NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 23July 2013
For: Decision ☐ Discussion ☐ Noting ☒

Agenda Item and Title:	**GOV/13/07/15 Quality and Clinical Governance Committee Minutes - 7 May 2013**
Author:	Deborah Rigby, Associate Director Quality and Patient Safety
Lead Director/GP from CCG:	Jacqui Chidgey-Clark Director of Quality and Patient Safety
Executive summary – (what is proposed and intended impact) and recommendation:	The NHS Wiltshire CCG Governing Body is asked to note the Minutes of the Quality and Clinical Governance Committee meeting held on 7 May 2013. The Minutes are a record of the actions arising from the Quality and Clinical Governance Committee Minutes meeting held on 7 May 2013. They are presented to the NHS Wiltshire CCG Governing Body to provide clarity and transparency about the discussions and decisions made and to ensure the principles of good governance are upheld.
Evidence in support of arguments:	The minutes support the NHS Wiltshire CCG Governing Body's adoption of open and transparent processes.
Who has been involved/contributed:	Director of Quality and Patient Safety Senior Mangers – Quality and Patient Safety Directorate
Cross Reference to Strategic Objectives:	
Engagement & Involvement	This paper will form part of the framework for public engagement.
Communications Issues:	Not exempt under FOI.

Financial Implications:	Not applicable.
Review arrangements:	Bi-monthly Quality and Clinical Governance Committee meetings.
Risk Management:	None
National Policy / Legislation:	NHS Constitution rights and pledges. • The NHS commits to make decisions in a clear and transparent way so that patients and the public can understand how services are planned and delivered. • The NHS commits to provide you with the information you need to influence and scrutinise the planning and delivery of services. https://www.gov.uk/government/publications/the-nhs-
Equality & Diversity:	None
Other External Assessment	NHS Wiltshire CCG's Registered Nurse Member chairs this meeting.

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Quality and Clinical Governance Committee
Meeting minutes 9.30am on 7 May 2013
Southgate House, Devizes

Present:

Mary Monnington	MM	Chair, Registered nurse, member of the Governing Body, NHS Wiltshire CCG
Jacqui Chidgey-Clark	JCC	Director of Quality and Patient Safety, NHS Wiltshire CCG
Christine Reid	CR	Lay Member, member of the Governing Body, NHS Wiltshire CCG
Dr Debbie Beale	DB	GP Vice Chair, WWYKD, NHS Wiltshire CCG
Debbie Rigby	DR	Associate Director of Quality and Patient Safety, NHS Wiltshire CCG,
Sue Odhams	SO	Public Health Rep from Wiltshire Council
Lynn Franklin	LF	Adult Safeguarding Lead, NHS Wiltshire CCG
Karen Littlewood	KL	Designated Nurse Consultant Safeguarding Children, NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Management, NHS Wiltshire CCG
Dina Lewis	DL	Head of Continuing Healthcare, Funded Nursing Care and Specialist Placements, NHS Wiltshire CCG
Susannah Long	SL	Risk and Governance Manager, NHS Wiltshire CCG
Dr Mark Smithies	MS	Secondary Care Provider

In Attendance:

Gail Warnes	GW	Head of Prior Approvals/Exceptions, NHS Wiltshire CCG
Jane Watt	JW	Referral Support Manager, NHS Wiltshire CCG,
Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
Dawn Griffiths	DG	Clinical Support Lead NHS, Wiltshire CCG
Fiona Findlay	FF	Consultant Paediatrician
Sheila Morris	SM	CSCSU

Apologies:

Isabelle Tucker	IT	Public Health Nurse, Infection Prevention and Control Lead, Wiltshire Council

1. Apologies, Welcome and Introductions

MM welcomed everyone to the meeting. The Quality & Clinical Governance Committee has the responsibility to strengthen Quality & Patient Safety performance management for NHS Wiltshire CCG. This will be on iterative, developmental processes with better dialogue, more partnership and a different approach with our major providers, greater open-ness and sharing. .

