

BNSSG Quality Committee

Minutes of the meeting held on 21 November 2019 at 09h00 at CCG Conference Room, 4th Floor, South Plaza

Minutes

Present		
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Marie Davies	Associate Director of Quality	MD
Nick Kennedy	Independent Secondary Care Doctor	NK
Sharon Woma	Interim Inclusion Coordinator	SW
Claire Thompson	Deputy Director of Commissioning (Planning & Performance Improvement)	CT
Bridget James	Associate Director of Quality (Patient Safety)	BJ
Peter Brindle	Medical Doctor – Clinical Effectiveness	PB
Sarah Carr	Corporate Secretary	SC
Apologies		
Lesley Le-Pine	Interim Quality Lead Manager	LLP
Rosi Shepherd	Interim Associate Director of Quality	RS
Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Debbie Campbell	Deputy Director (Medicines Optimisation)	DC
Julie Thallon	Interim Director of Quality	JT
Alison Moon	Independent Registered Nurse (Chair)	AM
Lisa Manson	Director of Commissioning	LM
In attendance		
Freda Morgan (notes)	Executive PA to Director of Nursing & Quality	FM

	Item	Action
01	<p>Apologies</p> <p>STW explained that she would be chairing the meeting as AM was away. Apologies were noted as detailed above.</p> <p>It was noted the meeting was not quorate for decision making.</p>	
02	<p>Declarations of interest</p> <p>No declarations of interest were made</p>	

	Item	Action
03.1	<p>Minutes of previous meeting</p> <p>Minutes of the previous meeting were agreed as a true and correct record, subject to the following amendments:</p> <p>Page 1 – Louise Fowler’s job title to be corrected Page 7 – ST to be amended to STW Page 12 – STW commented that timescales should be “<i>realistic</i>” and not “broadened”</p>	
03.2	<p>Action Log</p> <p>Thanks were given to those who completed the action log, which was updated as follows:</p> <p>23/05/19, 7.2 (1): Action closed 20/06/19, 4.2 (2): BJ and JT have met. BJ to get feedback from JT. Timescale extended to March 2020 20/06/19, 6.6 (1): Need to revisit who should take over this action. Deadline extended to December 2019. 25/07/19, 7.7 (1): MD updated that the customer services team is currently in process of being transferred to the corporate team. It is understood this will be complete by 2 December. Further to meeting with PPIF, MD has met with Alex Ward Booth in the insights team and looked at what could be included in an experience report. The current patient experience report will become a customer services report. Discussed whether Rob Hayday should be invited to the meeting, as he will be overseeing the customer services team going forward. Action to stay open with a new deadline date. 22/08/19, 4.1 (1): Meeting minutes amended. Performance will be picked up by the deep dive into CAMHS. Minutes reflect specific CAMHS report in the Weston APG. There is a broader issue about assurance and measuring performance in “hidden” services, i.e.: smaller contracts. Agreed to close. 22/08/19, 4.1 (2-4): Portfolios have been reviewed for interim arrangements MD to pick up this action and provide an update at next meeting with effective dates for timescale. 22/08/19, 5.1 (7): Action for December. Timescale updated 19/09/19, 6.1 (1): In progress for December 19/09/19, 7.9 (1): Action closed 19/09/19, 7.9 (2): MD has picked up this action. In progress for December 19/09/19, 7.10 (2): MD has picked up this action. In progress for December 24/10/19, 3.1 (1-3): Actions closed 24/10/19, 3.1 (8): Meeting being arranged with Sirona. FM to speak to RS and arrange for Sirona to be invited to December meeting. 24/10/19, 4.1 (1-2): Actions closed 24/10/19, 4.2 (1): Actions in progress for December 24/10/19, 4.2 (2): Action closed</p>	

