

Quality & Clinical Governance Committee

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| Meeting Venue | Seminar Room 4, Southgate House | Meeting Time | 20 September 2016 9:00 – 12:00 |
| 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. | | | |

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| Present: | | |
| Jill Crook (Chair) | JC | Registered Nurse Member, NHS Wiltshire CCG |
| Dr Mark Smithies | MS | Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor |
| Simon Truelove | ST | Interim Chief Officer, NHS Wiltshire CCG |
| 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: | | |
| Phil Cooper | PC | Associate Director of Governance, Improvement and Quality, AWP |
| Emily Shepherd | ES | Quality Lead, NHS Wiltshire CCG |
| Dr Richard Sandford-Hill | RSH | GP and Chair for WYKGD , NHS Wiltshire CCG |
| Emma Higgins (until 11am) | EH | Quality Lead, NHS Wiltshire CCG |
| James Dunne (after 11.15am) | JD | Designated Nurse, Safeguarding Children, NHS Wiltshire CCG |
| Lena Pheby (after 11.15am) | LP | Designated Nurse for Looked After Children, NHS Wiltshire CCG |
| Dr Fiona Finlay(after 11.15am) | FF | Designated Doctor, Safeguarding Children, NHS Wiltshire CCG |
| Georgina Ruddle | GR | Commissioner, Mental Health Integrated Care Pathways, NHS Wiltshire CCG |
| Danela Adams | DA | Quality Team Administrator, NHS Wiltshire CCG (Minutes) |
| Apologies : | | |
| Dr Stuart Murray | SM | Designated Doctor Looked After Children for Wiltshire |
| Dr Helen Osborn | HO | Medical Advisor, NHS Wiltshire CCG |
| Debbie Haynes | DH | Senior Consultant Public Health, Wiltshire Council |

| Item No | |
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| 1 | Welcome and Introduction Round table introductions were made and apologies were noted as above |
| 2 | Minutes of the last meeting & matters arising 21st July 2016 The minutes from the 21 st July 2016 were agreed as a true and accurate record. |
| 3 | Action Tracker All action points have been completed or are listed on the agenda. |
| 4 | Presentation by Phil Cooper, AWP Phil Cooper gave a presentation that included an overview of the CQC inspection and report published in September 16. In the domains of Caring, Effective and Responsive, the CQC rated the Trust as 'Good'. Safety issues raised in the report across the Trust were: <ul style="list-style-type: none"> • Places of Safety concerns over safety and suitability of some environments |

- Breaches of the 72 hour rule for mental health assessments
- Major challenges with staffing
- Some older people's wards across the trust did not provide environments suitable for adults with dementia.
- Not all acute wards or psychiatric intensive care wards adhere to the trust policy and national guidelines when using rapid tranquillisation orally.

Issues across the 'Well led' domain included:

- The CQC were not assured of governance arrangements having Board oversight in order to identify key risks, address and learn from them in a timely manner.
- The Governance arrangements for Places of Safety and their effective identification and provision.
- Staff felt that too many initiatives were being implemented at the same time.
- Triumvirates appeared to work in silos.

PC explained that his post had been created to stabilise the governance based processes. The CCG commented it would like to see continued quality improvement and advocated the need for a change in culture from responding to improving to evidence positive outcomes. PC was confident that the Trust have a programme of improvement. DMCA questioned the significance of staffing issues across the Trust and what plans were in place to review and amend recruitment strategies

Locally the Trust has been investing in Green Lane Hospital and the Daisy Unit and will be promoting jobs on the site, this requires forward thinking to associated medical roles to invest for the future. The Trust is continuing with specific targeted recruitment from Southern Ireland and further abroad. PC reported the Trust is working to a shift in culture away from the need to respond to situations, to a more proactive way of working. An online IQ system framework is now in place which enables the production of a 'heat map' to provide early warnings to the quality improvement board.

PC was able to confirm that safeguarding training had improved within the Trust and that this had therefore not been of concern to the CQC team, signalling a perceived improvement from the last inspection.

PC explained that the Trust experiences difficulties of discharging patients when they are clinically ready to move out of an inpatient environment, and DTOC (Delayed Transfers of Care) is a real issue across all geographical areas, particularly for complex dementia patients. The DTOC issues will be reported to the JCB (Joint Commissioning Board) and to the Governing Body. The CCG are working closely with Wiltshire Council on a Care Homes Project and plan to engage with care homes to enable them to recognise their place in the local health system. It was noted that there is no crisis team for dementia patients.

