

## **BNSSG Quality Committee**

Minutes of the meeting held on 19 December 2019 at 13h30, CCG Conference Room, 4<sup>th</sup> Floor, South Plaza

### **Minutes**

<b>Present</b>		
Alison Moon	Independent Registered Nurse (Chair)	AM
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Julie Thallon	Interim Director of Quality	JT
Martin Jones	Medical Director – Commissioning & Primary Care	MJ
Claire Thompson	Deputy Director of Commissioning (Planning & Performance Improvement)	CT
Peter Brindle (part)	Medical Doctor – Clinical Effectiveness	PB
Rosi Shepherd (part)	Interim Associate Director of Quality	RS
<b>Apologies</b>		
Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Nick Kennedy	Independent Secondary Care Doctor	NK
Lisa Manson	Director of Commissioning	LM
<b>In attendance</b>		
Marie Davies	Associate Director of Quality	MD
Bridget James	Associate Director of Quality (Patient Safety)	BJ
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Sarah Carr (for item 5)	Corporate Secretary	SC
Jackie Mathers (for item 7.2)	Head of Children's Safeguarding	JM
Paulette Nuttall (for item 7.3)	Head of Adult Safeguarding	PN
James Bayliss (for item 7.4)	Lead Quality and HCAI Manager	JB
Liz Jonas (for item 7.4)	Interface Pharmacist	LJ
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM

	Item	Action
01	<p><b>Apologies</b></p> <p>Apologies noted as mentioned above. Thanks given to Jeremy Maynard for all his work and support as GP Quality Lead JM has now stepped down from the role.</p>	
02	<p><b>Declarations of interest</b></p> <p>AM is trustee of the board at St Peters Hospice, which is mentioned in the quality report.</p>	
03.1	<p><b>Minutes of previous meeting</b></p> <p>Minutes of the previous meeting were agreed as a true and correct record, subject to the following amendments</p> <p>The need to highlight areas for closed minutes was noted.</p> <p>P1 – Sharon’s title to be added in  P6 – last sentence to say “not increase waiting lists”. Rather than “reduce”  P8 –Paragraph 1; PB’s comments on heart related ED admissions were discussed and whether any action should arise from this?</p> <p><b>ACTION: PB to speak to Lesley Ward (Clinical Lead, Unplanned Care) about carrying out a piece of work to follow up comments on heart-related admissions heard from another system.</b></p> <p>Page 8, Paragraph 3 includes an action for CT to follow up</p> <p><b>ACTION: CT to follow up harm reviews with providers, to confirm if urgent patients are being seen within the indicated timescale, and if harm reviews are being carried out on those patients who are not.</b></p> <p>P9 – typos to be amended  P13 – RES should read “WRES”</p> <p><b>Action: BJ to highlight items for closed minutes only</b></p>	<p>PB</p> <p>CT</p> <p>BJ</p>
03.2	<p><b>Action Log</b></p> <p>The action log was updated.</p> <p><b>ACTION: A report on AWP has been requested for Governing Body in January. JT/BJ to discuss and ascertain why this is going direct to Governing Body and not via QC.</b></p>	<p>BJ/JT</p>

	Item	Action
04	<p><b>Chair's Introduction</b></p> <p>AM asked if there were any areas of concern relating to performance or quality not included on this month's agenda.</p>	
05	<p><b>Risks and Mitigations</b></p> <p><b>05.1 Corporate Risk Register</b></p> <p><b>05.2 Governing Body Assurance Framework (GBAF)</b></p> <p>SC was welcomed to present these two items.</p> <p>A Risk Leads meeting has been established, to include the Risk Lead and Risk Administrator from each directorate, meeting every 2 months. The December meeting discussed overlapping risks across directorates. There was a shared recognition that primary care risks are cross-cutting, and therefore can be found on risk registers from area teams, medicines, primary care commissioning and Quality. It was agreed to focus on Primary Care at the February meeting, to identify risks that are being shared across Primary Care.</p> <p>SC noted that there are two risks added in the last few months concerning Horizon Health Care, and there is a piece of work underway to identify if this is the same risk, or two separate risks. SC wants to give assurance that we are picking up risks, and working on refining where necessary.</p> <p>There will be a Governing Body seminar in the new year to focus on the relationship between the Corporate Risk Register and GBAF, their functions and overlaps, to provide more assurance to Governing Body. This will be led by our new internal auditors, RSM.</p> <p>STW asked about the risks on diversity on the main paper, and if these are likely to have significant impact? She asked if it was possible to use other forms of words to articulate the impact.</p> <p>It was noted that a lot of target dates for completion are behind. SC will follow up with risk leads and ask for target dates to be updated.</p> <p><b>ACTION: SC to ask risk leads to review target dates</b></p> <p>STW asked about the difference between the two P07 risks on GBAF, which have differing risk scores. SC explained that one is the risk of not agreeing the financial plan, and the other is the risk of not being able to deliver the financial plan this year.</p> <p>AM said the wording of the Primary Care risks concerning Horizon was interesting and is the wording correct in CCG terms? SC clarified the risk being discussed was the risk to the CCG and not the risk to the provider and</p>	SC

