

Quality Committee

Minutes of the meeting held on 24th January, 2019 at 09:00 – 12:30, at South Plaza, Marlborough Street, Bristol BS1 3NX

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AM
Janet Baptiste-Grant	Director of Nursing & Quality	JBG
Dr Peter Brindle	Medical Director – Clinical Effectiveness (Agenda items) (All items except 3.1, 3.2, 4.1 and 4.2)	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)	MJ
Lisa Manson	Director of Commissioning (All items except 3.1)	LM
Dr Jeremy Maynard	Clinical Corporate Lead for Quality (All items except 4.3, 5.2, 7.7, 7.8 and 7.9)	JM
In attendance		
Bridget James	Associate Director Quality (Patient Safety) (All items except 3.1, 3.2, 4.1, 4.2, 5.1 and 6.1)	BJ
Aurelius Wright	Executive PA	AW
Kat Tucker	Quality Support Manager	KT
Marie Davies	Associate Director Quality (Patient Experience) (All items except 4.3, 5.2, 7.7, 7.8 and 7.9)	MD
Sarah Carr	Corporate Secretary (Agenda items 3.1, 3.2, 4.1 and 4.2)	SC
Louise Fowler	Partnerships & Engagement Manager	LF
Cecily Cook	Deputy Director of Nursing and Quality	CC
Jo Kapp	Associate Director Quality (CHC) (Item 7.3)	JK
Lucy Jones	Customer Services Manager (Agenda item 7.4)	LJ
Apologies		
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC

	Item	Action
01	<p>Welcome and Apologies</p> <p>Alison Moon (AM) welcomed everyone to the meeting, particularly Janet Baptiste-Grant (JBG), the interim Director of Nursing and Quality; members then introduced themselves.</p> <p>Apologies are noted above.</p>	
02	<p>Declarations of Interest</p> <p>JBG noted that as a new member of the committee her declarations had been submitted. There were none related to items on the agenda.</p>	
03	<p>Minutes of Meeting 18th December, 2018</p> <p>A typographical error was corrected on page 5.</p> <p>Page 9, Item 6.6 it was noted that Niema Burns had agreed to contact HR to address the issues of lack of demographic disclosures for recruitments undertaken outside of NHS jobs. This would be added to the action log. Minutes were approved as an accurate record of the meeting with the above amendments.</p> <p>3.2 Action Log</p> <p>21.06.18 Item 4.5 (1) – Cecily Cook (CC) noted that actions had been completed and were submitted to the Safeguarding Adults Board and would be reported in the Q3 safeguarding report. CC also noted further updates will be given in February after the first draft of Mental Health Homicide review which had been commissioned by NHS England. It was noted that executive sign off of the report would be provided if timings did not allow for the committee to review prior to submission. This would be presented to the Governing Body in April. This action remained open</p> <p>18.12.18 Item 6.5 (2) – National Diabetes Audit analysis was noted to be agenda item 7.5. Action deemed closed.</p> <p>23.08.18 Item 5.1 (8) – Lisa Manson (LM) noted that a contract Performance Notice (CPN) had been issued and a joint review of the ADHD service model with AWP had been instigated. It was</p>	<p>AW</p> <p>CC</p>



