Did the meeting run to time? YES • Did the right people attend? YES 	

	Item	Action
	<ul style="list-style-type: none"> • Were action items assigned where appropriate to the right people? YES • Were all items given sufficient time to discuss? YES • Were all members able to contribute? YES • Has the meetings business contributed to the organisation's aims and objectives in terms of: <ul style="list-style-type: none"> ○ 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 	
06.7	<p>Date of next meeting:</p> <p>Thursday 21 January 2021 0900-1230</p>	

Freda Morgan
Executive PA
17 December 2020