

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

Quality and Performance Committee

Ratified minutes of the meeting held on

26/05/2022 9:00-11:45

MS Teams Meeting

Members present:

Eleri de Gilbert	Non-Executive Director (Chair)
Jon Towler	Non-Executive Director
Caroline Nolan	System Delivery Director – Urgent Care
Dr Stephen Shortt	Joint Clinical Leader
Hazel Buchanan	Associate Director of Strategic Programmes
Stuart Poyner	Chief Finance Officer
Danni Burnett	Deputy Chief Nurse
Dr Manik Arora	GP Representative (until 09:30)
Mindy Bassi	Chief Pharmacist
Maxine Bunn	Associate Director of Commissioning

In attendance:

Katie Swinburn	Engagement Manager (for item 14, QP 22 014)
Dave Briggs	Medical Director
Marios Adamou	ICB Non-Executive Director (Observing)
Stephen Jackson	ICB Non-Executive Director (Observing)
Sally Dore	Assistant Director Quality and Personalised Care (Observing)
Louise Espley	Corporate Governance Officer (minutes)
Sian Gascoigne	Head of Corporate Assurance

Apologies:

Rosa Waddingham	Chief Nurse
Sue Clague	Non-Executive Director
Lisa Durant	Director of Commissioning - Mid Nottinghamshire

Cumulative Record of Members' Attendance (2021/22)					
Name	Possible	Actual	Name	Possible	Actual
Dr Manik Arora	02	02	Eleri de Gilbert	02	02
Maxine Bunn	02	02	Caroline Nolan	02	01
Danni Burnett	02	02	Stuart Poynor	02	02
Sue Clague	02	01	Jon Towler	02	02
Rosa Waddingham	02	01	Sarah Bray	02	02
Dr Stephen Shortt	02	02			

Introductory Items

QP 22 020 Welcome and Apologies

Eleri de Gilbert welcomed members and attendees to the Quality and Performance Committee meeting which was held on MS Teams due to the current Covid-19 situation. Apologies were noted as stated above. Dave Briggs, Stephen Jackson, Sally Dore and Marios Adamou were welcomed to the meeting and all those present introduced themselves.

QP 22 021 Confirmation of Quoracy

The meeting was confirmed as quorate.

QP 22 022 Declaration of interest for any item on the agenda

The declarations of interest register was shared for information.

It was noted that Stephen Jackson is currently a Non-Executive Director of Nottinghamshire Healthcare NHS Foundation Trust.

The Chair reminded members of their responsibility to highlight any interests should they transpire as a result of discussions during the meeting.

QP 22 023 Management of any real or perceived conflicts of interest

No management action is required.

QP 22 024 Minutes from the meeting held on 28 April 2022

The minutes were agreed as an accurate record of proceedings.

QP 22 025 Action log and matters arising from the meeting held on 28 April 2022

There are no outstanding actions.

There were no further matters arising.

Quality and Performance

QP 22 026 Nottingham University Hospitals NHS Trust (NUH) Confidential Update

Danni Burnett presented the item, highlighting the following points:

