

Quality Committee

Minutes of the meeting held on 20th September 2018 at 9.00am, at South Plaza

Minutes

Present		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality	AMor
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Lisa Manson	Director of Commissioning	LM
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
In attendance		
Cecily Cook	Deputy Director Nursing and Quality	CC
Bridget James	Associate Director Quality (Patient Safety)	BJ
Marie Davies	Associate Director Quality (Patient Experience)	MD
Kat Tucker	Quality Support Manager	KT
Jo Kapp	Associate Director of Quality (CHC)	JK
Mark Hemmings	Transformation Manager (Children and Maternity)	MH
Umber Malik	GP Clinical Lead for Mental Health	UM
Apologies		
Louise Fowler	PPI Programme Lead	LF
Dr Martin Jones	Medical Director – Clinical Effectiveness	MJ
Dr Peter Brindle	Medical Director – Clinical Effectiveness	PB
Debbie Campbell	Head of Medicines Management	DC
Claire Thompson	Deputy Director of Commissioning (Planning & Performance)	CT

	Item	Action
01	<p>Welcome and Apologies</p> <p>Alison Moon welcomed everyone to the meeting, particularly Cargill Wright. Members then introduced themselves to Cargill</p>	



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	Wright, who will be taking over the committee's administrative role from Kat Tucker (KT); apologies are noted above.	
02	<p>Declarations of Interest</p> <p>No declaration of interest noted at this meeting. However, KT noted that a spreadsheet of previous declarations is now located in the committee folder, and will now come to every future meeting.</p>	
03	<p>Minutes of Meeting 23rd August 2018</p> <p>No corrections were cited for the minutes of the meeting held on 23rd August, 2018 and minutes were approved as an accurate record of the meeting.</p> <p>3.2 Action Log</p> <p>24.05.18 Item 6.2 – Total CHC figures to be included in future reports to help put into context the number of referrals completed within 28 days. This action was closed.</p> <p>24.05.18 Item 6.3 – An organogram of governance and management of Care Home Contracts to be shared with the committee as this plays into wider work on care homes which is ongoing. This action was deemed closed, and will be brought back when necessary.</p> <p>24.05.18 Item 7.1 – Fractured Neck of Femur to be discussed at Commissioning Exec to develop and agree a commissioner plan, which would then be presented to the committee to gain assurance and monitoring. This action was closed.</p> <p>21.06.18 Item 4.3.1 – Connecting Care Issue re: sharing data to be raised with Deborah El-Sayed. This has action has been delayed but, escalated to Deborah El-Sayed.</p> <p>21.06.18 Item 4.5.1 – Update on Adult SCR to be presented to the Governing Body. Update to be given to the Quality Committee in October, and then to Governing Body in November. Action remained open.</p> <p>26.07.18 Item 3.2 – TIA pathway performance to be included within the performance report and monitored via this report. This action was closed.</p>	<p>CC</p> <p>CC</p>



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	<p>26.07.18 Item 3.2 – National Diabetes Audit analysis to be presented to Quality Committee in October.</p> <p>26.07.18 Item 4.1 – AMor to discuss forward planner for deep dives with the Quality Surveillance Group. This action was deemed closed.</p> <p>26.07.18 Item 5.1 – Update on national reporting requirements for HCAI's be included within the performance report at the August meeting. This action was closed.</p> <p>26.07.18 Item 5.4 – SEND report to be presented to the Quality Committee in October, prior to Governing Body. This action was closed.</p> <p>26.07.18 Item 6 – Latest version of the Risk Register to be requested for the AWP contract meeting. This action was closed.</p> <p>23.07.18 Item 3 – Clarification regarding commissioner expectations for hospice quality accounts to be sought. This action was closed.</p> <p>23.08.18 Item 5.1 – An audit regarding Consultant to Consultant referrals to be undertaken. Work is still ongoing; action remained open.</p> <p>23.08.18 Item 5.1 – GP referral variation data to be included in future reports. LM noted that reviews have been undertaken by her team – data will be collated and be ready for next month.</p> <p>23.08.18 Item 5.1 – Feedback to be provided on the cystoscopy harm reviews.</p> <p>23.08.18 Item 5.1 –National benchmarking of SWASFT performance to be added to future reports. This action was closed.</p> <p>23.08.18 Item 5.1 – Serious Incident compliance for all providers to be included in future reports. This action was closed.</p> <p>23.08.18 Item 5.1 – Further analysis regarding the safety thermometer and harm free. This action was deemed closed.</p> <p>23.08.18 Item 5.1 – Clarity regarding the information provided on WAHT VTE performance to be provided. Alison Moon (AMoo) questioned whether the data provided was validated</p>	<p>JM</p> <p>CT</p> <p>CT</p> <p>CC</p>



