

Quality & Clinical Governance Committee

**Meeting DRAFT minutes 10 July 2014
Southgate House, Devizes**

Present:		
Mary Monnington	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
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
Nadine Fox	NF	Head of Medicines Optimisation, NHS Wiltshire CCG
Dr Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children, Wiltshire CCG
In Attendance:		
Sue Odams	SO	Public Health Consultant, Wiltshire Council
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
Louise French	LFr	Quality & Patient Safety Manager, NHS Wiltshire CCG
Helen Forrest	HF	Lead Infection Control Nurse
Isabelle Tucker	IT	Public Health Nurse, IP & C Lead, Public Health at Wiltshire Council
Jill Whittington	JW	Service Re-design Lead for Sarum, Wiltshire CCG
Gail Warnes Helen Forrest	GW	Exceptions Manager
Apologies:		
Dina Lewis	DL	Associate Director of Quality (Continuing Healthcare, and Specialist Placements), NHS Wiltshire CCG
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG
Bianca McClounan	BM	Quality Support Manager, Wiltshire CCG
Karen Littlewood	KL	Associate Director for Quality (Safeguarding Children and Adults), NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designed Doctor, Safeguarding Children, Wiltshire CCG
Joanne Clarke	JC	Clinical Governance Pharmacist, Medicines Management, NHS Wiltshire CCG
Dawn Griffiths	DG	
Dr Debbie Beale	DB	GP Vice Chair, WWYKD, NHS Wiltshire CCG
Debbie Ho	DH	Dorothy House
Item		Action
1	Provider Presentation Debbie Ho was unable at the last minute to give an update from the current position at Prospect Hospice and sent her apologies.	

2	<p>Minutes of the last Meeting, 6th May 2014 and Matters Arising MM distributed an updated version of the minutes to that previously distributed. Minor amendments were made and the minutes of 6th May were agreed by all present.</p>	
3	<p>Action Tracker See separate document</p>	
4	<p>Quality & Patient Safety Report JCC thanked both DL & LF for the report. This is the first attempt at the new style report.</p> <p>JCC gave an overview of the new document structure. The appendices show when the data is collected. Annex 2 & Annex 3 compares organisations. Run charts are also included (amendments will be made to these charts as in some places figures appear to drop off, but this is caused by the database).</p> <p>4.1 (5.7) SFT results show 2 outliers on the Safety Thermometer although this could be partly due to how the data is collected – a point prevalence survey. This is being monitored and the falls etc are being monitored closely with colleagues and at CQRM's (Clinical Quality Review Meetings).</p> <p>4.2 (5.22) it is acknowledged that RUH may be under reporting incidents. NHS Wiltshire CCG. Low reporting skews the figures, the RUH understand this and the figures should in future give a more realistic picture. Clinical incident reports are provided at CQRM's.</p> <p>4.3 GWH have not reported on their SHMI (Standardised hospital monitoring intelligence) data. The CCG quality team are working closely with GWH and expect the data to improve.</p> <p>4.4 As the RTT data was not received from the CSU it could not be included. John Dudgen will work with the team around interpretation of the information in future.</p> <p>4.5 Stroke care in Wiltshire continues to be of concern. The interim Assistant Director (NEW group) is undertaking work to understand and improve care.</p> <p>4.6 MM asked for committee members for their opinion/ suggestions for future reports. The report is expected to be of a similar format as more information becomes available to us the information will be triangulated.</p> <p>4.7 DTOC is not reported through this committee, but it is reported in the integrated performance report and is done through the Better Care Fund</p> <p>4.8 JD will provide a paragraph on Safeguarding incidents on a monthly basis to LFr.</p> <p>MM thanked JCC & the team about the new report and the way that the information is presented and monitored.</p>	

