

Quality & Clinical Governance Committee


Meeting Venue	Seminar Room 4, Southgate House	Meeting Time	21 st July 2016 1500-1700
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
Simon Truelove	ST	Interim Chief Officer, NHS Wiltshire CCG
Dina McAlpine (Chair)	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:		
Emily Shepherd	ES	Quality Lead, 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
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG
Lynne Hack	LH	NEW Directorate Business Manager, NHS Wiltshire CCG (Minutes)

Apologies :		
Jill Crook	JC	Registered Nurse Member, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire
Louise French	LF	Quality Lead, NHS Wiltshire CCG
Danela Adams	DA	Quality Team Administrator, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for WYKGD , NHS Wiltshire CCG

Item No	
1	Welcome and Introduction Round table introductions were made and apologies were noted as above
2	Minutes of the last meeting & matters arising 5 May 2016 The minutes from the 5 th May 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	<u>June Quality Report/ Directorate Dashboard.</u> DMcA led the committee through the revised Quality report, the key issues are summarised under safety, experience and effectiveness detailing areas of good performance and areas of challenging performance

	<p><u>Provider Monitoring:</u></p> <ul style="list-style-type: none"> • Wiltshire's <i>C.difficile</i> rates continue to remain below threshold. • Midwife Birth Ratios are above the target across each of the acutes. The non-compliance rate is impacted by vacancy rates across each of the providers. • Mortality ratio: SFT have received a CQC mortality alert for COPD and Bronchiectasis. An overview of actions being taken to rectify was shared. It was reported that GP Andy Hall attends the SFT mortality group. • It was noted that CARE UK vacancy rate is 39%, and has improved. • Compliance with Call Audits: The numbers of call audits from SWAST and NHS111 have been low and therefore do not provide assurance for compliance. • Wiltshire Health and Care and Virgin are new contracts and therefore performance and quality data will be available in future reports. <p>A discussion was held relating to when the 'alarm bell' is triggered for identifying trends, and it was agreed that trends/themes and the 'so what' needs to be included within the narrative to provide the CCG with assurance.</p>
5	<p><u>Safeguarding Children Update</u> <u>Summary of Woods Report / Changes to WSCB</u> <u>Summary of Woods report:</u> a discussion was held around proposed new arrangements for multi-agency working and potential changes to multi-agency working and the centralising of serious case reviews nationally .CR drew the committee's attention to a newspaper article relating to a safeguarding article which raised concern regarding the proposed changes .The changes proposed need to be passed through Parliament the impact of these proposals locally will need to be looked at in detail at this time</p> <p>The Wiltshire Safeguarding Children's Board (WSCB) structure is changing and developing towards a small number of Directors, DMcA will represent the CCG, however is unable to be the voice for health for other providers. MS expressed concerns that the Local Authority will be responsible for providing children's education There is newly published statutory guidance available for schools; any schools that do not complete their self-assessments will be flagged.</p> <p>Serious Case Review, Baby J http://www.wiltshirelscb.org/images/stories/pdfs/SCR_Baby_J_Final_Report.pdf</p> <p>JD provided a presentation on the serious case review 'Baby J' reporting on the key events and learning and next steps.</p> <p>The following points were raised in discussion:</p> <ul style="list-style-type: none"> • Reasons for de-escalation from Common Assessment Framework (CAF) to Team Around the Child (TAC) • The change of GP practice when baby was 12 days old, this was due to rehousing resulting in the new practice not having any previous history and the social care information did not always reach the surgeries. • Information sharing with TPP and the recognition that midwifery does not use this system. • Midwives actions and recognition of the provision of care under stress: creating risk. • The referral form not sufficiently completed, queried the training element for completion and triaging process. • There is a need to understand the escalation process across agencies. • Queried if the NHS Situation Background Assessment Recommendation (SBAR) tool was used within Wiltshire. • There needs to consideration that this service is not commissioned and need to be aware of the demand and work involved. <div data-bbox="1284 1518 1532 1675" style="border: 1px solid black; padding: 5px; text-align: center;">  SCR Baby J Presentation.pptx </div>

Action 5:0 JD to establish if the SBAR tool is used within Wiltshire
Action 5.1 All to feedback on shared document to JD

Safeguarding Adults update

Wiltshire Adult Safeguarding Board High risk Behaviours policy: This is the initial draft policy for comment focusing on people who demonstrate significant high risk behaviour. Self-neglect has been incorporated into Adult Safeguarding through the Care Act. The policy has been developed with the input from multi-agencies. Any questions relating to the policy feedback to LF, so feedback can be shared with the development group.

