

Agenda Item 12.1

Quality & Governance Committee

Minutes of the meeting held on: Tuesday 22 August July 2017, 9am

Location: Downstairs meeting room, Corum 2, South Gloucestershire CCG

03 Minutes

Present:	
Bristol	Martin Jones, Chair (MJ) Kirsty Alexander, North and West LEG Representative (KA) Steve Davies, South LEG Representative (SD) David Soodeen, ICE LEG Representative (DS)
North Somerset	Jeanette George, Chief Operating Officer, (JG) Julian Simcox, Lay Volunteer (JS)
South Gloucestershire	Kate Chisholm-Mitchell, Head of Governance and Quality (KCM) Jon Rushforth, Lay Member, Chair (JR) Lucy Jones, Corporate Support Officer (LJ)
In Attendance:	Marie Davies, Head of Commissioning for Quality, BNSSG (MD) Bridget James, Head of Quality, BCCG (BJ) Kat Tucker, Quality and Patient Safety Support Manager, BCCG (KT) Caroline Dominey-Strange (For Item 6.5) (CDS)
Apologies:	Tara Mistry, Lay Member for PPI, BCCG Anne Morris, Director of Nursing and Quality, BNSSG CCG Kathy Headdon, Lay Member, NSCCG Jeremy Maynard, GP Clinical Lead for Quality, NSCCG Mary Backhouse, Chair, NSCCG Mel Green, Head of Medicines Management, SGCCG Dave Jarrett, Director of Operations, SGCCG Miriam Ainsworth, Clinical Lead, NSCCG Julia Ross, Chief Officer BNSSG

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1	<p>WELCOME AND APOLOGIES</p> <p>Jon Rushforth welcomed members to the Quality and Governance Committee Meeting In Common. Apologies were noted from the above members.</p> <p>It was noted that South Gloucestershire and North Somerset CCGs were not quorate. It was agreed that Chair's action would be required to confirm with absent members if decisions were required.</p>	
2	<p>DECLARATIONS OF INTEREST</p> <p>No interests were declared</p>	
3	<p>MINUTES OF THE MEETING OF 20 July 2017</p> <p>The minutes were approved as an accurate reflection of the meeting.</p> <p>Action Log</p> <p>21.13.17 Item 5.3 - The committee were informed that all of the self assessments had been received and work was underway to review these. This action remained open.</p> <p>20.06.17 Item 7.1 – The committee were advised that clinical validation and a standard operating procedure were being developed at UHB and discussions were ongoing at NBT. This action was closed.</p> <p>20.06.17 Item 7.6 – The committee discussed the information that the clinical forums required. It was agreed that further work was needed regarding what information the clinical forums would find useful. This action remained open.</p> <p>20.06.17 Item 9.2 – The Healthwatch reports had not yet been received. This action remained open.</p> <p>20.07.17 Item 3.2 (2) – It was confirmed that the paper regarding Cyber-attacks was on the agenda and had been discussed at the Strategic Information Group. This action was closed.</p> <p>20.07.17 Item 4.1 (1) – The CQC presentation had been shared, this action was closed.</p>	<p>JG</p> <p>BJ</p> <p>SC</p>

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	<p>20.07.17 Item 5.1 – Revised Health Protection Committee minutes had been sent back. This action was closed.</p> <p>20.07.17 Item 5.2 – Kirsty Alexander confirmed that she had fed back to the Health Protection Committee regarding her concerns about the availability of the HPV vaccines. This action was closed.</p> <p>20.07.17 Item 5.3 – It was confirmed that South Gloucestershire and North Somerset Health Protection Committee minutes would be shared going forward. This action was closed.</p> <p>20.07.17 Item 7.1 (2) – The committee were informed that feedback had been provided to UHB regarding their communication to GPs outside of Bristol. This action was closed.</p> <p>20.07.17 Item 7.1 (3) – The committee were informed that Fractured Neck of Femur delays were discussed monthly at the UHB Quality Sub Group and it was confirmed that there had been no harm. This action was closed.</p> <p>20.07.17 Item 7.7 – The committee were advised that there was currently nothing in the contract that meant community providers had to share their Risk Registers, these would be requested, however if there were any issues this would be added to future contracts. This action was closed.</p> <p>20.07.17 Item 7.10 – This action was closed as it linked with action 20.06.17 Item 7.6.</p> <p>20.07.17 Item 8.3 – Comments had been shared with the author of the report. This action was closed.</p> <p>Matters arising The committee were informed of progress to align governance arrangements across BNSSG and the Governing Body Sub Committee structures. It was confirmed that this was be presented to the Governing Body in September and these would then be presented to the committee for implementation. This would be future proofed for potential future mergers of the CCGs. It was agreed that the proposals would be shared with committee members for comments prior to being presented at the Governing Body.</p>	<p style="text-align: center;">JG</p>

