Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Quality Committee

Minutes of the meeting held on 19 November 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
Martin Jones (part)	Medical Director, Commissioning & Primary Care	MJ
Lisa Manson	Director of Commissioning	LM
Ben Burrows (part)	Clinical Lead GP	BB
In attendance		
Michael Richardson	Deputy Director of Nursing & Quality	MR
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Sarah Carr	Corporate Secretary	SC
James Bayliss	Lead Quality & HCAI Manager	JB
Liz Jonas	Interface Pharmacist	LJ
Adwoa Webber	Head of Clinical Effectiveness	AW
Beverley Haworth (part)	Models of Care Development Lead	BH
Mark Hemmings (part)	Head of Children's Transformation (SEND)	MH
Vicky Daniell (part)	Customer Services Manager	VD
Heidi Buck	Quality Systems & Surveillance Manager	HB
Denise Moorhouse	Associate Director of Nursing & Quality (Funded Healthcare)	DM
Charlie Kenward (part)	Clinical Lead for Research & Improvement	CK
Freda Morgan (Notes)	Executive PA to Director of Nursing & Quality	FM

	Item	**Action**
01	**Welcome and Introductions** AM welcomed everyone to the meeting and apologies were noted as above. AW and DM were welcomed as participant observers. It was noted this will be MJ's last meeting.	
02	**Declarations of Interest** STW is chair of Open Storytellers, part of BILD, which will be delivering the Oliver McGowan mandatory training, part of which included a meeting with	

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	Oliver's mother to record her story. STW was not directly involved in this meeting. AW's partner is Partner at a GP practice in BNSSG, and the Clinical Director of a Primary Care Network.	
03.1	**Minutes of September 2020 Meeting** The minutes were agreed as an accurate record. There was a suggestion that the next meeting should have a major focus on the safety, effectiveness and experience of services during COVID-19, and members agreed this was covered by the papers on today's agenda.	
03.2	**Action Log** The action log was discussed and updated. Attendees were reminded that attendance at meetings was not sufficient assurance but that the information gained as assurance or actions delivered needed to be noted in the action log.	
03.3	**Matters Arising** None arising	
04	**Chair's Introduction** AM noted a HSJ headline stating staffing levels at UHBW are outside national guidance, and asked if this was an issue of concern. RS has received confirmation from Carolyn Mills, Chief Nurse at UHBW that a documented SOP is in place on staffing levels, and communications shared with staff to thank them for stepping up during the pandemic. This has also been shared with Ruth May, Chief Nursing Officer for England.	
05	**Risks and Mitigations**	
05.1	**Corporate Risk Register** An outcome of internal audit is the recommendation that sub-committees have a focus on the risks that sit with them. Allocations of key corporate risks have been discussed at the Executive Team Meeting and risks will be aligned to the relevant committee and to the respective SROs.	

	Item	Action
	AM asked for more detail on progress and actions to reduce health inequalities in each of the risk areas. LM said it may be challenging to quantify outcomes in some risks, for example health inequalities in cancer can be due to people not presenting, which is a separate risk. SC confirmed executive owners have been asked to consider the implications of risk around health inequalities, and what actions can be taken to minimise these. SC asked if the risk score for the failure to recover A&E Performance had increased over the past couple of weeks due to COVID-19. LM said the biggest concern in ED is handover delays. She suggested the risk be revised to reflect current pressures. **ACTION: LM to revise description of the risk of failure to recover A&E Performance, prior to December Governing Body** Discussions are ongoing about the validity of the SWASFT risk rating. SWASFT have been asked to provide system level data, so that each system can understand their specific risk and mitigation. This data has been received, and James Bayliss will triangulate the call stacking risk in BNSSG, against Serious Incidents (SIs) received. Once the data has been analysed, a further discussion may be needed with SWASFT through the contracting and quality process. MRSA cases have reduced from 22 to 15 so far compared to the previous calendar year. The business case for the use of chlorhexidine wipes is anticipated to be ready next month. A pathology delay in supply of critical tests has been added as a new risk. The delays were due to Roche reagents not being available, and a request to prioritise essential and urgent secondary care and GP tests This resulted in a disruption to routine monitoring. This was a national issue. This was a temporary risk and the supply chain has now been restored. The committee agreed this risk can be removed.	**LM**
06.2	**Governing Body Assurance Framework (GBAF)** The GBAF is currently being reviewed by the Executive Team to ensure the risks are described correctly, with appropriate mitigations in place.	

