

## Quality Committee

Minutes of the meeting held on 22<sup>nd</sup> November, 2018 at 09:00 – 12:00, at  
Holiday Inn, Bristol City Centre

### Minutes

<b>Present</b>		
Alison Moon	Independent Registered Nurse (Chair)	AMoo
Anne Morris	Director of Nursing & Quality	AMor
Dr Peter Brindle	Medical Director – Clinical Effectiveness (All agenda items except items 5.3, 6.1 and 6.2)	PB
Sarah Talbot-Williams	Independent Lay Member (Patient & Public Engagement)	STW
Dr Nick Kennedy	Independent Secondary Care Doctor	NK
Lisa Manson	Director of Commissioning	LM
<b>In attendance</b>		
Cecily Cook	Deputy Director Nursing and Quality	CC
Bridget James	Associate Director Quality (Patient Safety)	BJ
Debbie Campbell	Head of Medicines Management (Until agenda item 6.1)	DC
Aurelius Wright	Executive PA	AW
Kat Tucker	Quality Support Manager	KT
Marie Davies	Associate Director Quality (Patient Experience)	MD
Sarah Carr	Corporate Secretary (Agenda item 7.1 and 7.2)	SC
James Bayliss	Lead HCAI & Quality Manager	JB
Heidi Sydor	Safeguarding Manager (Only for Agenda item 6.6)	HS
<b>Apologies</b>		
Dr Jeremy Maynard	Clinical Corporate Lead for Quality	JM
Dr Martin Jones	Medical Director (Primary Care and Commissioning)	MJ
Louise Fowler	PPI Programme Lead	LF
Jo Hartland	Head of Research and Evidence	JH

	Item	Action
01	<p><b>Welcome and Apologies</b></p> <p>Alison Moon (AMoo) welcomed everyone to the meeting. Members then introduced themselves as there were new attendees present.</p> <p>Apologies are noted above.</p>	
02	<p><b>Declarations of Interest</b></p> <p>No new declarations of interests were noted at this meeting.</p>	
03	<p><b>Minutes of Meeting 22<sup>nd</sup> November, 2018</b></p> <p>Corrections were cited for the minutes of the meeting held on 23<sup>rd</sup> October, 2018 and minutes were approved with amendments as an accurate record of the meeting.</p> <p><b>3.2 Action Log</b></p> <p>20.09.18 Item 5.1 An assurance report, which will include all the commissioned services and their position on opioid prescribing, will come to the Committee in February 2019. Paper to be authored by Debbie Campbell (DC) with the help of James Bayliss (JB), sponsored by Peter Brindle (PB). Action remained open.</p> <p>20.09.18 Item 5.1 The requirement for a BNSSG single method of measuring Harm Free Care has been agreed as a principle in developing quality metrics for 2019/20. Paper on agenda outlining approach. Action was closed.</p> <p>21.06.18 Item 4.5.1 –Cecily Cook (CC) noted that this will be going to a SARs sub group. Additional follow up to be provided following this. Item remained open.</p> <p>26.07.18 Item 3.2 – The committee requested the presentation of both the 2016/2017 and 2017/2018 figures at the scheduled January 2019 meeting. Action was deemed closed.</p> <p>23.08.18 Item 5.1 – Lisa Manson (LM) noted referral variation data had been collated. However, the data had not be tested or verified. Action was deemed closed with assurance to be presented at subsequent committee meeting.</p> <p>23.08.18 Item 5.1 – CC noted information on the final actions</p>	<p><b>DC/PB</b></p> <p><b>CC</b></p>



