

Agenda Item 14: 14b

Meeting: Buckinghamshire, Oxfordshire, and Berkshire West CCGs (BOB) Governing Bodies Meetings in Common (in public)

Date of Meeting	10 June 2021
Title of Paper	Chairs Report from the ICP Quality Committee held on 20 th April 2021
Lead Director	Debbie Simmons, Nurse Director, BW CCG
Author(s)	Wendy Bower, Chair of ICP Quality Committee
Paper Type	For noting to provide the Governing Body with the key issues arising from the ICP Quality Committee held on 20 th April 2021
Action Required	The Governing Body/Committee Members are asked to: Note the key issues arising from the ICP Quality Committee held on 20 th April 2021

Executive Summary

Below was discussed at the meeting:

- Mortality Progress Update
- ICS Quality Board / Quality Surveillance Group
- COVID19 Update from BHFT, RBFT and SCAS for Staff support and wellbeing offer – long term.
- Quality Areas By Exception
- Primary Care Update
- Combined Quality Risk Register
- Local Quality Schedule 2021/22
- Willow House Closure
- Stroke Video
- Annual Report
- AOB

**ICP Quality Committee Meeting
20th April 2021**

Chairs Report

The meeting of the ICP Quality Committee was held on 20th April 2021

1. Key Actions and Decisions

1.1 Minutes of meeting held on 10th Feb 2021

The Minutes of the meeting held on the above date were agreed as a true record of that meeting.

1.2 Mortality Progress Update - RBFT

Paper presented by David Mossop (DMO):

6 areas of focus were described in the report.

Report also includes the current reported mortality position with the progress made in the 6 areas of improvement and suggestions for next steps.

Biggest change last year was the learning from deaths program. Staff recruited for the team – New lead for mortality and nursing. Working more cohesively and identifying the issues, the themes and learning and linking in increasingly with the patient safety.

Non elective pathway – Due to COVID, Trust had numerous changes to non-elective pathways.

Coding remained a challenge. Over the last year, the EPR system has improved coding. Also linking in with connected care GP records. This gives a more accurate data recorded for patients with comorbidities.

Significant progress made and projection moving forward to continue with the progression. Focus going forward:

- Provide a high-quality data for staff on EPR
- Build on the learning culture amongst staff members
- Learning from the changes in the past year and capture the positive changes made
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All felt reassured on the Trust's monitoring and capturing of data.

1.3 ICS Quality Board / Quality Surveillance Group

Debbie Simmons (DS) informed that attempted to establish a BOB wide Board which was suspended in view of Covid and the development of Integrated Care System (ICS) Senior Management Team.

Some pace needed regarding setting up an ICS Quality Surveillance Group (QSG). BOB ICS will have support from NHS England. Amanda Lyons will be supporting from next week with Governance across BOB ICS. Looking to establish QSG/ Quality Board by June/July-21. All Partners will be a part of the discussions.

DS has written a draft paper detailing the Quality structure for BOB ICS. DS will share the report with Amanda Lyons when she starts.

DS spoke to colleagues in Kent and Medway who are in similar position as us. Their historical QSG however was at the same footprint as their ICS which is different from us. Our QSG was Thames Valley QSG which ceased.

1.4 COVID19 Update - Staff support and wellbeing offer – long term

BHFT

Debbie Fulton (DF) updated that Trust has a wellbeing lead. The well-being offer is multifaceted. Have wellbeing conversations with staff members. Trust has a Wellbeing Hub which includes self-assessment, appointment with psychologist for staff individually or in a group – blended approach to support staff.

Wellbeing discussions are a part of staff appraisals. Trust has a page on their intranet which gives easy access to staff. Trust also has post incident support offer following significant incidents (picked up from Datix) for staff.

This wellbeing support is permanent.

RBFT

Candice Smith (CS) informed that the Trust is continuing to focus on staff health and wellbeing. Trust has a Wellbeing hub. There is a new building being renovated where the hub will move to. There will be psychological support provided to all staff, which will also be available on the intranet. Trust has an after-action review team who the staff can get support from post incident. This support is permanent for staff.

SCAS

Vicky Holliday (VH) said that the Trust has a well-established Wellbeing team who support staff. They offer post event debrief, availability to all staff and provide individual support where needed.

Through COVID, Trust developed further health and wellbeing longer term offering. Trust has a COVID19 staff intranet site. There is clear focus through recovery work as to the longer term need for staff wellbeing post COVID. This is built into the Mental Health strategy & organisations which focuses on staff and patients.

Extended leave for overseas staff members who are not able to visit family due to COVID & quarantine requirements - All 3 Providers confirmed that these discussions would take place via individual wellbeing conversations with managers.

