NHS
Wiltshire
Clinical Commissioning Group

Quality and Clinical Governance Committee

Meeting Venue	Conference Room, Southgate House	Meeting: Time:	8 March 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:		
Mary Monnington (Chair)	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
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:		
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for WYKKD , NHS Wiltshire CCG
Sophia Swatton	SS	Associate Director of Quality, NHS Wiltshire CCG
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Julie Taggart	JT	Clinical Effectiveness Manager, NHS Wiltshire CCG
Sandra Hughes	SH	Business Manager, CHC, NHS Wiltshire CCG (from paper 11 only)
Jane Damar	JD	Operational Lead, CHC, NHS Wiltshire CCG (from paper 11 only)
Laura Gold	LG	Quality Manager, NHS Wiltshire CCG (observer)
Danela Adams	DA	Quality Team Administrator, NHS Wiltshire CCG (minutes)
Apologies :		
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire
Kate Purser	KP	Associate Director CHC and Adult Safeguarding, NHS Wiltshire CCG
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/0316/1	**Welcome and Introduction**
QCG/0316/2	**Bi-annual Safeguarding Children's Report** JD tabled a late addition, a Looked After Children's (LAC) Report.

The full report outlined the position on Safeguarding Children and LAC for Quarters 1 and 2 to provide assurance to the committee that the CCG is fulfilling the safeguarding duty in respect of all services that the CCG commissions.

Provider safeguarding training compliance for each acute is an issue for all providers at level 3 following new intercollegiate guidance on safeguarding training as more staff are required to be compliant than in the past. Of the Acutes, RUH and GWH have a clear framework and strategy for training. The CCG is working with SFT to develop a training needs analysis strategy and timeline to enable compliance with local and national requirements.

CQC inspections of providers:
GWH: Children and Young People's services were judged overall as requiring improvement across the whole trust, however the Children and Young People's Community services were rated as outstanding.

Oxford Health (provider of specialist services community mental health for children and young people) : All services were found to be good, however the safety of services requires improvement and size of caseloads in Salisbury was a concern.

SFT: the CQC report is awaited. RUH inspection due in March 2016.

Primary Care has shown good engagement with safeguarding training, with over 92% at level 3 and over 92% at level 2. The safeguarding strategy for Primary Care will be presented to the next meeting.

It was noted following an audit, that GP participation in child protection conferences was hampered by the lack of a national standard report template, meaning that often the most relevant information was not provided by GP's. Suggestions from GP's to improve engagement and communication have now been shared with the local authority. FF is taking the issue to the Wiltshire Safeguarding Children's Board.

There are currently two Serious case reviews in process, both chaired by FF. CR requested more information in future to enable the committee to understand if the figure represents a concern. DMcA requested future inclusion of metrics for both Wiltshire and out of area children.

The LAC report outlined the position in respect of health arrangements for LAC in Wiltshire. The CCG's support of these children ensure that the local authority fulfil the responsibilities of corporate parenting to enable LAC children to achieve the same optimal outcomes as any other child. Work around the timeliness of initial assessments for LAC children continues to be an issue, but this is expected to improve when the contract is taken over by Virgin Care. More detailed data needs to be collected to ensure that overdue initial assessments are not masked by the reporting schedule. The high non-attendance rate at the assessments may be due to social care waiting for a more local appointment.

It was reported that there are 9 unaccompanied asylum LAC, all have a clear pathway.

Virgin take over on 1st April and will take on the responsibility for the Designated Doctor function currently held by FF. FF will continue for another 6 months (no change for the CCG but a transition plan is being drawn up).

HO raised concerns over the differing level of expertise at the 3 acute trusts, as SFT have no doctors trained to carry out sexual abuse medicals.