	Item	Action
	<p>24/10/19, 4.3 (1-2): Actions closed 24/10/19, 4.3 (3-4): Actions in progress for December 24/10/19, 6.3 (1-2): Actions closed 24/10/19: 6.3 (3): Action in progress for December meeting. 24/10/19, 6.4 (1-3): Actions closed 24/10/19, 6.5 (1): Action to be updated at December meeting 24/10/19, 7.1 (1): MD is picking up cancer overview and will report back at next meeting. NK mentioned that NHSE are proposing new quality metrics around self-assessment which may be worth following up on. NBT have recruited a consultant with part of his role is to review all MDTs. MD will ask at Quality Sub Groups, what acute providers are doing to assure MDT processes.</p>	
<p>04</p>	<p>Emerging quality concerns:</p> <p>STW fed back concerns arising from discussions with Alison Moon.</p> <p>STW mentioned the NBT review by Mike Durkin went to Governing Body, but not to Quality Committee, and questioned whether the Quality Committee has a responsibility to look at reports before they go to Governing Body. MD suggested including a regular slot for significant cases to be updated.</p> <p>STW also asked for clarity on what a “deep dive” actually means and what it should include. MD has been discussing with Julie Thallon about visiting providers to gain assurance on how decisions are made and where things are shared.</p>	
<p>05 05.1</p>	<p>Risks and Mitigations</p> <p>Corporate Risk Register</p> <p>SC presented the report.</p> <p>The main body of the covering paper introduces a more nuanced and sophisticated risk scoring around financial risks. SC noted the importance of balancing budget risks that score highly on a directorate risk register and understanding this in terms of the whole overall budget. This new approach means that a tolerance level is applied to the corporate financial risk.</p> <p>The Nursing and Quality directorate risk register has added the overspend on CHC budget in the main risk register. Teams are doing a lot of work to understand and get to the real level of why that has happened. It was noted this risk wasn't showing on the PDF provided.</p> <p>ACTION: SC to ensure the CHC overspend appears on the risk register taken to Governing Body.</p> <p>NK said that he understood the idea of qualifying financial risks, but queried if this could result in a safety or other risk not ending up on the corporate risk</p>	<p>SC</p>

	Item	Action
	<p>register? SC said that these would not be there as a financial risk, but a quality risk, so would still be included.</p> <p>STW said that on page 5 of the corporate risk register, about resilience of primary care, there are no arrows to show if it has moved. SC confirmed this risk has gone down. There are no risks at present going up, but finance risk is being added to the next iteration. The hope is that risks go down, and it is more worrying if they materialise and become issues.</p> <p>STW thanked SC for a clear and helpful report.</p>	
05.2	<p>Governing Body Assurance Framework</p> <p>SC noted there has been a lot of change on this, against what would be expected at this time of year. Engagement across the system was considered significant at the beginning of the year, but now the Long Term Plan has been submitted, the risk has come down significantly. Likewise the risk around Healthy Weston (public engagement during consultation) has been completely reduced. However, this will stay on the Assurance Framework and be reported, but will not be updated.</p> <p>SC noted the first risk on the Assurance Framework around Quality Governance and Systems, which is owned by this committee. Julie Thallon has added some updates, and SC asked the committee if this is an accurate reflection of the current position.</p> <p>NK asked what has improved to bring the score down, as we don't seem to be any further forward, and do not yet have a stable team and processes. BJ noted that extra senior support is in place on an interim basis, including Rosi Shepherd, seconded from NHSE to support the director. BJ noted the directorate is up to capacity as either people are coming in, or there are processes in place. Julie Thallon has done a lot of work both internally and externally about the directorate's position, profile and working arrangements. There are now no gaps in the workforce. Plans are in place to rearrange the workload. SC said she will go back to Julie Thallon and suggest they improve the risk score rationale and will report in the covering paper that it was discussed here. This will go to Governing Body in January.</p> <p>PB asked when objectives are reviewed. SC said this happens just before the beginning of the year. The committee discussed whether objectives for next year should be set using the Long Term Plan as a basis, and should be more than just a statement.</p> <p>STW thanked SC for attending to present these reports.</p> <p>PB added feedback to SC thanking her for her support and advice which has been well received and helpful.</p>	<p style="text-align: right;">FM</p>

