

Clinical Governance Committee

Meeting: 5 November 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:

- Received an update on quality team involvement in Restoration & Recovery programme work streams, with a discussion highlighting:
 - the importance of ensuring that the CCG continues to support and work with providers in managing COVID-19, a safe winter and protecting elective care
 - the need to ensure that patients do not come to any harm whilst waiting for services
 - the need to support staff both in the CCG and providers who are experiencing high levels of fatigue
 - ensuring there is the ability to escalate concerns up through the system to national level if need be
- Received an update report summarising key issues that have been identified by the quality team for highlighting to the Committee, including:
 - Progress in establishment of Designated Premises to take COVID-19 positive patients being discharged from hospitals in place of discharge to care homes; these need to be inspected and certified by the Care Quality Commission before patients can be discharged into them
 - Long delays in care as a result of COVID-19: 52+ week referral to treatment breaches; two cases of harm have been reported by our providers in relation to breaches, one deemed to be mild harm further to disease progression in an orthopaedic patient and the other case a urology patient related to psychological harm (level of harm to be confirmed)
 - Confirmation that Hampshire Hospitals NHS Foundation Trust (HHFT) has not reported any further Never Events since August 2020; the total number declared by the trust during 2020/21 remains at three and the report details the actions that have been put in place
 - Long waits in Ophthalmology at University Hospital Southampton NHS Foundation Trust (UHSFT), with the management of the backlog of patients' appointments and high demand for the service remaining an area of concern
 - The increasing acuity in young people in the care of the Children's and Adolescent Mental Health Services since the start of the pandemic, as well as the increasing number of young people with a mental health problem presenting to emergency departments and being admitted to paediatric wards
- Received an update on Serious Incidents during 2020 to date relating to falls, which found that there were no new key headlines in relation to themes from falls as a result of the COVID-19 pandemic, with findings similar to those noted during winter periods
- Received an update on the Learning Disability Mortality Review (LeDeR) programme and progress in relation to the Phase 3 letter requirement to clear the backlog of reviews by December 2020
- Received the Patient Experience and Complaints Quarter 2 Report 2020/21
- Received the following 2019/20 annual reports:

- Medicines Optimisation Annual Report 2019/20
- Hampshire Safeguarding Adult Board Annual Report 2019/20
- Hampshire Safeguarding Children Partnership Annual Report 2019/20

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

- The importance of the wellbeing of our staff in the CCG and also in the wider system, as well as that of patients.

Key reference documents

- Minutes of the meeting of 5 November 2020

Papers are accessible on Board Packs and are available on request.

- Hampshire and Isle of Wight Restoration and Recovery Programme: West Hampshire CCG Quality Input (paper reference CLIN20/082)
- Quality Directorate Report (paper reference CLIN20/083)
- Serious Incidents 2020: A focus on falls (paper reference CLIN20/084)
- Patient Experience and Complaints Quarter 2 Report 2020/21 (paper reference CLIN20/085)

Date of next meeting: 7 January 2021

Minutes

Clinical Governance Committee (Lean) Meeting

Minutes of the West Hampshire Clinical Commissioning Group Clinical Governance Committee meeting held on 5 November 2020 at 9.00am via video conference

Present:	Judy Gillow Charles Besley Mike Fulford Karl Graham Adrian Higgins Johnny Lyon-Maris Ellen McNicholas Matthew Richardson Sarah Schofield Caroline Ward Stuart Ward	Lay Member: Quality & Patient Experience (Chair) Board GP: Totton & Waterside Chief Operating Officer Board GP: Eastleigh Southern Parishes Medical Director Board GP: West New Forest Director of Quality & Nursing (Board Nurse) Deputy Director of Quality & Nursing CCG Chairman Lay Member: New Technologies & Digital Board GP: Eastleigh North & Test Valley South
In attendance:	Kathy Abbott Joanna Clifford Rhian Cross Jonathan Davies Jim Smallwood Jackie Zabiela	Consultant Designated Professional Safeguarding Adults (observing) Head of Quality, Patient Experience & Complaints Quality Manager (observing) Quality Manager (observing) Secondary Care Consultant Governance Manager (minutes)
Apologies	Carole Berryman Simon Garlick Jaki Metcalfe Cressida Zielinski	Senior Quality Manager: South West Lay Member: Governance Consultant Nurse, Safeguarding Adults Interim Designated Nurse Safeguarding Children

Summary of Actions

Minute Ref.	Details	Who	By
4.12	Long Waits: Communications to Patients and General Practice. To circulate the final agreed letter via Jackie Zabiela.	Mike Fulford	20 Nov 2020

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.

