

MEETING: Governing Body –Open Meeting

Item Number: 10.1

DATE: 22 October 2013

REPORT TITLE:	Chairperson’s Report - Clinical Governance Committee 18 September 2013
REPORT AUTHOR:	Dr A Atrey
PRESENTED BY:	Dr A Atrey
RECOMMENDATIONS/DECISION REQUIRED:	The Board is asked to receive and note the report
<p>EXECUTIVE SUMMARY</p> <p>Clinical Governance reporting is how the organisation will provide assurances on the safety and quality of services commissioned on behalf of the population of the Wigan Borough and in doing so will also seek to drive improvements in quality.</p> <p>The aim of this report is to provide the Wigan Borough Clinical Commissioning Group Board with an overview of progress in the areas of:</p> <ul style="list-style-type: none"> ▪ Quality and Safety; ▪ Clinical Effectiveness; and ▪ Patient Experience and Public Involvement 	
FURTHER ACTION REQUIRED:	Any specific actions are noted within the report

CHAIRPERSON'S REPORT

Chairperson's Name	Dr A Atrey
Committee Name	Clinical Governance Committee
Date of Meeting	18 September 2013
Name of Receiving Committee	Governing Body and Audit Committee
Date of Receiving Committee Meeting	22 October 2013 (Board) 18 December 2013 (Audit Committee)
Officer Lead	J Southworth

<i>The top 3 risks identified during the meeting & initials of lead with designated responsibility</i>		
1.	HCAI trajectory above target	Cl. GOV. Committee
2.	Number of SI reported by WWLT and closed within target time	WWLT
3.	Safeguarding training by BCHCT	BCHCT

Attendance at the meeting[#]:	Acceptable <i>The Health and Well-Being meeting had been held on the same day as the Clinical Governance Committee meeting which had resulted in a number of apologies being given to the Clinical Governance Committee meeting.</i>
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<i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i>	Yes
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Narrative report outlining the key issues of the meeting
<p>QUALITY AND SAFETY:</p> <p>Presentation – BCHCT Response to Francis: The Deputy Director of Quality and Leadership from BCHCT presented their organisation's Francis response to the Clinical Governance Committee.</p> <p>BCHCT District Nursing CIP: The Clinical Network Lead provided presentations on the following:</p> <ul style="list-style-type: none"> ▪ District Nursing Project and RACI Plan: ▪ District Nursing Presentation to BCHCT Trust Efficiency Assurance Committee (TEAC): <p>Serious Untoward Incidents (SUIs) and Never Events:</p> <p>Summary Report Provider Serious Incidents (SIs) Dashboard: The dashboard report highlighted the following data in respect of SIs:-</p> <p>WWLFT:</p> <ul style="list-style-type: none"> ▪ 3 SIs remain open (within timeframe) ▪ 5 SIs expired beyond deadline <p>These SIs have been raised at the WWLFT QSSG and 3 of these will be closed at the next meeting. External reports are awaited for the remaining SIs.</p>

[#] **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

Details were provided of 3 new StEIS reports which had been received since the dashboard was prepared on 6 September 2013 were reported to the Clinical Governance Committee.

It was noted that WWLFT had appointed a Head of Governance and Assurance.

It was reported that WWLFT were historically low reporters of StEIS incidents as had been highlighted via national benchmarking criteria. WWLFT are aware of this and are currently reviewing their internal processes.

BCHCT:

- 2 SIs remain open (within timeframe)
- 0 SIs expired beyond deadline

The above SIs are monitored by the BCHCT QSSG meeting.

Early Warning System: The EWS will be made available to Practices within the next 4-6 weeks and there will be monthly training events for Practices. JK reported on current findings. Practices will have the option to examine data on one particular Provider or all Providers, and will be able to focus on a particular subject, e.g. MRSA/Never Events.

Briefing Paper for the Reporting of NHS User Feedback and Experience of Care via Ulysses System in General Practice: The Committee was updated on the pilot which involves 6 General Practices and will enable Practices to record soft intelligence into the Early Warning System so that trends can be identified. The CCG is required to assist Practices to meet Standards 1, 2 and 3 as identified within the Francis Report. The Ulysses system will allow Practices to report both positive and negative experiences. Implementation will commence with a 'round table' exercise at the end of September 2013 and the pilot will commence in October 2013. A 'launch' event will be held in January 2014 for all Practices.

CLINICAL EFFECTIVENESS

Provider Quality, Safety and Safeguarding Groups (QSSGs):

▪ **WWLFT**

Chairperson's Report (30 August 2013): The top 3 risks identified during the meeting were Infection, Prevention and Control, AQUA Acute Trust Quality Dashboard and Serious Untoward Incidents.

WWLFT Always Events: Reference was made to the Picker Institute which advocates new standards/expectations of patient experience that will always happen, known as 'Always Events' and WWLFT will be holding a launch event.