2. Declaration of Interest

Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting which might conflict with the business of NHS Wiltshire CCG.

No declarations were made.

3. Terms of Reference

Amendments were suggested to the terms of reference:

a) Page numbers to be included
b) Membership Section 3.1 Non Executive where listed in the bullet points should read Lay member
c) The Lay member Secondary Care Specialist Doctor will be the Deputy Chair
d) CCG Lay member of Patient Safety should read Patient Experience
e) Quality & Patient Safety Manager should read Associate Director of Quality and Patient Safety
f) Head of CHC should also be added to the list of core members
g) 3.2 NCB should read 'NHS England'.
h) 3.4 should now read ….'the Lay member secondary Care Specialist Doctor will deputise' (as listed in the bullet point above).
i) Reporting arrangements Section 4.1 should read 'The committee will provide at least a report to the Audit and Assurance Committee….'
a. New addition 'The minutes of this meeting will go to the Governing Body'.
j) 4.2 will become 4.3
k) Committee Papers 6.2 should read ' available from the Corporate affairs team
l) 8.1 should now read 'The Terms of Reference will be reviewed after six months or sooner of the committee's establishment…'

It was noted that although the Terms of Reference mention the Quorum, full attendance at the meetings is expected.

4. Safeguarding Children Arrangements

KL presented a report reinforcing the Named Safeguarding Children Professionals role in health providers. Named professionals have a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding Children's training is in place. Key points:

- Not all health providers have named individuals and where this is the case it poses a risk in relation to the quality of safeguarding practice.
- There continues to be an issue with secure email transfer, previously there was a method of encryption, but due to the change to NHS.net this is no longer secure with all partner organisations. This has been flagged with the safeguarding strategic improvement board, but this remains unresolved. MS reported that the issue of secure email is being discussed with by the Council with GWH and others to find out if an encrypted link is possible.

Action: Director of Quality & Patient Safety to write to the Director of Nursing at GWH for resolution. JCC

5. Safeguarding Adults Arrangements

LF gave an update on the reporting of Safeguarding Adults Arrangements, she gave an update on the transition arrangements from the PCT and the current challenge of email security. LF highlighted there has been an increase in concerns in March and April 2013 relating to care providers for people with learning disability. NHS Wiltshire CCG commission care management from community services. When admitted to inpatient services a person with Learning Disability community care management is being closed and this is having an impact on effective management and safeguarding investigation. GP's may not be aware of this if an NHS patient is chronic and stable but does not have any medical needs.

Action: LF agreed to review arrangements for identifying L/D care managers
A new Pressure ulcer panel committee has been established with GWH and NHS Wiltshire CCG to gain a greater understanding of the grade 3 and 4 pressure ulcers investigations. MS asked if we insist on providers using a skin bundle. LF confirmed each provider has a tool, but these tools may use slightly different scoring systems, so although it is performance monitored in the contract, the outcomes may differ.

Action: The CCG Adult Safeguarding policy is being launched in June 2013, a number of training sessions are being held in June 2013 where key areas of responsibility will be discussed.

LF commented on an issue with maintaining standards in sub-contracted services and in particular a help to live at home programme provider. Where there are multiple agencies working with an individual client problems may occur when there is no identified lead.
Action: The committee asked for further information on the sub-contacted services and how they are managed.

6. Medicines Management

Nadine Fox presented a summary on the number of new government initiatives that will impact the way medicines are managed, these include promotion of early adoption of clinically and cost effective innovative practices.
Prescription Price Regulation Scheme (PPRS) is coming to an end and moving to a new phased in introduction focusing on new medicines marketed from Jan 2014.
An alteration to the way in which drugs are coasted on their indications, will make horizon scanning more difficult.
An introduction of the Patient access scheme (this will require monitoring) and the central role of NICE to be strengthened.

