Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

# Quality Committee

**Minutes of the meeting held on Thursday 21 May at 14.30 – 16.30, on Microsoft Teams**

## Minutes

| **Present** | | |
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| Alison Moon | Independent Registered Nurse (Chair) | AM |
| Sarah Talbot-Williams | Independent Lay Member (Patient & Public Engagement) | STW |
| Nick Kennedy | Independent Secondary Care Doctor | NK |
| Lisa Manson | Director of Commissioning | LM |
| Peter Brindle | Medical Director, Clinical Effectiveness | PB |
| Rosi Shepherd | Executive Director of Nursing & Quality | RS |
| **Apologies** | | |
| Martin Jones | Medical Director, Commissioning & Primary Care | MJ |
| **In attendance** | | |
| Lesley Le-Pine | Interim Quality Lead Manager | LLP |
| Sarah Carr | Corporate Secretary | SC |
| 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>None Declared | |
| 03.1 | **Minutes of Meeting held 23 April 2020**<br><br>The minutes were agreed as an accurate record. | |
| 03.2 | **Action Log**<br><br>The action log was discussed and updated. | |

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| | **Matters Arising**<br><br>LM noted that contracts have not yet been signed; therefore schedules are able to be amended if necessary. | |
| 04 | **Chair's Introduction**<br><br>AM asked if any members had areas of concern not included on the agenda.<br><br>RS noted the impact of Covid-19 on the care provider sector. Recent national guidance has given clear responsibility for the Director of Nursing & Quality to have quality oversight of this sector.<br><br>LM noted the unknown harm caused by Covid-19, including delays in surgery and other routine procedures. This is a key piece of work which will take some time to understand.<br><br>AM said we need assurance that providers have good clinical review policies in place to review potential harm for people who are waiting, and asked if members have assurance that all providers have such a system in place. RS said this will be one of the substantial agenda items on the first Quality Surveillance Group which will take place in June.<br><br>LM said there are patients who have anxiety about attending hospital, and although elective work is starting to be rebooked, there is anecdotally a low uptake of slots offered.<br><br>AM said this committee may be the correct place to get an umbrella system view of potential harm, which can be reported back to Governing Body. She asked for Execs' advice on what this overview may look like, and when a report could be brought back to Quality Committee.<br><br>LM said that Clinical Cabinet would advise on this. All areas of our service will have patients who have chosen to delay treatment due to perceived risks of Covid-19. This includes Mental health providers, and community services provided by Sirona.<br><br>AM asked if the Clinical Cabinet could support, to confirm the definition of harm, and to review the impact on experience and mental health as well as safety and clinical effectiveness. | |

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| | **ACTION: RS/LM to ask if Clinical Cabinet could support, to confirm the definition of harm and to review the impact on experience and mental health as well as safety and clinical effectiveness.**<br><br>RS said the safeguarding team expect an increase in adult and child neglect once we come out of lockdown. She noted the need to understand what "harm review" means for large providers.<br><br>AM said assurance is also needed that risk assessments are in place, and prioritisation undertaken as a result of review.<br><br>STW said there will be an impact on carers as well as patients, particularly around disability and ADHD, which will feed into mental health and other care needs.<br><br>NK said there is a degree of urgency involved in starting this work, as any delay will result in increased harm. There is a need to act soon, to ensure the limited resources available are used for maximum efficiency.<br><br>RS said restarting of surgery and criteria for prioritisation is planned for discussion at Quality Surveillance Group, which could then link in to Clinical Cabinet.<br><br>STW said the pace needs to be expressed to Clinical Cabinet. There is a need to be clear and honest about our decision making.<br><br>**ACTION: RS/LM to discuss with other Execs about feeding this information through for RS to raise at Clinical Cabinet**<br><br>It was noted that the chair of Clinical Cabinet is Martin Jones, who is also a member of this committee.<br><br>AM mentioned the letter from Sir Simon Stevens, included in papers for today's meeting. She asked if there was a formal response to this guidance to go to Governing Body?<br><br>LM said a formal vote has taken place on the planning submission as the response to the region, and each area has been reviewed to be assured where BNSSG are against points in the letter, and to identify key challenges. The biggest gap was LD & Autism, and a separate cell has been set up for this area, to ensure the best support can be provided. This will be an operational piece of work, and LM will discuss this with Sarah Carr prior to her next Covid paper to Governing Body. | **LM/RS**<br><br>**RS/LM** |

