

Quality Committee

Minutes of the meeting held on 24 May 2018 at 2pm, at Conference Room,
South Plaza, Bristol

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality	AMor
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
In attendance		
Kat Tucker	Quality & Patient Safety Support Manager (Note taker)	KT
Bridget James	Associate Director Quality (Patient Safety)	BJ
Marie Davies	Associate Director Quality (Patient Experience)	MD
Claire Thompson	Deputy Director Commissioning (Planning & Performance) (For Item 6.1)	CT
Niall Mitchell	Head of Individual Funding (For Item 6.4)	NM
Niema Burns	Equality & Diversity Lead (For item 6.7)	NB
Daniel Kavanagh	Project Manager – Transformation & Quality (For Item 7.1)	DK
Apologies		
Dr Nick Kennedy	Independent Secondary Care Doctor (comments submitted pre meeting)	NK
Martin Jones	Medical Director – Commissioning & Primary Care	MJ
Lisa Manson	Director of Commissioning	LM
Louise Fowler	PPI Programme Lead	LF
Debbie Campbell	Head of Medicines Management	DC

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



	Item	Action
	Apologies were noted as above.	
02	<p>Declarations of Interest</p> <p>No interests were declared.</p>	
03	<p>Minutes of Meeting 19 April 2018</p> <p>The minutes were accepted as an accurate record.</p> <p>3.2 Action Log</p> <p>Alison Moon requested that all members provide written updates to the actions prior to the meeting so that this item can progress quickly in future meetings.</p> <p>12.12.17 Item 6.5 – 1 – The Committee were informed that the North Somerset SEND inspection had been completed, recommendations would be published within 28 days, and an action plan and response would be provided within 70 days. It was agreed that this would be a BNSSG overarching strategic action plan. It was agreed that this action plan would be presented to the committee. This action was closed.</p> <p>25.01.18 Item 7.1 – 1 – It was confirmed that the Quality and Performance report detailed national standards only. Children’s and Mental Health standards which were not national standards but felt to be important to the committee would be reported separately. This action was closed. How these metrics would be reported would be investigated further.</p> <p>25.01.18 Item 7.3 – 2 – The Fractured Neck of Femur paper was item 7.1 on the agenda. This action was closed.</p> <p>22.02.18 Item 6.1 – 2 – A table showing A&E performance for a rolling 12 months had been added to the Quality and Performance report. This action was closed.</p> <p>22.02.18 Item 6.1 – 4 – The provider dashboard would be expanded to include SWASFT information for June. This action remained open.</p> <p>22.02.18 Item 8.1 – 1 – Information regarding the Community Risk Registers was Item 8.1 on the agenda. This action was closed.</p>	<p>CT</p> <p>CT</p>



	Item	Action
	<p>22.02.18 Item 8.3 – 3 – Information regarding the Community Risk Registers was Item 8.1 on the agenda. This action was closed.</p> <p>22.03.18 Item 6.1 – 3 – It was agreed that this action was a duplicate of action 19.04.18 Item 3.2 – 4. This action was closed.</p> <p>22.03.18 Item 6.3 – 1 – The Serious Incident Internal Audit Action Plan was Item 6.6 on the agenda. This action was closed.</p> <p>22.03.18 Item 6.4 – 1 – The Care Home Quality paper was item 6.3 on the agenda. This action was closed.</p> <p>22.03.18 Item 9 – 2 – The review of membership of the committee had been added to the work plan. This action was closed.</p> <p>22.03.18 Item 11 – 1 – Equality and Quality Impact Assessments was item 6.7 on the agenda. This action was closed.</p> <p>19.04.18 Item 3.2 – 1 – The VTE Exemplar information had been circulated to the committee. This action was closed.</p> <p>19.04.18 Item 3.2 – 2 – The National Workforce Strategy consultation response had been circulated to the committee. This action was closed.</p> <p>19.04.18 Item 3.2 – 3 – It was agreed that the organogram of governance routes for the committee would be presented to the committee in June. This action remained open.</p> <p>19.04.18 Item 3.2 – 4 – The Clinical Oversight Group was meeting in June and the Acute Stroke Pathway would be added to the agenda. This action remained open.</p> <p>19.04.18 Item 4 – 1 – It was confirmed that the agenda and work plan had been circulated to the clinical leads and this would be actioned each month. This action was closed.</p> <p>19.04.18 Item 4 – 2 – The Terms of Reference were updated and approved at the Governing Body 1.05.18. This action was closed.</p> <p>19.04.18 Item 7.1 – 1 – The committee were informed that the initial number of patients involved in the UHB on hold harm</p>	<p>MD/JM</p> <p>PB</p> <p>CT</p>



	Item	Action
	<p>patient review panel had reduced significantly. One serious incident had been reported and was being investigated. The higher risk cohorts had been reviewed first and weekly updates were being received. The CCG were confident that the process for review was robust. This action was closed. It was agreed that a monthly update would be provided to the committee until this issue was resolved.</p> <p>19.04.18 Item 7.1 – 2 – The Radiology reporting delays were discussed at the NBT Quality Sub Group, a plan was in place to address the delays, it was agreed that this information would be updated at the next meeting. This action remained open.</p> <p>19.04.18 Item 7.4 – 1 – The CCG actions regarding CAMHS have been sent to Sirona as the lead provider. This action was closed.</p> <p>19.04.18 Item 7.4 – 2 – Issue of support for young people who are in school has been escalated to the CCHP contract and Safeguarding Executive Group. This action was closed.</p> <p>19.04.18 Item 7.4 – 3 – It was confirmed that the correct version of the Serious Case Review Action plan had been provided to the committee. This action was closed.</p> <p>19.04.18 Item 7.5 – 1 – The committee were advised that AWP Quality Risk Profile Tool, had identified the areas the CCG was already aware of, including serious incident management, workforce and risk planning. These issues were being added to the overall Quality Improvement plan. This would be monitored through the Quality Sub Group. The committee were informed that AWP was developing a hotspots quality dashboard which would be shared with the committee. Explicit areas of concern would be highlighted within the Quality Report. This action was closed.</p> <p>19.04.18 Item 7.5 – 2 – It was confirmed that a written brief regarding AWP would be provided to Nick Kennedy and Sarah Talbot-Williams followed by a one off meeting. This action remained open.</p> <p>19.04.18 Item 7.6 – 1 – The committee was advised that Anne Morris would contact Steve Powis. A local PIR solution for MRSA has been recommended. The committee discussed the importance of ensuring that all stakeholder partners were involved and understanding of the importance of this issue. It was agreed that a briefing would be presented to the committee regarding MRSA on a Quarterly basis. Involvement of the</p>	<p>BJ</p> <p>BJ</p>