	Item	Action
	<p>the wording may change to reflect this more accurately</p> <p>Progress was noted against the Corporate Risk Register and the GBAF.</p>	
<p><b>06.1</b></p>	<p><b>Quality Surveillance Group</b></p> <p>It was noted the next meeting is 8 January.</p> <p>NK asked how the Quality Surveillance Group would fit in with Quality Committee.</p> <p>RS and JT have met with Ben Roe, Director of Quality, NHSI/E and the agreement is to work with system Directors of Nursing to set up a system Quality Surveillance Group. They have a further meeting with Ben Roe on 20 January.</p> <p>The purpose of the Quality Surveillance Group is to share early intelligence, and review the surveillance levels of providers, where partners around the table discuss any emerging risks and concerns which can feed the Quality Committee Agenda. Conversations are needed about what is done regarding PCNs. This meeting will be different to the Quality Committee, but it will be important to understand respective responsibilities.</p> <p>RS suggested using part of the January Quality Committee as a formative focus group, and then bring a summative back in February/March.</p> <p><b>ACTION: Quality Surveillance Group Focus Group to be added to the Quality Committee for January, and Summative Report to be added for February.</b></p> <p>It was noted that 2020 is the Year of the Nurse and Midwife.</p>	<p><b>FM</b></p>
<p><b>07.1</b></p>	<p><b>Quality &amp; Performance Report</b></p> <p>CT presented the Performance Slides and invited questions.</p> <p>AM queried the 52ww target and CT confirmed the aim is still to achieve 0 by the end of Quarter 4. AM asked whether this was still achievable, looking at the current figures. CT flagged it is a high risk; assurance has been received that the outsourcing and additional lists will deliver trajectory, however throughout the year various elements have contributed to this not happening. There is a possibility to improve the position, as elective winter funds have been received, which may give the opportunity of more outsourcing. CT noted the system is doing a lot to support providers with long waits. There is a need to revise the SOP regarding patient choice as a more stringent approach is operated than in other health communities. She also noted the need to land the additional independent sector capacity contingent. The trajectory is being recast for Quarter 4.</p>	

Item	Action
<p>MD presented the Quality aspects</p> <p>There were no Never Events in October; however since then, Never Events have occurred in each of the acute trusts. MD noted that the CCG is looking at what contractual levers can be used in response. RS and JT are looking at whether applying a CPN is the best approach, and RS is discussing with system Directors of Nursing. It was noted that one of the four Never Events was unlikely to be attributable to the trust, as it possibly relates to a previous surgery. RS and MJ are meeting with WAHT to discuss cancer MDTs, and to do some joint work with NHSE/I on cancer quality and safety issues.</p> <p>ED pressures and 12 hour trolley breaches at WAHT were discussed. A report template is being looked at to make it easier for the trust and to provide more assurance. RS has agreed with Sarah Dodds, Director of Nursing to visit WAHT to review trolley breaches and the way they are being reported. WAHT currently have the second highest numbers in the country. It has been queried if this could be due to patients being bedded overnight in ED and whether this could be deemed as mixed sex breaches.</p> <p>MD noted a conversation with SWAST about new arrangements with the Joint Commissioning Committee and setting up Quality Assurance Groups. There was a conversation about the CCG SOP when in escalation, which arranges to see patients in the 111 area before going to SWAST, as a way to avoid call stacking. CT said the SOP for holding calls in the 111 service has been agreed regionally by SWAST with commissioners. Integrated urgent care providers are concerned as this is just moving the risk around the system rather than addressing it.</p> <p>RS noted a rise in Grade 2 pressure injuries occurring in the community, although the overall rate is reducing. These appear to be occurring mainly in people with frailty living at home. Carol De Halle is carrying out audit work to explore this and put together some interventions which may involve working with Primary Care and practice nurses.</p> <p>AM asked about assurance from North Bristol Trust, noting that they were in OPEL 4 for much of November and not reporting patient concerns. MD has had discussions with NBT this week. NBT are managing their patient safety concerns and using SHINE metrics consistently. MD has also spoken to them about infection control issues and the rise of patient complaints. AM asked for a sentence to be included to say how we are assured. RS commented that SHINE compliance will be included going forward.</p> <p><b>ACTION: SHINE report to be included in future Quality &amp; Performance Reports</b></p> <p>There has been a mortality alert for acute cerebrovascular disease at NBT. MD confirmed the CCG has seen the report, and NBT will be sharing an updated action plan at January's Quality Sub Group.</p>	



