

Quality Committee

Minutes of the meeting held on 18th December, 2018 at 09:00 – 12:00, at South Plaza, Marlborough Street, Bristol BS1 3NX

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality	AMor
Dr Peter Brindle	Medical Director – Clinical Effectiveness (Agenda items 3.2, 4.1, 5.1 and 6.3)	PB
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Dr Martin Jones	Medical Director (Primary Care and Commissioning) (Agenda items 6.4; 6.5; 6.10, 6.11, 7.1, 7.2, 7.3, 8.1, 8.2 and Section 9, 10 and 11)	MJ
In attendance		
Bridget James	Associate Director Quality (Patient Safety)	BJ
Debbie Campbell	Head of Medicines Management	DC
Aurelius Wright	Executive PA	AW
Kat Tucker	Quality Support Manager	KT
Jacci Yuill	Lead Quality Manager	JY
Sarah Carr	Corporate Secretary (Agenda items 6.5, 6.7, 6.10, 6.11, 7.1, 7.2, and 7.3)	SC
Claire Thompson	Deputy Director of Commissioning (Contracting & Procurement) (Agenda items 3.2, 5.1 and 6.7)	CT
Emma Gara	Head of Business Intelligence – Contracts & Commissioning (Agenda item 6.5)	EM
Paulette Nuttall	Head of Adult Safeguarding (Agenda Item 6.9)	PN
Julie Henderson	Designated Nurse for Looked After Children (Agenda item 6.3)	JH
Niema Burns	Inclusion Coordinator (Agenda item 6.6)	NB
Apologies		
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Marie Davies	Associate Director Quality (Patient Experience)	MD
Lisa Manson	Director of Commissioning	LM
Cecily Cook	Deputy Director Nursing and Quality	CC

	Item	Action
01	<p>Welcome and Apologies</p> <p>Alison Moon (AMoo) 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 18th December, 2018</p> <p>Corrections were cited for the minutes of the meeting held on 22nd November, 2018, and minutes were approved as an accurate record of the meeting.</p> <p>3.2 Action Log</p> <p>21.06.18 Item 4.5.1 – Alison Moon (AMoo) recommended Bridget James (BJ) to ask Cecily Cook (CC) to report back to the committee the date of the next SARs sub group meeting. Item remained open.</p> <p>26.07.18 Item 3.2 National Diabetes Audit analysis to be presented to the committee. Action remained open.</p> <p>23.08.18 Item 5.1 – The issues of the ADHD waiting list was discussed at the AWP Quality Sub Group and verbal assurances were received from AWP Director of Nursing. A meeting was planned with the CCG, NHS England, NHS Improvement and the Trust where the issue would be raised further. Action remained open.</p> <p>23.08.18 Item 5.3 – Joint updated SCR and DHR paper has been deferred to January committee meeting due to additional information that has not been verified. Action remained open.</p> <p>22.11.18 Item 5.1 – AMor noted that actions are being taken and ongoing monitoring will continue by the Quality Leads. AMor recommended presenting a report to the open session of Governing Body’s February 2019 session.</p>	<p>CC/BJ</p> <p>JM</p> <p>BJ</p> <p>CC</p> <p>MD</p>



	Item	Action
	<p>22.11.18 Item 5.3 DC noted antibiotic usage will be brought back into the HCAI Report as was done previously.</p> <p>22.11.18 Item 5.3 A deep dive report in regards to E.coli which will include all providers, to be presented to the committee in February 2019.</p> <p>22.11.18 Item 3.2 An assurance report which will include all the commissioned services and their position on opioid prescribing to come to the Committee in February 2019. Paper to be authored by DC with the help of James Bayliss (JB), sponsored by Peter Brindle (PB). Action remained open.</p> <p>22.11.18 Item 6.6 The committee queried the date Looked After Children Annual Report will be presented to the Committee. BJ agreed to speak to CC regarding the report.</p> <p>22.11.18 Item 6.6 – BNSSG Safeguarding Annual Report to come to the Quality Committee in January 2019.</p>	<p>DC/CC</p> <p>JB/CC</p> <p>DC/JB PB/CC</p> <p>CC/BJ</p> <p>CC</p>
04	<p>Regulatory Updates</p> <p>4.1 Quality Surveillance Group Anne Morris (AMor) presented this item.</p> <p>AMor reported that the last Quality Safeguarding Group (QSG) was a single agenda item meeting focused on resources and call-stacking at SWASFT. It was also noted that the risk associated to call-stocking was listed as 25 on SWASFT's Risk Register, which is a concern for regulators and commissioners. AMor also noted SWAST had been using a different risk matrix which gave them the rating of 25, whereas all others scored the risk lower.</p> <p>AMor noted that risk mitigations have been put in place and a vast amount of work has been completed in regards to recruitment, sickness absences, and rota management.</p> <p>AMor highlighted the issues of ambulance services being unable to re-categorise calls by 111. AMoo queried if this was national practice, to which AMor affirmed.</p> <p>Claire Thompson (CT) noted a task and finish group was held around the 111 aspect, and 100% validation of category three (3) and four (4) calls was being pursued.</p>	