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4	<p>REGULATORY UPDATES</p> <p>4.1 Quality Surveillance Group:</p> <p>It was noted that there had been no Quality Surveillance Group Meeting since the previous update.</p>	
5	<p>MINUTES FOR REVIEW</p> <p>5.1 BNSSG Healthcare Acquired Infection Group</p> <p>Bridget James presented this item.</p> <p>The committee were informed that task and finish groups were being set up to address issues with MRSA, C Difficile and E-Coli.</p> <p>David Soodeen raised a question regarding Carbapenem resistant enterococcus and the Syrian resettlement program. It was agreed that he would share information with the quality team and medicines management team on this issue.</p>	DS
6	<p>RISK AND GOVERNANCE</p> <p>6.1 Bristol Corporate Risk Register</p> <p>Bridget James presented this item.</p> <p>The committee were advised that a new risk had been added, no risk ratings had been changed.</p> <p>The committee discussed concerns regarding some of the risks that had been on the register for a considerable period of time including lack of home care availability (BCCG 010 15/16). It was noted that the Corporate Risk Register would be presented to the Executive Team to review on a monthly basis. The committee discussed the link with the Local Authorities regarding some of the risks.</p> <p>It was agreed that a deep dive into the issue of care homes would be undertaken and presented to the committee.</p> <p>David Soodeen queried the risk regarding planned care failure to meet the NHS Constitutional standards (BCCG 001.3 17/18). It was noted that the update stated that this was not related to an increase in GP referrals, the committee discussed other reasons for the increase in the rate of referrals.</p>	MD

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	<p>The committee discussed work that was ongoing to bring the three CCGs risk registers together and develop a single risk management strategy. The committee encouraged the work to bring these together.</p> <p>It was agreed that an update would be provided regarding whether midwives would be providing flu vaccines.</p> <p style="text-align: center;">6.2 South Gloucestershire Corporate Risk Register</p> <p>Lucy Jones presented this item.</p> <p>The committee were informed that one risk was recommended for removal and two new risks had been added, relating to CCHP and Cyber Attacks.</p> <p style="text-align: center;">6.3 North Somerset Corporate Risk Register</p> <p>Jeanette George presented this item.</p> <p>The committee were informed that the risk register had been fully reviewed, however there were no significant changes and no new or closed risks.</p> <p style="text-align: center;">6.4 South Gloucestershire Assurance Framework</p> <p>Lucy Jones presented this item.</p> <p>It was noted that there had been no significant changes since the assurance framework had last been presented.</p> <p>It was confirmed that a piece of work was ongoing to bring together the three assurance frameworks.</p> <p style="text-align: center;">6.5 BNSSG IG Toolkit</p> <p>Caroline Dominey-Strange was welcomed to the meeting to present this item.</p> <p>The committee noted that the report stated the position of each individual CCG with regards to Information Governance but did not provide a BNSSG wide position. It was expected that the 2018/19 submission for the IG toolkit would be combined.</p> <p>David Soodeen raised that increased IT updates were causing significant delays in starting work in GP Practices due to long delays in turning on computers. It was noted that the Strategic Information Group were reviewing as to whether these updates could be completed in non-peak times.</p> <p>The committee were presented with a paper regarding the cyber-attack, it was noted that one Practice had been affected by</p>	<p>BJ</p>

