

Quality & Clinical Governance Committee
**Meeting Minutes 4th November 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 of the Quality and Clinical Governance Committee and Secondary Care Doctor, NHS Wiltshire CCG
Jacqui Chidgey-Clark	JCC	Director of Quality & Patient Safety, NHS Wiltshire CCG
Dina McAlpine	DMcA	Interim Deputy Director of Quality and Patient Safety, NHS Wiltshire CCG
In Attendance:		
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
Louise French	LFr	Head of Patient Safety, NHS Wiltshire CCG
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Emma Higgins	EH	Patient Effectiveness Manager, NHS Wiltshire CCG
Teresa Blay	TB	Interim Head of CHC, NHS Wiltshire CCG
Emily Shepherd	ES	Head of Patient Experience, NHS Wiltshire CCG
Lynn Hack	LH	Patient Effectiveness Administrator, NHS Wiltshire CCG
Ana Gleghorn	AG	Patient Experience Manager, NHS Wiltshire CCG
Isabelle Tucker	IT	Public Health Nurse, Infection Prevention & Control Lead Wiltshire Council
Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
Lesley Scott	LS	Interim Adult Safeguarding Lead, NHS Wiltshire CCG
Sue Odhams	SO	Public Health Consultant, Wiltshire Council
Dr Dick Sandford-Hill	DSH	GP and Vice Chair for WYKGD, NHS Wiltshire CCG
Danela Adams	DA	Quality and Patient Safety Team Administrator, NHS Wiltshire CCG
Lynne Hack	LH	Patient Effectiveness Administrator, NHS Wiltshire CCG
Jayne Chidgey-Clark	JMCC	Director of Patient Services, Dorothy House Hospice
Apologies:		
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Optimisation, NHS Wiltshire CCG
Gail Warnes	GW	Head of Prior Approvals, NHS Wiltshire CCG
Susan Burch	SB	Head of Patient Effectiveness, NHS Wiltshire CCG
Helen Robinson-Gordon	HR-G	Head of Communications and Engagement, NHS Wiltshire CCG

Item		Action
1	<p>Provider Presentation</p> <p>Jayne Chidgey-Clark gave an update of the work of Dorothy House Hospice Care. She focused on learning from complaints, the benefit of regional benchmarking, real time patient experience reporting which is part of this year's CQUIN programme and the challenges for the hospice and the hospice's audit programme.</p> <p>Mary thanked Jayne for her informative presentation.</p>	
2	<p>Minutes of the last Meeting, 2nd September 2014 and Matters Arising</p> <p>The minutes were agreed as a record of the meeting</p>	
3	<p>Action Tracker</p> <p>See separate document</p> <p>Items 50, 56, 59, 61, 63, 65. 66, 67, 68 ,69, 71,72,73,74,75 were agreed as complete and will be removed from the action tracker.</p> <p>MH will be invited to the next meeting to assure the committee of patient engagement</p>	DA
4	<p>Quality & Patient Safety Report</p> <p>The two quality reports for September & October were received by the committee. The presentation highlighted the October report.</p> <p>4 key areas were covered:</p> <ul style="list-style-type: none"> • AWP CQC inspection and next steps • Harm Free Care with a highlight on SFT, the team continue to work with the trust to understand the changes to this year's Serious Incident reporting • CQRM's <p>4.1 AWP DMcA attended the CQC pre-summit, summit & post-summit meetings. There were 4 enforcement notices and 37 compliance actions issued for AWP. There are trust wide and local area action plans to address the compliance issues and imbed change. Key issues were:</p> <ul style="list-style-type: none"> • Learning from incidents was a theme across the trust. • Ligature points, particularly in Bath & Bristol. Staffing levels and skill mix remain an issue in South Wiltshire. • The main themes from the trust's RCA's (root cause analysis) of SIRI's (Serious Incidents requiring Investigation), are the use of less experienced staff as the key worker with High risk patients. • The storage of medication 	

	<ul style="list-style-type: none"> • Supervision rates remain a concern. <p>WCCG have set up a Wiltshire CQRM meeting. The Quality team will develop a revised local quality dashboard to include local mental health quality indicators</p> <p>AWP wide SIRI Panels have commenced and are hosted by the South West CSU. The TOR's have been agreed, it is anticipated that themes from serious incidents across CCG's will be triangulated.</p> <p>The CCG supports the cultural change taking place within AWP and welcomes the revised RCA process for falls, which is now for each individual case and not the approach to aggregate until six have been sustained before completion of an RCA.</p> <p>The localising of responsibility for patient safety and quality is welcomed by the CCG.