

Meeting frontispiece

Governing body

Summary sheet

Date of meeting: 1 June 2021
For: Public session (Part 1)
For: Information

Agenda item: Quality and safeguarding report

Author(s):

- Gillian Dinnis, quality manager
- Lydia Harris, clinical quality officer and business manager
- Lisa Nightingale, head of clinical quality
- Alison O'Neill, designated nurse safeguarding children
- Sarah Pulley, lead nurse adult safeguarding
- Nikki Thomas, interim director of nursing

Presented by: Nikki Thomas, interim director of nursing

Lead director/GP from CCG: Natalie Jones, chief nursing officer

Clinical lead: Dr Rob White

Executive summary

NHS Kernow quality report aims to summarise and provide assurance with regard to quality and safeguarding, actions the CCG is taking to address these, and how we are seeking assurance on a sustained improved position. Information is only provided where there is exception and/or requires escalation to the quality committee. This is in line with the NHS Kernow quality assurance framework.

NHS Kernow quality assurance is sought through the quality assurance meeting, safeguarding assurance meeting and other key activity from the directorate. As well as the challenge COVID-19 brings to Cornwall and the Isles of Scilly health and social care system, some providers continue to experience enhanced monitoring and assurance by the CCG and have CQC action plans in place to address ongoing concerns around quality and safety.

The quality metrics and local intelligence in the report are on performance for the month of March 2021 at a total clinical commissioning group (CCG) level, unless otherwise stated.

Recommendations and specific action the governing body needs to take at the meeting

The committee is asked to:

1. Note the report.
2. Note system quality improvements.
3. Ask for additional assurance on any indicators that are not already discussed within the content of this report.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery
- Commissioning supports COVID-19, recovery plans and long-term plan expectations

Evidence in support of arguments: Reporting actual performance by commissioned providers for Cornwall and Isle of Scilly. National and local quality metrics, national directives, constitutional standards, STEIS and NRLS.

Engagement and involvement: Commissioned providers, commissioning leads within the NHS Kernow and associate commissioners in NHS Devon.

Communication and/or consultation requirements: There are currently no communication issues between commissioners and providers.

Financial implications: Quality performance may have an impact on commissioner/provider financial position.

Review arrangements: Monthly review at both the quality and safeguarding assurance meetings.

Risk management: Quality assurance framework in place. Exception reports are produced by commissioners for non-performing metrics. Risks managed through risk register entries on NHS Kernow corporate register.

National policy/ legislation:

- NHS Constitution
- NHS Operating Framework
- National quality metrics.
- *Duty as to the improvement in quality of services: Section 14R NHS Act 2006
- *Duty - Quality in Health Care Sections 45 and 148 Health and Social Care (Community Health and Standards) Act 2003.

- United Nations Convention on the Rights of the Child 1989
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Promoting the Health of Looked After Children Statutory Guidance 2015
- The Care Act 2014
- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)
- Mental Capacity Act 2015
- Working Together to Safeguard Children 2018

Public health implications: Infection prevention and control.

Equality and diversity: No impact noted at this time.

Climate change implications: Meetings are now being held virtually, papers are no longer printed and travel no longer required.

Other external assessment: [NHS England national statistical publications](#); Royal College reviews; ESIST; NHS England assurance – KLOEs and NHS Improvement reviews.

Relevant conflicts of interest: None identified.

For use with private and confidential agenda items only

FOI consideration – exemption*: Section 21 - Information available by other means

Qualified/absolute*: Section 21 - Absolute

If exemption is qualified then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the information commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Main report

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Royal Cornwall Hospitals NHS Trust (RCHT)

The current Care Quality Commission (CQC) rating for RCHT is requires improvement. The latest inspection report is dated 26 February 2020.

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Requires improvement	●
Well-led	Good	●

Clinical effectiveness

The safe site surgery and interventional procedures task and finish group was set up in response to the never events. This is an oversight group to ensure WHO checklists and steps to safe surgery are being implemented to ensure patient safety across the trust. Human factors and WHO checklist training is ongoing trust wide.

Actions from the section 29a warning notice issued by the CQC in response to the never events are being monitored for effectiveness. Part of this work relating to culture change is being measured in a qualitative way over time which we will support and monitor.

100% compliance in Duty of Candour was seen between April 2019 to January 2021; however, this has dropped to 66% in March. This is thought to relate to hospital acquired COVID-19 infections and is anticipated to be completed by the end of April.

There has been a significant improvement in 12-hour trolley waits in the emergency department (ED) from 102 in January to 4 in March. Sepsis screening in ED continues to achieve 100% and exceeds the standard. 79% of patients received antibiotics within an hour (January 2021). Promotion of the rapid assessment and treatment service team continues, as well as junior doctors' education on use of first dose Tazocin.

Patient experience

The complaints annual report highlights a large reduction in the number of complainants who remain dissatisfied. There was a 32% reduction in formal complaints but an increase of 16% in informal complaints. These changes could potentially reflect reduced patient facing activity during COVID-19.

The trust continued to respond to complaints throughout the pandemic despite the option of pausing. This created some challenge with staff being redeployed and others working from home. Although this impacted on performance, quality of response was not impacted as recognised by the decreased dissatisfaction rate.

Increasing themes include communication, patient care including integrated care, staff values and behaviours, privacy and dignity, and facilities.

The friends and family test (FFT) reported a high number of negative comments received relating to ED around waiting times, staff attitude and communication.

Patient safety

There were 5 patient safety incidents declared relating to treatment delay. Sadly, there was 1 death reported of a patient waiting for cardiology intervention. This is being investigated as a serious incident so currently there is limited learning or information available.

Harm reviews are routinely carried out for patients on planned care waiting lists at RCHT. Despite the large numbers of people on waiting lists and harm reviews completed, only 10 low harms have otherwise been identified.

The trust has experienced significant issues with flow in and out of ED resulting in a backlog of patients awaiting admission downstream and high levels of ambulance delays. As a system we are now operating on the highest level of escalation (OPEL 4) with an impact on services to include:

- Ambulances queuing at RCHT unable to off load patients into ED with the longest wait over 4 hours.
- Too many people in the community awaiting a 999 response with all available ambulance resources deployed.
- Community teams and hospital beds, acute beds, and emergency department all at capacity.
- Care home placements and packages of domiciliary care being commissioned, but there remain people occupying beds who need to be discharged into ongoing care.

Actions under way to target ambulance delays and decompress ED include filling all community capacity, un-ringfencing specialty beds, additional open escalation spaces, auditing afternoon discharges for learning and development, and working to provide alternative routes to the hospital.

Within ED electrocardiogram (ECG) within 15 minutes and sepsis bundles are still under the desired percentage for performance. The emergency department has QI projects currently underway to address both areas and meet on a regular basis. To support ECGs, ED doctors will be required to sign, date and time an ECG or ambulance ECG print out to evidence ECGs within 15 minutes of arrival, and these will be scanned into Maxims to aid the audit trail. When the department is holding ambulances, a request is made for a 12-lead print out from the ambulance crew, and this is provided to the ED doctors for review. This should lead to an improvement in these figures despite holding ambulances, thus increasing safety and compliance.

Duchy Hospital

The current CQC rating for the Duchy hospital is requires improvement. The latest inspection report is dated 23 March 2017.

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Requires improvement	●

A serious incident has been raised following the unexpected death of a patient who had been transferred from the RCHT gynaecological service. It is not known at the time of writing the cause of death.

Primary care

Peer improvement tips for care and health (PITCH)

Following the implementation of the revised PITCH process, a reduction in the number of submissions is noted with GPs and providers now encouraged to report direct to each other. Since 1 April 2021 to date, 22 submissions have been received. Themes and trends identified:

- 2 incidents raised by RCHT relating to Peninsula Ultrasound. These have been flagged with the NHS Kernow commissioning manager and are currently being reviewed by Peninsula.
- Some concerns raised by GPs of the lack or delay of blood/X-ray results and/or discharge summaries by secondary care. This is a continuing theme and can result in delay to further treatment.
- Further issues raised of workload shift from secondary to primary care.
- 2 medication issues reported and have been flagged with the NHS Kernow prescribing team:
 - Wrong dose paracetamol to 15 year old (RCHT has reported this to the GP)
 - Patient not advised to re-start warfarin post-surgery and was readmitted with stroke (reported by the GP and flagged to RCHT)
- One incident was raised at the last quality assurance meeting (QAM), reference PITCH 21/22-8:
 “Patient seen by our practice nurse. Needs a dressing on Sunday 18 April. No service available. Have previously used MIU but on contacting they are unable to do now they are minor illness/MIU. This crops up only once every 12 to 18 months. No nurse or appropriate person on IAGP on Sunday.”

