NHS
Wiltshire
Clinical Commissioning Group

Clinical Commissioning Group
Governing Body
Paper Summary Sheet
Date of Meeting: 28 March 2017

For: PUBLIC session ☒ **PRIVATE Session** ☐

For: Decision ☐ **Discussion** ☐ **Noting** ☒

Agenda Item and title:	GOV/17/03/18 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:	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. The following items were approved at the Quality and Clinical Governance Committee meeting held on 7 March 2017 and are brought to the Governing Body for ratification: • Quality and Clinical Governance Committee meeting minutes – November 2016 and January 2017 • Quality and Clinical Governance Committee Terms of Reference The meeting was quorate and at least 3 Governing Body Members were present.
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.

NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 1 NOVEMBER 2016, 9.30HRS AT SOUTHGATE HOUSE, DEVIZES

Present:		
Jill Crook (Chair)	JC	Registered Nurse Member, NHS Wiltshire CCG
Dr Mark Smithies	MS	Vice Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Tracey Cox	TC	Interim Accountable Officer, NHS Wiltshire CCG *(until 11.20hrs)*
Dina McAlpine	DMcA	Director of Quality , NHS Wiltshire CCG *(from 10.50hrs)*
Susannah Long	SL	Governance & Risk Manager, NHS Wiltshire CCG
In Attendance:		
Lucy Baker	LB	Interim Direct of Acute Commissioning *(from 10.30hrs)*
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for WYKKD , NHS Wiltshire CCG *(until 11.30hrs)*
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG
Lynn Franklin	LyF	Head of Adult Safeguarding & MCA
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Sally Johnson	SJ	Public Health Wiltshire Council *(10.20 to 11.20hrs)*
Sharon Woolley	SW	Board Administrator
Apologies:		
Nadine Fox	NF	Head of Medicines Management
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor, Looked After Children for Wiltshire

ITEM NUMBER		ACTION
QCG/16/11/01	**Welcome and apologies for absence** JC welcomed everyone to the meeting and noted apologies as above. Due to the CQC Safeguarding Inspection being undertaken, DMcA was unable to attend the start of the meeting, and therefore agenda items were moved around to enable presentation of reports later in the meeting.	
QCG/16/11/02	**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). There were none.	
QCG/16/11/03	**Minutes of the meeting held on 20 September 2016** The minutes of the meeting held on 20 September 2016 were approved as an accurate record.	
QCG/16/11/04	**Matters Arising** There were none.	

ITEM NUMBER		ACTION
QCG/16/11/05	**Action Tracker** The action tracker was reviewed and updated. **QCG/0916/4 – AWP Complex Cases Data** – ES reported that Phil Cooper had been working on the data, but it had not been available before the meeting. ES would follow this up and email the data to the Committee when available. **ONGOING** **QCG/09/16/4 – DTOC information from James Roach –** ES to follow up with James Roach. **ONGOING** **QCG/072116/7 – FNC implication –** SL reported that the cost implication for FNC had been added to the Quality Risk Register in August. **COMPLETED** **QCG/03/0816/10 – NICE Guidance Wording –** Requested removal from tracker as no longer relevant. **CLOSED** **QCG/06/08/2015-110 – Terms of Reference –** Agenda item. **CLOSED** **QCG/1115/04 – Integrated Performance Report –** Safeguarding was to be included in future reports. **COMPLETED** **QCG/1115/04 – Review of Quality and Safety Related Information –** Alison West, the newly appointed Associate Director of Quality would be in post from 21 November. Alison would take the lead on the review and report back to the January Q&CG Committee meeting. **ONGOING**	**ES** **ES** **Alison West**
QCG/16/11/07	**Adult's Safeguarding Annual Report** LF presented the report as at March 2016. The report reviewed WCCG's governance and framework that was in place to monitor activity and support the statutory responsibility. Partnership working continued to play an important part in the system. LF advised that the main risk to the service was the absence of finalised and clear shared policies and procedures across all partners of the Wiltshire Safeguarding Board. WCCG had reviewed its policies, but it remained ongoing work for other partners and was not moving forward. It was noted that WCCG were withdrawing from the Swindon and Wiltshire Shared Policies and Procedures work. CR requested that the Committee be made aware of the risks and areas of concern for the coming year. Case studies would be useful to enable Members to understand how well processes were working and how the service impacted upon those vulnerable adults. ACTION: QCG/16/11/07.0 – DMcA to formally write to the Chair of the Wiltshire Safeguarding Board to request timescale of new policy implementation. ACTION: QCG/16/11/07.1 – Adult Safeguarding update and case studies to be reported at the January Q&CG Committee meeting. **Appendix – Law Interim Report on Deprivation of Liberty (DoLS) Briefing Paper** The paper detailed the interim proposals and potential implications for the CCG during the review of the Mental Capacity Act and DoLs by the Law Commission. A single scheme was proposed for those deprived of liberty. WCCG would be responsible for identifying DoL, but the authorisation process was not currently very clear. Where the appeals process would sit was currently	**DMcA** **LyF**