- a) The report sits alongside the Integrated Performance Report and Quarterly Nursing and Quality report.
- b) The Quality Assurance Group has taken a refreshed approach in line with NHSE/I System Oversight Framework (SOF) level four requirements.
- c) Significant improvement with regard to the Emergency Department actions has been reported resulting in the Emergency Department Group being stood down. Actions will continue to be taken forward via the A&E Delivery group and urgent and emergency care programmes of work.
- d) A refreshed improvement plan for the 'well led' programme was included. In 'Well led' QAG meetings are reporting good progress but it is too early to measure impact.
- e) Areas of CCG oversight are detailed in the report and include Serious Incidents, Infection Prevention and Control and Emergency Department performance and assurance.
- f) There has been a change in the Bacillus Calmette Guérin (BCG) vaccination service pathway leading to a potential impact on health inequalities and vulnerable communities. Work is underway with Public Health to address the backlog.
- g) Fragile services have been identified as Gynaecology and Colposcopy. Clinical risk summits have taken place and improvement plans are in place. Scoping is underway to determine the numbers involved.
- h) Maternity services continue to improve but at a slower pace than required. Workforce challenges remain a key issue. Screening and booking services are performing well but NUH are a national outlier in terms of Post-partum hemorrhage. Work is underway with the patient safety collaborative to address this and other indicators flagging on the Local Maternity and Neonatal System (LMNS) dashboard such as peri-natal tears and neonatal deaths.
- i) Significant sickness remains in maternity services and NUH is non-compliant with the Ockenden recommendation related to Labour Suite cover. There has been an increase in the establishment of Obstetric Consultants and the Governance team. Learning from a recent Coroners case is included in the report.
- j) The CQC report following an unannounced inspection of NUH in April 2022 will be published on 27 May 2022. The report will acknowledge improvements made and will commend the kind and compassionate staff but will highlight the lack of pace and progress in making the necessary widespread changes. The report will highlight concerns related to staffing, data inconsistencies and triage and a warning notice will be issued. The CQC view resonates with the CCG assessment of progress.
- k) In addition, an announcement will be made about the maternity thematic review. David Sloman from NHSE/I will assume the lead sponsor role for the review and will announce the next steps. A significant amount of media interest is expected. The interim report from the local review will be published today.

The following points were raised in discussion:

- l) Concern was raised regarding de-escalation of focus on the Emergency Department as the information shared suggests that areas of concern remain, for example evidence that only half of people have received appropriate hydration and nutrition. In response, it was clarified that the de-escalation relates to the CQC specific actions. Limited assurance remains regarding the

Emergency Department and scrutiny and oversight will be maintained via the A&E delivery board.

- m) Members noted the resonance between the CQC findings and the view of the Committee that pace of change is unsatisfactory and significant workforce pressures remain. Members welcomed the CQC observation of kind and compassionate staff.
- n) Discussion followed about work with the analytics team to develop quality risk profiles for all providers which will incorporate demographics, health inequality data etc.
- o) In terms of workforce, concern was expressed in relation to inaccurate data and the need for targeted and focused work to attract staff to work in NUH. In response it was reported that the workforce challenges are significant in the Midlands although the position is not the same in the North. There is more to do to develop creative solutions to address the workforce gap, this will be a key focus for the ICB.

The Quality and Performance Committee:

- **NOTED** the report.

Dr Manik Arora left the meeting during this item.

QP 22 027

Integrated Performance Report

Sarah Bray presented the item, highlighting the following points:

- a) The report is presented in shorter form this month. Scrutiny and focus continues regarding the 104 week wait position. There is a risk to delivery of the zero patients waiting 104 weeks or more by the end of quarter one target. Weekly meetings with NHSE/I continue to take place, which enable the latest position and forecast to be communicated to the regional team. A high level of scrutiny is now in place for 78 week waits.
- b) Cancer services remain under pressure. Additional clinics and increased levels of diagnostic activity are being undertaken and specialty action plans/trajectories drafted to monitor the backlog position. A plan has been submitted to NHSE/I to reduce waits to pre-pandemic levels (268 patients) by March 2023.
- c) A key driver in the deteriorating performance of electives, cancer and patients waiting over 12 hours in A&E is a reduced ability to discharge patients from an acute episode of care into alternative appropriate settings. The system remains challenged in respect to flow, staffing, care home, and home care capacity. There is likely to be an impact due to the extended bank holiday in early June 2022. This is being addressed in part by extended access in primary care.
- d) The impact of Covid-19 on mental health conditions is only just starting to fully present, with increased and sustained pressure for inpatient and Children and Young People services as well as more complex patients presenting for support through the Improving Access to Psychological Therapies (IAPT) programme.

The following points were raised in discussion:

- e) The system wide workforce pressures both in terms of sickness and shortages of staff was noted.