GP IT systems

A number of practice IT migrations have taken place over the last few years, predominantly from Microtest to Emis and SystmOne. Clinical system issues resulting in a delay in receiving test results have been reported on PITCH, and NHS Kernow is aware of 3 instances in separate practices where issues arose which was agreed raised enough of a possibility of a significant risk that we should implement an assurance process based on the learning from these 3. The incidents and PITCH

submissions have been forwarded to the NHS Kernow GP IT team for further review and a risk is to be raised on the corporate risk register.

Patient safety incidents

21 serious incidents were reported in April across the healthcare system. 10 have been reported to date in May. No never events have been reported.

The charts attached in appendix 1 show the number of patient safety incidents reported on STEIS by provider for 2020/21 to date, and the top incident types by provider.

Patient Safety Incident Review Framework (PSIRF)

The early adopters' readiness assessment attached in appendix 2 gives some understanding of where the Cornwall system is in terms of PSIRF and what has been completed to date.

Safeguarding

Adult safeguarding

The NHS Kernow safeguarding adult lead is part of the Cornwall safeguarding adult subgroups for learning and development, quality, and safeguarding adult reviews, and is supporting the director for planned care and integrated care with domestic homicide reviews (DHR). There is also close working with the local authority around some elements of service planning.

A safeguarding adults page for internal staff is being supported by communications. The staff identification of training needs for safeguarding and prevent continue, with support from the people team. The continuing healthcare team are receiving supervision and there are plans to support them with some bespoke training sessions.

Assurance has been sought and is awaited from RCHT, CFT and UHP regarding safeguarding and prevent.

Please also be aware of the following updates, laws, and publications:

The Domestic Abuse Bill been signed into law on the 29/04/2021. [Domestic Abuse Act: Factsheet - Home Office in the media \(blog.gov.uk\)](#) will give a statutory definition, offer greater protection and support. See also <https://www.womensaid.org.uk/womens-aid-statement-on-the-royal-assent-of-the-domestic-abuse-bill/>

Please be aware of local support services <https://www.firstlight.org.uk/> and staff can discuss any members of the Kernow CCG safeguarding service.

The Department of Health and Social Care updated on 27 April 2021 both the [Mental Capacity Act and deprivation of liberty safeguards during the pandemic guidance and additional guidance](#) This is in relation to professionals visiting care homes and hospitals and says visits by professionals can occur when needed and should be supported wherever it is possible to do so safely. On 28 April 2021 the guidance on care home visiting <https://www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes> was updated and on 22 April 2021 the guidance on testing for professionals visiting care homes <https://www.gov.uk/government/publications/coronavirus-covid-19-testing-in-adult-care-homes/testing-for-professionals-visiting-care-homes>

As mentioned in the last quality report the first national analysis of safeguarding adult reviews (SARs) in England for April 2017 to March 2019 has been published and the full report can be reviewed at <https://www.local.gov.uk/analysis-safeguarding-adult-reviews-april-2017-march-2019> There are now targeted briefings which can be reviewed at <https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/resources-safeguarding-adults-boards/briefings>

Children's safeguarding

There have been no new rapid reviews or serious incidents reported since the last report. The outcome from the national panel from the 3 rapid reviews previously discussed have been agreed with recommendations.

Mental capacity act (MCA) and deprivation of liberty (DoL)

Cases continue for DoL and Court of Protection (CoP) applications on behalf of NHS Kernow individuals with continuing healthcare involvement.

An additional recent vaccination decision was processed through the courts with a decision outcome for both doses to be given. This was applied with joint representation by local authority and NHS Kernow.

Training needs analysis is currently being undertaken regarding MCA for NHS Kernow staff.

Level 1 or 2 virtual or face to face MCA training is provided for all preceptorship nurses, HCA apprentices and overseas nurses and any other staff teams who request it. Level 3 face to face training take place throughout the year and open to all clinical staff. Safeguarding level 1 and 2 training includes MCA awareness and has recently been updated and expanded. All new medics undertake level 2 MCA e-learning as part of their induction, and they are currently looking at creating a class on OLM so that an e-learning package can be made available to other staff groups.

RCHT undertook an impact assessment in May 2019. From this they are estimating an increase in an additional 6662.5 hours (888) working days. A band 6 has been employed on a fixed term contract. Mental capacity training is included within the trust mandatory safeguarding training. This training is refreshed annually and previously there has been a year of tailored MCA training. There are also training toolboxes and online resources to support staff.

Liberty Protection Safeguards (LPS)

LPS will replace DoL within the understanding of Article 5 of the European Convention of Human rights (ECHR). This will change the health and social care systems and responsibilities. The planned implementation date is April 2022.

In order to meet and manage this change NHS Kernow's MCA and DoL team are part of planning and assurance groups held at local and national levels. Locally the team are working closely with the local authority, acute and community providers.

The team are currently gathering data to be able to inform the number of yearly applications on behalf of NHS Kernow (continuing healthcare) that can be anticipated and will use this data to estimate the staffing expectation, training, and costs. There is currently a query related to jointly funded care packages.

Locally we have sought assurance from UHP who have provided the outcome of their LPS impact analysis. Internal processes are being developed within their existing resources to provide independent review. Access to IMCAs is being agreed; this is being negotiated within the local LPS partners implementation group. Training is planned for all wards and relevant clinical practice staff to commence once the Code of Practice is published.

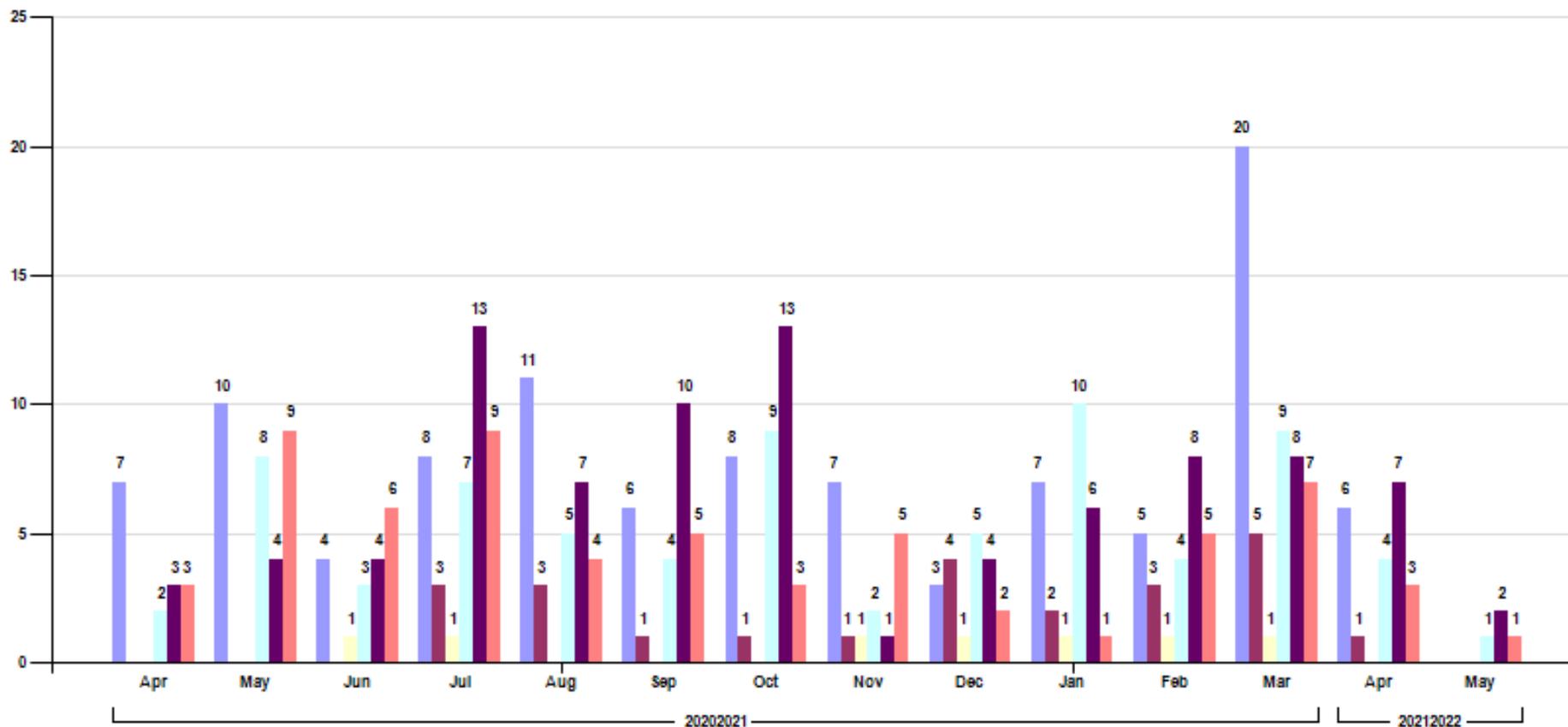
Quality and performance dashboard

The quality and performance scorecard for May 2021 is attached in appendix 3.

