Quality and Clinical Governance Committee

Meeting Venue	Conference Room, Southgate House	Meeting: Time:	5 May 2016 09.00 – 12.00	
Declaration of Interest	Members were reminded of their obligation to declare any interests they may have at the beginning of the meeting, or any issues arising during the meeting, which might conflict with the business of Wiltshire CCG. No other declarations were made other than those already registered			

Present:			
Dr Mark Smithies	MS	Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor	
Dina McAlpine	DMcA	Director of Quality , NHS Wiltshire CCG	
Christine Reid	CR	Lay Member, NHS Wiltshire CCG	
Susannah Long	SL	Governance & Risk Manager, NHS Wiltshire CCG	
In Attendance:			
Jill Crook	JC	Registered Nurse Member, NHS Wiltshire CCG	
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG	
Sophia Swatton	SS	Associate Director of Quality, NHS Wiltshire CCG	
Kate Purser	KP	Associate Director CHC and Adult Safeguarding, NHS Wiltshire CCG	
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG	
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG	
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council	
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG	
Danela Adams	DA	Quality Team Administrator, NHS Wiltshire CCG (minutes)	
Apologies :			
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG	
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG	
Julie Taggart	JT	Clinical Effectiveness Manager, NHS Wiltshire CCG	
Dr Richard Sandford-Hill	RSH	GP and Chair for WYKKD , NHS Wiltshire CCG	
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG	
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire	
Louise French	LF	Quality Lead, NHS Wiltshire CCG	

Please review the action tracker for actions arising from this meeting and progress against previous actions. Actions arising correspond to *italicised* text.

Item	
QCG/0516/1	**Welcome and Introduction** MS welcomed the committee and introduced Jill Crook the new Registered Nurse Member, who has recently been appointed to the Governing Body and will in future chair the Quality and Clinical Governance Committee.
QCG/0516/2	**Minutes of the last meeting and matters arising (8 March 2016)** The minutes from 8 March 2016 were agreed as a true and accurate record.
QCG/0516/3	**Action Tracker** The action tracker was reviewed and updated.

	Chairs Actions: MS confirmed that as acting Chairman for the Quality and Clinical Governance Committee, he had approved the Commissioning Policy: Implementation and funding for guidance produced by NICE. The committee approved an updated quality assurance visit paper (updated following feedback from attendees at the last meeting). The visit criteria is now focused on the requirements of NHS Outcomes than CQC criteria.
QCG/0516/4	**April Quality Report** The report again shows continued improvement in two of the Constitutional targets *C.diffcile* and Mixed Sex Accommodation (MSA), with 0 breaches reported for MSA in February at Salisbury Foundation Trust (SFT); improved communication, implementation of 'quick screens' and improvements in flow have all contributed to the recent outcomes. The CCG receives a weekly MSA report from SFT. The current trends of Serious incident data were discussed. Wiltshire's *C.dif* rates have improved. The End of Year figure was 118 against a target of 103, this is better than had been predicted (150 at Q2 point) the work of the task and finish group having made a positive impact. The learning gained needs to be fully embedded. Benefits of decolonisation may be seen with additional pharmacy support for Primary Care. GWH: MSA breaches have also been reported in GWH, the CCG are working with the provider to ensure that improvements are made and learning embedded. The quality team continue to work with GWH on the actions arising from recent CQC inspections, with particular focus on staffing and performance in A&E. Emergency Department 12 hour breaches are of big concern and further assurance is required by both commissioning CCG's of the process being put in place regarding the risk stratification between hours 4 and 11:59 and what actions are taken to avoid harm. NHS England have called a single item QSG and have invited the Trust to present " How does the Trust assure quality and safety of patient care throughout the urgent care pathway?". LyF commented that safeguarding and DoLs issues would also breach guidelines in these circumstances. GWH Community: The Quality schedule has been extended to June 2016 with the change in provider. The contract moves to Wiltshire Health and Care and a new schedule is being drawn up starting 1st July 2016. Data for stroke has proved inconsistent for all providers. The CCG is to implement a quality improvement programme in this area with GWH, RUH and SFT, the community provider SEQOL and Sirona; this will include clinicians and stroke consultants and will be supported by the West of England Area Health Science Network. The other CCG's in the STP would also like to be part of this programme. The CCG is closely monitoring issues around the 111 service through contract meetings. A key priority area for the quality team at present is the finalisation and agreement of 16/17 Quality Schedules and CQUINs.
QCG/0516/5	**Local Quality Surveillance Group (QSG) Update and Emerging Concerns** The QSG monitors concerns across the area in hospitals, care homes, care providers and GP practices. The committee was presented with a draft care home dashboard that will enable the quality team to monitor a wide range of areas including CQC rating, number of hospital admissions, complaints, infections, pressure ulcers. The aim is to monitor and gain assurance about the care home sector. Current themes include homes without managers, those where managers keep moving, staff morale and the sustainability/closure of homes.

