

BNSSG Joint Quality Committee

Minutes of the meeting held on: Thursday 22nd March 2018 from 09:00-12:00
 in the Conference Room, South Plaza, Bristol

03 Minutes

Present:	
Members	Tara Mistry, Lay Member for PPI, Chair Anne Morris, Director of Nursing and Quality (AM) Dr Jeremy Maynard, GP Clinical Lead for Quality, NSCCG (JM) Claire Thompson, Deputy Director Commissioning (CT) (For Item 6.1) Dr John Hayes, Chair, SGCCG
In Attendance:	Dr Kirsty Alexander, N&W LEG Representative (KA) Marie Davies, Associate Director Quality, Patient Experience (MD) Kat Tucker, Quality and Patient Safety Support Manager (KT) Dr David Soodeen, ICE LEG Representative Louise Fowler, PPI Lead, (LF) Paulette Nuttall, Designated Safeguarding Adults and MCA Lead Nurse (For item 6.4) (PN) Jeanette George, Corporate Services Director, JG, (For item 9)
Apologies:	Lisa Manson, Director of Commissioning, Steve Davies, South Locality Representative Dr Mary Backhouse, Chair NSCCG John Rushforth, Lay Member, SGCCG Debbie Campbell, Deputy Director Primary Care and Medicines Management NSCCG Kathy Headdon, Lay Member, NSCCG (KH) Bridget James, Interim Deputy Director of Nursing and Quality (BJ) Edmund Brooks, Lay Volunteer (ED)

Item No		Action
1	WELCOME AND APOLOGIES Tara Mistry welcomed members to the Quality Committee Meeting. Apologies were noted from the above members.	
2	DECLARATIONS OF INTEREST No interests were declared	

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3	<p data-bbox="300 297 919 331">MINUTES OF THE MEETING OF 22.02.17</p> <p data-bbox="300 371 1031 405">The minutes were approved as an accurate record.</p> <p data-bbox="300 445 472 479">Action Log</p> <p data-bbox="300 519 1206 665">20.07.17 Item 4.1 - 2 – It was noted that the Primary Care Quality Report had been presented to the Governing Body and was an agenda item on this meeting for information. This action was closed.</p> <p data-bbox="300 705 1190 806">19.09.17 Item 5.1 - 1 - The Safeguarding Group Terms of Reference were on the meeting agenda for review. This action was closed.</p> <p data-bbox="300 846 1230 920">21.11.17 Item 3 – 2 – The AWP deep dive would be presented to the committee in April. This action remained open.</p> <p data-bbox="300 960 1206 1061">12.12.17 Item 7.1 – 1 – It was noted that the NBT Risk Register was on the agenda, and was discussed at the Quality Sub Group. This action was closed.</p> <p data-bbox="300 1102 1110 1211">25.01.18 Item 6.2 – 1 – A summary report lessons learnt document would be prepared by NBT regarding the VTE exemplar work. This action remained open.</p> <p data-bbox="300 1252 1161 1352">25.01.18 Item 6.5 – 1- A report on Carers in Healthy Weston would be presented to the committee in April. This action remained open.</p> <p data-bbox="300 1393 1198 1467">25.01.18 Item 7.1 – 1 – Children’s work streams to be reported separately in the April report. This action remained open.</p> <p data-bbox="300 1507 1206 1581">25.01.18 Item 7.3 – 2 – The proposal regarding Fractured Neck of Femur would be presented to the committee in April.</p> <p data-bbox="300 1621 1201 1722">22.02.18 Item 3.2 – 1 – AWP transformation was discussed at the February Governing Body and updates would be discussed going forward. This action was closed.</p> <p data-bbox="300 1762 1222 1863">22.02.18 Item 6.1 – 3 – Clarification on the reason for the WAHT breast screening breaches was provided. This action was closed.</p> <p data-bbox="300 1904 1198 2004">22.02.18 Item 6.1 – 7 – All information regarding aligning of training had been sent to Safeguarding leads and would be fed into the Local Workforce Action Board. This action was closed.</p>	<p data-bbox="1334 887 1374 920">BJ</p> <p data-bbox="1334 1144 1374 1178">MD</p> <p data-bbox="1302 1290 1406 1323">SR/LM</p> <p data-bbox="1334 1435 1374 1469">CT</p> <p data-bbox="1302 1547 1406 1581">DK/LM</p>