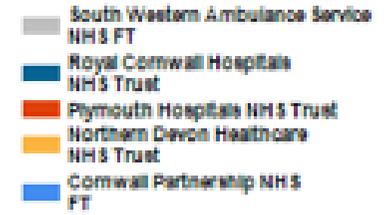
Incidents reported by provider April 2020 to date

- Cornwall Partnership NHS FT
- Northern Devon Healthcare NHS Trust
- Organisations without access to STEIS
- Plymouth Hospitals NHS Trust
- Royal Cornwall Hospitals NHS Trust
- South Western Ambulance Service NHS FT

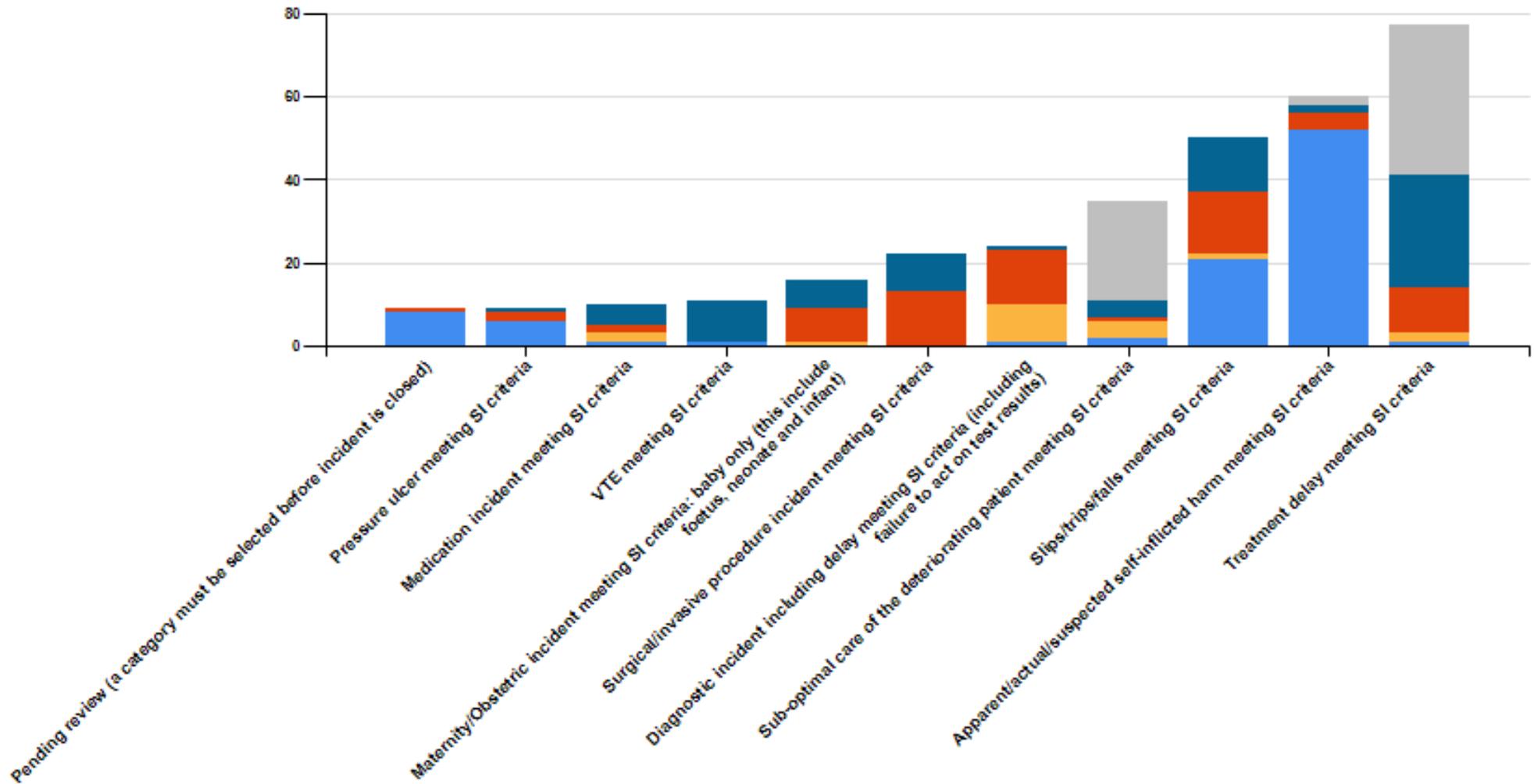
Incidents by Provider



Incident types reported by provider



Top incident types by count split by provider



Patient Safety Incident Response Framework 2020

Early adopters' readiness assessment

February 2020

Purpose

This checklist has three purposes:

- a prompt list for early adopter organisations to identify what they need to do before they can publish their patient safety incident response plan and formally transfer from following the Serious Incident Framework (SIF) (2015) to following the introductory Patient Safety Incident Response Framework (PSIRF)
- a self-assessment checklist for early adopter organisations
- a readiness checklist for NHS England and NHS Improvement to determine whether an early adopter's transfer from following the SIF to following the introductory PSIRF should be approved.

Checklist

Requirements	Date completed	Comments
<p>1.The organisation has provided a statement of commitment from the board to take part as an early adopter and to:</p> <ul style="list-style-type: none"> • test the introductory Patient Safety Incident Response Framework (PSIRF) and associated documents • engage with their lead commissioner and regional and local stakeholders throughout the process of implementation • share patient safety incident response plans, insights, challenges, successes, relevant data and other material to benefit other early adopters and the wider roll out of the PSIRF • Take part in the evaluation of the pilot phase. 	<p>January 2020 22/01/2020 04/02/2020</p> <p>10/01/2020</p> <p>Ongoing</p>	<p>RCHT/ CFT / NHS Kernow CCG</p> <p>Being tested as part of weekly patient safety incident meetings / group</p> <p>1st engagement event</p> <p>Part of weekly patient safety incident meetings / group. Also via taking part in early adopter monthly group meetings and via Future NHS collaboration platform</p>
<p>2. The organisation has provided a lead point of contact for this pilot and someone who can deputise in their absence.</p>		<p>NHSK CCG; Nikki Thomas - Lead point of contact Lisa Nightingale – Deputy</p> <p>RCHT; Bernie George- Lead point of contact</p>

Requirements	Date completed	Comments
		Liz Trew - – Deputy CFT Caroline White - Lead point of contact Sara Bailey - – Deputy
3. The organisation has participated in workshops and seminars for early adopters organised by NHS England and NHS Improvement.	Ongoing	Representative members of the steering group have attended all workshops and on line seminars.
4. The organisation has developed a communication and stakeholder engagement strategy for its participation as an early adopter, based on the template provided by NHS England and NHS Improvement.		Bernie leading for RCHT Caroline Leading for CFT
5. The organisation has met with internal and external stakeholders (including staff, patient groups and patient and public representative organisations, e.g. Healthwatch) to explain its role as an early adopter of the PSIRF and to discuss with them what it means for them and how they can keep updated.	10/01/2020	Jointly completed initial engagement event. 2 nd engagement event scheduled for 24 th June 2021
6. The organisation has involved the National Patient Safety		National patient safety team attend fortnightly

Requirements	Date completed	Comments
<p>Team at an early stage in the development of its patient safety incident response plan (PSIRP). (This is likely to have included a local meeting with a member of the NHS England and NHS Improvement National Patient Safety Team to discuss the approach to developing its plan and other aspects of PSIRF implementation, including culture change and development of investigation capacity and capability.)</p>		<p>steering group meetings where all is discussed and reviewed</p>
<p>7. The organisation has involved its commissioner(s) in the development of its draft PSIRP.</p> <p>8. The organisation has shared its initial draft PSIRP with NHS England and NHS Improvement and with internal and external stakeholders for views.</p>		<p>Joint development providers and commissioner at fortnightly steering group RCHT have shared draft plan, CFT plan delayed but individual now employed on a temporary basis to complete</p>
<p>9. The organisation has revised its draft plan in light of stakeholder feedback, discussed this again with its commissioner(s) and with NHS England and NHS Improvement and they have endorsed the plan.</p>		<p>Feedback from initial stakeholder event has informed the situational analysis</p>
<p>10. The organisation has demonstrated that it has a plan for how it will implement the cultural, developmental and behavioural change elements of the PSIRF, which it has discussed with its commissioner(s) and with NHS England</p>		<p>RCHT draft plan currently being reviewed. Due to feedback to RCHT</p>

Requirements	Date completed	Comments
and NHS Improvement.		
<p>11. The organisation has demonstrated that it has a plan to ensure it will have the resources and expertise to conduct investigations to the required standards.</p>		<p>Local training has been developed based on published patient safety framework and standards for investigation etc.</p> <p>National HSIB training delayed was planned for January, delayed again until end of April now further delayed with no date set. RCHT, CFT and NHS Kernow CCG have secured a place on the training.</p>
<p>12. The organisation has a plan to manage the transition from the SIF to the PSIRF that includes:</p> <ul style="list-style-type: none"> • a cut-off date for accepting incidents for investigation under the SIF • a date for completing investigations under the SIF or agreement on an overlap phase • ensuring that all relevant staff know the transition date/phase and what they are required to do/how this affects them (e.g changing how to report on StEIS) • how it will conduct investigations jointly with organisations that are not early adopters, where such an approach is indicated and has been agreed with 		<p>How an investigation will be conducted with organisations that are not early adopters has been established and tested proving successful via the fortnightly multi agency patient safety meeting hosted by NHS Kernow CCG</p> <p>The remaining is for CFT and RCHT and will form part of their plan.</p>