	Item	Action
	<p>voluntary sector within the work was also encouraged. This action was closed.</p> <p>19.04.18 Item 8.3 – 1 – The SWASFT ARP information had been circulated to the committee. This action was closed.</p> <p>19.04.18 Item 9 – 1 – It was agreed that the Maternity Dashboard would be presented to the committee in July. This action was closed.</p> <p>19.04.18 Item 9 – 2 – It was agreed to arrange a meeting for 1.5 hours prior to a Quality Committee meeting in the next Quarter. This action remained open.</p> <p>19.04.18 Item 9 – 3 – The Committee work plan was Item 9 on the agenda. This action was closed.</p> <p>19.04.18 Item 10.1 – 1 – The Serious Incident Policy had been amended and would be presented to the Governing Body in June. This action was closed.</p> <p>19.04.18 Item 10.2 – 1 – The committee was advised that a Plain English version of the Complaints policy would be developed, work was ongoing regarding this. This action remained open.</p> <p>19.04.18 Item 10.2 – 2 – The Complaints policy had been amended and would be presented to the Governing Body in June. This action was closed.</p> <p>19.04.18 Item 10.3 – 1 – Comments regarding the Safeguarding Policy had been received. This action was closed.</p> <p>19.04.18 Item 10.3 – 2 – The Safeguarding Policy had been amended and would be presented to the Governing Body in July. This action was closed.</p> <p>19.04.18 Item 12 – 1 – The committee was advised that a written Quality Assurance paper would no longer be provided to the committee, the Chair of the meeting would verbally update at the time that the minutes were shared. This action was closed.</p>	<p>AMoo/ AMor</p> <p>MD</p>
04	<p>Quality Surveillance Group</p> <p>Bridget James presented the report from the 2 May 2018 meeting.</p>	



	Item	Action
	<p>The committee advised that it was very helpful to receive the written brief provided rather than the previous verbal update.</p> <p>Background information regarding the purpose and management of the Quality Surveillance Group was provided to the committee.</p> <p>It was noted that one Care Home had ceased trading. There were no other concerns regarding Care Homes within the BNSSG area. The committee welcomed this, as previously there had been multiple concerns raised.</p> <p>A paper from the CQC regarding Independent Acute Hospital inspections was reviewed. , it was noted that all Independent Acute Hospitals in the BNSSG area were rated as Good.</p> <p>The committee queried why some of the domains for some providers were marked as unrated. It was agreed that this would be clarified.</p> <p>It was confirmed that the Independent Sector providers were monitored by the Quality Team to ensure standards of care.</p> <p>Nick Kennedy had provided comments regarding the CQC report. He declared a potential conflict of interest as he works in a Private Hospital in Taunton, and worked with Circle nationally several years ago. He has offered to work with the Quality Team regarding the issues of governance within Independent Sector Hospitals. It was agreed that this would be progressed.</p> <p>It was noted that Jeremy Hunt had written to all Independent Sector Hospitals, the responses to this letter were being collated. It was agreed that a briefing regarding the approach to Independent Sector Hospitals would be drafted for the Governing Body.</p> <p>The Quality Surveillance Group also reviewed a paper regarding Health Visitors and School nurses who are commissioned by Public Health in the Local Authorities. It was agreed that this paper would be shared with the Area Directors. It was agreed that information was required about future strategic plans for these services. It was noted that these services were issues for the Safeguarding Board and the SEND inspections.</p> <p>The committee discussed the importance of highlighting the links with Primary Care and the Primary Care Hub.</p>	<p>BJ</p> <p>MD/NK</p> <p>MD</p> <p>BJ</p> <p>BJ</p>



	Item	Action
05	<p>Minutes for Information</p> <p>5.1 Pressure Injury Programme Board</p> <p>Anne Morris presented this item.</p> <p>The committee noted the minutes.</p>	
06	<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>Apologies were provided that this paper was distributed late, it was agreed that a solution to this issue would be investigated for future meetings.</p> <p>Total referrals were 6.1% below plan and below 2016/17 figures. As a result of this, outpatient appointments had also decreased. Follow ups however were significantly over plan, this was due to the delayed roll out of Patient Initiated Follow Ups.</p> <p>Non-elective admissions were significantly above plan and against 2016/17 significant effort was being focused on schemes to address Urgent Care. Elective admissions were also over plan; however they were down from 2016/17 which was an improvement.</p> <p>A&E attendances were slightly above plan; however this was a reduction on 2016/17.</p> <p>A&E 4hr performance remained below target and a significant challenge. Since August 2017 BNSSG had trended above the national average. March performance showed no real improvement, this was affected by the snow. For 2017/18 BNSSG showed a 0.5% improvement on 16/17, this was better than the national average. Significant improvements were expected in April and May. The committee discussed the potential impact of the Oncology Centre fire on this performance, it was advised that the fire only affected 2 days of performance, provider metrics for the period were being reviewed to identify the reasons that the incident did not have a</p>	CT/AMor



