

**Clinical Commissioning Group
Governing Body**

Paper Summary Sheet

Date of Meeting: 26 September 2017

For: PUBLIC session PRIVATE Session

For: Decision Discussion Noting

Agenda Item and title:	GOV/17/09/17c Items as Approved at the Quality and Clinical Governance Committee
Author:	Dina McAlpine – Director Quality
Lead Director/GP from CCG:	Dina McAlpine – Director Quality
Executive summary:	<p>The Quality and Clinical Governance Committee is a standing sub-committee of the Governing Body, with delegated authority to oversee the key clinical governance responsibilities of the organisation.</p> <p>The following items were approved at the Quality and Clinical Governance Committee meeting held on 5 September 2017 and are brought to the Governing Body for ratification:</p> <ul style="list-style-type: none"> • Quality and Clinical Governance Committee meeting minutes – 4 July 2017 • Quality and Clinical Governance Committee Annual Report <p>The meeting was quorate and at least 3 Governing Body Members were present.</p>
Evidence in support of arguments:	
Who has been involved/contributed:	Quality and Clinical Governance Committee Members.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	
Communications Issues:	These documents should be treated as public documents and would be available for release under the FOI Act.
Financial Implications:	

Review arrangements:	The Quality and Clinical Governance Committee adheres to its annual work plan, which contains review details for all documents to be approved.
Risk Management:	
National Policy/ Legislation:	The CCG is required to show that these documents have been approved by the Quality and Clinical Governance Committee and then ratified by the Governing Body.
Public Health Implications:	
Equality & Diversity:	
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	It is recommended that the Governing Body ratify the items as approved by the Quality and Clinical Governance Committee.

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
HELD ON TUESDAY 4 JULY 2017, 13.30HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:		
Jill Crook	JC	Chair, Registered Nurse Member, Wiltshire CCG
Dr Mark Smithies	MS	Vice Chair, Secondary Care Doctor, Wiltshire CCG
Christine Reid	CR	Lay Member, Wiltshire CCG
Dina McAlpine	DMcA	Director of Quality, Wiltshire CCG
Mark Harris	MH	Chief Operating Officer, Wiltshire CCG
In Attendance:		
Alison West	AW	Associate Director of Quality, Wiltshire CCG
Dr Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Rob Gudgeon	RG	Audit and Effectiveness Manager, Wiltshire CCG <i>(for item 6a only)</i>
Susannah Long	SL	Governance and Risk Manager, Wiltshire CCG
Nadine Fox	NF	Medicines Management Manager, Wiltshire CCG <i>(for item 13a only)</i>
Fiona Barnard	FB	Quality Lead, Wiltshire CCG
Emily Shepherd	ES	Quality Lead, Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, Wiltshire CCG
Lynn Franklin	LyF	Head of Adult Safeguarding and MCA, Wiltshire CCG
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Sharon Woolley	SW	Board Administrator, Wiltshire CCG
Marsha Barlow	MB	Quality Operational Lead, Wiltshire CCG <i>(for item 7 only)</i>
Barbara Smith	BS	Interim Associate Director (Mental Health, Learning Disabilities and Dementia), Wiltshire CCG <i>(until 14.35hrs)</i>
Mark Tucker	MT	Joint Commissioner, Wiltshire Council <i>(until 14.35hrs)</i>
Rosie Fisher	RF	Internal Auditor, PwC <i>(observer)</i>
Apologies:		
Emma Higgins	EH	Quality Lead, Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for West, Wiltshire CCG
Dr Toby Davies	TD	GP and Chair for Sarum, Wiltshire CCG
Dr Andrew Girdher	AG	GP and Chair for NEW, Wiltshire CCG

ITEM NUMBER		ACTION
QCG/17/07/01	Welcome and apologies for absence JC welcomed everyone to the meeting. The above apologies were noted.	
QCG/17/07/02	Declarations of Interests Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG). (This included any relevant interests previously declared upon the Register of Interests). <ul style="list-style-type: none"> JC declared that she was also employed by NHS England. 	
QCG/17/07/03	Minutes of the meeting held on 2 May 2017	

ITEM NUMBER		ACTION
	The minutes of the meeting held on 2 May 2017 were approved as an accurate record.	
QCG/17/07/04	Matters Arising There were none.	
QCG/17/07/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>QCG/0916/4 – Andrew Dean had confirmed attendance for the September meeting. CLOSED</p> <p>QCG/16/11/07.2 – A DoLs briefing paper had been circulated on 26 May 2017. A presentation would be given under item 11 of the agenda. CLOSED</p> <p>QCG/17/03/08.2 – ES had liaised with AWP concerning benchmarking data. It had now been included in the Quality Schedule and is due to be reported to commissioners in August. A report would be brought to the Committee when available. ONGOING</p> <p>QCG/17/03/14.1 – CLOSED</p> <p>QCG/17/05/06.0 – The SEQOL liquidation report from Swindon CCG had not yet been shared. ONGOING</p> <p>QCG/17/05/07 – An update would be requested from RSH. ONGOING</p> <p>QCG/17/05/08 – MH reported that the organising of Right Care training was outstanding. This would be followed up and reported against at the September meeting. ONGOING</p> <p>All other actions were marked as closed or completed.</p>	<p>ES</p> <p>DMcA</p> <p>RSH</p> <p>MH</p>
QCG/17/07/13 (item moved)	<p>Clinical Advisory Group</p> <p>a) Clinical Policies NF went through the summary paper to inform Members of the discussions held at the Clinical Advisory Group meeting concerning the clinical policies. The Clinical Advisory Group recommended them for approval by the Committee.</p> <p>CR queried if the Breast Surgery – Risk Reduction policy was clear enough. NF suggested that the relevant page of the NICE guidance could be attached for further clarification. The option of surgery would be given to high risk patients following genetic counselling, taking into account family history.</p> <p>The Committee approved all policies.</p>	
QCG/17/07/06	<p>Quality Report AW presented the Quality Report for March and April 2017, highlighting the following:</p> <ul style="list-style-type: none"> • AWP workforce challenges continue. A vacancy breakdown by team and ward area had been received, but the assurance report including the impact of vacancies was awaited. The CCG continue to monitor this through both quality and performance meetings. 	

