

Quality Committee

Minutes of the meeting held on 23rd August 2018 at 2.00pm, at South Plaza

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality (until Item 6.1)	AMor
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
In attendance		
Cecily Cook	Deputy Director Nursing and Quality	CC
Claire Thompson	Deputy Director of Commissioning (Planning & Performance)	CT
Bridget James	Associate Director Quality (Patient Safety)	BJ
Marie Davies	Associate Director Quality (Patient Experience)	MD
Kat Tucker	Quality Support Manager	KT
Debbie Campbell	Head of Medicines Management	DC
Jackie Mathers	Head of Children's Safeguarding (For item 5.3)	JMa
Apologies		
Louise Fowler	PPI Programme Lead	LF
Dr Martin Jones	Medical Director – Clinical Effectiveness	MJ
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Lisa Manson	Director of Commissioning	LM

	Item	Action
01	<p>Welcome and Apologies</p> <p>Alison Moon welcomed everyone to the meeting.</p>	

	Item	Action
02	<p>Declarations of Interest</p> <p>Nick Kennedy advised that one of his interests had now stopped, he no longer advises Babcock. He advised that he was now part of the National Funding Review Panel. This new interest did not relate to any items on the agenda.</p> <p>Sarah Talbot-Williams advised that she was now Trustee for together for short lives. This new interest did not relate to any items on the agenda.</p>	
03	<p>Minutes of Meeting 26th July 2018</p> <p>It was agreed that titles would be added for Martin Jones and Peter Brindle.</p> <p>It was noted that Nick Kennedy and Sarah Talbot-Williams although not attending the meeting had provided comments on papers, it was agreed that this would be added to the apologies section of the minutes.</p> <p>Page 2, it was confirmed that the St Peter’s Hospice Quality Account had been received; however the CCG statement had not been received. The committee discussed the importance of parity across BNSSG and therefore the importance that we also saw the quality account for Weston Hospice. It was agreed that the commissioner expectation for quality accounts from hospices would be clarified.</p> <p>Page 3, a typographical error was noted.</p> <p>Page 5, it was clarified that the final action on page 5 was attributed to Anne Morris.</p> <p>With the above amendments the minutes were approved as an accurate record of the meeting.</p> <p>Lucy Powell was thanked for her support of the meeting in July.</p> <p>3.2 Action Log</p> <p>Alison Moon reminded everyone of the importance of providing updates on actions prior to the meeting.</p>	MD



	Item	Action
	<p>24.05.18 Item 4 – 3 – It was confirmed that a briefing regarding Independent Sector Hospitals would be presented to the committee in September and to Governing Body in October. This action was closed.</p> <p>24.05.18 Item 4 – 5 – The committee was advised that the information regarding Health Visitors was being developed with the Safeguarding Board. This action was closed.</p> <p>24.05.18 Item 6.3 – 2 – A Care Home mapping session was due to be held in September, the organogram would be further refined at this meeting and then shared with the committee. This action remained open.</p> <p>24.05.18 Item 6.7 – 1- There was a commitment for a single EIA/QIA tool and a visit has been scheduled to the Devon Panel. A training package was also being developed. The principles would be presented to the committee in September. This action was closed.</p> <p>24.05.18 Item 6.7 – 2 – This action was linked with 24.05.18 Item 6.7 – 1. This action was closed.</p> <p>24.05.18 Item 8.1 – 1 – The BCH risk register was noted to be on the agenda. This item was closed.</p> <p>24.05.18 Item 8.1 – 2 – The Community risk register was noted to be on the agenda. This item was closed.</p> <p>21.06.18 Item 4.3.1 – 3 – The SCR action plan has been added to the committee work plan for September. This action was closed.</p> <p>21.06.18 Item 4.4 – 1 – It was noted that Looked After Children was on the agenda. The committee were advised that a workshop was going to be held with the Local Authorities to review development of a system wide action plan for Looked After Children. This action was closed.</p> <p>21.06.18 Item 4.5.1 – 1 – The committee were informed that an update on the adult SCR would be presented to the committee in September. This action remained open.</p> <p>26.07.18 Item 3.1 – 1- Updates for the June minutes had been received. This action was closed.</p> <p>26.07.18 Item 3.2 – 1- Claire Thompson advised that she would review how TIA pathway performance would be included within</p>	<p>BJ</p> <p>LM/CC</p> <p>CT</p>



