

Quality Committee – OPEN VERSION

Minutes of the meeting held on 23rd May, at 09:00 – 12:30, at South Plaza,
Marlborough Street, Bristol BS1 3NX

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AM
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Dr Peter Brindle	Medical Director – Clinical Effectiveness (All agenda items except 4.1, 5.1, 7.1, 7.2, and 7.9)	PB
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Lisa Manson	Director of Commissioning (All items except 3.1)	LM
In attendance		
Bridget James	Associate Director Quality (Patient Safety) (All agenda items except 7.1 and 7.9)	BJ
Aurelius Wright	Executive PA	AW
Cecily Cook	Deputy Director of Nursing and Quality	CC
Dominic Mellon	Lead Consultant in Health Protection at Public Health England South West Centre (Agenda item 7.1 only)	DM
Alison Ford	Head of Children and Maternity (Agenda item 7.2 only)	AF
Tim Overton	Clinical Lead for Local Maternity System (Agenda item 7.2 only)	TO
Jackie Mathers	Head of Children's Safeguarding (Designated Nurse) (Agenda item 7.9 only)	JMa
Lucy Jones	Customer Services Manager (Agenda item 7.5 only)	LJ
Angela Stephen	Designated Nurse for Looked After Children	AS
Carol De Halle	Quality & Patient Safety Manager (Agenda item 7.7 only)	CDH
James Bayliss	Lead Quality and HCAI Manager (Agenda item 7.7 only)	JB
Mark Hemmings	Transformation Manager (Children & Maternity) (Agenda item 7.6 only)	MH
Apologies		
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Dr Martin Jones	Medical Director (Primary Care and Commissioning)	MJ
Janet Baptiste-Grant	Interim Director of Nursing & Quality	JBG

	Item	Action
01	<p>Welcome and Apologies</p> <p>Alison Moon (AM) welcomed everyone to the meeting. Members introduced themselves as there were new attendees present.</p> <p>Apologies are noted above. Comments and questions noted by the chair from Nick Kennedy (NK) who was absent.</p>	
02	<p>Declarations of Interest</p> <p>No new declarations of interests were noted at this meeting.</p>	
03	<p>Minutes of Meeting 21st March, 2019</p> <p>Page 6, second paragraph was restructured grammatically and a typo on Page 11 was corrected. Minutes were approved as an accurate record of the meeting with the above amendments.</p> <p>3.2 Action Log</p> <p>24.01.19 Item 7.2 (1) – Cecily Cook (CC) noted arrangements are being made to meet with the clinical lead to discuss the project to improve data analyst support. Plan to schedule a report update to Quality Committee in July 2019. Action remained open.</p> <p>24.01.19 Item 7.6 (1) – Bridget James (BJ) noted the EQIA PPI Panel was postponed until 17th June. Terms of Reference (ToR) will be presented to the Quality committee in July. Action remained open.</p> <p>24.01.19 Item 7.9 (1) – CC informed the Committee that the audit had not yet been completed. However, it will be included in next quarter report to Quality Committee. Action deemed: Closed.</p> <p>21.02.19 Item 7.2 (3) – Jackie Mathers (JMa) provided a verbal update to the Quality Committee, regarding BNSSG’s patients at the Priory Hospital. Action deemed: Closed.</p> <p>21.03.19 Item 4.3 (2) – CC noted issues may be raised at quality sub group. Further information to be provided. Follow up with Access and Performance sub group to also action. Update to be given at June 2019 Quality Committee. Action remained open.</p> <p>21.03.19 Item 5.1 (3) – CC noted presentation on project at Quality Committee. Engagement events being planned.</p>	<p>CC</p> <p>BJ</p> <p>CC</p>



