NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 2 MAY 2017, 13.30HRS AT SOUTHGATE HOUSE, DEVIZES

Present:		
Dr Mark Smithies (Chair)	MS	Secondary Care Doctor, Wiltshire CCG
Christine Reid	CR	Lay Member, Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for West, Wiltshire CCG
Dina McAlpine	DMcA	Director of Quality, Wiltshire CCG
Mark Harris	MH	Chief Operating Officer, Wiltshire CCG
In Attendance:		
Alison West	AW	Associate Director of Quality, Wiltshire CCG
Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Rob Gudgeon	RG	Audit and Effectiveness Manager, Wiltshire CCG
Susannah Long	SL	Governance and Risk Manager, Wiltshire CCG
Nadine Fox	NF	Medicines Management Manager, Wiltshire CCG
Fiona Barnard	FB	Quality Lead, Wiltshire CCG
Emily Shepherd	ES	Quality Lead, Wiltshire CCG
Emma Higgins	EH	Quality Lead, Wiltshire CCG
Lynn Franklin	LyF	Head of Adult Safeguarding and MCA, Wiltshire CCG
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Sharon Woolley	SW	Board Administrator, Wiltshire CCG
Chris Weiner	CW	Clinical Director, Wiltshire Health and Care *(until 14.20hrs)*
Sophie Cockram	SC	Complaints and PALS Manager, Wiltshire CCG *(In attendance 15.20-15.35hrs)*
Apologies:		
Jill Crook	JC	Registered Nurse Member, Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, Wiltshire CCG
Dr Andrew Girdher	AG	GP and Chair for NEW, Wiltshire CCG

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QCG/17/05/01	**Welcome and apologies for absence** MS welcomed everyone to the meeting, especially CW who joined the meeting to present about Wiltshire Health and Care. The apologies above were noted.	
QCG/17/05/06 ***(item moved)***	**Wiltshire Health and Care – 'Vision for the Community'** CW explained the delivery structure of Wiltshire Health and Care (WH&C). The organisation was formed in July 2016, to provide a range of services, working with three partners; GWH, RUH and SFT. The Board was still in development. WH&C had five main areas of change. Mobile working had now been actioned. New technology was now in place with all community services to enable patient details and interactions to be entered directly to SystmOne and for easy share with GP's. The reflections from the last nine months were shown on slide 4. The organisation was still learning and developing, and it was recognised that there	

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	were some connectivity issues to work on. CW felt staff were committed to delivering high quality care. Management support was to be defined as CW outlined that WH&C are a 'lean' organisation. WH&C were currently recruiting for a Chief Operating Officer. The delivery plan had now been agreed by the Board and would soon be published. Work had been aligned to the Sustainability and Transformation Plan work. It was hoped that WH&C would become part of an Accountable Care Organisations across Wiltshire, supporting transformation. CW acknowledged that the move to Accountable Care Systems would bring changes and a complex environment. A single GP federation across Wiltshire was more favourable to WH&C. Discussions were underway with Wiltshire Council about better integration with social care. WH&C were committed to working across the county to ensure the best outcomes for the population. The prevention agenda was key, but would require significant resource. MH questioned the ability for WH&C to lever the conversations amongst the three acute trusts and the community hospitals concerning pathways. CW recognised that these were evolving systems and that each organisation had different values. WH&C were now in a position to start conversations with the Trusts and the CCG to review how best to work together in a productive manner. MS expressed a concern that conversations were not more advanced and a change had not yet been seen. MS believed there was a lack of conversation between the teams on the ground. It was acknowledged that transformation and changing an organisations culture took time, and that these changes needed to be fostered. CW considered that Home First could be the encouragement needed for closer working. CW discussed that WH&C were not looking to expand wider than providing services in Wiltshire. DMcA reported that a recent Quality Surveillance Group, led by NHS England and attended by other CCG's across BGSW had discussed the issues related to the liquidation of the community provider SEQOL in Swindon. The report was requested to be shared, this is awaited from Swindon CCG to understand the challenges and to learn from this to ensure it is not repeated. DMcA asked for CWs reflection on how WH&C were placed in terms of sustainability. Key themes had been highlighted in the SEQOL experience which related to the lack of Senior Nurse Leadership governance, structure and communications issues. DMc expressed concern regarding the lack of a defined Director of Nursing Role within the organisation in WH&C and how the nursing voice was heard at Board level by an Executive working from within WH&C in relation to patient safety, quality and experience. ACTION: QCG/17/05/06.0 – Swindon CCG's report on the SEQOL liquidation to be shared and discussed with WH&C to ensure learning and embedding of any applicable actions. CW explained that the Head of Quality was on the Board, but was not a voting member. The governance structure included a sub-committee which had oversight of quality assurance. That committee regularly review the quality dashboard and audit activity. This also fed into the Executive Committee, giving a line of sight from the front line, to the Board. DMcA asked if Board meetings were held in public but CW confirmed they are not and currently there was no intention of holding WH&C's Board meetings in public. It was noted that the CCG Quality Team had not yet received the WH&C newly formatted quality dashboard. CW confirmed this would be sent on for review.	**CW / DMcA**