	Item	Action
	<p>larger effect to ensure that learning is taken from the incident, that can be used in other difficult times.</p> <p>Planned Care 18 week Referral to Treatment has deteriorated within the year. Work was required to ensure that this did not deteriorate further. Particular focus had been put on 52 week waiters and this position was being held. For future meetings total waiting list sizes would be reported.</p> <p>There was an issue with Cancer two week wait performance in March, this was being investigated, and was expected to have recovered for April. 31 and 62 day waits had continued to improve. A prediction regarding the impact on Cancer targets of the Oncology Centre fire was expected the following week.</p> <p>SWASFT performance for over 60 minute handovers had been an issue at WAHT, however this had improved at NBT and UHB despite the significant pressures. Focused work was ongoing with WAHT to address this issue. The actions are designed to prevent overcrowding in A&E departments</p> <p>NHS 111 performance against calls answered in 60 seconds continues to deteriorate and a Contract Performance Notice had been issued, work was ongoing to develop a Remedial Action Plan.</p> <p>Performance against calls receiving clinical contact was good compared to the national picture, however this required improvement. Mobilisation of the Integrated Urgent Care services was progressing now that the contract has been awarded and work was ongoing with the incumbent providers.</p> <p>AWP Early Intervention and maximum 28 day wait were both improving. Delayed Transfers of Care were improving, however they were not yet meeting target and further work was required.</p> <p><u>Quality</u> Marie Davies presented this item.</p> <p>The A&E pressures in March resulted in trolley breaches at NBT; there were none reported at UHB or WAHT.</p> <p>A meeting would be held regarding MRSA in June with the Research and Development team and Public Health England to progress the work that had been undertaken.</p> <p>NHS Improvement had undertaken a visit to WAHT in April regarding infection control; some issues regarding staff not</p>	



	Item	Action
	<p>being bare below the elbow and the difficulty of the older estate were identified.</p> <p>A further Never Event was reported by UHB in March the investigation of this was ongoing.</p> <p>A meeting with all the Acute providers was being held in June to discuss the reporting of complaints figures to ensure consistency across providers.</p> <p>It was agreed that for future reports all of the infection control indicators should be included within the dashboard of the report.</p> <p>The committee noted the report.</p> <p>6.2 Continuing Healthcare Quarterly Report</p> <p>Anne Morris presented this item.</p> <p>Apologies were provided that this paper had been distributed late.</p> <p>The committee reviewed the South West activity assurance report. It was noted that BNSSG benchmarked very well nationally, as the only area that was green against completion within 28 days, all other areas were red. Whilst this was a positive report there was work required in merging the three area CHC programmes together. Compliance with the national framework was also required by the Autumn, it was expected that this would support working with the Local Authority and developing cohesive working.</p> <p>Total figures of referrals were requested for future reports, to help put into context the number of referrals completed within 28 days.</p> <p>Anne Morris confirmed that no risks had been identified through this report. It was noted that the paper identified no Public Engagement was involved in report. It was confirmed that public engagement would be utilised during the CHC review.</p> <p>The committee noted the report.</p> <p>6.3 Care Home Quality Update</p> <p>Bridget James presented this item.</p>	<p>AMor</p>



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	<p>In March a paper was presented to the Committee regarding the closure of the Bristol Care Home Support Team, the committee had requested details of the plan regarding Care Homes going forward.</p> <p>It was noted that there were different contractual and reporting arrangements across the three localities. There were also a large number of staff and teams within the CCG who were involved in Care Homes.</p> <p>CQC and Urgent Care data was available across all three localities, this had been collated, however this raised several further queries and further information was required to be added to the dashboards, including type of Care Home and number of beds. It was suggested that in future a rate would be helpful rather than absolute numbers. Some queries were raised regarding the data in the dashboards as there were two care homes in South Gloucestershire which appeared to show high number of deaths within 2 days of admission, it was agreed that these would be clarified.</p> <p>A scoping piece of work was being undertaken by the PMO regarding future contracting of Care Homes across BNSSG.</p> <p>Further work was required regarding what actions and support the CCG should provide if there were concerns regarding a Care Home, this was important due to the impact on patient flow if there were issues within Care Homes. This work would include working with partners and stakeholders.</p> <p>Sarah Talbot-Williams queried why the Public Involvement of the report was marked as n/a, it was noted that this related to Public Involvement within the paper rather than with Care Home Quality, it was expected that following the PMO scoping piece, public engagement would be carried out.</p> <p>It was suggested that information regarding resilience should be added to the Care Home dashboard. Information from the Local Authority and the STP should be included.</p> <p>An organogram regarding governance and management of Care Home Contracts was requested to be shared with the committee.</p> <p>The committee noted the report.</p> <p>6.4 Individual Funding Request Quarterly Report</p>	<p style="text-align: center;">KT</p> <p style="text-align: center;">BJ</p>



