

Clinical Governance Committee

Meeting: 3 September 2020, meeting was quorate in accordance with 'lean' arrangements

Overview of business – including summary of key issues for Board

The following items of business were undertaken:

- Approved a new Personal Health Budgets (PHBs) Policy, which sets out the policy and guidance developed to ensure the consistent and transparent delivery of PHBs.
- Received an update on quality team involvement in Restoration & Recovery programme work streams
- Received an update report summarising key issues that have been identified by the quality team for highlighting to the Committee, including:
 - Update on care homes i.e. the significant decrease in the number of suspected or confirmed COVID-19 outbreaks and the support being provided by the quality team / the CCG
 - Provider compliance with infection, prevention and control as per the Simon Stevens, NHS England Phase 3 letter published 31 July 2020
 - Never Events reported by Hampshire Hospitals NHS Foundation Trust; six in 2019/20 and three to date in 2020/21 involving wrong site surgery (2) and wrong implant (1) and actions being undertaken by the trust / CCGs in response
 - Update on long delays in care as a result of COVID-19, particularly in relation to ophthalmology in a number of providers, together with an update on the pilot of a 52+ week harm review tool to measure harm at the point of treatment to ensure a system wide review of the impact of COVID-19 and to take forward any learning from that. Action agreed to refer to the Hampshire and Isle of Wight Access to NHS Services Restoration Group to request assurance around processes for keeping patients and primary care informed in a timely and proactive way
 - Interim arrangements for undertaking Initial Health Assessments (IHAs) for Looked After Children (LAC), where a risk based decision had been taken during COVID-19 to utilise specialist LAC nurses to conduct virtual assessments with medical oversight together with the proposed actions to ensure statutory compliance for IHAs. This includes collating evidence to support a challenge to the Royal Colleges moving forward to support the use of alternative practitioners to undertake these assessments with the right skills and competencies to help future proof the service
 - Update on Child & Adolescent Mental Health Services and the risk of mental health deterioration whilst waiting for assessment and treatment, and actions which have been undertaken to support children and young people during COVID-19 and to restore services moving forward
- The publication of the second issue of the Shared Learning newsletter which has been developed to support the prompt sharing of high-level learning and intelligence between providers in Hampshire and Isle of Wight during the COVID-19 outbreak. This has been shared with the Regional NHS England nursing team who have shared wider as an example of good practice
- Received an update on Integrated Care Partnership quality oversight arrangements.

- Received an update on the Learning Disability Mortality Review (LeDeR) programme and the Phase 3 letter requirement to clear the backlog of reviews by December 2020
- Received the Patient Experience and Complaints Quarter 1 Report 2020/21.

It was agreed that the following should be reported to the Board:

- Hampshire Hospitals NHS Foundation Trust Never Events and assurance regarding actions / how the CCG is working with the trust
- Long waits and in particular the action being taken to refer to the Access to NHS Services Restoration Group to request assurance around processes for keeping patients and primary care informed
- Positive news around the Shared Learning newsletter to demonstrate how the CCG facilitates the learning of lessons.

(Noted that Board receives regular updates on Child & Adolescent Mental Health Services)

Key reference documents

- Minutes of the meeting of 3 September 2020
- Quality Directorate Report (paper reference CLIN20/072)
- Shared Learning Newsletter (August 2020)
- Patient Experience and Complaints Quarter 1 Report 2020/21 (paper reference CLIN20/073)

Date of next meeting: 5 November 2020

Minutes

Clinical Governance Committee (Lean) Meeting

Minutes of the West Hampshire Clinical Commissioning Group Clinical Governance Committee meeting held on 3 September 2020 at 9.00am via video conference

Present:

Judy Gillow	Lay Member: Quality & Patient Experience (Chair)
Charles Besley	Board GP: Totton & Waterside
Mike Fulford	Chief Operating Officer
Simon Garlick	Lay Member: Governance
Karl Graham	Board GP: Eastleigh Southern Parishes
Johnny Lyon-Maris	Board GP: West New Forest
Ellen McNicholas	Director of Quality & Nursing (Board Nurse)
Matthew Richardson	Deputy Director of Quality & Nursing
Sarah Schofield	CCG Chairman
Stuart Ward	Board GP: Eastleigh North & Test Valley South

In attendance:

Carole Berryman	Senior Quality Manager: South West
Joanna Clifford	Head of Quality, Patient Experience & Complaints
Ian Corless	Head of Business Services / Board Secretary
Terry Renshaw	Governance Manager
Jackie Zabiela	Governance Manager (minutes)

Apologies

Adrian Higgins	Medical Director
Rory Honney	Board GP: Andover
Caroline Ward	Lay Member: New Technologies & Digital

Summary of Actions

Minute Ref.	Details	Who	By
4.3	CAMHS: Referrals. To collate CAMHS related actions from various CCG Committees in order to streamline / avoid duplication of discussions.	Ellen McNicholas	ASAP
4.4	CAMHS: Transformation Board. To link with Jenny Erwin to provide more details in a Post Meeting Note for the minutes regarding how the 'middle tier' of children and young people are considered by the Transformation Board.	Judy Gillow	ASAP
7.8	Never Events: Surgical Check Lists. To feedback to the working group the suggestion of developing a digital solution for checklists which would block from moving on within the list unless it is completed properly.	Joanna Clifford	ASAP

Minute Ref.	Details	Who	By
7.12	Long Waits: Communications to Patients and General Practice. To raise for discussion at the Access to NHS Services Restoration Group to seek assurance around process for keeping patients and general practice informed and ensure a pan-Hampshire response from providers.	Mike Fulford	ASAP

1. WELCOME AND INTRODUCTIONS

- 1.1 Judy Gillow welcomed those present to the 'lean' meeting of the NHS West Hampshire Clinical Commissioning Group (CCG) Clinical Governance Committee.
- 1.2 It was confirmed that the meeting was quorate in accordance with the interim revised arrangements.

SECTION 1: BUSINESS

2. DECLARATIONS OF INTEREST (Paper CLIN20/067)

- 2.1 Judy Gillow referred the Committee to the declarations of members' interest.
- 2.2 No specific interests were declared relating to issues to be discussed at the meeting. Attention was drawn to the fact that should a conflict arise at any point during the meeting members would need to declare this fact.
- 2.3 **AGREED:**
The West Hampshire CCG Clinical Governance Committee received the register of interests of members.

3. MINUTES OF LAST MEETING – 2 July 2020 (Paper CLIN20/068)

- 3.1 The Committee received the draft minutes of the meeting held on 2 July 2020 which had been approved via Chair's action and submitted to the CCG Board meeting of 23 July 2020 as part of the Reports from Board Sub-Committees (June and July 2020) report, reference WHCCG20/043.
- 3.2 **AGREED:**
The West Hampshire CCG Clinical Governance Committee ratified approval of the minutes of the meeting held on 2 July 2020.

4. ACTION TRACKER (Paper CLIN20/069)

- 4.1 The Committee received the updated action tracker. The following actions were raised:

- 4.2 **Action CLIN20/009 HHFT C-Section Rates** – The action to progress the request for an overview of reasons for C-Sections being different on each Hampshire Hospitals NHS Foundation Trust site will be taken forward at a Joint Maternity Partnership Group meeting which is taking place on 8 September 2020; the action had been delayed as the maternity group had not met since COVID-19. Work is ongoing to review differences between sites however initial feedback is that there are no safety concerns. Action ongoing.
- 4.3 **Action CLIN20/017 CAMHS Referrals: Sample Size** – whilst the specific action to clarify if the sample size for the audit on CAMHS referrals was statistically appropriate has been completed, potential further action had not yet been agreed due to the need for the CCG to focus on COVID-19 response. Ellen McNicholas reported that there are a number of CCG corporate committees where CAMHS performance has been discussed and a number of actions agreed. These have been collated and she proposed a meeting with Mike Fulford and appropriate Committee Chairs to review and streamline actions and agree which is the most appropriate committee to own each action so that conversations are not duplicated. Mike supported this proposal noting that the focus should be on any potential clinical risk to individuals. An update will be provided to the next meeting.
ACTION: Ellen McNicholas
- 4.4 **Action CLIN20/018 CAMHS: Feedback to Transformation Board** – Judy Gillow advised that all ‘tiers’ of children and young people are being discussed at the Transformation Board, however she would link with Jenny Erwin (who has recently taken on the lead for Children’s mental health services), to provide a Post Meeting Note for the minutes with more detail.
ACTION: Judy Gillow
- 4.5 **Action CLIN20/020 Governance Arrangements** – It was reported that discussions in relation to future governance arrangements are ongoing as part of the CCG organisational change process and will be reflected as we go into the autumn. Any potential changes will be brought to the attention of Committees as appropriate. It was agreed that this action could be closed.
- 4.6 **Action CLIN20/021 Private Providers: Complaints Process** – Patients receiving NHS funded or commissioned services have the right to complain through the NHS and would be handled by the CCG Patient Experience & Complaints Team. It was clarified that the CCG does process quite a few such complaints although it was not possible to provide assurance that every single patient would know this. Ellen McNicholas added that there is sufficient knowledge in the system whereby if a patient complains to a private provider they would forward the complaint to the CCG. It was agreed that this action could be closed.
- 4.7 **AGREED:**
The West Hampshire CCG Clinical Governance Committee:
- **Accepted the updates on the action tracker**
 - **Supported closure of the seven actions detailed in the action tracker / agreed above.**

5. PERSONAL HEALTH BUDGETS POLICY (Paper CLIN20/070)

- 5.1 It was reported that Personal Health Budgets (PHBs) are part of a wider personalisation agenda and provide a tool to support self-management and care planning. This is in line with the Government's mandate to place greater emphasis on individuals as partners able to identify services that best meet their needs. A PHB is an amount of money allocated to support the identified health and well-being needs of an individual. A PHB is not necessarily new money, but a different way of spending health funding to give people with long term health conditions and disabilities more choice and control over how their health and well-being needs are met.
- 5.2 The document provided sets out the policy and guidance developed to ensure the consistent and transparent delivery of PHBs and outlines the local procedure for achieving the implementation of PHBs by balancing choice, risk, rights and responsibilities. The policy has also been reviewed and approved by the Finance & Performance Committee of 27 August 2020 given it relates to financial matters as well as patient experience of care.
- 5.3 Ellen McNicholas requested that her thanks to Julie Addicott and the team is recorded for this excellent piece of work that clearly sets out the governance for the management of PHBs as well as information for recipients of PHBs.
- 5.4 **AGREED:**
The West Hampshire CCG Clinical Governance Committee approved the Personal Health Budgets Policy.

SECTION 2: ASSURANCE

6. HAMPSHIRE & ISLE OF WIGHT (HIOW) RESTORATION & RECOVERY PROGRAMME – QUALITY INPUT (Paper CLIN20/071)

- 6.1 Matthew Richardson reported that on 31 July 2020, Simon Stevens, Chief Executive of NHS England wrote to NHS providers and CCGs setting out the key priorities for the third phase of the NHS response to COVID-19. As set out in the [Phase 3 letter](#), all systems had to submit a draft summary plan by 1 September 2020 that covers the key actions set out in the letter, and final plans by 21 September.
- 6.2 The development of the NHS Restoration and Recovery of Access to NHS Services Plan for Hampshire and Isle of Wight seeks to deliver the national restoration requirements through a number of local work streams as detailed in the report. The paper demonstrates where the WHCCG quality team are involved from the perspective of the quality impact of all of the recovery plans across the system. A separate paper providing a high-level overview of the main objectives of each work stream and the key risks has been provided for the Part 2 Confidential meeting.
- 6.3 No comments or queries were raised in relation to the contents of the report.

