

## Quality Committee

Minutes of the meeting held on 20<sup>th</sup> June, at 09:00 – 12:00, at South Plaza,  
Marlborough Street, Bristol BS1 3NX

### Minutes

<b>Present</b>		
Alison Moon	Independent Registered Nurse (Chair)	AM
Janet Baptiste-Grant	Interim Director of Nursing & Quality	JBG
Dr Martin Jones	Medical Director (Primary Care and Commissioning)	MJ
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
<b>In attendance</b>		
Bridget James	Associate Director Quality (Patient Safety)	BJ
Aurelius Wright	Executive PA	AW
Cecily Cook	Deputy Director of Nursing and Quality	CC
James Bayliss	Lead Quality and HCAI Manager (Agenda item 7.7 only)	JB
Paulette Nuttall	Head of Adult Safeguarding (Agenda item 6.4 and 6.5)	PN
Lucy Muchina	Deputy Head of Safeguarding	LMa
Claire Thompson	Deputy Director of Commissioning (Planning & Performance)	CT
Sarah Carr	Corporate Secretary (Agenda item 4.1 and 4.2)	SC
Johanna Topps	Principal Medicines Optimisation Pharmacist (BNSSG System)	JT
Elizabeth Jonas	Senior Medicines Optimisation Pharmacist	EJ
<b>Apologies</b>		
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Lisa Manson	Director of Commissioning (All items except 3.1)	LM
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW

	Item	Action
01	<p><b>Welcome and Apologies</b></p> <p>Alison Moon (AM) welcomed everyone to the meeting. Apologies are noted above.</p> <p>Comments and questions noted by the chair from Sarah Talbot-Williams (STW) who was absent.</p>	
02	<p><b>Declarations of Interest</b></p> <p>No new declarations of interests were noted at this meeting.</p>	
03	<p><b>Minutes of Meeting 20 June, 2019</b></p> <p>The minutes of the last meeting were approved as an accurate record of the meeting with no amendments. However, AM recommended a second review of the minutes prior to Governing Body submission.</p> <p><b>3.2 Action Log</b></p> <p>24.01.19 Item 7.2 (1) – Cecily Cook (CC) noted arrangements are being made to meet with the clinical lead to discuss the project to improve data analyst support. Plan to schedule a report update to Quality Committee in July 2019. Action remained open.</p> <p>24.01.19 Item 7.6 (1) – Bridget James (BJ) noted no meeting had been held; however discussions are ongoing to organise the panel. BJ to follow up with Nick Kennedy (NK) to assist with moving this forward.</p> <p>21.03.19 Item 4.3 (2) – CC noted that Gemma Artz will progress this through the Access and Performance Group meeting in July. CC noted the action of the risk of harm to patients due to unavailability of interventional radiology out of hours at UHB was incorrect, and actually referred to maternity induction of labour. It was agreed that the action will now be progressed by Claire Thompson (CT). Action remained open.</p> <p>21.03.19 Item 7.1 (1) – Janet Baptiste-Grant (JBG) noted the Patient Experience Quarter 4 report did not reference complaints or feedback from NHS England; however, this will be completed in the new financial year first quarter report. Action: Closed.</p>	<p><b>CC</b></p> <p><b>BJ</b></p> <p><b>LM</b></p>



