NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

BNSSG Joint Quality Committee
Minutes of the meeting held on: Thursday 22nd February 2018 from 14:00-17:00 in the Conference Room, South Plaza, Bristol

03 Minutes

Present:	
Members	Kathy Headdon, Lay Member, NSCCG (KH) 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) (Until Item 6.2)
In Attendance:	Dr Kirsty Alexander, N&W LEG Representative (KA) (Until item 6.3) Marie Davies, Associate Director Quality, Patient Experience (MD) Bridget James, Interim Deputy Director of Nursing and Quality (BJ) (From Item 6.4) Kat Tucker, Quality and Patient Safety Support Manager (KT) Sally Robinson, Programme Manager (SR) (For item 3.2) Dr David Soodeen, ICE LEG Representative Louise Fowler, PPI Lead, (LF) Edmund Brooks, Lay Volunteer (ED) (Until item 6.4) Arun Prathapan, Quality and Patient Safety Support Manager (AP)
Apologies:	Tara Mistry, Lay Member for PPI, Lisa Manson, Director of Commissioning, Dr Steve Davies, South Locality Representative Dr Mary Backhouse, Chair NSCCG John Rushforth, Lay Member, SGCCG Dr John Hayes, Chair, SGCCG Debbie Campbell, Deputy Director Primary Care and Medicines Management NSCCG

Item No		Action
1	**WELCOME AND APOLOGIES** Kathy Headdon welcomed members to the Quality Committee Meeting. Apologies were noted from the above members.	
2	**DECLARATIONS OF INTEREST** No interests were declared	
3	**MINUTES OF THE MEETING OF 12.12.17** A typographical error was noted on Page 4, Item 5. The minutes were approved as an accurate record with this amendment. **Action Log** 20.07.17 Item 4.1 2 – An update on Primary Care Quality would be presented to the committee on the agenda, however the dashboard was not yet available. This action remained open. 19.09.17 Item 5.1 1 – It was confirmed that the Safeguarding Group Terms of Reference would be presented to the committee in March. This action remained open. 19.09.17 Item 9.1 2 – Sally Robinson was welcomed to the committee to provide an update regarding Laurel Ward. It was confirmed that a specific Laurel Ward working group had been established with multi-disciplinary attendance including the Local Authority. An indicative direction of travel had been drafted and a draft model for consultation would be completed by the end of March. The committee discussed the links with this work and the wider AWP Transformation work that was ongoing. David Soodeen advised that the service did not need to be an inpatient ward. It was agreed that focus would be on prevention of escalation and the need for admission. It was noted that during the closure of Laurel Ward the number of Out of Area placements had increased however the total number of Out of Area bed days had decreased, showing shorter lengths of stay. It was also noted that DTOC had also decreased during this period of time. The committee agreed that it was important that this work and the communications regarding it were linked at a high level with the wider AWP transformation programme.	**BJ** **BJ**

Item No		Action
	It was agreed that this action would be closed. A paper would be presented to the Governing Body providing an update on the overall AWP transformation programme.	**AM**
	Edmund Brookes raised the issue of the importance of patient experience and local learning in the wider BNSSG system. It was confirmed that patient experience was discussed at the AWP Quality Sub Group and the BNSSG Local Contracting meeting on a quarterly basis.	
	21.11.17 Item 3 2 – It was confirmed that a Deep Dive on AWP would be presented to the March meeting, this had been delayed due to the Quality Risk Profile Tool outcomes not being received. This action remained open.	**BJ**
	12.12.17 Item 6.5 1 – It was confirmed that the JTAI stock take related to CAMHS, this would be updated in the March meeting. This action remained open.	**AM**
	12.12.17 Item 8.1 2 – The LWAB workforce baseline data would be presented to the committee during the meeting. This action was closed.	
	12.12.17 Item 8.1 3 – The information regarding headcount would be circulated following the meeting. This action was closed.	
	25.01.18 Item 6.2 1 – The VTE exemplar status work had been circulated to the committee. It was noted that this was a complex document and a simplified summary was required. This action remained open.	**MD**
	25.01.18 Item 6.6 1 – Marie Davies had not received any comments regarding the National Workforce Strategy, it was agreed to share the draft response with the committee for feedback. This action remained open.	**MD**
	25.01.18 Item 7.1 1 – Data regarding Children's work streams would be reported separately in the March data. This action remained open.	**CT**
	25.01.18 Item 7.3 1 – The fractured neck of femur report had been shared with the committee. This action was closed.	
4	**Quality Surveillance Group** The committee was advised that there had been no Quality Surveillance Group since the last meeting.	