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	CR commented on how difficult it was to judge WH&C's performance due to limited reporting and benchmarking data. CW confirmed that WH&C would be starting to use the NHS benchmarking network from May to ensure benchmarking was available. DMcA advised that the CCG required meaningful narrative to support the quality reporting to ensure that WH&C are able to demonstrate what specific actions are being taken to address quality improvement and embed learning. The CCG needed to be assured that the provider was completing that initial analysis and that they were acting on the hard and soft data to feed into a continuous improvement approach. AW informed Members that a joint Serious Incident RCA investigation workshop was to be held, facilitated by the CCG. The workshop was being held following concerns raised by the CCG in relation to the quality of the RCA investigations received, as well as concerns of such low numbers of reported Serious Incidents. CW understood the concerns raised and considered that some issues were cultural and required a drive of change through the organisation. Data would need to be tracked over time to identify the difference and to inform management decisions, ensuring enhanced services for patients. Patient and public engagement was now a focus of the new lead Non Executive Board member. A plan was to be produced. However DMc noted that the pace and priorities for WH&C were not always clear to the CCG and that it would be helpful to be advised of the planned timetable for strategies and policies etc. CW confirmed that the workforce strategy would be presented to the CCG in July. ACTION: QCG/17/05/06.1 – WH&C's public and patient engagement plan to be shared with the CCG when available. AW questioned how the mobile working programme had enabled patients to access their data, in terms of ensuring that their own care plans were available to them at all times and for real time interaction to be recorded. CW explained that it had only allowed for easier access to records by professionals at this stage, but there were potential developments to be considered. The system ensured that paper records were no longer used. It was expected that the use of the mobile systems would help improve frontline quality reporting. MS thanked CW for his presentation. The CCG's scrutiny was intended to support WH&C and should ensure continued development and joint working. CW left the meeting.	**CW**
QCG/17/05/02	**Declarations of Interests** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG). (This included any relevant interests previously declared upon the Register of Interests). There were none. The meeting was quorate.	
QCG/17/05/03	**Minutes of the meeting held on 7 March 2017** The minutes of the meeting held on 7 March 2017 were approved as an accurate record with the following amendments: • DH to be noted as in attendance • Page 10 – item 9 Serious Incidents – the number of never events	

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	reported should have stated three.	
QCG/17/05/04	**Action Tracker** The action tracker was reviewed and updated. **QCG/1115/04 – Quality team to liaise with Comms and Referral Support Service.** Update provided at last meeting concerning the robust algorithm in place to move patients to Circle. **CLOSED.** **QCG/0916/4 – AWP Chairman Andrew Dean to be invited to the Committee –** MH had written to Andrew to invite him to the July meeting. A response was awaited. **ONGOING** **QCG/16/11/07.2 – Review of potential costs relating to the Law Commission DoLS proposals –** LyF reported that the Deprivation of Liberty (DoLS) proposals had been published at the end of March. These now had implications for CHC. A paper would be circulated to all Members out of committee by 16 May 2017. **ONGOING** **QCG/17/01/13.0 – DoLS RAG rating report –** This remained an open risk to the CCG. There were @ 85 individuals funded through the Learning and Disabilities service that may require DoLS at home. Training was being held on 3 May 2017 to work through the toolkit. The toolkit would assist with the assessment and determination of DoL status of all patients by LyF and the CHC team. The review would be undertaken within the next three months. **ONGOING** **QCG/17/01/13.1 – Children's CHC review –** Internal auditors, PwC, would be conducting an audit of the service and would produce an assurance rating. **CLOSED** **QCG/17/03/08.2 – Review NICE facedown restraint guidance and AWP benchmark –** ES reported that this was monitored monthly, but benchmarking data was not available as each provider monitored this differently. The Quality Sub Group would review the NICE Guidance 10 and would then insist that data was shared. The CQC warning notice had stipulated this as a requirement, so it would be followed up. **ONGOING** **QCG/17/03/14.1 – Accessing the key issues regarding child safeguarding health presence –** This related to the Joint Targeted Area Inspection Action (JTAI) Plan, and the need to ensure that a robust system was in place to report child safeguarding issues. DMcA explained that minutes were not regularly received from the Multi Agency Safeguarding Hub (MASH) Child Safeguarding meeting by primary care so it was difficult to keep up-to-date of issues being raised and the outcomes. The CCG was now aware that the Local Authority were to cease taking written minutes and mailing out papers as part of a two month trial. It was felt this was a big risk to the system and to patients. AW and DMcA would monitor the situation and keep the Committee informed. **ONGOING** All other actions were marked as closed or completed.	**MH** **LyF** **LyF** **ES** **AW / DMcA**
QCG/17/05/05	**Matters Arising** **a) GWH Emergency Department Update and Review of Risk Register** Safety concerns during periods of high escalation remain. GWH could not identify an internal mechanism of ED assurance to the Board;	