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| | AM said it would be helpful for Governing Body to have as much visibility as possible.<br><br>AM noted the letter from Sir Simon Stevens mentions the culture of safety and learning being vital and noted the Freedom to Speak Up Guardian had not been used yet since its inception.<br><br>STW is the Freedom to Speak Up Guardian. She said she has submitted a blog to the internal communications team, and she and David Jarrett are speaking with the regional lead on Freedom to Speak Up. She said she does not believe this is an indication that people do not want to speak up, and this will be discussed further with NHSE/I in two weeks' time. The plan is for David Jarrett to link in with the Staff Partnership Forum on this matter. | |
| 05 | **Risks and Mitigations** | |
| 05.1 | **Corporate Risk Register**<br><br>SC thanked the Quality Team in particular for their work on revising and updating the risks in the Corporate Risk Register. The Commissioning Team have also reviewed, and an update is with LM awaiting approval, which updates cancer and 52ww risks.<br><br>The risk around data quality at Weston General Hospital has been reviewed by the Commissioning team and is likely to be reduced, however this decision is pending.<br><br>RS said that LLP had led the Quality Team's work on the Corporate Risk Register, and congratulated her on her work engaging the team with this.<br><br>NK noted the risk around Cancer Patients at Risk had been closed by the Nursing & Quality directorate after review, and was now on the Commissioning directorate register, and asked why this was.<br><br>SC said there is awareness of the impact on patients and patient experience, however most of the actions, and the ability to mitigate, sits within the Commissioning directorate.<br><br>NK asked about the 52ww issue, which was reviewed at the beginning of this month and remains scored 15. He asked if this is likely to increase as there will be an increase in the number of patients. SC said this risk was with LM to review, but there is a likelihood it will increase significantly.<br><br>AM asked about the first risk around Covid – this has been discussed | |

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| | previously at Quality Committee, however the mitigating action does not talk about the CCG's role around the supply chain and care homes. She noted the PPE issue has been an issue for some time, and that RS has responsibility for care homes.<br><br>**ACTION: SC to send most up to date risk register to LM**<br><br>**ACTION: RS to discuss mitigations for the first risk around Covid-19 with the Exec Team.**<br><br>AM noted that A&E performance is a longstanding risk. Performance has improved greatly recently, however there is a risk that old behaviours may return. She asked if there was mitigation to prevent this, and if it was captured effectively in the risk register.<br><br>LM said the risk is as much about how IPC is managed, and social distancing maintained in ED. The risk in urgent care is as much about the performance of safety management in the department around new parameters, and she will review the risk in this light. Capacity under current modelling has been taken down to around 75%; under social distancing it is no longer possible to queue patients in corridors.<br><br>AM noted that MRSA has come as a specific risk, and is rated 15. She asked what the rationale was for this assessment.<br><br>SC said her understanding is that HCAI has been split out into its component parts and MRSA had the highest score.<br><br>RS said there is an issue especially with the injecting homeless population, but the rating of this risk should be reviewed.<br><br>**ACTION: RS to review the rating of MRSA on the Corporate Risk Register.**<br><br>AM asked if there was a new risk of infection control concerning Covid-19.<br><br>LM said that the work being carried out with the homeless population during Covid has brought the opportunity to start to address issues particularly with MRSA.<br><br>**ACTION: RS to determine if there is a new IPC risk, relating to Covid-19, which BNSSG CCG would hold as commissioners.**<br><br>NK asked how the new risk about influenza has arisen.<br><br>LM said this is an emergency planning risk going forward. There is the | **SC**<br><br>**RS**<br><br>**RS**<br><br>**RS** |

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| | potential to have a Covid-19 surge and a flu pandemic alongside managing winter activity.<br><br>**ACTION: LM to review the risk around influenza**<br><br>STW commented, in reference to work with the homeless population, that B&NES has now given licences (semi-tenancies) to all homeless except three people, and this has taken chaotic drug users off the streets. She is aware that Bristol City Council are talking to housing associations with a view of doing something similar, and this is an opportunity for integrated work, which she would be keen to see followed up. | **LM** |
| 05.2 | **Governing Body Assurance Framework (GBAF)**<br><br>SC said a Governing Body Seminar is planned for 2 weeks' time, to look at resetting the Assurance Framework, and looking at principle risks for 2021, which is why some items on this framework have not been updated.<br><br>NK praised SC for this document. He noted that the AWP risk has not been reviewed since January, but others have been reviewed more recently.<br><br>SC said there was a presentation at the last Governing Body which looked at next steps. There is a lot of work being carried out around mental health and looking at contract models. | |
| 06 | **Discussion Items** | |
| 06. | **COVID19 update including recovery plans and return to BAU**<br><br>LM reported there has been a restructuring of governance arrangements to establish a new Silver command for tactical, a system change cell around transformation, and a finance and analytics cell to enable clarity on decisions if there will be a recurrent financial impact.<br><br>The tactical Bronze cell has sub-groups including: impact and capacity, planning and modelling, logistics (which is pivotal for PPE supply and supporting training and testing), and a Care Home cell which is led by RS. All aspects are covered in terms of making sure core areas of work are underway. | |