	Item	Action
	<p>CT highlighted that 50% of calls are downgraded or closed when the re-triage process is completed by a General Practitioner (GP).</p> <p>Nick Kennedy (NK) queried whether this is a national issue and questioned what can be done locally to reduce the risk faced by ambulance services. CT noted that is a national issue; however, in variant degree.</p> <p>It was noted that whilst this was a serious issue, there has been no associated deaths and no significant increase in the numbers of Serious Incidents (SIs) suggesting that the mitigations in place were working.</p> <p>AMoo queried whether a deep dive is necessary on SWAST for future meeting. It was agreed that this would be provided to the committee and AMoo suggested CT and CC meet to discuss this further.</p> <p>The Committee noted the verbal update.</p>	CT/CC
05	<p>Quality & Performance Report</p> <p>5.1 Quality and Performance Report</p> <p>CT presented the Performance section of this report.</p> <p>CT highlighted an increase in overall performance for 4 hour waits in October which is better than the national average. However, a dip in performances across the board is noted for November.</p> <p>CT noted that concern is raised in regards to the over 52 week wait for MSK complex knees at North Bristol Trust (NBT). A revised Remedial Action Plan (RAP) and trajectory is in place which includes support from the national Intensive Support Team.</p> <p>NK questioned what precedent has been set in regards to dealing with physicians with national referrals and long waiting list, as this was noted to be an issue with this waiting list. Oversight of this issue would be held at the planned care oversight board.</p> <p>CT also highlighted 62 day referral to treatment time for cancer patients deteriorated in September. It was noted that performance deteriorated at all three trusts although UHB</p>	



	Item	Action
	<p>continued to achieve the 85% national standard and their monthly trajectory.</p> <p>CT noted that a contract performance notice is being issued to NBT in regards to urology performance. NK questioned whether this was driven by increased cancer reporting, which CT confirmed.</p> <p>AMor presented the Quality section of this Report.</p> <p>AMor noted that the Never Event highlighted last month continued to be investigated.</p> <p>AMor highlighted the internal critical incidents experienced by Weston General Hospital following the failure of its IT systems due to the server room overheating. AMor also noted no harm to patient or staff was reported, and work continued in paper format.</p> <p>DC noted the national plan to move from paper prescribing to electronic by April 2020 and queried whether contingency planning is taking place in the event this incident reoccurs. DC noted the impact this will have on all providers serving patients on the ward, discharges and other clinical services. CT to follow up with BNSSG's Emergency Preparedness Resilience & Response (EPRR) manager.</p> <p>AMor noted Cossham Hospital temporary closure to women in labour remains in place. She also noted a recruitment programme for Midwives has commenced, and monitoring continues through the monthly quality sub group.</p> <p>AMor highlighted the ongoing work in Weston regarding Pressure Injuries. It was noted that a significant number of pressure injuries were diagnosed on admission to hospital and a peer review visit had been undertaken, the outcome of this would be reported next month.</p> <p>AMor also highlighted the Stranded Patient work with NBT, and the reduction of stranded patients of over 50 days, and the discharged of two (2) long stay patients.</p> <p>Sarah Talbot-Williams (STW) questioned whether the CCG had seen the outcome of the review and received assurance regarding the internal critical incident following UHB Oncology fire. AMor noted the review had been seen and was received by the SI Panel. AMoo queried whether the review should be brought to the committee. AMor confirmed executive level assurance was given that mitigation measurements were put in</p>	<p style="text-align: center;">CT</p> <p style="text-align: center;">CC</p>