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	<p>21.03.19 Item 7.3 (1) – Joanna Topps (Peter Brindle) to follow up and report back to the committee with regard to the level of assurances required from providers regarding opioid prescribing, and whether primary care and hospices were in scope. Action deemed: Open.</p> <p>21.03.19 Item 7.7 (1) – CC noted the action plan for Looked After Children had been returned to Sirona for further work. CC noted an escalation meeting was requested with Sirona’s Directors to progress the actions. Action remained open.</p> <p>25.04.19 Item 3.3 (2) – Clarification regarding the route and management of quality outputs from Care Home Local Enhanced Services (LES) was closed and merged with action 23.05.19 Item 9.0 (1) – BJ to provide a paper on the assurance process the CCG takes in terms of assuring quality within residential and nursing homes commissioned by BNSSG. Action deemed: Open.</p> <p>25.04.19 Item 4.1 (1) – CT noted the paper for commissioning opportunities in relation to community mental health services had been presented to the Strategic Finance Committee and Commissioning Executive, and an evaluation is being undertaken. Action deemed: Closed</p> <p>25.04.19 Item 6.1 (1) – CC to present a written update on the actions arising from the Never Event Summit and perspective work being undertaken. Action deemed: Open.</p> <p>25.04.19 Item 7.2 (1) – The Quality Premium report and a briefing paper for 2019/20 which included national indicators and plans for CQUIN in June 2019 was listed on the agenda for the meeting in June. However, the Quarter 4 CQUINs report was not completed for next month. Action deemed: Closed.</p> <p>25.04.19 Item 7.3 (1) – Martin Jones (MJ) noted he would undertake a further follow-up regarding the formal reporting channels and the responsible post holder within the CCG for performance and assurances for diabetes. JM to also meet with JBG regarding reporting frequency to the Quality Committee. Action deemed: Open.</p> <p>25.04.19 Item 7.6 (1) – JM to share Quality Committee’s agenda and minutes with Clinical Leads. Action deemed: Closed</p> <p>23.05.19 Item 4.2 (1) – CC to follow up in regards to BCH’s compliance with new legislation. Action remained open.</p>	<p><b>PB</b></p> <p><b>CC</b></p> <p><b>BJ</b></p> <p><b>CC</b></p> <p><b>MJ</b></p> <p><b>CC</b></p>



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	<p>23.05.19 Item 6.1 (1) – CT noted additional narrative which supports actions being taken and timeline for completion of those actions for the diagnostics section of the Quality and Performance report had been actioned. Action deemed: Closed.</p> <p>23.05.19 Item 7.1 (1) – CC noted difficulty using the Patient Journey Mapping Pathway with other BNSSG projects. However, noted various ongoing projects which the use of the pathway might be applicable. Action deemed: Closed.</p> <p>23.05.19 Item 7.2 (1) – Lisa Manson to present to the Quality Committee a progress update in regards to the standard operational protocol in perinatal mental health services, and discuss with Deborah El-Sayed regarding the potential of a Governing Body seminar presentation. Action deemed: Open.</p> <p>23.05.19 Item 7.3 (1) – CT noted the recovery rate is already part of the performance report shared with QC and GB, the DTOC reporting will be in the context of stranded patient metrics as part of the revised 2019/20 Governing Body report. Action deemed: Closed.</p> <p>23.05.19 Item 7.7 (1) – CC to report on BNSSG's definition of falls to support alignment which providers would work towards. Action deemed: Open.</p> <p>23.05.19 Item 7.8 (1) –BJ to provide further narrative in regards to the breakdown of categories within the demographics of the LeDeR Mortality Review activity report to the committee. Action deemed: Open.</p> <p>23.05.19 Item 7.10 (1) – CC noted the addition of a slide to the Quality and Performance report with narrative which speaks to the aim for serious incident reduction plan. Action closed.</p>	<p style="text-align: center;"><b>LM</b></p> <p style="text-align: center;"><b>CC</b></p> <p style="text-align: center;"><b>BJ</b></p>
04	<p><b>Risk and Mitigations</b></p> <p><b>4.1 Corporate Risk Register (CRR)</b></p> <p>Sarah Carr (SC) presented this item.</p> <p>SC highlighted the shared Nursing &amp; Quality and Commissioning directorate risk which notes the potential harm to cancer patients if there are delays in the cancer pathway. STW questioned whether further progress had been made and was not noted on the register. JBG noted a further update will be provided after the deep dive is presented to the Cancer Steering Group.</p>	