	Item	Action
	<p>confirmed that a paper had been presented to Commissioning Executive. Action deemed closed.</p> <p>23.08.18 Item 5.3 (3) – CC noted the deferral of the joint SCR and DHR report to February 2019 due to verification of additional data received from the Safeguarding Boards. Action remained open.</p> <p>22.11.18 Item 5.1 (2) – Marie Davies (MD) noted SWASFT was discussed at the Quality Surveillance Group (QSG) meeting, and a decision was made to schedule a follow-up single item QSG in February. Action remained open.</p> <p>22.11.18 Item 5.3 (1) – Antibiotic usage will be incorporated into the HCAI report due in February 2019. Action deemed closed.</p> <p>22.11.18 Item 5.3 (2) – CC noted that the E.coli deep dive report will be integrated into the Quarter 2 Healthcare Associated Infection (HCAI) Report due in February 2019. Action deemed closed.</p> <p>20.09.18 Item 5.1 (1) – Comprehensive Opioid Prescribing Assurance Report will be presented to the committee in February 2019. Action deemed closed.</p> <p>22.11.18 Item 6.6 (1) – CC noted the information on Looked After Children (LAC) will be included in the Safeguarding Annual Report due to be presented to the Committee in February 2019. Action closed.</p> <p>18.12.18 Item 4.1(1) – CC confirmed that information had been requested and a report would be provided to the committee in February which would include call stacking issues and a broader SWASFT review. Action remained open.</p> <p>18.12.18 Item 5.1 (1) – LM advised that information regarding the WAHT IT incident is being addressed through the clinical cabinet, an update will be provided to the committee in April. Action deemed closed. This would be added to the forward planner.</p> <p>18.12.18 Item 5.1 (2) – WAHT Pressure Injury information was noted to be Item 7.8 on the agenda. Action deemed closed.</p> <p>18.12.18 Item 5.1 (3) – MD provided an update on the actions and outcomes from the Root Cause Analysis report following the UHB Oncology Fire. Action deemed closed.</p>	<p>CC</p> <p>MD</p> <p>CC</p> <p>AW</p>



	Item	Action
	<p>18.12.18 Item 5.1 (5) – Catheter passport noted to be item 7.9 on the agenda. Action deemed closed.</p> <p>18.12.18 Item 5.1 (7) – LM confirmed that flu vaccination uptake had been discussed at the NHS England Improvement Assessment Framework assurance meeting and the A&E delivery board. Action deemed closed.</p> <p>18.12.18 Item 6.3 (1) – CC confirmed that a paper regarding Looked After Children would be presented to the Commissioning Executive in February. Action deemed closed.</p> <p>18.12.18 Item 6.3 (2) – CC confirmed that an updated action plan regarding Looked After Children would be presented in the Q3 report. Action deemed closed.</p> <p>18.12.18 Item 6.4 (1) – EIA/QIA tool noted to be item 7.6 on the agenda. Action deemed closed.</p> <p>18.12.18 Item 6.5 (1) – Improvement Assessment Framework paper noted to be being presented to the Primary Care Commissioning Committee (PCCC). Action deemed closed.</p> <p>18.12.18 Item 6.6 (1) – It was confirmed that updates had been added to the Equalities strategy and these would be delivered through the Equality and Diversity Steering Group. Action deemed closed.</p> <p>18.12.18 Item 6.10 (2) – Amendments had been made to the quoracy of the LeDeR steering group as requested by the committee. Action deemed closed.</p> <p>18.12.18 Item 6.10 (3) – JBG and AM advised that an external review of the way that the LeDeR programme had been implemented was being commissioned, following a complex current ongoing case. The Chief Executive and the Chief Nursing Officer of NHS England are aware of this case, and two reviews are being commissioned. One review is being commissioned by the CCG, an external reviewer will quality assure the specific report and the CCGs process and identify learning and actions. The second review is being jointly commissioned by the CCG and NHS England South to look at the processes for these reviews, locally, regionally and nationally. Regular inter-organisational communications are ongoing regarding this issue. A further update will be provided to the committee in February. Action remained open.</p>	<p>JBG/BJ</p>