6.4 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update on quality input into the HIOW Restoration & Recovery programme.

7. **QUALITY DIRECTORATE REPORT: UPDATES BY EXCEPTION (Paper CLIN20/072)**

7.1 The Committee received a report which provided a summary of risks or issues which have been identified either because they have the greatest consequence or impact on patient safety, experience or clinical effectiveness or because the controls put in place are not considered to fully mitigate the risk. The following items were highlighted during discussion.

Compliance with Infection Prevention and Control (IPC) as per the Phase 3 letter published 31 July 2020

7.2 The Phase 3 letter put a number of stipulations around IPC; the quality team are regularly meeting with trusts to discuss all issues around IPC. One concern raised was around visiting hospitals; the guidance changed in July from a blanket ban on visiting, to being at the discretion of local trusts. It was confirmed that local trusts are operating within that framework; HHFT and University Hospitals Southampton NHS Foundation Trust (UHSFT) both have warnings and information about visiting on their websites / visible on site and visiting is at the discretion of the ward managers.

Hampshire Hospitals NHS Foundation Trust (HHFT): Never Events

7.3 The trust has reported three Never Events (NEs) so far this financial year (two wrong site surgeries and one wrong implant) and is the third highest reporting provider for NEs in the South East Region. Never Events are a good indicator for commissioners to consider when thinking about the quality, care and safety processes of an organisation. The latest Care Quality Commission inspection report published on 7 April 2020 concluded that HHFT staff in the operating theatres and treatment centre followed the World Health Organisation (WHO) Surgical Safety Checklist and five steps to safer surgery. They were satisfied that compliance was monitored and noted the improvements in compliance with the fifth step (debrief), however these recent incidents demonstrate that further improvement is still required.

7.4 Key elements are the repeat WHO check process, consent processes and recording, and ensuring that NE learning is trust-wide and not just localised e.g. endoscopy and EDs and not just thinking about the surgical unit. There is also the need for culture change, for example when asking patients to provide their name rather than asking them to agree they are the named person. A number of actions are being taken forward by the trust and the CCG Head of Quality as detailed in the report.

7.5 With regard to the WHO surgical safety checklist, it was advised that the debrief section of the checklist was not readily followed and on some occasions if the check process is disrupted for any reason e.g. if someone leaves the room it is not then followed with everyone's attention. On other occasions they have only been partially completed. It was highlighted that it is important to understand the context e.g. disruptions or major incidents in the department in order to prevent what is leading to these failures in care.

- 7.6 It was confirmed that the trust executive team remain focussed on patient safety; Joanna Clifford advised that she is included in more of the trust's internal meetings where it is evident that executive leads have been allocated to key issues. However, it was acknowledged that culture change does take some time and it is important to note that the trust is involving commissioners much more in internal meetings now than may have been the case in the past. In addition, Julie Dawes, Director of Nursing will be taking a paper on NEs to the next North & Mid Hampshire Quality Committee so this is also being scrutinised at Integrated Care Partnership level.
- 7.7 It was pointed out that some of the 'softer' elements around adherence to following protocols is seen across the system (not just HHFT) and so the focus needs to be on the cultural aspects e.g. the Ask Don't Tell methodology, to really change the culture regarding checklists.
- 7.8 It was suggested that there may be an opportunity to develop a digital solution for checklists so that there is a block on moving on within the list unless it is completed properly, rather than a paper form. It was agreed that Joanna would take this to the working group for consideration.
ACTION: Joanna Clifford
- 7.9 Judy Gillow summarised that this is an area of concern for us as a Committee; there is assurance in terms of the input from Joanna however the Committee was not assured that there would be no further such Never Events. It was therefore agreed that this would be logged as an agenda item for the next meeting for feedback on the actions that are being undertaken (*logged for agenda*).