Requirements	Date completed	Comments
<p>NHS England and NHS Improvement PSIRF team</p> <ul style="list-style-type: none"> a risk register and how it will discuss new and ongoing risks and mitigations with its commissioner(s) and with NHS England and NHS Improvement. 		
13. The organisation's board has given final approval for the PSIRP and has agreed a date for the transfer to working under this to commence.		Delayed
14. The public version of the PSIRP is ready to go live on the organisation's public facing web pages to coincide with the agreed date of transfer.		Delayed

Members of the PSIRF core team

Team Member	Job title	Role in the project	Contact details
Matt Fogarty	Deputy Director Patient Safety (Policy and Strategy)	Senior lead and accountable deputy director	matthew.fogarty@nhs.net
Vicky Aldred	London Lead for Patient Safety / Head of Quality North East Central London	Chair, monthly PSIRF implementation meeting and Chair, Patient Safety Group. Member of project team.	vicky.aldred@nhs.net
Donna Forsyth	Head of Patient Safety Investigation	Design and development of the PSIRF and oversight of implementation	donnaforsyth@nhs.net

Judith Hendley	Head of Patient Safety Policy	Publication of the PSIRF, project implementation and liaison with regional teams	Judith.Hendley@nhs.net
Anna Capasso	Head of Patient Safety Implementation (Maternity cover for Lauren Moseley)	Project Management and implementation	a.capasso@nhs.net

Publication approval reference: to be added

Meeting frontispiece Governing body meeting

Summary sheet

Date of meeting: 1 June 2021

For: Public session (Part 1)

For: Information

Agenda item: Quality committee chair's report

Author(s):

- Lydia Harris, clinical quality officer and business manager
- Nikki Thomas, interim director of nursing
- Rob White, chair of the quality committee and governing body GP

Presented by: Rob White, chair of the quality committee and governing body GP

Lead director/GP from CCG: Natalie Jones, chief nursing officer

Clinical lead: Dr Rob White

Executive summary

The quality committee met on 25 May 2021. The minutes from the previous committee meeting held on 30 March 2021 were ratified and are attached below.

This report escalates information from the latest meeting that the membership feels the governing body should be informed on prior to the minutes review.

Quality committee annual report 2020-21

The quality committee annual report 2020-21 is the first of its kind and was reviewed at the quality committee today. Captured within the report:

- Quality committee governance.
- Positive developments celebrated across the year.
- Themes identified from committee meetings across 2020-21.
- CQC positions.
- Patient safety.
- Nursing and quality directorate capacity.

The quality committee annual report 2020-21 is attached in appendix 1.

Prevent policy

The Prevent policy has been updated by the lead nurse for adult safeguarding and was ratified at the quality committee today.

The committee raised a query concerning Prevent training. It is now a CCG mandatory requirement that all staff members, clinical and non-clinical, complete level 1 training annually on the electronic staff record (ESR).

Recommendations and specific action the governing body needs to take at the meeting

The governing body is asked to:

1. Receive the report and request further information, where necessary.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery
- Commissioning supports COVID-19, recovery plans and long-term plan expectations

Evidence in support of arguments: Update to governing body.

Engagement and involvement: Finance and performance committee, workforce committee.

Communication and/or consultation requirements: Update to governing body.

Financial implications: As noted.

Review arrangements: Forms part of the in-depth monthly review of quality information.

Risk management: Corporate risks are discussed at the joint finance, performance and quality meeting.

National policy/ legislation: Covers constitutional, national and locally determined quality and performance metrics.

Public health implications: Consideration given to public health implications, particularly with respect to inequalities.

Equality and diversity: Equality and diversity is considered through all of NHS Kernow's work.

Climate change implications: Meetings are now being held virtually, papers are no longer printed and travel no longer required.

Other external assessment: A considerable amount of the information is nationally submitted and informs discussions with regulators.

Relevant conflicts of interest: None known other than those recorded within the declaration of interest register.

For use with private and confidential agenda items only

FOI consideration – exemption*: None - item may be published

Qualified/absolute*: None - item may be published

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Minutes

Quality committee – part 1

30 March 2021
9.30am to 12.30pm
Microsoft Teams

Attendees

- Dr Rob White (RW), chair and governing body GP, NHS Kernow
- Stuart Cohen (SC), commissioning manager, NHS Kernow
- Tracey Coles (TC), commissioning manager, NHS Kernow
- Amanda Cooke (AC), LeDeR reviewer, NHS Devon Clinical Commissioning Group
- Lydia Harris (LH), minute secretary and clinical quality officer and business manager, NHS Kernow
- Lisa Johnson (LJ), nurse consultant director of infection prevention and control, NHS Kernow
- Natalie Jones (NJ), chief nursing officer, NHS Kernow
- Lorraine Long (LL), programme manager, NHS Kernow
- Nory Menneer (NM), programme manager & clinical lead for learning disabilities, NHS Kernow
- Lisa Nightingale (LN), head of clinical quality, NHS Kernow
- Jessica Slater (JS), programme manager, NHS Kernow
- Nikki Thomas (NT), interim director of nursing, NHS Kernow

Apologies

- Helen Charlesworth-May (HCM), accountable officer, NHS Kernow and director adult social care, Cornwall Council
 - Dr Paul Cook (PC), chair and governing body GP, NHS Kernow
 - Melissa Mead (MM), governing body lay member, NHS Kernow
-

Minutes from the meeting

Item QC2021/21 – Introductions and apologies

Rob White chaired the quality committee today and welcomed all to the meeting. Apologies received from Paul Cook. It was noted that the committee was not quorate. Nikki Thomas confirmed that papers received were for information only and no committee decisions or approvals were required.

RW noted Paul Cook's recent appointment as the new chair for NHS Kernow. PC has been a member of the quality committee since 2017 and the chair since 2019. The committee expressed their thanks for his hard work and commitment over the years and sent congratulations for his new role.

Item QC2021/22 – Conflicts of interest

No new conflicts were declared.

Item QC2021/23 – Approve the minutes of the quality committee meeting held 26 January 2021

The minutes of the quality committee meeting held on Tuesday 26 January 2021 were approved.

Item QC2021/24 – Update action tracker

The action tracker was updated and is distributed with these minutes.

Item QC2021/25 – Planned care team

Impact assessments for commissioning policies

Tracey Coles attended the quality committee in January with 4 commissioning policy impact assessments requiring ratification. At that meeting TC commented that the confines of the joint comprehensive impact analysis (JCAI) template did not allow for the impact of each individual commissioning policy to be fully documented. TC has considered how this could be improved and has discussed with Trudy Corsellis, deputy director of corporate governance.

TC has suggested using the JCIA to assess the impact of the overarching commissioning policy document add providing additional information on the protected characteristics for the 140 individual commissioning policies using a reduced template. This is because it is not possible to complete the JCAI template for each one. The planned care team have developed a 1-page document and TC shared an example with the group today. This would give some narrative against the related policy; it would be easily adaptable for each, provide more information than the current policy and JCIA and should not be labour intensive to use. The planned care team and Trudy Corsellis are in favour of a revised proposal.

RW congratulated TC on this good piece of work and asked if this is accessible. It is not yet available electronically, but once finalised it could be published on NHS Kernow's website. NT asked about mitigations and TC said these can be included within the new 1-pager.

2 further policies are going to finance and performance committee this afternoon: grommets and a new policy on replacement hearing aids, both have been taken through the planned care clinical advisory group (PCCAG). Progress on the review impact assessments (including the 2 going to finance committee today) will be brought back to the quality committee in May.

Actions:

1. Tracey Coles to bring a progress update on the review assessment to the next quality committee.

Item QC2021/26 – Infection prevention and control

Lisa Johnson introduced a new style of reporting today. The 2020-21 infection dashboard shows healthcare associated infections (HCAI) figures benchmarked across the local system.

There was previously an annual report and programme of work, but this has been disrupted by the COVID-19 pandemic. Reporting schedules have diversified as the system has changed in response to COVID-19.

The new NHS Kernow infection prevention and control (IPAC) nurses are appointed and in post. The team are monitoring how to hand over community resources once the acute team has developed and embedded. The IPAC senior vacancy within Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT) is now filled, and 2 of the 3 local authority funded outbreak prevention and control posts are appointed and will be in place by April. Natalie Jones commented that we don't know yet what things will look like as an integrated care system (ICS).