Action: PC to provide the committee with data on complex cases and the impact on service provision.

Action: James Roach to be asked to provide assurance regarding the progress of the DTOC work stream and discharge planning, to include dementia care beds.

PC reported an improvement in community care as a result of new systems that have been put in place, although the system is currently unable to provide support to GP's. RSH queried the management of risk and the pressure put on staff who are not qualified to consider risks posed by some patients. PC confirmed that this was a possibility and could mean that if no beds were available in the area due to DTOC, then there was the possibility that some patients may be placed out of area.

JC thanked PC for his contribution and extended an invitation to Andrew Dean to attend

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| | <p>the meeting in 6 months' time to provide another update.</p> <p>Action: The Chairman invited Andrew Dean to provide an update to the committee in 6 months' time.</p> |
| <p>5</p> | <p><u>August Quality Report/ Directorate Dashboard.</u> DMcA led the committee through the August Quality report.</p> <p><u>Provider Monitoring</u> of particular note: <i>C.difficile</i>: There are 5 cases of Community <i>C. difficile</i> in August, the focus is to ensure that antibiotic prescribing is appropriate in GP practices. The CCG include GP's in the RCA (Root Cause Analysis) process. An Infection, Prevention and Control Quality manager commences in the quality team in January.</p> <ul style="list-style-type: none"> • Primary Care CQC inspections are continuing with 40 practices still to be inspected under the new regime. In the WCCG area 3 practices have an overall rating of outstanding, Lovemead Group, Malmesbury Medical Partnership and Ramsbury Surgery. The CQC aim to complete the inspections in England by end of 2017. Widbrook practice has been receiving support and guidance from the CCG and NHSE, following its inspection. • All Acute hospitals have pressures around the 4 hour waiting time in the Emergency Departments. No 12 hour trolley breaches, post decision to admit have been reported to the CCG during August. • NHS111 complete call audits, but are challenged with evidencing compliance. Fifty percent of clinical staff are subcontracted, an issue experienced by all 111 providers, and plans are in place to address the issues of recruiting and retaining staff. • Medvivo/SWAST(South West Ambulance Service)/Care UK are working together to set up a clinical hub to integrate these organisations and provide an integrated system for Out of Hours (OOH) services. Meetings are being held with key stakeholders to discuss the specifications and procurement for NHS111 and OOH is expected to start in November. • Data reporting from some providers is improving and now includes the number of agency staff and skill mix. There are long term sickness issues across all organisations. Mandatory training compliance and appraisal targets are set by providers themselves. The CCG is meeting with Wiltshire Health and Care to discuss what data they will be providing on a regular basis. A full comparison is expected next month for GWH (acute) data. • The CCG has worked with providers to agree CQUIN schemes which are aligned to CCG priorities and strategy, and which provide incentives across the system in key areas. Both Acute and Community providers have been incentivised to develop and embed improvements. • The CQC report on the inspection of RUH has been published. The Trust was rated overall as 'Requires Improvement'. The CQC has not issued any improvement or warning notices in respect of its findings. The 'overall care' delivered by the Trust was rated as 'outstanding'. • End of life care was rated overall as Outstanding, with surgery, maternity and gynaecology services, services for children and young people and outpatient and diagnostic services each rated overall as Good. Feedback from patients across the Trust was positive. |