Kathy Abbot, Rhian Cross and Jonathan Davies were introduced to members. They were in attendance to observe proceedings.

- 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 CLIN20/079)

- 2.1 Judy Gillow referred the Committee to the declarations of members' interest.
- 2.2 Stuart Ward reported an additional interest in that his daughter now works as a nurse at Hampshire Hospitals NHS Foundation Trust.
- 2.3 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.
- 2.4 **AGREED:**
The West Hampshire CCG Clinical Governance Committee received the register of interests of members.

3. MINUTES OF LAST MEETING – 3 September 2020 (Paper CLIN20/080)

- 3.1 The Committee received the draft minutes of the meeting held on 3 September 2020 which had been approved via Chair's action and submitted to the CCG Board meeting of 24 September 2020 as part of the Reports from Board Sub-Committees (August and September 2020) report, reference WHCCG20/052.
- 3.2 **AGREED:**
The West Hampshire CCG Clinical Governance Committee ratified approval of the minutes of the meeting held on 3 September 2020.

4. ACTION TRACKER (Paper CLIN20/081)

- 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 (HHFT) site will be taken forward at the HHFT Maternity Performance Meeting to be held on 28 December. An update will therefore be provided to the January 2021 meeting.
- 4.3 **Action CLIN20/011 LeDeR GP Coding** – An update on the actions being undertaken to ensure that GPs have an accurate register of patients with a learning disability or autism was included in the action tracker. Sarah Schofield drew attention to the

statement which read that learning disability nurses from Southern Health NHS Foundation Trust (SHFT) work closely with primary care to support GPs to validate their registers for people with learning disabilities, pointing out that there may be patients who are not known by SHFT and are we therefore confident that all the patients are being captured. In response Ellen McNicholas advised that there is a significant amount of work underway on this. There were three specific targets from the Simon Stevens, NHS England Phase 3 letter on restoration and recovery relating to learning disability and autism; moving people out of long term institutional care, annual health checks and the LeDeR reviews. Key for this is having an up to date register as GPs need to know who to apply annual health checks and LeDeR reviews. It is recognised that this cannot be done without engaging with primary care so work is underway on this including ensuring that registers are up to date and developing flags etc., in addition to the work with SHFT. It was agreed that this action was closed.

- 4.4 **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.
Action CLIN20/018 CAMHS: Feedback to Transformation Board – Judy Gillow has previously advised that all ‘tiers’ of children and young people are being discussed at the Transformation Board.
- 4.5 The meeting of 3 September 2020 had agreed that all actions relating to Child & Adolescent Mental Health Services (CAMHS) that had been raised by the various CCG committees would be reviewed in order to streamline and agree which committee has oversight; a meeting took place on 21 September to clarify / articulate key concerns around CAMHS, agree actions and the right forum to be scrutinised in terms of delivery.
- 4.6 Judy Gillow advised that she had been in discussion with Jenny Erwin to review all the risks on the risk register with the aim of condensing into a more focussed list. A detailed report will come to the January 2021 meeting and the risk register will come back through this Committee. Meetings have taken place with executives and colleagues and Jenny and the team are in the process of reviewing the investment this year to focus on the priorities, particularly the waiting list and where more can be added to crisis management; this will then go to governing bodies across the HIOW Partnership of CCGs / West Hampshire CCG.
- 4.7 Mike Fulford declared an interest in that one of his family members has a referral in for CAMHS. He reported that there had been some issues finalising the pan-Hampshire investment which have now been resolved and will be confirmed to providers this week. The next stage will be to confirm the next steps this year in investment and how to put in the capacity to start to address waiting lists for both CAMHS and autism services.
- 4.8 Judy added that in addition there have been discussions with Ron Shields, Chief Executive of SHFT who leads on the overarching HIOW Mental Health Board in relation to how CAMHS reports into this, particularly in terms of transition into adult services.
Post Meeting Note: The two outstanding CAMHS actions will be amalgamated into one given the focus has changed.