RW asked about how we return to working as we did before the pandemic in terms of antibiotic prescribing. LJ discussed new pathways, e.g., antimicrobial prescribing. One of NHS Kernow's pharmaceutical advisors is the lead for this and has 1 day a week to look at antimicrobial prescribing.

NT asked if the provider organisations share with LJ what they report to their respective boards. LJ confirms she does have sight of their reports as well as attends the meetings.

The committee complimented the new reporting style and noted the contents of the report.

Item QC2021/27 – Independent review of the learning disability mortality review (LeDeR) process across Cornwall and Isles of Scilly

Following an independent review of the national LeDeR process by NHS England (NHSE), a series of recommendations for clinical commissioning groups (CCGs) were made to support the delivery of the programme. Amanda Cooke, LeDeR reviewer with NHS Devon CCG, was invited by NM and NT to carry out an independent review of the local service in Cornwall and the Isles of Scilly in readiness to adopt the changes to be implemented by NHSE on 1 April 2021. LeDeR will then become business as usual for CCGs and will be performance monitored.

As part of the review, AC noted that some delays were due to processes outside of NHS Kernow's control. The expectation being that once allocated, a review should be completed within 6 months, and thereafter it is considered delayed. NHSE undertook an assessment of each CCG's backlog and position as at 1 April 2020 and NHS Kernow was noted to be an outlier and unable to complete all allotted reviews.

AC's report and recommendations are mapped against the background of the Thomas Oliver McGowan's LeDeR process October 2020 and the outline proposal that has been made by NHSE in January 2021. Issues are noted around senior leadership. Boards and processes are in place, but this needs to be more robust with challenge. There are 9 local recommendations in AC's report which include strengthening governance, clearer processes and holding to account. NM said from a performance perspective we are almost there. AC's review is about getting the governance in order.

RW commended this robust and positive piece of work. The group agreed that this should be escalated to the governing body. NT suggested a task and finish group to consider what this looks like going forward for NHS Kernow as well as how it will look like as we move into an integrated care system. NT will lead on this with Nory Menneer and Lisa Nightingale, and will bring an update to the next quality committee.

Actions:

1. Independent review of the LeDeR process across Cornwall and Isles of Scilly to be added to the chair's report for governing body.
2. NT to set up the task and finish group with NM and LN and to provide a progress report to the next quality committee in May.

Item QC2021/28 – Health checks for learning disability and serious mental illness (SMI)

Stuart Cohen provided a summary on health checks for learning disability (LD) and SMI. SMI health checks are undertaken annually and are a current priority to ensure parity of esteem and recognise health inequalities for people with SMI. Health check measurement is based on 6 elements e.g., blood pressure (BP) and body mass index (BMI). Current SMI health check performance has increased slightly by 0.1%

to 14.6%. This is due to several surgeries having completed health checks in quarters 2 and 3 and the use of Ardens. Targets for delivering health checks for 31 March 2021 are 60% for SMI and 67% for LD. The COVID-19 pandemic has significantly impacted on this and we are currently well below the expected targets for both.

There is a plan to provide primary care networks (PCNs) with a suite of tools to complete the health checks. The mental health and learning disability and autism (MHLDA) programme is working closely with PCNs to develop and deliver this. NT said there is an action for the CFT quality committee around SMI and resources for mental health practitioners in PCNs. There are some staffing gaps at CFT. A formal NHSE letter is to be submitted and models of working are being put together. The community mental health team (CMHT) may have to come in to provide some support. RW said there is a dedicated nurse at Longreach to look after physical wellbeing and this has been a tremendous piece of work.

LN discussed data collection for LD patients and COVID-19 vaccinations, which is raised at the weekly COVID-19 vaccination huddle with GP surgeries. Currently, SC has to ask all GPs for their quarterly data. There is outreach support to identify bigger gaps and opportunities to focus support.

Item QC2021/29 – Cancer and diabetes

Cancer

Lorraine Long provided a report on the overview of the lack of response to the national cancer patient experience survey by people of black or minority ethnic origin and the engagement response to this. The committee noted the contents of the report and were assured of the recommendations.

Diabetes

LL provided an overview of diabetes workstreams, the areas of focus within these for secondary care and community services with a more detailed update of the challenges for prevention and primary care, especially focusing on delivering routine, preventative care.

NT asked for an update on podiatry. LL said the COVID-19 pandemic in some ways provided a positive impact as the service has been able to concentrate on the high risk patients. Foot checks within 24 hours was paused due to COVID-19. Foot checks within primary care are not routinely carried out when people are newly diagnosed with diabetes and are not referred to podiatry. RW has discussed with the Local Medical Committee (LMC) to ask for their support in identifying if there is a national process regarding podiatry referrals. Some may be being seen that are considered low risk – could feet therefore be checked within primary care?

NT asked about insulin administration. There is a review of nurses to be looked at over the next 12 months and the local enhanced service (LES) is to be looked at with a view to improving it. There have been past issues concerning insulin administration in the community in people with learning disabilities. There is some funding available to appoint a nurse to scope these issues. NT asked if there are any national webinars of benefit which could offer some national resource.

RW is chair of the diabetes oversight group. This is a really good group, well attended and gets things done.

Item QC2021/30 – Ockenden review of maternity services

Jessica Slater provided an update on the Ockenden report today. The review report highlighted 7 immediate and essential actions (IEA) for all maternity services and 25 specific actions within the IEAs. On 14 December 2020 RCHT was asked to confirm full implementation of these IEAs with 12 urgent clinical priorities detailed. An assurance letter was submitted by RCHT on 21 December 2020 to NHSE. Cornwall has met 76% of recommendations and has a robust action plan. There are no escalations from RCHT. There is 1 red, but this is a national red and no serious concerns have been raised about RCHT services.

There is a need to ensure governance is in place as per NHSE guidance. A key action for quality committee awareness is around perinatal surveillance and implementing a reviewed perinatal quality surveillance model for Cornwall and the Isles of Scilly. NHSE has published new guidelines with actions required from local maternity and neonatal systems (LMNS) to implement. A transformational programme is looking at what the LMNS will look like in the long term. Approximately 20% of Cornish patients go to Devon hospitals. We need a much better view of Devon's LMNS and their response to the Ockenden review and recommendations.

Collaborative working and partnership with other region LMNS' do need enhancing. Quality surveillance needs working on too and a need to establish clear lines of accountability. Devon and Cornwall to propose a joint safe and effective care group; progress has been made on this and the first joint group has taken place. Terms of reference are to be developed to ensure the group is inclusive of Cornwall. Reporting mechanisms are to be set up to feed into joint groups.

There are 5 points to improve oversight of perinatal clinical quality. These include the appointment of key leadership roles and these are now in place; the appointment of an advocate role which is a national expectation and expected to be a high-level role, but it is not yet known what this will look like; and ICS-level at quality surveillance groups.

Quite a bit of work been done around the dashboard and is showing progress. Some of this is guided by LMNS deliverables. Nationally and regionally some work will be done on the dashboard with a need to ensure consistency and making dashboards

more effective. There is a requirement to review the perinatal surveillance model and we have started to attend the hospital's maternity governance meeting as an LMNS. NJ asked how we do this with Devon. JS said we don't at present; we haven't asked this from them, and we don't have the capacity to do so. NJ said with over 20% of our population going to Devon hospitals we need their assurance. NT has asked for Devon's plan and will ask for an NHS Kernow staff member to be a member of the Devon LMNS group.

NJ suggested inviting JS to the quality assurance meeting (QAM) to discuss and to identify what support is required from the quality committee. QC. NT asked for a draft governance structure to come back to this committee.

Actions:

1. NT to ask for Devon's plan and to provide an NHS Kernow representative to join the Devon LMNS group.
2. Invite JS to the next QAM and draft governance structure to come back to the next quality committee.

Item QC2021/31 – Quality and safeguarding report

LN provided an update of key issues that were raised at the last quality assurance meeting (QAM). The committee noted the contents of the report.

NT said there is some additional information which could be provided as documented at RCHT's quality committee which NT attends. Emergency department (ED) leadership is not where it needs to be. LN asked about a paper around ED and the focus on why there have been so many incidents. NT said there has been poor flow in ED over the weekend with beds not being utilised. LN also referred to delayed transfer of care from SWAST to ED which is a problem in Cornwall. RW asked how we get this right as we go into an ICS.

Other issues raised in the report that require escalation to the governing body include CFT and central alerting system (CAS) alerts, and SWAST and mental health awareness for paramedics. Quality and performance meetings for SWAST are not linking in and the committee considered if there is an opportunity to have a commissioner-SWAST group. NT informed the committee that ED and duty of candour will feature as the deep dive topic for the next quality surveillance group (QSG) in April and SWAST should be added to the following QSG in June.