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	<p>cyber-attacks significantly more than others, it was noted that this related to one attack which affected multiple computers in one practice, this was due to computers not having been updated regularly. It was agreed that the cyber security manager would be recommended to attend the audit committee to provide further assurance.</p> <p>The committee discussed the importance of communications regarding not plugging phones into computers, use of personal IT equipment and the importance of IG training in Primary Care.</p> <p style="text-align: center;">6.6 Bristol Serious Concerns Log</p> <p>Bridget James presented this item and confirmed that there had been no concerns raised since last presented.</p> <p style="text-align: center;">6.7 South Gloucestershire FOI Report</p> <p>Lucy Jones presented this item.</p> <p>The committee were informed that South Gloucestershire had received 49 requests in Quarter one 2017/18, this was less than the previous year.</p> <p>It was confirmed that there were 7 timescale breaches within quarter one. Issues with director sign off were being worked through with the changes in the Executive Team.</p> <p style="text-align: center;">6.8 Briefing on the Bristol ContactUs email incident.</p> <p>Bridget James presented this item.</p> <p>The committee were informed of an incident which was highlighted recently as an extra nhs.net account was set up without staff knowledge meaning that emails, including FOI's, complaints and GP queries were not being actioned.</p> <p>Staff were working through the backlog of FOI's, Complaints and GP queries. A full investigation into this incident would be held to identified any learning. It was agreed that the initial actions taken were appropriate.</p> <p>It was agreed that the investigation response should be presented to the Audit committee on completion.</p>	BJ
7	QUALITY REPORTS	

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	<p style="text-align: center;">7.1 BNSSG Quality Report</p> <p>Marie Davies presented this item.</p> <p><u>UHB</u></p> <p>The committee were informed that UHB had reported 5 Never Events in two and a half months. Two were in Dental Services, initially there does not appear to be any other links. The investigations into these are ongoing. NHS England and NHS Improvement are aware of these issues, discussions have been held regarding a Contract Performance Notice, a decision will be made regarding this on receipt of the investigation outcomes.</p> <p>It was noted that the number of Fractured Neck of Femur patients at UHB were low, however the performance remained below the threshold. It was noted that the issue with the Best Practice Tariff related to review by an Ortho-Geriatrician.</p> <p>A system wide piece of work is being undertaken by the MSK STP workstream, to review this issue.</p> <p>It was noted that there had been mixed sex accommodation breaches reported, these were in areas where an exception to the mixed sex accommodation rules had been agreed due to clinical best practice. The breaches reported were in these exception areas but they had breached the allowed time. Further information on these had been requested and a further observational visit would be arranged.</p> <p><u>WAHT</u></p> <p>The committee were informed of the governance in place around the overnight ED closure. The CQC action plan had also been received, and an approach with NHS Improvement to review this had been agreed.</p> <p>All Contract Performance Notices and Remedial Action Plans had been reviewed and several had been closed. There were ongoing issues with VTE reporting, it was noted that this was felt to be a recording issue.</p> <p>WAHT had a high rate of UTI which had increased; this had previously been an area of focus. It was agreed that a deep dive into this issue would be carried out.</p> <p><u>NBT</u></p>	<p style="text-align: center;">MD</p>

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	<p>It was noted that there was a significant issue of delayed discharge summaries and clinic letters, an internal group had been set up at NBT to resolve this issue, however there continued to be a large backlog in some areas up to 15 weeks. It was felt that this was related to reductions in administration staff which were now being replaced. There was a potential for patient safety issues. This issue would be closely monitored. Further information would be provided on this issue next month. It was agreed that it would be recommended that NBT discuss with UHB how they manage administration in a timely manner.</p> <p>Two MRSA cases had been reported at NBT in August, making this a rolling year total of 8 cases. It was suggested that this was linked to the national guidance on screening. A contract performance notice and remedial action plan was in place. An external review was being commissioned by NHS Improvement. FFT rates remain below target and a contract performance notice had been issued regarding complaints management.</p> <p>A Never Event had been reported, and the Contract Performance Notice would not currently be being stood down.</p> <p>It was noted that there had been a spike in pressure ulcers across all Providers. Further work was ongoing to investigate the causes of this. A pressure ulcer program board would meet for the first time in October and the strategy was currently out for consultation.</p> <p>It was agreed that in future a section regarding outstanding Contract Performance Notices and updates would be provided within the report.</p> <p>It was noted that NBT had markedly higher numbers of Serious Incidents reported than other Acute Providers. It was noted that this would include 12 hour trolley breaches which are subsequently deleted.</p> <p><u>NSCP</u></p> <p>MSK referral time lines were a concern, this was being looked into by the quality monitoring group.</p> <p><u>SWAST</u></p> <p>It was noted that there were a number of open actions for adverse incidents at SWAST. A paper on this issue would be presented to the Quality Sub Group in September.</p>	<p>BJ</p> <p>BJ</p> <p>MD</p>