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	<p>SC also highlighted the 15 and above risks owned by the Nursing &amp; Quality Directorate which noted the potential risk of harm through the contracting of healthcare acquired infections (HCAIs) to patients and the risk of harm from call incident stacking at South Western Ambulance Service NHS Foundation Trust (SWASFT) causing a delay to ambulance response times. CC noted a decrease in the Bristol SWASFT risk score and stated a further update will be provided.</p> <p>NK queried the increasing risk for no cheaper stock obtainable. CT agreed to follow up with NK outside the meeting.</p> <p>The committee noted the Corporate Risk Register and thanked SC.</p> <p><b>4.2 Governing Body Assurance Framework (GBAF)</b></p> <p>This item was presented by SC.</p> <p>SC highlighted the change in the principle objectives and principle risk for 19/20. SC noted significant focus on quality governance and systems listed as principle objective one, and the identified possible risk that lack of capacity will impact on the effectiveness and credibility of the Quality Team and impact on the effectiveness of the Quality Committee. SC noted mitigating actions, controls, and assurances were identified to reduce the current risk score of 16 to a targeted risk score of 8.</p> <p>SC questioned whether there were any additional updates, gaps or mitigating actions that can be added to the framework regarding this particular risk. AM noted that there had been no principle objective which previously sat with the Quality Committee. AM questioned whether there was anything the committee can do to progress the actions in a timely manner. JBG noted that the staffing capacity review is being finalised which will require a financial investment in order to have a sustainable directorate. JBG informed the committee that Natalie Dow had been enlisted to address the team's morale.</p> <p>Nick Kennedy (NK) concurred with the importance of staff morale and feedback but, noted there's no mention of the Quality Committee's effectiveness, monitoring, and output which lends itself to the risk. SC agreed and noted the recent review of committee effectiveness and that terms of reference will be added to the assurance narrative. AM queried whether the addition of prioritisation of work would be valuable. JBG noted the current working practice of the directorate does not allow for the prioritisation of the team. JBG noted an institutional</p>	<p>CT</p> <p>SC</p>



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	<p>responsibility across the organisation is needed to progress the directorate forward. NK questioned whether capacity was the only issue and whether additional investment would resolve this. JBG noted capacity was not the only issue, and re-emphasised the importance of an organisational development factor in terms of facilitating the directorate to prioritise workload, and work beyond the expected level. NK noted an understanding from an assurance point-of-view is needed regarding pressing aspects of the mentioned risk.</p> <p>CC lauded JBG's support for the team and the continued work and effort she has provided over the past months.</p> <p>AM recommended a follow up with JBG to discuss further controls, mitigating actions, gaps in assurance regarding the quality: governance and systems objective, and the current capacity issues within the Nursing and Quality directorate.</p> <p>The committee thanked SC and noted the Governing Body Assurance Framework.</p> <p><b>4.3 Acute Risk Register</b></p> <p>This item was presented by CC.</p> <p>CC highlighted the gynaecology capacity and reduction in Interventional Radiology (IR) service due to IR Radiologists classification as radiation workers risks noted at NBT. CC noted mitigating actions by the Trust had been put in place. NK queried whether the classification of IR radiologists as radiation worker was a national issue. CT noted the classification is given when workers exceed the monthly and annual limit.</p> <p>CC highlighted the ongoing work by University Hospitals Bristol (UHB) regarding tier 4 capacity for young people suffering from severe psychiatric conditions. STW queried the use of security guards in regards to admission of Child and Adolescent Mental Health Services' (CAMHS) patients to hospital. JBG noted interventions and one to one with patients are carried-out by registered mental health nurses (RMN). However, noted the potential risk of violence by patients towards staff, other patients, and themselves which assistance is provided by the guards on these occasions.</p> <p>JBG noted interest shown by NHSE regarding CAHMS patients waiting for tier 4 beds in ED. JBG noted an appeal had been made for the on-call team to request the information from providers. CT noted a separate request would have to be made</p>	<p><b>AM / JBG</b></p>