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	The Clinical Executive Committee has commenced a programme of deep dives, with the December meeting to focus on Mental Health. SC asked if members would like to follow a similar programme. The committee agreed to align deep dives with the Clinical Executive Committee, with the caveat that the Quality Committee be also able to suggest priority risks for focus. **ACTION: Quality Committee Agenda Setting meetings to ensure GBAF deep dive topics aligned to Clinical Executive** AM noted there have been few updates to the GBAF since September. SC explained the GBAF is to be reviewed on a monthly basis at the Executive Team Meeting, which will result in more regular updates. RS is meeting with Victoria Bleazard (Head of Mental Health and Learning Disabilities) to review the LD risk, as this is currently more focused on LeDeR rather than the wider LD and autism improvement programme, and will be meeting with DM to review the Funded Care risks	**RS**
06	**Items for Discussion**	
06.1	**COVID-19 Update** An update was provided on the number of COVID-19 patients. A number of wards have changed from Green to Blue, resulting in cancellation of P3 and P4 activity in acute hospitals, and mutual aid is being actively sought on elective work. As much planned activity as possible is being maintained. Discharge from hospital is being optimised, and support requested from the population to support people at home where possible. Lateral Flow Testing is being introduced for front line workers, targeted to sites with a nosocomial infection rate. This is being rolled out across all NHS providers, starting with acute providers and dependent on stock availability. There have been a number of outbreaks across providers both acute and community, resulting in beds being closed. MR has worked with Directors of Public Health to ensure each nursing home affected has a phased reopening plan to ensure flow and support. The system has agreed a three phase COVID Escalation Framework. A formal SBAR process to move into each phase has been agreed at Silver Command. MJ reported the Risk Committee was well attended by all organisations. Kathy Ryan (BrisDoc) has created a system group to look at longer term risk. The Risk Committee will focus on shorter term risks, and will meet on a	

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	weekly basis at present. RS reported that system Chief Nurses were asked to look at the potential to open the Nightingale Hospital for an alternative use. They will be reporting to Gold Command next week. NK asked if it would be possible to reduce bed numbers in the Nightingale so that another use could be made of this facility. RS said this would need significant financial investment which would need to be balanced against the length of lease of the site. MR reported there have been a number of care settings classified as outbreaks due to staff testing, but which have not had onward transmission. This is in part due to good IPC support and practice. NK asked if there is assurance or oversight of social distancing and staff behaviour in the acute trusts, with regard to the spread of infection. MR said the CCG IPC team has attended IPC meetings at the Trusts and provided advice. RS said Chief Nurses are sighted on this, and have received feedback that good outbreak control measures are being taken. The regional IPC team have offered to visit and monitor. NBT has taken up this offer, and Sally Matravers' team is working with UHBW. The BNSSG IPC team are focusing on community care providers, and have carried out a series of assessments to ensure practice is current and up to date. NK asked if there were plans to continue some elective work, to avoid harm. LM said the intention is to maintain P1 and P2 activity within acute sites. Elective mutual aid for P3 and P4 activity is being discussed with RUH Bath and Bath & North East Somerset, Swindon and Wiltshire CCG. AM asked if there was modelling of the COVID-19 trajectory to indicate an expected peak. LM said that modelling based on testing data from all three local authorities and hospital admissions, indicates an expected community peak next week, with a lag to hit secondary care in two weeks' time. This is expected to then plateau until the effects of lockdown are apparent. AM said there had been discussion at Governing Body on how things could potentially be done differently with a system leadership point of view in relation of restoration of services and asked LM for the output of her meeting on Thursday. LM said there are plans to enable elective pathways to be maintained in each area. Some are already centralised and have alignment. Each individual speciality is being worked through in turn; however delivery is rather fragmented, as the people to work on this are also managing hospitals.	