Actions:

1. ED and duty of candour to be added to the deep dive agenda for the next QSG in April and SWAST to be added to June.

Item QC2021/32 – Quality surveillance group update from the meeting on 24 February 2021

NT provided an update from the last QSG that took place in February. At the pre-meet the themed report and discussion was around RCHT and never events. An RCHT and NHSE presentation took place at the main meeting and Kate Shields, RCHT chief executive, joined the meeting and was keen to see how QSG provided support. There was a good discussion around complex procedures that may or may not fit into the never event lists. It was agreed to think about a stratified framework around complex procedures which LN will be working on. This will start with dermatology. The remainder of the meeting discussed escalation, i.e., COVID-19 beds and outbreaks. Adult social care had raised an issue involving a patient who was booked in for hip replacement surgery and on attendance it was decided she also required a knee replacement. This has been raised as a patient safety incident and evidence has been received.

The QSG also discussed lack of dental access as reported on Spotlight recently, and on a positive note the recent GP nurse awards.

The deep dive for the next QSG in April is on ED and duty of candour. This links in with non-compliance at CFT and with UHP having received the first prosecution for failure to comply with duty of candour.

Item QC2021/33 – Quality assurance meeting update from the meeting on 17 March 2021

The key themes reported to QAM have been addressed in the quality and safeguarding report above and relate to CFT CAS alerts and SWAST.

Item QC2021/34 – Key issues discussed at the committee and recommendations for resolution for GB

The group agreed that the following topics require escalation to the governing body for oversight:

- LeDeR reviews
- CFT CAS alerts
- NT to add a section on court of protection

Actions:

1. The issues flagged above to be reported in the chair's report for governing body.

Item QC2021/35 – Any other business

No other business was declared.

Final copy for ratification

Signed by the chair: Ratified at quality committee

Date: 25 May 2021

Meeting frontispiece

Quality committee meeting

Summary sheet

Date of meeting: 25 May 2021
For: Public session (Part 1)
For: Decision

Agenda item: Quality committee annual report 2020-21

Author(s):

- Lydia Harris, quality officer and business manager
- Lisa Nightingale, head of clinical quality
- Nikki Thomas, interim director of nursing

Presented by: Nikki Thomas, interim director of nursing

Lead director/GP from CCG: Natalie Jones, chief nursing officer

Clinical lead: Dr Rob White

Executive summary

The annual report sets out how the quality committee operated effectively and in accordance with its terms of reference in 2020-21.

Engagement

The committee has a lay member.

Annual report from the quality committee 2020-21

As a formal sub-committee of the board and in accordance with best practice, this is the quality committee's 2020-21 annual report. Please note that as a consequence of the COVID-19 pressures, reports to the quality committee were by exception.

The attached report is a summary of:

- Positive developments discussed at the quality committee across the year
- Quality committee red risks
- Care Quality Commission (CQC) status for care homes, primary care, and secondary care providers
- Patient safety incidents and never events

- Key themes identified at committee meetings throughout the year requiring escalation to the governing body
- 2021-22 quality committee plan

Recommendations and specific action the quality committee needs to take at the meeting

The committee is asked to:

1. Note the contents of the report and approve.

Additional required information

Cross reference to strategic objectives

- Improve health and wellbeing and reduce inequalities
- Provide safe, high quality, timely and compassionate care
- Work efficiently so health and care funding give maximum benefits
- Make Cornwall and the Isles of Scilly a great place to work
- Create the underpinning infrastructure and capabilities critical to delivery
- Commissioning supports COVID-19, recovery plans and long-term plan expectations

Evidence in support of arguments: Reporting actual performance by commissioned providers for Cornwall and Isle of Scilly. National and local quality metrics, national directives, constitutional standards, STEIS and NRLS.

Engagement and involvement: Commissioned providers, commissioning leads within the NHS Kernow and associate commissioners in NHS Devon.

Communication and/or consultation requirements: There are currently no communication issues between commissioners and providers.

Financial implications: Quality performance may have an impact on commissioner/provider financial position.

Review arrangements: Monthly review at both the quality and safeguarding assurance meetings.

Risk management: Quality assurance framework in place. Exception reports are produced by commissioners for non-performing metrics. Risks managed through risk register entries on NHS Kernow corporate register.

National policy/ legislation:

- NHS Constitution
- NHS Operating Framework
- National quality metrics.
- *Duty as to the improvement in quality of services: Section 14R NHS Act 2006

- *Duty - Quality in Health Care Sections 45 and 148 Health and Social Care (Community Health and Standards) Act 2003.
- United Nations Convention on the Rights of the Child 1989
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Promoting the Health of Looked After Children Statutory Guidance 2015
- The Care Act 2014
- Care and Support Statutory Guidance (Chapter 14 – Safeguarding)
- Mental Capacity Act 2015
- Working Together to Safeguard Children 2018

Public health implications: Infection prevention and control.

Equality and diversity: No impact noted at this time.

Climate change implications: Meetings are now being held virtually, papers are no longer printed and travel no longer required.

Other external assessment: [NHS England national statistical publications](#); Royal College reviews; ESIST; NHS England assurance – KLOEs and NHS Improvement reviews.

Relevant conflicts of interest: None identified.

For use with private and confidential agenda items only

FOI consideration – exemption*: Section 21 - Information available by other means

Qualified/absolute*: Section 21 - Absolute

If exemption is qualified, then public interest test required. Check to see if the public interest in the information being released outweighs the exemption being used and record your consideration here to justify inclusion on the private and confidential agenda. Note the information commissioner states that there is a general public interest in transparency. For advice, contact kccg.foi@nhs.net

Main report

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Introduction

The role of the quality committee is to provide assurance on the quality of services commissioned by NHS Kernow Clinical Commissioning Group (NHS Kernow), to promote a culture of continuous improvement and innovation within safety, clinical effectiveness, and patient experience, and to ensure that statutory functions in relation to safeguarding are met as set out in its terms of reference.

The quality committee is chaired by a clinician for the governing body. The committee comprises of a second governing body GP (GB GP), governing body secondary care representative, lay member, chief nursing officer (CNO) and deputy director of nursing (DDN). To be quorate, a minimum of 4 committee members must be present, 1 of whom must be a governing body GP or clinical lay member, and 1 of whom must be a member of the executive management team.

The lay member for governance in his role as chair of the audit committee is invited to attend the quality committee on an annual basis.

There are 6 meetings in the period covered by this report.

Quality committee attendance by committee member for 2020-21:

	Chair and GB GP	GB GP	CNO	DDN	Lay member
26/05/2020					X
28/07/2020	X				
29/09/2020		X			X
24/11/2020		X			X
26/01/2021					X
30/03/2021	NLAM				X

X = Did not attend

NLAM = No longer a member

The quality committee takes place bi-monthly. The first meeting of 2020-21 took place on 26 May 2020 and was the first as a standalone quality meeting without performance. The draft terms of reference were reviewed and were subsequently ratified at the following meeting in July and are included in appendix 1.

As a result of the COVID-19 pandemic and requirement to work from home, all committee meetings during this period have successfully taken place via Microsoft Teams.

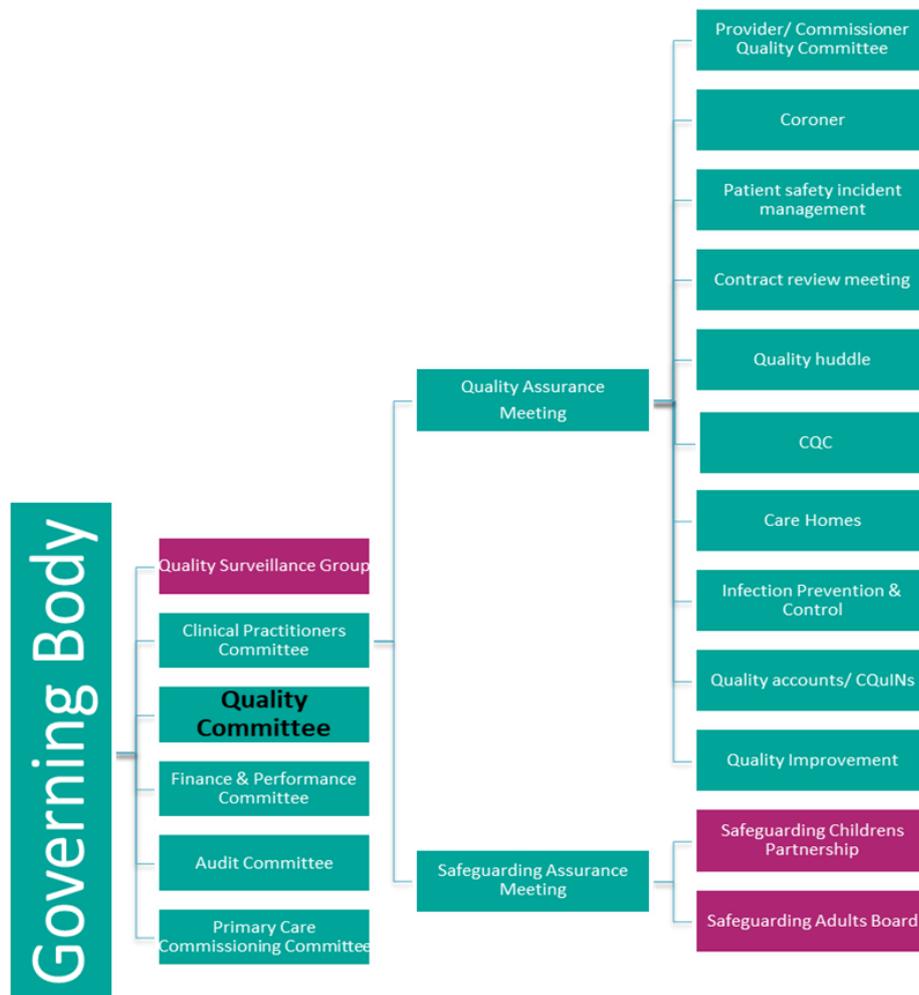
At the last meeting in March 2021, it was noted that the committee chair, a member since 2017 and the chair since 2019, had been appointed as the new chair for NHS Kernow. The committee expressed their thanks for his hard work and commitment over the years and sent congratulations for his new role.