The Medicine Management team have continued to work on formularies, controlled drug implementation and at local level on targeting areas of projected overspend.

6.1

From 1st April the published list of treatments relating to specific specialised services will be transferred to NHSCB. To facilitate this, practices will be contacted and asked to inform specialists of the changes, however, secondary and tertiary care specialists seem to be unaware of the change.

Action: The financial risk to the prescribing budget will be monitored and the governing body informed on a monthly basis.

6.2

Concern was raised that the CCG is not required to have an accountable officer for destruction of controlled drugs. The responsibility from 1st April fell to NHS England, currently they do not yet have an officer in post Theresa Middleton in Gloucester has been nominated to cover the area. The CCG pharmacist has provided NHS England with the necessary databases etc to assist. The AT suggest that the CCG continue to maintain the role as the geography of the county means that in the case of a major incident there may not be adequate cover, hence the concern. As an alternative NF could step in if needed but this is not a satisfactory compromise as although she would be able to offer detailed support the CCG would not be legally covered for this. JCC to talk to NF regarding our responsibilities as this issue may need to be discussed at the Clinical Executive.
Action: JCC

6.3

Patient directive legislation. The move from PCT to CCG was smooth. Patient Group Directives (PGD's) were developed by the PCT and the policy was written and awaiting ratification. With the changes from 1st April these will need rewriting as appropriate. The PGD is still valid and gives time to reconsider the changes. Public Health, Wiltshire Council have approached the medicines management team to help with the review.
Tetanus will be potentially the only PGD to stay with the CCG and discussion will be needed regarding the whole issue of PGD's. Talks are happening to discuss what is coming up for expiry and who will then be responsible.

Action: NF agreed to report back on PGDs.

7. Quality and Patient Safety

DR presented a report to advise the Quality and Clinical Governance Committee of the CCG's performance about clinical effectiveness, patient experience and patient safety for March 2013. Acknowledgment was given to the Commissioning Support Unit (CSU) who helped collate the data. DR as an introduction referenced the Quality Handover document produced by Wiltshire PCT for the CCG to ensure sharing of information and maintain Quality and Patient Safety during transition. As a new organization quality is a priority and the CCG has an opportunity to strengthen performance management, it will include a partnership approach with major providers. With openness and sharing, as the main challenges. There were three appendix papers.

7.1 Complaints Management

From April 2013 the CSU have created a new Wiltshire CCG nhs net e mail accounts for patient experience feedback issues. E mails coming into these new accounts will automatically be forwarded on to an e mail in box for handling by the CSU patient experience team. These will be run alongside the existing local pals/complaints email addresses for the near future, to ensure that there is a robust service for our patients. feedback.wiltshireccg@nhs.net

In quarter 4 2012/3 data showed that formal complaints have decreased since October 2012 There were no Ombudsman complaints during this quarter.

Action This data along with the other patient experience data will be used to triangulate information in line with the Francis report recommendations.

7.2 Safety thermometer

DR gave an introduction to the Harm free care programme the NHS Safety Thermometer, use of the NHS Safety Thermometer will establish a national baseline of performance on the four harms and provide information on the range of performance.

7.3 Quality Dashboard

Performance reporting on selected areas has been agreed in the NHS Wiltshire CCG High level strategy.
Infection Control - there is a planned Memorandum of agreement with public health to support the programme for 2013/14. The National target for MRSA will be 0, this had already been breached by 4th April 2013 when a bloodstream infection was reported in a Wiltshire patient. There had also been a case in Salisbury in the renal dialysis unit (although this will not be listed in this year's figures).

Action DR and JCC to establish regular monthly meetings with Public health, need to establish TOR for MRSA post infection review process.

DR gave an update on the GP learning events that are being re-established the GP leads for Clinical Governance have been invited.

