

MEETING: GOVERNING BODY

Item Number: 10.3

DATE: 24 November 2015

REPORT TITLE:	Chairperson's Report - Clinical Governance Committee (7 October 2015)
CORPORATE OBJECTIVE ADDRESSED:	<p>CO 2: Commissioning high quality services, which reflect the populations' needs, delivering outcomes and patient experience within the resources available.</p> <p>CO 3: Function as an effective commissioning organisation that puts patients first.</p> <p>CO 4: Function as an organisation that consistently delivers its statutory duties and participates fully in Greater Manchester Devolution.</p>
REPORT AUTHOR:	Dr A Atrey
PRESENTED BY:	Dr A Atrey
RECOMMENDATIONS/DECISION REQUIRED:	The Governing Body is asked to receive and note the report
EXECUTIVE SUMMARY	
<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 Governing Body 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
EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.	

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CHAIRPERSON'S REPORT

Chairperson's Name	Dr A Atrey
Committee Name	Clinical Governance Committee
Date of Meeting	7 October 2015
Name of Receiving Committee	Clinical Governance Committee
Date of Receiving Committee Meeting	4 November 2015 (Clinical Governance Committee) 24 November 2015 (Governing Body) 2 December 2015 (Audit Committee)
Officer Lead	J Southworth, Director of Quality and Safety

<i>The top 3 issues identified during the meeting & initials of lead with designated responsibility</i>		
1.	<p>Winterbourne Update Report: A meeting has taken place with NHS England and WBCCG where NHS England expressed their concerns as to the progress against planned discharge dates for Wigan. Following on from this meeting, a series of high level actions have been implemented and Local Authority engagement in the programme has been established at strategic level.</p> <p>A fortnightly tracker will be submitted to NHS England. New target is that 50% of patients are to be discharged within this financial year.</p>	KG
2.	<p>Westwood Lodge: Following the CQC visit to Westwood Lodge, a number of concerns were identified. These were specifically:</p> <ul style="list-style-type: none"> • Medication errors • Inadequate infection control processes • Lack of compliance with MCA/DOLS Regulations and processes • Inadequate staffing levels • Lack of evidence of competency for End of Life Care • Inadequate care planning documentation for pressure area care. <p>The CCG Quality Assurance Lead is working collaboratively with the LA and WWLFT to support provider improvement. A Service Improvement Plan has been developed and is being closely monitored by the inter-agency Group.</p>	CCG/ WWLFT/ LA Leads
3.	<p>Mortality – SHMI Improvement Plan: WWLFT is an outlier in the North West for SHMI, specifically weekend SHMI. Representatives of the CCG Quality Team and CCG Clinical Lead will be attending the Trust's Quality and Safety Committee meeting this month where there is to be a presentation in relation to WWLFT mortality rates and internal improvement plan. An update will be presented to the October Governing Body.</p>	SF

Attendance at the meeting:	Acceptable
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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

SAFETY

The Clinical Director of Paediatrics at WWLFT provided a presentation on paediatric diabetes, including an overview of the paediatric diabetes service presently operating at RAEI. The presentation highlighted the new methods that have been adopted which were contributing to the improvement of the service.

Serious Incidents and Never Events (SINE) Dashboard (Position as at 30 September 2015):

The Committee reviewed the report and the following was noted:

- WWLFT: 0 new reports, 3 reports closed
- BCHFT: 1 new report, 7 reports closed
- 5BPFT: 2 new reports, 1 report closed

Winterbourne Update Report: The Committee was updated on progress to date and the following was highlighted:

- A meeting has taken place with m NHS England and WBCCG where NHS England expressed their concerns as to the progress against planned discharge dates for Wigan. Following on from this meeting, a series of high level actions have been implemented and Local Authority engagement in the programme has been established at strategic level.
- A fortnightly tracker will be submitted to NHS England. New target is that 50% of patients are to be discharged within this financial year.

CLINICAL EFFECTIVENESS

WWLFT Chairperson's Report (4 August 2015): The top 3 issues identified during the meeting related to:

- Case File Audit Thematic Findings/Safe Hospital Discharge (April 2015)
- MCA Training: Figures are low and likely to be the focus of the CQC visit in December 2015.
- Mortality – SHMI Improvement Plan: WWLFT is an outlier in the North West for SHMI, specifically weekend SHMI. Representatives of the CCG Quality Team and CCG Clinical Lead will be attending the Trust's Quality and Safety Committee meeting this month where there is to be a presentation in relation to WWLFT mortality rates and internal improvement plan. An update will be presented to the October Governing Body.

Westwood Lodge: Nursing Home facility with 76 beds. WWLFT commission 20 'step down' beds at this facility to support the discharge process and to maintain patient flow and prevent delayed transfers of care. Following the CQC visit to Westwood Lodge, a number of concerns were identified. These were specifically:-

- Medication errors
- Inadequate infection control processes
- Lack of compliance with MCA/DOLS Regulations and processes
- Inadequate staffing levels
- Lack of evidence of competency for End of Life Care
- Inadequate care planning documentation for pressure area care

The CCG Quality Assurance Lead is working collaboratively with the LA and WWLFT to support Provider improvement. A Service Improvement Plan has been developed and is being closely monitored by the inter-agency group.