	Item	Action
	<p>Niall Mitchell was welcomed to the committee to present this item.</p> <p>The number of referrals had increased by a further 10% across BNSSG in 17/18, this related to the introduction of more commissioning policies and the tightening of criteria in existing policies. The team was achieving all KPIs that had been set</p> <p>Nick Kennedy had provided comments regarding the high number of referrals which were refused. He understood that this would be addressed with the implementation of the Ethical Framework, and suggested that pre-screening would prevent a lot of the refused application. It was confirmed that the Ethical Framework would address this issue and that some pre-screening was being undertaken with the support of clinical leads, public health and medicines management.</p> <p>Currently the Prior Approval applications in North Somerset were managed by the Referral Service, in future all Prior Approval applications would be managed by the Referral Service, this means that it would be a single step process for GPs as when the application is approved the referral will be made by the team.</p> <p>Sarah Talbot-Williams queried the fact that the number of formal complaints had increased from previous teams, it was noted that this was a change within the Complaints handling within the organisation rather than with the number of dissatisfied applicants.</p> <p>The committee noted the report.</p> <p>6.5 Serious Incident Quarterly Report</p> <p>Kat Tucker presented this item.</p> <p>The committee was informed that the CCG performance against feeding back to providers following receipt of Root Cause Analysis (RCA) reports has deteriorated, weekly panels had been implemented to improve this performance and it related to the high quantity of RCA reports being received.</p> <p>Provider performance against the Serious Incident Framework had deteriorated within Quarter 4, this continued to be monitored and managed via provider Quality Sub Groups. A Contract Performance Notice was in place for AWP and it was noted that performance had improved in April.</p>	



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	<p>Pressure Injuries were the most commonly reported incidents across Acute and Community providers, it was noted that AWP were also now reporting more Pressure Injuries as Serious Incidents, it was understood that this related to improved reporting rather than deteriorating care.</p> <p>The majority of AWP incidents related to self-inflicted harm. The Trust Suicide Prevention Strategy was published in December 2017 and a summit held with staff in April 2018, a Trust wide action plan had been created and was monitored monthly at the Quality Sub Group.</p> <p>Root Causes identified were predominantly human factor issues; work was ongoing with providers to develop system wide solutions and mitigations for these issues. It was agreed that human factors training was important and should be encouraged within providers.</p> <p>AWP continue the practice of not identifying Root Causes, however they do identify contributory factors and learning within the reports.</p> <p>The committee discussed whether training that had been implemented had had the desired impact and affected the incidents reported. It was noted that if training of staff was identified as an action for multiple incidents this was escalated with the providers to ensure that the actions were improving care.</p> <p>The committee discussed the high level of incidents attributed to human factors; the importance of human factor training was agreed. The committee was informed that the report was shared with providers and the CCG were going to develop a patient safety faculty across BNSSG which would enable system wide learning and allow access to region wide training including human factors training.</p> <p>It was noted that there was not a target for the number of Serious Incidents; however trends and themes were monitored. The committee discussed the focus being on importance of reporting Serious Incidents and learning from incidents rather than the total number reported. It was agreed to identify benchmarking figures for total number of Serious Incidents for providers.</p> <p>The committee noted the report.</p> <p>6.6 Serious Incident Audit Action Plan</p>	



	Item	Action
	<p>Marie Davies presented this item.</p> <p>The committee was presented with the combined BNSSG action plan following the Serious Incident Audit. The dates of actions relating to policy publication have been amended in line with expected publication.</p> <p>The committee was advised that there was confidence that all of the actions would be achieved within the revised timescales; there was no impact of the delay in publishing the policies, as these were in line with the national policy which was mandated.</p> <p>It was agreed that a risk rating of the actions would be added to the action plan.</p> <p>The committee noted the report, it was agreed that this would be presented to the committee in September when all actions would be completed.</p> <p>6.7 Equality and Quality Impact Assessments.</p> <p>Niema Burns was welcomed to the committee to present this item.</p> <p>The committee discussed the legal and regulatory requirements of Equality and Quality Impact assessments. It was confirmed that at present these were two separate processes. There was potential for this to cause duplication of effort. It was confirmed that both processes were cyclical and were required to be undertaken at various stages of any project lifecycle.</p> <p>It was noted that Devon had implemented a joint process, there were discussions regarding the pros and cons of this example.</p> <p>The committee agreed that it was important to integrate the philosophy and process of the two assessments, whilst there were practical challenges, it was important to properly assess this and develop ways of overcoming the obstacles. It is important that the new process does not dilute best practice.</p> <p>The committee also discussed the importance of a system wide solution, to ensure consistency and integration across the CCG, Providers and the STP. It was noted by Nick Kennedy that in Devon there was a CCG led review panel which reviewed all Equality and Quality Impact Assessments undertaken by all partners within the healthcare system. It was noted that when working in partnership it was important to be clear regarding</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p>MD to link with NK</p> <p></p> <p>NB/MD</p>



	Item	Action
	<p>governance and responsibility. The committee was informed that cumulative Equality Impact Assessments had been used previously and could be used in more instances where assessments were required across multiple organisations.</p> <p>It was agreed that further work was required to progress towards a clear and best practice process for both assessments and noted Nick Kennedys offer of sharing the Devon panel terms of reference. The committee supported an integrated approach and an updated paper be presented to the committee when completed.</p> <p>6.8 CCG Approach to Quality Accounts</p> <p>Marie Davies presented this item.</p> <p>The committee was informed that for 2017/18 the Quality Accounts were received and commentary drafted by the Associate/Deputy Director of Quality for the relevant portfolio with input from other members of the Quality Team, these were then signed by Anne Morris.</p> <p>The committee was advised that the CCG had attended Bristol Oversight and Scrutiny Committee where the providers presented their Quality Accounts. It was noted that there were differences in presentation and response for each providers. Providers were also called to the other Local Authority Oversight and Scrutiny Committee's, work was underway to systemise this process for next year.</p> <p>The committee discussed the scrutiny of sign off of the Quality Account statements. It was agreed that a copy of the statements would be presented to the committee following submission, with a proposal for the process for next year. It was confirmed that-relevant clinical leads would also be involved in sign off in future.</p> <p>The committee supported the approach to assurance of Quality Accounts going forwards.</p>	MD
07	<p>Performance Reports</p> <p>7.1 Fractured Neck of Femur</p> <p>Daniel Kavanagh was welcomed to the meeting to present this item.</p>	