8. CHC Update

DL presented this paper and gave an overview of the specific challenges within Continuing Health Care, these included:

8.1

Retrospective reviews – Phase 2 is the largest group of whom the initial 585 enquiries, 182 were for living individuals and are being handled as a priority. 166 claims have now been closed.

8.2

The administration of Funded Nursing Care has been managed through a section 256 with Wiltshire Council. A review of these has highlighted inconsistencies with the guidance regarding application of the process and exposed the previous PCT and now CCG to an increased risk around the amount of retrospective claims which will require a full assessment.

8.3

Notice has been received from a 'Help to Live at Home' provider, withdrawing from all three of its' contract areas. The notice period is 180 days plus 1 and is effective from 28th September 2013. This currently affects 10 patients who are funded through CHC, but many more from Wiltshire Council. NHS Wiltshire CCG will be re-tendering with support from the CSU jointly with Wiltshire Council.

8.4

Of the small number of complaints received, they mainly refer to funding decisions regarding the decision that an individual does not meet the criteria for continuing healthcare. One is a very high profile case and an independent investigator has been involved. There is an anticipated rise in the number of complaints of this nature as a result of the high volume of retrospective cases of which a percentage will prove not eligible. The appeal process means that people have nothing to lose in terms of continuing and because of this there are likely to be a higher number of appeals for the retrospective cases.

9. Exceptions & Prior Approval /Referral Management

GW gave an overview:
The department is currently undertaking a review for the clinical commissioning policy. The policy is intended to guide patients and clinicians on the CCG's approach to interventions that are restricted to clinical need, not covered by other commissioning arrangements and the reasoning behind the funding decisions. The review will also inform patients and clinicians

- In the period Oct 12 – March 13 of the 1514 applications received 61% were approved. 376 were exceptional treatment, 986 prior approvals and 117 for

'non contracted activity' and were also considered under the protocols for exceptional treatments.

- Priority areas emerging are – urgent review of threshold criterion for joint and spinal injections, Botox, and fertility treatment. A review of day-case and inpatient procedures is required following queries raised by providers who view certain interventions should not be carried out in an outpatient setting as currently stated. This would provide more clarity for clinicians and prevent unnecessary funding applications.
- NHS England updated Prescribed Specialised Services manual stating which organisations commission specialised services. The CCG clinical priorities policy will be revised to reflect the changes as we will no longer be processing applications for these services. .

10. Referral Support Services (RSS)

JW gave an update on the Referral Support Services
RSS provide regular feedback on referrals to GP's and their surgeries to improve their awareness of referral activity. The office started accepting referrals for dermatology, cardiology and plastics in March 2013. The Sarum group, currently use a different system for referrals. A paper is being prepared for the CCG board to identify the purpose of the RSS and how it differs from the Sarum system.
Rejections for referrals from providers are intercepted and re-booked preventing the practice being charged for a second referral. RSS intercepts referrals that would have gone to acute trusts without prior approval, patients are then redirected and if need be for 'prior approvals'. The RSS team, work closely with Exceptions and Prior Approvals team.

11. Clinical Policies

None to consider

12. Risk Register Review

The review is part of the risk management strategy. The top 10-12 risks plus the next 5 are reviewed regularly by the Audit and Assurance committee. The resulting top 10 risks are then passed on to the Governing Board. Each directorate can list their risks and consideration should be given to those from other directorates that may impinge on Quality and Clinical Governance. Scores need to be moderated to ensure that the risks are all listed against a similar benchmark for risk to mitigate the differing views of levels of risk by individuals.

13. Any Other Business

MM requested that the agenda be sent out separately for future meetings and confirmed that the minutes would be available via the Governing Body meeting As the minutes will be in the public domain MM reminded contributors of the importance that no patient identifiable information should be included. MM also

confirmed that the Terms of Reference, require a more detailed six monthly report to the board.
MM thanked the contributors again and acknowledged the opportunities to make improvements.

Date of Next Meeting: 2nd July 2013 at Southgate House, Devizes.