

Quality & Clinical Governance Committee
**Meeting minutes 6th January 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
Jacqui Chidgey-Clark	JCC	Director of Quality & Patient Safety, NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Dina McAlpine	DMcA	Deputy Director of Quality and Patient Safety, Wiltshire CCG
In Attendance:		
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Lesley Scott	LS	Interim Head of Adult Safeguarding, NHS Wiltshire CCG
Emma Higgins	EH	Patient Effectiveness Manager, NHS Wiltshire CCG
Susan Burch	SB	Head of Patient Effectiveness, NHS Wiltshire CCG
Emily Shepherd	ES	Head of Patient Experience, NHS Wiltshire CCG
Julie Taggart	JT	Clinical Effectiveness Manager
Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
Marsha Barlow	MB	Patient Safety Manager, NHS Wiltshire CCG
Gail Warnes	GW	Head of Prior Approvals, NHS Wiltshire CCG
Ana Gleghorn	AG	Patient Effectiveness Manager, NHS Wiltshire CCG
Richard Stamford Hill	RSH	GP and Vice Chair for WYKGD , NHS Wiltshire CCG
Jeremy Hooper	JH	Interim Public Health Scientist
Tracy Torr	TT	Communications Team, NHS Wiltshire CCG
Lynne Hack	LH	Quality Team Administrator
Lucy Baker	LB	Stoke Programme Lead
Apologies:		
Lynn Franklin	LyF	Head of Adult Safeguarding, NHS Wiltshire CCG
Paul Borelli	PB	GP, NHS Wiltshire CCG
Louise French	LF	Head of Patient Safety, NHS Wiltshire CCG

Item		Action
1	Welcome and Introduction MM welcomed attendees and wished a very Happy New Year.	
2	Provider Presentation Lorna Wilkinson (LW) provided a presentation of the work of Salisbury NHS Foundation Trust (SFT). LW advised that the Clinical Governance	

committee provide assurance which reports into the Trust Board.

Mortality: Ongoing work with Dr Foster to understand the data, assurance given that every death in the hospital is reported and reviewed by the Medical director. Key pieces of work are Sepsis 6, care bundle and Clinical Coding.

Patient Harms: LW reported that there is a challenge with the patient safety thermometer data. SFT are a national outlier for safety thermometer data. SFT are a 'VTE exemplar site', yet the ST data is showing VTEs to be at a higher than expected level of prevalence The number of gr 3/4 PUs has also increased, LW explained that new PU's are counted at each audit point – if the pt has been within the hospital during 2 consecutive audits, the new PU for example, will be counted twice. Falls remain static. There is a lack of clarity as to whether all providers are applying the ST criteria in the same way.

Patient and staff experience: The surveys are very positive. LW reported that the feedback from the patient surveys the inpatient cancer and ED departments recommend that SFT are one of the best in the country. Also the staff survey indicates that SFT is the 12th the country as the best place to work.

Environment upgrades: LW reported that there had been significant ward refurbishments with enhancing the healing environment, this also has a beneficial outcome for dementia patients. LW anticipates that there will be a published report demonstrating the benefits to patients and staff. New Intensive Care/High Dependency Unit also has increased beds from 8 to 12 again with an enhanced healing environment. LW was keen for the CCG to visit the newly refurbished unit and advise regarding the mixed sex accommodation challenges.

Safer staffing: LW reported that the Trust is near 100% optimal level and mix of nurses required to deliver quality care. SFT have received an extra £1m funding for nursing. E-rostering has been rolled out within the Trust this will assist in delivering efficiency savings by releasing more time for staff to deliver higher quality services. LW advised that SFT have put in a bid with Portsmouth and Southampton Universities to test the assumptions within the NICE guidance. The Trust Board has commissioned Birthrate Plus, a system for matching the needs of mothers with the right number of Midwives.

Infection Prevention and Control: LW reported zero C.diff for the past 3 months after an unsteady start in 2014. MS asked if LW could explain what had made the difference to influence the zero rating for the last three months but at this stage LW reported that she could not be precise regarding a specific intervention which had achieved this, as further analysis was needed.

Safety thermometer: LW explained that she believed that the definitions for the Safety thermometer are correct but interpreted differently by teams and has therefore requested the data for Quarter 4 to be validated for data quality. DMcA requested that the data is reported in a uniform method each

month. MM asked that any amendments to methodology of collection or reporting of safety thermometer data are reviewed by the CCG Quality Team prior to changes being implemented.