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	<p>from the harm reviews will be present in the Quality report for the next scheduled Committee meeting. Action was regarded closed.</p> <p>23.08.18 Item 5.1 – Commissioners visited the ADHD services. Decision made to merge the three locality lists for BNSSG. Discussions held on managing the risk for those on the waiting list. A briefing paper for December was suggested by AMoo. Action remained open.</p> <p>23.08.18 Item 5.3 – An updated version of the joint SCR and DHR to be brought to the committee in December. Action remained open.</p>	<p><b>BJ</b></p> <p><b>CC</b></p>
04	<p><b>Regulatory Updates</b></p> <p><b>4.1 Quality Surveillance Group</b></p> <p>Marie Davies (MD) presented this item.</p> <p>AMoo questioned the process for deep dives and in terms of the schedule for Cancer who would be the Senior Responsible Officer (SRO). Peter Brindle (PB) suggested this would be him and suggested his team should be involved in this work. MD noted she would contact his team to help clarify the terms of reference for this work.</p> <p>MD highlighted a piece of work undertaken by Public Health on dementia. The importance of preventative health strategies were discussed including the provision of smoking cessation services. PB agreed to frame a question to the Director of Public Health in Bristol in relation to these services.</p> <p>The committee noted the report and thanked MD.</p>	<b>MD/PB</b>
05	<p><b>Quality &amp; Performance Report</b></p> <p><b>5.1 Quality and Performance Report</b></p> <p>MD presented the Quality section of this Report.</p> <p>MD noted that a potential never event had been reported in November; further information has been requested from University Hospital Bristol (UHB). MD to update the committee in</p>	<b>MD</b>



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<p>regards to the event.</p> <p>MD also highlighted the work being done around MRSA, and system wide action plan being developed with the help of James Bayliss (JB).</p> <p>MD noted the concern raised about the demand on resources for SWASFT. AMor noted that actions are being taken and ongoing monitoring will continue by the Quality Leads. AMor recommended presenting a report to the open session of Governing Body.</p> <p>It was noted that the contract performances notice (CPN) issued to AWP for the management of serious incidents would be closed as the issues of non-compliance had changed. The Trust are focusing on quality improvement which in doing so has negatively impacted on the 60 working day performance This issue would be revisited at the next Quality sub group meeting and a revised CPN issued.</p> <p>Lisa Manson (LM) presented the Performance section of this report.</p> <p>LM noted that urgent care remains the key area of concern. September's performance declined to 82%. However, an improvement has been seen for the month of October.</p> <p>LM also reported that the over 52 week waits for planned treatment deteriorated in September from 36 to 41, failing to achieve the trajectory of 22. A deep dive was completed two months ago and a revised remedial action plan from NBT was noted.</p> <p>AMoo and Nick Kennedy (NK) queried whether all the UHB 52 week waits related to paediatric surgery, to which LM confirmed to be so.</p> <p>NK questioned whether there was any data to show patient satisfaction in regards to the 52 week waits. LM noted that patients have been contacted and clinically reviewed, and offered alternative surgeons and placement. However, majority chose to remain. Sarah Talbot-Williams (STW) questioned whether</p>	<p><b>MD</b></p>



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	<p>patients choosing not to take alternative placement impacts on mortality levels to which LM noted there was no evidence present.</p> <p>LM highlighted 62 day referral to treatment time for cancer patients deteriorated in September. Performance deteriorated at all three trusts, although UHB continued to achieve the 85% national standard and their monthly trajectory.</p> <p>AMoo queried the process and patient support provided following multiple and last minute cancellations. LM noted a collaborative effort is being adopted to assist NBT in being proactive with cancellations.</p> <p>NK questioned if there was an understanding for why 'on the same day' cancellations occurred. LM noted that the recent cancellations were predominately due to bed capacity.</p> <p>The Committee thanked MD and LM, and noted the Quality &amp; Performance Report.</p> <p><b>5.2 Contract Performance Notice</b></p> <p>LM presented this item.</p> <p>LM highlighted the Activity Query Notices (AQNs) both the CCG and NBT have issued to each other around emergency growth. She noted that a third party audit of the growth in non-elective short stay activity is currently being discussed by both.</p> <p>LM also noted significant increase in dermatology cancer cases which has an effect on the 2 week wait.</p> <p>STW queried whether there was an agreed timescale for when completion of remedial action plans (RAPs) mentioned in the report will be agreed. LM noted April 2019 to be the deadline; however, a formal contract timescale was given but was specific to the actions required.</p> <p>The committee thank Lisa Manson and noted the report.</p>	

