

**Quality and Clinical Governance Committee
MINUTES**

Meeting Venue	Conference Room, Southgate House	Meeting Time	1 st September 2015 0930 – 1230
Declaration of Interest	Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting which might conflict with the business of Wiltshire CCG. No other declarations were made other than those already registered		

Present:

Mary Monnington (Chair)	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
Dina McAlpine	DMcA	Director of Quality , NHS Wiltshire CCG (from item 10)
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG

In Attendance:

Andrew Dean	AD	Director of Nursing, AWP (for item 2 only)
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG
Louise French	LF	Quality Lead, NHS Wiltshire CCG
Julie Taggart	JT	Clinical Effectiveness Manager, NHS Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Emma Higgins	EH	Patient Effectiveness Manager, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Danela Adams	DA	Quality & Patient Safety Administrator
Sophie Cockram	SC	Interim PALS and Complaints Manager
Tim Burns	TB	Service Re-design Lead, NEW Group, Wiltshire CCG
Ian Barnett	IB	Specialist Placements Co-ordinator, Wiltshire CCG (items 8 & 9 only)
Marsha Barlow	MB	Quality Manager, NHS Wiltshire CCG

Apologies:

Dr Richard Sandford-Hill	RSH	GP and Vice Chair for WYKKD , NHS Wiltshire CCG
Lynn Franklin	LyF	Adult Safeguarding Lead, Wiltshire CCG

Item	
1.	<p>Welcome and Introduction MS welcomed everyone to the meeting</p> <p>Andrew Dean was invited to attend the meeting and discuss: <i>“Key Areas of Quality Improvement which you are prioritising and embedding and your views on how the relationship between commissioner and provider can be strengthened to ensure continuous quality improvement”</i>.</p> <p>Andrew Dean presented a brief outline of his view of AWP since his appointment as Director of Nursing (DoN) five months ago. AD explained that his main focus is to ensure that all levels of</p>

management fully understand quality and the importance of embedding quality improvement. AD outlined plans ensure staff are able to critically review their own departments to identify any potential areas for improvement.

Moving forward, AD plans to re-structure the quality department and intends to set up an integrated governance group, all corporate services will report into this new group. The aim is to create a solution focused structure within the organisation, and to improve communication and standardisation across localities. This group will discuss inspection regimes, the CQC heat map and CQC action plans and the current CQC task list (currently 140 tasked listed).

Mock CQC visits have recently been introduced to identify areas for improvement and support, if there are any outstanding issues after 3 months an investigation will take place. Progress will be monitored through the 5 quality domains, with issues identified in order to achieve compliance. AD outlined the following areas of concern

- Learning from incidents: Learning will be improved via a quality improvement group following agreement of standards with commissioners.
- Physical health: All inpatients now receive screening every 24hours, (e.g. either BP or visible state). Clinical and managerial supervision will be split to improve quality.
- Ligatures: A reassessment of risk in all areas is being undertaken and staff education of awareness is being updated. Monitoring of nurse competency is taking place.
- Service users and carers: AWP have implemented a trust wide carers forum and service user forum
- Safeguarding: AWP now have distinct safeguarding adults and safeguarding children's groups.
- Supervision and appraisal rates: AD noted that in general rates of completion have increased. In terms of recording AWP split out clinical supervision and management supervision.

Members commented:

- AD appears to have undertaken a large review - there is a large agenda for change facing the trust.
- It was queried how AWP will address the issue of staff who have not understood the ligatures points.
 - AD reported he is meeting regularly with the CQC to discuss safety.
 - On a local level senior staff will be encouraged to meet on a monthly basis to talk about how to recognise areas of concern.
 - All beds in the Trust are being replaced with anti-ligature beds. A Design Authority Group in the trust will be setting standards with a catalogue of tested equipment.
- AD was asked for his view of the current AWP/commissioner meeting structure. AD would like to see the quality and performance issues discussed at separate meetings to enable quality issues to be challenged within a quality forum. AD's view is that the current 6 commissioner meeting doesn't provide assurance for commissioners as quality is not spilt from the contract. AD also felt that the Quality Improvement Group (QIG) should discuss whole health community issues and at present the attendance at the meeting isn't right.
- AD was asked to outline the biggest quality issues across Wiltshire. AD commented that he needs a better understanding of the vacancy issues in Wiltshire.
- When questioned on the understanding of 'locality', AWP break geographical boundaries by CCG. A request was made for AWP to better understand the 3 way split within Wiltshire and in particular how to foster better working across mental health teams and GPs, as there