	Item	Action
	ACTION: FM to invite SC to the Nursing & Quality Directorate meeting, to talk about the Corporate Risk Register and GBAF	
05.3	<p>Acute contracts risk register</p> <p>MD presented this regular quarterly paper, to give an overview of changes in corporate risks for the acute trusts. She has spoken to Julie Thallon to ask if we can change this approach, and would like to understand how useful this is, and whether it can be improved.</p> <p>STW said it is difficult to understand what the report means to the committee, and asked if it should be driving any actions. She asked if the acute trusts all have the same way of reporting risks, noting that UHB has only 1 risk over 15, but Weston have a lot more. MD said there has been a lot of work carried out around risk in Weston.</p> <p>NK said it is useful to see what is of concern to the Trusts, and it would be interested to see some of the lower rated risks for information. BJ said discussions take place in the Quality Sub Groups to ask why risks are not on the register, how they are managing these, and how quality performance issues are recorded. NK asked commentary from that could be added for perspective. STW said that understanding risks have mitigations and there is an action plan around them would also be useful.</p> <p>MD will be attending internal committees at NBT and UHB, to understand the level of scrutiny and get assurance around actions for risk mitigation.</p> <p>PB said it is interesting that the trusts have clearly different approaches to corporate risks, citing the risk relating to 4 hour targets which is reported by one but not the other Bristol acute Trust. NK said we ought to have more assurance, which MD can update on following attendance at their meetings.</p> <p>ACTION; MD to develop a paper to give more assurance</p> <p>ACTION: MD to attend acute providers' clinical quality groups and report back with their assurance.</p>	<p>MD</p> <p>MD</p>
06.1	<p>Quality Surveillance Group</p> <p>Rosi Shepherd attended the Quality Surveillance Group, and BJ presented her feedback.</p> <p>Two presentations were sent through which BJ will share if she is able; one from Healthwatch, and one from Health Education England. There was also a paper on quality surveillance around cancer services, MDTAs and overview of self-declarations.</p>	<p>BJ</p>

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	<p>ACTION: BJ to check if she is able to share these reports, and circulate if able</p> <p>ACTION: Rosi Shepherd to be asked to report further next month. FM to add to agenda</p>	<p>FM</p>
<p>07.1</p>	<p>Quality & Performance Report</p> <p>CT presented the Performance Report</p> <p>CT noted that BNSSG are not performing well around 4 hour target, but performed better than the national average, which is a useful benchmark to understand.</p> <p>There was a system critical incident in October, when the system was in OPEL 4 for over 48 hours. A Chief Executives' summit was held, and system critical incident was instigated along EPRR lines, but without declaring a major incident. Some of the early learning from the debrief is that the benefit from that declaration related to 3-7 and 7-14 day patients, rather than stranded or complex discharges. This may relate to risk thresholds, and the ability of other partners to step in. Learning from this incident is being taken back through A&E Delivery Board (AEDB) and Urgent Care Oversight Board (UCOB) in December, and a system hard reset is planned for the second week in December.</p> <p>The total waiting list size for planned admissions has increased, but BNSSG are still in a good place regionally on this. There was commitment at the beginning of the year to not spend additional money, and to not increase waiting lists, but in October we were alerted to projected deterioration in the year-end position. UHB were projecting an additional 10 thousand patients on the waiting list at the end of the year, but this has been revised down to 4-5 thousand. The key in this is not about additional demand, but about the capacity to undertake activity in providers. Continuing to operate the way we have always done is unsustainable from a workforce perspective. Next year's ambition of 30% reduction is important in terms of transforming the system.</p> <p>The 52ww position has deteriorated slightly. NBT are continuing to see long waits; patients in orthopaedics are choosing to wait, and choice policies are being applied, so we are looking to change our SOPs so that two refusals of reasonable offers will result in a clinical conversation, and a potential de-listing where patients are not making themselves available. One issue at NBT is the nature of the surgery and the case mix, e.g. patients choosing to wait for a particular surgeon or a particular time of year. Quality Committee need to be aware that there is a very high risk of delivering a trajectory of 0 by the end of this financial year.</p> <p>NK queried whether choosing to wait is a quality issue. CT replied that we consider anyone waiting 52 weeks to be a quality issue; the question is</p>	