HO to formulate a question in advance of the next SFT CQRM asking the Trust to provide a rationale regarding the Trusts' policy of not having trained clinicians for sexual abuse

	medicals CR queried if FGM is an issue in Wiltshire, FF is not aware of any cases however, confirmed that training includes the reporting mechanism for cases.
QCG/0316/12	. **Domestic DoLs Risk Assessment** LyF confirmed that Deprivation of Liberty Safeguards (DoLS) is now listed on the Risk Register. Following a Supreme Court judgement in March 2014 regarding Deprivation of Liberty Safeguards (DoLS) – knowns as the Cheshire West judgement, DoLS safeguards now applies to people receiving health or social care in their own homes. However, the usual process for the authorisation for DoLS does not apply to these individuals and applications have to be made through the Court of Protection. The paper outlined the current risks to patients and the CCG and actions being taken to mitigate those risks. The committee was asked to consider the options provided and make further recommendations as appropriate. • Processes applications through the provider community services team • CHC team involvement • Tender out externally or recruit agency staff, particularly the legal aspects. The main risk to the CCG is viewed as potential legislative action should the organisation not identify individuals and/or follow the DoLS process correctly. This is likely to have a cost implication for the CCG. *DMA, KP & LyF to meet and discuss the next steps* The committee discussed the need for the CCG to assess all CHC patients to identify cases where there is a Deprivation of Liberty. This will ensure that patients are receiving the least restrictive care and that the CCG is meeting its legal obligation to obtain lawful authorisation for patients being deprived of their liberty. The care plans of all those patients who are known to CHC will be reviewed and the correct process for identification of those affected individuals will be embedded into the normal departmental processes. The report identified 85 people in receipt of CHC funding or who have a Section 117who will require a more in depth assessment to determine whether or not they have the capacity to consent to the arrangements made for their care and treatment. Those particularly at risk are the 69 individuals with learning disabilities. *LyF to update to the next meeting following the first assessment of these 85 individuals.* There is no additional funding to support the implementation of this judgement as it is viewed as core business. Deprivation of Liberty Safeguards 2009 (standard process applicable to residential settings such as hospitals and care homes) DH reported that the Council (as supervisory body) are dealing with unprecedented number of cases that now meet the criteria for DoLS. The growing backlog of cases from sometimes,125 applications per week has necessitated a system of prioritisation. Once the backlog has been processed the work will form part of normal business, however in the meantime, the CCG will consider how it can support the Council in dealing with the backlog caused by the legislation change and ensure mitigation of the risks to the CCG. The local authority are not automatically prioritising hospital applications as often the

	inpatients stays are short and the patients are often discharged before the process can be completed. LyF has met with Acute Providers to discuss this issue and the gap is discussed at the regional safeguarding forum. Where a person dies whilst deprived of their liberty must be referred to the coroner as this is considered to be a death in state detention. This has the potential to cause additional distress to families if they are not aware of this issue LyF,JD and FF left the meeting.
QCG/0316/3	**Minutes of the last meeting and matters arising (5 January 2015)** The minutes from 6 January 2016 were agreed as a true and accurate record.
QCG/0316/4	**Action Tracker** The action tracker was reviewed and updated.
QCG/0316/5	**January/February Quality Report** The report continues to be refined. Progress has been made against NHSE targets including *C.difficile* and mixed sex accommodation breaches SFT have made progress with mixed sex accommodation, learning from RCAs has lead to better communication across staff groups, enabling better patient flow around the hospital. The remedial action plan is still in place; commissioners and SFT are working together to agree an aggregated RCA template for future use. SFT are currently under trajectory for *C.difficile* infection rates. . The CQC Outcome report, as a result of the inspection at SFT is due imminently, with a planned Quality Summit scheduled for 6th April. A warning notice has been raised in relation to the spinal injuries centre, specifically patients experiencing unacceptable delays for annual assessments, as well as those who require video uro-dynamics (VUD). The Trust has responded to the warning notice by instituting a remedial action plan with executive oversight to ensure that this cohort of patients receives the appropriate assessment. MS has offered her support if the Trust would find this helpful. The CQC inspection report for GWH has been published; the Trust received an overall rating of 'Requires Improvement' and the CCG have attended a quality summit with other stakeholders. Key areas were identified and the CCG is working with the provider and commissioners on action plans for identified work streams, to ensure delivery of quality improvement and to provide assurances regarding the inspection findings. A key concern highlighted from the Inspection findings relate to ED, with particular concern raised for staffing levels. The CCG's Quality team are continuing to monitor progress against plans and ensure that learning is identified and promoted. Key areas of action were discussed. AWP are expecting a planned CQC inspection in May 2016. • A contract query notice has been raised in 3 areas specifically; o Demand Management - insufficient progress to address issues of flow in acute services (Acute Care Pathway). o Resource Mapping - delays in ensuring, accurate and granular details on operating cost to inform the resource mapping exercise by commissioners. Incident Reporting and Learning from events - inconsistent quality, timeliness and information sharing in relation to serious untoward incidents and insufficient assurance that learning from events and implementation of learning is embedded. • The Trust is committed to achieving the outcomes by 31st March. • The quality team are in discussion with the CSU and other commissioners of the