	The dashboard will enable the group to collate intelligence, monitor any changes across the area and enable improved anticipation and appropriate action to be taken. 8 care homes are currently under enhanced surveillance by the QSG. The CCG quality team is working on a project alongside quality team colleagues in the Local Authority to work with care home staff to bring them together and allow them to gain an understanding of where they fit into the healthcare system, identifying what support is available to them, aid revalidation criteria and work with them to improve care planning. The difficulties of GP services availability to care homes, was discussed. *EH to distribute the care home tracker to committee members for review and comment.*
QCG/0516/6	**CQC Inspections – Update and confirmation of planned inspections** GWH: Following the publishing of the CQC report in January improvement work continues to be monitored in the identified areas of Mental health, Learning and Quality Improvement and Effective Pathways of Care. A teleconference held in April focusing on the Learning and Quality work steam agreed that most benefit would be achieved by focusing on one area of improvement on a system wide basis and that the focus will be the Stroke Pathway. The CCG continues to monitor and seek assurances that the Trust's improvement plan for the 'must do' actions resulting from the CQC inspection, are progressing. SFT: The final inspection report from the December 2015 inspection has been published and the Trust has been rated as 'requires improvement'. As a result of the findings, SFT are in the process of completing a core service action plan and a Trust wide action plan that will be submitted to the CQC. The CCG will be requesting an update at the next CQRM. Where possible, the quality team will use the outcomes and resulting actions from each providers' inspection to share learning and best practice across the local health system. RUH: The inspection took place at the end of March, the CCG has received no notification of any immediate concerns at the date of this meeting. AWP: The CQC will be undertaking a planned inspection in May 2016. Outcomes from this inspection will be reported to future meetings. An unannounced inspection took place in December 2015, the inspection noted 6 areas of concern. AWP have a contract query notice against them and have committed to achieving outcomes by 31st March 16. AWP have not met their requirements currently. A Quality Improvement Group (QIG) made up of co-commissioners meet regularly to monitor the quality issues. The under reporting of Serious Incidents has caused concern and the QIG will pursue this to ensure that AWP receive clarification and confirm their understanding of the reporting requirements. Oxford Health (CAHMS): The CAHMS service inspection report was published in January 2016. Oxford Health have shared their Children and Young People action plan in response to the CQC findings and this is monitored through the contract performance meetings. BMI Bath Clinic: Following the March inspection, the CCG are yet to be notified of when the draft report will be shared with BMI.
QCG/0516/7	**Primary Care Operational Group** The Primary Care Operational Group has been developed in recognition of the necessity to oversee development of Primary Care monitoring and support mechanisms. The CQC are continuing their inspection programme of GP practices and give notification to

the CCG of the GP practices that will be inspected.

The Quality Team provide support to practices as agreed with NHS England. Safeguarding support and information has been provided and both understanding and application have improved. A Primary Care Dashboard is being developed to monitor the position and particularly to help identify vulnerable practices.

NHS England are carrying out an audit of practice nurses to assess the skill mix for benchmarking.

Of the 57 practices in the area, Health Education England (HEE) has received 15 bids for training. More encouragement and participation is required from practices. Production of KPI indicators for Primary Care is a developing piece of work to identify where additional levels of support are required.

It was reported that 3 practices in the area have applied to become 'Innovator Practices' as part of the joint work with The Academic Health Science Network to improve quality and patient safety in Primary Care. These practices will support a wider role to other practices in Wiltshire.

Comments were requested on the Quality Sub-group's ToR's to be sent to EH by Mon 23rd May.

QCG/0516/8	**16/17 Contracting Update**
	The contract for GWH is expected to be signed 6.5.16 and the contract with AWP has also been agreed. Final schedules have been submitted for SFT. The Quality schedules will also be signed 6.5.16, although the CQUINs negotiations have yet to be finalised.
QCG/0516/9	**NICE/Clinical Advisory Group**
	9a Updated Terms of Reference: The committee ratified the ToR's for the Clinical Advisory Group (CAG). The group provides NHS Wiltshire CCG with an assurance process to support the decision making for health care interventions that may be commissioned for the local population, and to enable their prioritisation in a climate where resources are limited. The CAG is responsible for the clinical decision making process within Wiltshire CCG and provides a forum for the assessment, forward planning and review of NICE technical and clinical guidance.
	9b Implementation and funding of guidance produced by the National Institure for Health and Care Excellence Policy.
	The policy set out the CCG's approach to considering and implementing NICE guidance. It confirms that NHS Wiltshire CCG will implement NICE technology appraisals in line with the Secretary of State's Directions. It also confirms that CCG will consider the recommendations in NICE Clinical Guidelines and Public Health Guidelines as part of its on-going work to improve the quality of care and health outcomes for the population of Wiltshire. It acknowledges that NHS commissioners are entitled to make commissioning policy decisions which do not follow NICE's recommendations (other than NICE Technology Appraisals) if they have a good reason to do so. The availability of resources and competing priorities can be good reasons. The committee approved the policy.
	NF joined the meeting.
	Exceptions and Prior Approvals are reviewed weekly by the CCG to ensure that the system runs efficiently. Policies produced by the Prior Approvals and Exceptions Committee are approved through the CAG, prior to ratification by the Quality & Clinical Governance Committee.
	A number of policies were submitted for ratification of the committee:
	• Exceptionally Expensive Patients Policy (this will help support GP's practice budget