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	<p>the Quality and Performance Report going forward. This action remained open.</p> <p>26.07.18 Item 3.2 – 2 – Jeremy Maynard has reviewed the National Diabetes Audit, it was agreed that an update on this would be provided to the September meeting. This action was open.</p> <p>26.07.18 Item 4.1 – 2- It was clarified that BNSSG would temporarily be staying as part of the current Quality Surveillance Group area. The issue of deep dives and forward planner would be discussed at the next Quality Surveillance Group meeting. This action remained open.</p> <p>26.07.18 Item 4.1 – 2- It was confirmed that Rebecca Cross had spoken with Deborah El-Sayed regarding the mental health strategy. This action was closed.</p> <p>26.07.18 Item 5.1 – 1- The MRSA action plan was noted to be on the agenda. This action was closed.</p> <p>26.07.18 Item 5.1 – 2 – Inclusion of national reporting requirements for HCAI was discussed at the HCAI meeting and information would be included within the report for September. This action remained open.</p> <p>26.07.18 Item 5.1 – 3 – Further information regarding the Never Event was provided to the committee and had been included within the Quality Report. This action was closed.</p> <p>26.07.18 Item 5.2.1 – 1 – It was confirmed that the Safeguarding training matrix had been circulated to Directors. This action was closed.</p> <p>26.07.18 Item 5.2.1 – 2 – A Governing Body Seminar session had been booked for October. This action was closed.</p> <p>26.07.18 Item 5.3 – 1 – It was noted that Looked After Children was on the agenda. This action was closed.</p> <p>26.07.18 Item 5.6 – 1 – It was confirmed that the use of “significant” was meant as notable and not in a statistical manner. This action was closed.</p> <p>26.07.18 Item 5.6 – 2 – It was confirmed that Jeremy Maynard had been working with OneCare to establish an electronic quality forum for leads. Discussion had also taken place regarding recruitment of appropriate representatives to the</p>	<p>JM</p> <p>AMor</p> <p>CC</p>



	Item	Action
	<p>quality group. This would be taken to the Locality CCG forums in September and October. This action was closed.</p> <p>26.07.18 Item 6 – 1 – It was noted AWP were in the process of reviewing their risk management processes. The Risk Register would be presented to the Quality Sub Group prior to presentation to the committee. This action remained open.</p> <p>26.07.18 Item 7 – 1- An update on the CHC review and action plan would be presented to the committee in September. This action was closed.</p> <p>26.07.18 Item 9.3 – 1 – Comments had been received regarding the infection control report and an updated version was on the agenda. This action was closed.</p> <p>26.07.18 Item 9.4 – 1 – The Maternity Dashboard would be presented to the committee in September. This action was closed.</p> <p>26.07.18 Item 11 – 1 – A paper regarding learning from deaths was noted to be on the agenda. This action was closed.</p> <p>26.07.18 Item 11 – 2 – The paper regarding learning from deaths included information regarding Acute Trusts responses to the national guidance. This action was closed.</p>	BJ
04	<p>Regulatory Updates</p> <p>4.1 Quality Surveillance Group</p> <p>It was noted that there had not been a Quality Surveillance Group meeting since last presented.</p>	
05	<p>Quality & Performance Report</p> <p>5.1 Quality and Performance Report</p> <p>Nick Kennedy and Alison Moon noted that some sections of analysis within the report showed great improvement.</p> <p>Claire Thompson presented the Performance section of the report.</p>	



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	<p>It was noted that activity had increased, and non-elective activity was significantly above plan, this was the main focus of review. A&E attendance and non-elective admissions were both above what would be expected nationally. It was noted that there had been a step change in ambulance activity and there was a focus on reviewing conversion rates.</p> <p>The committee were pleased to note that 4hr performance in June had improved, however it was noted that this was not sustained and had significantly deteriorated in July and August. However Quarter one saw the best performance in a quarter in over 2 years and BNSSG was benchmarked 9th out of 42 STPs nationally. Both UHB and WAHT had made step change improvements in A&E performance issues with performance across BNSSG predominantly related to issues at NBT.</p> <p>RTT was noted not to be at national standard but was on plan, total waiting list sizes were also where expected.</p> <p>62 day cancer performance was achieved in Quarter one, which was a real success.</p> <p>The committee were advised that the UHB on hold list had been cleared. It was noted that the harm review panel process remained ongoing.</p> <p>Alison Moon requested clarity regarding the increase in overall referrals being from non-GP sources. It was confirmed that this related to Consultant to Consultant referrals, and this related to the changes within the criteria for these referrals. It was suggested that an audit be undertaken into this area.</p> <p>Peter Brindle queried whether changes in direct admissions from GPs was driving the increased unplanned admissions, it was noted that it was not possible to compare with previous time periods of this due to changes in pathways for GP direct admissions. It was suggested that GP referral variation data may be able to identify these issues. It was agreed that this should be reported in future.</p>	<p>CT</p> <p>CT</p>