	Item	Action
	<p>Engagement through social media, stakeholder events and newsletter. Action closed.</p> <p>21.03.19 Item 6.2 (4) – CC noted patients’ general practices registration and movement between South Gloucestershire and Bristol are contributing factors. Joint action plan being draft to address the issues. Action deemed: Closed.</p> <p>21.03.19 Item 7.1 (1) – BJ noted the Patient Experience Quarter 4 report did not reference complaints or feedback from NHS U.K. Action: Open.</p> <p>21.03.19 Item 7.3 (1) – Joanna Topps (Peter Brindle) to follow up and report back to the committee in regards to the level of assurances needed from providers regarding opioid prescribing, and whether primary care and hospices were in scope. Action deemed: Open.</p> <p>21.03.19 Item 7.7 (1) – CC noted the action plan had been sent back to Sirona for further work. Action remained open</p> <p>25.04.19 Item 3.3 (1) – BJ noted confirmation received from the CHC team that the community provider requests feedback from the patients and assurance of this is gained by the CHC team. Action deemed: Closed.</p> <p>25.04.19 Item 3.3 (2) – Jeremy Maynard (JM) noted Care Home Quality meeting being arranged and update will be given after meeting. Action deemed: Open</p> <p>25.04.19 Item 3.4 (1) – It was noted that members gave their comments and feedback on the Compliant Policy via email prior to Governing Body presentation. Action closed.</p> <p>25.04.19 Item 4.1 (1) – Lisa Manson (LM) to follow up and report back to the committee in regards to the draft paper for Commissioning Opportunities which were to be presented at the end of March. Action deemed: Open.</p> <p>25.04.19 Item 6.1 (1) – CC to present a written update on the actions which came out of the Never Event workshop and perspective work being undertaken. Action deemed: Open.</p> <p>25.04.19 Item 6.1 (2) – CC noted the written update in regards to the status on the backlog of SIs was listed on the agenda for presentation. Action deemed: Closed.</p>	<p>JBG</p> <p>PB</p> <p>CC</p> <p>JM</p> <p>LM</p> <p>CC</p>



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	<p>25.04.19 Item 6.1 (3) – BJ noted the reference was to the ADHD service only. Actions are in progress to as per the contract performance notice (CPN) led by the commissioning team. Action deemed: Closed.</p> <p>25.04.19 Item 7.1 (1) – A detailed update was provided as noted in the action log. Action deemed: Closed.</p> <p>25.04.19 Item 7.1 (2) – LM noted the information for North Somerset CAMHS figures are available and will be added to the Quality and Performance report prior to being presented to Governing Body in June 2019. Action deemed: Closed.</p> <p>25.04.19 Item 7.2 (1) – BJ to present the quarter 4 CQUINs and Quality Premium report and a briefing paper for 2019/20 to include national indicators and plans for CQUIN in June 2019.</p> <p>25.04.19 Item 7.3 (1) – AM noted email was sent to Dr Martin Jones regarding the CCG performance and assurances for diabetes. Action remained open.</p> <p>25.04.19 Item 7.6 (1) – JM to share Quality Committee’s agenda and minutes to Clinical Leads. Action deemed: Open.</p> <p>25.04.19 Item 7.6 (2) – Quality Committee Terms of Reference was emailed to members of the committee, and feedback given. Action deemed: Closed.</p> <p>25.04.19 Item 3.2 (1) Closed Session - CC to update the committee in regards to assurances after the public consultation phase of the Safeguarding Children’s Arrangements is completed in July 2019. Action deemed: Open.</p> <p>25.04.19 Item 3.2 (2) Closed Session – CC informed the Committee that the New Safeguarding Arrangements are a statutory requirement; therefore agencies are unable to leave these new arrangements. However, discussions will continue as we work in partnership as there may be elements of work that do not fall into priority areas if partners are constrained by finances or resources. Action deemed: Closed.</p> <p>25.04.19 Item 3.2 (3) Closed Session – CC informed the committee that the safeguarding arrangements paper will be shared through Governing Body. Members attend safeguarding board meetings where arrangements discussed. Request sent to offer updates to area meetings. Action deemed: Closed.</p>	<p>BJ</p> <p>MJ</p> <p>JM</p> <p>CC</p>



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	<p>25.04.19 Item 3.2 (4) Closed Session – CC noted New Safeguarding Children's arrangements must be published by partner organisations (Health, Local Authority and Police) by 30 June 2019. New arrangements to commence from September 2019. The paper submitted to Quality Committee in May will be updated to be presented to June Quality Committee, commissioning Executive and Governing Body. Action deemed: Open.</p> <p>25.04.19 Item 3.5 (1) Closed Session – Both Patients moved into alternative accommodation. Action deemed: Closed.</p>	CC
04	<p>Risk and Mitigations</p> <p>4.1 Corporate Risk Register (CRR)</p> <p>AM queried whether there was an agreement on progress of long wait for adult attention deficit hyperactivity disorder (ADHD) service. LM noted an agreement with Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) had been reached to redefine the pathway which will address the current demand. However, wider consultation is needed which will see the movement of patients into shared care, and also a separate plan to address the patients who are currently on the waiting list.</p> <p>The committee noted the Corporate Risk Register.</p> <p>4.2 Community Providers Risk Register</p> <p>This item was presented by CC.</p> <p>Sarah Talbot-Williams (STW) queried whether GP Practices have risk registers and whether the CCG have sight of them. BJ noted evaluation of GP practices' risk register is not completed by the CCG.</p>	
05	<p>Regulatory Updates</p> <p>5.1 Quality Surveillance Group (QSG)</p>	
06	<p>Items for Approval</p> <p>6.1 Quality & Performance Report</p>	

