NHS
Wiltshire
Clinical Commissioning Group

Quality and Clinical Governance Committee

Meeting Venue	Seminar 4 , Southgate House	Meeting: Time:	5 November 2015 2 - 4.30pm
Declaration of Interest	Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting, which might conflict with the business of Wiltshire CCG. No other declarations were made other than those already registered		

Present:		
Dr Mark Smithies (Chair)	MS	Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor
Dina McAlpine	DMcA	Director of Quality , NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Susannah Long	SL	Governance & Risk Manager, NHS Wiltshire CCG
In Attendance:		
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG
Louise French	LF	Quality Lead, NHS Wiltshire CCG
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG
James Dunne	JD	Acting Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG
Helen Forrest	HF	IP & C Lead Nurse, NHS Wiltshire CCG
Danela Adams	DA	Quality & Patient Safety Administrator (minutes)
Lynne Hack	LH	Quality & Patient Safety Administrator
Apologies:		
Mary Monnington	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire
Julie Taggart	JT	Clinical Effectiveness Manager, NHS Wiltshire CCG
Nadine Fox	NF	Head of Medicines Management, NHS Wiltshire CCG
Alex Goddard	AG	Deputy Head of Medicines Management, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Vice Chair for WYKKD , NHS Wiltshire CCG

Item	
QCG/1115/1	**Welcome and Introduction** MS welcomed everyone to the meeting and noted apologies.
QCG/1115/2	Provider Presentation – Deborah Stott Matron, New Hall Hospital – Apologies had been received.
QCG/1115/3	**Minutes of the last meeting and matters arising (1st September 2015)** The minutes from 1st September 2015 were agreed as a true and accurate record **Action Tracker** See separate document. Items 104, 112,113, 114,115,116, and 117 were agreed as complete and will be removed

	from the action tracker.
QCG/1115/4	**October Quality Report** DMcA advised that there is improvement work ongoing to develop the Quality Report. This been adapted to a corporate style and the team are reviewing alternative formats of reports to ensure that we achieve a style of reporting which is comprehensive but also easily understood, reflecting trends and themes. DMcA reported that WCCG is anticipated to exceed the *C.diff* (CDI) trajectory (one of the constitutional targets set by NHSE) of 103 for 15/16. In response to an increasing rate of CDI a task and finish group has been set up and is chaired by Helen Osborn, with input from Quality Lead, Infection Prevention Control and Medicines Management. ES & LF provided an update on key issues within the quality report. The following items were noted:- • A weekly report is received from SFT of mixed sex accommodation breaches. An action plan is in place and some improvements have been seen although, difficulties will still continue due to layout of the AMU. The CCG continues to negotiate the consequences of breach associated with the action plan. The aim is to sign off on 12th November. • SFT will have a CQC inspection starting on 4th December. • It was reported that strategic meetings at AWP are being re-designed and the quality aspect is being addressed to promote collaboration between the strategic and local information and reports. • A summary of SI's and Never Events from RUH/GWH and SFT were discussed. It was highlighted that in more than one acute, an increase in slip, trip and fall incidents occur when patients are mobile and ready for discharge. Reference was made to the National Clinical Audit for Inpatient Falls. • The CCG undertook a quality assurance visit to Ailesbury ward at Savernake hospital on 22nd October prior to the CQC visit. A report detailing the findings will be available at the next meeting. • The next CQC inspection at RUH is due in March 2016. • *C.diff* at the RUH - Helen Forrest (IPC) will visit RUH to carry out a peer review visit to better understand current procedures and practice and to provide advice and guidance. **Action:** Outcomes of the AWP CQRM held on the 10th November to be reported to the next QCG meeting. **Action:** Safeguarding Children and Adults to be included in future Integrated Performance Report. **Action:** Themes of retained swabs to be reported back to the next meeting in relation to Never Events. **Action:** HO to speak to GWH Education to see how the CCG could work with the Trust to hear about trainee feedback from placements. • The handling of non-emergency 111 calls was discussed. CR enquired if any Quality visits to NHS111 were planned. End to end call reviews were discussed and EH confirmed that these take place on a quarterly basis and are attended by the CCG. There are plans to change these meetings to increase provider participation as they are intended to be a review of Urgent Care pathways, not just 111. • Mortality rates and national mortality benchmark levels: EH explained the benchmarking for the HSMR and SHMI and advised that each provider is required to provide additional assurance in line with the provider Quality Schedules. The CCG is now able to review mortality data on a monthly basis (despite a 6 month lag on the data) to better understand the impact of the provider actions. DMcA confirmed that the audit plan for 16/17 would be take mortality data into consideration and any ideas identified through the 15/16 CQUINs where audits could be implemented. This information is submitted to the Clinical Advisory Group (CAG), to assist with triangulating audit requirements.

