Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Quality Committee

Minutes of the meeting held on 22 March 2021 at 0900-1230 on MS Teams

Minutes

Present		
Alison Moon (Chair)	Independent Registered Nurse	AM
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
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Lisa Manson	Director of Commissioning	LM
Apologies		
Ben Burrows	Clinical Lead GP	BB
In attendance		
Sandra Muffett	Head of Clinical Governance and Patient Safety	SM
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM
Jacci Yuill (observing)	Lead Quality Manager	JY
Sarah Carr (item 5)	Corporate Secretary	SC
Sophie Stephenson (observing)	Deloitte	SS
Faye Kamara	Head of Safeguarding (All Age)	FK

	SM	Action
01	**Welcome and Apologies** Apologies as noted above. SS, FK and JY were welcomed as observers.	
02	**Declarations of Interest** NK has taken on the role of trustee at St Margaret's Hospice in Somerset. This is an unpaid role. NK was not aware of any conflict with items on today's agenda. STW is chair of Open Storytellers, part of BILD, which will be delivering the Oliver McGowan mandatory training.	

	SM	Action
03.1	**Minutes of Meeting** The minutes were agreed as an accurate record with the following amendment: P9: STW talked about ambition, not momentum.	
03.2	**Action Log** The action log was updated	
03.3	**Matters Arising** There was further discussion about the use of Clindamycin. PB said the rationale for usage of Clindamycin is appropriate due to BNSSG's sensitivity rate compared with other areas of the country. MR assured that Clindamycin usage is on the agenda of the Area Prescribing Medicines Optimisation Committee (APMOC) as an item for regular review.	
04	**Chair's Introduction** AM asked if there were any matters of concern not on today's agenda.	
05	**Risks and Mitigations**	
05	**05.1 Corporate Risk Register** SC was welcomed to the meeting to present this item. Some risks formerly rated over 20 have had their risks reduced, including the Cancer Risk. A risk has been added about poor data quality at Weston Area Health Trust. The risk has been adopted for review by the Clinical Executive Committee. RS asked that this be corrected from Weston Area Health Trust, to the Weston Division of UHBW. Two risks have been added by the Transformation Directorate, which are being worked through to see if they coordinate with existing risks. The risk relating to mobilisation of community contracts has been reduced and removed from the Corporate Risk Register. It was noted that some risks are updated outside of the reporting cycle, and new risks come to all committees for consideration if they should own that risk.	

	SM	Action
	ACTION: LM to share schedule of Deep Dives planned for Clinical Executive, and for these papers to be brought to Quality Committee to share actions arising PB said the two cancer risks are complementary; one is specifically about cancer referral delays, and the other about cancer inequalities, which affects every element of the cancer pathway. It was agreed to have a deep dive into Cancer in May. **ACTION: Cancer Deep Dive to be added to the Quality Committee forward planner for May.** NK asked if the inequalities risk should be broadened to encompass all surgical patients. PB said the decision was made some time ago that cancer is a key area to focus the inequalities lens as a proxy for other areas. Lung Cancer has been identified as a key area within this. AM said it would be helpful to see the impact of that focus in future performance reports.	**LM** **FM**
	05.2 Governing Body Assurance Framework RS updated on LD and Funded Healthcare. There has been no change to LD. Some elements of the Funded Healthcare risk have reduced, but there is a slight change of demand, which may impact on delivery performance metrics. The Executive Team has been reviewing risks and principle objectives for 2021/22. This will be discussed at the next Governing Body Seminar. AM noted the Mental Health risk rating of 16 and asked if this is reviewed regularly. SC said a paper is to be presented to Governing Body on crisis response work in Mental Health, flagging the positive actions in place. The risk is reviewed regularly. LM said there has been an increase in IAPT activity, with additional referrals in excess of 250 per month over the commissioned rate. This is starting to reduce. Crisis pathways are being reviewed to understand the eventual impact. There is also an increase in requests for children's Mental Health services, which is being reviewed to identify if it is related to lockdown. AM asked if there had been an uplift in ED presentations with self-harm and NK asked if there were any issues with children's Mental Health in the acute trusts. LM said there is a national shortage of children's eating disorder beds. There have been delays through the Section 136 suite, meaning people are presenting in ED as a place of safety, and a crisis team is in place to assist. An increase in issues is anticipated now that schools are back.	