	Item	Action
	18.12.18 Item 7.2 (1) – It was noted that the agenda had been amended, and the corporate risk register now appeared earlier on the agenda. Action deemed closed.	
04	<p>Risk and Mitigations</p> <p>4.1 Corporate Risk Register</p> <p>Sarah Carr (SC) presented this item.</p> <p>SC noted SWASFT call stacking concern had been added to the risk register. Further updates will be added following the ongoing actions.</p> <p>SC highlighted two further new risks, one regarding EPRR, this relates to the wider community risk register and one regarding the potential impact of the EU exit.</p> <p>STW noted generally that risk updates read as progress which was pending, however the risk rating had decreased. A specific discussion was held regarding the Health Care Acquired Infection risk which had been open for a considerable time. It was agreed that the presentation of this risk could be improved and also that timeliness of updates for these risks was important.</p> <p>It was agreed that where papers presented to the committee relate to risks on the risk register this would be clearly stated within the paper.</p> <p>The committee noted the Corporate Risk Register.</p> <p>4.2 Governing Body Assurance Framework</p> <p>SC presented this item. It was noted that this was reviewed on a monthly basis.</p> <p>The committee noted the Assurance Framework</p> <p>4.3 AWP Risk Register</p> <p>Bridget James (BJ) presented this item.</p> <p>It was noted that 6 new risks had been added and 5 closed.</p> <p>The two key risks related to implications of Brexit and the outcome of AWP's recent Health and Safety Executive report. LM</p>	

	Item	Action
	<p>confirmed that AWP were being fined by the Health and Safety Executive for a number of issues.</p> <p>It was noted that the discussions with AWP regarding ligature points had been ongoing for a significant period of time. AM was uncomfortable regarding the level of assurance received. It was agreed that further information was required to be provided to the committee.</p> <p>NK noted that there were two risks regarding financial position. LM confirmed that the Trust are in financial recovery. There was also a risk regarding executive burn out, it was noted that the AWP Medical Director and Chief Executive were both retiring in the next couple of months.</p> <p>The committee noted the risk register.</p>	BJ
05	<p>Regulatory Updates</p> <p>5.1 Quality Surveillance Group (QSG)</p> <p>Marie Davies presented this item.</p> <p>An update had been provided from the NMC, their regional representative has agreed to come to the local area and provide some case studies. It was noted that this would be good for the system and would be fed into the STP workforce groups.</p> <p>It was noted that the forward planner for the QSG had an intention to look at clinical harm methodologies; NHS Improvement would take a lead in this area. For the March meeting a deep dive into Cancer was proposed. It was noted that the right individuals from the CCG needed to input into this piece of work.</p> <p>The terms of reference were due for renewal, however due to the national review of QSGs this had been postponed.</p> <p>It was noted that a small working group for the region on End of Life care was to be established.</p> <p>BNSSG and Somerset CCGs had presented on Quality and Safety in Urgent Care, this presentation would be shared with the committee. This was positively received and the CCG was congratulated on the work that had been undertaken to date. A discussion was held about how patient experience is tracked</p>	MD



	Item	Action
	<p>through the entire urgent care pathway. It was noted that there were many complexities in methodology of how this could be undertaken.</p> <p>Nick Kennedy (NK) queried what was meant by a review of clinical harm methodologies and cancer as these are both broad topics. MD advised that further details regarding this were expected to be received from the QSG shortly. AM noted that it was important that these reviews added value.</p> <p>It was noted that the Local Maternity System had agreed to undertake a deep dive into Maternity Incidents due to potential under reporting of incidents. AM queried when the Maternity dashboard was next due to be presented at the committee. It was agreed that this would be checked and added to the next agenda.</p> <p>5.2 AWP CQC Report</p> <p>BJ presented this item.</p> <p>LM noted that the CQC report identified the failure of AWP to address ligature risks, it was noted that capital funding had been allocated to address these issues. There were broader questions regarding governance.</p> <p>LM informed the committee that AWP were being prosecuted by the CQC following a fall from a roof in Swindon. This relates to failing to address the issues.</p> <p>AM advised that the committee need to be clear regarding the governance and assurance systems for AWP, it was agreed that a joint update with proposals for assurance was required to be presented to the committee next month. It was agreed that a briefing would be provided to Governing Body in closed session detailing the rising concerns.</p> <p>It was agreed that JBG would discuss with CQC and NHS England regarding proactively initiating a risk summit, due to the concern felt by the committee.</p> <p>The committee noted AWP's CQC report.</p>	<p>AW</p> <p>LM/BJ</p> <p>LM</p> <p>JBG</p>
06	<p>Items for Approval</p> <p>6.1 Quality & Performance Report</p>	



