

Meeting: Governing Body (Virtual Meeting)			
Meeting Date	27 May 2020	Action	Receive
Item No.	7.1	Confidential	No
Title	Minutes of Virtual Meeting of Quality & Performance Committee		
Presented By	Catherine Jackson, Director of Nursing & Quality Improvement, NHS Bury CCG / Julie Gonda, Interim Executive Director Communities & Wellbeing, Bury Council		
Author	Julie Hall		
Clinical Lead	-		

Executive Summary
The minutes of the Virtual Meeting of the Quality & Performance Committee held on the 13 May 2020 are presented as an accurate reflection of the meeting reflecting the discussion, decision and actions agreed.
Recommendations
It is recommended that the Governing Body: <ul style="list-style-type: none"> Notes the minutes of the Virtual Meeting of the Quality & Performance Committee held on the 13 May 2020

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☒
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☒
SO3 Budget To deliver a balanced budget	☒
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☒
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

**Record of the extraordinary meeting of the
Quality and Performance Committee**

13 May 2020 10.00am – 10.30am (meeting held virtually)

Present: Peter Bury (Chair), Margaret O'Dwyer, Maxine Lomax, Carolyn Trembath, Howard Hughes, Susan Sawbridge, Maxine Lomax, Dr Cathy Fines, Sarah Tomlinson, Catherine Jackson.

In attendance: Lesley Molloy (LA), Mandy Symes (LA)

1. Apologies: There were no apologies.

**2. Quality issues associated with the COVID Pandemic
Quality Report**

- 2.1 The quality report provided an overview of quality and safeguarding issues related to the COVID-19 pandemic.
- 2.2 In line with NHSE guidance around national reporting, some normal business as usual work has been stood down during COVID, however monitoring continues to be undertaken.
- 2.3 Quality Assurance meetings continue to take place with PAHT and other Providers. Data and SITREP reports continue to be received in order to monitor risks in the system and local pressures. There are no current issues to escalate.
- 2.4 Serious Incident panels for PAHT, Northern Care Alliance Community Services Bury (NCA CSB) and PCFT MH and Strategic Executive Information System (StEIS) reporting continue to take place; reports are being shared and followed up accordingly. This is providing continued assurance around patient safety levels of harm that may be incurred at this time. The format of the NCA CSB panel is under review with changes in reporting accountability.
- 2.5 MO'D referred to agenda item 5 which links into the data sources in both the quality and the safeguarding papers on today's agenda. A group is being established to review the GM Safety Siren Dashboard and Report to gain a sense of harm in terms of missing patients and reduction in presentations.
- 2.6 There is some good joint working across the CCG, Local Authority, BARDOC and Public Health around testing services to ensure the necessary swabbing facilities needed are available. Links have been made with Salford with regard to lessons learned. IT requirements are also in place. MO'D reported that this resonates across all 10 localities in terms of different working arrangements and a concerted effort around COVID; previous barriers have been broken down.
- 2.7 The report also includes the work the provider team is undertaking to support the LA community services. Going forward a combined LA/CCG quality report will be produced. This work is being developed and would have been completed earlier if

COVID had not happened. If the report can be progressed the Quality report may be in the new format for the next meeting.

NHSE Quality Assurance Questions

2.8 The CCG's Q4 Assurance meeting scheduled to take place on the 4 May was stood down by the Partnership, however a meeting with fewer attendees is being arranged for early June which will have more of a focus on Quality rather than the wider provider/performance meeting.

2.9 CJ provided a paper outlining draft proposed KLOEs which have been shared informally by the Partnership. These are areas of focus which the CCG may be questioned on.

Action: It was agreed that SS would transfer the KLOEs into the relevant template and email it back to CJ and CT who will then populate with the relevant information prior to sharing wider.

2.10 MO'D commented that the virtual meetings of this Committee underlines the underlying importance of the quality of care and services being delivered during the pandemic. The Committee's April meeting focused on concerns with non COVID patients not seeking out assistance in a timely manner. There is also a national campaign on this.

3. Safeguarding Assurance during COVID-19 lockdown

3.1 ML provided a paper outlining some of the activity the CCG safeguarding team has undertaken since the lockdown due to the Covid-19 pandemic. The purpose of the paper is to provide assurance to the Committee and to the Governing Body that the CCG is continuing to fulfil its statutory obligations to safeguarding vulnerable children and adults at risk of abuse.