Long delays in care as a result of COVID-19

- 7.10 As reported to the previous meeting, a process has been developed to undertake harm reviews for individuals who have waited more than 52 weeks for treatment, which is being piloted at HHFT and UHSFT. HHFT have reviewed 21 cases across a number of specialities and identified one trauma and orthopaedic patient who was deemed to have experienced mild harm in relation to further disease progression. There is a need to focus on clinical prioritisation and key areas of improvement in keeping patients and GPs informed of the plans in place and advised of red flags. It was confirmed that the patient concerned had undergone clinical prioritisation and they and their GP had been kept informed.
- 7.11 Another key area of focus for HHFT is to ensure that reviews are undertaken at the time patients are seen to ensure prompt learning across the system. UHSFT is making the tool electronic which will be completed when the patient is seen. No data has been received as yet but this will be progressed and the Committee kept updated. The process will be reviewed in October to make it more concise following feedback from consultants.
- 7.12 As raised at previous meetings, the importance of providers ensuring that both patients and GPs are kept informed was reiterated to ensure that patients are not always told to go back to their GP if they have concerns, particularly given the reduced capacity in primary care due to COVID-19 / IPC requirements and the increasing waiting lists. Following a short period of discussion, it was agreed that, as this is a requirement of the Phase 3 response, it should be picked up as part of the

formal Restoration & Recovery programme for a pan-Hampshire response from providers. Mike Fulford will therefore ensure that this is added to the agenda for discussion at the Access to NHS Services Restoration Group for a collective response. Any issues or challenges that arise could then be escalated to the Hampshire & Isle of Wight Restoration & Recovery Board which has Chief Executive membership from all our providers. It was requested that discussions include a proposal for a short audit to be built in once processes are in place to test it out.

ACTION: Mike Fulford

- 7.13 There was a suggestion that each practice is informed of the outcome and given explicit points of contact e.g. a single phone number and email address so that there are two points of contact per trust which can be given out to patients if they have an issue. This could then potentially be linked to a centralised system / contact so that if someone experiences an issue they can feed this back so that this can be followed up / monitored. This could also be linked into the harm review audit process in terms of keeping patients and GPs informed.

Statutory Initial Health Assessments (IHAs) for Looked After Children (LAC)

- 7.14 Matthew Richardson reported that it is a statutory requirement that LAC IHAs are undertaken by medical practitioners as this requires a physical examination of the child. In order to maintain urgent IHAs, during the COVID-19 pandemic a risk based decision had been taken to utilise specialist LAC nurses to conduct virtual assessments with medical oversight. The quality of these assessments is being audited and to date have been found to be of very high quality.
- 7.15 However, it is understood that the Royal College of Paediatric and Child Health, Royal College of Nursing and Royal College of General Practice have stated that IHAs are outside the scope of practice and professional registration of nurses. This may be due to some areas of the country where there has been no medical oversight, however in Hampshire this was in place. All children that have been seen virtually by either a doctor or a specialist nurse will receive an appointment for a physical examination and the aim is to revert back to hubs doing the assessments when there is capacity.
- 7.16 The purpose for bringing this item to the Committee is that there is an appetite to challenge the Royal Colleges as it is felt an appropriately trained advanced nurse practitioner has the ability to do IHAs i.e. have a hybrid model. Hampshire will revert back to the usual process however will challenge the Royal College position so that there is capacity to diversify in the future; the Committee was asked to confirm support for this proposal. Ellen McNicholas added that she will also be taking this to the Hampshire Safeguarding Partnership to ensure that our statutory partners are informed as well. The Committee supported the proposed approach.

Child & Adolescent Mental Health Services (CAMHS)

- 7.17 Carole Berryman referred to concerns that had been raised by the Board and this Committee around the CAMHS service, particularly in relation to assurance and what is being done about the waiting list. Over the last six months during COVID-19 the number of referrals has gone down; these are starting to increase and treatment has continued, albeit remotely through digital means. Therapeutic interventions through digital means are not appropriate for a number of young people and so the service is

beginning to move back to face-to-face sessions, with all sites having been risk assessed to do this.