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	<p>data or invalidated data to which Lisa Manson (LM) and Anne Morris (AMor) clarified that unvalidated data is first published and then verified and validated. Action was deemed closed.</p> <p>23.08.18 Item 5.1 – Update regarding the ADHD waiting list validation to be provided. When questioned by AMoo whether or not she had reviewed the process, Bridget James (BJ) noted that she had not seen the process in person and this action is still pending.</p> <p>23.08.18 Item 5.1 – Further analysis of GP patient Survey and FFT to be provided to the committee. This action was deemed closed.</p> <p>23.08.18 Item 5.2 – The four dental Never Events patient demographics would be reviewed to identify any trends. This was undertaken and this action was deemed closed.</p> <p>23.08.18 Item 5.2 – To review with NHS Improvement to ensure future reviews have strong terms of reference. This action was deemed closed.</p> <p>23.08.18 Item 5.2 – AMor to feedback to NHS England the suggestion of patient involvement in future reviews. This action was deemed closed.</p> <p>23.08.18 Item 5.3 – Wood Review Consultant Terms of Reference to be presented to the committee, timescales for further committee involvement to be prepared.</p> <p>23.08.18 Item 5.3 – Comments regarding the formatting and quality of the SCR action plans to be feedback to the Safeguarding Boards. This action was deemed closed.</p> <p>23.08.18 Item 5.3 – An updated version of the joint SCR and DHR to be brought to the committee in November. Action remains open.</p> <p>23.08.18 Item 5.4 – Information regarding the demographics of Looked After Children would be provided to the committee. It was noted by Cecily Cook (CC) that work is still being done and further update will be given at next meeting.</p> <p>23.08.18 Item 5.4 – An update on the Looked After Children action plan to be provided to the committee in October.</p> <p>23.08.18 Item 5.5 – HSMR indicator data to be included within the Quality report going forward. This action was closed.</p>	<p>BJ</p> <p>JM/AMor</p> <p>JM/AMor</p> <p>CC</p> <p>CC</p>

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	<p>23.08.18 Item 5.6 – Infection control end of year report to be updated as per committee comments prior to presentation at Governing Body. This action was closed.</p> <p>23.08.18 Item 5.7 – AMor to escalate MRSA issue to Steve Powys regarding an external review. This action was closed.</p> <p>23.08.18 Item 6.3 – Clarification to be provided as to whether Bristol Health Visitors had full access to EMIS. The action was discussed but, committee members noted further clarification is need.</p> <p>23.08.18 Item 6.3 – Review the format of the provider risk register covering document for future reports. This action was closed.</p> <p>23.08.18 Item 7.2 – AMor to discuss with Julia Ross the possibility of a Governing Body Seminar regarding workforce. This action was deemed closed.</p> <p>23.08.18 Item 9 – Review attendance for the September committee and rearrange if required. This action was deemed closed.</p> <p>Minutes of the August Development Session</p> <p>The minutes were agreed as an accurate record of the discussions held during the development session.</p> <p>Matters Arising</p> <p>The committee reviewed the draft Terms of Reference for the Consultation for the Wood Review. These are still under discussion with all parties involved.</p> <p>AMoo made note that one of the potential risk in regards to the Wood Review is ensuring that future safeguarding arrangements are not diluted and are better than those currently in place.</p> <p>Sarah Talbot-Williams (STW) expressed her concern in relation to the short timeframe, and it was noted that if by the end of the timeframe a decision was not made the outcome would be imposed upon the system.</p> <p>It was noted that timescales for CCG internal governance were not included within the paper.</p>	<p style="text-align: center;">CC</p> <p style="text-align: right;">JM/AMor</p>