	<p>can sometimes be long delays in accessing services and a lack of understanding of quality of care. AD acknowledged that more work can be undertaken to break down artificial barriers between the service and GPs. AD noted that the CCG is the linchpin that holds the health community together.</p> <ul style="list-style-type: none"> • With reference to a query about poor physical outcomes for patients and the lack of physical health metrics, AD reported that the metrics are not currently available but there are plans to include this in the quality metrics next year. <p>The Chairman raised two final points:</p> <ul style="list-style-type: none"> • The Chairman spoke of the importance of fostering a relationship between the CCG and AWP to help AWP improve their reporting of serious incidents and safety thermometer data. • The Chairman offered the support of CR and her experience to link the CCG with AWP's client and user involvement <p>The Chairman closed the presentation by thanking Andrew Dean for his talk and offered both a standing invitation to AWP to attend the CCG lead 'Integrated Team Meeting to help foster closer working relationship and an invitation to come back to the committee in six months' time to update on improvements and challenges.</p> <p>Action: Andrew Dean to be invited to a meeting in 6 months' time.</p>
<p>2.</p>	<p>Minutes of the last meeting and matters arising (6th August 2015) The minutes from 6th August 2015 were agreed as a true and accurate record.</p> <p>Marsha Barlow to be added to the list of 'in attendance'.</p>
<p>3.</p>	<p>Action Tracker See separate document. Items 102,103,105,106 & 111 were agreed as complete and will be removed from the action tracker.</p>
<p>4.</p>	<p>Quality Report ES & LF provided an update on key issues within the quality report. The following items were noted:-</p> <ul style="list-style-type: none"> • Safer staffing levels - recruitment difficulties for providers locally and nationally. • <i>CCG lead C.diff</i> task and finish group is being set up as there is a risk of breaching year-end targets. The CCG are taking action via the <i>C.diff</i> task and finish group and action plan to reduce the incidence of avoidable CDI (<i>C.difficile</i> infection). • The figures provided for the Dashboard (as they were presented) refer to July figures as quoted in the August Quality report. The Chairman requested the most up to date figures are provided for the committee in future, if they are available. <p>Action : LF agreed WCCG would provide outline of the most up to date metrics for information alongside the paper for future meetings.</p> <p>Queries raised:</p> <ul style="list-style-type: none"> • SFT have provided an action plan to demonstrate improvement against Mixed Sex Accommodation breaches. It was acknowledged that it will not easily be resolved without a large investment and changing the footprint of the unit. WCCG have visited the Trust and are supporting the development of their action plan. • NHS choices chart – the accuracy of the plan was queried. It was reported that the information displayed by NHS Choices, is data downloaded by NHS Choices and not the Organisation listed. The period the data relates to is not identified on the NHS Choices website.

<p>5.</p>	<p>Annual safeguarding children report</p> <p>JD presented the annual report outlining the responsibilities of NHS Wiltshire CCG in respect of all of the services the CCG commission with regard to promoting the safety and welfare of children and young children.</p> <p>The CCG now has improved accountability and has a strong contract reporting schedule around safeguarding. The CCG safeguarding team seek assurance of training, by acute trusts and with intercollegiate guidance. The compliance of the acute trusts was reported as generally improving, however, there is a variation in the way training compliance is reported and more standardisation will be sought. The variation in training may be due to a change in requirements for the levels of training staff as well as staff availability for training.</p> <p>Key developments 14/15 The updated CCG safeguarding policy had been presented to the committee earlier in the year following the introduction of the Health and Social Care Act.</p> <p>Information sharing through the Multi-agency Safeguarding Hub (MASH) has allowed information to be shared between organisations in a timely and effective manner to reduce the risk of harm. Child sexual exploitation is a key priority next year in promoting compliance with providers.</p> <p>Important information has been gained from individual serious case reviews. Practitioner's involvement in these reviews has allowed learning to be put into practice sooner. In addition, staff training is being addressed and the learning is being embedded through multiagency working.</p> <p>Following the publication of the CQC report into Looked After Children (LAC) and Safeguarding in March 2014, action plans have been implemented throughout the year.</p> <p>Areas of development for 2015/16 will be to facilitate a subgroup of the Quality and Clinical Governance Committee that will report into this meeting. The subgroup will monitor the safeguarding aspects of primary care commissioning and monitor Children's services following the recommissioning.</p> <p>The team will continue to work with providers to improve practice around child sexual exploitation. Continue working with trusts to improve their reporting and compliance with safeguarding training standards. In addition, there will be increased development of CPD for GPs and improved access for GPs and primary care staff to WSCB training.</p> <p>Action: JD to provide metrics regarding safeguarding children numbers</p>
<p>6.</p>	<p>Looked after children (LAC) Annual Report.</p> <p>SM presented his paper providing assurance to the CCG of the Safeguarding Children's arrangements. The report highlights that Wiltshire LAC are healthy and performance indicators for health needs remains consistently high. Key issues are around initial health assessments (within 28 days) and the team are working with the local authority to improve the timeliness of reporting. Improvements to the management include reporting by exception regarding why children do not attend appointments. Some children (25%) are out of county (particularly if they have specialist fostering arrangements or complex needs) making more of a challenge to arrange prompt appointments.</p> <p>One highlight in the past year has been in the introduction of a health passport for young people aged 14 /15, which has been well received by the individuals and is of a useful format. The LAC team are working with personal care advisers to address the difficulties and timeliness of health assessments. The team also support emotional and other health needs for children as they</p>