Item	Action
<p>Safeguarding training for the CCG was slow this quarter, but is now up to 84% which is 1% below target for Level 1 training. There is no accurate data for levels 2 or 3, and CSU are being pursued for this.</p> <p>PN confirmed this is the same for adults safeguarding training. An issue has been identified in the allocation of the requirement to undertaken the training to the job title and work is ongoing on this. People have been directed to go on Level 3 training.</p> <p>A multi-agency audit has been undertaken with the ambulance service and Severnside 111, looking at referrals to first response. The aim is to set up quarterly referral processes.</p> <p>SWASFT were impressed with the process, and are recommending this to other local authorities. There is a good understanding from local authority regarding the difference between the interpretations on both sides of what breaches the threshold.</p> <p>The next safeguarding audit will be in midwifery, and following that, GP referrals.</p> <p>New safeguarding arrangements were implemented on 29 September 2019. There has been a difficult journey from implementation to full integration, especially as there are three different independent arrangements across the BNSSG area. The CCG is still waiting for the North Somerset Executive meeting in January to confirm their arrangements. This has been included on the Risk register.</p> <p>MJ expressed concern that these safeguarding arrangements are at different levels.</p> <p><i>PB joined the meeting</i></p> <p>JM said that once RS is in post as Director of Nursing and Quality, we will have stability.</p> <p>JM spoke about interims or arrangements and referrals into social care. We are very much dictated to by the local authorities who make decisions on the back of their own Ofsted inspections, and have interpretations from Monroe looking at a specific local authority perspective. JM has received an email from GP Helen Mutch, who has met with a new service manager in First Response to talk about new ways of working and improved process. These are actively discussed at link GP meetings.</p> <p>STW said that Governing Body would have more assurance from this report if the verbal updates were included in the action plan, to give a sense of feeling that things are moving on.</p> <p><b>ACTION: JM to update the action plan on the Safeguarding Children Quarterly Report.</b></p>	<p style="text-align: right;"><b>JM</b></p>

Item	Action
<p>JM noted that in Q3, two rapid reviews are being undertaken on tragic deaths. These have been notified to NHSE and gone out to providers with a 15 day turnaround. JM is meeting GPs on Friday and Monday.</p> <p>AM said in terms of JTAI, it is helpful to have the description of the process and timeline, and there is a need to see what risks exist. JM said quality assurance has been undertaken in South Glos, however North Somerset have not done this yet, and Bristol are doing their own process.</p> <p>AM asked if risks associated with the new safeguarding arrangements need to be detailed in the report. JM said she will need help with that, as she is not at the Avon &amp; Somerset Strategic Safeguarding Partnership (ASSSP) meetings where that information is available.</p> <p>AM said it would be good to understand the role of the Safeguarding Governance Group who report into Quality Committee, as there is no need to duplicate the group.</p> <p>It was acknowledged that it is JM's last meeting. JM thanked everyone for their help and support. AM thanked JM on behalf of the team, and also personally, for her support over the years, and wished her well for her onward journey.</p>	
<p><b>07.3 Safeguarding Adults Quarterly Report</b></p> <p>PN was welcomed to the meeting to present this report.</p> <p>The MARAC process is being updated in Q2. There is an issue that all three areas are doing different things. South Glos has a virtual MARAC, which the CCG does not have oversight of, as the arrangement has always been with Sirona and the local authority. North Somerset is trying to mirror the same process for South Glos with NSCP taking this up, however due to the changes in community services this may change. Bristol have brought back a paper saying they are going back to the original weekly MARAC meeting which the safeguarding team does not have the capacity to cover. PN has only just received the paper from Bristol, and will be able to update when this report goes to Governing Body.</p> <p>AM asked who makes the decision on what constitutes a MARAC under the new safeguarding arrangements. PN confirmed this is the police service, who have always been lead and funded support to public health. A paper on this is due to come back to Quality Committee in February.</p> <p><b>ACTION: FM to add MARAC arrangements to forward planner for February</b></p> <p>Most actions from the safeguarding audit have been completed. The CCG is almost compliant as an organisation with safeguarding training, as previously</p>	<p><b>FM</b></p>