Wiltshire Adult Safeguarding Board (WSAB) Staff Guidance is a reference guide for all staff across the Health and Social Care economy in Wiltshire. The guidance informs what to do if you think an adult with care and support need is experiencing, or is at risk of, abuse and neglect, and who, because of their care and support needs, is unable to protect themselves from abuse or neglect. This will be available on the WCCG intranet and will be included within staff inductions.

LF led the committee through the Adult Safeguarding Activity Report Q1 2016/17, highlighting the following key areas:
The dashboard looks at key issues for consideration:

Key Issues For Consideration:

- Domestic Deprivation of Liberty (DDoL): The CCG has identified at least 4 patients (all CHC patients) who meet the criteria for consideration of an application to the Court of Protection in order to lawfully authorise any potential deprivation. The CCG is already responsible for one patient who is currently the subject of a DDoL.
- Primary Care Training: The CCG is currently providing ad hoc training to Primary Care and an Adult Safeguarding training programme is in development with the NHS Intercollegiate Guidance, which will help inform a community wide Training Needs Analysis.
- Application of the Mental Capacity Act: This is having an impact, identified cases thorough case file audits. LF is noticing an increase in being asked to support complex cases, LF/KP are with the community team

Exception Reporting from Safeguarding Standards

- Adult Safeguarding Standards: Q1 safeguarding reports are not due until August.
- PREVENT WRAP Training: Providers are struggling to comply with the NHS England target due to the significant amount of mandatory training they are required to deliver. A leaflet will be circulated to providers for staff inductions.
- Level 3 Adult Safeguarding Training: There has been no consistent training at this level previously provided in Health, therefore the achievement of level 3 compliance within Wiltshire CCG has been agreed as a work target for 2016/17.

Organisation / Issue/Summary of CCG Safeguarding Involvement

Caring Homes: KP detailed the process for ensuring health funded patients are safe where issues are highlighted with community team visits.

National issues:

- PREVENT: Wiltshire is not considered to be one of the priority areas as identified by the Home Office
- Modern Slavery: LF has attended a work shop on Modern Slavery and Human

	Trafficking at a National Adult Ssafeguarding Conference and will incorporate the learning into training including in house training for CCG staff.
7	<p><u>Continuing Healthcare, Funded Nursing Care, Specialist Placements and Neuro rehab Update Report</u> KP led the committee through the report, highlighting the following key areas and including activity update for Q4 2015/16:</p> <p><u>Funded Nursing Care (FNC)</u></p> <ul style="list-style-type: none"> • Cost implication for Funded Nursing Care, the current rate is £112 per week and this has been increased to £156.25 per week following review from MAZARS. This increase has been accepted by the DOH and CCG's have been informed by the DOH that this will be the new interim fee until January 2017 when a regional variation may be introduced . KP commented that CCG's had not been warned of the significant potential increase in advance, therefore this represented an immediate cost pressure. ST advised the DoH have included £120m into the CCG to allow for this increase, but there is a need to make savings elsewhere. KP and DMcA will be meeting with the local authority to understand that the increase goes towards the care of the patient. Action 7: Needs to be included on the risk register. <p><u>Personal Health Budgets (PHB's)</u> It was noted that there would be an expectation that PHB will be offered to everyone and there will be potential for problems in:</p> <ul style="list-style-type: none"> • Monitoring of patient's personal circumstances affecting patient needs. • Capacity issues in monitoring and reviewing cases. • There has been an increase in FastTrack requests, often relating to hospital discharges. There is ongoing work with RUH. <p><u>Specialist Placements (Inc. Mental Health and Learning Disabilities)</u></p> <ul style="list-style-type: none"> • KP provided a summary of the specialist placements and the Daisy. WCCG has two ex-Winterbourne View patients who are currently in out of county low secure provision funded by NHS England Specialist Commissioning. Both individuals are currently engaging with the Daisy Transitions Team to plan and facilitate transition back to the Daisy Unit in Wiltshire in Autumn 2016.
8	<p><u>Care Home Project Scoping paper</u> DMcA provided a summary on the number of surveillance groups monitoring care homes. There are currently 63 Care (nursing) Homes registered with the CQC to provide nursing home care within the Wiltshire CCG area, however there are a number of care homes which require improvement.</p> <p>The proposal is to set up, develop and embed care home quality improvement with:</p> <ul style="list-style-type: none"> ○ Implementing the same key performance indicators across all care homes ○ Development of standardised and improved skills within care homes, reducing hospital attendances and length of stay. ○ Develop a shared escalation process ○ Reinvigorating the Nurse Practice Forums. <p>After some discussion, the committee commended the paper proposal, however would like further information included detailing medication prescribing and increased patient relative awareness for 'what is good and what is bad' in the care homes.</p>
9	<p><u>Primary Care Quality Report</u> This paper has been reviewed by the Primary Care Quality Sub Group, the Primary Care Operational Group and the Primary Care Joint Committee. The report provides assurance concerning the quality of care provided by Primary Care services for Wiltshire</p>

