

Quality Committee – Open

Minutes of the meeting held on 25th April, at 14:00 – 17:00, 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	PB
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
In attendance		
Bridget James	Associate Director Quality (Patient Safety)	BJ
Aurelius Wright	Executive PA	AW
Cecily Cook	Deputy Director of Nursing and Quality	CC
Jane Bryant	Independent Consultant (Staffing Review)	JBT
Aaron Barnes	Business Administrator	AB
Sarah Carr	Corporate Secretary (Agenda items 4.1, 4.2 and 7.6)	SC
Jo Kapp	Associate Director Quality – Continuing Healthcare (Agenda item 6.2)	JK
Julia Chappell	Senior Contract Manager MH & LD (Agenda item 7.1)	JC
Claire Thompson	Deputy Director of Commissioning (Planning & Performance improvement)	CT
Dr Joanne Hartland	Head of Research and Evidence (Agenda item 7.4)	JH
Apologies		
Lisa Manson	Director of Commissioning (All items except 3.1)	LM
Marie Davies	Associate Director Quality (Patient Experience)	MD
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 then introduced themselves as there were new attendees present.</p> <p>Apologies are noted above.</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 5, action 21.02.19 Item 6.1 (6) initials were amended to reflect from JM to JB. Section 4.3 Acute Risk Register was condensed. Date of next meeting was also corrected. Minutes were approved as an accurate record of the meeting with the above amendments.</p> <p>3.2 Action Log</p> <p>18.12.18 Item 6.6 (1) – Niema Burns (NB) informed the committee there isn't currently a system to capture the demographic information of perspective candidates outside of NHS jobs process. This will need to be discussed further to ascertain a best way forward since there isn't currently a uniformity of process. Equality & Diversity annual report (due May 2019) is an opportunity to frame the conversation around this going forward. Action closed.</p> <p>24.01.19 Item 7.2 (1) – Cecily Cook (CC) to present Patient Related Outcome Measures (PROMs) Annual Report update to the Committee in July 2019 with further information of how data will be used in absence of Marie Davies. Action remained open.</p> <p>24.01.19 Item 7.4 (1) – Updates were made in the Quality and Performance Report for April 2019 committee meeting. Action: Closed.</p> <p>24.01.19 Item 7.5 (3) – This item was listed on April 2019's agenda, however, data not yet published. A verbal update was</p>	CC



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	<p>provided with a copy of BNSSG CCG Diabetes dashboard. Action deemed closed.</p> <p>24.01.19 Item 7.6 (1) – Bridget James (BJ) noted the action will be picked up in Marie Davies absence. EIA/QIA Panel is scheduled for 24th May; the committee agreed to defer item to the June 2019 agenda. Action remained open.</p> <p>24.01.19 Item 7.7 (1) – The CCG's view of a single Executive Board and process on the new Safeguarding Arrangements for Safeguarding Children was listed on the agenda for April's meeting. Action: Closed.</p> <p>24.01.19 Item 7.9 (1) – Cecily Cook (CC) informed the Committee that the E.coli audit is being undertaken by providers, and a report will be presented to the Committee in May 2019. Action remained open.</p> <p>24.01.19 Item 7.9 (2) – The next HCAI group is to be held in May. The catheter passport is a handheld document that the patient takes to each appointment / encounter with a health professional. The booklet can be placed in EMIS for information for GPs but not as a working document. Action deemed closed.</p> <p>21.02.19 Item 4.3 (1) – The risks for community providers will be reviewed at the contract meetings in April to clarify risk scoring and query commonalities across providers. The quarterly risk paper will be updated accordingly. Action: Closed.</p> <p>21.02.19 Item 5.1 (2) – Jeremy Maynard (JM) noted Care Home LES data and information will be discussed at the Care Home Quality Meeting on a monthly basis and fed into any other quality concerns. JM also noted further ongoing discussion with David Moss, Head of Contracts (Primary Care). Action: Closed.</p> <p>21.02.19 Item 5.1 (3) – Organogram provided as matters arising. Action: Closed.</p> <p>21.02.19 Item 7.2 (1) – CC informed the committee South Gloucestershire had gone live for CP-IS. Action deemed closed.</p> <p>21.02.19 Item 7.2 (3) – CC noted written update to be deferred to May 2019 meeting due to not getting data in time. Action remained open.</p> <p>21.02.19 Item 7.8 (1) – Issue related to a concern regarding transport of non-mobile babies arising from a serious incident last</p>	<p>BJ</p> <p>CC</p> <p>CC</p>