	• DMcA reported the Commissioning for Quality Panel (CfQP) meet quarterly to review CQUIN achievements • The Quality Team has increased focus on independent hospital providers DMc highlighted themes identified around unplanned transfers from independent hospitals to acute providers, level of Resident Medical Officer cover, and patient information in advance of the patient opting to have their NHS-funded procedure at a private provider. The Quality Team are seeking assurances from private providers in regard to these issues. **Action:** Consider the best route (maybe Referral Support Service or via website?) to ensure that sufficient information is given to patients in advance of them making a decision about where to have their procedure. • GWH have submitted an improvement plan to increase their performance in the SSNAP (national stroke audit). The GWH performance in this audit has deteriorated from previous results. **Action:** Invite a GWH consultant to ask how the stroke plan addresses their future SSNAP improvements. The committee wishes to support GWH in their plan and would like to invite the stroke consultant to provide an update at a future Q & CGC meeting.
QCG/1115/5	**Local Quality Surveillance Group Update and Emerging Concerns** DMcA gave an overview of both local and regional discussions and concerns. The local QSG is attended by representatives from Healthwatch Wiltshire, the Local Authority, WCCG and the CQC. There was a focused discussion regarding CQC inspections and associated timescales for improvement, particularly for those providers under 'special measures' and the implications in terms of nursing home closures. Wiltshire Council are drafting a protocol to be agreed with the CCG to be used in the event of a home closure. It is planned that EH will lead a project that will focus on quality improvement in care homes and will encompass a variety of mechanisms to increase knowledge and skills of the care home workforce in meeting the CCG aims and objectives to keep care closer to home and avoid unnecessary admissions to hospital. One of these may be the development of an early warning system for care homes.
QCG/1115/6	**CAG Update** EH provided an update on the bi-monthly CAG meeting. • The following policies were reviewed and amended and are available to view on the WCCG website: Abdominoplasty, Benign Skin Lesions removal using surgery, cryotherapy or laser treatment in secondary care, Blepharoplasty, Botulinum Toxin A Commissioning Policy, Breast Surgery, Surgical Treatment for Bunions, Excision of Chalazion, Circumcision, Nasal Surgery, Blocked Ears, Carpel Tunnel, Varicose Veins. All of the above policies have been reviewed against co-commissioners policies and additional requirements have been included to include weight management, supporting evidence and self-help in advance of some of these treatments. • Providers have been given 30 days' notice of the revised policies, after which time the policies are enforceable. • MS advised that subsequent to the CAG meeting, it has been identified that Botox is used to treat overactive bladder symptoms for spinal patients and the CCG should be aware that there is a special need for this group of patients. This will not impact on the WCCG policy. **Action:** EH to inform Lucy Baker and Mark Harris of the use of Botox in this group of patients.