Capacity: LW described that capacity was the biggest risk to the Trust, the escalation beds were open for the majority of December with a knock on effect with Mixed Sex Accommodation (MSA) breaches (most were ITU patients waiting to come out of ITU). LW would be grateful if a committee member could visit SFT new units to assist with reviewing MSA breaches. Capacity Issues also affects Fractured Neck of Femur and Stroke patients where patients should be admitted to the ward within 4 hours and stay for at least 90% of their time on the acute stroke unit. LW felt that more robust support from the Stroke Early Supported Discharge team would help.

Going forward 2015/16: LW provided SFT's five key priorities identified

Patient Safety campaign: LW advised the attendees that SFT have signed up and published pledges on the website. It was agreed that SFT need to ensure that they are aligned with other Academic Health Science Networks (AHSN) and other Wiltshire providers using other AHSN's

CQC Preparedness: LW confirmed that following a 'mock inspection' in September 2014, the internal SFT CQC preparedness report has not been shared outside of the Trust. LW agreed to share the main areas of variability and challenge with the CCG. The action plan, which goes to the SFT board in February, will also be shared. MM asked LW if JCC and DMcA could be signed on the full report. JCC reiterated this request and expressed concern that SFT did not appear to want to share the report with the CCG and explained that the CCG has a requirement to understand the areas of challenge and risk to providers in order to offer support and to provide NHS England with assurance as appropriate. LW advised that the decision was made to not include the CCG in the mock inspection as this was not conducted along the lines of a full CQC inspection. LW advised that in her view there aren't any hidden surprises in the report and the findings reflected what she had anticipated. LW is to take the CCG's request to view to report back to SFT to consult before response.

Questions & Answers

Q: LB asked what the plans are for recruitment to Stroke Unit.

A: LW advised that a new Head of Therapies is now in post. SFT is targeting resources into Stroke Care, which includes to seven-day working. Further recruitment activities are planned.

Q: How has Mears's inability to deliver affected DTOCs at SFT?

A: LW advised CR that her understanding was that the sanctions put in place by the CQC on Mears had been lifted a week before Christmas. The inability of Mears to accept new packages of care had not been helpful, but there is a widely acknowledged lack of home care providers in South Wiltshire.

LW explained that the anti-microbial prescribing position has improved

	<p>following the wide-spread abolition of prophylaxis which is supported by the AMP CQUIN.</p> <p>Q: Are harms (as recorded in the ST data) in the Spinal Unit occurring before or after admission? A: LW explained that It was a mix of both.</p> <p>Q: How do SFT benchmark for Spinal Unit rates? A: LW did not have the exact figures but explained it was within single digits.</p> <p>Q: What is the reason for the late TIA referrals? A: LW advised that this is ongoing work and is a broader issue. The numbers of people treated are very small and so performance in this area fluctuates.</p> <p>LW left the meeting at this point.</p>	
3	<p>Minutes of the last meeting and matters arising 4th November 2014 The minutes were agreed as a record of the meeting.</p> <p>Action Tracker See separate document. Items 80, 82, 85 were agreed as complete and will be removed from the action tracker.</p>	
4	<p>SSNAP Each of the Heads for Quality reported on the SSNAP data for GWH, RUH and SFT detailing actions and priority area(s) for improvements. WCCG Quality and Patient Safety Actions:</p> <ul style="list-style-type: none"> • Review current quality schedule to include SSNAP paper and associated quality improvement plan • Conduct Stroke Best Practice Tariff Audit across providers if a claim has been submitted. • Quality Assurance Visit and pathway review <p>LB provided an update regarding her work and review of Stroke performance across Wiltshire. She reported that RUH are anticipating an improvement with enhanced engagement with the therapy teams. Direct access to imaging via ambulance has now been implemented. The southwest dashboard shows all the acute data LB is to can be share this. Discussion took place around the Early Supported Discharge team and the work being undertaken to ensure the provision is delivered. MM asked about the impact of the unsuccessful appointment to the RUH EDS service post.</p> <p>LB advised that SFT are doing better in Stroke Care and have reviewed and altered internal processes. LB reported that there is an ongoing piece of work to establish how many acute stroke units are required within Wiltshire, Hyper-acute Stroke Unit (HASU), which have been a successful model within the London area are being considered by NHS England for roll-out across the country. If this goes ahead, there may not be a unit located within Wiltshire. LB is liaising with NHS England with regard to this work and associated decision making.</p>	