	Item	Action
	<p>place. CT confirmed that this had also been reviewed by the Avon and Somerset EPRR manager.</p> <p>AMoo questioned what is being done in regards to UHB recording a significantly higher number of E.coli cases than the national average. AMor noted that discussions are being held with UHB and work is commencing to address the challenge using a whole system approach. AMoo recommended an update on the Catheter Passport to be provided to the Committee.</p> <p>AMoo questioned what assurances were given by acute trusts regarding safer staffing levels. AMor noted this is received on a quarterly basis at the Quality Sub Groups. AMor recommended an assurance document on safer staffing level which will include all providers; this would be provided at the end of Q4 2018/19.</p> <p>AMor recommended adding Primary Care Flu Vaccination uptake to the agenda of the NHS England Assurance meeting this related to a Public Health England process.</p> <p>The Committee thanked CT and AMor, and noted the Quality & Performance Report</p>	<p style="text-align: center;">CC</p> <p style="text-align: center;">CC/MD</p> <p style="text-align: center;">CT</p>
06	<p>Items for Discussion</p> <p>6.1 Quality Incentives (CQUINS, QPs)</p> <p>This item was deferred to the 24th January, 2019 meeting of the Quality Committee.</p> <p>6.2 PROMS Annual Report</p> <p>This item was deferred to the 24th January, 2019 meeting of the Quality Committee.</p> <p>6.3 Looked After Children Q2 Report</p> <p>This item was presented by Julie Henderson (JH)</p> <p>JH advised there had been no improvement in performance in quarter 2, but that improvement is expected in quarter three. She noted that there had been marginal increase in capacity achieved within Sirona at the end of quarter two.</p> <p>JH highlighted the lapse in data provided by Sirona was due to the method of collection as they do not have an electronic patient record system. This issue has been escalated within the CCG.</p>	



	Item	Action
	<p>JH also noted that as yet funding for LAC service or paediatrician has not yet been agreed.</p> <p>JH highlighted a pilot started in the North Locality of Bristol to look at improving the number of review health assessments within the nurse team, but this is being hampered by a lack of admin support. JH also highlighted the lack of capacity in South Gloucestershire's nurse team with regards to completing the review health assessment. JH has undertaken an evaluation of the service and concluded that an increased capacity of 2.2 full time nurses will be needed to achieve the targeted 85%. She noted that a further workshop will be held in January to look at work force issues and different ways of working to support improved performance. JH also noted that South Gloucestershire council have now agreed data sharing so this will start in the New Year.</p> <p>STW questioned the large variance from quarter to quarter within the data within North Somerset. JH noted the area was without a designated Doctor during quarter 4 of 2017/18 so this impacted on their performance, by quarter 1 there was a doctor in post so performance improved, but dropped again in quarter two for the reasons noted in the report and due to cancellations and children being in hospital.</p> <p>NK noted no improvement in performance by Bristol and South Gloucestershire for some time and queried whether assurances can be given for quarter three as this is consistent poor performance and very worrying. JH gave assurance that improvement in performance will be noted with increase capacity for review health assessments. However, this will not be immediate. JH stated she has undertaken a comparison with other similar areas and BNSSG are low in ratios of LAC nurses to Looked After Children and there is a need to increase capacity as stated in the report. However, JH also noted that she had looked at other ways of working within the statutory requirements, which included holding nurse lead clinics but this did not work out due to the specifications for these clinics. JH is also looking at the number of appointments looked after children have to attend and that the health assessments are not prioritised. JH noted that in North Somerset the health visitors undertake the health assessments, which helps their performance. JH also noted that she has asked the local authority to ensure school nurses and health visitors attend the planned workshop in the new year as there is an element of this work they could be doing.</p>	