Item No		Action
5	**Minutes for Review** **5.1 Healthcare Acquired infection Group** Marie Davies presented this item. The committee were advised that Root Cause analysis templates were being shared across BNSSG to ensure consistency. The importance of hydration to prevent infections was discussed, it was confirmed that there were initiatives in place to address this. The committee were informed that work was ongoing to address infections, specifically MRSA within the Intravenous Drug User population. The committee noted the minutes **5.2 Pressure Injury Programme Board.** Anne Morris presented this item. The committee were informed that the BNSSG Pressure Injury Strategy would be launched at the Tissue Viability Conference. The importance of involving patients in tissue viability and pressure injury treatment as they can be expert patients in this area was discussed. A patient presented training video was being sourced on this topic. The committee noted the minutes	
6	**Quality Reports** **6.1 Quality and Performance Report** <u>Performance</u> Claire Thompson presented the Performance section of the report. The committee were advised that both referrals and 1st outpatients appointments were down against plan and 2016/17 figures, however follow up appointments were up against plan and 2016/17 figures. It was felt that follow up appointments had increased due to the follow up backlogs being resolved. This was being addressed by the work around Patient Initiated Follow Ups. A&E attendances were up on plan, however they were down on 2016/17 figures, this related to an increase in direct admissions. This meant that admissions were up on plan and 2016/17 figures, detailed work was ongoing to understand this.	

Item No		Action
	Elective admissions were up on plan but flat to 2016/17 figures the trajectory was set to be a reduction. The mental health constitutional standards were reported quarterly, it was noted that the figures were reported as BNSSG figures, however there were different providers working in the areas. It was agreed that in future reports this would be separated by provider as well as BNSSG total figures. This was important due to locality based variances. A&E 4 hour performance had deteriorated to 80%, it was 92% at the Children's Hospital. It was noted that this was 4% higher than the same time last year and against the national average. It was agreed that there would be a rolling 12 months shown to see seasonal variances and trends. There had been a significant number of 12 hour trolley breaches at NBT. Planned care also showed deterioration against RTT, this was not expected to recover in January, however it was noted that the 52 week wait position had not deteriorated. There was a positive improvement for Cancer performance; however there was a 2 week wait delay at WAHT, a new cancer team was in place to clear the backlog. It was noted that the two week wait for breast screening was breached due to patients being treated outside of BNSSG. It was agreed that clarity regarding this issue would be provided. 62 day referral to first treatment deteriorated, this had been achieved in Quarter 3 however this was not expected to be achieved sustainably until March 2019. The committee were advised that the way of monitoring ambulance response times had changed, SWASFT were not performing well against the new measure. There was a focus on remedial action focusing on staffing and capacity. It was agreed that in future the volume of calls would be included in the report and the number of conveyances. It was agreed that a more in depth report regarding SWASFT would be presented to the committee in March, providing further information regarding the new reporting measures. There was a significant deterioration in December of NHS 111 answering calls within 60 seconds, this was in line with the national picture, there were a couple of days with much higher activity than was predicted. Ambulance and ED referrals were both above target, however ED performance had improved and both were below the national average.	**CT** **CT** **CT** **CT** **CT**

Item No		Action
	AWP performance, it was noted that the Early Intervention figures related to very small numbers and there had been an improvement in the position on 28 day assessment. It was noted that whilst DTOC remained over target it was improving. The committee discussed the AWP performance indicator, the ones listed were the Constitutional standards, however it was suggested that indicators regarding Crisis may be a better indicator of local performance, if broken down by locality. It was suggested that this indicator be added to the hot spot dashboard which was being established. <u>Quality</u> Marie Davies presented the Quality section of the report. It was noted that Clostridium Difficile remained below trajectory, there had been two MRSA cases at UHB, one had been attributed to the Trust the other remained under investigation. There had been no mixed sex accommodation breaches or Never Events. The 12 hour trolley breaches that had been reported were being reviewed at the Serious Incident panel. The committee were advised that a significant number of beds had been closed at WAHT due to norovirus. An infection control visit led by NHS Improvement with CCG involvement would be carried out. A review of Dental theatres at UHB would be carried out by NHS Improvement with CCG involvement. It was noted that there had been a power outage at SWASFT on 3rd December, a Major Incident was declared as it affected all of their systems. Terms of Reference for the investigation had been agreed. The committee were informed that AWP supervision rates had deteriorated in 4 areas. Safeguarding Level 3 was discussed, it was noted that level 3 training was an issue at several providers especially the smaller ones, it was suggested that a BNSSG wide solution should be investigated. It was confirmed that a pilot to align statutory and mandatory training across the South West was being progressed, mapping work was currently underway, it was agreed that the level 3 safeguarding issue would be fed into this pilot. A contract performance notice had been issued for serious incident compliance at AWP; a remedial action plan had been	**MD** **MD**