ITEM NUMBER		ACTION
	<p><i>(RG left the meeting)</i></p> <p>a) Primary Care – Quarterly Report AW highlighted that the number of incidents reported had increased, with a theme of medication errors. The GP's had welcomed the report on the themes and trends through the GP Clinical Governance Forums. GP's were happy to share the learning and good practice. A log of information needed to be created.</p> <p>The Care Home project mentioned on page 6 was currently being scoped, along with the three work streams of 'To Dip or not to Dip', The Hospital Transfer Pathway (the Red Bag) and Workforce.</p> <p>The safety domain of the CQC assessments still required improvement across Primary Care, it was noted that this reflected the national picture. The ethos and ownership of governance and safety needed to be shared across the whole practice team, not just remain with the GP. A plan was in place to help improve this domain. Other domain ratings were above the national average.</p> <p>Page 8, 9.3 noted that WCCG was actively supporting other CCGs to develop their approach to quality and safety in primary care. EH was leading on this area of work, which had been recognised nationally.</p> <p>More analysis was required against the Practice Nurse workforce to help map the skills across Wiltshire and the STP to record the specialist skills already available and the gaps.</p> <p>MS mentioned that the GP Stakeholder Event held on 20 June 2017 had been beneficial. The report had shown that Wiltshire was in a good state, although it was concerning to see a 100% increase in GP vacancies from January to June 2017. A clear career pathway needed to be developed. Progression of this should be considered by the STP.</p>	
QCG/17/07/07	<p>Policies and Strategies</p> <p>a) Learning and Disabilities Complex Needs Care Pathway Policy BS and MT were in attendance to present the policy, which supported the implementation of the risk register of people with learning disabilities and/or autism, with mental health or complex and challenging needs. It was a national requirement of the Transforming Care Partnership to implement an 'at risk of admission' register. A draft had been in operation with local authority colleagues since April 2017, but the process needs to be formalised within the CCG in order to hold patient identifiable data. The process had received Information Governance approval, and a Quality Impact Assessment had been completed. The policy includes a clear process and the authority for identifiable data to be held. The Transforming Care Partnership had given guidance and scrutinised the policy before being presented to the Committee.</p> <p><i>(MB joined the meeting)</i></p> <p>The policy and register would enable the monitoring of those at risk of admission, as well as building up intelligence.</p> <p>DMcA expressed her support for the need of the policy, but raised a number of concerns for clarification. Further detail was required relating to the criteria</p>	

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	<p>that was in place for a 'service user' being entered onto the register, and the steps the service user had already been through before they considered in the 'risk category.' This needed to be articulated further in the policy to ensure this was clear.</p> <p>Page 13 indicated a specific email address would be used for the alert system. MT explained that this would be a dedicated email address monitored by the CCGs Joint Commissioning Team. In clarifying item 5.1, MT confirmed it would be imperative that training was supplied against the Care and Treatment Review (CTR) and the Risk Register.</p> <p>DMcA suggested that the Management Flow Chart in Appendix A should include an element to clearly show the process if consent was not given. This should align to the CTR consent form. HO queried the GP involvement and a flow of information to the Practice and LD team. MT explained that further work was required to better inform GPs. It was an open referral process and was not restricted to specific teams. MB felt there was confusion around consent and whether placing patients on the register was in their best interests. The focus should be on the patient's best interests, not the healthcare interests. MS was concerned that the pathways to stop a service becoming a risk were not included. The flow chart should also include the patient returning home. MT explained that a care pathway audit was being undertaken.</p> <p>DMcA referred to page 5 of the Privacy Impact Assessment and the need to ensure all involved in the Multi-Disciplinary Teams were happy with the process and the monthly reviews of individuals. This needed to be embedded within the Care Programme Approach (CPA) process and reflected throughout the whole policy. It was key to ensure patients did not stay on the register longer than needed.</p> <p>The Committee suggested that the Risk Register / At Risk of Admission Register should be renamed. MT would consider this.</p> <p>DMcA offered to assist MT with the suggested amendments. The full policy package would then be circulated to Members for an out of Committee decision.</p> <p>ACTION: QCG/17/07/07 – MT to action the suggested amendments to the policy before circulating the full policy package to Members for an out of Committee decision.</p> <p><i>(MB, MT and BS left the meeting)</i></p>	<p>MT / DMcA</p>
<p>QCG/17/07/08</p>	<p>Thematic Review – Children's Health Care Services</p> <p>ES explained that representatives from Virgin Care (VC) had been unable to attend the meeting, but a review of Children's Community Health Services had still been undertaken. ES discussed her presentation, which highlighted areas of the report circulated with the papers.</p> <p>VC was now 1 year into their contract. During the transition from previous service providers to Virgin Care, a backlog of 'long waiters' was inherited, which predominantly had come from GWH. These included patients who had been waiting 52 weeks. Each of these patients had now been reviewed and received appropriate intervention.</p>	

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	<p>The majority of senior or managerial (not clinical) staff work across both Devon and Wiltshire, which can lead to less of a local presence. The CCG are continuing to seek assurance that VC is able to demonstrate a level of local 'Wiltshire' knowledge.</p> <p>The CCG reflected that year 1 of the contract had been challenging, particularly in terms of VC providing accurate and timely assurance reporting in line with the contractual quality schedule. The quality team have worked hard on engaging with VC and it is anticipated that reporting will improve in 2017/18.</p> <p>During 2016/17 VC had not reported any Serious Incidents. The CCG have worked with VC to better understand the internal process for reporting, investigating and learning from incidents. 2017/18 to date, 3 serious incidents had been reported. VC did have login details for STEIS at a national level, but have confirmed that Wiltshire specific STEIS log in details had now been supplied.</p> <p>Up to April 2017, VC had been unable to confirm local data against the workforce metrics. Commissioners had raised this as a concern at each CQRM, with VC confirming that despite vacancy data not being accurate, they did not consider there were significant concerns with their workforce. Data for April 2017 onwards was now accurate. Narrative against the vacancy rate was a requirement of the quality schedule.</p> <p>The report from the CQC inspection undertaken on 3 April 2017 was still awaited. VC have updated the CCG that informal feedback had been good and praised VC for ensuring that the 'child was at the centre of everything.'</p> <p>ES reported that the last CQRM had seen good reports produced, but it was acknowledged that getting to that stage had required significant support from the CCG. Close monitoring and support would continue to ensure reporting continued to be provided in line with the contract.</p> <p>The Committee thanked ES for the comprehensive report.</p>	
QCG/17/07/09	<p>Safeguarding Children – Q4 Report JD presented the Q4 and current issues report.</p> <p>There had been an 87% compliance rate for level 3 safeguarding training across Wiltshire. The transformation fund had impacted upon the Oxford Health compliance. New staff have been recruited and need to be level 3 trained.</p> <p>New liaison posts have been created to ensure liaison with patients within the acutes.</p> <p>AWP's training compliance was low, but it was expected that this would now improve following the appointment of a new named nurse for safeguarding who would focus on addressing this across Wiltshire.</p> <p>Virgin Care had seen a number of challenges in ensuring safeguarding was kept high on the agenda, but the relationship was improving. During the transfer of the service to them, Virgin Care decided to reduce the hours of the Named Nurse for Safeguarding Children. The CCG had raised its concerns about the reduced hours and the lack of local presence. The national Virgin Care group had the national contract. An update provided at the last CQRM confirmed that a Deputy Nurse role was now in place, giving a clearer structure.</p>	

