

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 26 November 2013
For: Decision Discussion Noting

Agenda Item and Title:	GOV/13/11/22 Quality and Clinical Governance Committee Minutes – September 2013
Author:	Deborah Rigby, Associate Director Quality and Patient Safety
Lead Director/GP from CCG:	Jacqui Chidgey-Clark Director of Quality and Patient Safety Mary Monnington – Registered Nurse Member
Executive summary – (what is proposed and intended impact) and recommendation:	<p>The NHS Wiltshire CCG Governing Body is asked to note the Minutes of the Quality and Clinical Governance Committee meeting held on 3 September 2013.</p> <p>The Minutes are a record of the actions arising from the Quality and Clinical Governance Committee Minutes meeting held on 3 September. 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.</p>
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:	<p>NHS Constitution rights and pledges.</p> <ul style="list-style-type: none"> • 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. <p>https://www.gov.uk/government/publications/the-nhs-</p>
Equality & Diversity:	None
Other External Assessment	NHS Wiltshire CCG's Registered Nurse Member chairs this meeting.
What specific action do you wish the Governing Body to take?	The Governing Body are asked to note the Minutes.

Quality & Clinical Governance Committee
Meeting minutes 9.30am on 3 September 2013
Southgate House, Devizes

Present:

Mary Monnington	MM	Chair, Registered nurse, Member of the Governing Body, NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Dr Debbie Beale	DB	GP Vice Chair, WWYKD, NHS Wiltshire CCG
Deborah Rigby	DR	Deputy Director of Quality & Patient Safety, NHS Wiltshire CCG
Lynn Franklin	LF	Adult Safeguarding Lead, NHS Wiltshire CCG
Karen Littlewood	KL	Associate Director for Quality (Safeguarding Adults and Children), NHS Wiltshire CCG
Dr Mark Smithies	MS	Secondary Care Doctor
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
Dina Lewis	DL	Associate Director of Quality (Continuing Healthcare, and Specialist Placements), NHS Wiltshire CCG

In Attendance:

Gail Warnes	GW	Head of Prior Approvals/Exceptions, NHS Wiltshire CCG
Jayne Watt	JW	Referral Support Manager, NHS Wiltshire CCG
Dawn Griffiths	DG	Clinical Support Lead, NHS Wiltshire CCG
Dr Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
Louise French	LF	Quality & Patient Safety Manager, NHS Wiltshire CCG
Bianca McClounan	BM	Bank Quality Manager, NHS Wiltshire CCG

Apologies:

Jacqui Chidgey-Clark	JCC	Director of Quality & Patient Safety, NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Management, NHS Wiltshire CCG
Sue Odams	SO	Public Health Consultant from Wiltshire Council
Beth Graham	BG	Medicines Management, Wiltshire CCG
Sheila Morris	SM	CSCSU

1. Minutes of the last Meeting 2 July 13 and Matters Arising

The minutes were reviewed, an alteration was requested by Mark Smithies, his title should read Secondary Care Doctor.

The minutes were agreed as an accurate record of the last meeting.

MM asked for clarification about whether the terms of reference had been presented to the governing body. DR suggested that this could be incorporated into the minutes that are shared with the governing body in September 2013.

2. Action Tracker

MM asked that all the actions be updated in future before meetings.

MS asked if the action tracker could be updated and sent out in the next two days as a way of ensuring that the actions were kept live. This was agreed

3. Safeguarding Children Update

3.1 KL gave a summary of the current safeguarding children's arrangements and highlighted associated concerns for information and for consideration. The revised strategy guidance, Working Together to Safeguard Children 2013, became effective from 15th of April 2013, the guidance streamlines the previous guidance documents to clarify the responsibilities of professionals to safeguard children and to strengthen the focus away from process driven practice to focus on the child. It was noted that this replaces the 'Working Together 2011/10 the Framework for the Assessment of Children in Need and Their Families 2000' and the statutory guidance under Section 11 of the Children's Act 2004. KL confirmed that NHS Wiltshire CCG were compliant with the statutory guidance and mentioned that the LSCB (Local Safeguarding Children's Board) has now published a threshold document that includes the process for the early help assessment and the type and level of early help services to be provided. A number of work streams are being supported by the CCG to ensure that health professionals are knowledgeable and clear in relation to the multi-agency threshold, there is a new multiagency training program that will be available from September 2013. NHS Wiltshire are also supporting of the single agency safeguarding training in all commissioned health providers to ensure that this is available and that staff are trained.