</p> <p>The CCG will continue to work closely with the local and trust wide team to ensure the resolution of key issues and the embedding of learning form SI's. The CCG will monitor the CQC action plan through the local CQRM where it is anticipated the AWP Clinical Director for Wiltshire will attend.</p> <p>4.2 The Safety Thermometer is a point prevalence tool to measure Harm Free Care. SFT is currently an outlier in comparison to the other acute providers in Wiltshire and the CCG has raised this concern at the CQRM. JCC has additionally raised this with Lorna Wilkinson the DoN. The quality team will examine the ward data to note the outliers. The intention is to triangulate this data against the safer staffing data and evidence from serious incidents to establish if there are any patterns or themes. The quality team will also endeavor to reflect this against the national picture in order to provide a perspective which is in context.</p> <p>4.3 Serious incidents – An area of concern is the AWP reported suicide rate. This has raised a query regarding assurance that patients are being assessed in an appropriate time frame, is there sufficient supervision of the less experienced workforce. Public health were asked to provide some comparative data to see if Wiltshire is an outlier in terms of the level of suicide. It was suggested that the Coroners reports are also used as a data source for triangulation. ACTION: LF to view the Coroner's report.</p> <p>RUH SI's raise a concern regarding the level of repeat falls. ACTION: SB to investigate</p> <p>SFT maternity: SI's remain a concern as the recent incidents demonstrate through the RCA's poor midwifery staffing levels @ 1 : 42 where the national benchmark is 1 : 30. At a recent assurance visit, the skill mix was raised as a concern. SFT are recruiting additional midwives and these are due to commence in November.</p> <p>SFT Maternity dashboards also show a higher level of 3rd and 4 degree tears. Nationally there is a link between 3rd & 4th degree tears and midwives not being trained in episiotomy. It was queried whether there was still a coding issue around maternity. ACTION: LF to query with Lucy Baker and</p>	<p>LF</p> <p>SB</p> <p>LF</p>
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	<p>Barbara Kitchen.</p> <p>The next step towards improvement is that the quality lead for each provider will be a member of the SI panel for the RCA which relates to their contract to enable continuity of information.</p> <p>4.4 CQRM's RUH RCA's will now be reported within 48hrs. This was raised with the DoN and will be monitored. ACTION: SB</p> <p>Reported Falls SI' s are increasing including multiple falls. The provider has been asked about possible themes including staffing levels. Inaccurate risk assessments were identified through RCA's as contributing factor in this.</p> <p>Assurance has been requested, concerning the rate of assessment for VTE's, investment in a new nurse by the RUH will hopefully see this improve. ACTION: SB</p> <p>SFT SFT will have a full audit for the SBPTA (Stroke Best Practice Tariff Award) week beginning 3rd Nov.</p> <p>CDiff – antimicrobial action plan. LF confirmed that the infection control nurses had visited. PJ felt that out of hours may have poor prescribing practices. EH has been talking to the Medicines Management team at the CCG about antibiotic prescribing.</p> <p>GWH The new Patient Pathway Capacity Management system will be going live in November, the implementation and effectiveness of the system will be monitored. ACTION: ES</p> <p>Teal ward has an 17 extra beds opening in November.</p> <p>New complaints software is being introduced which it is hoped will enable the complaints to be assigned to the appropriate commissioner.</p> <p>GWH Community</p> <p>DTOC (Delayed transfers of Care) remain high due to lack of implementation of the choice policy. The provider has cited a lack of domiciliary care provision as a significant contributor to the delays. The rise in Community acquired Pressure Ulcers has been discussed – increased use of the TV service is needed as competency may be an issue, with a lack of senior oversight evident through the RCA's.</p> <p>The CQRM will be a bi-monthly meeting. .</p> <p>DMcA felt that there had been a improvement in the quality of information that is received and how this is analysed and looks forward to seeing the improvements in the services from providers and the 'so what?' outcomes.</p>	<p>SB</p> <p>SB</p> <p>ES</p>
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	MS congratulated the team on a much improved report, that continues to develop in the right direction.	