Item	Action
<p>discussed in section 07.2. The Nursing &amp; Quality directorate has been emailed regarding all training compliance. Where there are directorates that haven't completed safeguarding training, the team is telling the director of that team, who is then chasing compliance in that team. This action is supported by Julia Ross. It was noted that figures in this report are as at 30 November 2019, and there is hope that figures for Quarter 3 will be at 85%.</p> <p>The first meeting in relation to Liberty Protection Safeguards (LPS) has been held, with acute trusts and community providers in attendance. There has been a consultation in regards to the Mental Capacity Act (MCA) and a policy paper will be issued at the end of January. This is being produced collectively with all health bodies and there is a tight deadline for comment. All agencies have been encouraged to place LPS on their risk registers, as their delegated responsibilities will be different. The CCG has identified finance and training as potential risks.</p> <p>There has been an increase in the number of domestic homicides in the work plan. Some of these are ongoing from as far back as 2015, and are held on the list until they are complete and can be closed.</p> <p>Keeping Bristol Safe Partnership (KBSP) has been identified as a red risk. The CCG is attending as many meetings as able to, but no workgroups have been formulated. Old action logs are kept where the CCG is accountable as part of the Care Act. AM said the sentence about the CCG waiting for information sounds passive. PN said that meetings have been cancelled and rearranged.</p> <p>Safeguarding Strategy has been identified as a red risk as it is timely to work on this again for Governing Body.</p> <p>LPS is identified as a red risk as it is unknown.</p> <p>AM praised PN for a high quality paper, and passed on NK's comment that this was well written.</p> <p>AM asked on behalf of NK for more details on the closure of St Christopher's, and if this was something we were aware of in advance. PN said this was managed with Ofsted. Her understanding is that Ofsted has been working with St Christopher's over a period of time. When Ofsted decided it was to close, the CHC had the difficult task of placing people suddenly as we had young adults placed there. This has been flagged as there was an issue with sharing communications to allow an action plan to be put in place.</p> <p>AM asked for confirmation that the Safeguarding Governance Group will be monitoring the action plan, and what will come to Quality Committee is exceptions.</p> <p>PN said that DHRs and SARs are owned by the multi-agency boards. Exceptionally, when they are specific to the CCG, where possible these are disseminated through the ICQPM and the Safeguarding Governance Group.</p>	

Item	Action
	<p>Providers have been invited to present to the Safeguarding Governance Group about a specific action. The robustness of this is an action plan shared multi-agency wide.</p>
<p><b>07.4 HCAI Quarterly Report</b></p>	<p>JB was welcomed to the meeting to present this report.</p> <p>JB noted there is a continuing challenge around MRSA. There has been a duplicate case in this quarter. UHB have been asked to apply for deletion as per national guidance.</p> <p>There have been four cases of continuing or relapsing infection which is unusual, and needs to be looked into in detail. As they are outside the time frame, these counts as CCG cases.</p> <p>NHSE have asked about mortality - nationally there is 27% 30-day mortality; we have found 3 cases.</p> <p>NHSE have agreed to undertake a cohort review. The SOP for this is being signed off in January. Dominic Mellon is carrying out the review, and JB has asked him to include the continuing relapse cases.</p> <p>Work continues with the Design in Public Sector (DiPS) programme. A new grant has been awarded which will allow them to do individual one to one work with users.</p> <p>There has been a significant reduction in spending on drug rehab. As a system we are not using chlorhexidine wipes in needle exchange packs. The current wipes do not protect against MRSA.</p> <p>It was noted that CDiff infections are below the South West average.</p> <p>No real reduction is being seen in E-Coli, but BNSSG are below the South West average.</p> <p>Assurance visits regarding catheter insertion and passports are planned for Quarter 4.</p> <p>JB noted that an update on norovirus had been added to the report due to system challenges.</p> <p>Also an update on TB was also included. Further work is required to understand activity around this.</p> <p>The CCG have received a full RCA on the chimera case, and have asked for further work on this.</p> <p>Progress is being made with staff flu vaccinations.</p>