	Item	Action
	<p>year. SWAST has put in place a policy for non-mobile babies. Item has been addressed and closed. Action: Closed.</p> <p>21.03.19 Item 4.1 (1) – The Assurance paper on 52 week wait by Helena Fuller was listed on the agenda. Action deemed closed.</p> <p>21.03.19 Item 4.1 (2) – Discussed with Corporate Manager who confirmed all risks were included on the register, but possibly uploading issues to the Board Pack had resulted in some risks not being included. Attendance from the corporate team has been requested but is hampered by current capacity. This will improve in the future with the appointment of the Head of Corporate Operations. Action: Closed.</p> <p>21.03.19 Item 4.3 (1) – CC noted item had been added to Weston Area Health Trust’s risk register due to the lack of named safeguarding doctor however the risk register included the appointment of a locum which had reduced the risk. Action deemed closed.</p> <p>21.03.19 Item 4.3 (2) – CC noted no quality sub group had taken place. Follow up to be given in May. Action remained open.</p> <p>21.03.19 Item 5.1 (2) – MD had shared the presentation given by the Healthcare Safety Investigation Bureau into Maternity Incidents. Action: Closed.</p> <p>21.03.19 Item 5.1 (3) – CC noted the next meeting with partners was 26th April. Initial work regarding prototyping is being conducted; further update to be given in May 2019. Action: Open.</p> <p>21.03.19 Item 6.1 (1) – Claire Thompson (CT) informed the committee that the group will be meeting 25th April and will focus on shared capacity across the 3 providers in regards to the remit of the BNSSG focus group in relation to planned care diagnostics. Action deemed closed.</p> <p>21.03.19 Item 6.1 (2) – CC noted a detailed report on Henderson Ward and Skylark will be presented to the committee in May 2019 and then Governing Body in June 2019. Action: Closed.</p> <p>21.03.19 Item 6.1 (3) – Updated position presented in the Quality and Performance Report on agenda. Paper scheduled in May 2019 to present actions taken to address outstanding SIs. Action deemed closed.</p> <p>21.03.19 Item 6.1 (4) – Update presented in the Quality and Performance Report on agenda. Action: Closed.</p>	<p>CC</p> <p>CC</p>



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	<p>21.03.19 Item 6.2 (1) – C.diff objectives have been set based on total number of cases assigned to the CCG in 2018/19 which saw an overall reduction nationally. Action deemed closed.</p> <p>21.03.19 Item 6.2 (2) – Narrative will be added to quarterly HCAI reports which will identify discrepancy in reporting numbers. Quality & Performance report will note the date the data is taken from the system. Action: Closed.</p> <p>21.03.19 Item 6.2 (3) – CC noted Quarter 1 report will be presented in August 2019 and will include actions for the 53% non-drug user population. Action: Closed.</p> <p>21.03.19 Item 6.2 (4) – CC noted HCAI raised as a risk on South Glos HPC risk register. Consultant in Public Health member BNSSG HCAI group and working together as part of system to address MRSA. CC meeting with David Jarrett to discuss locality issues and support. CC to further follow up. Action remained open.</p> <p>21.03.19 Item 6.2 (5) – All thresholds will be updated within the report regarding the April data onwards. Action: Closed.</p> <p>21.03.19 Item 7.1 (1) – Janet Baptiste-Grant (JBG) will ask the customer services team to cross reference complaints and feedback received by NHS Choices and care options websites for quarter 4 report. Action: Open.</p> <p>21.03.19 Item 7.1 (2) – AM noted additional questions and comments made by Sarah Talbot-Williams regarding 7.1, Patient Experience Q3 Report were emailed to Marie Davies. Action: Closed.</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 remained open.</p> <p>21.03.19 Item 7.5 (1) – ToR for the Peer Reviewer group has been drafted and will be taken to the Steering Group in April for approval. Action: Closed.</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>JBG</p> <p>JT/PB</p> <p>CC</p>