	contract regarding the 16/17 quality schedule. • Vacancy rates continue to be a concern to the CCG. The Trust have a recruitment strategy in place, but this has not had an impact in recruitment in Wiltshire. • The committee was unhappy about the lack of communication regarding the closure of Red Gables. RUH • A CQC inspection is due mid-March. • Assurance has been provided regarding the legionella case at Paulton Community hospital. NHS property services have responsibility to ensure the situation is reviewed and any work required to the building is completed. The Trust took robust action to resolve issues and further capital investment has been secured. • *C.difficile* remains a concern although the rates have improved following peer review and work undertaken by the CCG task and finish group. The biggest challenge will be to ensure that the learning from the task and finish group is embedded into business as usual. Serious incidents: The number of pressure ulcers in the community was discussed and the providers' interpretation of the guidance was questioned.
QCG/0316/6	**Local Quality Surveillance Group Update and Emerging Concerns** The group monitors those care homes that are/have been experiencing difficulties and considers the support steps that may be necessary from both the CCG and Local Authority. The group feeds information into the regional QSG and is currently working to produce a local care homes dashboard. Work is continued through the Academic Health Science Network. A running log is used to monitor previous and emerging concerns with local providers. A statement regarding care homes will be included in future quality reports. Intelligence from Primary Care could be included in the dashboard to enable mapping and give a different perspective to gain a fuller picture. GP's will need guidance around what information is useful particularly as much of their intelligence would be 'soft'. The main themes emerging from the group are predominantly around transient managers, staff turnover and skill mix in care homes. The CCG is working on a number of initiatives to support care homes, including working to install a standard NHS contract. The formation of a Care Home manager forum will enable homes and staff to feel supported and provide them with an understanding of the bigger picture. The impact of the introduction of the minimum wage on care providers, is being discussed with the Local Authority. Commissioners are reviewing care home fees and linking it up with Primary Care Commissioning.
QCG/0316/7	**Quality Assurance Visit Process** NHS Wiltshire CCG is committed to gaining assurance about the quality of care provided to patients. The paper outlined the rationale, policy and procedures for a programme of quality visits that will take the form of both announced and unannounced visits, to enable both a fair and accurate insight into the services being delivered. The quality team propose working in collaboration with providers to gather intelligence from a range of sources in order to corroborate evidence and gain assurance. In addition, providers and commissioners can learn from the visits, and good practice can be shared with others. Announced visits; The CCG will request information in advance and will ask providers to give examples of both good practice as well as challenges faced in those areas being visited.

	The paper laid out the process for preparation and the expected outcomes and associated timeframes. The new process will aim to move the quality assurance away from CQC domains and towards the commissioning framework. Unannounced visits were discussed and the committee recommended that the verbal notice given to providers is increased from 10 to 30 minutes to increase the likelihood of the availability of a senior member of staff. A number of recommendations or minor amendments were made by the committee, including • Ensuring that the policies and documents list does not require too high a level of data collection. • Terms of reference to be reviewed. • Clarify section 3.2.1 • Make a comparison to the governor's questionnaire to ensure there is no duplication. • Review the potential to link visits with Healthwatch • Provide a patient questionnaire. *Amendments will be made to the documentation and sent out to the committee for comment. Responses will be required 2 weeks from receipt of the updated papers.*
QCG/0316/8	**CQC Inspections – Update and confirmation of planned inspections** The paper provided an update of CQC's findings in relation to compliance against CQC standards across commissioned services in Wiltshire, and subsequent recommendations and actions. The outcome of the CQC inspection report of SFT is awaited and the CCG will attend a Quality Summit with other commissioners and the CQC in April. A number of GP practices have been inspected by the CQC and the overall results were discussed. The Director of Quality is informed prior to the planned inspections and is made aware of the inspection outcome prior to publication. The CCG is informed of any practice that requires improvement a week before the report is published. In the event of a practice receiving an outcome of 'requires improvement,' the CCG and NHSE collaborate to review action plans and provide practical support to practices.. This support also includes CCG communications to ensure that patients are fully informed and assured of their clinical care. The committee were also made aware of CQC's planned Inspections to providers across Wiltshire. https://www.cqc.org.uk/search/services/hospitals/great%20western?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html https://www.cqc.org.uk/sites/default/files/new_reports/AAAE6441.pdf
QCG/0316/9	**Quality Schedule 16/17** A joint quality schedule with co-commissioners for both, SFT,GWH and the RUH have been agreed. A quality metrics dashboard has been developed for providers to complete with the aim of reducing any unnecessary burden of reporting. In future, some reports will only be required by exception, if provider performance falls below an agreed trajectory for two consecutive months.