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| | The position going into this weekend is that there is a reduction in activity in the acute sector in terms of Covid-positive cases, both in patients in ITU and in oxygenated beds. The only area with a change in trend is Weston General Hospital, which has seen an increasing number of patients with Covid, and has instigated undertaking patient testing to ensure this is not in-hospital transition and to support all patients in terms or accelerated discharge to reduce length of stay where possible.<br><br>RS has stood up a Strategic IPC cell to ensure a coordinated approach to principles for restarting activity, managing the PPE shortage, and making joint decisions to reduce the risk of impact on system partners. This has proved useful. Tactical IPC cell is still running 7 days a week. This is staffed by members of the Nursing & Quality directorate who have been redeployed from regular duties with some admin staff, and a 7 day per week rota of specialists from BNSSG, Sirona and additional contractors employed through Covid funding. An external person is reviewing as we move from the acute phase into the longer term phase, to determine what form of system IPC will be needed, and what resources will be required.<br><br>The other significant area of work is the Care Provider Cell. RS said the position has been taken to refer to Care Providers and not Care Homes, as some smaller care providers may carry a high risk. There is a strong alliance with Sirona, the three Local Authorities, Public Health, Adult Social care and the CCG, and a significant number of the Nursing & Quality team have been deployed into wraparound teams to support care providers. This is a 7 day per week offer including access to IPC, frailty, End of Life and pharmacy support, and an online resource of training guidance, which is housed on both Sirona and CCG websites.<br><br>Public and national response in this area has increased rapidly in the last week, so it is beneficial that this support offer has been established early.<br><br>Two weeks ago, a request was received to carry out rollout training on IPC to all care homes by the end of May. Access to the first tier of training, provided by the national team, has proved a challenge, however cascade training is being carried out, supported by regional NHSE/I colleagues and webinars for care providers are being rolled out over the next 8 days, meaning the offer will have been achieved by next Friday, albeit not the national aspiration of face to face training.<br><br>National guidance has also been issued for the support to care homes by local authorities and primary care. One of the risks carried is the multiplicity of requests, and rapidly changing guidance. There is a difficulty gaining | |

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| | assurance that all care providers are receiving and acting on the guidance, as there is a total of just under 3,000 care providers.<br><br>PB is taking a paper to Governing Body to present a full overview and update of the current position on Covid, both short- and long-term and how we take a system approach to restarting non-urgent activity. Actions for recovery include identifying changes – what has worked well and how this can be amplified, whilst recognising risks and identifying mitigation actions. There is a need to understand the impact of the CCG's response to Covid-19. Since receipt of the letters from Sir Simon Stevens and Amanda Pritchard, there is a focus on recovery across the system, from large system-wide transformation change down to recovery on wards, individual practices and everything in between.<br><br>PB has been meeting with a system-wide recovery group which is refining the process to be followed. This is a task and finish group with the aim of supporting the existing governance structure, maintaining health outcomes and identifying and sustaining positive actions. A list of 5-6 different objectives have been drawn up and allocated to individuals. The group wants to be clear on the governance process for system restoration, to ensure we can live with Covid-19, and non-Covid patients receive the service they deserve. Guidance will be given to support decision makers in system restoration in a data informed and safe way, with public intelligence reports on direct and indirect impacts on certain population groups and service, to identify variation and gaps that may need addressing. A process of learning needs to be set up on how these changes were made, and how they can be maintained, and a feedback mechanism created to share this learning.<br><br>The work plan and allocation to individuals is still being set up. The group will report to Clinical Cabinet and into the Silver Command Cell.<br><br>There are important things that we want to hold on to as significantly beneficial changes have been made that we cannot afford to lose. Overarching goals have been set up in Urgent Care, ensuring community urgent care is supported by secondary care, and working out how patients can use the right services in the right way, to avoid a return to overloaded Emergency Departments, which can prevent planned care being carried out. Advice and guidance for outpatients, goals around care providers, and ensuring a system-wide approach to support care providers.<br><br>There is a need to ensure the needs of vulnerable and shielded patients, particularly those with learning difficulties, are addressed, to ensure they area supported well. Mental Health commissioning team are working with | |