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| | <ul style="list-style-type: none"> The CCG participated in a Quality Summit with the Trust, Co-Commissioners, NHS Improvement and the CQC, to discuss the findings of the report. The Trust has already addressed many of the findings and recommendations and will continue to do so through the action plans that will be put in place. The CCG will work with the Trust to support improvements and will monitor progress against the action plans. |
| <p>6</p> | <p><u>Thematic Review Mental Health Services</u> ES summarised her paper giving a thematic summary of the challenges and areas of good practice in mental health services provided to the population of Wiltshire, by AWP.</p> <p>The CQC carried out an inspection in May 2016 and a report published in specific service areas were rated as 'Good' with the exception of 'wards for older people with mental health problems' and 'health-based places of safety (POS)'. The full CQC report was published on 8th September 2016 and the Trust was rated overall as 'Requires Improvement.' A Quality Summit is planned for October 2016.</p> <p>The CQC issued a Warning Notice in relation to Places of Safety. Following this, an action plan was produced. The Section 136 Suite at Green Lane Hospital (GLH) was relocated to 'Avebury Ward,' an unused area of GLH. The CCG carried out a visit to the site on 20th June to review the concerns raised within the Warning Notice and noted the improvement measures taken to address the environmental concerns highlighted by the CQC. The Trust has confirmed to commissioners that they have responded promptly to rectify the immediate issues regarding the fabric of the 136 suites. Additional assurances have also been sought in relation to the protocols and record keeping required. Each of the recommendations made by the CQC have been drafted in to an action plan broken down by actions for each POS and Trust wide actions and discussions are continuing through the Quality Improvement Group (QIG).</p> <p>The CCG and AWP have recently been successful in a joint bid under the Mental Health Crisis Care Concordat, the additional funding will be used to support the change in use of the current POS at Green Lane Hospital from 1 POS to 4, which will be used to support Wiltshire and Swindon.</p> <p>Further work will be required across all stakeholders to address the issues in relation to provision of AMHPs (allied mental health practitioner) and work on the acute care pathway to manage flow more effectively.</p> <p>Serious incidents: Paper 09 details the Serious incidents, main themes are timeliness of response and quality. AWP have agreed to attend quarterly 'learning from Serious Incidents' meetings to ensure actions and learning is shared across the whole AWP area.</p> <p>Workforce: vacancies and the use of agency staff continues to be a concern on Imber Ward, Green Lane Hospital. The Imber ward development plan has been reviewed and commissioners have requested a more outcome focused plan.</p> <p>MSA (mixed sex accommodation): There have been no mixed sex breaches reported. NHSE are leading an MSA event in October to look at variability in interpretation of the guidance across the South West.</p> <p>CQUIN's: 100% achievement has been reached in local schemes, Trust wide schemes were not achieved in full. 'Improving Physical healthcare to reduce premature mortality in people with SMI (serious mental illness)' achieved 60% and 'Staff Health and Wellbeing' achieved 95%.</p> <p>Areas of concern will continue to be monitored, and relevant actions and assurances</p> |

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| | <p>sought through both local Clinical Quality Review Meetings and the Quality sub-group.</p> |
| <p>7</p> | <p><u>AWP Serious Incident Report</u> ES briefed the meeting, giving an update and position summary of Serious Incidents (SI's) occurring to Wiltshire patients receiving NHS funded care from Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).</p> <p>Of the AWP (Wiltshire) SI's, 23 investigations have been completed and closed. The overall themes are mainly around lack of timely communication, documentation related to crisis plans, risk assessments and processes.</p> <p>The recurrent themes identified for unexpected deaths show that AWP despite previous action plans continue to identify similar issues upon investigation. Action plans need to show that issues are being addressed and learning embedded into practice.</p> <p>Communication and issues with processes also continue to be identified as an area of concern. The CCG hold quarterly SI meetings with the AWP Director of Quality for Wiltshire to review all open SI's and to review themes and trends. Any issues and concerns are also raised at monthly CQRM's.</p> <p>As part of the six commissioner AWP contract Bristol CCG (co-ordinating commissioner) and other co-commissioning CCG's including Wiltshire, are arranging a series of SI (serious incident) workshops with AWP. The workshops will be used to agree the format and content of reporting required by commissioners, as well as how AWP will provide assurance that learning from incidents is embedded Trust wide. The initial workshop (Oct 2016) will be attended by an author from the Mazars report (Mazars – a report into Southern Health NHS Trust).</p> |
| <p>8</p> | <p><u>Perinatal Mental Health (PMH)</u> GR outlined the bid made to NHS England by the STP (B&NES, Swindon and Wiltshire) to fund service development, service improvement and demonstrate the impact of access to specialist clinicians, quality care and interventions for women, their babies and families. The total funding allocated for this work is £365 million for the period between 15/16 and 20/21 and will be split between successful areas.</p> <p>The proposal outlined the bio-psycho-social framework supporting a potential 335 – 620 women per year, targeting those with moderate to severe presentations. The bid would fund a 'hub and spoke' model for delivery across the BSW area with 3 spokes feeding into a virtual hub that would include a consultant perinatal psychiatrist, clinical psychologist, pharmacist and Occupational Therapist amongst others. The inclusion of a pharmacist is an improvement to the current system. The proposal is aimed at building upon the current complex system and does not move away from, but enhances the pathway.</p> <p>Key expected outcomes would enable increased numbers of women with PMH problems being able to access services; allow earlier identification of PMH problems and a reduction in crisis response, reduce perinatal mortality rates and reduce admissions to Mother and Baby units. In addition, it will provide care closer to home addressing unique issues of Wiltshire's geography and rurality.</p> <p>Feedback on the success of the bid is expected on 28th October. There is no right to negotiation should the bid be unsuccessful.</p> |