	Item	Action
	<p>Lisa Manson (LM) presented the performance section.</p> <p>The urgent care position remains challenged. The system is on trajectory; however the performance is volatile, with particular pressure noted in the last two weeks, where the system has declared Opel 4 on one occasion. There have been several 12 hour trolley breaches at WAHT, this relates to decisions to admit with no beds available in the hospital. Patients were then bedded in the department overnight. 14 day harm reviews have been received and no harm has been identified. A discrepancy was noted between the number of trolley breaches reported in the performance section and in the quality section and to which organisations they belonged to, performance stated NBT, quality stated WAHT. It was clarified that the quality section only reports validated numbers. It was agreed that a paragraph explaining this would be added to the report, prior to being received at Governing Body. A community 'MADE' event was put in place to support discharge at WAHT.</p> <p>Activity levels remain below last year's levels, although above this year's plan. Planned care admissions, Open Pathways, remains below March 2018 and in line with trajectory. There remains an issue with 52 week waits. NBT and UHB have been formally written to requesting that they close their lists for these services so that patients are not listed for surgeries when there is no surgeon capacity to undertake the procedures. Patients over 26 weeks are being reviewed to identify alternative pathways within the independent sector in order to reduce the number of 52 week waiters to zero by the end of March. JBG queried whether long waiters were being reviewed for harm. LM confirmed that patients were reviewed each six months and offered alternatives where possible.</p> <p>NK queried whether the complex hand long waits related to a single surgeon, LM confirmed that this was the case. Further review of the patients pending complex knee surgery had been requested to identify which patients could be treated elsewhere.</p> <p>62 day cancer target was being maintained, and LM noted the positive performance that UHB had now achieved this for 7 consecutive months.</p>	<p style="text-align: center;">MD</p>



	Item	Action
	<p>the safety thermometer. It was confirmed that this would be in the 2019/20 contract and was part of the model hospital.</p> <p>AM queried why there had been no report from BCH, it was noted that due to the timings of the committee, the quality sub group for this provider had not yet occurred. It was agreed that narrative would be added to the report.</p> <p>AM queried the increase in Serious Incidents reported by NSCP, and requested information regarding what learning was received from the 72hr reports. It was confirmed that these had been reviewed at the Serious Incident panel and details regarding any themes would be provided to the committee.</p> <p>Peter Brindle (PB) noted that there was significant variation within the data regarding the number of concerns raised by and about each provider within datix. It was noted that prior to April NSCP had been using the data to report concerns about WAHT. Jeremy Maynard (JM) was attending each of the GP forums to encourage the use of the Datix system for reporting incidents and concerns. It was noted that a quality page on the CCG website was being developed in order to feedback learning from these issues. JM confirmed that information regarding the concerns raised was being circulated to the quality portfolio leads in order to triangulate with other forms of intelligence. It was agreed that in future a paragraph would be added to the report regarding themes and any reasons for changes.</p> <p>Martin Jones (MJ) noted the significant improvement in DTOC rates at AWP which was following a large piece of work.</p> <p>The Committee noted the report.</p>	<p>CC</p> <p>MD</p> <p>JM</p>
07	<p>Risk and Mitigations</p> <p>7.1 Quality Incentives (CQUINS, QPs)</p> <p>Marie Davies (MD) presented this item.</p> <p>It was confirmed that the planning guidance for 2019/20 stated that CQUINS would be 1.25% for next year.</p> <p>MD explained the internal CQUIN review process, including the CQUIN panel and involvement of associate CCGs.</p> <p>Sarah Talbot-Williams (STW) queried why Alliance Medical had not achieved any CQUINS, it was confirmed that CQUINS were</p>	