	Item	Action
	AM asked if there was a willingness amongst provider partners to think of a different way to provide care across the BNSSG footprint. PB said there is an increasing move towards complete system working.	
06.2.1	**Quality Report** Pressures remain across the system. Both acute trusts are providing samples of harm reviews for the CCG Quality team to review for quality assurance. The Quality Surveillance Group on 10 December will have a focus on learning from nosocomial infection including the Weston outbreak. Harm reviews have been requested in relation to 12 hour trolley breaches. UHBW have reported a fifth Never Event. A report was submitted yesterday to NHSE/I to give assurance that providers are on track to complete the staff flu programme in time to commence COVID-19 vaccinations. Both acute providers have agreed to joint quality assurance meetings with the CCG to enable better system learning, looking at issues by exception and work together to deliver the new Patient Safety Incident Reporting Framework (PSRF). RS has been assured by the Chief Nurse at UHBW that there have been no harm events in relation to someone not having VTE assessment, and UHBW are working on meeting VTE compliance. AM questioned that the Executive Summary refers to one further Never Event on page 1, but two on page 2. RS confirmed there has been one Never Event. This will be updated in the report for Governing Body. AM asked if there was an issue leading to the Sirona Quarter 2 report being outstanding. RS said the report is due this week, and will be discussed at the Sirona Quality Meeting on Friday 20 November. This will be updated in the report to Governing Body. AM expressed concern over the C.Diff figures, noting the Clindamycin discussions are ongoing. AM requested more focus on learning on the SI slide. She noted there is a downward trend in Sirona's completion of RCAs in 16 days. AM praised the focus on Flu uptake. She noted there is encouragement for	

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	local authorities to get care home staff to take up flu vaccinations. MR said this is considered a system responsibility as well as a local authority responsibility, and work is ongoing for local authority care homes and domiciliary care staff. STW noted UHBW's aspiration is to reach target by February 2021, which is towards the end of the flu season. She asked if there should be more pressure on providers to meet tighter targets. RS said providers are being strongly encouraged to get vaccination rates to target level by December. MR added that a letter from NHSE/I was sent to all providers on Monday to encourage completion of the flu vaccination programme by December. HB said that as the Quality Report is based on data available three weeks ago, improvements in the system are not reflected in this report. The report will be updated with more recent data for Governing Body. STW requested clarification on each slide where the data is from, to give a sense of progress. HB said she would ensure this is clearer in future reports. PB asked if there was a reason the two acute providers had set themselves different targets for flu vaccination, and questioned whether better alignment should be encouraged. **ACTION: MR to speak to MJ and the Flu Vaccination group to ascertain why the two acute providers have different targets for flu vaccination.**	**MR**
06.2.1b	**Performance Report** This report relates to September, as data is still being validated. Pressures remain in ED. The 52ww position increased in September. Phase 3 modelling has been worked through to put in additional waiting list initiatives and diagnostics to address this. AM asked when the Adopt and Adapt programme would start to show an effect. LM confirmed the effects will be seen in data from the end of October or beginning of November. AM noted a large drop in 2ww performance at UHBW, and asked if there was a reason for this. LM had no detail on this, but estimated this would be a combination of staffing resources and the ability to bring in patients.	