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	<p><b>5.3 Quarter 2 HCAI Report</b></p> <p>JB presented this item.</p> <p>JB emphasised the work being undertaken by the task and finish groups for MRSA and E. coli. JB also noted a numbers of cases of MRSA bloodstream infection (BSI) and that E. coli numbers are significantly above trajectory at this point in the year.</p> <p>CC briefly recapped her attendance at the two day training held by the Design Council in London.</p> <p>AMoo queried what assurances are given around antimicrobial prescribing in primary care, hospitals and community services. DC noted this was undertaken and had been previously reported, however, noted that antibiotic usage will be included in the report again going forward.</p> <p>NK noted the rise in E.coli numbers and questioned if this was a national issues to which JB noted it was an increased level of activity at UHB, and that is being looked into.</p> <p>AMoo recommend a deep dive report into E.coli, which should include all providers, to be presented to the committee in February 2019.</p> <p>DC highlighted the new NICE Guidelines recently published around the treatment of UTI to be adopted.</p> <p>The chair noted the report but, recommended defined timelines to be added to the report.</p>	<p><b>DC</b></p> <p><b>JB/CC</b></p>
06	<p><b>Items for Discussion</b></p> <p><b>6.1 Terms of Reference Review</b></p> <p>AMoo presented this item.</p> <p>Sarah Carr (SC) noted there is a new constitutional model, which will see the development of a governance hand book that will include Term of Reference for all CCG committees that feed into Governing Body.</p>	



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	<p>MD noted that the paper is an update for the Committee on the progress of work being undertaken to ensure appropriate sharing of health data with the six local safeguarding boards.</p> <p>AMoo queried the deadline date the actions will be completed by, to which it was noted it will be for April 2019 as it is contractual.</p> <p>The Committee noted the updates and thanked MD.</p> <p><b>6.4 Quality Strategy Report</b></p> <p>CC presented this report.</p> <p>The purpose of this paper is to describe the process undertaken to develop the Quality Strategy for Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG).</p> <p>STW queried whether the group participated was diverse to which CC noted that it was. However, CC also noted that the target audience was not completely achieved as some 'hard to reach' groups had not been involved.</p> <p>STW recommended grouping the key quality priorities, listed on page four of the Quality Strategy, and also suggested additional measurable objectives.</p> <p>NK questioned how clinical effectiveness is measured to which PB noted clear outcomes are needed. PB recommended sharing the document with members of his team for contribution into clinical effectiveness aspect of the report.</p> <p>AMoo felt that the document was 'traditional' in its approach and asked that the level of ambition and transformation and how it would connect to all who worked in the CCG and gave examples of unwarranted clinical variation and improvement of clinical pathways and clinical outcomes.</p> <p>The Committee suggested presenting this at the next Governing Body seminar session for further discussion.</p> <p>The Committee noted the report and thanked CC.</p> <p><b>6.5 Modern Slavery Statement</b></p> <p>CC presented this report.</p>	<p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p></p> <p><b>CC</b></p> <p></p> <p><b>CC</b></p> <p><b>CC</b></p> <p></p>