	Item	Action
	<p>The committee was advised that performance against Fractured Neck of Femur standards in BNSSG had been poor for several years and was not improving. It was confirmed that full quantitative data for all providers had been reviewed from the National Hip Fracture Database. It was noted that BNSSG does not benchmark well against the national picture.</p> <p>It was noted that UHB did not have a dedicated Orthogeriatrician, this significantly affected performance against the best practice tariff and delayed discharge and progression along rehabilitation pathways.</p> <p>The committee discussed whether the commissioner recommendations identified were the actions that would improve performance. It was confirmed that the recommendations had been informed by national and local work in this area. It was noted that UHB had previously advised that non-achievement of the target was related to a lack of a dedicated lamina flow theatre. It was agreed that this would be looked into further as this had not been highlighted within the report.</p> <p>It was noted that the actions related to individual providers and the committee were unaware of any additional system working on this issue across Providers, it was felt that this was an important action to take to improve performance across BNSSG.</p> <p>It was agreed that this issue should be discussed at Commissioning Executive to develop and agree the commissioner plan. The plan would then be presented to this committee for assurance and monitoring.</p> <p>It was suggested that a further recommendation be included that all providers should review the clinical outcomes of all patients who are treated outside of best practice timescales.</p> <p>The committee noted and welcomed the paper.</p> <p>7.2 Quality Premium Local Choices</p> <p>Marie Davies presented this item.</p> <p>The committee was advised that previously the thresholds for gaining the Quality Premiums have been prohibitive; however these had changed for 2018/19. A significant amount of the Quality Premium was expected to be achieved.</p>	<p>DK/LM</p> <p>DK/LM</p>



	Item	Action
	<p>The CCG can choose two local Quality Premium indicators, which were identified by the Commissioning Executive and supported by NHS England. The first related to Out of Area placements within Mental Health and this was accepted. The second was about MSK foot care, this was rejected as it was felt to be a financial opportunity rather than a quality improvement, a further option was proposed regarding improvement in HBA1C a diabetic measure of compliance, the trajectories for improvement were now being finalised and a final decision was pending.</p> <p>The committee noted the report and updates would be received by the committee on a quarterly basis.</p> <p>7.3 Contract Performance Notices</p> <p>Marie Davies presented this item.</p> <p>The committee were advised that two CPNs had been closed since the writing of the report.</p> <p>The committee discussed the importance of using CPNs to resolve issues in short periods of time. These should not be in place for long periods of time, it was noted that some CPNs had been open for a considerable period of time and related to issues which were not possible to be resolved by the Trust, work was underway to close these CPNs with a way of monitoring and holding to account.</p> <p>The committee noted the report.</p>	
08	<p>Risk Registers</p> <p>8.1 Community Risk Registers</p> <p>Marie Davies presented this item.</p> <p>The committee had requested a summary of the provider risk registers rather than sight of the full registers. This was the first time these had been presented in this format.</p> <p>It was confirmed that BCHs risk regarding workforce had been discussed and they were involved in the STP work regarding workforce. It was agreed to clarify whether the sentence regarding workforce not affecting quality had been removed.</p> <p>No new risks were identified by NSCP</p>	MD



	Item	Action
	<p>Three new risks were identified by Sirona; clarification was requested regarding the SEN and disability services risk, and whether this would be replicated across BCH and NSCP.</p> <p>It was noted that neither NSCP nor Sirona had workforce highlighted as risks.</p> <p>The committee noted the report and was pleased with the revised format.</p> <p>8.2 CCG Quality Directorate Risk Register</p> <p>Bridget James presented this item.</p> <p>The committee was advised of two new risks, regarding Looked After Children and preparation for the SEND inspection. Further information was required regarding actions and mitigations for these risks.</p> <p>There was a recommendation for closure of four risks.</p> <ul style="list-style-type: none"> • SHMI at WAHT, this was no longer an outlier, and there was good engagement within the Trust. • Children’s Specialist Clinical Staff at WAHT, the individual on Maternity leave had returned, and the temporary closure of ED overnight had also affected this. • Delivery of Enhanced Quality Commissioning Framework of Individual Placements CHC. • Non delivery of Quality Standards VTE performance, performance across all providers had improved and was sustained. <p>It was agreed that the Diabetic Foot pathway needed to be added to the risk register, as the proposed solution had not been successfully implemented.</p>	<p style="text-align: center;">MD</p> <p style="text-align: center;">BJ</p>
09	<p>Committee Work Plan</p> <p>The committee agreed that at a later date, information regarding integration of quality, equality and patient involvement should be received. This would be discussed at the development session.</p> <p>It was agreed that frequencies of the meetings would be reviewed to see if any items could be 4 monthly rather than quarterly.</p>	



	Item	Action
	It was agreed that the items due to be presented in June would be reviewed as to which could be deferred as June would be a shortened meeting.	
10	<p>Any Other Business</p> <p>No other business was raised.</p>	
11	<p>Items to Progress to Governing Body</p> <p>It had been agreed that this item was no longer required as the Chair would provide a verbal update.</p>	
12	<p>Review of Committee Effectiveness</p> <p>Everyone thought the meeting contributed to CCG objectives and everyone had chance to contribute.</p> <p>It was agreed that a significant amount of time had been spent on the action log. If updates had been provided in advance this would have been resolved quicker. There was generally good discussion on each item.</p> <p>The committee discussed whether the Fractured Neck of Femur paper was appropriate, this had been a historic item, however it should have been addressed to commissioning executive initially. Items would be reviewed at agenda setting in future.</p> <p>It was noted that papers needed to be distributed in a timely manner in order for members to have time to adequately read them.</p>	
	<p>Date of next meeting:</p> <p>Thursday 21 June 2018 15:30 – 17:00 Marriott Hotel, Bristol</p>	