ITEM NUMBER		ACTION
	unknown, although this was expected to be independent. The final proposals would go live in December 2016, although Brexit and other complications may delay it until 2018/19. There would be no additional funding from the Department of Health for this change in responsibility. The CCG could be seen as a provider and it was noted that this could bring considerable long term risk. The engagement and involvement in the review was ongoing. The Law Society was holding regular events and workshops for providers, cover groups and commissioners to share updates on guidance. The Cheshire West Judgement had seen a significant impact upon applications. This risk would need to be managed. It was suggested that an assessment of providers be undertaken to identify the current activity, cost implications and resources being used. Wiltshire Council currently assesses requests by postcode and against their risk register. Compared to neighbouring counties and nationally, Wiltshire Council was processing less requests, but this was due to the waiting list being held. Wiltshire waiting times were now being looked at. It was felt that additional example cases under item 4.1.6 would further help the Committee to understand those common cases and those that would be difficult. ACTION: QCG/16/11/07.2 – LyF to carry out review of what is being spent by providers to achieve the current activity as some of this cost will be transferable if the responsibility comes back to the CCG. Report to be shared with the wider DoNs meeting. ACTION: QCG/16/11/07.3 – Further DoL update to come to the January Q&CG Committee meeting following the publishing of the final proposals in December (unless delayed). Community case examples to be included in the next update. **Appendix – Adult Safeguarding Dashboard** LF explained that a new dashboard was to be implemented to assist with the tracking of training and referrals. The dashboard circulated included retrospective figures; some reports had not yet been received. Requirement for this data would be stressed at contract meetings. This dashboard would help to identify future developments. It was suggested that this should be incorporated into the Integrated Performance Report. ACTION: QCG/16/11/07.4 – Adult safeguarding dashboard to be incorporated into the Integrated Performance Report.	**LyF / DMcA** **LyF** **LyF**
QCG/16/11/12	**Clinical Advisory Group (CAG) Update** **a) Policy for Prescribing of Home Oxygen for Patients who are Known Smokers** **b) Policies –** • **Policy for Consideration of Potential Savings Opportunities** • **Self-care Policy** • **Ophthalmology Commissioning Policy** • **Vitamin E Prescribing Statement** • **Lidocaine Plasters prescribing statement** • **Compression and Lymphoedema Garments Prescribing Statement** • **Silk Garments Prescribing Statement**	

ITEM NUMBER		ACTION
	• **Tramacet Prescribing Statement** EH explained that the policies under items 12a) and 12b) had come recommended by CAG for approval by the Committee. Wiltshire is very strong on its policy development, with input from GP leads and Pharmacies, using the evidence base to promote best practice. The Committee felt the policies were very well presented and clear to follow. At the October CAG meeting, the alignment with STP was discussed. This would bring an opportunity to review provider pathways. MS had stressed at the last STP Board meeting the need for the three key providers and the three CCG's to discuss a common, joined up pathway. The policies and findings would be published on the WCCG website. Providers were involved in policy development, so any changes to be implemented would be anticipated. It is the role of the Committee to decide which policies were sent to the Governing Body for approval. CAG had felt that these particular policies did not require escalation. The Governing Body do receive the Q&CG Committee minutes as information and evidence. **Clinical Advisory Group Minutes – 16 August 2016** The minutes from the August Clinical Advisory Group meeting were noted.	
QCG/16/11/11	**Risk Register** The latest Quality risk register was tabled by SL, which had been the register presented to the September Governing Body. No updates had been received from the Quality team prior to the meeting. Risk 16/013 concerning FNC would be updated before the register was escalated to Governing Body, to include how the risk was being responded to, considering the funding and financial impact. SL would review this further with DMcA and Steve Perkins. Risk 15/031- it was reported that the warning notice at GWH had been lifted. This risk would be updated. ACTION: QCG/16/11/11 – Quality risk register items 16/013 and 15/031 to be updated as discussed. A full review of the register to be undertaken and brought back to the January Q&CG Committee meeting.	**SL/DMcA**
QCG/16/11/06	**Quality Report** EH presented the Quality Report, highlighting some of the key issues: • Safety – although c.difficile rates remain below the year end threshold of 103 cases, performance against monthly forecast trajectory is increasing (negative) and requires action to prevent further increase. RUH has invited the NHS Improvement Infection Prevention and Control Nurse to visit and build on the Peer Review which was carried out last year by the CCG and NHS England. Community Hospitals are reporting low rates of MRSA and C.difficile cases, this is contributing to the CCG's performance which is currently under threshold. The challenge of meeting call targets remained with Out of Hours 111 and SWASFT; recovery plans were now in place. • Experience – all providers were performing well and working to improve response rates. The Staff Health and Wellbeing CQUIN impact would	

ITEM NUMBER		ACTION
	be evaluated, in particular for GWH for which there is a Mental Health component. • Effectiveness – GWH mortality benchmarking indicators remained low, but were on an increasing trajectory. Their good practice had been shared with other providers, who were now also showing improvements. This would continue to be revisited and the benchmark level monitored, encouraging sharing and engagement in national work. The Quality Report dashboards had been split to align with directorates. TC questioned the Wiltshire Health and Care (WHC) vacancy rates shown on page 8 of the report. ES informed that the accuracy of these numbers would be checked with WHC as the CCG anticipate that the provider are reporting WTE vacancies as opposed to % vacancy rates.. EH informed the Committee that during the WHC CQRM held this week, an updated report was requested. The report identified that Virgin were struggling to recruit. A review meeting was scheduled for 2 November 2016. Workforce is a known issue, in particular for AWP. Medivo are not currently contracted to supply workforce figures, but this would start to be requested. The STP Workforce stream were looking into available funds from Health Education England for workforce development. Provider monitoring of workforce figures would be challenged through Quality Schedules and contractual meetings to ensure the Quality Dashboard reports were more complete to enable progression and quantifying of issues. Some data was not applicable to providers. This valuable data was regularly shared with the STP Clinical Board. The Community and Mental Health dashboard on page 6 showed an improvement on last month, with further improvements expected. The procurement with BANES and the sharing of information would increase the richness of the data, creating a central depository to work with. EH drew Members attention to page 11 of the report. 31 Wiltshire practices had received CQC inspections. Wiltshire was performing above national average levels for CQC inspection outcomes. The Primary Care Quality Report would be shared with Members and circulated with the minutes. ACTION: QCG/16/11/06.0 – Provider workforce monitoring figures to be challenged through Quality Schedules and contractual meetings to ensure the Quality Dashboard reports were more complete. ACTION: QCG/16/11/06.1 – Primary Care Quality Report to be circulated to Members.	**ES/EH** **SW**
QCG/16/11/14	**Thematic Review – Maternity** An in-depth review of Wiltshire's maternity services had been undertaken by EH, with input from LB and SJ. EH went through her comprehensive presentation detailing the review. Unfortunately RUH were unable to join the meeting, but would be invited to attend a future meeting. EH informed Members that the three acute providers deliver acute and community midwifery services. Data from the three providers had been used to produce the Key Indicator Performance graphs on slide 4. The impact of the breast feeding CQUIN earlier in the year was clearly evident. SJ questioned the quality of the data used, as Wiltshire Council data indicated a consistent 80% rate for Wiltshire. Data quality would be raised with acutes at contract meetings. ***Post meeting note:*** *The data in the dashboard was verified and is correct as*	