	<p>BaNES and Wiltshire commission different models of community services for stroke patients. JCC advised that £250k was put into the Community Services contract for community stroke care. This was supposed to be for a dedicated Stroke Team. It appears that this money has been absorbed into the Community Teams and a separate team does not exist. This issue is being dealt resolved through negotiations with GWH community services, JCC and the NEW team.</p> <p>It was reported that GWH had the poorest banding at Band E, SFT had deteriorated from Level D to E and RUH are a band D. Specific areas of decline in each of the trusts were discussed, and each trust has priority areas for improvement. Both the RUH and GWH are highlighted as a 'risk' at Level D for SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator as part of the CQC Hospital Intelligent Monitoring. It was noted that SSNAP has been highlighted as an area for discussion at the Executive GWH CQRM in January. The Q2 SSNAP audit should be available during January. There was a discussion with the Best Practice Tariff, and an audit across the providers.</p>	
5	<p>Maternity Each of the Heads for Quality reported on the Maternity data for GWH, RUH and SFT detailing actions and priority area for improvements.</p> <p>MS asked which recommended Midwives to Birth ratio did the CCG adopt as a benchmark, JCC advised that the contract states 1:29 and that RUH are currently at 1:34 but working towards contract figure.</p> <p>WCCG Quality and Patient Safety actions:</p> <ul style="list-style-type: none"> • Engage CCG IP&C Nurses to review maternity services • Patients Experience – ongoing monitoring of Friends and Family and outcomes of feedback. • Consider Parity of Esteem and perinatal mental health – inclusion in quality schedules and CQUINS • Midwife to birth ratio on-going review. <p>LB advised she is also reviewing the service specification of the RUH and reported that there is a meeting in January to look at maternity figures at SFT, Andover and Basingstoke.</p>	
6	<p>Safeguarding/ policies updates JD advised that this is a completely new Safeguarding Policy combining Adults and Children And requested that the committee members review this and provide feedback by 12th February 2015</p> <p><i>Action: Feedback comment to JD and LS by the 12th February 2015.</i></p>	
7	<p>Directorate Risk Register SL reported that she had been working with DMcA to update the risk register.</p>	
8	<p>Clinical Advisory Group (CAG) An update was provided on the CAG held on the 18th December. The November QCGM agreed to move the CAG to bi-monthly meetings in order</p>	

	<p>to facilitate an easier pathway for linking the outcomes and feedback from the CAG to this meeting.</p> <p>At the CAG in December, the following issues were discussed:-</p> <ul style="list-style-type: none"> • The Commissioning for Value report This identifies priority pathways for analysis and highlights areas where pathways are not delivering in line with national indicators. A report will be compiled to identify the activity currently being undertaken within the CCG on the areas identified within the report. • Prescribing spend information has been circulated to practices. • Clinical Audits: SB will be working with PJ and SR to develop audit proposals in terms of format and content of audits for 15/16. MS reported that the acute providers do not provide audit cycles and there is a need to formalise the process. • NICE guidance: Each month the CCG receives NICE guidance which is reviewed within the quality team which highlights any impacts on the CCG in terms of financial or clinical risk Greater engagement with the Medicines Management Team is being encouraged in this review process. • Reports will go to the CAG before coming to QCGM regarding NICE guidance and provider audit status. 	
9	<p>Clinical Priorities Policy – Updates to current restricted interventions</p> <p>GW reported that she had been working on guidance for Clinical Priority Policies to make it clear for patients and clinicians with the decision making for either restricted or fall outside routine commissioning arrangements with the CCG. GW advised that there is no alternation to the current patient's pathway.</p> <p>The guidance was approved by the committee.</p>	
10	<p>Any Other Business</p> <p>JCC advised that this would be her last meeting and expressed her appreciation of the ongoing work. MM extended enormous thank you to JCC for her work and focus on this committee.</p> <p>DMcA was also congratulated on her appointment as Deputy Director Of Quality and Patient Safety</p> <p>MS requested advance paperwork for the amount of data provided at these meetings.</p> <p>CR asked if it would be possible to capture concerns from GP's.</p> <p><i>Action: RSH to follow up</i></p>	
	<p>Date of Next Meeting: 3rd March 2015</p> <p>Presentation: AWP, NOF Pathway</p>	