	Item	Action
	<p>LM presented the Performance section of the Performance & Quality Report.</p> <p>LM noted key highlighted from the performance section of the report which noted overall A&E performance is below the national average of 80% while improvement was seen for 52 weeks for planned treatment and 62 day referral to treatment time with recovery not expected until Q3 2019/20. LM noted performance across the system will increase with the reconfiguration of breast surgery and urology at NBT.</p> <p>AM asked a question from Nick Kennedy (NK) as to whether additional work is ongoing to address diagnostics. LM noted outsourcing of diagnostics; echocardiography from UHB and endoscopy from an independent provider. However, challenges regarding uro-dynamics are ongoing due to not being able to outsource it. Peter Brindle (PB) questioned whether a review had been completed on the need for testing and whether appropriate referrals were being completed. LM noted this had not been completed.</p> <p>LM informed the committee that changes to the performance section of the report will be seen for June 2019. The changes are to give further details, i.e. particular diagnostics tests which never achieve the 6 weeks standards, which contribute to the overall performance. AM noted this would give further assurance where needed.</p> <p>AM recommended adding further narrative regarding actions, mitigations, and completion timeline for the section on diagnostics.</p> <p>AM queried the timeline set to achieved zero patients waiting over 52 weeks for planned treatment. LM noted the timeline for end of August 2019 had been set, however, noted concerns regarding governance breaches which could contribute to the target not being achieved.</p> <p>CC presented the Quality section of the Performance & Quality Report.</p>	<p style="text-align: center;">LM</p>



	Item	Action
	<p>CC informed the committee of the Emergency Department Dashboard (EDD) presented to the A&E Delivery Board. However, noted additional information in regards to denominators and threshold placed against safety metric need to be reviewed.</p> <p>The committee noted the Quality and Performance Report.</p>	
07	<p>Items for Discussion</p> <p>7.1 Methicillin Resistant Staphylococcus Aureus Bloodstream Infections (MRSA BSI) in people who inject drugs (PWID) in BNSSG area</p> <p>Dominic Mellon (DM) gave a presentation on MRSA.</p> <p>STW queried whether there were plans to do further outreach projects in regards to homelessness. DM made reference to one day multi-agency homeless health intervention programme being run in Dorset which provided various health screening such as MRSA and Tuberculosis (TB), and wound care for approximately 150 persons. Further evaluation of the programme is ongoing. DM noted a stakeholder mapping process had begun; however, there was limitation in getting a core group composed. STW queried the stance in regards to safe rooms. DM noted the Home Office is not in support of safe rooms.</p> <p>AM questioned whether a timeline had been set for delivery of the package of interventions. DM noted the completion of chlorhexidine wipes intervention would need to be addressed by the system, and would require STP funding, and commissioners and providers would need to make health protection a priority. AM queried whether the Director of Nursing and Quality had discussed this issue in terms of the system challenges with the Chief Executive Officer. CC noted this had not been discussed which would be the next step. LM noted it is important to evaluate what the STP can accomplish but, defined commissioning budgets and responsibilities are statutory. However, the services noted by DM are not components of the budget, but recognised healthcare cost is picked up in primary care.</p> <p>AS queried whether there was a case for increasing public awareness to be put forward. DM noted this has been very difficult but, discussions are ongoing to strategize the appropriate way forward. DM noted group stigmatisation concern had been raised, but advertisement of worked accomplished and ongoing in various areas are advertised on Twitter.</p>	



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	<p>AM queried whether there were any benefits of using the 'Patient Journey Mapping' pathway with others projects. AM recommended CC to review the usefulness of the pathway.</p> <p>The committee thanked DM and noted the presentation.</p> <p>7.2 Maternity Safety and Perinatal Mental Health Update</p> <p>Alison Ford (AF) and Tim Overton (TO) presented Part One of the report.</p> <p>AF informed the committee that a safety plan had been drafted, and the aim of the plan is to reduce neonatal deaths, maternity deaths, and still-births by 20% by 2020. AF noted the main risk is the impact of the implementation of the Saving Babies Lives Care Bundle. However, noted monitoring is ongoing through the CCG's and the Trust's risk registers.</p> <p>AM noted NK commended the work and progress made thus far, and questioned whether a value assessment had been completed. NK further noted the CCG had ranked in the top percent quartile for neonatal mortality and still births as noted in the Improvement Assessment Framework report and queried whether this initiative was money well spent. TO noted Saving Babies Lives Care Bundle was first produced in 2016 and a revised version was published in April 2019. TO noted the estimated cost of this initiative is unknown. However, the cost implications had been reviewed. TO noted interim assessment impact data had showed significant reduction in still birth rates amongst providers who had implemented the care bundle. However, absolute certainty in regards to the implementation of the care bundle was not noted.</p> <p>TO noted the development of joint guidelines for pre term labour, growth restriction, and reduce movement across BNSSG are being developed and the changes to the Saving Babies Lives Care Bundle version 1 and 2 is ongoing. TO informed the committee perinatal mortality rates and stillbirth rates are a challenging area. However, work is underway to review neonatal services. AM queried whether a consistent approach was achievable as efforts had been spent in this area previously. AF noted the shared guidelines are viewed as a solution to the challenges posed by the care bundle, and willingness by all involved to make it work.</p> <p>BJ questioned whether workforce targets for March 2019 regarding improved continuity of care had been achieved. AF</p>	<p>CC</p>