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	reporting has been verbally given by the Director of Nursing to the Board. An assurance dashboard had been requested by commissioners, which was under development and would be shared at the July CQRM. CQC's recent visit report was awaited. **b) Glenside (Neurological Rehabilitation Hospital)** The report from the quality visit held on 9 March 2017 had been shared with the meeting papers. This targeted visit was triggered following concerns raised for patients who had tracheostomies and who were ventilated. AW reported that no immediate concerns had been identified on the day of the visit and staff had responded helpfully during the visit. Since this visit, the CCG had also met with Glenside to discuss the number of transfers from Glenside to SFT. This meeting was supported by data received from SFT and SWASFT. An update would be given at the A&E Local Delivery Board. There were no current concerns with regards the nursing care, but it was apparent there were issues around the medical management and escalation plans for these patients. A review of attendances and admissions to SFT would be undertaken.	
QCG/17/05/07	**Quality Report** AW presented the Quality Report for January and February 2017, highlighting the following: • Bed closure days had reduced due to fewer case of flu and norovirus • NHS Improvement (NHSI) had indicated that reporting of mixed sex breaches was under review in order to standardise • The Hospital Standardised Mortality Ratio (HSMR) within GWH was increasing but was still within expected parameters. Sepsis CQUIN targets were currently being partially met and improvement work was underway. The RUH invited NHSI to visit the Trust and review their continuing high number of *c.difficile* cases. The report from NHSI was awaited. • The West of England Academic Health Science Network (AHSN) is currently establishing a workstream to lead improvements in falls prevention and share lessons learned. • A revised Wiltshire focussed recruitment and retention plan from AWP was expected. The discussion around the quality report included RSH's query relating to his view that Primary Care are being asked (via discharge summaries) to undertake further investigations and follow-ups once a patient has been discharged from inpatient care and queried whether guidance was available on what requests could be made by hospitals of GP's, and if CCG funding could be withdrawn to pay GP's / Primary Care for this additional work, or the service recommissioned. EH explained that the Enhanced Services specifications for Primary Care did cover requirements such as complex wound care post discharge and all acute Trust requested blood tests. Funding is attached to these specifications and contracts. The new Quality Schedule for these services will facilitate monitoring and assurance. If there is a view across practices that Trusts are not remaining within the scope of these specifications, practices can notify the CCG via the Grumpy email facility.	