	Item	Action
	<p>AMoo questioned that if as much improvement work has been made to date and the paper is now stating that performance will not improve without additional capacity then there are financial implications to this and recommended the Looked After Children Q2 Report is presented to the Commissioning Executive Committee. The committee agreed this paper, with further work supported by Cecily Cook, would be taken forward to the commissioning executive by Marie Davies.</p> <p>AMoo commented on the action plan and argued that outcomes of the actions did not reflect a true picture of the above issues and that the RAG ratings were inconsistent with other action plans. She recommended the use of a standardised approach and CCG template for the action plan. AMoo also noted that an additional review of the report and the attached appendices should be completed before this paper is presented to the Governing Body.</p> <p>AMoo commended Julie for her input thus far. The Committee noted the report and thanked Julie.</p> <p>6.4 Equality, Quality and Public Patient Involvement Impact Assessment (EIA/QIA) Tool/strategy</p> <p>STW noted that not many changes had been made to the tool/strategy, and the committee recommended the item be deferred to the 24th January, 2019 meeting of the Quality Committee due to Marie Davies absence.</p> <p>6.5 Improvement Assessment Framework (IAF)</p> <p>This item was presented by Emma Gara (EG).</p> <p>EG noted that the current IAF was updated in November 2018. However, continuous work will commence on the Framework to align with the changing process and further information would be provided in the next report</p> <p>EG highlighted areas for improvement which included Diabetes attendance at structured education courses; Improving Access to Psychological Therapies (IAPT) recovery rate, and Primary care transformation investment.</p> <p>For assurances, AMoo recommended the document going to Primary Care Commissioning Committee (PCCC) as the document noted primary care transformation investment as an area for improvement.</p>	<p>CC/MD</p> <p>JH/CC</p> <p>EG</p>



	Item	Action
	<p>AMoo recommend Dr Jeremy Maynard working with the Lead Diabetes Officer, Sara Stiddard, in regards to the National Diabetes Audit analysis being tabled at January's committee meeting.</p> <p>EG emphasised where "(no assessment)" is noted means no data has been collected and verified.</p> <p>NK noted the IAF to be system metrics and queried whether the STP should have sight of the report. EG noted that the System Delivery Oversight Group (SDOG) would be the most appropriate committee to share the framework with. EG also noted that that SDOG would evaluate the framework from an assurance perspective.</p> <p>STW questioned the data presented in the Better Health Domain and Better Care Domain Part 1 and Part 2 table. EG noted the data presented are national data which feeds into local assurance ratings.</p> <p>Committee noted the statement and thanked EG.</p> <p>6.6 Equality and Diversity Strategy</p> <p>Niema Burns (NB) presented this item.</p> <p>NB highlighted the key feedbacks from the Patient and Public Involvement Forum (PPIF) which includes the clarification on review and implementation processes for Equality & Diversity, and the current draft action plan to be expanded to include more North Somerset and South Gloucestershire initiatives.</p> <p>NB informed the committee that the action plan is still being updated, and ownership of the plan will be decided after its completion. However, the Strategy and Action Plan is scheduled to be tabled at the January sitting of Governing Body. It is expected that an Equality and Diversity CCG forum will be established reporting to PPIF and Quality Committee.</p> <p>STW noted the level of non-disclosure in regards to disabilities and sexual orientation. However, acknowledged data collection from the three merged CCGs and persons not disclosing such information might be the reason. NB acknowledged the effects the merger had on data collection. NB also noted from data collected, disclosures are significantly higher with persons applying through NHS Jobs. It was also highlighted that this</p>	<p>JM/SS</p>



	Item	Action
	<p>JK queried whether a Patient/Carer Representative would be an appropriate member addition to the Programme Board, to which the committee supported this suggestion.</p> <p>The Committee also discussed clinical representation; AMoo suggested Dr Jeremy Maynard, Clinical Lead for Quality.</p> <p>AMoo thanked Jo Kapp, noted the Terms of Reference, and the positive impact the Programme Board will have.</p> <p>6.9 Practitioner Learning Brief for the Nightingale Safeguarding Adults Review (SAR)</p> <p>Paulette Nuttall (PN) presented this item.</p> <p>AMoo commented on the format of the briefing following the SAR of a residential care home in South Gloucestershire, it was noted to be accessible and easy to read.</p> <p>PN made reference to the summary of the recommendations in the learning brief which includes a recommendation for South Gloucestershire Council to work with the local commissioning group to produce a set of standards for commissioners placing residents in the South Gloucestershire area.</p> <p>PN stated that the dissemination of the learning brief is the responsibility of each board member; and a progress report regarding how the learning had been disseminated across BNSSG CCG was shared at the last Safeguarding Adults Board meeting.</p> <p>AMoo questioned whether there were any other key action points for the local authority. PN confirmed that there were; as summarised in the brief. However, the key actions were for all placing local authorities.</p> <p>AMoo applauded the work accomplished thus far, and recommends updating the committee when a quarterly update and outcomes from the audits are completed</p> <p>The committee thanked Paulette and noted the Learning Brief.</p> <p>6.10 BNSSG Learning Disabilities Mortality Review (LeDeR) Briefing Paper and Steering Group Terms of Reference</p> <p>BJ presented this item.</p>	