QCG/0316/10	**NICE/Clinical Advisory Group** 4 papers had been submitted to the committee: Proposed amendments to the Clinical advisory group, updated terms of reference, NICE guidance paper and NICE policy. The CAG has seen improved engagement with colleagues across the CCG. The documentation presented was to update the scope of work and relationships with wider organisations to ensure appropriate services are commissioned and best use of resources following review of updated NICE guidance. Representation on the CAG will be amended through the ToR's to include improved engagement with group directors. The committee noted that there was no patient engagement included in the proposal, EH informed the committee of recent NICE guidance on community engagement and both policy and procedures will reviewed by the CAG and further amendments made to the documentation in light of the recommendations on patient engagement. The CAG will be unable to ratify their decisions as this would require a change in the constitution however, it can make recommendations to the Quality and Clinical Governance committee for ratification. *EH to review the CAG proposed policy and process in view of the new NICE guidance on patient engagement* The CAG aims to involve providers in the discussions to achieve aligned policy across the locality with NHSE policy commissioning guidance and NICE guidance. It is not anticipated that this will be easy to achieve. HO and MS will meet with Trust Medical Directors to discuss alignment and agreement of decisions made by Medical Directors to agree policy and assure compliance of the agreements by their clinicians to CCG decisions around the implementation of NICE guidance. *MS & HO to provide wording for risk register to create an entry for NICE guidance* *EH to incorporate the comments from the committee into the CAG documentation and re-circulate to the committee allowing 2 weeks for comment*
QCG/0316/11	**Continuing Healthcare and Funded Nursing Care Report** The committee were invited to comment on the report presented. During Quarter 3 the CCG had received 19 new referrals with 3 eligible for CHC funding. Funded CHC cases, including fast track at Q3 is 221 consistent with the last quarter. Future reports will include governance and risk areas. The committee requested that the next report includes more details for 105 patients that the CCG funds who are currently residing out of county (mainly LD patients), these are patients funded by the county in which they reside, but as patients from Wiltshire the CCG pays for their FNC costs. The retro cases are nearly all complete with only 8 still in process awaiting determination by a joint decision meeting or MDT. The funding for PUPOC (periods of previously un-assessed care) finishes at the end of March. *DMA to query with NHSE if the money from the risk share (set aside for Retro cases by NHSE) will be held for 6 months to cover possible appeals, or if the liability will have to be covered by the CCG.*

	CHC : The committee queried the consistency of application of criteria for DST's (Decision support tool). JD confirmed that this is checked before the JDM (Joint Decision meeting). A full review of LD cases has taken place to re-assess eligibility. Fast Track Referrals: Following a clinical audit, there is now a more robust review of fast track referrals. Some fast track referrals by one Acute, were inappropriately made and used as a tool to unblock beds. In response to this, a dedicated CHC nurse has been attending the acute weekly, to advise on the criteria required for fast track, this is on-going. Personal Health Budgets (PHB's): 11 Wiltshire Patients are currently funded through PHB's. The committee was asked to note that the expectation of high cost packages needs to be managed, as they are unsustainable in the long run. Accurate determination of the care plans is required.
QCG/0316/12	**Risk Register** The Risk Register was reviewed and SL confirmed that the register reflected the issues discussed at the meeting. *It was agreed that NICE guidance issues will be added to the register and the rating reviewed following the round of meetings with the medical directors.*
QCG/0316/14	**Any Other Business** DMA thanked MM for her contribution to the working of the committee and wished her well in her retirement. MM commented on the contribution of both managerial and clinical members enriching the committee and strengthening the team in the last 18 months.
	Date of next meeting The next meeting will be held on 8th May, 12.30-3pm, Conference Room, SGH. The deadline for papers is 19th April