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	<p>as the information is not often flagged on the system calls. Martin Jones (MJ) queried who was responsible for providing assurance and monitoring the appropriateness and timeliness of tier 4 policies. AM recommended that CC complete a follow-up and update the committee next month.</p> <p>CC noted a number of risks on the register by Weston. However, noted ongoing work by Weston to improve the risk management reporting process. AM questioned whether there were any risks from the three Trusts on their corporate risk register where no assurance or mitigations are noted. CC noted no risk listed by any of the Trusts with no assurance or mitigating actions. NK questioned why Weston needs support for risk management. CC noted capacity as an issue and additional training of staff and support is needed.</p> <p>The committee thanked CC and noted the Acute Risk Register.</p>	<p style="text-align: center;"><b>CC</b></p>
<p>05</p>	<p><b>Items for Approval</b></p> <p><b>5.1 Quality &amp; Performance Report</b></p> <p>Claire Thompson (CT) presented the Performance section of the Performance &amp; Quality Report.</p> <p>CT highlighted the decline in ED performance, but noted activity had increased and staffing capacity was sighted as a factor for the decline. 52 weeks for planned treatment had improved in April particularly at NBT and improvement was also highlighted for 62 day referral to treatment time for cancer patients. AM noted BNSSG trajectory achievement of 18 for patients waiting over 52 weeks for planned treatment and queried what additional work can be progressed by providers who had not achieved set targets. CT noted numbers are driven up by specialised cases, particularly knees at NBT and paediatrics at UHB.</p> <p>AM queried whether assurance was noted regarding providers innovation to address performance deterioration. CT noted Weston currently does not have the capacity, while noting the opposite for UHB and NBT. However, noted insufficient data is present to evidently confirm this.</p> <p>CC presented the quality section of the Performance &amp; Quality Report.</p> <p>CC informed the committee of the delay of Weston CQC report for a week and further details will be given to the committee when the report is completed. CC highlighted recruitment issues and</p>	



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	<p>the high percentage of vacancies at Weston but, noted ongoing work to mitigate the risk. CC noted a deep dive on quality will be undertaken at Weston which will be presented to the committee. Once completed the same deep dive will be carried out at NBT and UHB. CC noted the first quality report had been received from SevernSide. However, the report was noted to require additional work to provide the necessary information and assurance for this new service.</p> <p>AM questioned whether the 72 hour report in regards to the Never Event gave assurance of immediate action taken. JBG noted this was completed and assurance given. AM recommended additional details regarding Never Events for future presentation in the quality section of the report.</p> <p>BJ noted a CPN was still in place for AWP regarding compliance to the serious incident framework due to timeliness even though quality improvements had been noted. In response to the joint Regulation 28 letter issued by the coroner AWP plan to hold a system wide summit with the input from family members and the university the patient attended. BJ noted further concerns had been raised regarding bed pressure at AWP and capacity is being looked at. AM queried the leadership response to reported incidents at AWP. BJ noted good senior leadership response and involvement in serious incidents. AM queried whether an update should be provided to Governing Body. JBG noted an update will be given at the closed session of Governing Body.</p> <p>The committee noted the Quality and Performance Report.</p>	<p>CC</p> <p>CC</p>
06	<p><b>Items for Discussion</b></p> <p><b>6.1 Quality Incentive Schemes: Performance for Quality Premium 18/19 update</b></p> <p>BJ presented this item.</p> <p>BJ highlighted gateway achievements and noted a year end achievement of 43.28% of the total fund available before gateway deductions. AM noted some aims had not been met and performance could be improved particularly in regards to diabetes. AM questioned whether there was an internal focus by BNSSG on diabetes. MJ affirmed he was unsure whether a decision had been made by the organisation to make diabetes an organisational priority, but noted outcomes are continuously measured. AM noted there is limited assurance, partial understanding of the management of diabetes, and</p>	<p>MJ</p>