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	<p>22.02.18 Item 6.3 – 9 – The Exeter University research would be circulated. This action was closed.</p> <p>22.02.18 Item 6.4 – 1 – The updates had been made to the Serious Incident Terms of Reference. This action was closed.</p> <p>22.02.18 Item 8 – 1 – Risk Register cover papers would be discussed at the next community Quality Sub Groups. This action was closed.</p> <p>22.02.18 Item 8.1 – 1 – It was confirmed that workforce was on the BCH central risk register not on the quality risk register as this is not currently affecting quality. This would be discussed further at their next ICQPM. This action remained open.</p> <p>22.02.18 Item 8.2 – 1 – It was noted that the NSCP Risk Register had been discussed at the ICQPM, the full risk register was being reviewed and would be presented to the next ICQPM. This action was closed.</p> <p>22.02.18 Item 9.1 - 1 – It was noted that the diabetic foot pathway had changed, however incidents were still occurring. It was agreed that this needed to be added to the risk register. This action remained open.</p> <p>22.02.18 Item 10.1 – 1 – The committee effectiveness had been updated and presented to the Governing Body. This action was closed.</p>	<p style="text-align: center;">BJ</p> <p style="text-align: center;">BJ</p>
4	<p>Quality Surveillance Group</p> <p>Marie Davies presented this item.</p> <p>The Group had discussed the Mendip House report, it was agreed that this report would be shared with the committee. It was confirmed that all beds commissioned would be quality assured even if they were out of area beds. The Continuing Healthcare Team had been asked to develop a plan for how these beds will be quality assured going forward.</p> <p>An issue regarding two non-medical nurse prescribers at Somerset Partnership not completing their courses was discussed, an NMC, CQC and CRD investigation was ongoing. One of the nurses had worked at NBT, however was no longer employed there. NBTs actions were currently being followed up by Marie Davies.</p> <p>WAHT has been moved from Red to Enhanced surveillance</p>	<p style="text-align: center;">MD</p>

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	<p>rating which was positive.</p> <p>A deep dive had been requested into Maternity and CAMHS services, it was agreed to request that the Maternity deep dive included home births. This would be presented to the May Quality Surveillance Group.</p> <p>The Quality Surveillance Group were proposing a system wide look at particular areas of concern, maternity was flagging up as an area of concern in the South West, although outcomes were good in BNSSG. Terms of Reference for this deep dive had not yet been received but would be chased.</p>	<p style="text-align: center;">MD</p>
<p>5</p>	<p>Policies for Review</p> <p>Marie Davies presented these items.</p> <p>Work was ongoing to align the policies as we move into BNSSG CCG. It had initially been hoped that these would be presented to the April Governing Body meeting, however due to capacity of the meeting this had been delayed.</p> <p>Comments on these policies were requested to be sent to Marie Davies.</p> <p>The committee discussed Equality Impact Assessments for the policies it was important that they had been through this process. It was agreed that the policies would be updated, Equality Impact Assessments undertaken and then presented to the Corporate Governance Policy Group prior to being represented to the Quality Committee.</p> <p>It was agreed that a clear process of the cycle for approving policies would be requested from Jeanette George.</p> <p>5.1 Serious Incident Policy</p> <p>It was noted that an updated SI Framework would be published at the end of the year, and the policy would need to be updated further following this to reflect the amended national policy.</p> <p>Clarification was provided that the Serious Incident panel reported to the Quality Committee, the policy would be updated to reflect the new titles of the meetings.</p> <p>The committee noted the policy</p> <p>5.2 Complaints Policy</p> <p>The committee noted the policy</p> <p>5.3 Safeguarding Policy</p> <p>The committee noted the policy</p>	<p style="text-align: center;">ALL</p> <p style="text-align: center;">MD</p> <p style="text-align: center;">MD</p> <p style="text-align: center;">MD</p>