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	<p>The CCG had also raised concerns regarding the named doctor for safeguarding role, and as an interim, Kate Martin, the Medical Director was to deal with queries and then seek support as required. An understanding of the roles was required, this may need to be addressed further with Virgin Care. FF mentioned that paediatricians across Wiltshire, BaNES and Surrey had written to express their concerns over the reduced Named Doctor role.</p> <p>A Designated Doctor had now been appointed against the Looked After Children work at Virgin Care. This should be a consultant level, as stated in the SLA. A new model for the Child Protection Rota was being piloted. It was hoped this would form the basis for the Wiltshire model.</p> <p>Updates against the Joint Themed Area Inspection (JTAI) action plan would be included in the annual report provided in September. Xanax misuse had become an issue, particularly amongst young people in the Salisbury area. Wiltshire Police, Motiv8 and the schools were working together with SFT to address the issue.</p> <p>The Wood Review / Children and Social Work Act 2017 awaited royal assent, although it was not confirmed if this remained a Government priority and if the timetable would be followed. As partners (CCG, Wiltshire Safeguarding Children's Board and the Local Authority) were legally obliged to work closer together, local meetings continued to discuss partnership arrangements.</p> <p>JD informed Members that a review of the Wiltshire Safeguarding Children's Board (WSCB) was to be undertaken. CCG would be involved as the voice for health. The timescale for the review was unknown.</p> <p>It was requested that the Safeguarding Children Annual Report to be presented to the September Committee meeting should include an update on the Board review and the monitoring information against the impact of the lack of the Named Doctor role.</p> <p>ACTION: QCG/17/07/09 – JD to present the Safeguarding Children Annual Report to the September Committee meeting, and to include an update on the WSCB Board review and the monitoring information against the impact of the lack of the Named Doctor role.</p>	JD
QCG/17/07/10	<p>Safeguarding Adults – Q4 Report</p> <p>LyF presented the Adult Safeguarding Dashboard for Q4 and reported that SFT and GWH were not achieving the 90% compliance target. This was related to a change in their data systems which had not captured staff who had been trained, but reported under the old system. Both providers were developing action plans to address the concern and were working to realign the reports to reflect a more accurate picture. There was good compliance with the Mental Capacity Act training performance indicator.</p> <p>SFT was an outlier in relation to the numbers of applications for Deprivation of Liberty authorisations possibly due to the implementation of their 'consideration of DoLS' process. The Local Authority had a backlog of 1730 cases/applications. In April the local Authority received 137 new applications and only processed 116 which meant the backlog was increasing month on month. This issue had been raised through the Quality Assurance Safeguarding Board. The Council had given assurance that complex cases would be a priority, and the CCG were awaiting assurance of how this is implemented.</p> <p>Referring to the activity report, LyF informed Members that concerns had been</p>	

ITEM NUMBER		ACTION
	<p>raised regarding the Independent Mental Capacity Advocate (IMCA) Service. The Provider had not been able to meet demand. RUH and SFT have both reported delays in discharges as a direct consequence of the lack of IMCA availability. LF reported that AWP had not reported any delays but there were concerns about their compliance with the process for engaging IMCAs when a best interest decision was necessary, this was being followed up through Provider one-to-one's. The CCG had 6 patients who needed an assessment of capacity to determine whether they are able to consent to arrangements made for their care and treatment. This number includes all patients in receipt of care within a domestic setting excluding patients in receipt of fast track funding.</p> <p>Some key points to note:</p> <ul style="list-style-type: none"> • There had been an increase in safeguarding referrals relating to Self-Neglect • The intercollegiate guidance had not yet been published by NHS England, but the draft was being used by the team as guidance. • Monitoring of PREVENT continued, the PREVENT staff guidance had been reviewed, soon to be followed by e-learning. 	
QCG/17/07/11	<p>Deprivation of Liberty LyF's briefing paper on the DoLs Law Commissioning Proposals 2017 had been circulated out of Committee on 26 May 2017. LyF went through her presentation, highlighting the key points from the paper.</p> <p>The proposed bill had not yet gone to parliament due to the elections and Brexit discussions. The briefing paper had identified the process. The CCG did not yet have to put the proposals into place, but it was seen as good practice to start embedding it now, especially within CHC. The Committee would be kept updated on progress.</p>	
QCG/17/07/12	<p>Publication of Domestic Homicide Reviews 6 and 7 DMcA briefed Members on the background to the Domestic Homicide Reviews (DHR) that had been circulated with the meeting papers. DHR 6 had now been published. It showed a complicated situation that had involved various agencies. The pathway had shown missed opportunities for intervention and that connectivity had not been sufficient.</p> <p>It was requested that DHR 7 remain confidential until published. 24 agencies had been involved, but it had been noted that services had not joined up. The pathway and triggers had been clear, but agencies had disengaged. DHR 7 may be classed as sexual exploitation and could also have learning in relation to the Looked After Child.</p> <p>Agencies not working well together was evident through both Reviews, along with a lack of adequate risk assessments being carried out and PDP1's. There was a lack of co-ordination and a lack of an identified lead. Improved sharing of information was needed. Action plans were to be put into place and would be reviewed at the Wiltshire Safeguarding Adult Board and Wiltshire Safeguarding Children Board.</p>	
QCG/17/07/13	<p>Clinical Advisory Group</p> <p>b) Clinical Advisory Group Minutes The minutes from the Clinical Advisory Group meeting held on 18 April 2017 were noted.</p>	
QCG/17/07/14	Serious Incidents Case Study	

