

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Governing Body Meeting

Date: Tuesday 3rd April 2018

Time: 1.30pm

Location: Vassall Centre, Gill Avenue, Downend, BS16 2QQ

Agenda item: 8.1

Report title: Quality Assurance Report

Report Author: Marie Davies, Associate Director of Quality (Patient Experience)

Report Sponsor: Anne Morris, Director of Nursing and Quality

1. Purpose

The purpose of this report is to provide the Governing Body with the key issues of quality work discussed at the BNSSG Quality Committee in March 2018 and areas of emerging quality issues..

2. Recommendations

To note the area of work undertaken; note assurances received and actions agreed

3. Background

The Joint Quality Committee of the Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Groups (CCGs) took place on the 22 February 2018. The Quality Committee was established in accordance

with the BNSSG Clinical Commissioning Groups Constitutions, Standing Orders and Schemes of Reservation and Delegation.

BNSSG CCGs are responsible for ensuring that there is a cohesive and comprehensive structure in place for the oversight and monitoring of:

- The quality of commissioned services including patient safety, patient experience and clinical effectiveness
- The clinical effectiveness of commissioned services
- Performance against constitutional standards

4. Optional headings/discussion of issues

4.1 Care Home Support Team Project Evaluation

Paulette Nuttall, Head of Adult Safeguarding presented this item on behalf of the Care Home Support Team. Paulette explained that the Bristol Care Home Support Team was set up as part of the response to the Operational Resilience and Capacity Planning agenda using Better Care Funding as a trial in 2014. At the time there was lack of available beds in the care home sector. This was due to a number of care homes being unable to accept admissions due to concerns about quality or regulation issues regarding quality of care, infection control and organisational safeguarding reports.

During the last 3 years the team have worked with care home providing training, introduction of new initiatives such as SBAR handover and the National Early Warning Score. The team have also supported a network of Clinical Forums.

As the work comes to an end, and as a result of the evaluation, it has been decided to continue supporting the Clinical Forums but to facilitate leadership from the care home sector to develop these further.

Following discussion it was agreed that the report needed to progress to describe the next steps and that to achieve this a paper would be scheduled for the May Quality Committee to further describe the ongoing support to care homes.

4.2 Summary of Contract Performance Notices

Marie Davies, Associate Director of Quality introduced this item. The purpose of this paper was to provide an update on the status at Month 10 of Contract Penalty Notices in place for acute providers; community providers and Any Qualified Providers. General Condition 9.4 of the NHS Standard Contract states that the Coordinating Commissioner may issue a Contract Performance Notice (CPN) to

the Provider if it believes that the Provider has failed, or is failing, to comply with any obligation on its part under the contract.

It was noted that the contract and quality team are currently discussing how the reporting of CPNs are aligned for the merged Clinical Commissioning Groups to ensure a BNSSG single approach to content / format and reporting involving where required the Commissioning Support Unit for providers commissioned on behalf of the BNSSG CCGs. It was agreed that the overview of CPNs will be presented to the Quality Committee on a quarterly basis.

The summarised position was shown as:

Provider	CPN Area of Concern	Issue Date
Weston	VTE Assessment	15-Dec-16
	Discharge Letters	15-Dec-16
	61 Day Cancer	15-Dec-16
	Dementia Training	15-Dec-16
	A&E 4 hour waits	13-Sep-17
NBT	A&E 4 Hours waits	29-Oct-15
	RTT 52 Weeks	29-Oct-15
	Ambulance Handover delays >30 & >60 mins	29-Oct-15
	Diagnostic 6 Weeks	10-Mar-16
	Overdue Complaints	31-Jul-17
UHB	Diagnostic 6 Weeks	09-Feb-17
	28 day rebooking breaches	09-Feb-17
	Follow Up waiting list reduction	09-Feb-17
	Cancer 62 days	20-Jul-17
	52 weeks RTT	04-Sep-17
	Never Events	17-Nov-17

4.3 Acute Risk Registers

The three acute provider risk registers were reviewed. The committee discussed the format and purpose of these risk registers being presented to the committee. The risk registers were discussed quarterly at the Quality Sub Group, it was proposed going forward that these groups provide a cover paper highlighting these requirements and the presenter prepare an overview paper for the Quality Committee.

4.4 Datix

Dr. Jeremy Maynard, Clinical Lead for Quality, gave a verbal update on the progress of extending the Datix Risk Management Software System from North Somerset CCG to BNSSG.

The Quality Team are working toward harmonising the way clinicians inform the CCG of issues regarding the quality of patient care across BNSSG. In Bristol this was previously via the 'contact us' service, in North Somerset the Datix reporting tool and in South Gloucestershire the Quality Portal. The team are aware of the value of these reports which have previously brought to light issues such as delays in the treatment of 2WW cancer patients and problems with discharge communications from hospital.

The process will involve a new Datix reporting tool, accessed via a web link, and will be going live at the start of April. The emphasis is to be the identification of themes affecting the quality or safety of patient care. Themes will be followed by the quality team with the providers in question and any learning will be shared on the quality pages of the BNSSG website. The system will also standardise the approach for PALS, complaints and MP letters from the 1st of April and by June the CCG risk registers and potentially Freedom of Information requests will also transfer to the system.

5. Financial/resource implications

There are no direct financial implications for the CCGs in this paper.

6. Legal implications

There are no legal implications to the CCGs from this paper.

7. Risk implications

Risks and mitigation where required are described in this paper.

8. Implications for health inequalities

High quality care is a requirement for all.

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Not applicable

10. Consultation and Communication including Public Involvement

Not applicable

10. Appendices

None