3.2 Despite the quality team also being engaged in COVID related work, they have continued to seek assistance and support to providers ML referred to a webinar taking place next week with GPs including safeguarding governance and first digital approach.

3.3 HH referred to 'Building Back Better' as part of the recovery work and asked how safeguarding governance will be built into the assurances made as part of the new future. CF reported that the first digital approach is a topical part of the webinar for local safeguarding leads as well as being part of discussion on a national webinar. Discussions and work is underway alongside 'Building Back Better' in terms of issues which we may have not have come across before.

3.4 It was agreed that the safeguarding paper needs to be presented to the Governing Body.

Action: CJ/ML to liaise with Emma Kennett

4. COVID - Maternity Services Assurance

4.1 MO'D reported that there had been issues in getting assurance from the approach and delivery of maternity services particularly at NMGH; there was a gap in

assurance from providers. Royal Bolton's business continuity plan had been received and MO'D has now received and shared the equivalent for NMGH.

4.2 CF raised concern as a GP that the NCA has made some changes that had not been communicated; reduction in early pregnancy unit service to 3 days per week at FGH and when these are not running patients have to go to Royal Oldham; the normal pathway is NMGH. The governance of that decision is unclear.

4.3 CF also reported (frenectomy surgery) for babies born with tongue tie at PAHT has been stepped down. PAHT are stating that they are following national guidance regarding maternity services during COVID, however it was reported that Royal Bolton has continued to offer frenectomy surgery. Bury mothers usually attend either Royal Bolton or NMGH. CF has raised her concerns at the Silver meeting. A further complication is around the move of NMGH to MFT as there is no communication/relationship in terms of who to approach to talk to. MO'D commented that the management side of NMGH comes under MFT, however legally NMGH is still part of PAHT.

Action: MO'D agreed to raise the issues discussed at the North Manchester Operational meeting regarding frenectomy surgery, and will follow up with PAHT re the reduction in the early pregnancy unit and feedback to CF.

4.4 MO'D reported that due to COVID things are not progressing as normal and it will take some time to align services from NMGH with Wythenshawe and MRI. The vehicle for these discussions is via the Manchester Hospital System which she has now set up.

4.5 MO'D stated that during a national webinar concern was raised around the increase in deaths in children as a result of a mutated type of COVID (Kawasaki disease) Manchester Children's Hospital has screened everyone and is not seeing this.

4.6 David Levy (Regional Medical Director) has noted an increase in still births on a North West level due to late presentations of expectant mums over the last few months. CF commented that there are inequities across the patch.

5. GM response to non COVID19 patients – Dashboard Report (GM Safety Siren)

5.1 MO'D presented a dashboard report outlining areas and metrics that are being looked at across GM to test out whether there has been patient harm in terms of non COVID activity.

5.2 CJ commented that this was the first time she had seen this document and queried who sat on the Safety Siren Group and how providers link into that group. MO'D reported that the report had been received from the Provider Federation Board.

Action: MO'D agreed to follow up on CJ's query to ensure there is good representation of people with the required skills to support that group and ensure there is balanced input into that group.

5.3 MO'D shared the metrics to enable thought be given as to what can be done to pre-empt what that looks like from a Bury perspective. SS commented that the dashboard would go down to provider/CCG level and would not want to replicate

locally. This would mean everyone would have access to the same data. Currently people are looking at different time periods. A GM dashboard would be good as everyone would be looking at the same data at the same time. SS agreed to share the report with Angela Partington as she sits on the GM BI group.

5.4 The GM BI team has been asked to populate the dashboard, as yet localities have not been asked to start doing anything. There is no timescale in the paper to have the dashboard populated; MO'D agreed to share it with this group when available and it is likely that the Governing Body will want to see it when populated.

6. Performance Report

6.1 The regular performance report was provided for information. The report presents the CCG's validated performance position for February 2020 and more up to date information. Next month's report will present the 12 month outturn position.

MO'D highlighted the key points:

6.2 Reduction in activity levels seen; 60% (appointments) and 70% (urgent care).

6.3 Increase seen in non face to face appointments from 4% to 43%; need to look at how to build on that moving forward as part of recovery.

6.4 Decrease seen in 2 week wait referrals; this is starting to pick up now.

6.5 CF asked what the conversion rate is from 2 week waits in breast to a positive diagnosis during COVID. The 3% positive detection data set is still being produced but people are not turning up for appointments, CF asked whether this could also be analysed post COVID as there has been a significant decrease in 2 week referrals. SS commented that the conversion rate is on the radar for a future development with an internal dashboard.