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	<p>21.03.19 Item 10 (1) – AM informed the committee that she had met with JBG to discuss the agenda for April 2019 committee meeting. Action: Closed.</p> <p>Matters Arising</p> <p>3.3 Care Home Organogram</p> <p>This item was presented by BJ</p> <p>AM queried whether a highlight report would be the best way to receive assurance from the Care Home Quality Group meetings. Committee members agreed quarterly highlight reports would suffice.</p> <p>Sarah Talbot-Williams questioned whether patient feedback would be incorporated into the structure. BJ noted resident feedback would not be included. However, a follow up with the Continuing Healthcare (CHC) Team to query whether this is completed during the visit for CHC funded patients.</p> <p>AM questioned the route in which the Local Enhanced Services (LES) quality output would come through based on the organogram. Jeremy Maynard (JM) noted this was not decided and would be clarified.</p> <p>3.4 Updated Complaints Policy</p> <p>AM informed the committee that the updated Complaints Policy was brought forward to the May's agenda of Governing Body. The policy will be emailed to members of the Quality Committee, changes highlighted in yellow. Members are asked to comment and give approval by Monday, 29th April, 2019.</p>	<p>BJ</p> <p>JM</p> <p>ALL</p>
04	<p>Risk and Mitigations</p> <p>4.1 Corporate Risk Register (CRR)</p> <p>This item was presented by Sarah Carr (SC).</p> <p>SC highlighted no new risks being added to the CRR due to the closure of 18/19 register. However, new risks will be added for the new financial year.</p> <p>AM questioned whether this version of the CRR will be presented at the May 2019 meeting of Governing Body in reference to the update under risk PO7, aspiration of delivering initial draft paper</p>	<p>CT</p>



	Item	Action
	<p>regarding commissioning opportunities by end of March. CT noted a follow up will be completed.</p> <p>SC noted the CRR and GBAF are presented to Governing Body quarterly.</p> <p>The committee noted the Corporate Risk Register.</p> <p>4.2 Governing Body Assurance Framework (GBAF)</p> <p>This item was presented by SC.</p> <p>SC noted ongoing work with Governing Body members to revise the 18/19 GBAF, which will see some changes in priority for 19/20.</p> <p>The Committee noted the Governing Body Assurance Framework.</p> <p>4.3 Mental Health Risk Register</p> <p>BJ presented this item.</p> <p>AM queried whether assurance was given that AWP have good systems in place to assess their corporate risks. BJ assured the committee that Avon & Wiltshire Mental Health Partnership Trust's (AWP) Director of Nursing has made several changes to the risk review process and work is ongoing to mitigate high risk scores.</p> <p>The Committee noted the Mental Health Risk Register.</p>	
05	<p>Regulatory Updates</p> <p>5.1 Quality Surveillance Group (QSG)</p> <p>BJ noted there had not been a meeting. However, a meeting was scheduled for Wednesday, 1st May, and an update will be given at May's Quality Committee.</p> <p>5.1 Update on Weston Area Health Trust (WAHT) IT Incident</p> <p>CT presented this item.</p> <p>CT informed the committee that a formal report had not been received. However, an internal review conducted by the Emergency Preparedness, Resilience and Response (EPRR)</p>	



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	<p>Manager will be a part of the EPRR assurance with WAHT. CT noted formal report and learning will be conducted through the formal annual process. AM questioned whether there were any other concerns in regards to the incident. CT noted there were no other concerns regarding the incident.</p>	
06	<p>Items for Approval</p> <p>6.1 Quality & Performance Report</p> <p>CT presented the Performance section of the Performance & Quality Report.</p> <p>CT informed the committee that next month will be the launch of the Integrated Urgent Care Services thus changing the 111 data presented in the report, and changes to South Western Ambulance Services Trust (SWAST) performance management. CT highlighted the decline in 4 hours performance in February but, better than the national average. CT informed the committee that the position in March will be slightly better than February but, remains difficult due to a rise in activity. Planned admissions had increased, and 62 day referral to treatment time for cancer patients continued to worsen and will likely remain below trajectory.</p> <p>Nick Kennedy (NK) queried what was being progressed in regards to urodynamic. Peter Brindle (PB) noted ongoing work to scope the current demand. AM questioned whether there are other issues surrounding urology and whether the joint action plan will address these issues. CT affirmed the joint action plan will address the issues regarding urology. CT noted fast track pathway which was introduced at North Bristol Trust (NBT). PB informed the group that assurance is given by NBT regarding steps taken to address urology issues.</p> <p>AM queried whether concerns were raised in regards to the overall decline of A&E 4 hours performance from May 2018 to March 2019. CT noted the trajectory is the expected seasonal trajectory. However, concerns have been raised for March and April's 4 hours' activity. CT noted shadow monitoring is not completed for all clinical review standards. AM questioned whether the new standards being shadowed can be presented to</p>	CT