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	<p>5.4 Safeguarding Group Terms of Reference</p> <p>The committee approved the Terms of Reference.</p>	
6	<p>Quality Reports</p> <p>6.1 Quality and Performance Report</p> <p><u>Performance</u></p> <p>Claire Thompson was welcomed to the committee to present this item.</p> <p>Referrals were down on plan and on 2016/17 figures, this was positive and it was important to recognise the work being done by primary care in this area. As a result first outpatient appointments were also down on plan and were flat against 2016/17. However follow up appointments were up on plan, this was a result of the ambitious plan, they were also slightly up from 2016/17. There was a question regarding whether the new outpatient appointments were being replaced with follow up appointments. However although this was evidenced, it was not the full picture as the appointments were in different specialties.</p> <p>A&E attendances were slightly above plan and flat against 2016/17, BNSSG benchmarked well in this area and was below the national average. BNSSG was 10% above plan and 6% above 2016/17, this continues to deteriorate. This was the area of current focus of work with the acute providers. A stock take of frailty services had been undertake across BNSSG this had shown significant differences across the area, other areas would be reviewed going forwards.</p> <p>A&E four hour wait was holding at 80% in January, this was 3% improved from 2016/17, all acute providers had experienced 12 hour trolley breaches, NBT were under national interventions regarding these and a specific recovery plan had been put in place. The committee discussed UHBs A&E figures broken down by BRI and Children's departments.</p> <p>Referral to Treatment held position in January, however there had been significant cancellations in activity as mandated by NHS England, it was noted that this had not had a knock on effect to the over 52 week wait figures.</p> <p>Cancer performance had dipped following cancellations in ITU admissions. It was noted that these figures were now being monitored quarterly as well as monthly as this gave a clearer picture on performance.</p>	

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	<p>SWASFT performance measures had changed; the contract manager would attend the committee in April to provide further information regarding this, the new categorisations would also be shared with GP practices for information. It was noted that while SWASFT were in the bottom 4 Trusts in the country in regard to performance, this was Trust wide and the picture in BNSSG was better. Ambulance handover times, whilst not at target were improved on 2016/17 figures.</p> <p>NHS 111 was performing well in comparison with the national picture for calls receiving clinical contact and was almost at the 50% target. In relation to answering within 60 seconds and calls referred to ambulance work was still required to improve this.</p> <p>It was agreed that in future a specific Mental Health performance report would be produced, showing more specific detail and including providers other than AWP. It was noted that the DTOC position was overall improving, although remained significantly above target.</p> <p>An issue was raised regarding UHB TIA clinics, it was agreed that further information would be provided regarding this.</p> <p><u>Quality</u> Marie Presented the quality section.</p> <p>The committee were informed that harm reports were being received for the 12 hour trolley breaches, these were reviewed at the Serious Incident Panel. To date no harm has been identified.</p> <p>Further MRSA cases had been reported and were being investigated. NHS Improvement was undertaking an assurance visit in April with the CCG to WAHT regarding Healthcare Acquired Infections. Further system work was required to address MRSA within the healthcare system for the specific cohort of patients affected.</p> <p>Two further Never Events were reported in January, a Contract performance Notice was in place at UHB and a joint visit to Dental Theatres was being undertaken with NHS Improvement in April.</p> <p>The committee were informed that a Contract Performance Notice had been issued to AWP regarding Serious Incident compliance, a remedial action plan had been provided, however a revised action plan and trajectory had been requested. Discussions were also being held regarding the quality of the root cause analysis reports.</p>	<p>CT</p> <p>CT</p> <p>CT</p>

