

Quality & Clinical Governance Committee
Meeting minutes 9.30am on 5 November 2013
Southgate House, Devizes

Present:

Dr Mark Smithies	MS	Deputy Chairman and Secondary Care Doctor
Jacqui Chidgey-Clark	JCC	Director of Quality & Patient Safety, 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
Dina Lewis	DL	Associate Director of Quality (Continuing Healthcare, and Specialist Placements), NHS Wiltshire CCG
Lynn Franklin	LF	Adult Safeguarding Lead, NHS Wiltshire CCG

In Attendance:

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
Sheila Morris	SM	CSCSU
Sue Odams	SO	Public Health Consultant from Wiltshire Council
Isabelle Tucker	IT	Public Health Nurse, IP & C Lead, Public Health at Wiltshire Council
Dr Fiona Findlay	FF	Designed Doctor, Safeguarding Children, Wiltshire CCG

Apologies:

Mary Monnington	MM	Chair, Registered nurse, Member of the Governing Body, NHS Wiltshire CCG
Karen Littlewood	KL	Associate Director for Quality (Safeguarding Children and Adults), NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Management, NHS Wiltshire CCG
Beth Graham	BG	Medicines Management, Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG

1. Minutes of the last Meeting 3 September 13 and Matters Arising

The minutes were reviewed, Dr Smithies requested that he be moved up to 'Present' rather than 'In Attendance' as he is also the Deputy Chairman. The minutes were agreed as an accurate record of the last meeting.

It was requested by MS that section 5.2 be re-worded.

- 1.1 5.2 Funded Nursing Activity (FNC) – The FNC for patients funding their own care and those funded by Local authorities other than Wiltshire Council, has been repatriated from the council and is undergoing a root and branch review by the CHC team. Current issues that are being addressed as part of the repatriation is the historic practice of paying FNC prior to assessment once a person has been

resident in a nursing home for 3 months. There is currently a review by NHS Wiltshire CCG FNC activity, process and procedure. The aim will be to deliver a joined up service between NHS Wiltshire CCG and GWH Community to meet our obligations in assessing for Funded Nursing Care.

Latest benchmarking FNC data shows that NHS Wiltshire CCG currently ranks 8/14 from the South West CCG's in terms of activity. The costs per 10,000 weighted population rank Wiltshire CCG as 4/14. In summary for Funded Nursing Care Wiltshire CCG rank high on activity and high on cost.

2. Action Tracker

Items 5,12, 13,17,19, 21, 22, 23 have been completed.

3.	5	4.	6, Medicines Management	5.	The financial risk to the prescribing budget will be monitored and the governing body informed on a monthly basis
6.	12	7.	7, Directorate Risk Register	8.	The clinical priorities policy to be updated
9.	13	10.	8, Clinical Policies	11.	KL will check if this has been ratified.
12.	17	13.	3, Safeguarding Children	14.	JCC, KL, DL to meet with Simon Truelove to discuss the on-going concerns of email security with GWH
15.	19	16.	4, Safeguarding Adults	17.	Meeting regarding the availability of IMCA in clinical areas
18.	21	19.	7, Francis Report	20.	update to the Francis report to the next meeting in November
21.	22	22.	8, Clinical Priorities Policy	23.	Commissioning Policy updates to be brought to the next meeting
24.	23	25.	10, Directorate Risk Register	26.	NF to be asked to update the risk register

Responsibility Changes

3. JCC gave a brief update on the recent changes in the Quality and Patient Safety Directorate, the responsibility for the Referral Support Services and Individual funding departments has now moved across to Sarum Group.

4. Patient Experience

- 4.1 SM presented the paper on Patient experience, the paper updates the Quality and Clinical Governance Committee on progress across NHS Wiltshire CCG in the field of Patient and Public Voice. The Quality Committee were asked to note and provide comments on the work NHS Wiltshire CCG is taking forward to ensure patient feedback is captured routinely and used to help create a customer focused NHS, this included the Friends and Family test, CQC National Inpatient Survey, NHS choices and The Patient Insight Dashboard.
- 4.2 CR asked about the staff survey element of the Friends and Family Test, DR confirmed the staff survey takes place in October / November and will be incorporated when available.

4.3 JCC relayed that CCG had been invited to meet the Cabinet Office during a visit to Salisbury Foundation Trust (SFT) with reference to the Friends and Family test (FFT). SFT have been nationally recognised as an exemplar site because of their success in their participation rates achieved.