	Item	Action
	<p>poor quality services. This was in relation to AWP Serious Incident compliance data deteriorating as internal quality processes improved. It was agreed that Serious Incident compliance for all providers would be included within future reports.</p> <p>It was agreed that further analysis regarding the safety thermometer and harm free care would be provided in the next report.</p> <p>Alison Moon raised a query regarding WAHT VTE assessments, the dashboard showed that performance was poor over the previous months; however verbal reporting had described huge improvements. Anne Morris reported that performance had significantly improved and the Contract Performance Notice had been closed. It was agreed that clarity regarding the information within the dashboard would be provided.</p> <p>The committee were advised that the Bristol ADHD waiting list was currently 18 months. Alison Moon asked how big the waiting list was. It was reported that the waiting list was approx. 500 people and likely to rise to 750 by the end of the year. It was confirmed that all transitions from children's services were prioritised and did not incur waits. AWP were drafting a business case regarding the model of the service which was being discussed with the CCG. Further information regarding the validation of the waiting list was pending from AWP. An update to be provided regarding the validation process to be provided to the committee. It was noted that this risk had been added to the CCG commissioning risk register.</p> <p>Alison Moon queried the patient experience data for Primary Care that had been provided, it was confirmed that this related to the 2018 GP patient survey data and July Friends and Family Test data which were published in August. It was noted that the CCG benchmarked well against the national average and further analysis of this data would be provided to the committee in September</p> <p>The committee discussed concerns that had been raised regarding a Care Home provider, it was confirmed that a CQC</p>	<p>MD</p> <p>MD</p> <p>MD</p> <p>BJ</p> <p>BJ</p>



	Item	Action
	<p>led meeting was due to be held to discuss this further in September.</p> <p>5.2 Dental Visit Report</p> <p>Bridget James presented this item.</p> <p>This report related to the assurance visit with NHS Improvement which had been undertaken following four Dental Never Events at UHB. It was noted that the issues highlighted were different from those identified following previous Dental Never Events at UHB. It was noted that lessons had been learnt and embedded from the previous incidents. Issues identified from these four Never Events included human factors and interruptions during procedures.</p> <p>It was noted that there had been a long delay in the letter from NHS improvement being sent to the provider, the suggestions identified have been included within the Trust overarching Never Event action plan.</p> <p>Sarah Talbot-Williams queried whether there had been analysis of the demographics of the patients involved in Never Events. It was agreed that this would be reviewed as to whether there were any trends.</p> <p>Anne Morris advised that she had originally requested that NHS Improvement undertaken a review of all theatre Never Events, however the visit undertaken only related to the Dental Never Events. Anne Morris will review with NHS Improvement to ensure that any future reviews have strong terms of reference to ensure that they address all of the concerns.</p> <p>Sarah Talbot-Williams queried whether the patients involved in the Never Events had been spoken to during this review. It was confirmed that the Duty of Candour would have been carried out during the root cause analysis of each incident; however they were not involved in the visit. It was agreed that Anne Morris would feedback this suggestion of patient involvement in reviews to NHS Improvement.</p>	<p>BJ</p> <p>AMor</p> <p>AMor</p>