ITEM NUMBER		ACTION
	Due to the meeting overrunning, it was agreed to defer this item until September.	
QCG/17/07/15	<p>Risk Register SL had noted the following risks from the meeting discussion to add to the Quality Risk Register:</p> <ul style="list-style-type: none"> • Safeguarding Children – Named Nurse and Doctor roles This would be noted as low risk as mitigations were in place. • Fall in Looked After Children assessments Data was showing an improvement, but a review would be undertaken in the next quarter. It was agreed this would not be noted on the Risk Register at this time. Further detail would be included in the Safeguarding Children Annual Report and Q1 brief for the September meeting. <p>Discussion surrounding the recording of Wiltshire Council's backlog of DoL assessments on the risk register took place. This risk should be logged on providers risk registers, so it was felt that this was not required on the CCG's register. It was expected that this would also be noted on Wiltshire Council's register. MH would follow it up with Carolyn Godfrey.</p> <p>ACTION: QCG/17/07/15 – MH to discuss the identified risk of Wiltshire Council's backlog of DoL assessments with Carolyn Godfrey to ensure it was logged on appropriate risk registers.</p> <p>The Committee approved the Quality Risk Register with the noted amendments.</p>	MH
QCG/17/07/16	<p>Any Other Business</p> <p>a) Serious Incidents Review Panel DMcA had agreed to support the review of 2 cases that had been added to the STEIS. Discharge safety concerns had been raised. The lack of co-ordination of services was again apparent.</p> <p>b) Midazolam AW reported that concerns had been raised across the area on the increased prescribing of Midazolam to children, and the lack of follow up to stop the prescription. A meeting had been held with pharmacists and a plan agreed. A Wiltshire policy was also to be implemented to ensure pre-filled syringes were issued. The SLA would be updated across the STP.</p>	
ITEMS FOR INFORMATION		
QCG/17/07/17	<p>a) Annual CQUIN Report The Annual CQUIN report was noted.</p> <p>b) Quality Accounts The Quality Accounts were noted.</p>	
	The meeting concluded at 15.45hrs	

**Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 5 September 2017 - 13.30–15.30hrs - Southgate House, Devizes**

Quality and Clinical Governance Committee

Date of Meeting: 5 September 2017

Agenda Item & Title:	QCG/17/09/15 Quality & Clinical Governance Committee Annual Report
Author:	Emma Higgins, Quality Lead
Lead Director/GP from CCG:	Dina McAlpine –Director of Quality
Executive summary	<p>The committee was established as a sub-committee of the NHS Wiltshire CCG Governing Body. Its primary role is to provide the Governing Body with assurance on Quality and Patient Safety as set out in the CCG Constitution.</p> <p>The committee provide the forum to undertake review of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee are responsible and include:</p> <ul style="list-style-type: none"> • Safeguarding Children • Safeguarding Vulnerable Adults • SIRIs and clinical incidents • Continuing Health Care and Specialist Placements • Medicines management and governance • Review and authorisation of clinical policies <p>During 2016/17 the Committee has continued to review and develop its role through the management of the agenda and work plan. It has been able to give varying levels of assurance on all the areas defined in its objectives. It is recognised that there is a continuous need to review the systems and processes established to provide the soft and hard intelligence to identify care issues which require improvement.</p>
Evidence in support of arguments:	Quality and Clinical Governance report as published from diverse sources.

Who has been involved/contributed:	CCG Quality and Patient Safety Directorate Team Members.
Cross Reference to Strategic Objectives:	ALL.
Engagement & Involvement	No public engagement or consultation. The minutes of the Quality and Clinical Governance Meeting have been published in the CCG Governing Body papers section of the NHS Wiltshire CCG website.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Not applicable.
Review arrangements:	Ongoing
Risk Management:	Identified risks are recoded on risk register
National Policy / Legislation:	NPSA Guidance SIRI framework NHS Constitution rights and pledges. Five Year Forward View CCG Operational Plan
Equality & Diversity:	No direct impact from the update in this paper
Other External Assessment	NHS CB performance reviews of CCG delivery.
Next steps:	The Governing Body is asked to NOTE the Annual report through which the Committee has outlined an evaluation of its performance for 16/17.

Introduction

1. The CCG's vision is *"to ensure the provision of a health service which is high quality, effective, clinically led and local"*. It does this whilst *"promoting good governance and proper stewardship of public resources in pursuance of its goals and in meeting its statutory duties"*.
2. As a formal sub-committee of the Governing Body the Quality and Clinical Governance Committee (QCGC) was established in November 2012 to assure the Governing Body that the CCG's vision is achieved whilst ensuring that high quality care is commissioned and provided as safely and effectively as possible.

Overview

3. The QCGC is a formal sub-committee of the Governing Body with defined terms of reference, which are attached as Appendix 1. These terms of reference were in operation until March 2017. This report is therefore aligned to these terms of reference (TORs). The TORs revised and approved by the Governing Body on the 28th March 2017, subsequent versions of this report will be aligned to the new TORs (attached as Appendix 2).

Membership and Meetings

4. There were 6 QCGC meetings during 2016/17 which is in accordance with the Terms of Reference.

The membership and attendance at the committee has been as follows:

In Attendance:	Title	Meeting Attendance
Jill Crook	Chair of the Quality and Clinical Governance Committee, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG	5
Dr Mark Smithies	Vice Chair of the Quality and Clinical Governance Committee and Secondary Care Doctor, NHS Wiltshire CCG	6
Dina McAlpine	Director of Quality, NHS Wiltshire CCG	6
Christine Reid	Lay Member, NHS Wiltshire CCG	6
Simon Truelove	Interim Chief Officer, NHS Wiltshire CCG (until Sept 2016)	1
Tracey Cox	Interim Accountable Officer, NHS Wiltshire CCG (from October 2016 until May 2017)	1
Mark Harris	Chief Operating Officer, NHS Wiltshire CCG (from Oct 2016)	2