Kat Tucker
Quality and Patient Safety Support Manager
25.05.18





Quality Committee

Minutes of the meeting held on 21 June 2018 at 3.30pm, at Marriott Hotel

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Martin Jones	Medical Director – Commissioning & Primary Care	MJ
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Lisa Manson	Director of Commissioning	LM
In attendance		
Kat Tucker	Quality & Patient Safety Support Manager (Note taker)	KT
Cecily Cook	Deputy Director Nursing and Quality	CC
Bridget James	Associate Director Quality (Patient Safety)	BJ
Marie Davies	Associate Director Quality (Patient Experience)	MD
Lucy Muchina	Deputy Head of Safeguarding (For items 4.3.1 & 4.4)	LMu
Jackie Mathers	Designated Nurse for Safeguarding Children (For items 4.5 & 4.5.1)	JMa
Apologies		
Dr Nick Kennedy	Independent Secondary Care Doctor (comments submitted pre meeting)	NK
Louise Fowler	PPI Programme Lead	LF
Debbie Campbell	Head of Medicines Management	DC
Anne Morris	Director of Nursing & Quality	AMor
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB

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



	Item	Action
02	<p>Declarations of Interest</p> <p>No interests were declared.</p>	
03	<p>Minutes of Meeting 24 May 2018</p> <p>Page 5, Item 4 – It was confirmed that the Care Home had ceased ‘trading’.</p> <p>Page 17, Item 9 – a comma was added to clarify.</p> <p>The minutes were accepted as an accurate record with the above amendments.</p> <p>3.2 Action Log</p> <p>22.02.18 Item 6.1 4 – Lisa Manson advised the committee that the Performance report was being revised and refreshed in order to capture the appropriate and salient issues required by the committees that it is presented to. The SWASFT data will be provided within this. This action was closed.</p> <p>19.04.18 Item 3.2 3 – The organogram had been circulated, comments were requested to be sent to Jeremy Maynard. This action was closed.</p> <p>19.04.18 Item 3.2 4 – The Clinical Oversight Group had not yet met, this would be updated in July. This action remained open.</p> <p>19.04.18 Item 7.1 2 – It was agreed that an update on the NBT radiology issues would be circulated to the committee. This action remained open.</p> <p>19.04.18 Item 7.5 2 – A date was being arranged for Sarah Talbot-Williams, Nick Kennedy, David Soodeen and Bridget James to meet and discuss AWP. This action was closed.</p> <p>19.04.18 Item 9 2 – A development session for the Committee had been scheduled for August. This action was closed.</p> <p>19.04.18 Item 10.2 1 – The Plain English version of the Complaints Policy would be added to the September work plan for the committee. This action was closed.</p>	<p>PB</p> <p>AMor</p>



	Item	Action
	<p>24.05.18 Item 3.2 1 – It was noted that the Children’s and Mental Health metrics would be reviewed in line with the revised Performance Report. This action was closed.</p> <p>24.05.18 Item 3.2 2 – The committee was informed that there were weekly meetings with UHB regarding ‘on hold patients’, it was confirmed that for assurance purposes the CCG had been part of the process and the harm review panels. 1 patient was being investigated for potential harm; this was following the Serious Incident process. The committee requested a monthly update on this issue. It was also noted that the same process would be utilised to review harm following the BHOC fire. This action remained open.</p> <p>24.05.18 Item 4 1 – It was confirmed that the grey boxes in the CQC reports related to areas which had been reviewed but where there was not sufficient data to give a rating. This action was closed.</p> <p>24.05.18 Item 4 2 – A telephone call has been arranged with Nick Kennedy to discuss Independent Sector Hospitals. This action remained open.</p> <p>24.05.18 Item 4 4 – Public Health had confirmed that they were not happy to share the Health Visitor report which had been shared with the Quality Surveillance Group, as the data was out of date. The committee discussed the importance of knowing data around Health Visitor performance data. This action was closed.</p> <p>24.05.18 Item 4 5 – It was agreed that information provided within the CCHP and NSCP contracts regarding Health Visitors would be reviewed, this information would be required for CQC Joint Targeted Area inspections. An updated position would be gained to share with practices. This action remained open.</p> <p>24.05.18 Item 6.1 1 – There are a couple of months when data timescales will be very tight for provided performance data to the committee. It was agreed that the report would be provided each month as soon as possible and all other papers submitted to the original deadline. This action was closed.</p> <p>24.05.18 Item 6.3 1 – Clarification had been provided regarding the Care Home data. This action was closed.</p> <p>24.05.18 Item 6.8 1 – It was agreed that the Quality Account statements would be added to the work plan. This action was closed.</p>	<p>CT</p> <p>MD/NK</p> <p>BJ/MD</p>



	Item	Action
	<p>24.05.18 Item 7.1 1 – UHB had confirmed that they do not have dedicated Laminar flow provision; it was unclear whether this is an issue for meeting the Best Practice tariff. It was noted that this issue should be discussed as a pathway issue across the system. This action remained open.</p> <p>24.05.18 Item 8.2 1 – Jeremy Maynard was in the process of providing information to clarify the diabetic foot pathway risk in order for it to go on the Risk Register. This action remained open.</p>	<p>LM</p> <p>BJ/JM</p>
04	<p>Quality & Performance Report</p> <p>4.1 Quality Strategy</p> <p>Cecily Cook presented this item.</p> <p>The paper provided a briefing on how the Quality Strategy would be progressed and developed, an advert had been published to gain public representatives to be involved within the development of the strategy.</p> <p>Some suggested key priorities were discussed, it was confirmed that a priority would relate to Mental Health. It was agreed that there would be a handful of strong priorities which would be progressed throughout the period.</p> <p>The committee was informed that a Quality Improvement Board was being developed with the Acute and Mental Health providers, the first meeting was due to be held in August, system quality would be discussed at these meetings. It was noted that Community providers would be included within this piece of work; however it was being reviewed as to how best to progress this through the procurement phase.</p> <p>The committee discussed the timeline for development of the strategy, and public involvement. The aim was to provide the Quality Strategy to Governing Body in October, it was agreed that this would be presented to the committee prior to this.</p>	