Item No		Action
	requested. The committee discussed actions that were being undertaken regarding Serious Incident learning across all providers. It was confirmed that WAHT A&E remained closed overnight due to staffing issues. **6.2 Maternity Q2 Report** Kirsty Alexander presented this item. It was noted that BNSSG was noted to have poor performance against blood loss, it was confirmed that this related to the way in which NBT measured blood loss and this was felt to be a more accurate method of measuring and recording. The committee noted that following 10 years of teenage pregnancies decreasing there had been an increase in the first two quarters of 17/18. There was concern that this may be related to the reduction in sexual health services from the council, however a causal link had not been identified, this would continue to be monitored. It was agreed that a future report would have a section regarding home births. The committee noted the report. **6.3 BNSSG Healthier Together Workforce Baseline.** Marie Davies presented this item. The committee were informed that a short fall in nursing had been identified. WRaPT a workforce modelling tool was being utilised to understand the gaps and opportunities in workforce. The committee noted that the information within this report raised concerns regarding workforce issues for the future. It was agreed that this information gave assurance that we were now clearer regarding the size of the problem, however work remained regarding how to address this going forwards. It was advised that research regarding Primary Care Workforce had been undertaken by Exeter University, this had been presented to the Clinical Senate, it was agreed to share this with the committee. The committee noted the report.	**KA/IS** **AM**

Item No		Action
	6.4 BNSSG SI Review Panel Terms of Reference Marie Davies presented this item. The committee were informed that since August 2017 a single Serious Incident review panel had been held across BNSSG CCG's this had been amended to be held once a week in order to meet the set deadlines. An internal audit of Serious Incidents had been undertaken. It was agreed that the Terms of Reference would be updated to reflect that the panel does not rotate locations, the BNSSG role titles and that appropriate GP clinical leads would be invited to attend panel as appropriate and all reports would be shared with the GP Quality Lead for information. The committee approved the Terms of Reference with the above amendments. **6.5 Care Home Quality Dashboard** Bridget James presented this item. The Committee were advised that Bristol, North Somerset and South Gloucestershire had different contracting and quality assurance mechanisms with Care Homes. The Continuing Healthcare and End of Life Control centre were looking at progressing a single contracting mechanism. Bristol used the NHS Standard Contract which included a quality schedule; therefore information had been received regarding these indicators. Across BNSSG we hold information regarding CQC inspections, and urgent care, admission and ambulance data. This has been pulled into a dashboard for the Bristol Care Homes; there was a proposal to do this across all of BNSSG. It was agreed that the Care Homes on the dashboard should be grouped in terms of type of service provided e.g. Dementia, or Learning Disabilities. The committee also discussed adding patient experience measures going forward. It was suggested that the Local Authority could be involved in developing the dashboard so that it had multiple uses and inputs. The Care Home Support Team in Bristol had been in place supporting Care Homes, however this would be ending at the end of March, and a paper had been drafted detailing the impact that this service had.	**MD**

Item No		Action
	The committee noted the report. **6.6 Primary Care Quality Development.** Bridget James presented this verbal item. It was noted that from April 2018 BNSSG CCG would be taking Delegated Commissioning for primary care, this included quality monitoring for GP Practices. Primary Care Hubs were initiated in May 2017, to review primary care quality issues, discuss and develop learning; the majority of issues discussed at these meetings had not related to BNSSG or had related to Dental services. NHS England had access to multiple data sources regarding primary care quality and this needed to be collated. The CCG had been given access to some of these data sources, it was noted that Business Intelligence resource would be required for this piece of work. It was expected that this data would be able to be collated at Practice, Cluster, Locality, CCG or STP level. The plan going forward was to utilise data sources already held, rather than requesting additional information from Practices. The data sources held would then be triangulated to provide hot spot data in order to help support practices. It was noted that other CCGs had already taken on delegated commissioning, and that it was important to learn from how they had progressed through this process. The committee discussed the importance of linking with the other areas of the CCG who were involved in primary care commissioning, including the Primary Care Commissioning Committee. A governance structure regarding this was being developed. A concern regarding the resource required to progress primary care quality was noted. It was suggested that much of the information in the NHS England dashboard was helpful, however it was important to include access data and also details of the practice population. It was suggested that Practice visits and peer reviews could be a useful mechanism to include in quality monitoring. It was confirmed that a paper regarding primary care quality would be presented to the Governing Body	