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	<p>confirmed an achievement of 28.5% against the national target of 20% was achieved. BJ queried whether assurance can be given that this was sustainable. AF stated it was not sustainable but, several pieces of work are ongoing to address and monitor issues.</p> <p>AM queried the relationship and accountability in regards to the Maternity Dashboard. TO noted he had not had sight of the Dashboard but, metrics are being developed to monitor key areas for target outlined in the report.</p> <p>LM presented Part Two of the report.</p> <p>LM noted issues with perinatal provision had been recognised; a review had been undertaken and work with Avon and Wiltshire Mental Health Trust (AWP) and UHB to develop a joint action plan to address the issues. BI-monthly meetings are ongoing to discuss the actions, and progress has been made.</p> <p>AM questioned the actions and assurance needed to see improvements in perinatal mental health services.–LM noted a more defined relationship between the CCG, Local Authority and Primary Care, demonstrated effectiveness of standard operating process and maintenance of the processes, and achievement of operational targets.</p> <p>AM recommended a progress update to the Quality Committee in September. LM to speak with Deborah El-Sayed in regards to a Governing Body Seminar presentation. and combining with the neonatal review</p> <p>The committee thanked AF and TO, and noted the Maternity Safety and Perinatal Mental Health Update.</p> <p>7.3 Improvement Assessment Framework (IAF) Quarter 2 Report</p> <p>LM presented the IAF report.</p> <p>LM highlighted areas of top quartile performance which includes neonatal mortality and stillbirths, care in primary care, appropriate prescribing, and reduction in percentage of deaths. LM noted the time lag in data, most of which are related to achievements in 2016.</p> <p>AM queried the committee’s role in receiving the IAF report and questioned whether the committee should focus more on specific areas within Better Care and Better Health which were noted as</p>	<p style="text-align: center;">LM</p>

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	<p>areas for improvement. LM noted further narrative can be given going forward on patients with diabetes who achieved NICE targets. LM noted improvement against NHS England's standards may not be achieved due to denied commission level, but noted deep dives on any area listed under Better Health and Better Care can be completed.</p> <p>LM noted focus is needed on diabetes for further assurance, and suggested including IAPT recovery rate and delayed transfers of care to the Quality and Performance report going further.</p> <p>The committee noted the report.</p> <p>7.4 Workforce Assurance</p> <p>No Item listed.</p> <p>7.5 Patient Experience Report</p> <p>Lucy Jones (LJ) presented this report.</p> <p>LJ noted there were some difficulties in analysing the quarter. A total number of 307 patient feedback was received which did not include GP feedback, and no trends or themes were identified. Contact reduction and reduction in informal complaints was noted in quarter 4 but, no specific reason was cited. AM queried whether an annual report would be composed. LJ noted a synopsis will be fed into the directorate's annual report.</p> <p>LJ informed the committee that GP feedback also known as the professionals' feedback had been removed from this quarter report and will now be presented in the Quality portion of the Quality and Performance Report. The Complaints Policy was approved by Governing Body and a further update will be noted in the Quarter 1 2019/20 report. LJ noted the Customer Services Team had met with the Well Aware Team which revealed further contacts with mental health issues. LJ noted plans are ongoing to create a website as a way to improve patient experience, and to provide additional services and resources. LJ informed the committee that informal complaints regarding providers now captured as formal complaints to aide further categorisation.</p> <p>AM noted there are many languages spoken in Bristol and questioned whether accommodation was made for a person whose first language is not English. LJ noted this had not been explored. STW suggested the addition of videos to the website for persons who are unable to comprehend written words.</p>	<p>LM</p>