ITEM NUMBER		ACTION
	reported. Providers believe there may be internal reporting irregularities which will be investigated. EH tabled NHS England maternity assessment figures for WCCG, BANES CCG and Swindon CCG, which revealed that WCCG were 'performing well'. The South Wiltshire Network Maternity Dashboard data on slide 5 compared the regions. Wiltshire was shown to have a high induction and c-section rate. The acutes have requested a policy around elective caesareans and managing patient expectations. This was a national piece of work being undertaken to review and reduce the prevalence of c-sections for non-clinical reasons. The Maternity Forum governance arrangements were shown on slide 6, which clearly identified the link with the STP footprint. The development of a local maternity system, which would support peer review, was a result of the Better Births Forward View. Key national guidance had been reviewed. Following the Kirkup, Report of the Morecambe Bay Investigation; providers had been asked to review the findings and deliver a self-assessment and action plan. These would be monitored at contract meetings and through the Forum. The Saving Babies' Lives national stillbirth care bundle had four components to embed, which had led to the WCCG CQUIN for 2016/17 with all three acutes. This looked to improve training, monitoring, processes and patient engagement. Q2 reports had already shown some improvement. Communication between professionals was seen to be an important factor in reducing stillbirths. RUH had shown some excellent learning and improvements. The learning from the Serious Incidents deep dive had shown improvements in a number of areas following the development and implementation of policies and processes. Instrumental and caesarean section figures were high for one provider, which could indicate a lack of skills in procedure. The military figures could be affecting the threshold in the Salisbury area. This would be raised at the Maternity Forum. Overall there was a positive response to the Friends and Family recommendation question. An after birth service is provided by each acute (although this operated in different ways for each provider), to allow mothers to talk through their experiences in reflection clinics and link to mental health services when needed. User feedback is reviewed at the Maternity Strategic Liaison Committee. Complaints were not captured consistently across providers, which had an effect on the figures included. These were looked at alongside Serious Incident data with providers, who were monitored to ensure improvements were being made. The learning from RUH had been positive, who used drama group training for staff. It has been suggested that the learning model should be shared across the other areas. All providers had undergone a CQC Inspection of Maternity services over the last 12 months. Safety outcomes would be picked up through contract meetings and the Maternity Forum. The midwife to birth ratio was improving. SFT had been commended for their bereavement suite. Action plans are in place for RUH and GWH to respond to the CQC Outlier Alerts. The Perinatal Mental Health pathway pilot had received a good response. This had been included in the STP bid to the Perinatal Mental Health Community Service Development Fund. The Baby J case learning enforced the importance of communication between specialists. Midwifes should feel empowered to	

ITEM NUMBER		ACTION
	escalate any concerns. Successful lobbying of NHSE Public Health resulted in their support of the flu vaccination at routine scanning; building more awareness at 20 week scans of the flu vaccination offer. A communications piece about the flu vaccination was suggested. Members thanked EH for the clear and in-depth report and paper. ACTION: QCG/16/11/14.0 - RUH to be invited to attend a future Q&CG Committee meeting to report against the maternity services review. ACTION: QCG/16/11/14.1 – Maternity data quality to be raised at acute contract meetings. ACTION: QCG/16/11/14.2 - Instrumental and caesarean section figures to be raised at the Maternity Forum and reported back to a future Q&CG Committee Meeting. ACTION: QCG/16/11/14.3 – Communications piece to be released concerning the support of NHSE Public Health of the flu vaccination at routine scanning.	**EH** **EH** **EH** **EH**
QCG/16/11/08	**Children's Safeguarding Annual Report** DMcA highlighted the points below to the Committee: • L3 training figures were remarkably good – although this was an area flagged with SFT, who have assured that this will improve by 2017. Domestic abuse training figures were low. There was a need to influence the Wiltshire Safeguarding Children's Board to change their training mandate. There was work needed across the primary care patch to bring in thematic training to GP's, Practice Nurses and practices as a whole. • There had been significant changes to the Wiltshire Safeguarding Children's Board (WSCB), which had established an Executive Board, bringing a refreshing new direction. Measuring strategic ambitions and the impact had not been recorded well previously. The accuracy of the data set was important to show a joined up pathway. The Board was to implement 'walkabouts', to allow members to visit other organisations. CR questioned the link with schools. A School representative from Wiltshire Council was now attending the Executive Board meetings. Schools were required to self-audit, which had brought a positive, albeit a low response. The Executive Board would be jointly writing to each school, nursery, child minder etc. to request completion of the audit. School engagement had also been raised as an issue of the CAMHS Re-Procurement. It had been suggested that a Link Worker should only be allocated once their audit had been completed. The Multi-Agency Support Hub (MASH) was working well and was known to schools and other support organisations. A Designated Nurse Forum was to be set up, to review themes and implementation of guidance as recommended from the WSCB. Serious Case Reviews were formally reviewed by the WSCB. A sub-group was also in place to oversee the review of each case. Learning was disseminated and embedded following each detailed review. The Team Around the Child (TAC) were reviewing the most appropriate professional to co-ordinate and	