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	<p>Response times for complaints were noted to be very poor, work was ongoing to understand and resolve this issue.</p> <p><u>AWP</u></p> <p>An audit of missed medication doses has been carried out which had highlighted a large number of missed doses. Further investigation into this had been requested.</p> <p>Delayed Transfer of Care specifically in Bristol were very high, more work is ongoing to understand the reasons behind this, it is discussed regularly at the contract performance meetings.</p> <p>Laurel Ward remains closed, there is no date for reopening yet. Staff training has been completed, however work remains ongoing regarding environmental issues and a plan has been received which extends to December. Leadership remains an outstanding issue. It was noted that commissioning and contracting decisions regarding this ward were ongoing. The committee were advised that the closure of the ward had not negatively impacted the number of out of trust placements.</p> <p>The committee were informed that work was ongoing to review and amend the quality report as the three CCG's worked closer together. This also included aligning with performance; a common format had been created and would be presented to the Governing Body in September.</p> <p>A process was being put forward for patients to co-design the report to ensure that it was patient friendly and could be presented to PPGs.</p> <p>It was noted that Specialised and Primary Care commissioning would be included within the report in future, and work was underway to progress this.</p> <p style="text-align: center;">7.2 BNSSG Provider Serious Incident Data</p> <p>Marie Davies presented this report.</p> <p>There had been 39 Serious Incidents affecting 37 BNSSG patients in July.</p> <p>The committee discussed the value of the report alongside the quarterly Serious Incident report which provides further information on outcomes, root causes and learning. It was agreed that reporting of Serious Incidents to the committee would be reviewed.</p>	<p style="text-align: center;">MD</p>

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	<p>constitutional standard, quality and financial gateways, confirmation of these had not been received by NHS England, it was not expected that these would be fully achieved.</p> <p style="text-align: center;">7.5 BNSSG Annual Quality Report 2016/17</p> <p>Bridget James informed the committee that the BNSSG Annual Quality Report 2016/17 had been completed but too late for paper distribution, it was felt to be too big to distribute late, the members would not have had time to fully read the document.</p> <p>It was agreed that this would be circulated with the minutes and presented at the September meeting.</p> <p style="text-align: center;">7.6 West of England Child Death Overview Panel Annual Report 2016/17</p> <p>Bridget James presented this item.</p> <p>Kirsty Alexander acknowledged that the key themes were similar to previous years; under ones, neonatal, congenital issues, poverty and smoking. Continued health visiting remained a key element.</p> <p>It was highlighted that there was not funding for a full IT system for Health Visiting and they continued to use a paper based system which was a risk. It was noted that a funding bid to resource this had been submitted but was not likely to be received. Health Visiting is commissioned by Local Authorities. Further information regarding why Health Visitors in Bristol could not use EMIS web would be presented to the September meeting.</p> <p>It was confirmed that the issues within the report that related to inequalities in pre-hospital admission were not related to the BNSSG area.</p> <p>Vulnerable parents and parents with mental health issues were also raised as a concern.</p> <p style="text-align: center;">7.7 Bristol ContactUs Report</p> <p>Bridget James presented this item</p> <p>It was agreed that a system wide solution for GP feedback was required.</p> <p>The committee noted the report.</p> <p style="text-align: center;">7.8 South Gloucestershire Quality Portal Report</p>	<p>MD</p>

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	<p>Kate Chisholm-Mitchell presented this item. The committee noted the report.</p>	
<p>9</p>	<p>POLICY REVIEWS</p> <ul style="list-style-type: none"> 9.1 NSCCG Shared Parental Leave 9.2 SGCCG Redundancy Policy 9.3 SGCCG Policy for the Management of Serious Incidents 9.4 SGCCG Safeguarding Children and Adults <p>It was noted that a complete list of all policies across BNSSG CCGs had been compiled, the aim was to move to single policies, where policies had gone out of date extensions were being requested in order to provide time to combine the policies across the CCG.</p> <p>Chairs actions was required in order to agree the above policies, as North Somerset and South Gloucestershire were not quorate.</p> <p>It was agreed that where extensions were required for 6 months or less, they did not need to be presented to the committee for agreement. A review program would be presented to the committee.</p>	
<p>10</p>	<p>REVIEW OF COMMITTEE EFFECTIVENESS</p> <p>The committees effectiveness was discussed, it was noted that the meeting had finished early.</p> <p>It was noted that North Somerset and South Gloucestershire were not quorate and attendance at the committee had deteriorated. It was noted at the point that the meeting became a joint committee rather than a meeting in common the membership would be clarified.</p>	
<p>11</p>	<p>DATE OF NEXT MEETING</p> <p>The next meeting would take place on 19th September 2017, 08.45– 11.45 in South Plaza, Bristol.</p>	