- 4.9 **CLIN20/025 Never Events: Surgical Check Lists:** The action to feedback the suggestion of developing a digital solution for checklists which would block from moving on within the list unless it is completed properly has been completed. HHFT have confirmed that this has been used although there are some challenges noted with computers not being near to patients and therefore the person completing it feeling 'out of the team' and it turning into a tick box exercise. Individual teams will consider this for their areas of work as it is noted that it may be more effective in different environments.
- 4.10 Karl Graham advised that he was not assured that anything has changed, adding that there are portable digital solutions that could be used. Joanna Clifford reported that she had spoken to the trusts patient safety lead who is a theatre nurse by background. The trust had trialled a computerised system in some theatres however it does not work in all. In some areas such as cardiology it might fit well because of the size of the room, but where computers are situated in main theatres this does take people away from the rest of the team; she reiterated that the trust are still looking at this and what works best in specific specialities. Joanna added that it is worth noting that work is taking place nationally around this and she is part of a national task group looking at barriers to prevent Never Events and making them stronger in relation to human factors.
- 4.11 Members were referred back to the action which was specifically about feeding back to the working group the suggestion of developing a digital solution and as such this action could be closed. As there was a paper about Never Events in the Part 2 confidential agenda it was recommended that this specific action is closed and once the Committee had reviewed the paper on Never Events if there is still a gap in assurance this could then be picked up as an action. Action therefore closed.
- 4.12 **CLIN20/026 Long Waits: Communications to Patients and General Practice:** Mike Fulford reported that a draft letter had been under review by trust medical directors for some time and that a final version had now been agreed. Rachael King will be sending him the latest letter which will be a general template with the ability for trusts to add local information if needed. This will be circulated via Jackie Zabiela for information and will hopefully go out from trusts to all patients on their waiting lists in the next week or so.
ACTION: Mike Fulford (Jackie Zabiela)
- 4.13 **AGREED:**
The West Hampshire CCG Clinical Governance Committee:
- **Accepted the updates on the action tracker**
 - **Supported closure of the two actions agreed above.**

SECTION 2: ASSURANCE

5. **HAMPSHIRE & ISLE OF WIGHT RESTORATION & RECOVERY PROGRAMME – WEST HAMPSHIRE CCG QUALITY INPUT (Paper CLIN20/082)**
- 5.1 Matthew Richardson introduced the paper which was intended to provide assurance that the West Hampshire CCG quality team are involved in all elements of the

Restoration & Recovery programme, as well as update on the Quality Impact Assessments (QIAs) in relation to each of the key work streams. In most cases the QIAs have been drafted and approved, however some remain in development. QIAs will change as work streams progress, for example the primary care and community QIAs are now under review in light of the national lockdown. QIA quality metrics are also being developed to ensure / demonstrate that what we are doing is successful. Judy Gillow observed that the report brings home how involved the quality team are alongside all their other priorities and expressed her thanks for their input.

- 5.2 Stuart Ward took the opportunity to query the purpose of this Committee as well as that of the CCG as a commissioning organisation. His feeling was that it is to ensure the safety and best outcomes for our patients and in so doing ensuring that all staff across the system are as safe and supported as they could be, including in terms of their mental health. There is a lot of emphasis from the Centre in relation to hitting targets e.g. reducing the number of long waits and if at some point there is not the capacity to manage patients appropriately how / at what point should we escalate our concerns? As an oversight, commissioning group, where should the focus be and where should we be highlighting issues in order to support staff at all levels across the system.
- 5.3 Judy Gillow stated that she would say that at high level our overriding role is to make sure that all our patients receive high quality care at the right time in the right setting and that staff are supported to deliver that. This then leads to how do we promote the safety of our staff and patients and how are any concerns escalated. Ellen McNicholas reflected that this is a reminder that our focus needs to be on assuring the quality and safety of services that we are either currently commissioning or planning to commission. It is a challenging time, not just in terms of COVID-19 but also the system reform that is ongoing that adds a level of complexity. She added that similar concerns have been raised in other forums across the system.
- 5.4 The South East system has received a letter from Anne Eden, NHS England detailing the expectations of the regional response and outlining a triple aim of continuing with restoration and recovery following wave 1, to deal with winter and to deal with the second wave of COVID-19. As a reminder the position before COVID-19 was that there were 40 to 50 waits in excess of 52 weeks across Hampshire and now there are thousands of people waiting. There is a quality and safety issue around that in terms of ensuring they are not coming to harm whilst waiting. This will have a significant impact not only on patients but also on our staff, who are tired / fatigued with managing COVID-19 etc.
- 5.5 For us it is about how we respond to support individual trusts etc. A joint response across the system is needed as if a change is made in one provider it could impact on others. As commissioners we therefore need to respond wherever we can such as lending our expertise where we think it is needed e.g. Matthew Richardson is now providing infection prevention and control support to HHFT. It is also about assisting each other around prioritisation for patients and staff and ensuring that appropriate messages are fed up through the right channels. This Committee has a key influencing role and the CCG has senior people present at relevant groups so areas of concern can be escalated when needed. There has been a focus on planned care but we are working very hard to try and achieve parity in terms of mental health services; the challenge is how we manage things as we need to.