ITEM NUMBER		ACTION
	administer support. Information sharing was key and should be enforced throughout the process. Engagement with primary care would be encouraged to ensure GP's were better supported. A connection between the Adult and Children Safeguarding Boards was vital to reduce the 'hidden child' and improve the link with families. DMcA had found the recent CQC visit valuable. The Health Forum for Adult and Children would assist in supporting the identified learning and improvements for WCCG and its partners. The CQC Inspection Report would be brought to the Q&CG Committee when available. ACTION: QCG/16/11/08 – The CQC Report on Children's Safeguarding to be brought to the Q&CG Committee when available.	**DMcA**
QCG/16/11/09	**Looked After Child (LAC) Annual Report** DMcA advised that more work with Primary Care was needed to raise awareness of LAC with GP's. Greater liaison was required with other Local Authorities and CCG's to support those LAC's placed in Wiltshire from out of their area. KPI's were monitored and showed significant improvement following the initial assessment. The quality of the service was to be assessed and would give a qualitative focus to the next report.	
QCG/16/11/10	**Q&CG Committee Terms of Reference** JC reported that the Q&CG Committee terms of reference were due a review and would be brought to the January Q&CG Committee meeting. ACTION: QCG/16/11/10 – Reviewed Q&CG Committee Terms of Reference to be brought to the January Committee meeting.	**LC/MS/DMcA**
QCG/16/11/15	**Any Other Business** • **Daisy Update –** DMcA reported that CQC had conducted their site inspection on 11 October. The review outcome is not yet known. Cllr Jerry Wickham and Ted Wilson had been present. CQC had communicated directly with AWP as the owner of the unit. Unfortunately CQC had persisted to focus on one specific patient that was a suggested resident, which was irrelevant to the inspection visit. AWP had informed them that they were unable to share patient information without permission. Wiltshire Council had also expressed concerns over how the individual would be cared for. A joined up approach was needed. The WCCG and WC Placement Panel would ensure Wiltshire patients were a priority. The purpose of the unit was to be an interim solution, providing support and development to ensure residents were able to move back into their own accommodation. There had been good engagement from NHSE; Helen Watson had also been to visit the site. • **Committee Actions –** The Committee requested that updates against action tracker items were sought before the meeting to ensure up to date information was available to report.	
	The meeting concluded at 12.05 hrs	

Date of next Quality & Clinical Governance Committee Meeting:
31 January 2017 - 9.30 – 12.30hrs - Southgate House, Devizes

NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 31 JANUARY 2017, 9.30HRS AT SOUTHGATE HOUSE, DEVIZES

Present:		
Jill Crook (Chair)	JC	Registered Nurse Member, Wiltshire CCG
Dr Mark Smithies (Vice Chair)	MS	Secondary Care Doctor, Wiltshire CCG
Christine Reid	CR	Lay Member, Wiltshire CCG
Dina McAlpine	DMcA	Director of Quality , Wiltshire CCG
Susannah Long	SL	Governance & Risk Manager, Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for West , Wiltshire CCG *(until 10.20hrs)*
In Attendance:		
Alison West	AW	Associate Director of Quality, Wiltshire CCG
Jo Easton	JE	Interim CHC Operational Lead, Wiltshire CCG
Emily Shepherd	ES	Quality Lead, Wiltshire CCG
Emma Higgins	EH	Quality Lead, Wiltshire CCG
Lynn Franklin	LyF	Head of Adult Safeguarding & MCA, Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, Wiltshire CCG
Issie Tucker	IT	Public Health Nurse Specialist, Infection Prevention & Control, Wiltshire Council (until 12.00hrs)
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, Wiltshire CCG
Connie Timmins	CT	Quality Manager, Wiltshire CCG *(for item 18 only)*
Sharon Woolley	SW	Board Administrator, Wiltshire CCG
Apologies:		
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Helen Osborn	HO	Medical Advisor, Wiltshire CCG
Laura Gold	LG	Quality Manager Wiltshire CCG

ITEM NUMBER		ACTION
QCG/17/01/01	**Welcome and apologies for absence** JC welcomed everyone to the meeting and noted apologies as above.	
QCG/17/01/02	**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 includes any relevant interests previously declared upon the Register of Interests). There were none. The meeting was quorate.	
QCG/17/01/14 ***(item moved)***	**Clinical Advisory Group (CAG) Update** **a) For Decision – Clinical Policies** Due to an admin error, the full set of clinical policies for approval were tabled at the meeting. JC advised Members that approval of the clinical policies would be sought outside of the meeting. Specific queries should	