	<p>patients. The CQC have commenced inspection of each GP Practice, currently there are 3 outstanding GP practices within Wiltshire, Lovemead Group Practice, Malmesbury Medical Partnership and Ramsbury Surgery, there are still 'not yet inspected'.</p>
10	<p><u>Complaints Report</u> SC introduced the report on Quarter 1 2016/17 Complaints and PALS report, providing a brief summary. It was noted that the ombudsman did not uphold three of WCCG complaints as the correct process had been followed. It was questioned if the complaints summary could include if adult or child related.</p>
11	<p><u>CQC Status Report</u> Inspection outcomes provided for providers: <u>Organisation Name</u> <u>Care Quality Commission inspection ratings</u> Royal United Hospital Pending publication</p> <p>The Great Western Hospital Requires Improvement Visit CQC profile - http://www.cqc.org.uk/location/RN325 An action plan has been implemented, however there is still an issue relating to staffing levels in the emergency department meaning that patients are still not consistently triaged within 15 minutes of arrival in the department.</p> <p>Salisbury District Hospital Requires Improvement Visit CQC profile - http://www.cqc.org.uk/location/RN320. In January 2016, a warning notice was issued relating to spinal patients waiting for video-urodynamics and outpatients experienced unacceptable waits for appointments. An associated action plan has been drafted and is monitored at an executive level within the Trust.</p> <p>AWP Pending publication Issued with warning notice in May 2016 regarding health based places of safety specifying 3 specific areas of concern. It is recognised that there are issues with AWP. ES and Georgina Ruddle are making an informal visit to support. The service for Red Gables is continuing at the Civic Hall in Trowbridge.</p> <p>SWASFT Pending publication</p> <p>Primary care inspections ongoing.</p>
12	<p><u>Risk Register</u> In the absence of Risk Manager (SL), DMcA noted that the Quality risk register has been reviewed with (SL) Risk ref Q-13/019 CLOSE Risk ref Q-14/027 to remain open Risk ref Q-15/028 to remain open Risk ref Q-15/031 to remain open</p>
13	<p>15/16 CQUIN Summary and 16/17 CQUIN outline Paper noted</p>
14	<p>SI Policy Paper noted</p>
15	<p>Any Other Business <u>Stroke</u> EH delivered a presentation on current Stroke performance across the 3 acute Trusts. The CCG will lead on a stroke project, bringing together acute and community providers as well as Primary Care and SWASFT. Swindon, BaNES, West Hampshire and Dorset</p>

	<p>CCGs will also be invited to attend. The project will use a quality improvement approach to support providers to work together to review current service provision and ways of improving pathways. The contractual quality schedule includes the requirement for acute providers to reach level 'B' within the Sentinel Stroke National Audit Programme (SSNAP). This audit will be used to audit the improvements made across providers.</p> <p>Current provider performance is as follows (level 'A' best);</p> <ul style="list-style-type: none">- SFT and RUH improved to level 'C'- GWH at level 'E' <p>The Clinical Advisory Group have advised that they would like to be involved in the working groups and receive feedback.</p> <p>The committee discussed that James Roach should be involved in relation to discharge.</p> <p>MS commented that this is a key area for improvement and we must look at what the provision of services needs to be for the population of Wiltshire in the future. There is a need for stroke consultants to talk to each other about what can be achieved within the current service provision.</p>
	<p>Date of Next Meeting: The next meeting will be held on 20th September 2016.</p>