4.4 SM commented that complaints information from providers continues to be a challenge to triangulate because of the different way providers report complaints and the time frames. CR asked if the report could include potential hotspots for future reports **ACTION:** SM agreed to review the format for future reports.

5. **Serious Incidents Requiring Investigation Report**

DR presented the report and reiterated that Serious Incidents Requiring Investigation in healthcare are rare, but when they do occur, everyone must make sure that there are systematic measures in place to respond to them. Incidents are monitored by the Associate Director of Quality and Patient Safety supported by the CSCSU. The RCA reports are shared with associate commissioners and ensure that learning from the incidents and actions are identified, shared and implemented to minimise the risk of the incident reoccurring.

5.1 During August and September 2013, there were eighteen new serious incidents reported across Wiltshire. There were seven reported by the providers where NHS Wiltshire CCG are lead commissioners – five for Great Western Hospital Community (GWHFT) and two for Salisbury Foundation Trust (SFT). Avon and Wiltshire Mental Health Partnership Trust (AWP) reported nine and South Western Ambulance Service (SWAS) logged two which concerned NHS Wiltshire CCG patents. No new Serious Incidents were reported by NHS Wiltshire CCG during this time CR requested that the information supplied by AWP is broken down more into different locations, so that it would be easier to compare the figures.

5.2 NHS Wiltshire CCG have established a monthly SIRI panel to review the Root Cause Analysis (RCA's) submitted from providers.

5.3 DR explained that Great Western Hospital Acute had reported one Never Event incident relating to a surgical error at the maternity unit at the Great Western Hospital in August 2013.

5.4 Of the new incidents reported in August/September, 4 were related to Pressure Ulcers – MS enquired how widespread was the use of the skin bundle? DR confirmed GWH uses this and have applied for national funding to support a health community roll this out into care homes.

5.5 DR explained that there was currently a significant backlog with AWP SIRI and the assurance needed by the CCG to support closure. AWP have been asked to provide actions plans and chronology relating to the incidents.
ACTION: SM agreed to report back to the next meeting in January 2014.

6 **Infection Control**

IT presented the report to the committee and gave a brief update on the challenges to achieve the National targets. Targets for primary care organisations have been transferred to Clinical Commissioning Groups as of April 2013. MRSA and MSSA infections attributable to acute trusts are where samples are taken on the third day of admission. Any samples taken before the third day are attributable to the CCG.

For *Clostridium difficile* infection (CDI) and *E coli*, a similar arrangement is in place whereby any samples taken between the day of admission and the third day are attributable to the CCG; day four onwards is attributable to the acute trust.

- 6.1 The MRSA targets are zero are extremely challenging year to date there have been three case attributed the NHS Wiltshire CCG, in one instance there was no clear focal point for the infection. However, further investigation will be made as to whether or not oral *Staphylococcal aureus* can lead to endocarditis. The second case the likely source of infection was the patients PICC line, which was managed in part by the patients wife, who has received training on administration by RUH. The third case is thought to be due a foot wound which occurred when treading on broken glass. Recommendations arising included follow up by the patients' Substance Misuse Key worker.
- 6.2 Re C.diff targets, the Department of Health ambitions or planned targets are calculated on a percentage reduction based on the previous 12 months running from October 2010 to the September 2011. The CDI ambition for NHS Wiltshire is 127 for 2013/14.

The annual *C.difficile* post 72 hour targets for April 2013 to March 2014 for the acute trusts are:

		National Targets
RUH	=	29
GWH	=	20
SFT	=	21

It must be noted that the Department of Health has recommended that acute trust laboratories adopt a new protocol testing for *C. difficile* infection (CDI). This is a combination of two methods of testing using a specific algorithm, will be more accurate and therefore, the number of cases of *C. difficile* will be more accurately identified. The rates are decreasing over the last 3 years although this has plateaued, as more are reported from Primary Care. CR enquired about Norovirus reporting, DR confirmed that the counting of cases and closure of wards, are reported through the assurance meetings with the Area Team.

ACTION: IT to include Norovirus in the next report.

- 6.3 NHS Wiltshire CCG and Wiltshire Council continue to work in partnership, to share the learning and pass on the information regarding *C.diff* contamination and antibiotic prescribing.