In Attendance:	Title	Meeting Attendance
Richard Sandford-Hill	GP and Chair for West, NHS Wiltshire CCG	4
Dr Fiona Finlay	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG	3
James Dunne	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG	4
Lena Pheby	Designated Nurse for Looked After Children, NHS Wiltshire CCG	1
Dr Helen Osborn	Medical Advisor, NHS Wiltshire CCG	3
Alison West	Associate Director of Quality (from October 2016)	4
Lucy Baker	Associate Director of Acute Commissioning until Sept 2016), Acting Directing of Acute Commissioning (from Oct 2016), NHS Wiltshire CCG	1
Jo Easton	Interim CHC Operational Lead, NHS Wiltshire CCG	2
Nadine Fox	Head of Medicines Management, NHS Wiltshire CCG	3
Lynn Franklin	Head of Safeguarding Adults, NHS Wiltshire CCG	4
Susannah Long	Risk & Governance Manager, NHS Wiltshire CCG	6
Emily Shepherd	Quality Lead, NHS Wiltshire CCG	6
Emma Higgins	Quality Lead, NHS Wiltshire CCG	5
Fiona Barnard	Quality Lead, NHS Wiltshire CCG (from March 2017)	3
Marsha Barlow	Quality Operational Lead, NHS Wiltshire CCG	1
Sophie Cockram	Complaints and PALS Manager, Wiltshire CCG	1
Robert Gudgeon	Audit and Effectiveness Manager, NHS Wiltshire CCG (from May 2017)	2
Georgina Ruddle	Commissioner, Mental Health Integrated Care Pathways, NHS Wiltshire CCG	1
Laura Gold	Quality Manager, NHS Wiltshire CCG (until August 2017)	1
Connie Timmins	Quality Manager, NHS Wiltshire CCG (from January 2017)	1
Barbara Smith	Interim Associate Director (Mental Health, Learning Disabilities and Dementia), NHS Wiltshire CCG	1
Danela Adams	Quality Team Administrator, NHS Wiltshire CCG (until January 2017)	1
Helen Edwards	Quality Team Administrator, NHS Wiltshire CCG	1
Sharon Woolley	Board Administrator, NHS Wiltshire CCG	4
Debbie Haynes	Public Health Consultant, Wiltshire Council	4
Isabelle Tucker	Public Health Nurse Specialist, Infection Prevention & Control, Public Health at Wiltshire Council	1
Sally Johnson	Public Health, Wiltshire Council	1
Mark Tucker	Joint Commissioner, Wiltshire Council	1
Phil Cooper	Associate Director of Governance, Improvement and Quality, AWP	1
Chris Weiner	Clinical Director, Wiltshire Health and Care	1
Rosie Fisher	Internal Auditor, PwC (<i>observer</i>)	1

Committee Duties

5. The duties of the QCGC are set out in detail in the Terms of Reference but can be summarised as:-
 - a. To identify service quality issues and provide assurance regarding the quality and safety of commissioned services.
 - b. To provide assurance regarding organisational learning and fulfilment of statutory obligations
 - c. To ensure that CCG groups are advised appropriately to enable patient safety standards and indicators to be agreed with service providers
 - d. To provide an assurance process to support decision making for health care interventions that may be commissioned for the local population, and to enable their prioritisation in a climate where resources are limited

The work of the Committee in discharging its duties was as follows:

- a. To identify service quality issues and provide assurance regarding the quality and safety of commissioned services.**
 6. The Quality Team report on a monthly basis via the Integrated Quality and Performance Report. This report provides assurance regarding activity undertaken to ensure the quality and safety of commissioned services which includes a review of information relating to patient experience, patient safety and clinical effectiveness. These reports are reviewed and interrogated by the CQGC. Identified Risks are placed on the CCG Risk Register to evidence that appropriate action is taken. This also evidences that the QCGC members are made aware of service concerns and associated actions to address them. The QCGC approved revisions to the format of the report which take effect from August 2017. These changes offer a more focussed approach to reporting and more in-depth assurance for outlying indicators.
 7. In addition, the QCGC now receives quarterly deep-dive assurance reports regarding quality in primary care services. These reports commenced in July 2016.
 8. Patient Safety
The QCGC received assurance reports from Childrens and Adults Safeguarding Leads at every meeting, these included detailed reporting following CQC inspections and monitoring of the associated action plan. Serious Incident Reports detailing themes and trends were also received and assurance has been provided regarding appropriate action. Never Event Incidents which occurred in 16/17 were reported to the committee and independent reports which were completed to review the themes of these with associated recommendations for providers were shared.

An annual report on HealthCare Acquired Infections is due in November 2017. This report will be aligned to the Infection Prevention and Control Strategy

which is being presented to this meeting (September 2017). The year-end HCAI position for 16/17 was positive, with fewer MRSA cases than the previous year. In addition, the final reported figures for C.Difficile were within the thresholds set for the CCG by Public Health England. The QCGC have received regular updates regarding HCAI and IP&C activity and have also been informed of the intelligence gained via Quality Surveillance Groups and Quality Assurance Visits to provider services.

9. Clinical Effectiveness

The Clinical Advisory Group (CAG) is a sub-group of the QCGC. It has its own Terms of Reference which were reviewed and approved by the Quality and Clinical Governance Committee on the 8th March 2016. The purpose of this group is to assess, develop and recommend for approval to the QCGC all guidelines – treatment and referral and clinical policies. The CAG contributes towards Wiltshire CCG assurance regarding the requirements of the NHS Constitution, Department of Health Guiding Principles on Local Decision Making about Medicines and Treatments, compliance with Care Quality Commission Essential Standards for Quality and Safety, NHS Litigation Authority Risk Management Standards and Public Sector Equality Duty. The CAG is also responsible for the clinical decision making process within Wiltshire CCG and provides a forum for the assessment, forward planning and review of NICE technical and clinical guidance. The CAG monitors provider NICE compliance and reviews National Audit data to identify service issues, inform commissioning activity and highlight areas of good practice. In 2016/17 this included the national Stroke audit reports which highlighted a need to work with providers on improving Stroke Services. An STP-wide stroke summit (led by Wiltshire CCG) has been convened for September 7th, 2017.

10. The CAG provides an update report to the QCGC at each meeting, which includes NICE provider compliance monitoring, and demonstrates that the CCG's statutory obligations are met in the regards outlined above. The CAG has approved a plan for re-launch in late 2017 (and is submitted to this meeting for approval). This is designed to improve engagement across the CCG and to deliver increased assurance around Quality Impact Assessments.

11. Patient Experience

The QCGC has received regular updates to the Committee regarding both the CCG's PALS and Complaints service and experience data regarding commissioned services which has been collected in other ways. Updates to the QCGC have highlighted areas of service which the residents of Wiltshire have made formal complaints about with a review of any trends. A summary report was received by the QCGC in July 2016 and May 2017.