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	<p>AMoo queried if the statement was based on those published by similar organisations to which CC noted that the statement is based on national guidelines.</p> <p>STW noted that a consensus should be made in regards to the population size.</p> <p>AMoo recommended an update coming back to the committee in conjunction with the Adult Safeguarding update.</p> <p>The committee noted the statement and thanked CC.</p> <p><b>6.6 BNSSG Safeguarding Annual Report</b></p> <p>Heidi Sydor (HS) presented this report.</p> <p>HS noted this report provides evidence of safeguarding achievements across the BNSSG CCG area during 2017-2018.</p> <p>STW noted the inconsistency presented within the report, and the need for further work before this can be shared more widely. STW recommended a more detailed Executive Summary is needed if the document is to be shared with Governing Body or any external organisation or committee.</p> <p>AMoo queried whether a separate report is needed for Looked After Children as the annual report does not detail what is happening. Recommendation was also made for CC and team to verify data presented in the section for Looked After Children.</p> <p>The committee requested to see the report in January, and to be presented to the Governing Body in February.</p> <p>AMoo asked if there could be a standardised approach and template to internal annual reports for 19/20. SC agreed to consider.</p> <p>The committee thanked Heidi and noted the Annual Report.</p>	<p><b>CC</b></p> <p><b>CC</b></p> <p><b>CC</b></p> <p><b>SC</b></p>
07	<p><b>Risk and Mitigations</b></p> <p><b>7.1 Governing Body Assurance Framework</b></p> <p>SC presented this item.</p> <p>SC highlighted the reduction in various risk scores listed, and the noteworthy update on mental health which we be coming to the December scheduled meeting.</p>	



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	<p>AMoo questioned when the CCG's objectives will be evaluated to which SC noted that they will be completed in the new financial year.</p> <p>The committee noted the Governing Body Assurance Framework.</p> <p><b>7.2 Corporate Risk Register</b></p> <p>SC presented this item.</p> <p>SC noted the work being done with various risk leads within BNSSG CCG to refine a number of risks listed on the register.</p> <p>SC also highlighted a number of risks removed from the register following the review completed by Governing Body at its October meeting.</p> <p>AMoo queried whether the Directorates own the risks and refer to the register in an active and positive way, to which SC responded in the affirmative.</p> <p>The committee noted the Corporate Risk Register.</p> <p><b>7.3 Community Risk Register</b></p> <p>CC presented this item.</p> <p>The committee noted the risks raised by the community providers.</p> <p>The Committee noted the Risk Register.</p>	
08	<p><b>Items for Information Only</b></p> <p><b>8.1 BNSSG Community Services Update for People with Learning Disabilities &amp; Autism</b></p> <p>BJ Noted the report was for the committee's information as it had been written for NHSE. STW queried what assurances were given with people with learning disabilities and autism as there are no demographical statistics listed.</p> <p>BJ noted the comment and will forward this query onto the author.</p> <p>The committee noted the report.</p>	BJ

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	<p><b>8.2 CCG Response to Sirona's Care and Health Quality Statement</b></p> <p>CC presented this item.</p> <p>AMoo noted the importance of seeing the statements and the quality account.</p> <p>CC noted that the document was published prior to comments being given. However, a process is being developed for all providers for next year.</p> <p>The committee noted the Quality Account and Statement.</p> <p><b>9.1 System Delivery Oversight Group (SDOG) Report for Care and Quality</b></p> <p>AMoo noted that this item should be for discussion and not for information only, and to be added to the work plan.</p> <p>The committee noted the minutes.</p>	<b>AW</b>
09	<p><b>Committee Work Plan</b></p> <p>The committee noted the work plan.</p>	
10	<p><b>Any Other Business</b></p> <p>No other business was noted or discussed.</p>	
11	<p><b>Review of Committee Effectiveness</b></p> <p>The committee felt that the right people had attend the meeting, and that each item had been fully discussed, however, also noted that some items listed under for Information Only should be brought back for full discussion.</p> <p>The committee agreed that all items were given sufficient time for discussion; all members were able to contribute to the discussion; appropriate administrative support was given, and the action log was updated prior to the meeting.</p>	

	Item	Action
	<p><b>Date of next meeting:</b></p> <p><b>Thursday, 24<sup>th</sup> January, 2019 at 09:00 – 12:00</b> <b>Meeting Room B, 4<sup>th</sup> Floor, South Plaza</b></p>	

**Aurelius Wright**  
**Executive PA to Anne Morris, Director of Nursing & Quality**  
**November 2018**