	Item	Action
	<p>Serious Case Review Action Plans</p> <p>It was confirmed that the issues raised at the last committee meeting had been raised at the BSCB SCR sub group. This would be discussed further at the full Safeguarding Board in October.</p> <p>Quality Accounts</p> <p>AMoo questioned why Sirona was not required to complete a Quality Account. CC noted that Sirona has now completed a Quality Account but no Commissioner comments were requested. This will be clarified with them for the next year to ensure that commissioner comments were requested.</p> <p>It was agreed that any outstanding quality account statements would be shared with the committee for information. Nick Kennedy (NK) queried whether the committee should have sight of the quality accounts for out of area providers which provide services for our patients. It was confirmed that these were reviewed by the lead commissioner for those services.</p>	
04	<p>Regulatory Updates</p> <p>4.1 Quality Surveillance Group</p> <p>Marie Davies (MD) noted that the Quality Surveillance Group is in the process of putting together a system-wide strategic Infection Control Meeting. MD also noted that there was a general discussion around sharing information from Quality Surveillance Groups with Safeguarding Boards. It was agreed by the Quality Surveillance Group that a standing agenda item would be added to agree key messages.</p> <p>The committee discussed issues arising from the Quality Surveillance Group including a specific incident which had been reported at WAHT and ongoing concerns regarding a Care Home provider. AMor has requested that this Care Home provider be referred for a national risk summit.</p>	
05	<p>Quality & Performance Report</p> <p>5.1 Quality and Performance Report</p>	



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	<p>MD presented the Quality section of this Report.</p> <p>It was noted that the reporting for HCAs now includes E.coli and Klebsiella.</p> <p>Harm Free Care reporting was noted to be a particular challenge as UHB and other providers are not using the Safety Thermometer going forward. It was however noted that they were using other reporting and assurance methods. MD suggested that this should be clarified within the quality schedule going forward.</p> <p>AMoo questioned whether or not there was work in regards to E.coli and Hydration. It was confirmed this was the case by CC.</p> <p>CC noted that a peer review is currently being planned with WAHT, with regard to pressure injury incidence.</p> <p>In relation to the Gosport Hospital report, AMoo queried if work was being done with regard to prescribing of opioids within primary care. NK noted that the Gosport Report focuses on overprescribing; however, it was unclear whether the primary care report dealt with opioid overprescribing. Anne Morris (AMor) agreed to check with Medicines Management.</p> <p>Lisa Manson (LM) presented the Performance section of this report.</p> <p>LM noted an increase in referrals. A&E performance is higher than the national average although issues with performance remain.</p> <p>The implementation of rapid and react, and the single referral form which will go to the Integrated Discharge Bureau will be introduced later this month.</p> <p>It was noted that Cancer performance remained relatively static, however, performance worsened at North Bristol Trust around the 62 day standard, particularly in urology.</p> <p>AMoo questioned if there will be an impact in BNSSG due to Lloyds Pharmacy's decision to pause flu vaccinations. AMor</p>	<p>MD</p> <p>AMor</p>



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	<p>and CC confirmed that they were not aware that this would have an impact.</p> <p>NK questioned if the poor performance/issues in A&E was across all providers. LM noted that with the exception of WAHT, most of the delays were attributed to assessment and time in the department which correlated with a number of staff vacancies in May, June and July.</p> <p>LM also noted an increase in attendances in emergency departments and urgent treatment centres. It was also noted that Weston's emergency department now see the same number of attendances once seen in a 24 hour period.</p> <p>5.2 Primary Care Quality Report</p> <p>Bridget James (BJ) noted that this month's report focuses on patient experience data and Care Quality Commission ratings and provides an overview of quality indicators.</p> <p>The report provides information on Friends and Family Test data, outcomes from the GP Patient survey and Health watch information. This shows that whilst there are some outlier practices, overall patient experience of practices within BNSSG is at or above the national average.</p> <p>AMoo questioned priorities for the next report to which BJ noted that Children's metrics will be the focus in October, and Cancer metrics will be the focused quality domain in December.</p> <p>NK commended the work report and noted the importance of the dashboard. AMoo agreed that the detail within the report was improving each month.</p> <p>The committee thanked BJ and noted the report.</p> <p>5.3 AWP Quality Report</p> <p>BJ noted the AWP report focuses on both the most recent Care Quality Commission inspection outcomes and local quality issues identified through contract monitoring.</p>	



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	<p>BJ also highlighted perinatal mental health services and suicide prevention. She noted the improvement at AWP since the new Director of Nursing came into post.</p> <p>When probed by NK on the improvement in Delayed Transfers of Care (DToC) and the reasons behind this BJ noted that there has been some significant work done around DToC. LM added that the active bed management meeting which is now three times a weeks also contributes to the improvement.</p> <p>When asked by NK if this can be sustained. BJ noted that keen attention is being paid to readmissions and making sure discharges are appropriately managed.</p> <p>NK asked about the sustainability of Perinatal Mental Health Services and it was noted that consultant coverage was initially a problem which has now been rectified.</p> <p>LM noted that there is some contradictory data regarding mental health waits in emergency department, which shows assessments being undertaken within an hour of referral regardless of the long wait time reported.</p> <p>NK questioned if suitable training was being done on physical health monitoring to which BJ provided assurance.</p> <p>The committee noted the report.</p> <p>Internal Audit Updates</p> <p>5.4 Serious Incident Internal Audit Action Plan</p> <p>MD presented the Serious Incident Internal Audit Action Plan report.</p> <p>It was noted that the paper presents an update on BNSSG CCG merged action plans in response to an internal audit.</p> <p>MD noted that all actions had been completed except for one element which has been delayed which will be completed by November.</p>	