	• The variation in the frequency and detail provided in the NICE compliance auditing reports submitted by the provider means that consequently, the CCG is unable to acquire a PAN Wiltshire review at this time, which limits triangulation and resourcing to particular areas. This issue will be addressed with amendments to the Quality Schedule for 1617. • There is ongoing discussion regarding the NICE Horizon Scanning process, the CCG currently reviews the guidance, feedback on commissioning implications and seeks assurance from the providers. The CAG would like to amend this process enabling the CCG to authorise the NICE guidance implementation in advance of provider implementation. It was also considered how this information will be shared with the providers and it was suggested the use of clinician to clinician communication ,through the Clinical Reference Board meetings. **Action:** EH to produce a briefing paper on the options for implementation of NICE Guidance to be shared at EMT and the next QCG meeting in January. **Action:** HO/MS to meet with each acute Medical Director (to be arranged through CAG). • To increase the awareness of the CAG, it was suggested to move the meeting to an alternative day to increase engagement of locality GP's. **Action:** Review of CAG TOR, meeting dates and attendance. • The Local Audit review template for reviewing National Clinical Audits has been agreed and the team will review these audits. Three audits were brought to the attention of the attendees: SSNAP acute performance, The National Audit for Inpatient Falls audit (NAIF) Audit report 2015 (used to measure against NICE guidance 161 on fall assessment and prevention and patient safety guidance on preventing falls in hospital) and Heart Failure 13/14 (The 14/15 report is due shortly). The detail in the audits will assist the leads to challenge the acutes at CQRM meetings. There is variation in provider performance in these audits which provides learning opportunities for the providers to identify areas of improvement.
QCG/1115/7	***C.diff* Presentation and Update** HF provided a presentation with an update on the WCCG position for *C.diff*. There has been a 25% increase locally compared to this time last year and all of three acutes are performing differently. • HF advised that the Quality Team has participated in a joint Public Health England and CCG initiative in Enhanced Surveillance of Community Associated *C.diff* infection. The aim is to collect information on the risk factors of this infection, to better understand which factors significantly influence its development, in order to inform future local initiatives and reduce the incidence overall. • The results over the period of August 2014 to September 2015 for the CCG were shared: The key indicator is antibiotic usage and admissions to hospital, that increases risk of *C.diff*. These results are reflective of the national picture. • HF reported that being part of public health project was useful, as was gaining data from local GP Practices. *C.diff* was not the primary cause of hospital admission, but the indicator for the antibiotic i.e. Pneumonia. • In response to the increase in CDI cases, WCCG have established a CDI working group, chaired by WCCG Medical Advisor. The CDI working group have developed an action plan to reduce the numbers of avoidable cases of *C.diff*. . Information packs are being sent to GP Practices to reduce antibiotic prescribing use, particularly working with GP practices that have high record of antibiotic prescribing. This information and learning will also be shared on a wider scale, through the GP learning events.
QCG/1115/8	**Quality Assurance Visits** Quality Leads provided an update on the recent Quality Assurance visits. The key findings

	were shared and discussed on the following sites: from the following visits: o GWH: Falcon ward, Dove ward, Day Therapy Unit and Coate Water Unit. o BMI Ridgeway and BMI Bath Clinic (meet and greet). o Savernake Community Hospital, Ailesbury ward. o Glenside Neuro rehabilitation o RUH Respiratory ward, Paediatrics and Oncology wards. The most frequently occurring themes from quality assurance visits year to date include compliance with infection prevention and control best practice, and serious incident reporting or management. For each quality assurance visit, a report is sent to the provider, summarising the visit and any observed areas for development
QCG/1115/9	**Update on Serious Incident Policy and Schedule** This paper was deferred.
QCG/1115/10	**Compliments, Concerns and Complaints Policy** The updated Compliments, Concerns and Complaints policy, had been sent to the committee for review. The policy had already been reviewed by the Wiltshire CCG Communications Department, Susanna Long, Governance and Risk Manager, the CCG Executive Committee and Healthwatch Wiltshire and their comments incorporated into the updated version. The committee were invited to send any comments by 10th November, it was agreed that if no comments were received by this date, that the committee would accept the new policy as presented, and agree to this being the final version for sign off.
QCG/1115/11	**Risk Register** The risk register was reviewed, and the updates that had been put forward, were agreed by the committee. New legislation regarding the threshold for Domestic Deprivation of Liberty (DOL) safeguarding order is expected to come into operation in 2017 and could have implications for the CCG. **Action:** DMcA to raise implications of the DOL's legislation change with James Cawley from the Local Authority and assess the implications and risk to CCG. **Action:** LyF to research how other CCG's are expecting to approach the changes to DOL legislation and report back to the committee. No new risks were added.
QCG/1115/12	**GP Concerns** ES and LF summarised the current mechanisms for receiving feedback through GP's. The CCG has a system of reporting through 'Grumpy and Pleased' email inboxes that collects information for the NEW and WWYKD groups. Of the 60 concerns raised by GP's in this year the most common issues across providers were (highest first): o Missing medications on discharge o Prior approval requests declined. o Missing information from discharge summaries. o Lack of, or delayed communication. **Action**: Ted Wilson has agreed to undertake a review of the 'Grumpy and Pleased' process and how the information is gathered, disseminated and used to highlight any quality or performance gaps.