	SM	Action
06	**Items for Discussion**	
06.1	**Covid-19 update – current system escalation level and associated risk** The number of COVID-19 patients is slowly decreasing, and there is now a transition back to business as usual. There are still small numbers of outbreaks in residential care homes and ward units. There has been learning in terms of IPC arrangements and management of outbreaks going forward. The mass vaccination programme is working through Cohort 9, and also running clinics in Ashton Gate for people with LD and ensuring they are offered suitable appointments. Clinics have been run for 16-18 year olds, healthcare students, and other vulnerable groups. There has been good cohort penetration, and in mobilising hard to reach communities, including a session at Southmead Mosque last weekend, resulting in over 700 people vaccinated. There remain challenges in BAME staff groups. A SOP is in place, meaning that patients are contacted three times for vaccination, after which they are contacted by health coaches who can book the appointment for them. Work has been carried out with Local Authorities on the impact of variants. Surge testing in Bristol and South Gloucestershire for the original variant showed low positivity rates. Surge testing in South Gloucestershire for the "Brazil" variant identified further infections. The possibility of further variants has been recognised in planning for a potential third wave. AM asked if there is still a reduced bed base in BNSSG. LM said there has always been a high use of the independent sector, who are currently running around 85% of elective throughput. Planning guidance is to be published today for the recovery trajectory, and there is a significant number of patients awaiting treatment. We are still in Winter, so whilst COVID-19 activity may be reducing, other respiratory infections and winter pressures will continue for the next few weeks. NBT have been able to maintain their fill rate for shifts based on bank and existing staff, but UHBW are reliant on bank and agency to fill shifts. MR asked to note the helpfulness of Sirona staff with the surge testing. AM added Sirona have also supported the mass vaccination programme and the completion of LeDeR reviews. Staff decompression and tiredness is affecting not only the acute sector, but all areas of the workforce. This level of tiredness may cause staff sickness. NK said he is working on prioritisation of P4 patients in Devon, and would be happy to share these plans with LM.	

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	ACTION: NK to share work in Devon on prioritisation of P4 patients with LM PB said recovery will need to be managed to ensure that people are prioritised who will benefit most and are of greatest need. A workshop is to be held at Clinical Cabinet with a focus on shared and informed decision making, which will provide people with the skills and knowledge this. Health Inequalities have also been discussed at Clinical Cabinet. A proposal was put forward to introduce an LD flag for people with LD, at the point of referral, to aid the assessment process and to make sure they don't drop off due to a failure to attend appointments, through no fault of their own. AM asked how this recovery approach will be seen in the performance reports. LM said an action from Silver Cell this morning was to review the access policy from a health inequalities perspective, with possibly a different policy for those with the LD flag. More granular information needs to be included in performance reports, with clear trajectories for recovery. PB said a similar approach could be taken to that with mass- and flu vaccinations, whereby the population is stratified by a number of categories, to show the penetration and uptake rate. STW commended the mass vaccination outreach work in accessing hard to reach communities. This hard work will help drive access forward more effectively in the future. LM added that the homeless health service went out to meet with rough sleepers who would not otherwise have attended, and it would be good to pass back formal thanks. **ACTION: PB to send NK an invite to the Clinical Cabinet workshop**	**NK** **PB**
06.2	**Clinical prioritisation process** Item deferred until after the Clinical Cabinet meeting discussed above.	
06.3	**Provider Covid-19 updates** MR presented this report which highlighted some of the achievements and ongoing work in the IPC strategic cell and the tactical team. The Quality team are working with providers to ensure specific learning is identified from each nosocomial Serious Incident. This is due to be completed in April. Ongoing day to day IPC tactical support to the community for outbreak management support, training and education will transfer to Sirona. Funding has been received from Local Authorities for the next year with matched	