ITEM NUMBER		ACTION
	be raised with EH or Members were asked to indicate their approval of policies. Any policies not agreed outside of this meeting would be brought to the March Quality and Clinical Governance Committee. **b) For information - Clinical Advisory Group Minutes – October 2016 and December 2016** The minutes from the October and December Clinical Advisory Group meetings were noted. ACTION: QCG/17/01/14a - Members to review the tabled Clinical Policies and to send queries or approval to EH by 6 February 2017.	**ALL**
QCG/17/01/03	**Minutes of the meeting held on 1 November 2016** The minutes of the meeting held on 1 November 2016 were approved as an accurate record.	
QCG/17/01/04	**Matters Arising** There were none.	
QCG/17/01/05	**Action Tracker** The action tracker was reviewed and updated. **05/11/2015-122 – Quality Team to liaise with Comms and RSS to review quality and safety information available to patients. –** AW to take this forward. **ONGOING** **20/09/2016 – Andrew Dean to be invited to the March 2017 meeting –** Andrew Dean unable to attend. Invite passed onto Phil Cooper**. ONGOING** **QCG/16/11/07.0 – DMcA to write to Chair of Wiltshire Safeguarding Board –** DMcA has spoken with him direct. A letter was no longer needed. **COMPLETED** **QCG/16/11/07.2 – Review of provider spending to achieve current activity –** Action to be reworded to 'Review of potential costs relating to the Law Commission proposals once they have been published to ensure the CCG has an understanding of potential cost implications'. (This paper is not now expected until March 2017). **ONGOING** **QCG/16/11/07.4 – Adult Safeguarding dashboard to be incorporated into IPR –** work in progress. **ONGOING** **QCG/16/11/08 – CQC report on Children's Safeguarding to be brought to the Q&CG Committee when available - CLOSED** **QCG/16/11/14.0 – RUH to be invited to attend future Committee meeting to report against maternity services review –** RUH would be invited when the next review of maternity services was undertaken. This would be recorded on the Committee forward planner. **CLOSED** **QCG/16/11/14.2 – Instrumental and caesarean section figures to be raised at the Maternity Forum and reported back to a future Q&CG Committee meeting – CLOSED** All other actions were marked as completed.	**AW** **ES** **LyF** **LyF**

ITEM NUMBER		ACTION
	JC reminded Members that updates against actions on the tracker should be provided before the Committee meeting.	
QCG/17/01/06	**Quality Report** DMcA explained that the data within the report was from November. The report had formed part of the Improvement Performance Report presented at the January Governing Body meeting. There had been good performance concerning venous thromboembolism (VTE). Friends and Family Test results were at or above the threshold. Midwife to birth ratio continued to be a safety challenge. Workforce continued to be a challenge across all areas. Wiltshire Health and Care (WH&C) had reported a 12% vacancy rate; details had been requested. AWP had a vacancy rate of 21% within Wiltshire, creating a significant challenge. A deep dive would be undertaken in the coming months to realise the impact of these vacancies within Wiltshire, and the notable effect on the ability to take on new care programmes, caseloads within the community, the response rate, costs and continuity of care for patients. Some providers lacked robustness and long term vision concerning workforce, and retention plans were minimal. ES reported that Recruitment and Retention Plan's had been drafted with each Trust at quality and performance meetings to now take on as a Trust wide piece of work. These were to be reviewed. The STP workforce workstream was being led by AWP. Apprenticeships were part of a solution regarding workforce capacity to be looked into. It is recognised that workforce was a challenge across the country, but Wiltshire's issues were of particular concern specifically related to AWP and WHC vacancies. It was recognised that its rural geography and housing costs were issues to contend with. Pressures on the emergency departments at all three acutes was recognised, which had impacted upon patient flow. SSNAP (Sentinel Stroke National Audit Programme) data had deteriorated at RUH and GWH. SSNAP action plans form part of the regular reporting through CQRM's. C.Difficile trajectories are currently within targets. Grey boxes within the report indicated that data was not collected as it was not a requirement of the contract. This would be dealt with through contract schedules to ensure overall data collection. CQC inspections of primary care had rated seven Wiltshire Practices as 'outstanding'. A summary of the learning from inspections report was included in the Primary Care Quality Report.	
QCG/17/01/07	**For Decision – Q&CG Committee Terms of Reference** DMcA reported that the Committee Terms of Reference had been reviewed, with input from JC and MS. Suggested amendments to be made: • Purpose – amend 'Safeguarding Vulnerable Adults' to 'Safeguarding Adults at Risk' • Membership – Representatives from all three localities would be welcomed and was seen as a good development opportunity for those not involved in the Executive Groups. AW would review this. Safeguarding representatives would attend as needed. Associate Director for CHC/SPP and Adult Safeguarding to be added. • Duties – Members agreed that receiving Freedom of Information requests linked to patient quality would be valuable. The Information	

ITEM NUMBER		ACTION
	Governance Group also reviewed these. These would be six monthly agenda items. ACTION: QCG/17/01/07.0 – Locality group representation on the Quality and Clinical Governance Committee meetings to be encouraged. ACTION: QCG/17/01/07.1 – Suggested amendments to be made to the Quality and Clinical Governance Committee Terms of Reference, to then come back to the Committee for approval.	**AW** **SW**
QCG/17/01/08	**Briefing Paper on Joint Targeted Area Inspection** JD reported against the briefing paper that reviewed the recent Joint Targeted Area Inspection (JTAI) of Wiltshire's response to children living with domestic abuse, undertaken by Ofsted, CQC, HMI Constabulary and MHI Probation. The report findings stated that the partnership was working well and prioritised the protection of children living with domestic abuse. The Multi-Agency Safeguarding Hub (MASH) presented a positive commitment to improvement; the inspection noted the implementation of the weekly audit and the good systems in place. Communication was identified as an area of improvement; this was seen to be inconsistent, especially within primary care. This would be a focus to ensure primary care were well informed about cases. It was found that AWP could not identify children and those at risk, and Practitioners could not identify those in need of support. RSH reported that it was becoming impossible for GPs to attend meetings to keep up to date. The quality of communications would be looked at to ensure information was available and accessible, even if GP's were not able to be present at the meetings. An inconsistency was noted with identified staff undertaking level 3 safeguarding children training in line with intercollegiate guidance. Compliance was considerably below the 90% target at SFT this was already known and being monitored at CQRM, SFT have in place an improvement plan related to training. Overall, it was felt that the findings of the inspection were positive and a boost for morale amongst staff involved. Feedback against identified improvements would be given through an action plan, which would come to the Committee in due course.	
QCG/17/01/09	**Adult Safeguarding Update** LyF gave a presentation, reviewing the stages and actions of a recent safeguarding adult's case study. The review found that there was staff and organisational learning to be shared. In this case, WCCG had not been involved as the Responsible Commissioner was the Local Authority. The learning highlighted the need for accurate and appropriate communication to be achieved between health and social care. In this case study assumptions had been made by both the acute provider, care home and the local authority regarding the individual's capabilities and long term prognosis which was not based on evidence. DMcA advised Members that a quality improvement Care Home project was being developed by the CCG with input from the Local Authority. The aim of the	