	• Primary care will be a permanent agenda item in future meetings. Issues from the Primary Care Operational group will also be included.
QCG/1115/13	**Any Other Business** • The primary care and health support for refugees due to arrive in Wiltshire was discussed. The Local Authority have a named individual responsible for the care of refugees and Ted Wilson is the Lead Director responsible for the CCG. • JD reported that Looked after Children (LAC) are categorised as asylum seekers. Particular attention will need to be paid to the vulnerability issues of the refugees. **Action:** HO & DMcA will link with Ted Wilson to explore if the policy relating to LAC who are also asylum seekers could be aligned.
QCG/1115/14	**Date of next meeting** The next meeting will be held on 5 January 2016 The deadline for papers is 11 December.

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Quality and Clinical Governance Committee

Meeting Venue	Conference Room, Southgate House	Meeting: Time:	5 January 2016 09.30 – 12.30
Declaration of Interest	Members were reminded of their obligation to declare any interests they may have or any issues arising at the meeting, which might conflict with the business of Wiltshire CCG. No other declarations were made other than those already registered		

Present:		
Mary Monnington (Chair)	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
Dina McAlpine	DMcA	Director of Quality , NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Susannah Long	SL	Governance & Risk Manager, NHS Wiltshire CCG
In Attendance:		
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG
Emily Shepherd	ES	Quality Lead, NHS Wiltshire CCG
Emma Higgins	EH	Quality Lead, NHS Wiltshire CCG
James Dunne	JD	Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Julie Taggart	JT	Clinical Effectiveness Manager, NHS Wiltshire CCG
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Debbie Haynes	DH	Senior Consultant Public Health
Lynn Franklin	LyF	Adult Safeguarding Lead, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Chair for WYKKD , NHS Wiltshire CCG
Danela Adams	DA	Quality & Patient Safety Administrator (minutes)
Apologies:		
Dr Mark Smithies	MS	Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor
Louise French	LF	Quality Lead, 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
Nadine Fox	NF	Head of Medicines Management, NHS Wiltshire CCG
Alex Goddard	AG	Deputy Head of Medicines Management, NHS Wiltshire CCG

Please review the action tracker for actions arising from this meeting and progress against previous actions. Actions arising correspond to *italicised* text.

Item	
QCG/0116/1	**Welcome and Introduction** The committee were welcomed to the meeting and apologies noted. MM expressed concern at the delay in completion and issue of papers for the meeting. The need to ensure that future meetings are administered appropriately and in line with Terms of Reference was highlighted and agreed. Going forward, the new Associate Director of Quality, Sophia Swatton (joining Feb 2016) will hold operational responsibility for this meeting. To enable continuous improvement and quality monitoring DMcA invited committee members to feedback on any papers that they consider do not answer salient points or whether they believe additional assurance is required in any particular area.

QCG/0116/2	**Minutes of the last meeting and matters arising (5 November 2015)** The minutes from 5 November 2015 were agreed as a true and accurate record. The committee accepted the minutes as accurate however final sign off by MS (Chair of November meeting, not present at this meeting) was requested. **Action Tracker** The action tracker was updated. The tracker will in future, be a separate agenda item and will be distributed with the minutes following the meeting. The tracker will include target completion dates and will be updated by action owners prior to future meetings. During the course of the Action Tracker discussion it was agreed:- • *To provide a briefing on the outcomes from the AWP Serious Incident and Quality Reporting Requirements workshops for the next meeting.* • *To provide a briefing on the 16/17 quality schedule requirements for Independent hospital providers and the response to the CCG's request to these providers to conduct a self-assessment against the findings in the Patient Safety in Private Hospitals report (http://chpi.org.uk/wp-content/uploads/2014/08/CHPI-PatientSafety-Aug2014.pdf).* • *To provide a briefing papers on Deprivation of Liberty in Domestic Settings.* • *That DMcA will provide an overview of Quality monitoring and review process for the Better Care Fund.*
QCG/0116/3	**November Quality Report** DMC introduced the report. ES provided a progress update regarding the Mixed Sex Accommodation issues at SFT. A Remedial Action Plan is in place and MSA breaches continue to reduce. HF provided a progress update against the *C.diff* action plan. There are 131 forecast *C.diff* cases for the end of Q3 v 150 originally predicted. If this rate of progress continues, the final year-end position will be only 10 cases above planned threshold. Given the rise in *C.diff* cases across providers, this represents a big improvement. DMcA drew attention to the AWP section within the report – Wiltshire CCG has been working with co-commissioners looking at contractual quality reporting requirements. AWP presented changes to their data collection system in September that will improve reporting on additional quality and performance indicators and will generate additional dashboards including patient safety data at both team and ward level. Workforce and staffing issues remain a theme that is being monitored by Commissioners. Following the Mazars Report, through the Serious Incident process, the CCG will be conducting an internal review of Suicides by patients in receipt of an AWP service. The CCG will be asking AWP for a review of those cases which did not meet the SI criteria. A new 'Quality tracker' has been introduced by the AWP Director of Nursing, to strengthen quality monitoring. Co-commissioners await a review of Mixed Sex Accommodation (MSA) criteria and breaches and these will be included in the quality tracker. The CCG is monitoring a variety of indicators, which include the Safety Thermometer data and performance against AWP's the recruitment and retention plan. GWH – The CQC conducted a planned inspection of GWH acute and Community services in October. Wiltshire CCG will attend a Quality Summit run by the CQC in January, to review the findings. A senior representative from GWH will attend the January Governing Body meeting