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	funding from the CCG, giving two years to create a community IPC team to take on the tactical IPC work both on COVID-19 and other infections. One of the biggest risks is that IPC professionals are rare, and part of the model is to build up the existing Sirona IPC team with training. A new iteration of the Board Assurance Framework came out last month. NHSE/I have told providers this is not compulsory to complete, however MR has recommended that providers should be asked to complete this, with an update to Quality Committee in May or June. RS added that the IPC Strategic Cell meeting on Monday will review the QIA prepared by UHBW on bed spacing and Covid pathways, which will include the impact of full compliance with 2m bed spacing. NK commented that the community IPC team development is a positive step. MR said the "grow within" model will be important as other trusts have struggled to recruit trained IPC staff. AM said the report shows a very effective approach, and asked for future reports to also reflect on what could have been done differently. AM asked how duty of candour is being approached for nosocomial infections. MR said a plan is in place to meet with each provider, to go through these in detail an identify which are definite associated deaths, and which are indeterminate but still have additional learning, SM added that guidance was issued last year on Duty of Candour. She has shared the process she had in place in her previous trust with UHBW, and they are working to put this in place. RS said the guidance to trusts was unclear, and the data not easy to see. She suggested inviting a medical examiner to the Quality Surveillance Group to discuss their perspective, and provide guidance on how the review should happen. This will then be brought back to Quality Committee alongside the overview of deaths, to look at themes across the Trusts including the pattern of deaths against main surges and outbreaks. AM said this report should include assurance of provider communications to patients and relatives. LM said that the EPRR ICC team has collated a chronology of guidance, to provide assurance that any actions taken during COVID were according to the guidance in place at that point.	

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06.4	**BNSSG Mass Vaccination Quality Governance Framework** JY presented this paper. The Equality Impact Assessment and Quality Impact Assessments will be shared with the Committee once a final draft has been agreed. The report included the latest highlight report from NBT, showing common incidents, and some opportunities that the mass vaccination programme is affording, such as domestic abuse safeguarding. The clinically vulnerable clinics have been particularly successful. One of the incidents reported by NBT was an unexpected death. This was not suspected to be as a result of the vaccine, but was someone who passed away from COVID 19 and had recently had a vaccine. STW noted that the figures for UHBW gave a sense that 5/6 patients had no harm, but there was no sense of impact for other providers. MR said he would feed this back to NBT as the coordinator for this. It was agreed that this report should return to the committee quarterly. **ACTION: Mass Vaccination Quality Governance Framework to be added to the forward planner as a quarterly item**	**FM**
06.5.1	**Quality Report** MR presented the report. STW noted that the number of ambulance handover delays for North Bristol is the total over 60 minutes, but the number or UHBW was the total over 30 minutes. She asked if future reports could show consistency. MR said that the plan for future reports is to look at themes, rather than having separate slides for providers, to better articulate risks and learning assurance. STW said theme-based reports will fit better with a more integrated approach. RS said the quality report will be reviewed in line with ICS system governance going forward, working with LM's team to produce an integrated Quality and Performance report rather than reporting separately. This will be an iterative process over the next 3-6 months. There is also work to redact some detail before going to Governing Body. AM asked about monitoring of over 8 hour wait times and 12 hour breaches. LM said the daily data monitoring on Beautiful Information measures how many patients are in ED, how long they wait for treatment, and how long for	

	SM	Action
	admission. RS has spoken to Deirdre Fowler and Ben Roe, Quality Manager, NHSE, about Weston trolley breaches, as some of these are patients who were bedded in an ED interface ward overnight, but are listed as breaches because they have not technically been admitted. AM asked what the position is for people with mental health issues who present at ED with no decision to admit. LM said these patients may have presented at ED as a place of safety, at which point they will be escalated to the mental health trust. This data is being monitored on a daily basis. AM noted a report has come out showing that AWP give the highest amount of ECT in the country, and whether this would give concern about provider pathways. MR said that AWP have two accredited ECT clinics which may explain the higher numbers. PB said care needs to be taken not to make an assumption that high ECT rates are bad and the reasons for the treatments need to be understood. **ACTION: MR to review ECT rates at AWP and report back to the Committee** AM asked what progress had been made on a single electronic record system. LM said this is expected to be fully rolled out in the early part of next year. The main concern is ensuring a smooth transition from paper records to electronic.	**MR**
06.5.2	**Performance Report** LM presented the report. A core challenge in ED has been the number of over 60 minute ambulance delays, which then impacts on SWAST performance. AM asked if there was confidence in the quality of communications being sent out to patients who are waiting for care by organisations, and that there is capacity to respond to queries. LM said that there is capacity to respond, and at present the level of queries is lower due to lockdown. The challenge will arise as we come out of lockdown. P4 patients and those still awaiting outpatient appointments will be a core challenge. There is confidence that P3 patients are being reviewed and clinically assessed. AM asked what harm reviews were being undertaken for patients with long waits, noting this will be a significant number of people. LM said harm reviews are being undertaken and prioritised for P2 cancer patients, with a focus on those who have waited 104 days for treatment. MR added that if there is anything arising from these harm reviews which suggests a need for more investigation, normal governance process will be followed. Both UHBW and	