	<p>transition from children to adult services however, they are not currently commissioned for care leavers but do try to attend the care assessments for those with complex needs by the age of 14.</p> <p>The team have a work plan that will focus on training. Capacity for the LAC nursing team can be an issue particularly as the designated doctor has little allocated time. Benchmarking and key appointments could be improved easily, should more resources be made available.</p> <p>Key priorities for 15/16 include:</p> <ul style="list-style-type: none"> • To continue to review and quality assure the LAC service. • To further improve timeliness of initial health assessments for children both inside and out of county. • To implement a care leaver pathway, to work alongside personal advisers. • Develop a pathway for prevention and early identification of substance misuse. • Improve the knowledge of GP's and work with the provider of Community Health Services to provide a continuity of service. <p>A theoretical question asked regarding care of an unaccompanied asylum seeker arriving in Wiltshire. The team would receive notification within 3 working days of registration with a care provider. An initial assessment is dependent on the circumstances and the LAC children receive a revisit after 12 weeks. This pathway has been strengthened since as part of the CQC action plan</p>
7.	<p>QSG update LF gave an overview of both local and regional discussions and concerns.</p> <p>The local QSG is attended by representatives from Healthwatch Wiltshire, the Local Authority, WCCG and the CQC. There was a focused discussion regarding CQC inspections and associated timescales for improvement, particularly for those providers under 'special measures' and the implications in terms of nursing home closures. As part of the local QSG the CCG and Local Authority are currently collaborating on a joint policy to establish the actions which both organisations will take in such circumstances to support individuals and their families.</p>
8.	<p>117 Case Study IB gave an overview of the background and challenges with S117 posed to the CCG. He provided the committee with a draft care-planning tool and explained the purpose of the new draft. A comparison of both a task-based approach against an evaluation approach highlighted the reasons for the CCG's preferred format. A pen portrait was utilised, to illustrate the parameters that affect decision making by both CCG and the Council in these cases.</p>
9.	<p>Daisy IB gave a presentation with regard to the Daisy development and the progress made to repatriate ex WBV patients back to Wiltshire. The Daisy will support individuals with complex need. It will enable repatriation of out of area individuals, particularly some ex WBV patients (in line with the WBV concordat). The aim is to support the transition of individuals to sustainable long term community provision via the Daisy, (with no time limit in regard to the transitional placement at the Daisy).</p> <p>The presentation illustrated the nature and aim of the accommodation that will be based locally. It is anticipated that the setting will be registered with CQC as a residential facility that will be able to accommodate individuals subject to detention under the MHA and as such will fill a gap in provision for Wiltshire patients.</p> <p>The committee welcomed the plans.</p>
10.	<p>PWC Report Action Plan</p>

	<p>PWC were invited in Summer 2014 to audit the newly repatriated Quality department. The outcomes were presented to the Audit and Assurance Committee. The paper included a copy of the report and in addition set out the progress against actions identified in the internal audit. The report showed that there was good progress against the actions. The committee were pleased to see the embedding of the change.</p>
11.	<p>Risk Register The risk register was reviewed.</p>
12.	<p>Any Other Business The committee raised concern about the administration of the committee and the late circulation of papers.</p>
13.	<p>Date of next meeting The next meeting will be held on 5th November 2015 at 14.00</p> <p>The deadline for papers is 16th October.</p>