- f) Support for transformation is a key focus. This includes addressing capacity in diagnostic services to accommodate the increased levels of demand which are likely to be permanent.
- g) Discussion followed regarding EMAS funding. Derbyshire are the lead commissioner and are funding a £10million additional requirement from EMAS. A regional risk share approach is in place.

The Quality and Performance Committee:

- **NOTED** the report.

QP 22 028

Nursing and Quality quarterly report

Stephen Jackson left the meeting.

Danni Burnett presented the item, highlighting the following points:

- a) The report outlines system demands and details the impact of demand, capacity and flow across the system and the hidden harms associated with Covid-19 recovery. Public Health colleagues are supporting work to define the scope and impact of harm alongside the CCG research team.
- b) Actions are included in the report to support oversight and flow through the system.
- c) The Serious Incident Annual report is being drafted and will include themes and actions. The number of SI's has increased by 65% due to the requirement to report Covid-19 healthcare acquired infections.
- d) The SI Annual report will be presented to the ICS Patient Safety Steering group in the first instance.
- e) Five never events were reported in quarter four and investigations are underway.
- f) Kathy McLean undertook a visit to NUH, the findings are included in the report. The visit highlighted signs of positive change.
- g) Nottinghamshire Healthcare NHS Foundation Trust (NHT) continues to be under enhanced surveillance. Publication of the CQC 'well led' report is awaited.
- h) Reporting is significantly improving for the Care sector. 16 Nursing Homes are under enhanced surveillance and Home Care provision continues to be a significant challenge.
- i) Covid-19 continues to be the source of most enquiries/complaints to the patient experience team. An annual report is being drafted.
- j) The MASH service review to ensure the service is fit for purpose is underway.

The following points were made in discussion:

- k) Members noted the fragile position in the Home Care and Care Home sector and sought assurance on system action to address this. The sector was fragile before the Covid-19 pandemic and the position has exacerbated as a result. Members noted that focus on making the sector an attractive place to work is required at a system wide level.
- l) It was confirmed that the NHT CQC report is expected in June 2022.

The Quality and Performance Committee:

- **NOTED** the quarterly report and actions included.

System Quality Strategy

Danni Burnett presented the item highlighting the following points:

- a) The paper includes a draft of the co-created system wide quality strategy which will be launched June 2022. A set of principles for delivering quality in systems with three core components: quality planning, quality improvement, and quality control has been developed. The strategy draws from the refreshed National Quality Board (NQB) shared commitment to quality.
- b) The one-year strategy is the first phase of transition to a system quality governance framework. During 2022/2023 a coproduced strategy will be developed that will go beyond the usual quality statements and priorities to detail how the system will work with citizens and staff to identify intentions and ambitions to achieve health equity.
- c) During 2022/23 a system view of quality will be developed with production of an interactive dashboard focusing on reducing variation, reporting on outcomes, continuation of the work on equalities and equity and progressing transformation programmes for maternity and learning disabilities/autism.
- d) The strategy will be received by the ICB Board for approval. Further comments on the strategy were invited before 06 June 2022.

The following points were made in discussion:

- a) It was confirmed that the audience for the strategy is the workforce, with a 'plan on a page' being developed to be shared with the public.
- b) The need for the ICB to maintain a focus on quality improvement was stressed. The ICB will be a key driver for quality improvement and transformation.
- c) The tension between working in collaboration and acting in a pseudo regulatory role was noted.

The Quality and Performance Committee:

- **NOTED** the draft strategy.

Quality Account Inserts

Danni Burnett presented the item, highlighting the following points:

- a) Organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum. Each provider must publish their Quality Account for the 2021/22 financial year by 30 June 2022.
- b) The CCG are required to draft a statement in response to each provider Quality Account.
- c) Provider Quality Accounts and the proposed CCG Corroborative statements were provided for review and approval.

The following points were made in discussion:

- d) Members approved the corroborative statements for Sherwood Forest NHS Foundation Trust (SFH) and CityCare.
- e) The corroborative statements for Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust (NHT) require further work to articulate the risks and challenges faced by the providers. The Deputy

Chief Nurse and Committee Chair will meet following the meeting to agree the amendments.