when they have a patient requiring abnormally expensive treatment that would otherwise adversely affect their budget. Funding for these patients can then be accessed through a different stream).

- Referral of Adults with Osteoarthritis for a knee surgery opinion. Knee Arthroscopy and Irrigation.
- Referral criteria for surgical assessment of Osteoarthritis of the Hip (including the consideration of hip replacement surgery).

The committee ratified the policies submitted.

QCG/0516/10	**Continuing Healthcare and Funded Nursing Care Report and summary position.**

During Q4 Wiltshire CCG held 5 local resolution meetings and 4 local appeals. The original Joint Decision Meetings outcome was upheld in all 4 cases.

1 independent review panel was heard at NHS England between 1st January and 31st March and the original decision of Wiltshire CCG was upheld; Following the panel it was agreed that the CCG rationale for the decision was comprehensive.

There are currently 13 Wiltshire patients funded through Personal Health budgets. A work plan is being produced to ensure that everyone is offered a PHB and able to make an informed decision. CHC correspondence has been amended to reflect this.

NHS England requested 3 retrospective review files for an independent review panel. One case has been heard so far and the CCG is awaiting the decision. Completion is anticipated in the next 2 months.

The CHC team have compared the CHC complaints during Quarter 3 and Quarter 4. They are reviewing the nature and themes of any complaints to identify areas for improvement, which will be incorporated into the CHC work plan for 2016/17.

Price Waterhouse Coopers performed a review of CHC the subsequent report detailed the risks around three indicators: performance against 28 day target, case management and management of reporting information. Areas of good practice were also noted.

The committee would like to in future to see quality measures applied to Neuro rehabilitation patients. The number of unplanned readmissions will be requested through the contract, to allow monitoring.

Wiltshire CCG have recruited an operational lead to oversee Specialist placements. 2 ex-Winterbourne View patients are engaged in preparations to return to Wiltshire in Summer 2016; funding for these placements is through NHS England secure funding stream.

Work is progressing to address the challenges in all areas including Section 117 patients and those with a dual diagnosis of mental health and learning disabilities. Of concern, are specialist placement issues for those with challenging behaviour, who are predominately funded by the local authority. Wiltshire CCG would like to see that the CPA model, blue light profile and CTR's are better understood and applied by colleagues at the local authority. Currently, some deteriorating patients are being moved out of county very last minute due to poor identification and planning. An improved flagging system is needed and better co-operation with the LA to identify the patients and inform the CCG in a more timely manner, would allow more consistent planning. LyF requested that application of the mental capacity act is more stringently applied in these cases.

JC announced a conflict of interest in this area as she has taken part in NHSE investigations.

Urgent meeting required with the commissioner to draw up an action plan to present to the next Quality and Clinical Governance meeting.

QCG/0516/11	**Domestic DoLs Risk Assessment Update** The paper updated the Committee in relation to the Domestic Deprivation of Liberty Report presented to the Quality and Patient Safety Committee in March 2016. 85 people have been identified who may reach the threshold for a deprivation. Of these 69 have a learning disability and are likely to have a care package, which could amount to a deprivation. Working with the community teams the CCG is looking to identify care packages where there is a potential conflict or challenge regarding the arrangements in place. The Head of Safeguarding Adults and Community Lead for Adult Safeguarding have been working together to identify a management plan. The assessment and review paperwork will be revised to incorporate an assessment of capacity in relation to Care and Treatment arrangements, this will mean that consideration of Deprivation of Liberty will be embedded in core business and the outstanding reviews can be managed in a measured way. Next steps are being discussed with the Director of Quality. The joint team at the Local Authority are being stretched and the CCG would like open and frank discussions to ensure that the ongoing situation is managed in the most appropriate and timely way.
QCG/0516/12	**Risk Register** SL confirmed that she judged the register accurately reflected the risks to the CCG. 2 new risks had been added since the register was last reviewed.
QCG/0516/14	**Any Other Business** MS wished the committee to note that Wiltshire CCG does not commission services from Southern Health.
	Date of next meeting The next meeting will be held on 5th July 2016, 9.30 – 12noon, Conference Room, SGH. The deadline for papers is 21st June