5.6 Adrian Higgins stated that clearly the national direction is that all the three issues detailed above are of equality priority. However it is evident in primary care and across provider trusts that fatigue is setting in both in terms of front line staff and at senior level in trying to balance those priorities and effectively deliver against all. Whilst he agreed that we need to be balanced in our response and be effective in delivery, he stated that it would be helpful to have some greater understanding of where things may not be quite right / achieved and to have that detailed review in order to respond. He also questioned whether it was the right time to be going through a reorganisation / whether this process could be simplified in any way; in response it was pointed out that there will be a lot of positives to be achieved from reorganisation so it is about how we do this to the best of our ability.

5.7 In light of discussions it was therefore proposed that more time is spent on restoration and recovery on future agendas and to identify any priorities where there are concerns.

5.8 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update report.

6. QUALITY DIRECTORATE REPORT: UPDATES BY EXCEPTION (Paper CLIN20/083)

6.1 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.

Care Homes and Acute Providers: Designated Premises Guidance

6.2 Matthew Richardson reported that the Department of Health and Social Care has written to Local Authorities and CCGs requiring that any COVID positive patients that require a care home go to a designated premises which is Care Quality Commission certified; these are stand-alone premises with their own staff for COVID patients. The ambition is to prevent what happened during Wave 1 where COVID was seeded into care homes and lots of outbreaks were seen.

6.3 Identifying homes suitable to become designated settings has been problematic and the independent adult social care sector has been reluctant to accept COVID-19 patients; as such there is a hiatus regarding discharges from trusts whilst waiting for designated premises to come on line. It was emphasised that currently this relates to a small number of patients with most able to go home with enhanced packages of care, however it is likely that this could become more significant. The national guidance also does not address the legal framework under which patients could be prevented from going to a care home of their choice or deprived of their liberty in a designated premise if this is not where they want to go. It is envisaged that more will have come on line in the next few weeks ready for when we are likely to hit the peak.

- 6.4 It was queried whether rather than sending people to a designated placement we explore 24 hour care at home as much as possible. In response it was advised that the local authorities are proactive in the Home First programme and enhancing packages of care. However there are significant problems in the domiciliary care market and it is not always appropriate to put someone into someone's premises if they are COVID positive. It was reiterated that at present there are only a few patients affected at the moment.

Never Events, Hampshire Hospitals NHS Foundation Trust (HHFT)

- 6.5 Joanna Clifford reported that HHFT have not reported any more Never Events since the last meeting so there remains three in total. Joanna is working with the trust's patient safety manager to work through the action plan to ensure everything remains on track. A thematic review of Never Events identified themes around communications and what allows this to happen, as described in a Part 2 report; it was emphasised that HHFT are not alone in this.
- 6.6 HHFT have launched the 'Ask, Don't Tell' methodology as part of the World Health Organisation Patient Safety Day where people are asked who they are rather than telling them (i.e. Who are you? rather than Are you ...?). Joanna has also been asked to set up a Hampshire & Isle of Wight Never Event Forum to share learning and challenges; she is in the process of linking with providers to see if this is something they would like to participate in. In addition she is in communication with the Royal College of Ophthalmologists in relation to rescheduling the previously planned Never Event conference, which was cancelled because of COVID-19.

- 6.7 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the quality directorate update report.