7 Patient Safety

This report provided information and assurance on the Quality and Patient Safety of services provided within Acute, Community, Mental Health Services and Ambulance that are commissioned by NHS Wiltshire Clinical Commissioning Group. The dashboard is based on the indicators identified with the CCG clear and credible plan. In addition the analysis of the scorecard quality indicators, a range of activities are undertaken on a day to day basis to gain intelligence on the quality of service provision, to identify any 'early warning' signs of service failures and to work with partner agencies towards quality improvements. Hotspots identified were:

- 7.1 In August 2013 FT have been identified as having a HSMR higher than expected. There has been an increase in the crude mortality rate. SHMI is 105 to December

2012 and is as expected and when adjusted for palliative care is 101. HSMR is higher than expected at 114 for 12/13 and is being investigated by the trust. and supported by Wiltshire Council.

- 7.2 The RUH have received three improvement notices, and one enforcement action relating to management of personal records. The trust have produced a detailed action plan, the full report is available on <http://www.cqc.org.uk/node/315157>
- 7.3 RUH have had no 'never events' but they are outliers on reporting clinical incidents. The concern is that learning cannot be gained if events are not reported.
- 7.4 GWH have struggled with participation rates for the friends and family test (with very low response rates. These problems may have been exacerbated with the improvement work being carried out in the A & E department.
- 7.5 Quality visits have taken place to Savernake and GWH maternity department.
- 7.6 Maternity re tender, the bidders involved require additional and important information in order to complete their bid submissions. Due to the length of time it is taking to put this together, the Wiltshire CCG has agreed to extend the closing date.
- 7.7 Southern Health is a provider for learning disabilities. Following a CQC visit the CCG stopped placements into Postern House, although this has now resumed. Southern Health are however, still listed as a hotspot as a provider because of quality issues in an Oxford site. DR attended a risk meeting that included issues of privacy and dignity for patients.
- 7.8 The lack of section 12 doctors for the AWP was queried. This is caused by a problem of recruitment in the locality and that less GP's have time to specialize in this area. Is there any evidence of danger from a lack of doctors?
ACTION: DR to feedback to the governing body.

8 Implementing recommendations of the Francis, Keogh and Berwick Reports

- 8.1 The report by DR laid out clearly the recommendations from the three reports and showed an update on the progress for NHS Wiltshire. The recommendations are being built into the commissioning intentions and include a duty of candor throughout the core business. It may be possible in future to triangulate where each trust is at present.

9 Directorate Risk Register (SL was not in attendance)

- 9.1 JCC confirmed that appropriate risks to NHS Wiltshire CCG are listed on the risk register. Specific items that were discussed included Southern Health and Postern House.
- 9.2 A new item that will be placed on the register, is the disaggregation of the forensic social workers, leaving the CCG at risk. NHS Wiltshire CCG have been asking for this to be managed. Concern is that the vulnerable are not been well supported as there are no case managers. The council are taking responsibility for social work back, by the end of October. So far, there has been no assurance of this issue being covered between AWP and the council. The problem has been raised through both the contract and with AWP. Currently Marsha Barlow (CHC placement coordinator) is dealing with issues on behalf of the CCG, but the only other way we

hold is through the contract and Victoria Hamilton. About 40 patients are affected by this situation.

ACTION: Add to risk register.

10 Any Other Business

10.1 There has been a serious information governance breach regarding patient identifiable information being sent through an insecure route to the incorrect email address. As a result of this NHS Wiltshire SIRO has written to Wiltshire Council.

ACTION: SO to discuss with colleagues.

10.2 The CQC visited the CCG at the end of October, to carry out an inspection on Safeguarding (Looked after children) following a whistleblower. We have yet to receive the report.

10.3 There has been a breach of the Mental Health act – this matter is being reviewed.

10.4 The CHC team have recently been audited via NHS England following a complainant who has raised historic concerns regarding application of the criteria. The audit consisted of a review of 14 cases in which eligibility had not been recommended and the auditors found that in each case the criteria had been applied appropriately.

10.5 JCC suggested inviting key organisations that we report on, to give a short presentation at the beginning of the meeting.

ACTION: JCC to invite suitable individuals

10.6 SO asked if the committee would be able to give advice on an aspect of Public Health

ACTION: SO will meet with DR to discuss if this is appropriate.

Date of Next Meeting:

21st January 2014, at Southgate House, Devizes.

PLEASE NOTE THE CHANGE FROM 7th Jan