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<p>is if urgent patients are being seen within the indicated timescale, and harm reviews are carried out on any patients who are not. This is something that should be picked up with providers.</p> <p>ACTION: CT to follow up harm reviews with providers, to confirm if urgent patients are being seen within the indicated timescale, and if harm reviews are being carried out on those patients who are not.</p> <p>STW said there is a good amount of information on mental health, and asked if there are any aspects CT wanted to highlight</p> <p>CT said it was agreed at the beginning of the year that IAPT would not deliver on their standards, but the deterioration is due to the transfer of the service rather than the new provider.</p> <p>MD presented the quality report.</p> <p>There have been escalation issues within urgent care. Some concerns were raised at UHB two weeks ago relating to patients waiting in ED and the corridor. MD attended a site visit with NHSE/I, where they saw patients waiting in the corridor. This is a difficult environment and UHB discussed the challenges and the mitigations being taken.</p> <p>There have been several Never Events across the system, and Contract Performance Notices (CPNs) are in place. The Weston Never Event CPN has been closed. The UHB CPN was due for closure, but on Tuesday the CCG was informed of a potential new never event, but further investigation is underway as this may relate to previous surgery. This will be picked up at the next Quality Sub Group.</p> <p>A CPN is being considered for NBT around targets for VTE. They have a good rate of risk assessments, but are not carrying out many RCAs. They are asking for parity with other acutes, so MD is going to contact the other acute services to align processes across the BNSSG area.</p> <p>BJ presented the AWP quality report</p> <p>An Exec to Exec meeting has been held exploring the issues discussed last month. The CPN for SI management remains in place. AWP are still struggling to manage serious incidents within the national timeframes, but there has been notable improvement in the quality of the investigations. BJ and Wiltshire CCG are visiting AWP in December to go through their SI process, and to understand the reasons why AWP are unable to consistently achieve the nationally set timeframes.</p> <p>AWP has noted its concern about the availability of the flu vaccine at the start of the flu season and the impact this has had on their current vaccination rate and potentially on their ability to achieve the CQUIN. It was noted that the delays affected all providers; however, other providers have achieved higher compliance rates at this same stage.</p>	<p style="text-align: center;">CT</p>

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	<p>Rosi Shepherd has met with Julie Kerry and there was an agreement for the CCG Directors of Nursing to attend AWP's internal quality and governance meeting to look at their internal assurance.</p> <p>NK asked if there was a timescale for improvement regarding SI management, and if we have confidence we will be able to identify and resolve the issues. BJ explained that there is a CPN in place already; therefore the next step will be a penalty if improvements are not made. A plan will be drawn up following Monday's visit which will include a timescale.</p> <p>MD noted that a Pressure Injury conference is happening today, which is good practice.</p> <p>ACTION: FM to add Pressure Injury Conference feedback to agenda for next quality committee.</p>	<p>FM</p>
<p>08.1</p>	<p>Joint Impact Assessment Panel and Process</p> <p>MD presented the report.</p> <p>MD noted that the work in the past year to improve processes; to look at a transformation project for impact assessment, which would include public involvement. Draft Terms of Reference have been set out and shared. The first Joint Impact Assessment Panel (JIAP) meeting takes place next Wednesday. The first part of the meeting will look at particular projects, and work through some of the assessments that have been submitted. The second part of the meeting will be more of an "open surgery". Projects are RAG rated as green if an assessment has been agreed, amber if the assessment has not been agreed, and red if the project is in place, but not assessed. The group will focus on the amber projects to start, to turn green once the assessment has been agreed. This will be coordinated with the Project Management Office (PMO), with the help of subject matter experts.</p> <p>STW queried that the paper does not include any sense of the evaluation of whether a joint approach is better than the individual approach, and asked if this is effective and saved time. MD said the feeling is that this will help save time in terms of efficiency, and having the right people in the right place. There will be an evaluation after 6 months.</p> <p>NK said the report looks good, that the PPI side is interesting, and good to include. The panel will consider and approve assessments, but also provide advice and guidance. MD said that people can drop in, and meetings will take place at the same time every month.</p> <p>STW asked if this has been approved from a governance perspective. MD said it has not been approved elsewhere, but they are hoping to share the outcomes and minutes of this meeting with Quality Committee but suggesting</p>	