Item No		Action
7	**Performance Reports** **7.1 Contract Performance Notices** It was noted that this item was deferred to March.	
8	**Provider Risk Registers** The three provider risk registers were tabled. The committee discussed the format of the risk registers being presented to the committee. It was suggested that the committee required details of which risks were new, which had been on the registers a significant amount of time and those that were of particular concern. The risk registers were discussed quarterly at the Quality Sub Groups, it was proposed that these groups provide a cover paper highlighting these requirements. **8.1 BCH** It was noted that workforce was not on the BCH risk register. It was agreed that this would be queried at the next ICQPM. **8.2 NSCP** The committee noted that all of the risks on the risk register were marked as 'being reviewed' clarity was requested as to what this meant. There was no commentary regarding the progress of the risks. The committee discussed the issues regarding diabetic foot clinics, it was confirmed that a new pathway had been implemented across Community and Acute providers. **8.3 Sirona** The committee noted the risks on the register; risks discussed included, health visitor records, and safeguarding training. Further information to be sought regarding this and the action required in order to help mitigate risks. Clarification to be requested regarding increased risk levels despite mitigations being detailed. Clarification requested regarding CCG involvement in risk 19/05/017. The committee noted the risk registers	**MD** **BJ** **BJ** **BJ** **BJ**

Item No		Action
9	**CCG Risk Registers** **9.1 Nursing and Quality Directorate Risk Register** Bridget James presented this item. The committee were informed that the three CCG Risk Registers had been amalgamated into one; the risks presented related to the Nursing and Quality Directorate risks. It was advised that there were further risks regarding safeguarding which would be added to this risk register. The committee discussed concerns regarding the Children and Young People Services and CAMHS services at WAHT, there were concerns regarding the recording of data and the sustainability of the service. It was noted that due to the level of risk this would be presented to the Governing Body on the Corporate Risk Register. It was noted that diabetic foot services were not on the risk register, it was agreed that it would be checked whether this was on a different risk register and if not it should be added to this risk register.	**BJ**
10	**Other Reports** **10.1 Annual Review of Committee Effectiveness** Kathy Headdon presented this item. She advised that due to the merger of the three organisations this had been brought forward, as it would usually be completed in April. It was therefore noted that this was a lighter touch review of effectiveness than would usually be expected. It was confirmed that the comments regarding committee effectiveness had been collated from each meeting and themes had been extrapolated from these. One key theme related to quoracy, which was expected due to the changes in the committee throughout the year and the joining of the three CCG committees together. This was expected to improve now that the committee was a joint committee with new terms of reference and quoracy. There had also been issues raised regarding papers provided to the committee without the author in attendance, it was felt that this led to less debate and discussion.	

Item No		Action
	Issues regarding timeliness of distribution of some papers had been raised, and this issue remained ongoing due to the dates of national data being published. The committee had discussed the selection of papers presented to the committee to ensure that they were more live and active papers. The committee discussed the benefit that had been received from multiple clinicians and expert leads, being in attendance at the meeting. Their attendance had been valued and would be encouraged going forward. It was agreed that this would be added to the report prior to its presentation to the Governing Body. The committee approved the presentation of this paper to the Governing Body.	**KT**
11	**Any Other Business** No other business was raised.	
12	**Items to Progress to Governing Body** The committee agreed that it had been helpful to present a specific Quality Assurance paper from the Quality Committee in addition to the Quality and Performance report. It was agreed that this month's report would include information regarding: • A Laurel Ward update • Additional key performance indicators which may be helpful regarding AWP. • Care Home Quality Dashboard. • How to gain assurance from the Community Risk Registers.	
13	**Review of Committee Effectiveness** The committee reviewed its effectiveness. In general it was felt to have been an effective well run meeting, which had run to time and had included a good mix of strategy, planning and governance.	
	DATE OF NEXT MEETING The next meeting would take place on the 22nd March 2018 Conference Room, South Plaza, Bristol.	