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	<p>optional and Alliance Medical and some other smaller contracts had chosen not to participate in these.</p> <p>AM noted that 60% of practices had signed up to the HBA1C project, and wondered what could be done to encourage the other 40%. It was noted that significant work was underway regarding diabetes care within BNSSG.</p> <p>NK commended the achievement of the STP engagement CQUIN.</p> <p>The committee noted the report.</p> <p>7.2 PROMS Annual Report</p> <p>Marie Davies (MD) presented this item.</p> <p>It was noted that the report related to old data, this had been triangulated with the annual quality reports of the providers. Work was planned with the Clinical Effectiveness team regarding how this data can be used going forward.</p> <p>It was clarified that the indicators used for PROMS are nationally mandated, it was noted that several of these relate to procedures which are not normally funded by BNSSG CCG.</p> <p>PB noted that the number of patients reporting improved outcomes following groin hernia operations was 39%. It was noted that although this was an INNR procedure a significant number were still undertaken, this policy was currently under review. AM queried the pre-operative support and advice regarding expectation management, ensuring that expectations and risk/benefit discussions are held. It was noted that this links with the value based healthcare work which was ongoing.</p> <p>AM requested an updated report be presented to the committee in April, with further information of how the data will be used.</p> <p>The committee noted the report.</p> <p>7.3 Commissioning Policy for Adult Continuing Healthcare</p> <p>Jo Kapp (JP) presented this item.</p> <p>It was confirmed that this was an amalgamation of the three previous approaches and had been revised in light of the European Human Rights Council letter.</p>	<p>MD</p>



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	<p>Some amendments regarding formatting and presentation were suggested. It was confirmed that the Corporate Policy Group had reviewed the policy.</p> <p>The committee recommended the Policy for Adult Continuing Healthcare to Governing Body for approval.</p> <p>7.4 Patient Experience Report</p> <p>MD and Lucy Jones (LJ) presented this item.</p> <p>It was noted that trends identified within the report include; issues with financial policies and INNR, access and ADHD waiting times.</p> <p>The Customer Services team attended an event regarding increasing confidence in the NHS complaints process. Following this links have been made with the Patient Association and SWAN Advocacy.</p> <p>STW queried whether data was held regarding the protected characteristics of people making complaints. It was noted that where this information is known it is captured, however the figures are too low to report on this. A piece of work was ongoing to capture feedback on the complaints process and this would include increasing the recording of demographic data.</p> <p>It was noted that work was underway within the Datix database to drill down further into the data, so that it is possible to give more specific and detailed information in future reports.</p> <p>AM noted that it was important to utilise the patient experience data when discussing performance related issues. AM also noted that Healthwatch undertake Enter and View visits to providers, and it was important to utilise this qualitative data with other forms of patient experience. The team were working with Healthwatch to ensure that this relationship was strengthened to share data.</p> <p>AM noted that performance against responding to complaints within 25 working days and acknowledging within timescales could be improved. LJ advised that for response times, there had been several multi-agency complex complaints which had impacted on the 25 day response timescales. It was agreed that further information regarding the areas which are not achieving would be provided in future reports.</p>	<p style="text-align: center;">MD</p>



	Item	Action
	<p>compliance issues with one provider and a letter has been formally written to the Medical Director to address this.</p> <p>LM noted that there had started to be a reduction in amputations, following the introduction of the new pathway. The committee acknowledged the significant work undertaken to achieve this.</p> <p>JBG questioned whether any work was being done in regards to triangulating the increase in number of patients with diabetes and future workforce planning. MJ confirmed that this work was ongoing and could be further developed.</p> <p>It was agreed that an updated report would be presented to the committee when the outcomes data was published.</p> <p>The committee noted the national diabetes audit.</p> <p>7.6 EIA/QIA Tool/strategy</p> <p>Marie Davies (MD) presented this item.</p> <p>Work was ongoing with the PMO regarding the templates, it was agreed that the EIA, QIA and PPI templates would be kept separate, however there would be correlation between the templates and where the questions were the same they would auto-populate all three templates. The EIA template had been drafted and the QIA and PPI templates were being developed.</p> <p>This new process would be piloted with some Exceptional Funding Requests policies, which were due to renewal. The pilot would be evaluated and learning taken from this to develop the process.</p> <p>MD advised that a panel review approach would be undertaken.</p> <p>STW queried the reason that the tools would not be combined as this had been the original plan. Louise Fowler (LF) advised that originally the plan was to simplify the process for commissioners, however following further review it was noted that the purpose of each tool was different and would be confused if they had been merged.</p> <p>PB suggested that as well as no jargon, that the template should also specify no acronyms.</p> <p>PB queried how some of the questions within the template could be responded to. It was noted that a comprehensive set of training would be undertaken following the launch of the new</p>	<p>JM</p>