	to give a verbal update. RUH – The RUH quality report listed a midwife to birth ratio of 1:35, an increase from 1:32. NHS Wiltshire CCG are requesting that the Trust provide assurance regarding the recovery of the ratio. Overall the number of patients/ carers completing the Friends and Family Test (FFT) has dropped, however post-natal recommendation rates have improved. The CCG have received no SIs or complaints with regard to the maternity services at the RUH. Following the Kirkup Report into Morcambe Bay, the CCG has requested all maternity service providers to conduct a self-assessment against the recommendations and findings in the repot and to share the findings with the CCG. *EH agreed to provide a summary paper of the self-assessment findings for the next Quality and Clinical Governance Meeting.* Care UK (111) – The provider is continuing to recruit to both health and clinical advisor posts although clinical staffing levels are still a concern. The end-to end call review for Quarter 2 took place in October and was attended by multiple providers. Learning was gained and actions are being addressed by the appropriate organisations. HO requested assurance regarding the increasing mortality rates at SFT. EH responded that this had been addressed with the provider at the most recent CQRM and that assurance had been received. The mortality rates data lags by some months – an improvement in the data for SFT is anticipated in approximately March 2016. CR queried whether there will be potential cuts to Public Health funding in 16/17. PH confirmed that the local authority received a £1m cut to the grant for 15/16 and that a similar cut is anticipated for 16/17. The Public Health Team is currently planning for the coming year.
QCG/0116/4	**Local Quality Surveillance Group Update and Emerging Concerns** EH explained that the local meeting alternates with the regional Surveillance group attended by representatives from Bath, Gloucester, Swindon, B&NES, NHS England as well as Wiltshire to discuss emerging concerns about providers and share intelligence across the region. The local meeting focuses on all Wiltshire providers, inclusive of Care Homes. The group monitors those care homes that are/have been experiencing difficulties and considers the steps needed to support the provider that may be necessary from both the CCG and Local Authority. EH gave an overview of local discussions and concerns and explained that there are a number of Wiltshire care homes requiring support and improvement. Wiltshire however, is not outside the national average on a population basis, in regard to the number of care homes failing any or all of their CQC inspection. The local group (which Healthwatch also attend) are currently reviewing a document produced jointly by the CCG and Local Authority that will provide an agreed process and plan in the event of a care home being placed in special measures or closing. It will also set out clear actions and monitoring in order to prevent the care home from reaching that status without earlier identification and support. Council quality teams currently support any care home in difficulties by assisting with the production and monitoring of action plans. The CCG regularly reviews those patients who have CHC or FNC funding and are resident in a care home. EH attended the inaugural meeting of the regional Care Homes Sub-group. The group is planning to collect quality metrics from Care Homes to facilitate closer monitoring outside of the CQC inspections, this will enable authorities to target emerging problems rather than