<p>5.</p>	<p>Serious Incidents Requiring Investigation (SIRI) No paper had been received by from the CSU regarding the SIRI report.</p> <p>5.1 Due to circumstances, information has now been migrated back to the CCG prior to September. LF and the team are working hard around STEIS and an additional administrator has been employed to enable the in-house team to ensure the incidents are handled in a more timely manner.</p> <p>5.2 A draft paper was distributed to the committee. In summary, at high level there are 85 SI's (serious incidents) open of which, 38 are not due for closure and 47 are still open (but relate to 13/14). LF is satisfied that information is being collected and is being reconciled. LF hopes to bring more positive assurance to the next meeting.</p> <p>5.3 The ToR's for the SI panels have been amended to indicate that the CCG are now managing serious incidents in full and the CSU are not included.</p> <p>5.4 The Never Events, refer to the maternity case held between 2 providers. RUH (who are taking over the contract themselves) are monitoring the action plans which NHS Wiltshire CCG are monitoring through the CQRM's.</p> <p>5.5 There is one SI outstanding that JCC considers may be a Never Event. The RCA has now been received MM & MS will review the RCA. JCC assured the committee that she is satisfied with the allocation of other Never Events.</p>	<p>LFr</p> <p>MM / MS</p>
<p>6</p>	<p>Infection Control IT talked to her annual report covering Health Care Acquired Infections for Wiltshire 2013/14.</p> <p>6.1 IT reported that she is no longer involved in RCA's in the community and can only access data for Wiltshire patients from Public Health England (at a much later date than our information). Wiltshire CCG now monitor the MRSA & C.diff rates.</p> <p>6.2 Key messages were that as NHS Wiltshire CCG has 3 cases of MRSA assigned to them (SFT – 2 that are contaminates & GWH) the zero target has been breached. IT will work more closely with the CCG team to triangulate the information moving forward as there is a differential between the two sets of data.</p> <p>IT reported a good downward trajectory and although a zero no of cases has not been achievable, the very low rate is laudable. Infection control is starting to focus more on the prevention of avoidable infections rather than those cases that are unavoidable.</p> <p>6.3 IT reported concern about Glenside hospital infection control, her data seems to be different to Wiltshire CCG's although JCC had no such concern. IT requested sight of the CCG's information and JCC will check if this is possible under Information Governance rules.</p>	<p>JCC</p>

	<p>6.4 IT recommended that the committee investigate how MRSA and other infections are included in discharge summaries for those leaving hospital. Patients are often discharged from hospital before the results have been received. JCC will ask the question of NHS England of how they monitor information flow between care homes and nursing homes.</p> <p>6.5 Wiltshire CCG have CQUINS in place to monitor antimicrobial prescribing. IT was asked to supply resistance data for E. coli in the population in Wiltshire.</p>	<p>JCC</p> <p>IT</p>
7	<p>Medicines Management Nadine Fox presented the report.</p> <p>7.1 The paper provided feedback regarding the headroom bid for a short term pilot for a pharmacist to go into see patients who may not regularly be reviewed for their medicines usage.</p> <p>The results were very interesting and Joanne Clark was congratulated on the report.</p> <p>7.2 Diabetes – NF talked about a paper that had not been tabled. NF will distribute a summary to the committee. Following the verbal information, the committee were happy to accept the proposal.</p>	<p>NF</p>
8	<p>Directorate Risk Register JCC has reviewed the risk register.</p> <p>8.1 The committee were satisfied with what was included on the register.</p> <p>8.2 The risk figure for 13/022 may rise as Jill Crook and Philippa Potter (NHS England) wish to come to see PJ, JCC and DL, MM in July to resolve 2 cases.</p> <p>8.3 It was not felt that the CSU situation (around providing notice on the quality control) needs to be included on the risk register as NHS Wiltshire CCG feel more sighted on concerns than previously.</p>	
9	<p>Clinical Policies Paper 7</p> <p>9.1 Jill Whittington, Service Redesign Lead in Sarum for Wiltshire CCG presented a policy on Facet Joint Injections for approval by the committee. This policy is an interim policy with a view to working towards following NICE guidance and will enable the CCG to clarify terms for this specific procedure. This policy does not affect those on the chronic pain pathway.</p> <p>The risks associated to the organisation were discussed. JCC was particularly interested in ensuring that there is good patient engagement as the CCG is a patient centered organisation.</p> <p>Following discussions, the policy was approved by the committee as an active policy which is immediately active however it will be placed on the internet as 'draft for consultation' A formal review will be carried out after 6 months as stated in the policy.</p>	

	<p>of an enduring marker being placed on the patient records in future.</p> <p>10.4 SO reported a serious incident involving the historic Swindon & Wilts Diabetic Eye Screening Programme , (now run by Swindon CCG) that involved 217 Wiltshire patients. JCC has been made aware of this incident ,requested regular updates and will attend future SI meetings if necessary.</p> <p>.</p>	
	<p>Date of Next Meeting:</p> <p>2nd September 2014, at Southgate House, Devizes.</p>	
	<p>Papers deadline 21st August 2014</p>	