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	<p>discussing this issue with Avon and Somerset Police Safeguarding lead (Superintendent) to align our proposals and support the agreed aligned model.</p> <p>It was agreed that a further update on this would be provided next month.</p> <p>7.8 Weston General Pressure Injuries Peer Review</p> <p>CC presented this item.</p> <p>It was noted that the peer review was undertaken due to a higher number of Pressure Injuries reported at WAHT than UHB and NBT. The review identified notable practice regarding risk assessments and reporting of Pressure Injuries. There were some issues identified regarding end of life patients and deteriorating pressure injuries. There were also issues identified regarding community acquired Pressure Injuries, it was noted that NSCP were not reporting all Grade 3 and 4 Pressure Injuries on to STEIS.</p> <p>CC advised that a similar exercise would be undertaken at NBT and UHB.</p> <p>PB queried how this benchmarks nationally. CC advised that using the safety thermometer the providers benchmark in line with the national average. It was agreed that further information would be added to the report regarding co-morbidities.</p> <p>It was agreed that a re-audit would be undertaken following the review at all 3 acute providers. An action plan would be drafted and presented to the Pressure Injury Programme Board.</p> <p>The committee noted the report.</p> <p>7.9 BNSSG Catheter Passport</p> <p>CC presented this item.</p> <p>It was noted that this was in response to the higher than national average E-coli rates. The Catheter Passport had been produced as a cross organisational document through the HCAI group.</p> <p>AM identified the importance of the involvement of Primary Care within this area and suggested that this should be via GP and Practice Nurse forums. MJ advised of complexities regarding commissioning of catheter care between Primary and Community care.</p>	

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	<p>PB asked whether we were confident that this intervention would have the desired effect on reducing e-coli rates. CC confirmed that e-coli rates were being monitored and an audit would be undertaken and a further retrospective review of 30 cases would be undertaken of e-coli cases, both of these would be provided to the committee on completion.</p> <p>AM raised the issue of hydration as an issue and queried what work was ongoing in this area. CC confirmed that this issue was discussed at the HCAI Group and Pressure Injury Group. AM queried how this was linked with Practice Nurses.</p> <p>STW suggested the use of a multitude of mediums to get the message across, especially in relation to equalities, CC confirmed that the CCG Equalities Lead had been involved in the development of the passport and this would be further developed.</p> <p>MJ suggested the use of an EMIS template for community and primary care teams. It was agreed that this would be looked into further.</p> <p>The Committee noted the Passport.</p>	<p>CC</p> <p>CC</p>
08	<p>Items for Information Only</p> <p>8.1 Pressure Injury Program Board Minutes</p> <p>The Committee noted the Pressure Injury Program 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>	

	Item	Action
	<p>AM noted that the committee annual effectiveness questionnaire would be circulated this week, she emphasised the importance of everyone completing this. A summary would be presented to the committee at March meeting.</p> <p>It was suggested that the meeting should be extended to 3.5hours due to the size and complexity of the agenda's. PB suggested that there may be other ways of managing over running agendas.</p> <p>It was suggested that there needed to be clarity as to why papers were being presented to the committee and whether this was the correct place for the paper to be shared. It was important that items were coming to the committee for assurance and that the discussions weren't regarding operational issues.</p> <p>NK suggested members could send questions to presenters before the meeting.</p>	<p>AW</p>
	<p>Date of next meeting:</p> <p>Thursday, 21st March, 2019 at 13:30 – 17:00 Conference Room, 4th Floor, South Plaza</p>	

Kat Tucker
Quality Support Manager
February 2019