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	ACTION: QCG/17/05/07 – Specific examples of requests made by hospitals to GP's to be shared for information and consideration. Requests to be looked at through the quality schedule. **a) Proposed New Template** EH invited feedback on the proposed new template for the quality report as circulated with the meeting papers. Sign off was required before data was transferred. The Committee agreed that the dashboard and exceptions information was a lot clearer. The narrative formed an important part of the report. Good and poor performance should be shown using the flag system. **The Committee supported the change to this new template and acknowledged it would be refined as used. Any further feedback about the dashboard should be sent to EH.**	**RSH**
QCG/17/05/08	**Right Care** MH reported that the CCG's Right Care Delivery Partner was happy with the CCG's self-assessment and the progress to date. A decision tree was in development to use as a scoring tool in combination with a 'sense check' for the improvement to quality and finance. It was hoped further detail would be presented to the next Clinical Advisory Group meeting. This methodology would be used for all future decisions. It was a useful tool and process, linking decisions back to evidence and purpose. The CCG had identified four priority areas, but the early analysis was not yet showing the impact of the variations. An emphasis was being made particularly on quality improvements. Clinicians were starting to engage in the process, but it was felt that training on the data should be organised to better their understanding and encourage involvement. ACTION: QCG/17/05/08 – Right Care training to be organised to better clinicians understanding of the data to encourage engagement in the process. **a) BSW STP Clinical Guidance Policy Proposal** NF explained that the policy had been produced for consideration by the STP Clinical Board and to facilitate consistency, fairness and transparency in commissioning and priority-setting. It incorporated the proposal of an STP wide Clinical Area Advisory Group and STP wide agreed process to individual funding requests and exceptions. The diagram on the last page illustrated the clinical policy development pathway. This would ensure a strategic, proactive way of developing policies and enable response to key topics as they arise. An annual review calendar would be set up to ensure timely consultation with HealthWatch and would be supported through relevant local audit of clinical pathways. The STP Policy Group would now take this forward. A library of evidence would be kept against each policy to show the process it has gone through. This proposal would go to the STP Clinical Board on 11 May 2017.	**MH**

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	The Committee confirmed its support for the proposal.	
QCG/17/05/09	**Serious Incidents – Deep Dive** FB explained that the paper had now incorporated a pen profile of specific cases in addition to the data which looked at the last 12 months. 157 serious incidents had been reported in the last financial year. The charts on page 3 indicated the breakdown per provider and per month. The Committee requested that future reports included a breakdown against bed days, patient numbers and the National Reporting and Learning System. FB talked to the paper and highlighted the case examples. It was noted that a full root cause analysis report was due in June against case example 2: complex fall. This would be brought to the July Committee meeting for information. ACTION: QCG/17/05/09 - The full root cause analysis report due against case example 2: complex fall to be brought to the July Committee meeting for information. A serious incident workshop was to be held, led by the WCCG Quality Team, with WH&C staff to further develop their knowledge and application of the framework.	**FB**
QCG/17/05/10	**CQC Inspection Update** The paper updated Members on CQC's findings against Quality Standards following inspections. The CQC had inspected Virgin Care the week commencing 3 April 2017. Verbal feedback had been positive; the report was awaited. Circle Bath had received a 'good' rating from their recent inspection. Inspections were planned at AWP and WH&C the week commencing 26 June 2017. 55 practices had been inspected, with eight receiving 'outstanding' ratings. None however were outstanding in the safety area as yet.	
QCG/17/05/11	**Quarter 3 and Quarter 4 Complaints and PALS Update** SC advised Members that 40 complaints had been received during quarters 3 and 4, 17 of which were in relation to CCG provided services. 7 complaints were received against NHS 111, mainly due to wrong telephone advice being given when following the algorithm. The complaints process was working effectively and linked well with the Quality Leads and Commissioning Managers to share information and intelligence to support both provider quality and performance meetings. Providers were contractually obliged to assist the CCG with its responses, but the quality of their responses was sometimes questionable. MS noted that if the quality of complaint responses does not improve, this topic could be considered for discussions through the STP, where best practice should also be shared across organisations. SC left the meeting.	
QCG/17/05/12	**Risk Register** DMcA wished to consider adding a risk to the register: • CHC social care delays – this was impacting upon the decision making process and the CCG's ability to meet the Quality Premium target of 28 days.	

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	The risk concerning AWP's high vacancy rate was monitored through the Community and Joint Commissioning risk register. **The Committee approved the Quality Risk Register, following the noted addition.** ACTION: QCG/17/05/12 – The impact of the CHC social care delays to be added as a risk to the Quality Risk Register.	**SL**
QCG/17/05/13	**Clinical Advisory Group Update** **a) Clinical Policies** NF explained that a summary had been included to the Clinical Policies paper to inform the Committee of the Clinical Advisory Group's (CAG) decision making. The appropriate groups were consulted during policy development were then reviewed in detail at CAG meetings. One spelling amendment to be made to the Eflornithine Policy – on the third line of the introduction – change 'course' to 'coarse'. ACTION: QCG/17/05/13 - Spelling amendment to be made to Eflornithine Policy. **The Committee approved all policies.** **b) Clinical Advisory Group Minutes** The minutes from the Clinical Advisory Group meeting held on 21 February 2017 were noted.	**NF**
QCG/17/05/14	**Any Other Business** There was none.	
	The meeting concluded at 15.40 hrs	

Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 4 July 2017 - 13.30–15.30hrs - Southgate House, Devizes