5	<p>Serious Incidents Requiring Investigation. The focus of the report is on Q2.</p> <p>5.1 The repatriation is complete. A root and branch review to assure the committee of the current position has been undertaken and the risk register has been amended to reflect this.</p> <p>5.2 The GWH figures currently include both the acute and community together and this will be split in future to allow for clearer viewing of trends and to allow for triangulation.</p> <p>5.3 The main type of incidents reported are pressure ulcers (although the major cause seems to be variable across each provider). Poor Risk Assessments remain an issue, the use of assessment tools will be encouraged. The team will support the providers to improve this.</p> <p>It has been recognised that some patients in the community are reluctant to follow advice, do the nurse's carry out best MCA's? ACTION: ES to enquire.</p> <p>5.4 A Never Event at SFT in September is being investigated by NHS England. The increased level of SI reporting at SFT and GWH May be due to the increased organisational awareness of safety, this is positive to see.</p>	ES
6	<p>Infection Control Q2 report - reportable mandatory bacteremia</p> <p>6.1 There have been 2 MRSA cases attributed to NHS Wiltshire, none for the Acute Trusts. The majority of MSSA bacteria are admitted from the community setting and contrary to national data for MRSSA fall into the upper age group. To date, SFT have 5 cases of CDI above target.</p> <p>IT recommended that the CCG continue to work with SFT in terms of the CDI infections and antimicrobial recommendations.</p> <p>6.2 Following discussions, it has been agreed that the infection control report will be produced in-house in future. IT will still be involved in advising from a public health perspective. ACTION: all were asked to consider the content of the future report and feedback to LF</p> <p>The report will in future show what are the lessons learned and what we can report back to the primary care team - embedding the learning, to achieve a meaningful report.</p> <p>There has been an issue around prescribing at one of the GP practices and the surgery was visited by the infection control nurses.</p> <p>IT left the meeting at this point.</p>	All

7	<p>Patient Experience</p> <p>The report focused on the Friends and Family Test (FFT) and Complaints, including the repatriation of the PALs and Complaints Service to Wiltshire CCG. The Friends and Family Test asks patients whether they would recommend the hospital in view of their experience. We are working with providers to increase the response rate.</p> <p>7.1 GWH response rates tend to be low. This seems to be due to a number of factors cited by GWH including lack of ward engagement and staffing changes. They have a rectification plan, including the use of volunteers to support FFT on the wards. The team will continue to monitor this at CQRM meetings.</p> <p>RUH are allocating responsibility for completion of FFT to business managers within the Trust.</p> <p>7.2 Complaints</p> <p>GWH have improved the reporting of their complaints in terms of response rate metrics. They have provided a breakdown of response rates and times but, do not yet demonstrate how learning is being captured and imbedded internally.</p> <p>In Wiltshire CCG there has been a high caseload of work from the repatriation of PALs and complaints; the experience team is in the process of a stock take. Following this, the CCG will have a much clearer picture of the themes and leaning from the information. In the schedules for next year, the team plan to put more focus on the ‘so what?’ learning.</p>	
8	<p>CQUIN's</p> <p>8.1 Internally, the directorate has established a Commissioning for Quality meeting to evidence the compliance of the providers to ensure that achievements are evidenced of the payments made. The quality team have reviewed the CQUINs and are meeting with the providers to establish what work can be identified to improve the performance in these areas and ensure they achieve the thresholds.</p> <p>8.2 A Joint CQUIN meeting hosted wiith BaNES CCG is to be held on 10th December. All the providers have agreed to meet to discuss ideas and themes for CQUIN's for next year.</p>	