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	<p>5.5 CHC Internal Audit Action Plan</p> <p>Jo Kapp (JK) presented the CHC Internal Audit Action Plan report.</p> <p>JK highlighted that progress has been made despite three outstanding actions which include IT issues with the server and publication of additional supporting information to help with the delivery of the national framework.</p> <p>AMoo questioned the amber risk ratings shown in the report. JK noted that joint funding policy will be green once agreement is made. These are currently in draft format.</p> <p>Policies for Review</p> <p>5.6 Safeguarding Policies</p> <p>CC presented this item.</p> <p>CC noted that the Safeguarding Policies are a unification of the three CCGs' previous policies. There are no specific changes, and no changes to legislation. The purpose of this paper is to seek approval of the policies.</p> <p>AMoo suggested that a paragraph be added to the covering paper to note review within a year.</p> <p>Committee members agreed that both policies should be approved by the Governing Body.</p>	
06	<p>Items for Discussion</p> <p>6.1 Continuing Healthcare Review Update</p> <p>JK presented the CHC Review Update report.</p> <p>AMoo asked if there were any ongoing risks. AMor noted that there will be organisational changes; and LM also noted potential community providers' implications.</p> <p>STW asked if there was any engagement with patients. JK</p>	

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	<p>noted that there was none at this stage due to the short time frame. However, this will be completed as part of the development of the business case.</p> <p>The committee noted the report.</p> <p>6.2 Patient Experiences Report</p> <p>MD presented this item.</p> <p>MD highlighted that the report is to provide the committee with triangulated information relating to patient experience across BNSSG CCG in order to identify areas of good practice and those in need of improvement.</p> <p>NK questioned whether further review into Freestyle Libre was appropriate as they have been looked at before to which LM noted that further evidence was being sought, which is the purpose for the second review.</p> <p>STW questioned the expectation of formal complaints in regards to the dashboard and whether work was being done to improve response time, to which MD noted that weekly team meetings are being held to discuss key actions and improvement.</p> <p>The committee noted the report.</p> <p>6.3 EIA/QIA Tool Principles</p> <p>MD presented this item.</p> <p>The paper outlines the approach to developing a more coherent and streamlined approach for Equality Impact Assessments, Quality Impact Assessments and Public and Patient Involvement. It was also noted that meetings have been held with the PMO in regards to the design principles.</p> <p>MD reported that fortnightly meetings will be held to create a template by November.</p> <p>Training and review was suggested by NK.</p> <p>6.4 62 Day Cancer Standards Action Report</p> <p>LM presented this report.</p> <p>An overview of the report noted that 62 day cancer performance</p>	



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	<p>is a key national constitutional standard and the achievement of this locally has been a challenge for some time for BNSSG. There has also been deterioration in national 62 day cancer performance.</p> <p>WAHT performance for outcomes for patients as a result of delays in diagnosis and treatment were noted as some of the key issues of concerns. LM noted that a comprehensive approach is being undertaken by the CCG to address all the key points/issues of concerns.</p> <p>The committee noted the report.</p>	
07	<p>Assurance / Working with Partners</p> <p>7.1 Workforce</p> <p>MD presented this item.</p> <p>MD noted that this report outlines an update on current workforce issues from the STP Local Workforce Action Board.</p> <p>AMoo commented on the importance of seeing the governance and the proposed key performance indicators presented in the report.</p> <p>7.2 North Somerset SEND written statement of Action</p> <p>Mark Hemmings (MH) presented this item.</p> <p>MH summarised that the paper aims to provide the Committee with a reminder of the requirements of SEND legislation and SEND Local Area Review inspection process; an update following the SEND Local Area Review inspection in North Somerset, and an update regarding the development of the draft Written Statement of Action which following the inspection.</p> <p>It was noted that the Written Statement of Action will be presented to Governing Body on the 2nd October.</p> <p>AMoo commented on the need for separate Written Statements of Action within each Local Authority and the desire for a cohesive BNSSG approach. LM noted that there is a BNSSG SEND Board.</p> <p>STW suggested the use of established reference (children and adults) groups instead of going through the process of creating new groups.</p>	