Governance

The quality assurance framework (QAF) for the CCG can be seen below. The QAF was brought to the committee in May. The QAF identifies how NHS Kernow fulfils its statutory responsibilities as well as outlining the structures within the clinical commissioning group (CCG) that capture quality assurance, quality improvement, quality monitoring, and clinical leadership. A quality assurance meeting (QAM) takes place monthly and is open to the whole organisation to report to, and from which we can identify exceptions that need reporting to the quality committee.

The work of the committee in discharging its duties was as follows:

- A quality and safeguarding report is provided each meeting with intelligence from provider quality schedule reports and other quality/safeguarding metrics.
- NHS Kernow works with its major and some smaller independent providers to agree quality objectives for the year. These objectives are included within their quality accounts which are reported to the committee. NHS Kernow reviews and evaluates provider quality accounts, noting successes and challenges in published reports.
- Flow of quality and safeguarding information to governing body.



Positive developments in 2020-21

May 2020	July 2020
<p>The first quality committee of 2020/21 was the first to be held virtually via Microsoft Teams in response to the pandemic. Quality committees have successfully continued to take place virtually.</p> <p>A system-wide patient safety meeting was implemented which was well received and introduced successful collaborative working.</p>	<p>The committee wrote to the Royal Cornwall Hospitals NHS Trust to thank staff for their hard work in providing good cancer care, as reflected in the excellent results from the national cancer patient experience survey 2019 for Cornwall and the Isles of Scilly.</p>
September 2020	November 2020
<p>The committee applauded staff for their comprehensive papers submitted to this month's meeting. Despite the pressures on the system, staff continue to provide essential assurance that oversight and improvement remains ongoing throughout the pandemic.</p> <p>The first safeguarding assurance meeting (SAM) took place this month, which will provide assurance that NHS Kernow has a robust and rigorous safeguarding monitoring function to meet its statutory responsibilities.</p>	<p>An infection prevention and control (IPAC) update provided positive work taking place in the community. An oversight group is using a quality improvement approach with a focus on urinary tract infection (UTI) and hydration. The #ButFirstaDrink campaign aims to improve hydration in hospitalised patients to prevent UTI or urinary catheter infections, and a national project was undertaken to produce a catheter passport.</p>
January 2021	March 2021
<p>Quality improvements has resulted in a reduction in falls at RCHT. New ways of investigating have been introduced including post-falls huddles, which have proven to be successful.</p> <p>National clinical priority updates were received from the medicine's optimisation, mental health and learning disabilities, and maternity teams. The committee noted the positive contribution from staff who continue to work hard during the pandemic.</p>	<p>The committee noted Paul Cook's recent appointment as the new chair for NHS Kernow. Paul has been a member of the quality committee since 2017 and the chair since 2019. The committee expressed their thanks for his hard work and commitment over the years and sent congratulations for his new role.</p>

Key themes from the quality committee meetings 2020-21

COVID-19

Maintaining clinical governance and safeguarding during COVID-19 was discussed at the first meeting in May and the committee was assured of the degree of oversight and monitoring in place. An interim system patient safety incident monitoring plan was put in place within the first week of the pandemic including weekly system patient safety meetings via Teams and the completion of clinical desktop reviews in the absence of face-to-face reviews. Some staff across the directorate were redeployed: the safeguarding team were initially redeployed to work with providers early in the pandemic; and 2 quality managers were redeployed within the system, 1 to infection prevention and control and 1 to CFT.

Due to pressures on the system, a quality light approach was adopted just before Christmas to reduce the burden on staff. The quality assurance meeting in December was stood down, and contributions to reports lighter than usual. The quality committee took the decision to stand down presenters at the meeting in January 2021; all reports were thoroughly reviewed and discussed as usual, and comments and queries fed back to the relevant teams as required.

In January 2021 the committee reviewed the nursing and quality structure where gaps in service were currently vacant with some posts out to advert. It was informed that a further impact on service would be seen in the coming weeks as clinical staff within NHS Kernow were redeployed to the frontline to support the COVID-19 vaccination programme. This piece of work was led by the deputy director of quality. Staff safety was paramount and risk assessments were being carried out on an individual basis to ensure all staff were appropriately assessed and trained with indemnity cover in place before redeployment.

Safeguarding

The next steps in considering a potential wider health safeguarding service for Cornwall and Isles of Scilly (CIOS) integrated care system (ICS) were presented to the committee at the start of the financial year. The committee endorsed option 2 of the paper which proposed to start testing the creation of a single health safeguarding service (acute, community, mental health provider safeguarding team, and CCG).

Statutory vacancies in safeguarding were noted as a particular concern throughout the year. The designated doctor for safeguarding children and the designated doctor for looked after children (LAC) remained vacant and formally added to the corporate risk register. The designated doctor for LAC was subsequently closed in March 2021 with confirmation that the post is now covered. The vacant designated doctor post remains on the risk register. Additionally, the adult safeguarding lead and designated nurse for child safeguarding posts became vacant in the summer of 2020. Both posts were successfully recruited to and the new postholders have been in situ since the start of 2021.

Patient safety

A weekly system patient safety incident learning group was set up in the early stages of COVID-19 which proved successful in collaborative system working. The group continue to meet fortnightly. The patient safety incident framework (PSIRF) early adopter work has continued and after a pause due to the pressures on the system, the steering group reconvened in April 2021.

The peer improvement tips for care and health (PITCH) process underwent a period of review at the request of the quality committee in November. PITCH was initially developed to provide general practice with a central reporting system to raise concerns, share learning, and highlight excellence, and was then extended to the wider healthcare system. CFT was used as a pilot to trial direct reporting to primary care and not via PITCH. This was successful and encouraged GPs and providers to discuss concerns direct, mitigating further risk at pace and removing personal identifiable detail (PID) flowing through to the CCG. Other providers have now been informed of this change of process and comms have been issued to GPs via the GP bulletin. The new process has been in place since 1 April 2021.

National clinical priorities

The 6 clinical priorities that are children's services, medicines management, mental health and learning disabilities (including dementia), planned care (cancer, diabetes, and maternity), and continuing healthcare form part of the committee's standing agenda. Exception reports are provided by the appropriate NHS Kernow lead. Updates received over the course of the last year that were escalated for the governing body's awareness include:

- Physical health checks in severe mental illness (PH SMI) – this covers a range of needs and diagnoses including but not limited to psychosis, bipolar disorder, personality disorder diagnosis, eating disorders, severe depression, and mental health rehabilitation needs, some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use. In Cornwall and the Isles of Scilly individuals with a severe and prolonged mental illness die on average 15 to 20 years earlier than those without a clear health inequality. The PH SMI enhance provision to better address physical health risks and needs for people with severe mental illness including:
 - Completion of recommended physical health assessments
 - Follow up delivery of or referral to appropriate NICE-recommended interventions
 - Follow-up personalised care planning, engagement, and psychosocial support.

The south west performance on completed health checks is low (around 21%) with a target of 60%. Cornwall performs well in individual elements/checks (over 80%) but needs to focus on completing all checks. In July 2020 the PH SMI project recommenced to include an offer to primary care networks (PCN)

to run a trial of delivery to co-produce a model of countywide delivery and to encompass:

- Completion of health checks
 - Data sharing between primary and secondary care
 - Comprehensive intervention, not just screening.
- The results of the national cancer patient experience survey for 2019 was excellent news for Cornwall and the Isles of Scilly and demonstrated that our provider staff are clearly working very hard to deliver good quality cancer care. The committee was keen to commend RCHT for these results and a letter to recognise their great work was sent to RCHT.
 - The learning disability mortality review (LeDeR) annual report for 2019 was reviewed at September's meeting. The report is available on NHS Kernow's website at <https://kernowccg.nhs.uk/your-health/learning-disabilities/learning-disability-mortality-review-annual-report/>

In November the committee reviewed the report into Thomas Oliver McGowan's LeDeR process which was instigated following grave concerns over the findings of an initial LeDeR review following his death. As part of the review CCGs were tasked with considering the recommendations from the report which highlight local and national issues regarding the governance, quality and learning within the LeDeR process. It was identified that NHS Kernow did not meet the recommendations and an independent review into our LeDeR process was carried out and the findings reported to the committee in March 2021.