9	<p>Medicines Management</p> <p>9.1 Monthly review meetings are held for QIPP and are attended by the directorate.</p> <p>The medicines budget is overspent on QIPP, this is partly due to stopping the incentive scheme for GP's. JCC has asked that this is revisited. There is a continued need for work with the GP's to ensure that they continue to prescribe the more cost effective drugs.</p>	
10	<p>Continuing Healthcare</p> <p>10.1 The quarter 2 (Q2) data has been reported to NHS England. Of the 30</p>	

	<p>referrals, 8 were eligible for CHC funding with a conversion rate of 27% (Q1 was 40% conversion). One of the targets for the team was in fast tracks and improving the rate of assessment. The department is now starting to achieve the 28 day target.</p> <p>10.2 The backlog of Funded Nursing Care patients is being reduced, but may not be completed by the end of the financial year.</p> <p>10.3 There were 85 open fast track patients at the end of September, 35 had been receiving funding for more than 90 days with 5 in excess of more than a year. The team are working to identify the reason behind the big increase in numbers and it was noted that the Acute Trusts are the main referrers.</p> <p>10.4 There have been 2 independent review panels, one case was upheld and the CCG are awaiting the outcome of the second.</p> <p>10.5 CHS have been contracted to undertake the last 97 cases of retrospective review by the end of March. This has freed up 2 nurses to look at other areas of CHC work.</p> <p>10.6 5 Wiltshire patients now have personal health budgets (PHB's). 11 further patients are in initial conversations about PHB's.</p> <p>10.7 The work with Winterbourne View is still progressing.</p> <p>10.8 An Options for Care draft policy was presented to the committee for comment. Currently, there is no upper or lower limit stated for what the CCG will pay for care, which leaves the organisation open to financial risk. It was requested that costing figures are highlighted more clearly. The aim is to highlight the true value and to evidence that the process is transparent. The Chief Finance Officer will be consulted. The draft policy was approved by the committee and will now go forward to either the Finance or Audit Committee.</p>	
11	<p>Directorate Risk Register</p> <p>12.1 Generally the risk manager was happy that the register reflects the true position. However SL recommended considering inclusion of AWP CQC report in view of the suicide rates, but it was decided that prior to this further work would be undertaken to establish if Wiltshire is an outlier.</p> <p>12.2 SL also suggested the addition of the CHC Fastrack referral due to the increase in numbers. SL will link with Lucy Baker over this risk as it may already be included on the EOL register.</p> <p>12.3 Mears are now sub-contracting to Micare, this maybe a concern although there are conflicting reports of the level of risk over Mears. The lack robustness of their recording system has been highlighted in the latest CQC report as an integral issue regarding reliability of data.</p>	SL
12	<p>Clinical Policies</p> <p>12.1 JCC had reviewed the policies provided for the committee and was happy with the accompanying EIA's. The committee approved the use of the policies on the website.</p> <p>ACTION: SB /EH to double check that the most up to date reference points</p>	EH

	are used in the documentation.	
13	<p>Any Other Business</p> <p>13.1 Sue Odhams was attending for the committee meeting for the last time. It is uncertain who will represent public health in future at these meetings, however, Sue will request that someone attends.</p>	SO
	<p>Date of Next Meeting: Tuesday 6th January 2015 in the Conference Room, Southgate House, Devizes. 9.30 – 12noon.</p> <p>This will be a paperless meeting in view of the proximity to Christmas. It was agreed that the next meeting will focus on the themes of stroke and maternity. Any other suggestions should be forwarded to DMcA.</p> <p>Any other papers already produced for the meeting will be accepted in advance for review before the Christmas break.</p> <p>MS offered his apologies.</p>	