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| | AWP to set up a helpline to enable supporting people remotely rather than face to face. The Workforce Cell are looking at sharing of bank staff, and breaking down the barriers and rules about which organisations these staff belong to, so the staff can move around more flexibly. This is underpinned by a systematic approach to collating data on population health management, and keeping abreast of research which is going on worldwide.<br><br>Discussion is to be had over the phrase "Business as Usual", as we are moving to a new form of future working.<br><br>STW mentioned there have been conversations on co-production in this new way of working, and asked how this would be integrated.<br><br>PB said a range of different people from a diverse range of backgrounds are to be asked what their experience has been, both good and bad, of the response to Covid, and this will be built on to develop things going forward.<br><br>There has been an amazing transformation in attitudes around video and phone consultations, and with outpatients attending remotely, and information is being collated to allow these changes to be progressed.<br><br>There is a plan to recruit additional resources from the West of England Academic Science Network to carry out interviews to support and inform this work.<br><br>LM added that insights are being drawn from the Citizens Panel.<br><br>NK asked if providers should be asked about internal infection rates, as an issue has been highlighted around this, and it is difficult to socially isolate within hospitals, both for staff and for patients.<br><br>One of the things that has been clear during the modelling and planning process is how to keep staff in Green or Blue areas as much as possible, and to manage those arrangements going forward. This has been part of the challenge of social distancing for patients and managing the workforce. It is easier in NBT due to the design of the building. UHB Bristol has effectively identified one part of the hospital as Blue, and another as Green. However this is more difficult at Weston as the building is much smaller.<br><br>NK said that due to the design of hospitals social distancing can be problematic and asked how well care providers were looking at this. He said assurance is needed on this. | |

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| | PB asked NK how social distancing was carried out in theatres. NK said that within the theatre, full PPE is worn, however within the rest of the hospital, social distancing remains an issue.<br><br>PB suggested there is a need to explore as a system how best to use the full estate in terms of having a designated Covid area, and the remainder of the estate being kept as clear as possible, in order that there is less chance of transmission in areas where social distancing is problematic.<br><br>RS said there is a need to focus on the wider system, not just acute trusts, but also primary care, care sector and mental health, and to stay sighted on this. Regional and national calls have a main focus on acute trusts, but smaller providers also remain a concern.<br><br>PB said that Covid will be around for a long time, and there may be a second wave, so there is a lot of learning to be reviewed. He believes the Recovery Task and Finish Group is the place for these questions to be raised, and like potential harms, there is a huge amount of learning on different levels which is a challenge to capture.<br><br>AM asked about interim service redesigns. There is an opportunity to consider the estate on a strategic level and she asked if there was a consideration to promote the Blue/Green and the efficacy carrying out planned care.<br><br>PB said that these discussions are being held. Individual trusts are working out their own plans, and once these provisional plans have been brought back, this will help to flag any questions about whether there are better ways of working from a system point of view, which is where the ICS Board needs to get involved.<br><br>AM asked members, how they may consider the current estate could be adapted for the best use for the population, which may be different to plans from individual providers.<br><br>RS said that from the point of view of care homes, a system view of the impact of Covid is being developed. There is a possibility that some care homes may not be physically suitable to support caring for patients safely when there is ongoing Covid in the community, so there is active planning as a system, and discussions whether there should be Covid and non-Covid sites where patients could be cohorted, and the financial impact this will have on care providers.<br><br>RS added there is also a significant risk that families are anxious of having relatives go into care homes, so another piece of work needs to be | |

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| | undertaken with some urgency, to reflect that homes are safe, and prevent patients being delayed in hospital.<br><br>PB said there is also an issue that patients are not wanting to undergo elective investigations or procedures, as they will then need to be isolated at home with their families for two weeks, and this is a major deterrent.<br><br>AM said that these discussions support that there should be a review of a new corporate risk around IPC. One of the ways that assurance can be gained from providers around their IPC is the newly published IPC assessment framework from NHSE. She noted that the Quality & Performance Report had not mentioned that this framework has been received.<br><br>RS said that both the board assurance framework and provider checklists have been proposed by NHSE/I. She proposed at the IPC Strategic cell that providers should complete both, and this will be reported back to Quality Committee.<br><br>AM suggested the Quality & Performance Report be amended before Governing Body with detail that this report has been received, and that assurance is being sought from providers.<br><br>**ACTION: LLP to amend the Quality & Performance report before Governing Body, to include that the NHSE IPC framework has been received, and that assurance is being sought from providers on IPC.**<br><br>RS said she had had a discussion on this earlier today. CQC have told trusts that they are mandated to complete this by next week. Sue Doheny, Regional Nurse, NHSI/E was clear this is not mandatory, but is there to guide decision making. RS has advised organisations to use the framework to make sure they are assured. | **LLP** |
| 06.2 | **Quality & Performance Report** | |