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	<p>The committee thanked LJ and noted the report.</p> <p>7.6 Special Educational Needs & Disability (SEND) Report</p> <p>Mark Hemmings (MH) presented this report.</p> <p>MH informed the committee that about half of all local authority areas in England had been inspected and approximately half now have a written statement of action. MH noted North Somerset is midway through responding to a written statement, South Gloucestershire is finalising their written statement, and Bristol is waiting for the inspection. MH noted evidencing impact as a key risk for re-inspection which was noted as a national issue. However, significant progress had been made with the Shared Outcome Framework, which gives an overarching framework of outcomes that young people will aspire to achieve.</p> <p>STW queried whether North Somerset would institute a young people group. MH noted North Somerset previously had a young person reference group which is no more. However, North Somerset Council has appointed 2 Participation Workers to get the programme operating.</p> <p>PB queried the reason for having a singular BNSSG Autism Spectrum Disorder Diagnosis Pathway. MH noted joint specifications are being developed but, noted the difference in the way the service is delivered currently across BNSSG.</p> <p>PB queried whether the online waiting list initiative will be sustainable. MH noted the initiative is still in the pilot stage, and continuous monitoring and review will be completed. MH noted this initiative is also cost effective.</p> <p>The committee thanked MH and noted the presentation.</p> <p>7.7 Henderson Ward and Skylark Report</p> <p>Carol De Halle (CDH) presented the report.</p> <p>The committee noted the work carried out by the team, thanked CDH and JB, and noted the presentation.</p> <p>7.8 Learning Disabilities Mortality Review (LeDeR) Steering Group Activity Report</p> <p>BJ presented the LeDeR Steering Group Report.</p>	



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	<p>BJ informed the committee that there are only six (6) trained active reviewers. BJ noted further recruitment is needed and discussion with the steering group is ongoing. AM noted the process to clear the backlog is continuous, and recommended the addition of the breakdown of learning themes for future activity report to the Quality Committee.</p> <p>PB questioned the process of selecting reviewers and queried whether there were incentives. BJ noted initial invitations had been sent across the system; local authority, providers, and CCG staff. Reviewers did not have to be clinically trained and noted there were no incentives for reviewers. STW noted this undermines the severity of the situation. AM noted a reviewer sustainability plan had been requested and will be discussed and reviewed by the LeDeR steering group.</p> <p>The committee noted the activity update.</p> <p>7.9 Serious Case Review (SCR)</p> <p>Jackie Mathers (JMa) presented this item.</p> <p>The committee thanked JMa and noted the update.</p> <p>7.10 Serious Incident Reduction Plan</p> <p>CC presented this item.</p> <p>AM commended the work completed by the team. AM questioned what is being done in regards to the number of items requiring CCG action. CC noted a number of items are awaiting panel review, some have been reviewed and are awaiting a checklist, some are awaiting provider response, and some require further discussion at quality sub group level. BJ suggested a further breakdown is required as some items are not with the Quality team but, with other teams within the CCG or NHSE.</p> <p>AM queried whether the aim is to be at zero and the timeline of the achievement. AM recommended an additional slide in the Quality and Performance report which provides an update on progress against the plan.</p> <p>The committee noted the plan.</p>	<p>BJ/CC</p> <p>CC</p>
08	<p>Committee Work Plan</p>	



	Item	Action
	The committee noted the work plan.	
09	<p>Any Other Business</p> <p>STW expressed the lack of movement regarding people with learning disabilities and autism and queried the number of institutions within the BNSSG area which are closed and whether a review had been completed particularly regarding patients with learning disabilities and autism. LM noted that there are an unknown number of placements within institutions within our patch with learning disabilities. STW queried whether these institutions are reviewed. BJ noted that individual service users are reviewed through the Transforming Care Programme. AM recommended a paper on the assurance for the process the CCG takes in terms of assuring quality within residential and nursing homes.</p> <p>AM questioned what is being progressed in regards to the Swindon incident and whether the committee need to be sighted on any quality or assurance issues. BJ noted this had been sighted and contact had been made with the Health and Safety Executive. An action plan had been created and further update will be given on assurance or actions whether may be required by BNSSG.</p>	<p>BJ</p> <p>BJ</p>
10	<p>Review of Committee Effectiveness</p> <p>The committee noted the meeting had run on time; each item was appropriately discussed and the right people had attended. The committee agreed item had enough time for discussion. The committee noted admin support had been given. However, AM suggested reviewing and factoring time commitment by presenters for future meetings.</p>	
	<p>Date of next meeting:</p> <p>Thursday, 20th June, 2019 at 09:00 – 12:00 Boardroom Room, Lower Ground Floor, South Plaza</p>	

Aurelius Wright
Executive PA

May 2019

