

BNSSG CCG Quality Committee

Minutes of the telecon held on Thursday 26 March, 09.00 – 10.30

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AM
Rosi Shepherd	Executive Director of Nursing & Quality	RS
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Nick Kennedy	Independent Secondary Care Doctor	NK
Peter Brindle (part)	Medical Director, Clinical Effectiveness	PB
Apologies		
Lisa Manson	Director of Commissioning	LM
Martin Jones	Medical Director, Commissioning & Primary Care	MJ
In attendance		
Lesley Le-Pine	Interim Quality lead Manager	LLP
Sarah Carr (item 5 only)	Corporate Secretary	SC
Freda Morgan (notes)	Executive PA	FM

	Item	Action
01	<p>Introduction</p> <p>In recognition of the system impact of Covid-19, the meeting has been streamlined and focussed on the items in section 6.</p> <p>Any comments on items under section 7 are to be sent to Freda Morgan by close of play, Friday 3 April.</p> <p>NHSE return and Quality Schedule are to be forwarded separately post-meeting.</p> <p>Minutes of last meeting:</p> <ul style="list-style-type: none"> The minutes were agreed as an accurate record. Action log updated as attached. AM asked if there were additional concerns not already to be covered in today's meeting. None were identified. 	

	Item	Action
02	<p>Apologies:</p> <p>Lisa Manson, Director of Commissioning Martin Jones, Medical Director (Primary Care & Commissioning)</p>	
03	<p>Declarations of interest: None raised</p>	
04	<p>Corporate Risk Register</p> <p>AM noted it was appropriate to see the increased risk around Covid-19 added to the Corporate Risk Register. She reflected that the risk register was a snapshot in time and may not be up to date due to the rapidly changing context. AM noted that the current risks are the impact on the Communications team and also that the CCG is unable to deliver its planned outcomes due to system demand.</p> <p>AM asked if there were other more specific risks not reflected in the current risks related to COVID-19 on the risk register, the second of these risks is very broad. Delegates discussed some of the more specific risks to the system, workforce and community caused by COVID-19. RS advised that the Executive Team are reviewing the CCG activity and defining those which are deemed business critical functions and reflecting on the rapid changes due to Covid-19.</p> <p>ACTION: RS/PB to review the risk of Covid-19 to the system with the CCG Executive Team</p> <p>AM noted the risk around the supply chain was not referenced in the risks and suggested that the risks need to be split out eg: safety, supply chain, critical care capacity etc, as these are the things we will need to review with regard to the safety and governance of the system over the next few months.</p> <p><i>SC joined the meeting</i></p> <p>SC reflected that risks are being reviewed to reflect the fast moving impact of COVID-19.</p> <p>AM asked members what their view of risks was as system leaders.</p> <p>RS described the command and control structure in place for both external and internal facing functions, and suggested that each cell be asked to produce a risk register for collation. These can then be tracked through the command and control structure.</p>	<p>RS/PB</p>

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	<p>PB noted that the risks are changing quickly with rapid progress on actions. The Corporate Risk Register won't change as quickly, and there needs to be a way of combining the two so that the Corporate Risk Register remains useful and relevant for this large volume of fast moving risks and mitigations.</p> <p>SC advised the group that there is a difference between an issue and a risk and that a lot of the current issues are immediate issues, which is why they are described as broader risk.</p> <p>PB observed that if Silver, Gold and ICC cells are to produce a risk register, they will need support and help to ensure they are logging risks not issues. SC said that all trusts have risk management functions which may already be part of the ICC.</p> <p>NK agreed that it is impossible to reflect the changing situation on a monthly document, and asked if it would be possible to capture issues that develop or cause problems, when they happen, and highlight those as part of this risk.</p> <p>SC reflected that each cell including the ICC is keeping an incident log book which is in effect an issues log. This is a legal requirement and ensures everything is captured. SC said she will make reference in this in actions and mitigations. She also flagged that some of these things are confidential and would not be appropriate to include on an open risk register.</p> <p>ACTION: SC to add more detail on the cover paper on how the risks in relation to Covid-19 is being managed in the command and control centre, and share with the Executive Team to review.</p>	<p>SC</p>
<p>05</p>	<p>Governing Body Assurance Framework</p> <p>The report was received by the committee. STW noted there are some out of date names on the GBAF.</p> <p>ACTION: SC to review and amend the names on the GBAF as appropriate</p> <p>SC was thanked for the report.</p> <p><i>SC left the meeting</i></p>	<p>SC</p>