3.2 Key performance information. KL gave a detailed update on the status with regard to the current position with our providers.

Action: Escalate internally and discuss further and agree to place onto the NHS Wiltshire CCG Risk Register.

3.3 The risk identified with regard to secure email - the ongoing action is still not resolved. DL also commented that this was also an issue for CHC and FNC. MM advised that this should be escalated further.

Action: The NHS Wiltshire SIRO (Senior Information Risk Officer) JCC, KL & DL will meet to discuss the ongoing concerns.

3.4 Serious Case Reviews – KL gave a brief update on the number of case reviews that were outstanding an agreed action was for a greater engagement with public health and board to board with GWH to identify the potential gaps.

KL raised concerns regarding the SIRONA contract with NHS BANES disintegration from NHS Wiltshire CCG the gap with regards to the designated Doctor post for Wiltshire, the post currently sits with SIRONA.

Action: KL to meet with JCC and Wiltshire Children's Commissioner to agree how the designated Doctor post can be maintained.

4. Safeguarding Adults Update

4.1 LF gave an introduction to the update to the work of the safeguarding adults work within the CCG. The structure within the CCG has been reviewed in the last month and the Associate Director of Quality (Safeguarding Children and Adults) KL, now leads the team with the benefits of increased support and the opportunity to have cross cover arrangements with safeguarding children.

4.2 A proposed flow chart designed to demonstrate a planned management of the safeguarding adults process was discussed, integrating the multi-agency safeguarding processes and the CCG processes relating to SIRS and the CCG process in terms of escalation. The flowchart is intended to avoid duplication of investigations and to ensure that the right people are investigating health concerns, thereby assuring NHS Wiltshire CCG. It was proposed that this will be shared with the local authority.

The report highlighted key areas and concerns of information management, contract monitoring, adult safeguarding concerns, Mental Capacity Act and Deprivation of Liberty safeguards, training, and safeguarding adults scheduled dashboards.

Concerns were highlighted with regards to the interpretation of the Mental Capacity Act and DoLs and it was agreed that some of the providers have greater understanding and therefore increased thresholds for DoLs applications.

MS asked about the availability of IMCA in clinical areas and wondered if this could be one of the issues in terms of requests for mental capacity assessments.

Action: MS and MM to meet with JCC about how we can move forward also to invite PJ and KL.

Action: LF to agree a greater definition of the CCG and Wiltshire Council roles and responsibilities.

The meeting was asked to review the adult safeguarding policy was written for Wiltshire CCG prior to authorization and the policy was discussed and the group were asked to review to support ratification, the consultation period will close on **30th September 2013**.

5. Continuing Health Care Update

DL presented a paper summarizing the present status of the current work stream with the CHC and specialist placement department and the associated risks for consideration and information. Key matters for consideration included:

5.1 CHC and FNC activity

The South West report for the quarter 2013, Wiltshire ranked 14 out of 14 in CHC in activity and 11 out of 14 in CHC costs. The current conversion rate for quarter 1 for 2013/14 was low due to the high number of initial screens that were being referred to the team. The current anticipated conversion rate from an assessment to funding agreed is 8%, it is anticipated that this should rise to 14% however the current aspiration would be 30%. This would ensure the positive check lists are checked for robust rationale and evidence to support the ratings. Current fast track conversions are at 94%.

5.2 5.2 Funded Nursing Activity (FNC) – The FNC for patients funding their own care and those funded by the Local authority other than Wiltshire council, has been repatriated from the council and is undergoing a root and branch review. Current issues that are being addressed as part of the repatriation are the customs and practice to pay FNC without

assessment once a person has been resident in a nursing home for 3 months. There is currently a review by NHS Wiltshire of FNC activity.

In terms of activity Wiltshire CCG ranks 8/14. Cases per 10,000 weighted population, year to date are 50, which ranks us at 3/14. The costs per 10,000 weighted population rank Wiltshire CCG as 4/14. In summary for Funded Nursing Care we rank high on activity and high on cost.

5.3 Retrospective Activity – on 15th March 2013 activity continues to be high, there are 666 applications with currently 367 active cases that are being managed by the team. There are current risks to ensure that the CHC patients who need to be referred are having their needs addressed. The CHC team are screening referrals to address the conversion rate.