	Item	Action
	<p>7.3 BCC Health Protection Committee Annual Report</p> <p>Presentation of report delayed to future meeting.</p> <p>7.4 Bristol Safeguarding Adults Board Annual Report</p> <p>AMor presented this item.</p> <p>The report presented to the Committee is the published Bristol Safeguarding Adults Board (BSAB) Annual Report 2017/18 and is a review of all the multi-agency arrangements across Bristol. It is a statutory requirement under the Care Act (2014) that Safeguarding Adults Boards must publish an annual report. This Annual Report details the work undertaken and completed from the Strategic Plan 2015-2018.</p> <p>AMoo queried whether or not the safeguarding board's annual reports should go to Governing Body along with the policies to which AMor noted that North Somerset and South Gloucestershire reports were not ready.</p> <p>AMor agreed to formulate a plan of action as to how the reports will feed into Governing Body.</p> <p>The committee noted the report.</p> <p>7.5 Bristol Safeguarding Children Board Annual Reports</p> <p>AMor presented this item.</p> <p>The report presented to the Committee is the published Bristol Safeguarding Children Board (BSCB) Annual Report 2017/18 and is a review of all the multi-agency Child Safeguarding arrangements across Bristol. It was a statutory requirement under section 14A of the Children Act 2004 that Independent Chair of the Safeguarding Children Board publish an annual report. This Annual Report details the work undertaken across partnership organisations to safeguard and protect children and young people in Bristol.</p> <p>The committee noted the report.</p>	AMor
08	<p>Risk and Mitigations</p> <p>8.1 Governing Body Assurance Framework</p> <p>AMor presented this item.</p>	



	Item	Action
	<p>AMor presented the Governing Body Assurance Framework (GBAF) and requested the Committee to confirm that it will review the risks relating to performance and to comment on the controls, sources of assurance, identified gaps in controls and assurances, and mitigating actions.</p> <p>AMor to discuss with Sarah Carr the future presentation of the report.</p> <p>8.2 Corporate Risk Register</p> <p>This report provides an overview of the current position of the high level risks within the organisation. The report provides an update on the development and monitoring of these high level risks as recorded on the Corporate Risk Register and invites further discussion on the risks shown.</p> <p>AMoo noted that the report did not show any new risk or changes in the previous risk register. However, STW noted that the register is not complete. AMor will discuss with Sarah Carr regarding any inconsistencies.</p> <p>8.3 Acute Provider Risk Registers</p> <p>AMor presented this item.</p> <p>AMor presented an overview of the new and current risks described on the Risk Registers held by the Acute Trusts commissioned by BNSSG CCG.</p> <p>AMoo noted that NBT added one new risk which is around 4 hour waits in the emergency departments; no new risk for UHB. However, Weston shows a new risks which is attributed to staffing.</p>	<p>AMor</p> <p>AMor</p>
09	<p>Items for Information Only</p> <p>9.1 Safeguarding Governance Group Minutes</p> <p>AMoo emphasised the importance of being able to see the Safeguarding Governance Group Minutes, but noted that highlight reports would serve best for future updates.</p> <p>9.1 CQUINS and Quality Premium</p> <p>AMoo noted the importance of seeing this information, however, suggested an overview for future meeting.</p>	



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	<p>MD reported that work is ongoing to extract key data.</p> <p>The committee noted the report.</p>	
10	<p>Committee Work Plan</p> <p>KT noted that she is currently working closely with MD on updating the committee's work plan.</p>	
11	<p>Any Other Business</p> <p>STW reported that she was unable to open one of the document uploaded to Board Pack. KT noted that work is being done to make the system more user-friendly.</p>	
12	<p>Review of Committee Effectiveness</p> <p>It was noted that the meeting had run overtime.</p> <p>Several committee members noted the lateness and the vast amount of papers coming to a single committee meeting which makes it difficult to give the papers the appropriate level of scrutiny. AMoo to have a discussion with AMor regarding potential options for improvement.</p> <p>It was noted that not all the papers had been appropriate for the committee and had not all been approved for addition by the Chair.</p>	AMoo/Amor
	<p>Date of next meeting:</p> <p>Tuesday, 23rd October, 2018 2:00 P.M. – 5:00 P.M. WG Grace Room, Lower Ground Floor, South Plaza, Bristol</p>	

Cargill Wright
Executive PA to Anne Morris, Director of Nursing & Quality

September 2018