6.6 CF referred to 'Building Back Better' and commented that with regard to digital first and telephone triage, a number of calls have been made to the 2 week wait service for women finding a lump. All breast lumps are referred on a 2 week wait; face to face appointments are not necessarily required, the physical examination does not make any difference as they would be referred anyway based on the patient history. MO'D commented that this needs to dovetail with what the CCG wants in the new normal; some things will work better than others.

6.7 The NCA has also seen a reduction in the number of cancer referrals from an average of 70 patients per week to 42 per week for this period. This ties in to late presentations and people's ability to recover.

6.8 For the first time in three years, the constitutional target has been hit for breast cancer and referrals at Bolton and PAHT.

6.9 A&E outturn position; there has been an increase year on year. This leads into the work that is being undertaken on urgent care and booked A&E work. This also feeds into the elective activity which has been stood down and is reflected in the end of

February figures. We need to think about how new approaches during COVID can be built on going forward into recovery.

7. Any Other Business

- 7.1 The notes from this meeting will be shared with the OCO Health and Care Silver Group and then Governing Body.
- 7.2 MO'D asked how LA colleagues (Social Care) can be brought into the meetings to have joint discussions. MS suggested the LA would need to explore what is needed at this group that is not captured in other forums. This would determine who needs to be involved; potentially this could include colleagues from business intelligence. MS suggested it would be useful to have sight of the terms of reference for this group.
- Action: J Hall to share the TOR for the Quality & Performance Committee with Local Authority colleagues MS and LM but noted that the likelihood is that a new joint Health and Care Quality Performance Group will be established in due course.**
- 7.3 CT asked if the Committee wished to see the Part 2 StEIS update at the next meeting either in a part 2 meeting or as part of the main meeting. It has been 3 months since the last report was shared with the Committee. PB agreed the StEIS report could be shared at the next meeting.

8. Key messages to Silver:

- 8.1 Quality Assurance meetings continue to take place with PAHT and other Providers. There are no current issues to escalate.
- 8.2 Serious Incident panels and StEIS reporting continue to take place; reports are being shared and followed up accordingly.
- 8.3 The format of the NCA CSB panel is under review with changes in reporting accountability.
- 8.4 Going forward a combined LA/CCG quality report will be produced.
- 8.5 Draft proposed KLOEs have been shared informally by the Partnership for the Quality focused Q4 assurance meeting taking place early June. These will now be populated.
- 8.6 The CCG is continuing to fulfil its statutory obligations to safeguarding vulnerable children and adults at risk of abuse.
- 8.7 Concerns raised around maternity services; NCA has made some changes to maternity services that have not been communicated. Service for babies born with tongue tie at PAHT (NMGH) has been stepped down in line with national requirements. MO'D agreed to raise both these issues at the Manchester Operational meeting and with the NCA at FGH.

8.8 Regional Medical Director has noted an increase in still births on a North West level; possible inequities across the patch. Local situation to be monitored.

8.9 GM Safety Siren Group - MO'D to ascertain the governance and the membership.

Peter Bury
Chair

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ACTION LOG

Action	Assigned to	Status
<p>NHSE Quality Assurance Questions</p> <p>Action: It was agreed that SS would transfer the KLOEs into the relevant template and email it back to CJ and CT who will then populate with the relevant information prior to sharing wider.</p>	CJ/CT	Completed.
<p>Safeguarding paper to be presented to the Governing Body.</p> <p>Action: CJ/ML to liaise with Emma Kennett</p>	CJ/ML	
<p>COVID - Maternity Services Assurance</p> <p>Action: MO'D agreed to raise the issues discussed at the North Manchester Operational meeting regarding frenectomy surgery, and will follow up with PAHT re the reduction in the early pregnancy unit and feedback to CF.</p>	MO'D	
<p>GM response to non COVID19 patients – Dashboard Report (GM Safety Siren)</p> <p>Action: MO'D agreed to follow up on CJ's query to ensure there is good representation of people with the required</p>	MO'D	Completed

ACTION LOG

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skills to support that group and ensure there is balanced input into that group.		
Action: J Hall to share the TOR for the Quality & Performance Committee with Local Authority colleagues MS and LM but noted that the likelihood is that a new joint Health and Care Quality Performance Group will be established in due course.	J Hall	Completed

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