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	<p>recommended MJ taking these concerns of the Quality Committee to the Clinical Cabinet.</p> <p>NK noted the out of area placement performance can be improved. CT noted there was no clear understanding of the deterioration of performance, but noted ongoing work with Trusts in respect to risks and concerns raised, and noted additional support has been provided to review contributing factors, mitigating actions, and controls. CT noted a draft single action plan is currently being worked on and agreed to present the plan to the committee in July 2019.</p> <p>The committee noted the Quality Premium report.</p> <p><b>6.2 2019/20 – Commissioning for Quality and Innovation (CQUIN) Schemes</b></p> <p>BJ presented this item.</p> <p>BJ noted for 2019/20 there would be only 5 CQUINs per organisation at a national level. However, 2 local CQUINs have been developed for community providers as some of the national ones were not applicable. AM queried whether there was a need for further investigation in regards to stroke services and what the ratings were. MJ noted work was currently ongoing in regards to stroke services.</p> <p>AM queried the current system performance on sentinel stroke national audit programme (SSNAP) and how this related to current configuration of services and plans for future development. CT noted ongoing work and agreed that further information will be provided to the committee next month.</p> <p>AM questioned the frequency the report will be seen by the committee. BJ confirmed the report will be presented quarterly to the committee, but, noted there will not be a Quarter 1 report due to the late issue of the CQUINs. BJ noted that the Quarter 2 report will be presented in December 2019.</p> <p>NK questioned the reason for highlighting antimicrobial resistance –lower urinary tract infections in older people and antibiotic prophylaxis in colorectal surgery and queried where additional information can be found. BJ noted that additional information can be found from the link noted under Table 1 of the report.</p> <p>The committee noted the Commissioning for Quality and Innovation (CQUIN) Schemes.</p>	<p>LM</p> <p>LM</p>

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	<p><b>6.3 Safeguarding Children’s Quarter 4 Report</b></p> <p>CC and JBG presented this report.</p> <p>CC highlighted gaps in training sessions to GPs due to the vacant named GP post. The Child Death Overview Panel process (CDOP) will be published at the end of June 2019 and concerns have been raised regarding increased financial risks. There are ongoing discussions regarding children that should be reviewed under the CDOP process. CC noted a separate Looked after Children (LAC) quarterly report and annual report to be presented to the committee beginning in Quarter 1. JBG informed the committee that the New Safeguarding Children Arrangements will be published on Friday 28 June 2019.</p> <p>STW noted training had been previously highlighted as an issue and questioned whether escalation had been progressed. NK questioned whether there were any clinical risks identified due to the lack of training. JBG noted GPs had not highlighted any gaps or risks. However, noted safeguarding issues may exist.</p> <p>STW queried whether there was additional ongoing work to mitigate the increase in safeguarding enquiries and support. AM recommended additional narrative for future reports.</p> <p>The committee thanked CC and noted the Safeguarding Children’s Quarter 4 Report.</p> <p><b>6.4 Safeguarding Adults’ Quarter 4 Report</b></p> <p>This item was presented by Paulette Nuttall (PN).</p> <p>PN informed the committee that the compliance figure by the CCG was rated as low, however, noted the safeguarding team is working with HR to align training requirements to staff roles. PN highlighted the recruitment for the Lead GP role for safeguarding adults. The successful candidate will commence work in September 2019. AM queried whether cover arrangements had been put in place between now and September. PN affirmed arrangements had been made. JBG questioned whether a plan was created to monitor and raise the compliance level of the organisation. PN noted additional ongoing work with ConsultOD, and informed the committee of a further update on BNSSG’s position will be provided in July 2019. PN noted that further ongoing discussions relating to the completion of Level 1 and 2 adults and children training is progressing.</p>	<p>CC</p>



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	<p>AM queried the reason why North Bristol Trust (NBT) and Avon and Wiltshire Mental Health Partnership (AWP) are not submitting Level 3 training data. PN explained that prior to the publication of the Intercollegiate Document, there was no requirement for providers to publish this data. PN noted both AWP and NBT have agreed to submit the information after the document had been published.</p> <p>AM questioned whether there were risks for people served by Multi Agency Risk Assessment Conference (MARAC) now that funding had ceased in March 2019. Lucy Muchina (LMA) noted Bristol had created the Multi Agency Safeguarding Hub (MASH) to discuss cases where children and adults are involved. LMA noted the new system has been functioning; however, ongoing discussion and review is taking place and a further update will be provided in the first quarter's report. LMA noted South Gloucestershire is participating in a virtual MARAC.</p> <p>AM queried why the dissemination of leaflets available for use in GP practices and care homes to clarify referral process was given an amber RAG rating. PN noted changes in the way referrals can be made into care homes and the joint work with the CCG Comms team were both contributing factors to the RAG rating. However, a new leaflet has been created and an agreement was made for additional ongoing work.</p> <p>NK questioned why there was such a focus on training. PN noted this was a key priority and that there was an 85% expectation from NHSE in regards to training.</p> <p>The committee thanked PN and noted the report.</p> <p><b>6.5 BNSSG Clinical Safety (Safeguarding Adults) Internal Audit Report</b></p> <p>PN presented this report.</p> <p>JBG queried whether the safeguarding annual report will be received by the committee in a timely manner. PN noted the joint safeguarding annual report will be presented to the Quality Committee in July 2019 and Governing Body in August 2019. PN highlighted the addition of escalating safeguarding information to Quality Committee and Governing Body to the action plan as it was identified in the report, though not listed as a recommendation.</p> <p>PN queried the appropriateness of the committee receiving the mental health homicide review (MHHR) of Kamil and Mr. X in</p>	