	Item	Action
	ACTION: LM to clarify the reason for the large drop in 2ww performance at UHBW	**LM**
06.3	**Independent Review – Oliver McGowan** In the three years since Oliver's death, there have been a lot of changes in the way LeDeR reviews are conducted, and there has been a step change in practice across the system. NBT have shown particularly strong progress including the development of the Community Learning Disability in-reach service, supporting the teams at NBT to effectively support people with Learning Disabilities and/or Autism. RS stated that the CCG accepted all recommendations and would be working with system partners to ensure they are implemented. Further work is needed with system partners to support young people and their families as they transition from children's services to adult services, and to make it easier for people in our community to use care systems and have effective advocacy. RS has met with Julia Ross and Ray James to look at the care model and care navigation for more vulnerable people. There needs to be understanding that Learning Disabilities and Autism are different conditions with different adjustments needed, and care needs to be provided according to individual needs. Governance has been significantly improved, but there is still room for improvement. Suggestions were made at this morning's LeDeR Steering Group. RS said she believed we can positively respond and 80% of the recommendations are already completed, but we still need to ensure there is evidence that these actions are complete and underpinned, and assurance will be shared at LeDeR Steering Group and Governing Body. Four actions from the first review remain as partially complete. There is an action plan from the second LeDeR review which is being populated and will be presented to Governing Body in January. One of the key pieces of learning from this review is in relation to safeguarding. In Oliver's case, there were opportunities that should have been taken to undertake best interest assessments, as he did not have capacity at the time that he was receiving treatment in ITU. Another key theme is effective and integrated care and support plan which should include detail of what the service user would want if they are in crisis, including forms of restraint where relevant.	

	Item	Action
	Robust action plans are needed and we need to take this opportunity to reflect on learning from Oliver's death and consider the depth of learning needed as a system to improve the quality of service for people with Learning Disabilities and Autism. At this morning's LeDeR Steering Group, there was discussion on how early triage could be improved following reports of death, to understand if there is early learning and whether a Serious Incident review should be undertaken rather than a LeDeR Review, ensuring governance processes remain fit for process. It was also suggested that by doing regular audits and undertaking this on a peer review basis with another CCG. Further work will also be undertaken to ensure that the voice of the family is heard and that their concerns have been fully answered. An updated action plan will be brought back to the December LeDeR Steering Group meeting with evidence of compliance and then taken on to January Governing Body. AM said that this morning's LeDeR Steering Group gave a sense that everyone was committed to improvements as a system, rather than seeing this as solely an NBT or commissioner issue. STW said she would like more understanding of how the action plans are to be developed. She also asked if there was the ability to use work that has already been done across the system on transitions. RS said that there is a need to differentiate between what is learning for LeDeR and what needs to be taken into the Learning Disabilities & Autism programme. Jo Walker is SRO for LDA, supported by Liz Williams and Hugh Evans. RS has discussed this report with Jo Walker, and they will ensure the action plans have tight and clear deadlines. STW said she understood the family had requested an SI review and not a LeDeR review, and asked if there was assurance we would not get this wrong again. RS said there is now a clearer screening process, but this is to be reviewed and tightened up. More care is taken over a complex case such as this, and LLP now screens all reports to ensure they are assigned to an appropriate experienced reviewer. RS said there is a need to ensure the triage screening for LeDeR is reflective of a broader model. The wider care model piece needs to go back to the system care plan about how a model of care is developed to reflect	