ITEM NUMBER		ACTION
	project is to ensure that there is a culture of continuous improvement imbedded within care homes to support patient safety. The links with primary care and community teams would be a key aspect of the project.. The further learning from the case study demonstrated that the assessment of need required an evidence based approach. In addition there was required assurance to be sought from an audit of discharge summaries. This would be discussed at acute provider contract review meetings. The case study highlighted a series of communication errors across the whole system. The effectiveness of the discharge pathway was a key aspect of the case study and would form part of the assurance which the CCG would request from the acute and community provider. In addition patients should be asked for their feedback of the pathway to gauge their patient experience. It was discussed and agreed that patient attendance at GP learning events could be a powerful learning tool. EH reported that a CQUIN was in place designed to focus on the identification of those individuals who are assessed as frail within the acute setting. This is a scheme which is initially targeted at specific wards but with a view to rolling out on a wider basis. Quarterly CQUIN provider reports were due in to evidence how effectively the respective providers have implemented the scheme. This case study will be requested to be discussed at the Adults Safeguarding Board with the aim of identifying the system learning and to promote discussion and further investigation of the themes which have arisen. The Committee agreed that receiving these case studies was valuable and should be a frequent agenda item. Patient stories should also be a regular item upon the Governing Body agenda. ACTION: QCG/17/01/09.0 – Case Study to be discussed at the Wiltshire Adults Safeguarding Board. ACTION: QCG/17/01/09.1 – Safeguarding case studies to be a frequent item upon the Quality and Clinical Governance Committee agenda. ACTION: QCG/17/01/09.2 – Patient stories to be scheduled as a regular item upon the Governing Body agenda.	**LyF/DMcA** **SW** **SW**
QCG/17/01/10	**Update on Deprivation of Liberty (DoLs)** LyF advised that the Law Commission report had been delayed until March 2017. The Coroners and Justice Act 2009 had been amended by the Policing and Crime Bill 2017 to specifically exclude DoLS cases from the definition of “state detention” for the purposes of inquests. Further information was available from LyF if required.	
QCG/17/01/11	**Internal Audit Report for Continuing Healthcare (CHC)** MS explained that the CHC audit report had been presented to the Audit and Assurance Committee, and he felt it was a valuable report to share with Members. The Internal Auditors had rated the audit as ‘Medium’, however MS felt that issues raised were of a serious nature and that the complexity of the issues which the team held related to not only financial risk but also safety and reputational. The nature of the work within continuing healthcare and the pressures which are inherent within this work require a level of resource, scrutiny and clinical sponsorship from the CCG wider executive function.	

ITEM NUMBER		ACTION
	DMcA reported that all recommendations were now closed, with the exception of the 'performance against 28 day target' item. This was creating significant risk and impact upon the areas of financial, governance and reputational risk as well as the experience of individuals and their families. A significant contributory factor in the delays has been a lack of social care capacity in the process. This had been raised with the Local Authority and through the Better Care Fund, a joint Social Care Worker had been appointed. However there remain a number of outstanding and historic delays with e a number of patients stuck in the system following assessment as they awaited an appointment with the Social Care Worker. DMcA confirmed this social care issue had been raised with Carolyn Godfrey of Wiltshire Council. A full CHC briefing paper was requested for the March Committee meeting, to include details of the CHC element of the Quality Premium as well as the recently launched NHS England National CHC Improvement Programme. ACTION: QCG/17/01/11 – Full CHC briefing paper to be brought to the March Quality and Clinical Governance Committee meeting, to include details of the Quality Premium and the National CHC Improvement Programme. Against the finding recorded on page 5 of the report, it was noted that the Operational Policy was being re-written and would be shared with all stakeholders to include the community adult provider and the Local Authority. DMcA stated that some aspects of the Audit Report had been helpful, although it was recognised that CHC was a challenging area. The Audit and Assurance Committee would continue to review and track the recommendations through the Internal Audit Recommendations Tracker.	**DMcA**
QCG/17/01/12	**For Decision – Draft Children's Safeguarding Committee Terms of Reference** JD reported that the Wiltshire Children's Safeguarding Committee was now in place, bringing together providers to ensure that there was a forum for representatives from health providers to review the progress against the statutory requirements and responses to any serious case reviews and the WSCB business plan. The Committee will meet quarterly. The following amendments to the Terms of Reference were noted: • Membership - Named Doctors to be expanded to specify the provider to be represented. Associate Director of Quality to be added. The safeguarding lead should specify 'children'. • Quorum – it was suggested that a minimum of four members was too low in relation to the amount of attendees. This section would be revised to increase the number required, and to list those members whose attendance was certainly needed to ensure the meeting was quorate. • Reporting – it should be noted under this section that the minutes from the Committee would come to the Quality and Clinical Governance Committee. The Committee involves the representatives from health sector providers to also ensure that there is a collective view and response to emerging issues. It would be a forum to monitor actions and review policies etc. Duties listed incorporated some of those previous covered by what was the Wiltshire Children Safeguarding Board (now a smaller Executive Board).	