7.18 However, the acuity of young people referred has been much greater than in the past which has resulted in a number being admitted to wards and supported by the i2i service which has had to take support from the community CAMHS team. There is therefore a demand to not only look after those that have been admitted to hospital whilst also trying to maintain young people in their home to prevent admission. This has been a challenge over the summer but is beginning to get back to normal activity and staff are starting to return to their community teams.

7.19 Children on the waiting list still go through the usual process through the Single Point of Access (SPA) and any young people referred are signposted to voluntary groups. The website has been enhanced with self-help videos which have been positively received. Each individual referred to the SPA is allocated to a team and a duty clinician from that team receives any phone calls from the young person or their carers and triaged appropriately. Each clinic has an evaluation process so that every time someone is seen they are asked how it went. On the whole feedback is positive, although some have refused on-line treatment and are happy to wait.

7.20 It was clarified that it is felt that referrals have gone down due to children not being at school and so they have not had the increased anxiety that schools bring; it is expected there will be a surge in referrals once schools go back.

7.21 **AGREED:**

The West Hampshire CCG Clinical Governance Committee:

- **Received the quality directorate update report**
- **Supported the proposed approach with regard to Initial Health Assessments for Looked After Children i.e. revert to the usual approach but challenge the Royal Colleges with regard to developing a hybrid approach with appropriately trained advanced nurse practitioners to undertake IHAs with medical oversight.**

8. SHARING LEARNING AND EMERGING THEMES & TRENDS

8.1 The Committee received Issue 2 of the Shared Learning newsletter which had been provided for information. Joanna Clifford reported that she chairs a fortnightly Learning & Sharing meeting for acute and community providers as well as local hospices and the success of this newsletter is that it raises issues early on via this forum. This will need to be continued when we come out of COVID-19. The newsletter has been shared with the Regional NHS England nursing team who are impressed and have shared quite widely as an example of good practice. Thanks were expressed to Joanna on behalf of the Committee for leading this work.

8.2 The Committee also received a report which summarised serious incidents for WHCCG providers during the COVID-19 pandemic, including any learning that had been identified.

8.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update.

9. INTEGRATED CARE PARTNERSHIPS (ICPS): QUALITY

9.1 The Committee received two papers in relation to Integrated Care Partnership (ICP) quality functions which had been provided for information. It was highlighted that the ICP / Integrated Care System (ICS) is still developing and will continue to evolve. Whilst this continues, the Clinical Governance Committee remains a statutory committee of the CCG and will continue scrutiny and oversight on the quality and safety of commissioned services, whilst other processes continue to develop in parallel.

9.2 It was queried if it is possible to separate the CCG quality risk register into ICP areas to ensure that risks are aligned; Ellen McNicholas advised that this had already been raised at the Southampton & South West ICP quality meeting. It was acknowledged that risk registers are a key concern and will need to be an area of focus to ensure that duplication is avoided whilst ensuring that things do not potentially fall through any gaps.

9.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update on ICP quality arrangements.

10. LEARNING DISABILITY MORTALITY REVIEWS (LEDER) UPDATE

10.1 Ellen McNicholas reminded the Committee that the LeDeR programme relates to the review of deaths of individuals who have a diagnosis of a learning disability, which are carried out by someone with a clinical or social work background to look at the circumstances of their death and their life leading up to that period. The purpose is to ensure learning, including the NHS England guidance around learning and making recommendations about local commissioning systems. The Phase 3 letter referred to earlier also includes specific requirements for these reviews.