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| | RS noted the Quality slides are in the new format, and invited any feedback. She is planning to go through these slides with LLP and remove some information before taking the slides to Governing Body. The plan going forward would be to bring a reduced set of slides each month, and she invited feedback from the Committee on which slides were particularly useful.<br><br>RS added that CHC performance slides are now being included. There is some good work being carried out in CHC, and there is a need to celebrate that the CHC have some of the highest performance in the South West.<br><br>LM flagged that the performance slides reflect that a lot of performance data was lost due to the Covid response. Next month's slides will report on what information is available.<br><br>NK said he liked the new format of the Quality slides, and that the CHC slide was interesting, although a lot of information had been included, which made it hard to gain an overview.<br><br>RS said it important these slides are seen, as the CHC budget is very large, but that she is working with LLP to streamline these slides.<br><br>AM noted it is necessary to look at the detail of these at Quality Committee as the committee delegated on behalf of Governing Body, and that she is happy to discuss this further with RS at their next catch-up meeting. She suggested the detailed slides to come to Quality Committee, and perhaps a summary version to Governing Body.<br><br>PB said he liked the new slide format, which draws the eye straight in, with additional data for information.<br><br>AM commented that the safeguarding slides were very CCG inward-focussed, and there was nothing about the assurance of providers.<br><br>STW said that as a non-clinician it would be useful to have more detail on the impact on patients. | |
| 07 | **Items for information** | |
| | **7.1 SEND Report**<br><br>**7.2 Customer Services & Complaints Quarterly Report** | |

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| | The above reports were noted. There was no discussion, but members were invited to send any comments to Freda Morgan, to pass on to the report writers.<br><br>**7.3 Equality & Diversity Covid update**<br><br>AM noted there is a big issue around Equality and Diversity, both in terms of the CCG staff, and the BNSSG population. RS said that there has been significant discussion at Execs meetings, which she believes will also happen at Governing Body, and there is an action to connect with the CCG's BAME workforce. AM asked if this would result in a paper to Governing Body.<br><br>**ACTION: RS to ask Deborah El-Sayed if there will be a paper going to Governing Body concerning the effect of Covid-19 on the BAME population.**<br><br>7**.4 Internal audit report on LeDeR**<br><br>AM said this was a very positive report. The report was also discussed at this morning's LeDeR Steering group. If there is to be a focus on LeDeR next year, there is a need to see how this is functioning in terms of system and governance. LLP said that minutes have been reviewed, but there was no opportunity for an observed meeting.<br><br>NK said the report mentioned identified issues that need to be addressed, and asked for more clarity and explanation on these. LLP said the four identified issues are detailed in the action plan.<br><br>**7.5 Children's Continuing Care Policy**<br><br>The policy was noted by Quality Committee. This paper will need to go to the Corporate Policy Review Group for approval, before onward submission to Governing Body. | **RS** |
| 08 | **New Risks Identified**<br><br>None identified. | |
| 09 | **Any Other Business** | |

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| | It was agreed the timing of the meeting should be increased to reflect the workload, particularly around Covid.<br><br>It was agreed to move the Quality and Performance Report before the Covid update on the June agenda, to allow for balance in time for discussion. It was noted the Quality & Performance Report for June will reflect the Covid period, and that Covid risks will be reflected on this report. | |
| 10 | **Review of Committee Effectiveness**<br><br>• Did the meeting run to time – NOT DISCUSSED<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, however it was agreed that it would have been beneficial to discuss the For Information items (section 7) in more detail<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<br>  ○ Planning<br>  ○ Governance<br>• Were any of the items inappropriate for this committee - NO<br>• Did the meeting receive the administrative support that it needed - YES | |
| | **Date of next meeting:**<br><br>**Thursday 25 June 2020 09.00-12.30 on MS Teams** | |

**Freda Morgan**
**Executive PA**
**21 May 2020**