	Item	Action
	<p>It was noted that details of monitoring of CQC action plans and other forms of assurance was required to be included within the strategy. It was also agreed that it was important that the strategy linked with the organisational aims and objectives.</p> <p>Martin Jones noted that it was important that the strategy detailed how the CCG would assure itself that the most vulnerable people were receiving the right quality of care.</p> <p>Alison Moon challenged the ambition of the proposed priority regarding MRSA, where the aim was be in line with other CCG performance by 2021. It was noted that the current position was not good and that there were complex issues requiring a whole system approach to address the issues. Cecily Cook was asked to note this and discuss with Anne Morris prior to the amended paper going to Governing Body.</p> <p>Alison Moon queried whether there was the potential to use 'Always Events' and share from positive outcomes as well as incidents in the strategy documents.</p> <p>The committee noted the plan.</p> <p>4.2 Quality and Performance Report</p> <p>Lisa Manson presented the Performance section of this report.</p> <p>It was noted that there had been issues with the data received for Month 1, the data showed significant variance in expected outcomes, and this information was being reviewed and validated. It was agreed that only validated data would be presented to the Governing Body.</p> <p>Emergency Department performance had significantly improved and was being sustained, most weeks' performance was 90% for all providers, and numbers of stranded patients over 50 and 21 days had also reduced. It was noted that there had been several actions and programmes of work which had impacted on the improved ED performance. The committee was advised that the number of ED attendances had not reduced; they were significantly increased at WAHT on Monday's and Tuesday's.</p>	<p>CC</p>



	Item	Action
	<p>Referral to Treatment Times remained in line with trajectory and commissioning intentions. Cancer 62 day standard had been affected by the BHOC fire, a dip to 77% was expected in June, this was not expected to recover until August/September.</p> <p>The committee was informed that the Colorectal straight to test, which was being implemented from 1st July would lead to a streamlining of outpatient referrals, leading to a potential reduction of outpatient appointments, it was important to ensure diagnostic capacity was in place.</p> <p>Marie Davies presented the Quality section of this report.</p> <p>The committee was advised that BNSSG had 50% of the MRSA cases reported in the Southwest to date in 2018/19.</p> <p>It was noted that a meeting was being held with the Acute providers in June to agree a common understanding regarding complaints handling issues, an update would be provided within the report.</p> <p>The committee was advised that a clear process was in place and assurances had been received regarding the UHB outpatient pending list issues.</p> <p>It was noted that NBTs issues regarding administration backlog had significantly improved and they were expecting to be at a 5 day turnaround time by end of July. Issues regarding ED discharge summaries were also expecting to be resolved by mid-July.</p> <p>The committee was advised that an update regarding the ADHD clinic waiting list backlog at AWP had been requested and would be provided to the next committee.</p> <p>The committee noted the report.</p> <p>4.3 Safeguarding Children Quarterly Report</p> <p>This item was deferred to the July committee.</p> <p>4.3.1 Serious Case Review Update</p>	



	Item	Action
	<p>Jackie Mathers was welcomed to the meeting to present this item.</p> <p>The committee was informed that within the multi-agency action plan for this Serious Case review all health actions had been completed. For the internal action plan, one action remained outstanding. This related to a connecting care issue. The decision regarding sharing information was with the AWP Board for approval, following this it would take 6 months for IT to implement the fix.</p> <p>It was confirmed that the delay in AWP signing off the decision had been escalated through the commissioners. It was suggested that the length of time to address the IT issue be raised with Deborah El-Sayed to interpret the issues and progress this in a more timely fashion if possible.</p> <p>Alison Moon challenged that the action plan was created several months ago and to date no progress had been made regarding this issue. Noting that there would be a delay due to IT technicalities, there had also been a delay in getting sign off from AWP. Lisa Manson advised that work was ongoing across the health system regarding Connecting Care and information sharing from all partners which would help to enable progress.</p> <p>A query was raised as to why the Safeguarding Board Multiagency action plan remained in draft form. It was confirmed that this had been presented to the Safeguarding Board on multiple occasions, it was agreed that this would be clarified.</p> <p>Alison Moon advised that as a core partner of the Bristol Safeguarding Board, the CCG had an interest in the progression of the full multiagency action plan being delivered to agreed timescales.</p> <p>It was agreed that this action plan would be presented to the committee in September, unless exceptions were required to be escalated earlier.</p>	<p>JMa/CC</p> <p>JMa/CC</p> <p>JMa/CC</p>



	Item	Action
	<p>It was confirmed that all Serious Case review action plans for Adults and Childrens would be presented to the committee and monitored regarding implementation.</p> <p>4.4 Looked After Children Quarterly Report</p> <p>Jackie Mathers presented this item.</p> <p>The committee was informed that there was currently no designated nurse for Looked After Children within the CCG, the interviews for this post had been scheduled.</p> <p>It was noted that there were significant areas of concern especially in Bristol regarding the percentage of children receiving physical health assessments within 28 days. The service struggled considerably with capacity and resourcing. This had been raised at ICQPM meetings, Sirona had recently merged the Bristol and South Gloucestershire service and increased resource by one WTE nurse, this occurred on 1st June in order to balance and share resource.</p> <p>The committee was informed that Bristol Local Authority could not provide information regarding asylum seeker children, however this information was available from North Somerset and South Gloucestershire. Looked After Children are managed differently by each Local Authority.</p> <p>Alison Moon noted that the information provided and the level of service provided were unacceptable, whilst there were some actions in place aimed to address this in the longer term, it was important that immediate actions were taken to improve actions. It was suggested that a Director level briefing be drafted for Julia Ross to discuss as part of her regular three way meeting with the Local Authority Chief Executives.</p> <p>Alison Moon noted that the number of Out of Area Looked After Children within BNSSG was not reported and this was required for future reports.</p> <p>Sarah Talbot-Williams was very concerned regarding the information that had been provided and noted the importance of escalating these issues to ensure that the situation improves.</p>	<p>JMa/CC</p>