ITEM NUMBER		ACTION
	The Committee approved the Wiltshire Safeguarding Committee Terms of Reference, with the suggested amendments.	
QCG/17/01/15 ***(item moved)***	**Thematic Review – Safety in Emergency Departments** An in-depth review of the three Emergency Departments (ED) had been undertaken by EH and ES. The paper provided a range of information regarding the quality and patient safety at each. Page 3 of the paper showed November's ED performance against the national 4 hour ED target and attendance and ambulance conveyance rates for each. GWH recorded a high attendance rate, although it was noted that the medical take was admitted through the ED which affected attendance rates. This had now stopped, but data was not yet available to demonstrate the effect of the change. RUH was recorded as receiving the highest proportion of ambulance attendances. The data shown in the triangulated indicator table had been drawn from a number of provider and national data sources. GWH had recorded an increase in ambulance handover delays. Data demonstrated that RUH has the lowest rate of ambulance handover delays – this releases ambulances back out to service more rapidly. GWH were the only acute to experience 12 hour trolley breaches. The route cause analysis from these breaches would be reviewed and discussed further at quality contract meetings. A report had been commissioned to review the ED attendance data triangulated with the 'long waits' in the ED department. This is to provide assurance regarding patient outcomes and improve patient safety. As a result of the increased waiting times in ED, the departments need to review staffing options to consider things such as pressure risk assessments, patient nutrition and hydration in a way that is usually the purview of ward nursing. Providers had been encouraged to implement the SHINE Safety Checklist, a tool used to ensure that each patient in the ED had a record of interventions completed ranging from assistance with fluids/hydration, positioning to observations and recording of NEWS. GWH in particular were asked to implement its use as an action following the Single Item Quality Surveillance meeting Chaired by NHS England. Concern was highlighted that GWH had struggled to comply with this action and demonstrate that this was being imbedded. CQUINs were in place to improve the recognition and treatment of Sepsis. This was linked to NICE guidance and NEWS. RUH were struggling with identifying Sepsis in Children, but had provided assurance this had not impacted upon outcomes for patients. At the GWH CQRM meeting, a GWH Consultant raised that Sepsis screening was not being undertaken. Blood and acid tests were not being completed. The Wiltshire CCG Director of Quality has raised these concerns to NHS England, GWH Foundation Trust's Director of Nursing and Swindon CCG's Director of Nursing. As an outcome of this discussion, NHS England recommended that the CCG's, NHS Improvement and NHS England meet to complete a Quality Indicator Risk tool on 2 February 2017. This will focus on the whole Trust but also identify key indicators to determine the risk rating in the emergency department. Page 8 of the paper summarised the CQC inspection outcomes for the EDs. Subsequently the CQC Warning Notice related to safety in ED has now been lifted in September 2016. EH reported that in her research she had identified that Worthing Hospital had achieved an 'outstanding' ED in their recent CQC inspection. This could be	

ITEM NUMBER		ACTION
	used as a learning tool, looking at what systems and process they had in place. Key highlights of the report stated that good, visible, quality leadership had been found and that good relationships and information sharing was in place with Primary Care. The Worthing Hospital CQC report would be shared with providers. The report also identified that post transfer from ED patient moves were also an area of concern. GWH recorded 400 moves, four times that of RUH. Patient moves would be identified at the joint meeting on 2 February 2017. ACTION: QCG/17/01/15.0 - GWH patient moves to be raised by AW at the joint meeting with NHS England on 2 February 2017. GWH had the greatest ratio of patients attending ED, but also the highest number of patients leaving before being treated. Page 12 reported on frequent attenders. MS questioned how many of these were unnecessary attendances and were 'medically unexplained symptoms'. The Right Care programme could review this. In 2017/18, there is a national CQUIN scheme; 'Improving services for people with mental health needs who present to A&E.' This CQUIN encourages collaboration between mental health and acute hospital providers to contribute to improved services, including joint care plans between partner agencies for patients with mental health and psychosocial needs who present to A&E. In terms of workforce, GWH evidenced the poorest staff feedback, the highest turnover and the highest use of agency staff. JC thanked ES and EH for the comprehensive and interesting report. The Wiltshire Local Delivery Board would be informed of this thematic review paper and findings. ACTION: QCG/17/01/15.1 – Wiltshire Local Delivery Board to receive the Safety in ED paper and its findings.	**AW** **EH**
QCG/17/01/18 ***(item moved)***	**Any Other Business** • **Shingles Vaccine –** IT reported that the uptake of the shingles vaccine had dropped since it was introduced in 2014. Wiltshire Council had sent out information through the Wiltshire Care Partnership Newsletter to care homes to request their support. NHS England are leading on this, and work was underway on how to improve the coverage figures. IT queried if there was anything that the CCG could also do to encourage support from GP Practices. IT and CT agreed to work on this together outside of the meeting, and to look at possible communications and public forums to use to raise awareness. This would also link with the Care Home Project.	
QCG/17/01/13	**For Decision – Risk Register** SL presented the Quality Risk Register, which contained seven risks. These were updated as follows: • Q 13/001 – closed. The PuPoC trajectory had been met. This was now a risk against the risk pool, and NHS England has requested that the CCG identify those cases which will be appealing the decision. • Q 15/028 – This was outstanding and would remain on the register. This would be discussed as part of the workshop with the local authority	