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	<p>July. JBG noted this can be presented in August 2019 at the closed session of the committee meeting.</p> <p>The committee thanked PN and noted the Internal Audit Report.</p> <p><b>6.6 Health Care Associated Infection (HCAI) End of Year Report 2018/19</b></p> <p>James Bayliss (JB) and Elizabeth Jonas (EJ) presented this report.</p> <p>JB highlighted the reduction seen in Methicillin Resistant Staphylococcus aureus (MRSA), but noted challenges still remain within the system. JB noted the development of an MRSA alert system which had now been drafted and sent to providers for input, and plans to move to a single root cause analysis (RCA) tool. JB noted significant challenges locally and nationally regarding Escherichia coli (E.coli) bacteraemia and noted targets had not been achieved with an increase in cases from the previous year. JBG queried the name of the tool GP practices must complete in Bristol and South Gloucestershire for community onset cases. JB noted the online tool is run by Public Health England (PHE) and a number of months were reviewed and the response rates were between 30% and 50%.</p> <p>AM queried whether there was appropriate representation from across the system at the HCAI meeting. JB noted challenges with the current function of the HCAI group and acknowledged that acute providers feel the focus is on them and not on the 70% of community onset cases which is a contributing factor in their engagement. CC noted that this had been recognised and changes to bolster the group are ongoing, and changes to the quality schedule which required 100% attendance were also made. MJ questioned the representation for primary care providers. CC noted there is currently no representation from primary care. However, minutes are sent to Practice Leads. BJ noted representation at the HCAI meeting had been recently discussed with Practice Nurse Leads. AM noted a rebranding of the HCAI group is needed as the focus has changed from what it was originally created for. AM recommended CC to meet with MJ to discuss support towards developing the new system regarding HCAs.</p> <p>AM queried whether there were any tailored plans to assist AWP in regards to achieving the target of 75% for flu vaccination uptake. JB noted ongoing discussions with BNSSG colleagues to link AWP with other mental health Trusts to discuss the approach. MJ queried whether there was available data from</p>	<p></p> <p></p> <p><b>CC</b></p> <p></p> <p><b>JBG</b></p>



	Item	Action
	<p>other mental health Trusts within the region to show what worked better and how it was completed for comparison. JB noted a follow up will be completed.</p> <p>The committee thanked JB and noted the presentation.</p>	
07	<p><b>Items for Information</b></p> <p><b>7.1 Healthcare Acquired Infection Group</b></p> <p>The Committee noted the minutes of the Healthcare Acquired Infection Group.</p> <p><b>7.2 Safeguarding Governance Group</b></p> <p>The Committee noted the minutes of the Safeguarding Governance Group.</p>	
08	<p><b>Committee Work Plan</b></p> <p>The committee noted the work plan.</p>	
09	<p><b>Any Other Business</b></p>	
10	<p><b>Review of Committee Effectiveness</b></p> <p>The meeting had run to time; meeting was quorate and actions were assigned to the correct people. Members felt they were able to contribute to the meeting.</p> <p>Admin support was provided, but members noted all papers should be submitted a week in advance with the exception of the Quality and Performance Report due to data verification.</p>	
	<p><b>Date of next meeting:</b></p> <p><b>Thursday 25 July, 2019 at 0900 – 1300</b>  <b>Conference Room, 4th Floor, South Plaza, Marlborough Street, Bristol BS1 3NX</b></p>	

**Aurelius Wright**  
**Executive PA**  
**June 2019**