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	the needs of the population, and is distinct between Learning Disabilities, Autism and Mental Health. STW said there was a question in the report about professional standards, but no clear recommendations. She asked how this was to be addressed. RS said that these were recommendations for NHSE and there is need for reflection on this, to take into account professional standards for different parts of the system and ensuring a consistent approach to care. AM said the focus over the past few months quite reasonably has been LeDeR, which reviews care once someone has died. It is important to have a link with the programme board, which sets out standards and improvement ambitions before someone dies, and there is a need to clarify the remit of the LeDeR review, and feed into the LDA Programme board. LM asked how assurance is being obtained that NBT are sustaining the actions, how this is to be followed up through the contractual process, and if there was to be ongoing assurance that other members of the LeDeR steering group have embedded learning in their organisations. RS said we have received assurance that the majority of actions from the first review have been delivered, but this needs to be triangulated to include families and service users. This will sit in the ICS Governance Plan. LLP said a contract schedule was drawn up in March, but has been on hold due to COVID-19. LLP attends steering groups at NBT and UHBW. She reported learning and change at NBT. LM said that due to national contract changes, the 19/20 contracts are extant for 2020/21. She said she would expect to see changes coming through in terms of behaviour. The committee was asked to receive the report and the current action plans, on the basis that these are very early and will be tested repeatedly through the LeDeR steering group, particularly in relation to the LeDeR review process, and further updates will be brought to Quality Committee. The MAR action plan will be worked through with system partners, and presented back to the Committee in January 2021.	
06.4	**Health Inequalities** AW asked for members' views on the approach to gaining assurance for the phase 3 health inequalities action plan, whether they would want to be assured on any of the medium and long term plans that are emerging, and	

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	how the Quality Committee would be able to support the CCG and system to reduce health inequalities. PB is the named Executive board member for health inequalities. AW asked the Committee for assurance that if risks are escalated, members will be used to help mitigate. STW asked how changes will be measured to provide assurance that the work being done will deliver to this. AW said there were suggestions at a Governing Body seminar in August on how the CCG could move to a position where people were writing papers with confidence, for example, setting up projects specifically to address health inequalities, and encouraging people to consider the Equality Impact Assessment (EIA) at the beginning of a project rather than at the end. AW has suggested using a PHE tool with prompt questions to enable this. NK asked if we have a good enough data set to quantify inequalities. AW said that there is some information available, for example analysis on deprivation is available by postcode. Her understanding is that ethnicity coding is better in provider trusts. She would encourage starting now with what is available, rather than waiting for a perfect set of data. NK questioned whether this committee should take an overview of inequalities, or overseeing the impact assessment, which, if done early enough, should cover health inequalities. AM said the Quality Committee has some relationship with most of the actions for implementing Phase 3. CK said we know the top level of population and health management data, and are now able to start looking more closely into things like the difference in waiting list times, which underpin structural inequality. AM asked if the link was strong enough between the work CK and AW are doing, and what the CCG Commissioning teams are doing in terms of restoring services. PB said this work will enable people to develop the habit of thinking about health inequalities, and change behaviours. DM said this will be used to help map the Fast Track service and see where there are gaps in provision.	

	Item	Action
	LLP said there is awareness that BAME communities are not well represented in LeDeR, and community leaders have been asked for representation at the Steering Group, but have asked to share stories rather than join committees AM said there are tangible things that should be in place to make outcomes better for people. For example in maternity services there needs to be a focus on funding and ensuring the right amount of resource for continuity of carer as the evidence is that this will support the reduction of inequalities. PB said health inequalities is to be presented to the Healthier Together Planning and Oversight Group on a regular basis, and suggested bringing a similar report to Quality Committee to provide assurance. AW said that NHSE/I have said clearly that they expect local systems to adapt and will be developing some key metrics that all NHS organisations should adhere to in internal performance reports. AW has spoken to Sarah Truelove, Chris Davies and Niall Prosser to alert them that this will need to be incorporated. The support of Quality Committee will come when someone is writing a paper. The Quality Committee has a role in gaining assurance on delivery. The risk implications in the report were based on discussions held with programme managers. STW said it has to be our inherent desire to make a difference to disadvantaged people in the way we deliver health, which is a huge organisational culture shift. AW asked the committee if they would agree to receive the same report as SDOG, and on the same frequency – currently monthly until the end of March, when the frequency will be reviewed. AW will then be able to play the role of Quality Committee into some of the work people are doing to progress the actions. PB said one of the real challenges is to avoid having a separate performance report and health inequalities report in the long term, and move towards performance being underpinned by the variation within health inequalities. The committee agreed to support this proposal.	