	SM	Action
	NBT review their lists regularly to ensure they are prioritising appropriately. NK said that while assessing P2 cancer patients is important, it is equally important not to lose sight of the many P4 patients with worsening co-morbidities and worsening quality of life. LM said part of the challenge is to balance targeting undertaking of harm reviews versus clinical work. AM asked for a position statement to be presented to a future Quality Committee, giving written confirmation of the approach BNSSG is taking to understand harm reviews. **ACTION: MR to present a paper to a future Quality Committee on the BNSSG position on harm reviews.** MR said that one of the themes featuring in future Quality Reports will be harm reviews. STW asked if the people previously not being referred were now in the system, or if we should expect figures to increase. LM said that across the South West there have been fewer referrals than expected. During the mass vaccination programme it has been important to assure the public that GPs are carrying out business as usual work in primary care. PB said that communications to the public was flagged at a recent Clinical Cabinet meeting. The Planned Care team have a programme on waiting list management, which includes communication with patients.	**MR**
06.6	**Quality Surveillance Group update** Sandra Muffett presented. There was a positive meeting, focussing on learning from Serious Incidents and Never Events, and discussing the different approaches by providers. The appendices for the report were unfortunately not included with papers for this meeting, and were to be shared by email following the meeting. NK said he would be interested to know more about the Patient Safety Incident Reporting Framework (PSIRF) and whether it was applicable only to the NHS or if it could be used for other organisations. MR responded currently PSIRF is only applicable to early adopters in the NHS, but there is a vision to roll out the principles across the whole system going forward.	

	SM	Action
	AM asked if there was any intelligence from recent staff survey results which described providers' culture about incident reporting. Neither SM or MR had received anything. RS said this is being discussed at Weston General Hospital. **ACTION: SM to report back on staff survey results descriptions of providers' culture about incident reporting**	**SM**
06.7	**Safeguarding Children and Adults Quarter 3 Report** FK was welcomed to present this report. There is an emerging trend of concealed pregnancies, with five incidents in quick succession. Two rapid reviews have been held, and a meeting is planned for April. Conversations have been held at local and national level, and the Midlands is the only area seeing a similar trend. The Safeguarding team continue to check with regional and national colleagues on a monthly basis to identify any trends. There is a mixed picture of training compliance in providers. FK is planning to speak to commissioners about remedial action plans and a realistic trajectory. CCG training compliance is at 77-78%, and FK has provided an update for inclusion in the line manager's bulletin to encourage compliance. There has been an increase in voluntary sector reports of Domestic Abuse. A Webinar is planned in April on Domestic Abuse. The next quarterly report will be slightly redesigned, with a dedicated section on Quarter 4 Data, and will focus on what is having an impact on the most vulnerable in our community. AM asked if FK could also include reflections from her first few months in the role, as a fresh pair of eyes. It was agreed to alter the timing of the report, to bring in future an all-ages safeguarding report covering adults, children and LAC, and focus on the impact of safeguarding activity.	
06.8	**Oliver McGowan Action Plan update** The Oliver McGowan Action Plan was reviewed before onward submission to Governing Body.	

	SM	Action
07	**Items for Information** **07.1 Minutes: LeDeR Steering Group** **07.2 Minutes: Safeguarding Governance Group** Minutes noted for information	
08	**New Risks Identified**	
09	**Any Other Business** No further business was raised.	

10	**Review of Committee Effectiveness**
	
	Agreed it was a good meeting.
	
	• 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
	• 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
	
	This was an action-orientated meeting with good discussion and high interest in all items.	

06.7	**Date of next meeting:** Thursday 22 April 2021 0900-1230	

Freda Morgan
Executive PA
22 March 2021