12. During 2016/17 links with provider PALS and Complaints teams were strengthened and improved processes put in place for liaison between organisations. The QCGC has been apprised of themes and trends arising in complaints data which was then fed back into the review of patient safety information. There have been no ongoing specific areas of concern identified

in regard to patient experience indicators and Friends and Family compliance remains above thresholds.

13. It is the practice of the QCGC to invite delegates from provider organisations to give a summary and overview of quality within their organisations. During 2016/17 the QCGC hosted representatives from Avon and Wiltshire Mental Health Partnership and Wiltshire Health and Care. The Quality Team then continues to provide updates to the QCGC regarding the challenges and good practice identified by the delegates.

14. In 2016/17, the Quality Team implemented an additional form of assurance reporting; Thematic Reviews. In 2016/17 the QCGC received and discussed thematic reviews of:-

- Maternity Services
- Mental Health Services
- Community Adult Services
- Community Childrens Services
- Urgent and Emergency Care.

b. To provide assurance regarding organisational learning and fulfilment of statutory obligations

13. The QCGC has received regular reports which evidence organisational learning. These include the Serious Incident Reports, the CAG reports, Clinical Priorities updates and the Integrated Quality and Performance Reports. There is a process within the Quality Team which ensures that new guidance and best practice is identified and evaluated for implementation. The QCGC has also received an update regarding the Quality Team's participation in Academic Health Science Network and Patient Safety Collaborative activities and training opportunities.

c. To ensure that CCG groups are advised appropriately to enable patient safety standards and indicators to be agreed with service providers.

14. The Quality Team presented to the QCGC regular briefings regarding any new guidance published at national and regional levels and on participation in the Academic Health Science Networks. The integrated Quality and Performance Reports also carried when appropriate, analysis of newly published guidance from a variety of areas including NICE and NHS England. The proposed re-launch of the CAG will contribute to increasing awareness of these publications across the CCG.

15. The CQGC received updates and requests to approve new or revised policies from Medicines Management and Exceptions and Prior Approvals at each meeting. Policy changes and amendments were first reviewed via the Clinical Advisory Group which made recommendations prior to the policies coming to the QCGC for approval.

16. Provider Quality Accounts were reviewed by the committee in July 2017 and assurance was formally recorded regarding the accuracy and completeness of the accounts.

17. The review of guidance and recommendations, together with review of best practice information and data as referenced in paragraph 6, informs the content of the Quality Schedules for providers in the following financial year. The QCGC received assurance on the content of the Quality Schedules agreed for 2017/18-19. This work was carried out in collaboration with Swindon and B&NES CCGs as per the agreed co-ordinating commissioner process.

d. To provide an assurance process to support decision making for health care interventions that may be commissioned for the local population, and to enable their prioritisation in a climate where resources are limited

18. In addition to providing oversight of Medicines Management; Prior Approvals and Exceptions Policies, the QCGC provides advice and support regarding developmental work within the locality commissioning teams, ensuring that quality, safety and experience have been considered in the design of new services and pathways. The QCGC also executed this duty through the Clinical Advisory Group – please refer to paragraphs 8 and 9. In 2014/15 the QCGC agreed CAG plans to significantly revise and improve the NICE Horizon Scanning and Assurance process, this work continues into 15/16 and will evolve further in 16/17 when the CCG will begin approving NICE guidelines for use by providers in advance of implementation.

External Audit

15. There have been no external audits this year, however, a plan is in development which includes external audits in 2017/18.

Conclusions

The sub-committee has discharged its obligations as set out in the Terms of Reference. It has evidenced that it is able to identify quality and service issues and to require appropriate actions to address. The CCG's statutory obligations and requirements for organisational learning under the QCGC have been evidenced as met and the QCGC has demonstrated that it provides effective assurance regarding the CCG's clinical decision making.

END OF REPORT

Appendix 1 – Q&CGC Terms of Reference (to March 2017).

Quality and Clinical Governance Committee

Terms of Reference

1. Introduction

- 1.1 The establishment of this committee will deal with key responsibilities of the organisation as set out in the CCG Constitution. It will help the Governing Body to develop and understand service quality issues and provide assurance to the Governing Body on these matters. It will provide the forum to undertake performance management of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee will be responsible and will include.
- Safeguarding Children
 - Safeguarding Vulnerable Adults
 - SIRIs and clinical incidents
 - Medicines management and governance
 - Review and authorisation of clinical policies
- 1.2 This list is not exhaustive or exclusive and the committee will be asked to consider other relevant issues on an ad hoc basis.
- 1.3 The committee will provide assurance to the Governing Body re both organisational learning and the fulfilment of its statutory responsibilities.
- 1.4 The Committee will take reports on matters including: Patient and Public Engagement and Experience, PALS, Complaints, NHS Litigation, Claims and trends in, for example, Freedom of information requests linked to patient quality.
- 1.5 The Committee will receive support through the arrangements with the CSU for data to support the management of patient safety, provider performance and risk.

2. Detailed Purpose, Scope and Function

- 2.1 The purpose of the Committee is to:
- Ensure that the Governing Body mainstreams consideration of service and clinical issues;
 - Identify and manage risks to quality;

- Act against poor performance; and
- Implement plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisions;
- Promote a culture within the CCG that focuses on Patient Safety and Quality Improvement;
- Seek assurance through the contracting arrangements from all Provider services that their governance and patient safety systems are robust and measurable;
- Monitor incidents and Action Plans linked to key areas of responsibility where Wiltshire CCG:
 - is Lead Commissioner
 - has statutory responsibility
 - or where responsibility falls directly to Wiltshire CCG;
- Provide evidence and through exception reporting an overview and a monitoring function for all governance and patient safety issues for Wiltshire CCG;
- Develop and implement processes for identifying issues that affect patient safety and monitor the implementation of changes and developments to prevent re-occurrence;
- Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the quality and safety of commissioned services;
- Provide the Governing Body with evidence that patient safety issues are fully considered, risks identified and reduced or mitigated and that exceptions are reported as necessary;
- Provide a forum for representatives from the CCG to work collaboratively with members of the Committee to implement the quality and clinical governance agenda;
- Monitor compliance of commissioned services with the Care Quality Commission regulations / standards and with the quality standards within the contracts with providers; and
- Ensure that appropriate advice is shared with CCG Groups, through the Executive Nurse and Quality lead, to enable appropriate patient safety standards and indicators to be agreed with service providers and monitored, as lead commissioner.