ITEM NUMBER		ACTION
	taking place on 1 February 2017. A paper concerning the responsibilities of health and of social care has been produced and tabled at the Joint Commissioning Board by DMcA. • Q 15/029 – Cases were to be presented to the Disputes Panel in March. The outcome of the three cases to be recorded before the risk was removed. • Q 15/032 – to be updated, but to remain on the register. LyF to bring RAG rating report to Committee. • Q 15/033 – The CQC warning notice had now been lifted at SFT. • Q 15/034 – A meeting with the Local Authority was to be held on 1 February 2017. The six cases were a funding risk to the CCG. This would be followed up with Carolyn Godfrey to transition these to Wiltshire Council. During the meeting discussions SL had identified two further risks to add to the register: 1) Excessive ED trolley waiting times at GWH. The existing risk of Q 15/031 would be closed. This would be a new risk. 2) CHC's performance against 28 day target and the Quality Premium. DMcA also wished to add the following risk to the register: 3) Children's CHC (Virgin Care). Evidence was to be gathered about this and would be presented to EMT in due course. This would then be brought to the Quality and Clinical Governance Committee meeting. ACTION: QCG/17/01/13.0 – DoLs RAG rating report to be brought to the Quality and Clinical Governance Committee. ACTION: QCG/17/01/13.1 – Children's CHC (Virgin Care) review paper to go to EMT and then be brought to the Quality and Clinical Governance Committee.	**LyF** **DMcA / Ted Wilson**
QCG/17/01/16	**Primary Care – Quarterly Report** The Primary Care report had been reviewed by the Primary Care Joint Commissioning Committee on 24 January 2017. The report was noted by the Committee.	
QCG/17/01/17	**Daisy Unit Update** DMcA reported that two residents had now moved into the Daisy Unit. They had settled in well and responses to behaviour had been managed through de-escalation without recourse to restraint or PRN medication. On-going work is taking place to ensure that both the individuals and their families are appropriately supported through this transitional phase. Another three Wiltshire residents who are currently being cared for out of county have been identified to move in to the Unit. The five places of the Unit would then be filled. The CCG's Specialist Placement Lead regularly visits and engages with staff within AWP who are responsible for the operational management of the Unit. Overall there had been positive feedback received from residents and parents.	
	The meeting concluded at 12.20 hrs	

Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 7 March 2017 - 9.30–12.30hrs - Southgate House, Devizes

NHS
Wiltshire
Clinical Commissioning Group

Quality and Clinical Governance Committee

Terms of Reference

Date Approved by Quality and Clinical Governance Committee: 7 March 2017

Date Approved by Governing Body:

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

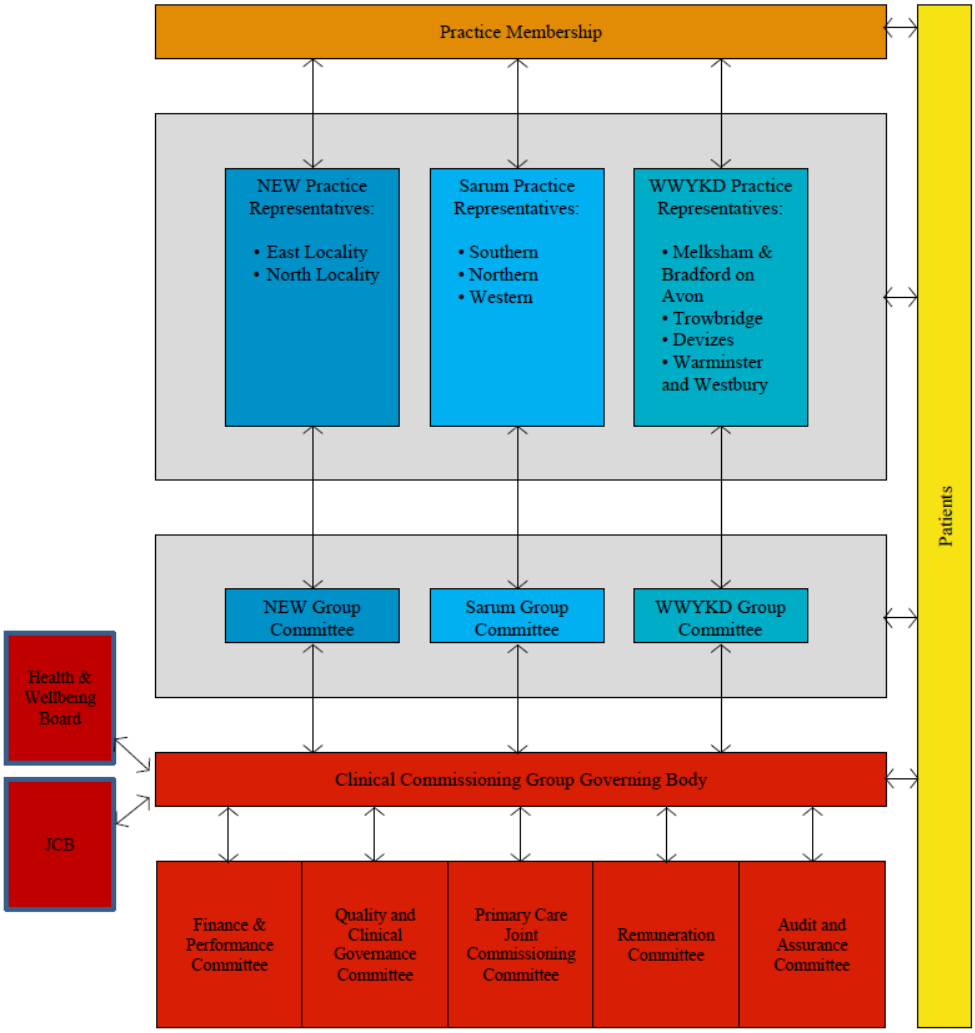
i. A detailed work programme and standing agenda will be agreed to guide the work of the committee, but will allow for flexibility.

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	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: - 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