7. SHARING LEARNING AND EMERGING THEMES & TRENDS

Serious Incidents 2020: a focus on falls

- 7.1 Joanna Clifford reported that the purpose of the report was to provide an analysis of falls following a previous query regarding falls in relation to COVID-19. There has been a decline in falls when compared with the same period during 2019, but comparisons should not be made between the data as there have been fewer patients in inpatient setting during the pandemic and those that were admitted were of a higher acuity.
- 7.2 Initially it had been thought that there were some emerging themes such as donning Personal Protective Equipment (PPE) and not getting to patients in time, as well as those nursed in isolation. However nationally there have not been enough incidents to call it a theme and numbers are reducing.
- 7.3 The main focus moving forward will be to try and reduce themes. HHFT have agreed to be part of pilot on draft guidance / templates for response to inpatient femoral fractures that is based on the approach of the Patient Safety Incident Response Framework which will allow review and identification of learning in a more streamlined way. University Hospital Southampton NHS Foundation Trust is also keen to consider

participating in this pilot and there are plans to approach Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust to see if they would be interested in participating to enable a Hampshire & Isle of Wight approach.

Emerging Themes

7.4 In terms of any other emerging themes, the next issue of the Shared Learning newsletter will be coming out soon; it was noted that there has been very positive feedback on this from across the patch.

7.5 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update.

8. LEARNING DISABILITY MORTALITY REVIEWS (LEDER) UPDATE

8.1 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 or autism, 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, including the target to clear the backlog of LeDeR reviews for people with LD or autism by 31 December to ensure we are not missing any potential learning from COVID, although it was pointed out that most of the backlog is pre-COVID. The slides provided outline the current position and actions being taken to clear the backlog by the deadline.

8.2 Judy Gillow reflected that this is an important piece of work as these are really vulnerable people in our community and we owe it to them to learn and improve our practice.

8.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the update on the LeDeR process.

9. PATIENT EXPERIENCE & COMPLAINTS: QUARTER 2 2020/21 REPORT (Paper CLIN20/085)

9.1 The Committee received the Quarter 2 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. No comments or queries were raised in respect of the report.

9.2 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the quarter 2 2020/21 patient experience and complaints feedback report.

10. Medicines Management Annual Report 2019/20

10.1 The Committee received the Medicines Management Annual Report 2019/20 as submitted to the Primary Care Commissioning Committee in June 2020. No comments or queries were raised in respect of the report.

10.2 **AGREED:**

The West Hampshire CCG Clinical Governance Committee received the Medicines Management Annual Report 2019/20.

11. Safeguarding Annual Reports 2019/20

11.1 The Committee received the Hampshire Safeguarding Adults Board (HSAB) and Hampshire Safeguarding Children Partnership (HSCP) annual reports for 2019/20.

11.2 Jonathan Davies stated that, as the former manager of the team who produced the HSCP report, he would like to point out just how influential the CCG has been over 2019/20 in driving forward the work of the HSCP.

11.3 **AGREED:**

The West Hampshire CCG Clinical Governance Committee noted the publication of the Hampshire Safeguarding Adults Board and Hampshire Safeguarding Children Partnership annual reports for 2019/20.

SECTION 3: ESCALATION & CLOSE OF MEETING

12. ESCALATION

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

- Importance of the wellbeing of our staff in the CCG and also in the wider system and patients as discussed.

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 26 November 2020. This process will continue until such times as things change.

13. ANY OTHER BUSINESS

13.1 Ellen McNicholas stated how incredibly proud she is of the WHCCG quality directorate and the team during these really unusual times. The Committee had heard a lot today about the work that Matthew Richardson and Joanna Clifford have done, however Rhian Cross and Jonathan Davies who were both on the call and who recently joined us have been thrown into the deep end and have risen to that challenge really well. Kathy Abbott is supporting the safeguarding team which has

significant capacity issues and she and Cressida Zielinski have been fantastic. She added that she almost feels that she should do a roll call of everyone's names as she wanted to highlight to the Committee how fabulous the team are. Judy Gillow and Ellen will discuss off line about sending a joint, personal letter to thank them.

14. DATES OF FUTURE MEETINGS

- 14.1 The next meeting is currently scheduled to take place on Thursday 7 January 2021, timings to be confirmed closer to the time.

Dates of future meetings:

4 March 2021