Effective Use of Resources (EUR): The Committee agreed the adoption of the following policies in principle: Skin Resurfacing Techniques, Endoscopic Thoracic Sympathectomy for Primary Facial Blushing, Repair of Split/Torn Earlobes, Complementary and Alternative Therapies and Common Benign Skin Lesions of the Eyelids

Continuing Healthcare (CHC) Update Report: The Committee was briefed on the current issues:

- The department continues to undertake the work required to prepare the 219 retrospective cases
- Trajectory identifying the required number of outstanding cases to be completed each month to ensure all cases are completed by 30 September 2016 is on target. Monthly progress reports are submitted to NHS England.
- There are currently 3 cases being addressed within the CCG's CHC Dispute process.
- At the end of August 2015 there were 45 patients eligible for CHC who had a Personal Health Budget. The Personal Health Budgets Policy has been submitted to all the relevant committees within the CCG.
- The 6 month extension of the CHC North West Framework for care homes has been extended to 30 November 2015 while procurement for a further 3 years is undertaken.

Healthcare Associated Infections (HCAI) Dashboard Report: The Committee was updated on the current position with regard to local HCAI prevalence. No MRSA cases had been reported.

Proposal for the Discontinuation of Use of Urine Analysers: Salford Royal had requested support from WBCCG to remove laboratory flow cytometry (microscopy) from the repertoire for adult urine samples, apart from occasional specific requests. Following discussion, it was agreed that the Committee would not be able to support this request in its present form.

Medicines Management Group Chairperson's Report (9 September 2015): The top 3 issues identified during the meeting related to QIPP Plan 2015 Update, Antibiotic Report and Shared Care Protocols. It is proposed to fund monitoring of amber drugs through GM Primary Care standards commencing April 2016. It may be possible to secure funding for October 2015 – March 2016 to allow practices to set up systems to ensure all appropriate monitoring is carried out.

Antibiotic Prescribing Report 2014/2015: The Committee was informed of the work undertaken by the CCG to promote the evidence based use of antibiotics by prescribers across the Borough during the financial year 2014/15.

PATIENT/SERVICE USER/CARER/STAFF EXPERIENCE:

Patient Story (BCHFT): The Committee received a patient story describing the communication difficulties that can be experienced for patients diagnosed with a complex cancer that require more than one professional to be involved in care and the constant repeating of information. The implementation of electronic patient records in all clinical services should help with this problem.

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

- Progress concern with discharges into the community under Winterbourne action plan.
- Standard of care in Westwood Lodge concerns – collaborative working group established to support quality improvements.
- SHMI continues to be high. Mortality Briefing Paper to be submitted to next Committee.
- Number of CDI cases increasing nationally, this is reflected locally.
- Improvement in prescribing of antibiotics in Primary care.

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MEETING: Governing Body

Item Number: 10.6

DATE: 24 November 2015

REPORT TITLE:	Chairperson's Report from the Service Design and Implementation Committee meeting held on the 20 October 2015
CORPORATE OBJECTIVE ADDRESSED:	All objectives are met.
REPORT AUTHOR:	Dr Pete Marwick
PRESENTED BY:	Dr Pete Marwick
RECOMMENDATIONS/DECISION REQUIRED:	To be received for information
<p>EXECUTIVE SUMMARY</p> <p>The Governing Body is requested to receive the Chairperson's report of the Service Design and Implementation Committee meeting held 20 October 2015.</p>	
FURTHER ACTION REQUIRED:	None
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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CHAIRPERSON'S REPORT

Chairperson's Name	Dr Pete Marwick
Committee Name	Service Design & Implementation Committee
Date of Meeting	Tuesday 20 October 2015
Name of Receiving Committee	
Date of Receiving Committee Meeting	
Officer Lead	

The top 3 risks identified during the meeting & initials of lead with designated responsibility

1.	Not applied during this meeting	
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Attendance at the meeting[#]:	Acceptable
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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

1. The Locality Plan continues to develop at pace, taking advantage of the maturity of the processes and working relationships within the CCG and the CCG/Local Authority collaboration. Whilst the plan will be subject to development and adaptation, particularly as GM beings to consolidate its regional intentions, the effortless transition of the CCG Strategic plan into a regionally relevant joint plan is a credit to the vision of the authors of the original CCG strategy.
2. As a Programme Board, this committee must be mindful of the increased involvement in project development by stakeholder partners who previously kept organisational distance from the detail of the CCG strategy. The contribution of additional experience, project scope and content is very welcome, this Committee must ensure that project development is appropriately open and accessible.
3. The Committee conducted a review of several Locally Commissioned Services (LCS) over the past year. It is disappointing to note that the schemes are currently unsuccessful in terms of the intended activity levels. The schemes have highlighted that even with seemingly simple service delivery that the devil does indeed lie in the detail, particularly where inter-practice referral is part of the service delivery. These LCS were implemented at significant resource cost in response to the explicit request of Primary Care and so we should persevere with the performance management and learn from the difficulties and unforeseen complexity.

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

Risk	Name of lead with designated responsibility for the action/s
Not at this meeting	

Chairperson's Additional Comments
Well done to the team delivering the Manchester Devolution Locality Plan for such a comprehensive and engaging first submission.