The Quality and Performance Committee:

- **REVIEWED** the CCG Quality Account inserts. **APPROVED** the inserts for SFH and CityCare. The statements for NUH and NHT require further review by the Deputy Chief Nurse and Quality and Performance Committee Chair.

QP 22 031

Engagement Annual Report

Katie Swinburn joined the meeting for this item.

Katie Swinburn presented the item and highlighted the following points:

- a) The Engagement Annual Report provides detail of the key projects completed over the last 12 months and demonstrates compliance with legal duties and national standards for patient and public engagement.
- b) The report in this form is supported by the CCG Director of Communications and Engagement and Sue Clague as Chair of the Patient and Public Engagement Committee (PPEC).
- c) The report covers the CCG approach to public engagement and examples of how that involvement has taken place over the last year.

The following points were made in discussion:

- d) Members thanked the Engagement team and PPEC for their work to promote engagement and for the clear, plain English annual report that reflects a range of engagement activity and impact. It was accepted that a focus on closing the feedback loop during 2022/23 will be advantageous.
- e) The Engagement Annual report will be published on the CCG website.
- f) Plans for engagement in the system space are taking shape via the working with people and communities strategy.

The Quality and Performance Committee:

- **RECEIVED** and **NOTED** the Engagement Annual report for assurance purposes.

Katie Swinburn left the meeting.

Corporate Assurance

QP 22 032

Risk report

Sian Gascoigne presented the item and highlighted the following points:

- a) There are currently twelve risks pertaining to the Committee's responsibilities. Seven of the risks are rated red and remain high risk following discussion today.
- b) A risk will be explored in relation to the provider workforce as this is emerging as a system wide theme.
- c) Risk 047 refers to public engagement and involvement. Following receipt of the Engagement update in April 2022 and the Engagement Annual Report in May 2022 it was proposed the risk be archived.

The following points were made in discussion:

- d) Members agreed to archive risk RR 047.

The Quality and Performance Committee:

- **COMMENTED** on the risks shown within this paper (including the high/red risks) and those at **Appendix A**
- **DID NOT HIGHLIGHT** any new risks.
- **AGREED** to archive RR 047.

Closing Items

QP 22 017

Any other business

A message of thanks from Rosa Waddingham, Chief Nurse was shared as this is the last meeting of the Committee ahead of establishment of the ICB. Rosa thanked Eleri de Gilbert for her support, challenge and chairmanship of the Committee and for the robust way in which Eleri and other Non-Executive Directors held Officers to account whilst offering support and guidance.

Eleri de Gilbert extended her thanks to all Committee Members and Officers for their input, passion, candour and drive for continuous improvement.

No further business was raised.

QP 22 018

Key messages to escalate to the Governing Body

The Committee:

- **RECEIVED** an update on performance issues at NUH including a focus on Maternity services and **NOTED** that the CQC report following an inspection in April 2022 will be published on 27 May 2022. It is expected to recognise improvements made by NUH but highlight that the pace of change is lacking and that significant issues remain, consistent with the findings of this Committee. In addition, an announcement from NHSE/I in relation to the Maternity Independent Thematic Review will be made.
- **RECEIVED** provider Quality Accounts and reviewed the CCG Corroborative statements. The Committee **APPROVED** the corroborative statements for Sherwood Forest NHS Foundation Trust (SFH) and CityCare. The corroborative statements for Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare NHS Foundation Trust (NHT) required further work to articulate the risks and challenges faced by the providers. The statements were subsequently amended and approved by the Chair of the committee.
- **RECEIVED** the Engagement Annual Report. Thanks were expressed to the Engagement team for the clear and comprehensive report that clearly defined the impact of engagement activities. Members **NOTED** The importance of ensuring the patient/citizen voice is not lost in the transition to the ICB.

QP 22 019

Date of next meeting: This is the last meeting of the Committee.