5.4 Specialist Placement Activity – this splits into 2 main categories, Section 117 aftercare funding and specialist placement funding for residential and domiciliary care. DL also gave an update on the ongoing work of the team with regards to CHC, FNC and specialist placement activity.

6 Serious Incidents Requiring Investigation Report

DR presented the current position for the CCG. There have been 6 serious incidents reported in June and July, by the providers where we are the lead commissioners. There have been 9 incidents reported by AWP which have affected Wiltshire patients and there was 1 incident reported by the Ambulance Trust which affected a Wiltshire patient. NHS Wiltshire has reported 3 incidents, 2 of which concerned the NHS111 service and 1 relating to an independent provider.

The CCG have established a monthly serious incident committee to review the root cause analysis submitted from providers for closure by the CCG. A brief update was given of the 3 reviewed given at the last serious incident closure meeting held in July. There continues to be incidents open on the STEIS system, which have not yet reached 45 and 60 day timeframes.

DR highlighted learning specifically from 2 incidents one relating to two incidents relating to grade 3 pressure ulcers and 1 relating to surgical error.

There are 6 incidents still ongoing from before the PCT closure.

7 Francis Report

7.1 DR gave a brief update on the paper that was presented to the Governing Body on 28th May 2013 and an update on the actions from June 2013, NHS Wiltshire CCG Governing Body outcomes report now starts with a patient story to ensure the focus is on putting patients first.

7.2 The Quality and Patient Safety Directorate are reporting complaints concerns and service issues on a bi-monthly basis to the Quality and Clinical Governance group and are starting to triangulate this with staff surveys and the CQC reports.

7.3 NHS Wiltshire CCG Stakeholder events have been held and there has also been additional stakeholder events held at group level. Each group and corporate director is in addition has been given responsibility of meeting with individual third sector groups.

7.4 Further involvement with users in Service Re-Design was identified as needing to be embedded and this is starting to happen.

7.5 The data collection has started with the Friends and Family Test from May 2013 NHS Wiltshire have been asked by the Area Team to produce an action plan supporting expansion.

Action DR proposed that an update of the CCG assurances that relate to the Francis report, be brought to the next meeting in November 2013.

8 Individual Funding Reviews

GW gave an update on the current objectives, priorities and challenges of the exceptions and prior approvals management. MM initially asked if the CCG should change the terminology to Individual Funding Reviews which GW agreed and gave an update on the NHS England revised policy. The CCG has adopted the clinical priorities policy which was initially developed in 2006 and having been through a number of revisions there is still ongoing work.

There is an identified need to develop and review the criteria for commissioning procedures relating to clinical policies. The CCG is committed to a phased program of work to develop and review the clinical priorities policies to bring greater clarity for patients and clinicians through individual commissioning statements. The aspiration is to be able to download the application form from the CCG website. Support was given from the committee to take forward the commissioning policy updates.

Action: Updated actions to be brought to the next meeting in November, with the suggestion that they will go to the Governing Body at the end of November.

9 Referral Support Services

JW gave an update on the background to the Referral Support Services highlighting the current activity and the objectives and current priorities. Of particular interest is the number of referrals that are now being managed by the team, over 2,500 per month. It was noted that the RSS supports the WYYKYD and NEW group only, JW gave a presentation of data to support the choice patients are given in terms of procedures and the utilisation of the UK SH (UK specialist Hospitals/CARE) contract were given.

The RSS have also identified a procedure which is currently commissioned at a day case tariff for which providers do in an outpatient setting; this has been highlighted to commissioners for review at the contract at managers meeting.

10 Directorate Risk Register

SL presented the paper giving an update of the current risks and thanked the Quality & Patient Safety team for the support to update the risks over the last month. It was identified that the risks for Medicines Management needed to be updated.

Action: NF to be asked to update this.

11 Clinical Policies

Adult Safeguarding – this was covered under item 3

12 Any Other Business

MM thanked the contributors and as the meeting had over run by 15 minutes proposed that the time-frame for the meetings be reviewed along with the agenda and the frequency of the papers. She thanked again the contributors for the detail that was in their papers and the meeting closed.

Date of Next Meeting: 5th November 2013 at Southgate House, Devizes.