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	<p>The committee discussed the fact that the vast majority of dental patients were seen in the community, these services were commissioned by NHS England, it was confirmed that incidents that occur in the dental practices were discussed at the NHS England Primary Care Quality Hub which the CCG attends.</p> <p>It was noted that UHB had undertaken a Never Event summit where all of the Never Events were discussed, this was a successful event. A Patient Safety Programme day was also scheduled at UHB in September.</p> <p>5.3 Safeguarding Children Quarterly Report</p> <p>Jackie Mathers was welcomed to the meeting to present this item.</p> <p>The NHS England Annual Summary commented that the BNSSG returns had been good in comparison to the rest of the South West.</p> <p>The committee were informed that for Safeguarding BNSSG had now moved to the South Central region of NHS England. The committee discussed potential risks as the CCG remained part of the South West Quality Surveillance Group. It was confirmed that the two NHS England leads were working closely together.</p> <p>The committee were advised that the consortium were procuring a project consultant to review the options available in response to the Wood Review. It was noted that currently there were four options proposed, there had been a consensus however due to a very late proposal this was no longer in place. The Consultant was expected to review the options and make recommendations. It was agreed that the Project Consultant Terms of Reference would be presented to the committee when available with details and timescales for further committee involvement. It was confirmed that the consortium included 3 CCGs, 5 Local Authorities, 1 police authority, all of which are equal partners.</p>	<p>JMa/Amor</p>



	Item	Action
	<p>It was noted that a review of GP training had been provided; consistency was being progressed across BNSSG so the same process was in place in each area. This training would be led by the named GP and was being supported by the Safeguarding team. The committee were advised that a Section 11 audit of GP training was not being undertaken as each practice had now had a CQC rating which covered similar areas. It was confirmed that 3 practices had 'requires improvement' in the safe domain, the named GP had been asked to contact the practices and the reports had been reviewed and confirmed that no Safeguarding issues were raised.</p> <p>The committee discussed a SCR action plan following publication in June, it was confirmed that all of the health elements had been completed. It was noted that this was the first combined DHR and SCR action plan. It was agreed that comments regarding the quality and formatting of the action plans would be fed back to the Safeguarding Board as it was not felt that this provided assurance to the committee, Anne Morris noted that she would not be taking this version of the report to the Governing Body and as a statutory member of the Safeguarding Board would not be signing off the action plan in its current format It was agreed that an updated version of the action plan would be brought to the committee in November.</p> <p>It was noted that challenges remained with the quality of data received from providers in line with the quality schedule, it was confirmed that the quality schedules were being reviewed for 2019/20 and the safeguarding schedules would be updated and reviewed.</p> <p>The committee discussed the long term issue of Safeguarding Children Level 3 training compliance. Jackie Mathers advised that there were no concerns regarding safeguarding practice in any of the providers. Section 11 walkabouts had been undertaken at WAHT, UHB and Sirona. Plans were in place to ensure other provider walkabouts were carried out.</p> <p>Sarah Talbot-Williams queried the length of time between the incident and the SCR report being published, it was confirmed</p>	<p>JMa/Amor</p> <p>JMa/Amor</p>



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	<p>that that this was often related to investigations not being able to start until any criminal proceedings are completed.</p> <p>5.4 Looked After Children Action Plan</p> <p>Cecily Cook presented this item.</p> <p>An updated action plan with short, medium and long term actions has been provided to the committee, however it was noted that more work was required and an event was being arranged with the Local Authorities, intending to develop a system wide action plan.</p> <p>Bristol City Council had advised that they were not able to provide data regarding refugee children, it was confirmed that this had been challenged and work was ongoing to ensure that access to this data could be made available.</p> <p>Sarah Talbot-Williams queried the demographics of Looked After Children and whether this related disproportionately to people with protected characteristics. It was agreed that information regarding the demographics and data would be included within the quality report in September.</p> <p>It was confirmed that there was a prescribed pathway for health assessments for Looked After Children, there were several points of care that could be monitored; this would be fully mapped for the event.</p> <p>It was agreed that an update on the action plan and progress following the event would be provided to the committee in October.</p> <p>5.5 Learning from Deaths</p> <p>Cecily Cook presented this item.</p> <p>National guidance on learning from deaths was published in July. The paper provided details of the positions within the Trust and information regarding mortality which was received from the Trusts.</p>	<p>CC</p> <p>CC</p>