3 Membership

3.1 The core membership of the Committee will consist of the following or their nominated deputies:

- Registered Nurse on Governing Body (Chair)
- Director of Quality and Patient Safety
- Lay Member Secondary Care Specialist Doctor (Deputy Chair)
- GP representative(s) from CCG Group(s)
- CCG Lay member with lead for Patient Experience

- Deputy Director of Quality and Patient Safety
 - Public Health Representative from Wiltshire Council
 - Designated Adult and Children's Safeguarding Leads
 - Heads of Medicines Management / Accountable Officers
 - Medicines Management Governance Lead
 - Risk and Governance Manager
 - Head of CHC
- 3.2 Invited on ad hoc basis – representative from Wiltshire and B&NES Council, and any others as the Committee Chair deems appropriate which may include representatives from the CSU or NHS England.
- 3.3 Members are expected to attend all meetings, unless previously agreed with the Chair, and where unable a deputy is required.
- 3.4 When the Registered Nurse on the Governing Body is unavailable to Chair the Lay member Secondary Care Specialist Doctor will deputise.
- 3.5 The committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.
- 3.6 The Committee is accountable to the CCG Governing Body.
- 3.7 Members of the Committee are responsible for communicating decisions made by them through their management lines.

4 Reporting Arrangements

- 4.1 The Committee will provide at least six monthly a report to the Audit and Assurance Committee and the Governing Body and by exception in the remaining quarters.
- 4.2 The minutes of this meeting will go to the governing body.
- 4.3 Updates will be presented in a composite format to include areas of learning and areas of concern.

5 Performance Management Arrangements

- 5.1 Review by exception reports on Provider quality via the contracting and performance management framework. The committee recognises that these reports may vary in format as they will have been generated by other organisations. The Committee will expect the Group, responsible for the management of the Provider contract, to provide explanation of the reports and the remedial action that is in place to address any issues.

- 5.2 Review Quality monitoring scorecards and exception reports will enable the Committee to monitor its performance.
- 5.3 A formal meeting will be held bi-monthly.
- 5.4 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

6 Committee Papers

- 6.1 A detailed work programme and standing agenda will be agreed to guide the work of the committee for 2013/14.
- 6.2 Detailed guidance and standard templates for the presentation of reports to the committee and the frequency of reporting requirements are available from the Corporate affairs team and the Director of Quality & Patient Safety.

7 Quorum

- 7.1 To be quorate there is a requirement for a minimum of four officers from the CCG. The Chair or Deputy chair must be present.

8 Review

- 8.1 The Terms of Reference will be reviewed after six months or sooner of the Committee's establishment and thereafter on an annual basis.

Appendix 2 – Terms of Reference from March 2017.

Quality and Clinical Governance Committee

Terms of Reference

Date Approved by Quality and Clinical Governance Committee: 07 March 2017

Date Approved by Governing Body: 28 March 2017

1. Purpose

- 1.1 The Quality and Clinical Governance Committee will deal with key clinical governance responsibilities of the organisation as set out in the CCG Constitution. It will help the Governing Body to develop and understand service quality issues, as led by the quality and safety agenda, providing assurance to the Governing Body on these matters. It will promote clinical discussion about quality and patient safety, ensuring continuous quality improvements. It will provide the forum to undertake performance review of service and clinical issues with particular reference to action plans emerging from Serious Incidents Requiring Investigation (SIRI), Serious Case Reviews (SCR) and Care Quality Commission (CQC) inspections for which the committee will be responsible and will include.
- Safeguarding Children
 - Safeguarding Adults at Risk
 - SIRIs and clinical incidents
 - Medicines management and governance
 - Review and authorisation of clinical policies and NICE guidance, and ratify the decision taken through the Clinical Advisory Group
 - Workforce (*from a quality and safety aspect*)
 - Assurance of any patient safety and experience issues arising from commissioning new, re-commissioning and decommissioning of services
- 1.2 This list is not exhaustive or exclusive and the committee will be asked to consider other relevant issues on an ad hoc basis.

2. Membership

- 2.1 The core membership of the Committee will consist of the following or their nominated deputies:

VOTING MEMBERS
Registered Nurse on Governing Body (Chair)
Secondary Care Doctor (Vice Chair)
Lay Member for Patient & Public Involvement
Accountable Officer (Chief Operating Officer as Deputy)
Director of Quality
GP representatives from NEW
GP representatives from West
GP representatives from Sarum
ATTENDEES
Associate Director of Quality (Deputy to Director of Quality)
Associate Director of Continuing Healthcare/SPP and Adult Safeguarding
Public Health Representative from Wiltshire Council
Governance and Risk Manager
Medical Advisor

3. Quorum

- 3.1 When the Registered Nurse on the Governing Body is unavailable to Chair the Secondary Care Doctor will deputise.
- 3.2 To be quorate there is a requirement for a minimum of four Voting Members from the CCG, which includes the Chair or Vice Chair.

a. Expectation of Attendance

- i. Members are expected to attend all meetings, unless previously agreed with the Chair, and where unable a deputy is required.

4. Frequency of Meetings

- 4.1 A formal meeting will be held bi-monthly.
- 4.2 Extraordinary meetings may be called by the Chairman with seven working days' notice as required.