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	<p>the Committee. CT noted this can be presented to the Committee from April's data.</p> <p>CC presented the Quality section of the Performance & Quality Report</p> <p>CC highlighted the decrease in performance for the ED safety metrics and that assurances had been requested. She also noted the Never Event Summit held on 8th April and the development of an action plan following this event. CC also noted the issues relating to the Child and Adolescent Mental Health Services (CAHMS) at WHAT and that the Trust has confirmed actions are in place to mitigate the level of risk. AM commended the discussion and the action items which came out of the Never Event Summit. AM recommended a written update on the actions and perspective work being undertaken.</p> <p>NK queried what is being progressed in regards to the number of open SIs. CC noted assurances are still outstanding for a number of the SIs, whilst others are awaiting closure. CC noted a new tracker for the new financial year has begun. However, the Committee will be presented with a written paper in regards to the current position of the backlogs of SIs.</p> <p>NK queried contract responsibility of 111 services. CT noted the contract is held by BrisDoc operating as Severnside Integrated Urgent Care, sub-contracted to Care UK.</p> <p>NK questioned whether an update regarding the Adult Autism and Bristol Attention deficit hyperactivity disorder (ADHD) Services Wait list was available. BJ noted further clarification will be given in subsequent meeting.</p> <p>NK queried whether an update in regards to E.coli targets not being achieved was available. CC noted there were no additional updates presently. However, retrospective reviews had been requested, and Healthcare Acquired Infections (HCAI) Group meeting will be held in May which by then further updates can be given in the quarterly report.</p> <p>The Committee thanked the author and noted the Quality and Performance Report.</p>	<p>CC</p> <p>CC</p> <p>BJ</p>



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	<p>6.2 Commissioning Policy for Audit Continuing Healthcare</p> <p>Jo Kapp (JK) presented this item.</p> <p>AM queried the wording for the rationale for revising the policy, which noted the previous policy was challenged by the European Human Rights Council. AM questioned the statement. JK noted that the previous policy was challenged by the council, who are now awaiting the revised version. AM questioned whether assurance is noted by the revised version. JK affirmed and assured the committee that the new policy is based on a similar policy approved by Bevan Brittan.</p> <p>NK questioned what percentage of patients challenge funding decisions. JK noted there are daily challenges; however, the revised policy has not been applied, making it difficult to say.</p> <p>The Committee thanked JK and recommended the Commissioning Policy for Audit Continuing Healthcare for approval by the Governing Body.</p>	
07	<p>Items for Discussion</p> <p>7.1 Child and Adolescent Mental Health Service (CAMHS) Assurance report for Safeguarding Children’s Boards (SCB)</p> <p>Julia Chappell (JC) presented this item.</p> <p>JC highlighted current challenges to CAMHS which included, but was not limited to the lack of a single data system and ability to report outcomes, access to treatment, and waits for routine treatment, and responding to urgent referrals. JC noted the mitigations do not comprehensively resolve issues with the service, particularly waits and management of urgent cases. However, improvements were noted. JC noted the restructure of the CCG changed the way in which CAMHSs are contract managed which adds to issues faced by contract managers.</p> <p>AM queried the accuracy which noted AWP had reported that performance in Bristol and South Gloucestershire is in line with, and slightly above the national average for performance for the percentage of young people in treatment. This reflects the challenging nature of this target nationally. JC noted this and said</p>	<p>JC / BJ</p>



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	<p>it will be picked up with AWP at the next contract performance meeting.</p> <p>BJ noted percentages for North Somerset were absent from the report and queried when figures would be available. JC noted there are ongoing discussions between Weston Management and the CCG; however, no date had been given.</p> <p>The committee noted the CAMHS Briefing for SCB.</p> <p>7.2 Quality Incentives Update Quarter 3 2018/19 - Performance for Commissioning for Quality and Innovation (CQUINs) and Quality Premium</p> <p>BJ presented this item.</p> <p>AM recommended Q4 and year-end report, and a briefing paper for 2019/20 to include national indicators and plans for CQUIN to be brought to the committee in June 2019.</p> <p>The Committee noted CQUINS and Quality Premium for Quarter 3 report.</p> <p>7.3 National Diabetes Audit (BNSSG Diabetes Dashboard)</p> <p>Jeremy Maynard (JM) presented this item.</p> <p>JM informed the committee that new data from the core audit by Diabetes U.K. had not been published, hence there were no additional updates published for 18/19. However, performance was noted to be satisfactory from the last set of data published. JM noted below average performance when compared to similar organisations based on the South West region's Transformation Dashboard.</p> <p>AM queried whether this was on the work plan of the Diabetes Programme Board. CT noted that this was not certain; however, there are elements of the targets in the Improvement Assurance Framework (IAF).</p> <p>AM suggested a followed up with Martin Jones, Medical Director (Primary Care and Commissioning), in regards to performance and assurances for diabetes.</p> <p>The committee noted the National Diabetes Audit (BNSSG Diabetes Dashboard).</p>	<p>JC/LM</p> <p>BJ</p> <p>AM</p>