	Item	Action
	<p>CT provided a verbal update on this report, which includes the Improvement and Assessment Framework and the Single Oversight Framework. CT asked if the Quality Committee would like to receive the same presentation as previously for assurance. As a system there is a wider piece of work to be done on how we develop mutual assurance.</p> <p><b>ACTION: CT to confirm with FM how this should appear on forward planner.</b></p>	<p><b>CT</b></p>
<p><b>07.6</b></p>	<p><b>LeDeR Quarterly Report</b></p> <p>BJ presented the assurance report from the LeDeR Steering Group which presented an overview of Quarters 1 &amp; 2.</p> <p>BJ highlighted that BNSSG are drafting a MAR policy to support staff when preparing and undertaking a MAR. The aim of the policy is to enhance the national guidance. She also highlighted the work to implement learning into action, taking themes from cases reviewed this year.</p> <p>BJ was thanked for her report, which shows good progress and the robust governance in place. AM mentioned that Nikki Powell from NHSE has commended BNSSG on their contribution regionally and progress in this area. BJ, Kat Tucker and Jenny Thompson were praised for their work on LeDeR.</p> <p>It was noted that full attendance has not been established from all partners.</p> <p>AM noted that it was good to have the STP lead Zandrea in attendance at this morning's LeDeR steering group meeting. She stressed the importance of having everyone around the table in these meetings, and suggested the use of escalation.</p> <p><b>ACTION: BJ to escalate attendance at LeDeR Steering Group.</b></p> <p>Some amendments were suggested before this report goes to Governing Body, as follows:</p> <ul style="list-style-type: none"> <li>• Data to support improvement needs to be more explicit</li> <li>• Risks need to be set out more clearly</li> </ul> <p>AM said the issue is getting a consistent senior representative to attend the Steering Group who can go back and change practice. Representatives are in place from AWP and NBT, but still needed from UHB, Weston and Sirona on a consistent basis.</p> <p>AM said it was good to see the Grading of Care table. Julia Ross had previously asked about assurance of grading accuracy and this provides assurance. BJ noted that Jenny Thompson with the support of the two dedicated reviewers has set up criteria for the grading tool. The Clinical Case Review Panels have GP attendance, which is an enhancement of the national process, and has helped create guidelines for reviewers.</p>	<p><b>BJ</b></p>

	<b>Item</b>	<b>Action</b>
	<p>The committee agreed to commend this paper for Governing Body, with some more information included on what is being done for assurance.</p> <p>Praise was given to BJ, Jenny Thompson and Kat Tucker for their work on LeDeR.</p>	
<b>09.1</b>	<p><b>Safeguarding Governance Group Minutes</b></p> <p>Minutes noted. It was confirmed these were validated at the 22 November meeting. MD noted the quality issue of these minutes was picked up at the 22 November meeting.</p>	
<b>09.2</b>	<p><b>Pressure Injury Programme Board Minutes</b></p> <p>Minutes noted.</p>	
<b>09.3</b>	<p><b>Pressure Injury Conference Feedback</b></p> <p>RS said there has been good feedback from this conference. There were 120 attendees, a great patient story, and an energetic buzz in the room.</p> <p>RS noted there has been an impressive reduction in figures. There has been a slip in community acquired pressure injuries, and audit investigation work is ongoing.</p> <p>Carol De Halle was praised for her work on Pressure Injuries across the system.</p>	
<b>10</b>	<p><b>AOB</b></p> <p>AM asked if there were any new risks added today.</p> <p>AM congratulated RS on her appointment as Director of Nursing and Quality. This is fantastic news for the CCG.</p> <p>AM thanked all members of the committee for their engagement, commitment and presence over the last year.</p>	
<b>11</b>	<p><b>Committee Forward Planner</b></p> <p>This will be reviewed in the Agenda setting meeting on 6 January.</p>	
<b>11</b>	<p><b>Review of Committee Effectiveness</b></p>	

Item	Action
<ul style="list-style-type: none"> <li>• Did the meeting run to time YES</li> <li>• Did the right people attend</li> <li>• Were action items assigned where appropriate to the right people</li> <li>• Were all items given sufficient time to discuss</li> <li>• Were all members able to contribute</li> <li>• Has the meetings business contributed to the organisation's aims and objectives in terms of: <ul style="list-style-type: none"> <li>○ Strategy</li> <li>○ Planning</li> <li>○ Governance</li> </ul> </li> <li>• Were any of the items inappropriate for this committee</li> <li>• Did the meeting receive the administrative support that it needed</li> </ul>	
<p><b>Date of next meeting:</b></p> <p>Thursday 23 January 1400-1700 Board Room, Lower Ground Floor, South Plaza</p>	

**Freda Morgan**  
**Executive PA**  
**29 November 2019**