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	<p>it goes to Turnaround Steering Group for overall governance. BJ suggested it may be more beneficial to have an activity report for assurance to Quality Committee.</p> <p>STW said the membership appears quite vague, and asked for clarity. MD explained the Partnership & Engagement manager is required in terms of PPI element, but it may be more useful for Alex Ward Booth to be involved in that. STW said it needs to be clear what the membership is and the quoracy. NK queried the clinical membership. MD said there are no doctors, but there are nurses. PB said he is not familiar with the processes in this area, so it is hard to judge whether a GP or other medical input would be useful. STW suggested asking PB to attend one of the early meetings to review if GP attendance would be an added benefit, or if nurse experience may be more appropriate. MD suggested inviting Jeremy Maynard to attend. NK said he would also be interested to attend a meeting, and noted the dates are listed in the paper.</p>	
08.2	<p>CQUINS Q1 & 2 position</p> <p>MD presented this regular update.</p> <p>A new approach on national CQUINS was announced in January with the idea of making them more easily achievable and less burdensome in terms of the work required. Providers are now uploading to a national system. The CCG do not have the automatic right to see the national database, however the providers share their information so feedback can be given from the CCG prior to provider upload. The CCG has approached providers to all access to the database, and are hoping to have this for the next quarter.</p> <p>The achievements up to Q2 were presented. The CCG recognise CQUINS were delivered late nationally and agreed with providers that Q1 will not apply when calculating the reward unless they were performing really well; the only provider this applies to is Spire.</p> <p>MD provided an overview of the providers' performance.</p> <p>This month's providers' Quality Sub Groups will discuss CQUIN submissions and ask if there is anything we can do as a system to help them achieve.</p> <p>BJ noted the IAPT CQUIN is not fully achieved as stated on the report. This is because AWP did not provide the service for the full quarter, so this has been deemed N/A.</p> <p>ACTION: MD to amend the report to show the use of anxiety disorder for IAPT to be N/A</p> <p>PB asked what the value percentage means. MD clarified that this relates to how much money would have been brought in. The group discussed the need to articulate the quality element more.</p>	MD

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	<p>ACTION: MD to feed back that the value percentage column needs to be clearer.</p> <p>PB said it would be helpful to have a column with commentary and content.</p>	MD
08.3	<p>Equality and Diversity Action Report</p> <p>Sharon Woma presented the report and gave an overview of the work required.</p> <p>SW noted staff networks have been launched, including Proud, BAME and Allies network. SW is working closely with staff networks and internal comms to increase engagement, improve staff morale, and ensure equality is embedded throughout the organisation.</p> <p>STW attended the last equalities forum where there was a helpful debate around equality reports and the Workforce Racial Equality Standard (WRES). There is more work to be done by the forum to drive this back up.</p> <p>SC asked if this report was governing body ready? STW said it would be a good annexe to the paper, but on its own it doesn't quite deliver the assurance required. SW said this will be the appendix of the annual report, she is currently updating.</p> <p>MD asked that as SW is new in post, and MD has recently returned from Weston, it would be good to arrange a meeting to discuss the required assurance and information.</p> <p>ACTION: MD to meet with SW to discuss the assurance and information required for the Equality and Diversity report</p> <p>PB welcomed SW to her post.</p> <p>SW said she appreciated the feedback from the committee, as this is her first submission to Governing Body</p>	MD
09.1	<p>Final HPS report North Somerset</p> <p>Report noted</p>	
09.2	<p>Send update</p> <p>This report was not received. The committee asked FM to follow up with Alison Ford whether a report will be forthcoming for the next meeting, as the committee feel they require and update on SEND.</p>	FM

	Item	Action
	ACTION: FM to follow up with Alison Ford whether a report on SEND will be forthcoming for the next Quality Committee meeting.	
09.3	<p>STP medicine quality & safety meeting minutes</p> <p>The report was noted</p> <p>STW asked on Alison Moon's behalf if this group should be added to the organogram of groups that report into Quality Committee. PB said it should.</p> <p>Action: Group to be added to organogram.</p>	FM
10	<p>Nursing & Quality Team Work Plan</p> <p>The Nursing & Quality team work plan is an update on work planned for the year by the Nursing & Quality Directorate for quarter 2.</p> <p>BJ suggested adding a cover sheet for future submissions.</p> <p>STW said the report is informative, but areas of concern need to be articulated.</p>	
11	<p>Review of Committee Effectiveness</p> <ul style="list-style-type: none"> • Did the meeting run to time YES • Did the right people attend The meeting was not quorate • Were action items assigned where appropriate to the right people YES • Were all items given sufficient time to discuss YES • Were all members able to contribute YES • Has the meetings business contributed to the organisation's aims and objectives in terms of: <ul style="list-style-type: none"> ○ Strategy YES ○ Planning YES ○ Governance YES • Were any of the items inappropriate for this committee <ul style="list-style-type: none"> ○ The committee questioned whether Equality report should have come to the Quality Committee. MD said that traditionally EDS and WRES come through the quality schedule, so assurance goes through Quality Committee, and we work with our quality colleagues and the accessible information standard • Did the meeting receive the administrative support that it needed YES 	
	Date of next meeting:	

	Item	Action
	Thursday 19 December 13h30-17h00 CCG Conference Room South Plaza	

Freda Morgan
Executive PA
29 November 2019