10.2 There has been a backlog in undertaking these reviews, which is a common problem across the country. This is mostly as the process relies on individuals undertaking reviews on top of their day jobs. The Phase 3 letter included a request to undertake a deep dive on a set number of reviews per head of population. Carole Berryman and other coordinators completed the reviews which was submitted on time. The next part is to clear the backlog by 31 December 2020. There are 89 outstanding across the whole of the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership area however WHCCG have the most significant number of reviews. There are currently around 24 reviewers across the system however more cases are coming in and so there could be as many as 125 reviews to undertake. This will require people being freed up from their daytime role to get this cleared, but will have a dramatic impact on the lives of people with a learning disability going forward in terms of identifying learning / improvements to services.

- 10.3 Ellen will therefore be writing to Directors of Nursing colleagues across SHIP asking for their support for reviewers to be used across the area, rather than their own local geography. £38,500 has been allocated which will be used to provide some additional reviewing resource, and between the quality, complaints and continuing healthcare teams WHCCG has been able to identify some administrative resource to support these functions. Matthew Richardson is also liaising with Deputy Directors of Nursing to try and identify someone who can take a focussed lead on this. Up until now Carole and other area coordinators have been working very collaboratively however more focus is needed until December and to ensure reviews are undertaken in a timely way going forward.
- 10.4 It was agreed that it would be helpful for the Committee to receive updates on clearing the backlog, the process going forward and the learning from the reviews (*logged for agenda*).
- 10.5 **AGREED:**
The West Hampshire CCG Clinical Governance Committee received the update on the LeDeR process.
- 11 PATIENT EXPERIENCE & COMPLAINTS: QUARTER 1 2020/21 REPORT (Paper CLIN20/073)**
- 11.1 The Committee received the Quarter 1 2020/21 Patient Experience and Complaints Report which summarises the numbers of complaints, concerns, compliments, MP/other enquiries, comments or requests for information or advice and GP contacts via the GP Feedback tool. The report also demonstrates service improvements and ongoing work by the quality and commissioning teams to improve the experience for patients arising from people's experience of healthcare.
- 11.2 Further information was requested with regard to the deterioration in response times. Matthew Richardson advised that during quarter 1 there had been a national pause on the complaints process which meant that the CCG took complaints in and would action if they could be locally resolved, however where complaints required multiple providers to investigate these were put on hold. There has been a significant drop in complaints and concerns coming in, however it is likely that complaints numbers will go up, particularly in relation to long waits.
- 11.3 Performance against the 30 day response timescale dropped because a number of complaints had been put on hold and the patient experience and complaints team worked over that period to resolve some of the more complex Continuing Healthcare (CHC) complaints. The drop off in response times from the CHC and commissioning teams was due to staff being redeployed to support the response to COVID-19. It is anticipated that this will recover in the coming quarters as the system comes back on line.
- 11.4 **AGREED:**
The West Hampshire CCG Clinical Governance Committee received the quarter 1 2020/21 patient experience and complaints feedback report.

SECTION 3: ESCALATION & CLOSE OF MEETING

12. ESCALATION

12.1 It was agreed that the following should be reported to the Board:

- Hampshire Hospitals NHS Foundation Trust Never Events and assurance regarding actions / how the CCG is working with the trust
- Long waits and in particular the action being taken to refer to the Access to NHS Services Restoration Group to request assurance around processes for keeping patients and primary care informed
- Noted that Board receives regular updates on Child & Adolescent Mental Health Services
- Positive news around the Shared Learning newsletter so that the public as well as the Board are aware of how the CCG facilitates the learning of lessons.

12.2 In accordance with the current 'lean' committee processes, discussions from this meeting will be presented to the Board as a high level summary / overview of the whole Committee meeting, with the discipline of getting minutes turned round quickly and approved via Chair's Action so that everything is available for the Board to be assured at its meeting on 24 September 2020. This process will continue until such times as things change.

13. ANY OTHER BUSINESS

13.1 No items of Any Other Business were raised.

14. DATES OF FUTURE MEETINGS

14.1 The next meeting is currently scheduled to take place on Thursday 5 November 2020, timings to be confirmed closer to the time.

Dates of future meetings:

7 January 2021

4 March 2021

BLANK PAGE