	Item	Action
	<p>An event is being held in London regarding the implementation of medical examiners in Trusts. It is not clear what this role will involve and it is hoped that this event will provide further clarity.</p> <p>Peter Brindle queried what happened with learning from deaths that occur in the community rather than in hospital. It was confirmed that the guidance covered deaths in hospitals. It was suggested that best practice, including support for bereaved families etc. could be shared across the whole health system.</p> <p>Alison Moon suggested that there was not sufficient information within the report regarding provider governance procedures and each provider reports different data making it difficult to compare. It was confirmed that UHB were part of the pilot for this guidance and had subsequently shared the methodology and training with AWP.</p> <p>It was agreed that the HSMR indicator for each trust would be included within the quality report going forward.</p> <p>It was agreed that further report providing additional information around governance would be provided to the committee in October, this would also include information from other mortality and learning from death review models.</p> <p>5.6 Infection Control End of Year Report</p> <p>Cecily Cook presented this item.</p> <p>It was noted that comments received from committee members had been added to the report.</p> <p>Sarah Talbot-Williams suggested that further information should be added to the report regarding the demographics of the patients who have had HCAI.</p> <p>The committee discussed the harm implications of HCAI for patients, noting that they could result in significant health issues.</p>	<p>MD</p> <p>CC</p>



	Item	Action
	<p>The committee discussed whether the actions identified were felt to be the right actions, as they were predominantly showing as green and on track, however performance continued to deteriorate. It was felt that there was still further work that could be taken to reduce infection rates.</p> <p>Anne Morris had discussed this issue with Jeremy Maynard and she would escalate this to Steve Powys regarding the possibility of an external review of MRSA in BNSSG.</p>	
06	<p>Risk Registers</p> <p>6.1 Governing Body Assurance Framework</p> <p>The author of the framework was not available to present this item, it was therefore agreed to defer this item to September.</p> <p>6.2 Corporate Risk Register</p> <p>It was noted that the Corporate Risk Register had not been available for presentation to the committee. This would be presented in September.</p> <p>Bridget James presented the Nursing and Quality Directorate risk register. It was noted that three risks were recommended for closure and four new risks had been added to the register.</p> <p>It was agreed that in future the Directorate risk register would not be presented to the committee; however we would receive the whole Corporate Risk Register from September.</p> <p>6.3 Community Provider Risk Registers</p> <p>Cecily Cook presented this item.</p> <p>It was noted that BCH had added a new risk regarding appropriate storage of safeguarding information, this related to management of records internally. A system was being implemented on EMIS to address this issue. Clarification was requested as to whether Bristol Health Visitors have full access to EMIS.</p>	CC



	Item	Action
	<p>It was agreed that the format for providing information regarding these risk registers would be reviewed to ensure enough assurance is being provided to the committee.</p> <p>Concerns continue that BCH state on their risk register that workforce issue do not have quality implications. This was being raised at the Quality Sub Group.</p>	CC
07	<p>Minutes and Papers for Information Only</p> <p>7.1 Healthcare Acquired Infection Group Minutes</p> <p>The committee noted the Healthcare Acquired Infection Group Minutes.</p> <p>7.2 LWAB Dashboard</p> <p>Marie Davies presented this item.</p> <p>It was agreed that in September Workforce would be given priority on the agenda to ensure that it received appropriate time for discussion.</p> <p>It was noted that there had been concern that the vacancy rates included within the report may not be accurate. It was also noted that there were seasonal variations within vacancy rates and a high levels of new starters were expected in September. Some organisations were removing vacancies if they were not going to be filled at that level and realigning their establishments.</p> <p>It was agreed that Primary Care workforce would be included within future reports where possible.</p> <p>The committee noted that WAHT had 28% vacancy rate for registered nurses, this was very concerning. Temporary staffing was being used at a high level and a resourcing sub group had been instigated. Updates on this would be provided in the next report.</p> <p>It was suggested that a Governing Body item on workforce would be useful. Alison Moon would discuss this possibility with Julia Ross. It was noted that the Clinical Senate had done significant work on workforce issues and this had also been discussed at the clinical cabinet.</p> <p>It was suggested that information regarding the CCG vacancy rate should also be included within the data provided.</p>	AMoo



	Item	Action
08	<p>Committee Workplan</p> <p>The committee noted the committee workplan.</p>	
09	<p>Any Other Business</p> <p>Sarah Talbot-Williams raised a concern about the timing of the September committee meeting, it was agreed that clarity would be provided from the membership as to who was available to attend and if numbers were low whether this meeting could be moved.</p>	KT
10	<p>Review of Committee Effectiveness</p> <p>It was noted that the meeting had run overtime</p> <p>Alison Moon thanked everyone for their attendance and contribution</p>	
	<p>Date of next meeting:</p> <p>Thursday 20 September 2018 9am -12 noon Conference Room, South Plaza, Bristol</p>	

Kat Tucker

Quality Support Manager

August 2018