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	<p>7.4 Research & Evidence</p> <p>Jo Hartland (JH) presented this item.</p> <p>JH highlighted the 4 work streams which includes knowledge mobilisation, research management, evaluation, and evidence. JH noted BNSSG CCG is seen as the most successful research and evidence team in primary care in England. JH highlighted issues in regards to recruitment of studies in primary care. However, noted improvements can be made by working with colleagues in the clinical research network.</p> <p>AM queried whether a change in the Primary Care Dashboard for the research in primary care can be made. JH noted baselines used are a contributing factor. AM questioned whether there were any risks or concerns. JH noted a great demand had been created for the service, and the ability to meet the demand may be a cause for concern.</p> <p>The Committee commended the work of the Research and Evidence Team and noted the paper.</p> <p>7.5 Review of Committee Effectiveness</p> <p>CC highlighted three areas for action which includes meeting management, decision making, and feedback from the Governing Body. CC noted the importance of feedback to members who do not attend Governing Body particularly regarding papers approved by the committee. AM concurred and noted that each Quality Committee item which went on to Governing Body had a sponsoring Executive who can then provide feedback.</p> <p>STW noted the improvement and commended the presenters adhering to the time constraint compared to prior meetings. However, noted more focus is needed by presenters in regards to the articulation and impact of data when presenting papers to the committee.</p> <p>AM expressed concerns in regards to the time restraint for the Quality Committee meetings. Jane Bryant (JBT) queried whether there was a backlog of items to be discussed. AM noted items had been deferred. However, ongoing work with the Director of Nursing & Quality to review the Committee's Work Plan is in progress.</p> <p>The committee noted the Review of Committee Effectiveness.</p>	



	Item	Action
	<p>7.6 Review of Terms of Reference</p> <p>SC questioned whether there was an overlap between papers discussed at Quality Committee and Commissioning Executive Committee. AM noted there are some papers which require sight and evaluation by both committee. JM agreed that there was some duplication but, there is clarity. AM recommended emailing a copy of the Quality Committee agenda to Clinical Leads of Commissioning Executive Committee.</p> <p>AM noted the quorum of the committee and queried whether nominated deputies would suffice in instances when Executive Directors are unable to attend. BJ queried whether the Terms of Reference should describe the open and closed session. SC noted the Quality Committee is a closed committee. The minutes are received by Governing Body open session. However, minutes can be split between open and closed.</p> <p>STW questioned whether the addition of subject matters covered by the committee, especially Health Inequalities be listed as an agenda in the Terms of Reference. SC queried whether the item rests with Commissioning Executive Committee. AM agreed and suggested cover papers coming to Quality Committee make reference to this</p> <p>SC to make changes to the ToR and circulate to members of the committee.</p> <p>7.7 52 Week Briefing Paper</p> <p>CT presented this item.</p> <p>NK questioned whether assurance was given that 52 week waits will decrease significantly in April as predicted. CT acknowledged that this will not be accomplished particularly due to capacity access. NK queried whether additional consultants' appointments would be the most appropriate way of decreasing the wait time and list. CT noted the system agreed to three priorities for 19/20; urgent care, finance, and workforce which are focal points for addressing short term issues within the system.</p> <p>AM queried whether no breaches will be achieved by NBT and University Hospitals Bristol (UHB) NHS Foundation Trust by September and October respectively. CT noted the system agreed to have no breaches by month 6.</p>	<p>AW</p> <p>SC</p>



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	<p>AM questioned whether consideration had been given to the clinical validation process of harm reviews conducted. CT assured the committee the process was excellent and had been completed.</p> <p>The Committee noted the 52 Week Briefing Paper.</p>	
08	<p>Items for Information Only</p> <p>8.1 Healthcare Acquired Infection Group</p> <p>The committee noted the Healthcare Acquired Infection Group minutes.</p> <p>82 Pressure Injury Programme Board</p> <p>The committee noted the Pressure Injury Programme Board minutes.</p>	
09	<p>Committee Work Plan</p> <p>The committee noted the work plan.</p>	
10	<p>Any Other Business</p> <p>No other business was raised.</p>	
11	<p>Review of Committee Effectiveness</p> <p>The committee noted significant improvement in presentation by authors and the depth coverage that was offered by members present.</p>	
	<p>Date of next meeting:</p> <p>Thursday, 23rd May, 2019 at 09:00 – 12:30 Conference Room, 4th Floor, South Plaza</p>	

Aurelius Wright
Executive PA

April 2019