Provider updates

Royal Cornwall Hospitals NHS Trust (RCHT)

The finance committee raised a concern to the quality assurance meeting which was subsequently escalated to the quality committee in July regarding possible harm to patients due to the suspension of elective work. The committee discussed this at length and whilst could not agree the recommendation, members were assured of the robust harm review process in place at RCHT. Assurance from their quality assurance committee evidenced a robust harm review process to be in place. This has been challenging through the pandemic due to a number of reasons including clinical capacity restraints and difficulty in identifying patients requiring harm review. A clinical harm review panel (CHRP) was re-established in June 2020 and standard operating procedures including the use of retrospective and prospective approaches were reviewed. Outputs from harm reviews, broken down at specialty level, are being reported and reviewed at RTT (referral to treatment) meetings to ensure that actions are being taken and NHS Kernow is present at the meetings.

South Western Ambulance Service NHS Foundation Trust (SWAST)

The committee discussed the SWAST call stacking risk in September after SWAST increased their score back up to the highest level of 25. The same risk on NHS

Kernow's risk register was re-escalated in August to 20 and was expected to increase again in line with SWAST to 25.

University Hospitals Plymouth NHS Trust (UHP)

In September the committee was informed that UHP was prosecuted for failing to provide Duty of Candour under the Health and Social Care Act, the first prosecution of its kind following concerns raised by the CQC. [Care Quality Commission prosecutes University Hospitals Plymouth NHS Trust for breaching duty of candour regulation following patient death | Care Quality Commission \(cqc.org.uk\)](#)

Cornwall Partnership NHS Foundation Trust (CFT)

At the meeting in March 2021, the committee was informed of the CFT governance review, which was expected to address some of the longstanding process and completion issues including the central alerting system (CAS) completions. CAS is a web-based national cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care. The board is now sighted on this specific quality issue and the clinical and corporate associated risks of the outstanding CAS alerts. There is evidence of improvement but there remains a lack of timeframe for those still open. NHS Kernow and NHS England continue to offer support.

Quality committee red risks

Clinical risks are detailed on the organisation's risk register and these are reviewed at each meeting to ensure actions are taken to mitigate future risk.

At the start of 2020-21 the performance aspect was moved to the finance committee. Discussions have taken place between the quality committee and the finance and performance committee regarding those risks that sit between the 2 requiring oversight from both. As such a joint finance, performance and quality committee was formed and members from both committees meet bimonthly in-between the lead committees to review the risks together with the head of corporate governance.

At the time of writing this report there are 9 red risks that belong to the quality committee. Full details are attached in appendix 2.

- 4120, RCHT ED (16)
- 4108, Ambulance turnaround (16)
- 4948, Category 1 and 2 (15)
- 5001, Stroke (20)
- 6067, UHP ED (20)
- 10680, SWAST call stacking (20)
- 10692, Physical monitoring serious mental health (16)
- 10706, RTT and 52 week wait (20)
- 10750, Community deprivation of liberty (16)

Care Quality Commission (CQC)

Many of the organisations that NHS Kernow contracts with to deliver healthcare are registered with the CQC. The CQC are the national regulator and carry out a programme of inspections to ensure adherence to their set standards. Standards within some of the NHS Kernow commissioned providers have fallen below requirements necessitating a response and action plan.

Outcomes of any CQC visits are reviewed at each committee meeting. NHS Kernow's quality team work closely with the provider and CQC to monitor the action plans, with exceptions being reported to the quality committee.

The current CQC ratings for care homes and primary care organisations are as follows. This information has been extracted from [Future NHS Collaboration Platform](#) and correct as at 4 May 2021.

Key:

OU = Outstanding
GO = Good
RI = Requires improvement
IA = Inadequate
NR = Not formally rated as yet

Care homes

There are 225 active care homes in Cornwall registered with the CQC.

IA	RI	GO	OU	NR	Total
0	33	178	6	8	225

Primary care

There are 59* GP surgeries in Cornwall registered with the CQC.

IA	RI	GO	OU	NR	Total
0	3	52	6	1	62

*Mevagissey surgery was formally taken over by St Austell Healthcare and registered with the CQC on 8 January 2021. The service has not yet been inspected.

*2 surgeries are duplicated within the figures due to having 2 different CQC registered codes (see below).

Duplicate GP Practice locations:

On the GP Summary tab there will be a small number of instances where there will be duplicate GP Practice locations with the same ODS Code and GP Name but a different CQC Code which will be highlighted in red, there will be two main reasons for this:

1. For legal reasons CQC will have had to split the registration of a GP Practice location(s) on the basis of regulated activities that need to be registered separately.
2. In instances of mergers, partnerships or changes in ownership or legal entity the CQC will legally have to deregister a location and then it will re-register under a new CQC Code. Occasionally this results in a data lag with the deregistration being reflected in their database so will be rectified for future refreshes.

The CQC have issued warning notices against 2 GP surgeries in the last year. NHS Kernow are working with these providers to facilitate improvements.

Provider organisations

The current CQC ratings for provider organisations are as follows. This information has been extracted from the [CQC website](#) and correct as at 4 May 2021.

Royal Cornwall Hospitals NHS Trust (RCHT) (latest inspection report dated 26 February 2020)

Requires improvement

Safe	Requires improvement	●
Effective	Good	●
Caring	Good	●
Responsive	Requires improvement	●
Well-led	Good	●

Following an unannounced visit from the CQC to the Royal Cornwall Hospitals NHS Trust (RCHT) sites of Treliske, West Cornwall hospital and St Michaels hospital in December 2020, a section 29A warning notice was issued on 21 December 2020. This reflects the view that the CQC consider the quality of health care provided by RCHT requires significant improvement for the regulated activities below:

- Surgical procedures
- Treatment of disease disorder and injury
- Diagnostic and screening

Cornwall Partnership Foundation NHS Trust (CFT) (latest inspection report dated 2 July 2019)

Good

Safe	Requires improvement	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●

University Hospitals Plymouth NHS Trust (UHP) (latest inspection report dated 18 December 2019)

Requires improvement

Safe	Requires improvement ●
Effective	Requires improvement ●
Caring	Outstanding ☆
Responsive	Requires improvement ●
Well-led	Requires improvement ●

Probus surgery (latest inspection report dated 12 March 2019)

Requires improvement

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Requires improvement ●

Duchy hospital (latest inspection report dated 23 March 2017)

Requires improvement

Safe	Requires improvement ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Requires improvement ●

Patient safety

The committee reviews patient safety including serious incidents and never events. Infection prevention and control, and safeguarding are reviewed as standing agenda items at each meeting.

Never events

13 never events have been recorded in 2020-21 across RCHT and UHP which have been escalated to the committee.

RCHT x 9:

- Retained foreign object post procedure x 2
- Wrong site surgery x 5
- Wrong implant/prosthesis x 1
- Administration of medication by wrong route x 1

UHP x 4:

- Wrong site surgery x 4

Full details are attached in appendix 3.

Serious incidents

Appendix 4 captures patient safety incidents by provider and top incident types by provider for 2020-21.

Nursing and quality directorate structure

The committee reviewed the proposed new structure of the nursing and quality directorate at January's meeting. The directorate continues to undergo a period of restructure with significant vacancies and some posts out to advert. Some posts have now been appointed to and awaiting dates for new starters. It is expected that once all new staff members are in post, oversight will become more robust, as will our ability to support and facilitate quality improvement.

Quality committee schedule of papers 2021-22

	May 2021	July 2021	Sept 2021	Nov 2021	Jan 2022	Mar 2022
Operating Arrangements						
Terms of reference review						
Risks and Patient Safety						
Risk register						
Infection Prevention & Control						
Coroner Regulation 28						
Quality Premium						
CQuINS						
Quality Impact Assessments						
Quality Surveillance Group						
Six National Clinical Priorities – routine reports: to include <i>primary care update/patient safety/patient experience/clinical effectiveness</i>						
1. Childrens services						
2. Medicines management						
3. Mental health (dementia/learning disabilities/LeDeR) .. double slot						
4. Planned Care (diabetes & cancer/maternity)						
5. Continuing Health Care						
Quality Assurance						
Quality report incl. safeguarding & MCA/DoLS: exception reporting/ CQC/ national & local quality metrics (quality dashboard)						
Patient experience: Complaints/ FFT/ surveys/ other						
Clinical Effectiveness: NICE compliance/ national & local clinical audits						
Annual Review						
GP with extended roles guidance						
Quality Accounts – agreement						
Annual Report						