AQUA Acute Trust Quality Dashboard Synopsis WWLFT Escalation Report (August 2013): A dashboard had been prepared summarising the findings from AQUA Acute Trust Quality Report and highlighting areas of positive and negative performance. Progress will be discussed at the WWLFT QSSG meeting. Other areas will be followed up through the CCG Performance/Contract meetings.

▪ **BCHCT:**

Chairperson's Report (5 September 2013): The top 3 risks identified during the meeting

were CQC Compliance, Safeguarding training and District Nurse Referrals.

▪ **5BFT:**

Mr and Mrs X – Action Plan: The Committee was updated on progress.

Diabetic Screening Programme (DSP) Update: It was reported that a wider audit to include all General Practices had now been completed. 490 patients (from 59 Practices) have been identified as receiving an incomplete screening record. Practices had been asked to validate the data, however, there have been concerns from Practices re data sharing and only 18 Practices have responded. It was reported that the Local Medical Committee (LMC) had discussed this issue with the Ethics Committee who have confirmed that the extraction of the data in the way that it has been organised does not infringe the confidentiality obligations imposed by the GMC and Data Protection Act.

Alexander Court Extended Therapy Provision: A paper was received detailing progress by the Commissioned Services Team on work around moving Alexander Court Therapy from 5 days a week to 7 days a week. A revised business case has been requested to include a further breakdown of costs.

Performance Report: The Performance Report was received by the Committee.

Infection, Prevention and Control

- **HCAIs Dashboard Report:** The dashboard was received and noted.

The inaugural meeting of the Infection, Prevention and Control Collaborative (IPCC) had taken place. All IPC leads across Greater Manchester had been invited to attend this meeting, including representatives from Local Authorities and Providers.

Dr Rob Nelson had agreed to attend the next Clinical Governance Committee to discuss the issues in relation to the management of HCAIs.

Reference was made to the Area Team Checkpoint meeting as the Area Team were keen to talk about HCAI and what action is being taken by the CCG to address the situation. It was reported that the Area Team have stated that WBCCG's Strategy for the Management of HCAI and action plan was noted to be one of the most robust in Greater Manchester.

- **HCAI Primary Care Programme of Work:** The updated document had been forwarded to Locality Leads with a request that this item is included on their agenda/s. The HCAI Primary Care Workplan will be submitted to the October Governing Body meeting as a draft. Discussion took place with regard to how smaller Practices will implement this work and it was confirmed that the Infection, Prevention and Control Surveillance and Audit Lead will offer support to Practices when she commences in post.
- **Infection Prevention and Control Arrangements – Letter from PHE to CCG Chief Officers and Directors of PH:** A letter from the Director of Nursing and Quality at NHS England Greater Manchester was received and noted.
- **WBCCG Area Team Response Letter:** A response letter from WBCCG to the Quality and Safety Manager at NHS England was noted by the Committee.

Medicines Management Update:

- **Medicines Management: CQC (WWLFT) – Outcome 9, Regulation 13, Management of Medicines Improvement Plan (August 2013):** Version 10 of the Improvement Plan document was received and noted by the Committee. The CCG will continue to monitor progress/review the Improvement Plan on a monthly basis. Progress was noted in relation to the number of ‘green’ areas that now appear within the Improvement Plan compared to the original document.
- **Pharmacy Programme Board Notes (4 September 2013):** The notes were received by the Committee.
- **Pharmacy Programme Structure:** The structure was received and noted.

PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE

Continuing Healthcare – Personal Health Budgets: The Committee was updated on the pilot programme and the establishment of a local Project Board to support the implementation of the pilot. From April 2014, the CCG must offer people the right to ask for a Personal Health Budget. There are 500-550 patients at any one time in receipt of Continuing Healthcare in WBCCG.

Effective Use of Resources (EUR): The Effective Use of Resources Policy was received by the Committee.

Agreed actions from the Meeting	Name of lead with designated responsibility for the action/s
<i>As noted within the DRAFT minutes of the meeting and actions log</i>	<i>As noted within the DRAFT minutes of the meeting and actions log</i>

Chairperson’s Additional Comments

Despite all efforts by all providers HCAI especially Clostridium defficile numbers continue to exceed target trajectory. All providers need to review jointly and have renewed strategy to get this under control. To this effect Dr. Nelson Consultant Microbiologist at WWLT has been invited to attend next Clinical Governance Committee.

It was felt that it was likely that WWLT does not report all SI. We do need to encourage them to do so. Number of SI’s are not closed within target 45 days but it appears often for reasons beyond their control.

CQC’s conditions on WWLT Medicine management have been lifted but all promised measures have not been met as yet. In fact some of target dates for completion of task have been postponed and need to be monitored by CCG Medicine management team..

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