	Item	Action
	<p>It was confirmed that all deaths of patients with a Learning Disability were notified to the LeDeR programme.</p> <p>NK questioned whether there was a capacity issue for LeDeR reviews to which BJ acknowledged there is.</p> <p>AMoo queried whether there was any national data to assess against the data collected across the BNSSG areas. It was noted that the data for South West had been provided and BNSSG were comparable with the local area, national data would be added to future report.</p> <p>AMoo noted that there may be a gap in terms of governance with regards to there not being a permanent Local Area Contact (LAC) for BNSSG. BJ noted that the Quality Support Manager currently serves as the LAC; however, training will commence for a permanent post holder.</p> <p>AMoo questioned the effectiveness of quoracy of the LeDeR Steering Group which states the Chair and/or Deputy Chair and two local authority members. It was agreed that this would be reviewed.</p> <p>MJ commended the inclusion and noted the importance of a Primary Care Representative on the Steering Group.</p> <p>AMoo recommended a verbal update on the LeDeR steering Group in February's committee meeting.</p> <p>The committee thanked BJ and noted the Terms of Reference.</p> <p>6.11 LeDeR Case Briefing</p> <p>BJ gave a verbal update on a recent LeDeR case. Where a family were concerned about the final report on the death of their son. BJ was noted to be working very closely with Julia Ross and NHSE to resolve the outstanding issues.</p> <p>The committee noted the verbal update on the case.</p>	<p>BJ</p> <p>BJ</p> <p>BJ</p>
07	<p>Risk and Mitigations</p> <p>7.1 Governing Body Assurance Framework</p> <p>Sarah Carr (SC) presented this item.</p> <p>The committee noted the Governing Body Assurance Framework.</p>	



	Item	Action
	<p>7.2 Corporate Risk Register (CRR)</p> <p>SC presented this item.</p> <p>SC highlighted the removal of a number of risks which relate to North Somerset localities, and also the reduction in various risk scores listed, such as the risk related to primary care.</p> <p>SC made note of the addition of a risk regarding the capacity of the IFR Panel which may result in delayed decision making with subsequent impact on patients.</p> <p>AMoo recommended the Corporate Risk Register and the Governing Body Assurance Framework being tabled earlier in future meeting.</p> <p>The committee noted the Corporate Risk Register.</p> <p>7.3 Acute Register</p> <p>AMor presented this item.</p> <p>The Committee noted the Risk Register.</p>	AW
08	<p>Items for Information Only</p> <p>8.1 Safeguarding Governance Group</p> <p>This item was deferred to the 24th January, 2019 meeting of the Quality Committee.</p> <p>8.2 Healthcare Acquired Infection Group</p> <p>The Committee noted the minutes of the Healthcare Acquired Infection Group</p>	
09	<p>Committee Work Plan</p> <p>The committee noted the work plan.</p>	
10	<p>Any Other Business</p> <p>AMoo thanked the authors and Directors for their effort in getting papers completed for Quality Committee in 2018.</p>	



	Item	Action
	AMoo noted that it was AMor's last meeting prior to retirement and expressed her thanks for moving the committee from where it once was to where it is now	
11	<p>Review of Committee Effectiveness</p> <p>The Committee did not discuss this item due to time constraints.</p>	
	<p>Date of next meeting:</p> <p>Thursday, 24th January, 2019 at 09.00 – 12.00 Meeting Room D, 5th Floor, South Plaza</p>	

Aurelius Wright
Executive PA to Anne Morris, Director of Nursing & Quality
January 2019