	Item	Action
	<p>Assurance was requested as to what Sirona was doing to improve the situation. The committee requested a paper providing data and clear immediate actions with a trajectory for improvement for the July meeting. It was agreed that actions must be robust and benchmarking against other areas would be helpful to see how this issue is managed elsewhere. The committee agreed that this updated paper would be presented to the Governing Body and shared with localities.</p> <p>Sarah Talbot-Williams requested that the outcomes for the children who had been assessed were included within the report to understand the impact.</p> <p>The committee noted the report.</p> <p>4.5 Safeguarding Adults Quarterly Report</p> <p>Lucy Muchina was welcomed to the meeting to present this item.</p> <p>The committee was advised that a work plan for Safeguarding Adults was being developed across BNSSG along with a training matrix for CCG staff.</p> <p>It was noted that a national intercollegiate document for Adult Safeguarding was currently in a consultation phase.</p> <p>The committee was provided within an update on Safeguarding Adults reviews and Domestic Homicide Reviews which had recently been published. Themes were identified from these reviews including hate and mate crimes and multi-agency working groups would be established in these areas. There were also actions regarding ensuring referrals for children following bereavement were carried out earlier.</p> <p>Lucy Muchina noted that there were no specific CCG actions within these reports. Alison Moon disagreed with this, noting several recommendations which were relevant to health and as commissioners it was important that we monitored.</p>	<p>JMa/CC</p> <p>CC</p>



	Item	Action
	<p>The committee discussed the importance of system wide learning from both local and national reviews and reports as it was noted that the themes and learning were often similar. A piece of work was required to review the way in which the learning from these reviews is disseminated.</p> <p>It was noted that for future reports the links to Primary Care should also be included.</p> <p>The committee noted the report.</p> <p>4.5.1 Serious Case Review Briefing</p> <p>Lucy Muchina presented this item which related to a review which was published today and had generated a lot of media interest.</p> <p>Recommendations within the report included compatibility assessments and issues with sharing of information between providers. Five actions had been identified for health providers.</p> <p>The committee was advised that the Root Cause Analysis report for this incident had been commissioned from an independent reviewer; an update on the progress of the action plan had been requested.</p> <p>It was agreed that it was important to gather and share what has been put in place to prevent recurrence of these incidents.</p> <p>It was agreed that an update on this case would be re-presented to the committee and onward presentation to the Governing Body.</p> <p>The committee noted the report.</p> <p>4.6 Primary Care Quality Quarterly Report</p> <p>Bridget James presented this item.</p> <p>The report provided a plan of what information would be reviewed going forward to gain assurance regarding quality in</p>	<p style="text-align: center;">LMu/CC</p>



	Item	Action
	<p>primary care. Discussions with NHS England were ongoing regarding access to data sources.</p> <p>The number of Serious Incidents and Significant Events which were reported by primary care was very low; work would be required to improve the reporting of incidents.</p> <p>CQC domains which were 'Outstanding' and 'Requires Improvement' would be reviewed for themes and learning which can be shared with practices.</p> <p>It was agreed that Primary Care Quality would be presented to the committee monthly during this development stage, prior to being presented to the Primary Care Commissioning Committee.</p> <p>4.7 CQUIN Quarterly Update</p> <p>Marie Davies presented this item.</p> <p>The committee was advised regarding the outcomes of the CQUIN returns for each provider for 2017/18.</p> <p>It was agreed that best practice tariffs and Quality Premiums would be included within the report for next time.</p> <p>One CQUIN was being challenged by the Acute Trusts, this was being progressed via contracting routes. Alison Moon asked if there were any concerns raised which the committee needed to be aware of and Marie Davies advised that there were not.</p> <p>The committee noted the update.</p>	
05	<p>Risk Registers</p> <p>5.1 Acute Risk Registers</p> <p>Cecily Cook presented this item.</p> <p>The committee was advised that UHB had added the issue of 'on-hold patients' to their risk register. WAHT had also added a risk relating to recruitment of nurses and the high number of</p>	

	Item	Action
	agency usage; actions were in place to address this issue. The STP resource group was looking at resource across the system.	
06	<p>Committee Work plan</p> <p>The committee noted the work plan.</p>	
07	<p>Any Other Business</p> <p>Jeremy Maynard informed the committee of delays in the Datix system being set up and launched; this related to IT issues, a deadline for resolution had been set for Friday 23 June. If this issue was not resolved it was agreed to escalate this issue via Deborah El-Sayed. This was an issue as all other flows for receiving GP feedback had already been stopped.</p> <p>Cecily Cook advised that SWASFT had reported a risk for call stacking in their call centre, an update on actions is provided monthly. This was being led by Dorset CCG as lead commissioner. SWASFT performance recovery plans were being presented to the A&E delivery boards, and an update would be provided to the July committee.</p>	<p>JM/MD</p> <p>LM</p>
08	<p>Review of Committee Effectiveness</p> <p>It was noted that the committee meeting had been a shortened agenda; however it was felt that each item had been fully discussed.</p>	
	<p>Date of next meeting:</p> <p>Thursday 26 July 2018 2pm – 5pm Conference Room, South Plaza, Bristol</p>	

Kat Tucker
Quality and Patient Safety Support Manager
22.06.18