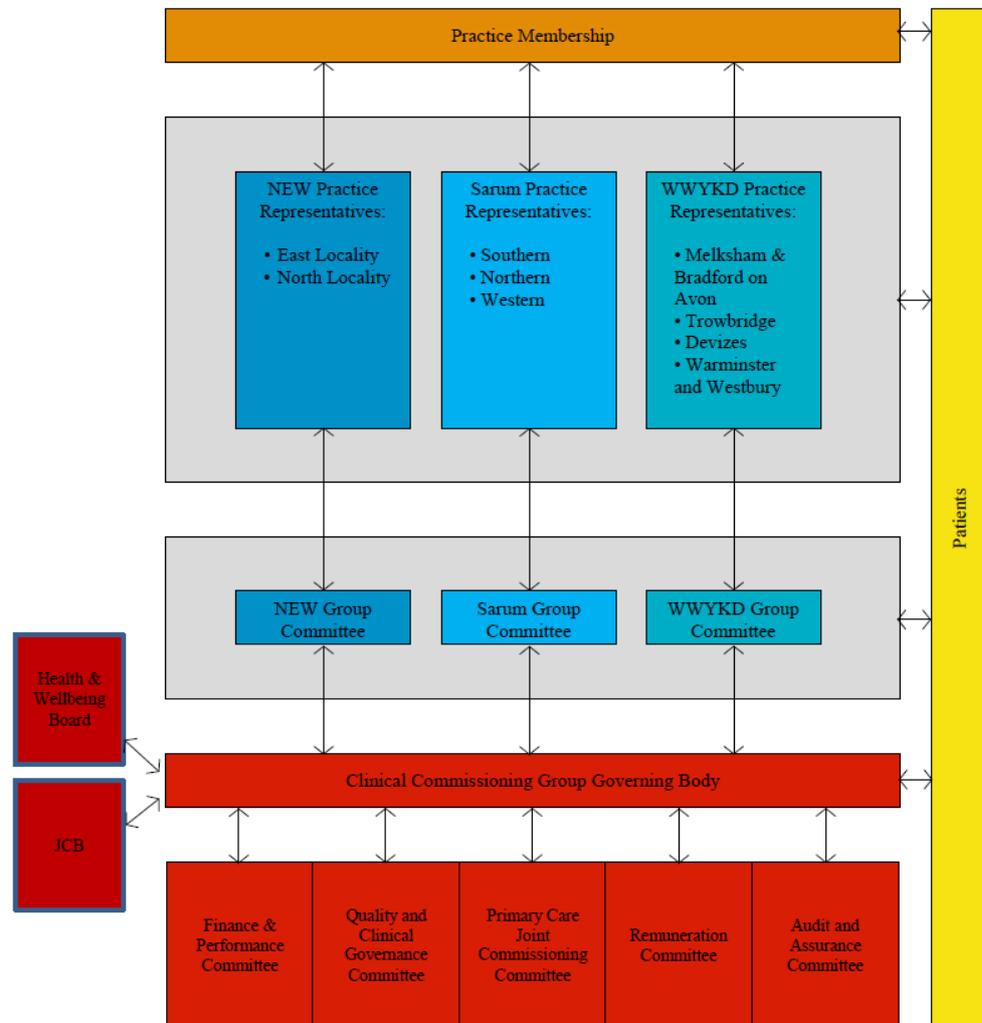
a. Meeting Arrangements

- i. A detailed work programme and standing agenda will be agreed to guide the work of the committee, but will allow for flexibility.
- ii. Detailed guidance and front sheets for reports to the Committee, and the frequency of reporting requirements, are available from the Board Administrator and the Director of Quality.

5. Accountable To

5.1 The Committee is accountable to the CCG Governing Body.

Figure 1: Clinical Commissioning Group Structure



5.2 Provide assurance to the Audit and Assurance Committee and the CCG Governing Body regarding the quality and safety of commissioned services.

- 5.3 Provide the Governing Body with evidence that patient safety issues are fully considered, risks identified and reduced or mitigated and that exceptions are reported as necessary.

6. Responsibilities / Authority / Scheme of Delegation

- 6.1 The Committee is authorised by the CCG Governing Body to undertake activity within its terms of reference.
- 6.2 Members of the Committee are responsible for communicating decisions made by them through their management lines.
- 6.3 The Governing Body delegates the following to the Committee:

Delegations by the Governing Body to the Quality and Clinical Governance Committee	
Body/individual	Delegation
Quality and Clinical Governance Committee	<ul style="list-style-type: none"> a) Ensure that the Governing Body mainstreams consideration of service and clinical issues b) Identify and manage risks to quality c) Act against poor performance d) Implement plans to drive continuous improvement, including the focus on patient feedback and its direct relationship to commissioning decisions e) Seek assurance through the contracting arrangements from all Provider services that their governance and patient safety systems are robust and measurable f) Monitor incidents and Action Plans linked to key areas of responsibility where Wiltshire CCG: <ul style="list-style-type: none"> - is Lead Commissioner - has statutory responsibility - or where responsibility falls directly to Wiltshire CCG g) Develop and implement processes for identifying issues that affect patient safety and monitor the implementation of changes and developments to prevent re-occurrence h) Monitor compliance of commissioned services with the Care Quality Commission regulations / standards and with the quality standards within the contracts with providers. i) Approval of procedures, policies and strategies relevant to the committee's terms of reference.

7. Accountable For

- Clinical Advisory Group (CAG)
- Wiltshire Safeguarding Committee

8. Duties

- 8.1 The Committee will take reports on matters including: Patient and Public Engagement and Experience, PALS, Complaints, Claims and trends in, for example, Freedom of information requests linked to patient quality.
- 8.2 In addition to the list of delegations shown in 6.3, the Committee is to:
- Promote a culture within the CCG that focuses on Patient Safety and Continuous Quality Improvement;
 - Invite providers to meetings as and when appropriate to report on performance and services;
 - Invites patients to meetings when appropriate to hear their story and experience
 - Provide evidence and, through exception reporting, an overview and a monitoring function for all governance and patient safety issues for Wiltshire CCG;
 - Provide a forum for representatives from the CCG to work collaboratively with members of the Committee to implement the quality and clinical governance agenda;
 - Ensure that appropriate advice is shared with CCG Groups, through the Executive Nurse and Director of Quality, to enable appropriate patient safety standards and indicators to be agreed with service providers and monitored, as lead commissioner.
- 8.3 Review by exception reports on Provider quality via the contracting and performance management framework. The committee recognises that these reports may vary in format as they will have been generated by other organisations. The Committee will expect the Group, responsible for the management of the Provider contract, to provide explanation of the reports and the remedial action that is in place to address any issues.

9. Reporting

- 9.1 The Committee will provide assurance to the Governing Body for both organisational learning and the fulfilment of its statutory responsibilities.
- 9.2 The Committee will provide, at least annually, a report to the Audit and Assurance Committee and the Governing Body and by exception in the remaining quarters.
- 9.3 The final and approved minutes of this meeting will go to the Governing Body.

- 9.4 Updates will be presented in a composite format to include areas of learning and areas of concern.

10. Monitoring

- 10.1 Review Quality monitoring scorecards and exception reports will enable the Committee to monitor its performance.
- 10.2 The Terms of Reference will be reviewed on an annual basis. Any changes to the Terms of Reference must be approved by the CCG Governing Body