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	<p>The committee discussed issues regarding administrative backlogs, and the importance of not making reductions to administrative support. A Contract Performance Notice would be issued to NBT if the position did not improve this month.</p> <p>It was noted that complaints backlogs at NBT had been an ongoing issue for a considerable period of time. It was noted that their complaints system had been changed, and they had a new complaints lead starting in April. The remedial action plan would be revised and presented to the next quality sub group.</p> <p>The committee noted the report.</p> <p>6.2 Patient Experience Report</p> <p>Marie Davies presented this item.</p> <p>The committee were advised that there would be a step change in reporting from quarter 1 18/19. As there would be one reporting system across complaints, PALS, MP Letters and GP feedback across BNSSG.</p> <p>Themes from the triangulated data included; Individual Funding regarding some changes to policies, Continuing Healthcare historic appeals, acute services admin/discharge arrangements and access to GP services.</p> <p>The new structure includes a Customer Services team which was intended to be a more responsive team.</p> <p>The committee discussed the importance of sharing the patient experience with the appropriate commissioners and committees including the Primary Care Committee. It was proposed that in the future the report would be published on the website.</p> <p>It was noted that at present the CCGs did not receive details of complaints that were received directly by GP Practices. Work was ongoing with Healthwatch to align programs of work.</p> <p>The committee noted the report</p> <p>6.3 Serious Incident Internal Audit</p> <p>Marie Davies presented this item.</p> <p>The committee received an internal audit report regarding serious incidents for each CCG; the action plans would be merged into a BNSSG action plan and would be represented to the committee in May to show progression.</p>	<p style="text-align: right;">MD</p>

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	<p>The committee noted the report.</p> <p>6.4 Care Home Support Team Evaluation</p> <p>Paulette Nuttall was welcomed to the meeting to present this item.</p> <p>The Care Home Support Team was established in Bristol in 2014, the training provided to Care Homes was funded via the Better Care Fund two years ago, as the Local Authority wanted training regarding hydration, Early Warning Systems in homes with high numbers of admissions. The project would close at the end of March 2018.</p> <p>The Team had improved quality and care practices in homes that had been worked in. The work had also been recognised by the CQC, 10 Care Homes moved from Requires Improvement to Good rating, or had one domain which went from Inadequate to Requires Improvement. For the first time in two years there were now no homes in Bristol with beds closed to Safeguarding.</p> <p>It has been agreed that the Care Home Clinical Forum would continue following the closure of the project, it would be used as a forum for communication and training with Care Home staff. The website would also continue, however this would be managed by the Communications team going forwards, to ensure that Care Homes were receiving up to date information.</p> <p>The paper had previously been presented to the Safeguarding Adults Board and would also be presented to the commissioning team.</p> <p>The committee recognised the good work that had been undertaken by the team during the project.</p> <p>The committee discussed the differences in the GP Enhanced Services for Care Homes across BNSSG</p> <p>It was agreed that the work undertaken by the Care Home Support Team should be included within business as usual work to ensure that the learning and sharing was not lost.</p> <p>It was agreed that work was required to ensure that a BNSSG approach to Care Homes Support and Quality was developed, it was agreed that this would be presented to the committee in May.</p> <p>The committee noted the report.</p> <p>6.5 Datix Implementation</p>	<p>PN/AM</p>

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	<p>Jeremy Maynard presented this item.</p> <p>It was explained that GP feedback had been managed differently in each of the three CCGs. These were being brought together using the Datix server, this would help in providing reports and identifying trends.</p> <p>Each GP would have a link on their desktop, which was to the Datix webform for them to report feedback. Also on this link would be reports and trends identified by the Datix feedback. The system was a live system and when the cases were updated the originator would be updated with actions being taken and outcomes.</p> <p>It was agreed that the system would be branded as ContactUs and would not be a clinical incident reporting system. It was confirmed that reporting would be possible by each commissioning locality.</p> <p>It was agreed that the system for GPs was intuitive so training was not required, however some publication and awareness raising would be required.</p> <p>The committee was informed that the system would be rolled out from 1st April; the ContactUs email system would continue to run alongside for a handover period. Comms would be sent out in the BNSSG GP newsletter regarding this.</p> <p>It was noted that Complaints, PALS and MP letters would also be reported in Datix, this means that triangulation of reporting will be easier.</p>	
7	<p>Performance Reports</p> <p>7.1 CQUIN Updates</p> <p>Marie Davies presented this item.</p> <p>It was noted that an update had been provided from the planning guidance for 18/19, however finalised details had not yet been received. A contract variation would be required once these had been received.</p> <p>The committee noted the report</p> <p>7.2 Contracts Performance Notices</p> <p>Marie Davies presented this item.</p>	