1.5 Quality Areas By Exception

SCAS

VH informed the key risks for Trust remain the same as the place-based Risk Assessment - COVID demand reducing. Trust had a business continuity issue – technical failure with Computer Aided Despatch (CAD) system. Trust is investigating if there are any patients adversely impacted by the failure.

RBFT

CS updated that Trust currently has 14 COVID patients. 98% of staff have had their 1st dose of vaccination. Trust Pfizer clinic was closed on Saturday but will have on-going clinics for Astra Zeneca. Staff who had their first Pfizer vaccination will go to the Wokingham to receive their second vaccination.

Trust is expecting a Care Quality Commission (CQC) visit within the week due to Trust being in the bottom 25% for blood borne infections. Trust had 6 Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia cases over the last financial year in the Trusts augmented high risk areas. These generally occurred when escalated into Intensive Care Unit (ICU) when the unit was up to 300% of what they normally treat. 4 of the cases were with lapses in care and 2 with no lapses in care.

BHFT

DF said that against all staff, Trust is around 83% vaccinated. 85% percent of these have had their second dose. Clinic is open until end of the month following with 3 Saturdays mop up clinics. No inpatients with COVID in the last 4 weeks.

Risk and concerns – huge pressures with Mental health nationally. No patient beds available nationally recently. 17 patients in community waiting for bed last weekend. Getting high numbers in Place of Safety (POS).

Waiting list - biggest challenge is podiatry, dental (access to general anaesthetic clinics) and eating disorders particularly in children.

Benchmarking – BHFT CAMHS has 3rd highest caseloads in the country with some of the lowest staffing.

Staffing concerns particularly for Reading Community Nursing.

Remote Consultations - Trust has produced guidance for staff for remote consultations.

NHS E Patient Safety Review Framework – Trust is helping NHS E with the review of the framework.

National Staff Survey Results – Trust was best for Staff Engagement and team working. Significant increase in the safety culture. Trust had 60% response rate despite COVID.

1.6 Primary Care Update

Jane Thomson-Smith (JTS) provided below update from Sarah Wise:

- COVID continues to impact on data used in the quality dashboard, particularly 'service utilisation' and the programme of quality visits to GP Practices.
- 'Summary of follow-up action' section of report details actions identified based on review of Q3 20/21 data, the main action being: Childhood immunisation data to be shared with Clinical Director of the PCNs where achievement is below the national target. It is hoped that the CDs will be able to encourage practices to review their immunisation arrangements and take advantage of the Improving Immunisation Uptake Team.

1.7 Combined Quality Risk Register

After an in-depth discussion, all agreed to cease the Risk Register and replace with an Escalation Log. The Escalation Log to include all Providers including Independent Providers and the Local Authorities. Log to include escalation, monitoring or for noting.

Log to include:

RBFT
CQC inspection

BHFT

Waiting list for podiatry and dental

Waiting list for ASD/ ADHD

GA Access – Due to pressures in acute sector, slots are being cancelled.

Independent sector are not willing to support as they do not have Paediatrics experience and GA spaces they have been allocated to acute sector for recovery.

It was also agreed to have Provider Update from local authorities

1.8 Local Quality Schedule 2021/22

JTS noted that there will be no negotiations on the quality elements of the contract. Significant work done over past couple of years and the quality schedule is therefore fit for purpose.

There will be no CQUINS for next year.

There will be a quick review of the current Quality Schedule with a refresh for a smaller but more impactful document.

1.9 Willow House Closure

New Delivery Model Replacing CAMHS Inpatient Plans and proposal

Presentation by Louise Noble (LN).

Team have had engagement with SCAS and Thames Valley Police.

Cross boundary issue – Service for young people who live in Berkshire but as part of the Thames Valley Collaborative, if young people are able to travel and within the provider collaborative or if the service is able to travel to the young person who needs home treatment, then will consider on a as and when basis. The service has some young people who live in Oxford but go to school in Reading, therefore it is geographically pragmatic to support these young people.

1.10 Stroke Video

Stroke Video Covering FAST and Support for Stroke Survivors shared for all for noting:

<https://www.youtube.com/watch?v=0NZxbf-STo>

1.11 Annual Report

All happy for Wendy Bower/ Jane Thomson-Smith to draft Annual report for Governing Body. Report to include summary in respect to COVID - the decision to continue with the meeting during COVID with a reduced agenda with a focus on COVID pandemic and vaccination.

1.12 AOB

Cumberlege Report Return

All agreed to add to next meeting agenda for the learning.

2. Conclusion

The Chair provides this report from the ICP Quality Committee to the CCG Governing Body. It will be presented by the Nurse Director.

Wendy Bower, Lay Member (Patient and Public Involvement)
ICP Quality Committee Chair, May 2021