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| <p>9</p> | <p><u>AWP Acute Care Pathway Presentation</u> GR provided the committee with an overview of the acute care pathway review that is currently in process. Amongst the aims are:</p> <ul style="list-style-type: none"> • Optimisation of inpatient resources through improved patient flow, including appropriate admission to and timely discharge from, inpatient beds. • Improvements in quality of care by providing evidence based clinical pathways based on need/diagnosis. • A reduction of out of Trust placements <p>The new pathway aims to provide:</p> <ul style="list-style-type: none"> • The right level of services for effective management of crisis at home. • A clear understanding for all agencies of their roles and responsibilities in respect of patient flow throughout the system. • A wider acceptance of stakeholder responsibility across the health and social care system to ensure adequate services. <p>The Commissioning Priorities for 16/17 and 17/18 were discussed, including some areas that have been identified, these will be carried out by a variety of ‘enablers’ including Dementia gap analysis, crisis care concordat and a blue light protocol review.</p> <p>Concern was raised within the Quality and Clinical Governance committee regarding the potential cost of undertaking these work streams and the associated changes to services. Item 10 describes a complex case and demonstrates the benefits of investments in lower level/cost service provision to decrease the number of costly complex placements.</p> <p>GR confirmed that there are currently no out of county placements.</p> |
| <p>10</p> | <p><u>Patient Case Review</u> MB outlined a complex case study of a patient who required a specialist placement funding application. The review underlined a number of learning points:</p> <ul style="list-style-type: none"> • Earlier collaboration with AWP would address the care pathway and potential gaps in provision, avoiding potential funding decision delays. • Earlier face to face meetings with individuals to address concerns and increase transparency around decision making processes. • The need for increased creativity around bespoke packages of care for some individuals. • A requirement for crisis planning to become an embedded process. • Highlighted the lack of a pathway for complex trauma and Post Traumatic Stress Disorder patients <p>The next step for commissioners is to review specialist placements and complex care funding processes, pathway and application paperwork.</p> |
| <p>11</p> | <p><u>Quality Assurance Visit Imber Ward</u> ES outlined the key themes emerging from the unannounced Quality visit to Imber Ward at Green Lane Hospital that took place on 16th September 2016.</p> <p>Key focus areas of the visit included: Staffing and reliance on agency staff, Place of Safety, Seclusion, Handover, Clinical Area, Emergency equipment and ward environment which are all areas highlighted in the improvement plan.</p> <p>The next step is to compare how the local services relate to other mental health units.</p> |
| <p>12</p> | <p><u>Safeguarding Children Annual Report</u> This paper will be amended and presented at the next meeting with particular focus on what was achieved over the year, the main risks to child safety and the service provided.</p> |

FINAL RATIFIED MINUTES

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| | <p>In addition, any considerations that the committee need to be made aware of and what support may be required in future. The committee also asked for details of the variation in service across the localities highlighting in particular, any areas of depravation or risk. JD will also present the Wiltshire Safeguarding Children Board annual report highlighting key themes and the role of the CCG within the board.</p> <p><u>Annual Looked After Children Report</u> This draft report will be amended and presented at the next meeting.</p> |
| 13 | <p><u>Safeguarding Adults Annual Report</u> This paper was deferred to the next meeting due to the fullness of the agenda</p> |
| 14 | <p><u>Risk Register</u> Quality risk register has been reviewed with Risk ref Q-15/028 refers to inappropriate Fast Track referrals. Risk ref Q-14/027 refers to lack of implementation of an agreed joint procedure with the Local Authority for S117 patients These two linked items have been escalated to the Governing body in view of their ongoing financial risk to the organisation.</p> |
| 15 | <p><u>Any Other Business</u> There will be an update about the Daisy at the next meeting.</p> |
| | <p>Date of Next Meeting: The next meeting will be held on 1st November 2016.</p> |