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	<p>The committee were advised that there were no Contract Performance Notices issued for community services. The report showed notices for the Acute Trusts and in future would include AWP.</p> <p>The committee noted the report.</p>	
8	<p>Provider Risk Registers</p> <p>8.1 UHB 8.2 WAHT 8.3 NBT</p> <p>It was agreed that a cover paper would be provided regarding Acute risk registers in the same way as had been discussed for Community services.</p> <p>The committee noted the risk registers.</p>	
9	<p>Review of Terms of Reference</p> <p>Jeanette George was welcomed to the committee to present this item.</p> <p>The committee were informed that the Governing Body had discussed how to move from aligned governance to merged governance, taking into account learning from how the committees had worked in aligned governance structures. Draft Terms of Reference had been provided following these discussions.</p> <p>There had been some changes to the membership of the committee in line with the changes to the organisational structure. The committee discussed the membership. It was agreed that if there were specific locality issues that these should be presented to the committee via the clinical lead for quality or the Medical Director and additional clinical leads could be invited for appropriate items as required.</p> <p>In terms of quoracy it was agreed that the first bullet point would be split into two, one independent member and one clinical corporate lead.</p> <p>It was agreed that the membership would be tried for 6 months and then re-evaluated.</p> <p>The committee recommended the Terms of Reference to the Governing Body with the changes to quoracy.</p>	<p>JG</p> <p>AM</p>

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10	<p>Papers for Information Only</p> <p>10.1 Primary Care Quality Development</p> <p>The committee noted the report that had been presented to the Governing Body.</p> <p>10.2 Developing Community Quality Indicators</p> <p>The committee noted the report as the outcome of a BNSSG workshop, this would be presented to the regional meeting.</p>	
11	<p>Any Other Business</p> <p>PEC Key Messages</p> <p>PEC had held its last meeting and from this had listed three must have messages.</p> <ul style="list-style-type: none"> - The new structure must have an internal mechanism to ensure that PPI and Equality continues to operate in a new and accountable set up with a reporting function through the whole of the organisation. - A mechanism to ensure that the organisation continues to build on its high level interface and collaboration between Equality and PPI. - Information gathered from public forums and localities is integrated with internal structures through lay representation in core CCG committees. <p>This was demonstrated in the earlier discussions held regarding Equality Impact Assessments in regard to the Policies presented.</p> <p>It was agreed that a paper should be presented to the committee, with a proposal regarding the importance of robust Equality impact assessments and the benefits of combining this with a Quality Impact Assessment.</p> <p>A copy of the PEC key messages would be distributed to the committee.</p> <p>Health Overview and Scrutiny</p> <p>Louise Fowler advised that the Health Overview and Scrutiny annual accounts visits to Trusts were pending, it was suggested that we should liaise with the Health Overview and Scrutiny Committee to combine with other assurance visits and undertake a system wide approach.</p>	<p>LF</p> <p>TM</p>

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	<p>BigWord</p> <p>David Soodeen raised an issue regarding the telephone translation service; this had been stopped for 2 days due to a contractual invoicing issue. This meant that GP practices could not use telephone interpretation services and was a clinical risk. An emergency solution had been implemented until the end of March, however there was a risk that on 1st April there could be no telephone interpretation services. It was agreed that this issue would be escalated to ensure it was resolved.</p> <p>Sepsis Leads</p> <p>NHS England had requested a submission regarding sepsis leads in Primary Care, it was noted that this was managed differently in each practice. Further work would be undertaken to articulate the role of a sepsis lead.</p>	<p>MD</p>
<p>12</p>	<p>Items to Progress to Governing Body</p> <p>It was agreed that this month's assurance report would include information regarding:</p> <ul style="list-style-type: none"> • Contract Performance Notices. • Care Home Support Team Evaluation. • Datix implementation. • Acute Risk Registers 	
<p>13</p>	<p>Review of Committee Effectiveness</p> <p>The committee reviewed its effectiveness.</p> <p>The committee formally thanked Tara Mistry for her chairing and input into the committee and wished her well in the future.</p>	
	<p>DATE OF NEXT MEETING</p> <p>The next meeting would take place on the 19th April 2018 G10 Castlewood, North Somerset</p>	