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06	<p>COVID-19 oversight and response</p> <p>RS gave a verbal update on COVID-19</p> <ul style="list-style-type: none"> • Strategic leadership undertaken through Gold where the CCG is represented by Julia Ross • System response through Silver led by Lisa Manson supported by Deborah El-Sayed. • The CCG will need to ensure that staff are supported to manage their health and wellbeing throughout this period. • The Executive Team has been allocated to support either the internal or system response with RS contributing to both. • Silver and the Internal Business Critical Incident responses are supported by a set of “cells” which support the specific work areas that need to be undertaken to support the current work programmes. • There is a strong focus on what needs to be done today, tomorrow and the following week. There is also a forward planning list for those items which can wait and be addressed once the system enters recovery. <p>There are currently relatively small numbers of people affected by COVID-19. The expectation is that London will peak within the next twelve days, and the West Midlands will follow, so our system has the benefit of a bit more time to plan. There is a good communication feed from colleagues in NHSE/I to help understand learning from other areas. The doubling rate appears to have been not as fast as expected, and there is hope that the strategy around social isolation will have the desired effect.</p> <p>STW asked whether, if we are experiencing the virus in BNSSG later than London, the Midlands and other conurbations, that with social isolation now in place we will not feel the effects so badly, or does that logic not follow through? RS advised that it is too early to say.</p> <p>Guidance was released on Friday bringing significant changes to the patient discharge pathway from hospital. There are changes to the assessment process for complex care in the community, taking away CHC and Fast Track assessments. The team are working on understanding how this can be done safely and assessing domiciliary care providers are resilient enough to maintain the commissioned packages. Once this has been completed the CCG will deploy some of the complex care team staff into other roles to support our community partners.</p> <p>STW asked about how now vulnerable non-service users in the community were going to be supported. These were people living independently with the support of family and friends living nearby in the community, who were not considered vulnerable pre-Covid, but now with their support networks fallen away, were becoming much more vulnerable but outside of any network or provider. RS said there is a work stream around the voluntary</p>	

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	<p>community centre who will lead on this.</p> <p><i>PB left the meeting</i></p> <p>AM noted that BNSSG is not starting from a strong provider performance position around constitutional standards. Elective operations will have to be cancelled, which will have an impact on the performance of planned care. Care will also be needed about the impact of delayed treatment for cancer patients. Clarity is needed regarding Trusts arrangements to risk assess and clinically validate the impact of treatment delays on patients. The CCG needs to have assurance that our providers are making good, clinically based, decisions, and informing patients of these.</p>	
07	<p>Emerging risks and issues</p> <p>RS updated emerging risks and issues as follows:</p> <p>The safeguarding team have raised an expected increase in the safeguarding caseload in some areas during COVID-19. Specifically it is anticipated that there will be a rise in domestic violence and to vulnerable children. The CCG safeguarding team are working with local authorities to put mitigations in place.</p> <p>A theme emerging from recent case reviews indicates that at times clinical professional staff may struggle to provide a multi-agency and streamlined approach to supporting some people with chaotic behaviour or learning difficulty. Thematic work is to be picked up on what can be done at a BNSSG level to support the workforce in developing skills to support vulnerable clients and families.</p> <p>ACTION: RS to discuss with Mary Lewis (Sirona) actions to be put into place on a system level around supporting the frontline workforce in working with vulnerable clients and families.</p>	RS
08	<p>Quality & Performance Report</p> <p>STW said the workforce information was interesting and very positive, but noted the key on some of the graphs need to be reviewed as they are not always clear or consistent.</p> <p>ACTION: RS to feed back to the BI team that the key on slides is not always clear.</p> <p>AM asked for a sentence to be added to slide 3 to say the action plan has been seen and provided assurance.</p>	RS

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	<p>ACTION: LLP to ask the Quality team to add a sentence to slide 3 to confirm that the action plan has been reviewed and provided assurance.</p> <p>AM said the Quality and Performance Report needs to be considered at committee and a decision needs to be made about what we need to discuss during the meeting.</p> <p>NK said workforce and sickness are critical items.</p> <p>STW added the data needs to be collated so that there is learning about what has happened during the period of emergency.</p> <p>AM added there is a need to also note improvements and innovations, so that these actions can be continued post COVID</p>	LLP
09	<p>Quality Surveillance Group</p> <p>RS updated that the meeting of the Quality Surveillance Group has been deferred due to COVID-19. Providers were engaging with the group, and discussions had been held on how the group will start to form around system risks and issues, and how to collaborate. The QSG will be reinstated post COVID and provide a positive forum for system governance.</p>	
10	<p>LeDeR Steering Group Annual Report</p> <p>The Draft LeDeR Steering Group Annual Report was discussed in a post-meeting telecon and comments were provided.</p>	
11	<p>Items for information</p> <p>Feedback requested to FM by 2 April</p>	
12	<p>New risks identified</p> <p>Not discussed</p>	
13	<p>Committee forward planner</p> <p>Not discussed</p>	
14	<p>AOB</p> <p>No further issues raised</p>	
15	<p>Review of committee effectiveness</p> <p>Not discussed</p>	

	Item	Action
	Date of next meeting: Thursday 23 April 2020	

Freda Morgan
Executive PA
26 March 2020