	Item	Action
06.5	**Vulnerable Patients Summary** The paper was presented by Beverley Howarth and Charlie Kenward. There has been a request from NHSE/I to prioritise based on groups who suffer inequalities, such as: those who live in deprived areas, BAME populate, sensitive to age as a risk factor and people at highest clinical risk. These groups are large in number, and have been broken down in terms of those people at high risk, and type of work which relate to high risk patients. The group with the biggest gap in life expectancy is people with Learning Disabilities and Autism, who have similarly poor outcomes to people with mental illness. A multi-factorial risk scoring model is being used, based on evidence which has come out through the pandemic, and taking into account various factors including ethnicity, age and deprivation. Age is a significant risk factor, and while the elderly are high risk, they may not be the people who will see the biggest benefit from an intervention, therefore one list was drawn up with age included, and one with age excluded. Practices have been asked to look at ten patients from each list, and feedback on the face validity of these groups, and whether these patients had been identified in their own prioritisation exercise. STW said this was an interesting report. She noted this report focused on guidance for GPs, and there may be different prioritisation in different areas. She asked how this could be approached from a system perspective, and if there was a pathway from this pilot to something else. CK said primary care networks were considered the best place to carry out this pilot, in part due to data sharing rules meaning it is not possible to give lists to a voluntary area. BH said that there is an aim to work to similar methodology where possible. NK praised the work so far. He agreed this should be presented to Governing Body. AM said that by March, we will have entered Phase 4. The recommendations focused particularly on Phase 3 but will remain relevant. The committee was assured on the approach and that requirements set out the Phase 3 letter were satisfied.	

	Item	Action
06.6	**SEND Quarterly Report** The report was received and the update noted MH added that he sits on a regional autism diagnosis improvement committee and will be happy to provide updates from that committee as required.	
06.7	**Customer Services and Complaints Q2 Report** VD was thanked for an excellent report. PB noted that VD had been unable to get information from the EFR team, and asked if EFR complaints were improving or getting worse. VD said she was not able to confirm. The Customer Services Team try to keep an overview. The main theme had been fertility, and a review of that policy has been requested. The nature of EFR work means there are more likely to be complaints. LM confirmed that the majority of EFR complaints she had received related to fertility. This is a challenging topic, as although the CCG is adhering to a commissioning policy, it is difficult for individuals who are receiving a negative response. AM asked if future reports could include information on the population raising complaints or concerns, in terms of where they live and if they have any protected characteristics. VD said this is being worked on with the Comms team, currently working on feedback from patients after they have been through the process, however she has heard from other CCGs that the response rate for these surveys is low. Equality monitoring is not currently collected, but VD is speaking with Sharon Woma regarding equality and diversity and asking what can be done with the information that is received.	
06.8	**HCAI Annual Report** AM asked JB to clarify the “nil” update on the cover paper for equality and diversity. JB explained there was nothing to add to what is already known; that MRSA affects a particularly disadvantaged group.	

	Item	Action
	JB was asked to include more information in the Quarterly Report, due in December, on the 45% of MRSA cases from people who are not associated with drug use and to include an explanation as to why South Gloucestershire figures on C.Diff appear to be high considering their population size.	
07	**Items for Information**	
07.1	**Minutes: LeDeR Steering Group** Item noted	
08	**New Risks Identified** None identified	
09	**Any Other Business** It was noted this is MJ's last meeting, and AM thanked him on behalf of the committee for his contribution since the forming of BNSSG CCG, and many years before.	

10	**Review of Committee Effectiveness**
	
	• Did the meeting run to time? YES – there were good and effective discussions and it was difficult to keep these within time.
	• 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	

	Date of next meeting: Thursday 17 December 2020, 1300-1600	

Freda Morgan
Executive PA
18 November 2020