	react. The local care homes network run by the CCG will also facilitate upskilling and information sharing with care home staff.
QCG/0116/5	**CAG Update** EH provided an update on the bi-monthly CAG meeting. The CAG is undergoing a review of its role within the wider CCG and how it provides the Quality Committee with assurance. The CCG is legally obligated to ensure that commissioned services comply with the requirements of NICE Technology Appraisals (TAs) as well as provide funding for these. The CCG does not have an obligation to comply with NICE guidance (NG) although it does review both the TAs and NGs and considers the implications for the CCG. The paper described the 4 options available to the CCG for implementing a revised process for consideration of NICE guidance and asked for approval of the recommendations made. The committee agreed to approve option 4 (see below) whilst recognising the potential difficulties of close collaboration with CCG colleagues in addition to coordinated engagement with providers and surrounding commissioners. This preferred option would allow prioritisation and alignment; however, the committee would support option 3 if the preferred option 4 was not achievable before the proposed implementation date of April 2016. Option 3 - Wiltshire CCG to approve NG's, prior to implementation by providers. Option 4 – To work in collaboration with surrounding commissioners and providers to approve NGs in advance of implementation. *A revised Terms of Reference will be presented to the next meeting for ratification.*
QCG/0116/6	**Draft Annual Adult Safeguarding Report** It was confirmed for the Committee that the draft report was being presented for comment and feedback. The report was presented by LF. It covers the contract year 2014/15 and summarises adult safeguarding activity and provides an assurance update to the committee and Governing Body in relation to NHS Wiltshire CCG responsibilities for Safeguarding Adults and the Mental Capacity Act. The Care Act 2014 created a legal framework, which identifies key organisations and responsibilities for adult safeguarding. The CCG is a statutory party member of the Safeguarding Adults Board (SAB), run by the Local Authority and attends regular meetings of the SAB and any Safeguarding Adult review meetings whose focus is on identifying lessons learned for the future. Following the Jimmy Saville inquiry, the Lampard Report was published in February 2015 and recommendations from the report form part of the work plan of 15/16, focussing heavily on safer recruitment, safeguarding, training and risk assessment relating to celebrities and volunteers. The CCG is working with the LA to ensure that policies and procedures reach the required standard. The Counter Terrorism and Security Act came into effect in February 2015 and contain a duty on specific organisations to have a due regard to the need to prevent people from being drawn into terrorism. This area of responsibility is reviewed in the next agenda item. The Committee considered that the number of safeguarding investigations and DoL's applications is concerning. LF outlined that there has been a change in the process so that all alerts are captured and processed by a single team, and this has led to an increase of safeguarding investigations in 2014. The conversion rate from enquiry to investigation is 14%, however, this is not out of step with other areas. One area identified as weak, is the alerting of issues that do not meet the threshold for investigation. Self-assessment audits are being run and random deep dive audits are carried out.

The judgement given following the Cheshire West case has led to a lowering of the threshold for Deprivation of Liberty authorisation requests and has caused concern across the health and social care economy, due to the anticipated surge in applications and the resource intensive process. Following discussion, it was agreed to add this to the risk register as there is a high probability that some patients are currently deprived of their liberty without a legal framework. A risk assessment is currently being undertaken by the CCG. There are a large number of assessments waiting to be carried out and the DoLS team capacity has been increased to cope with this.

It was noted that there has been no additional funding from Government following the court judgement which resulted in a need to carry out an increased number of Deprivation of Liberty (DOLs) Assessments. The Wiltshire team (LA), initially focused on assessments which had been requested by the acute trusts, however the faster discharge process and shorter length of stay meant this was not effective. The team are now prioritising assessments for 'higher risk' patients in receipt of services within 'risky' providers. The change in the law will not impact on the speed with which the LA is able to carry out these assessments. The responsibility will fall to the Commissioner for those patients where there is an issue for a patient for whom an application has been received, but an assessment not yet carried out. The issue of domestic DoLS was also highlighted through Cheshire West for those living in supported living or other domestic setting where an individual's care is the responsibility of the State, these applications would be carried out through the Court of Protection. No further money is available through central government to support this change in case law.

The committee requested that the number of cases are clearly identified and a practical recommendation is made regarding the best way to gain assurance that applications are being carried out for individuals in a timely and appropriate process.

HO commented that GP's may not be aware that a DoL is in place or if it may have ceased. Issues around communication will need to be clarified.

MM highlighted from the report that the number of people in the DOLs team appears to be increasing but that the number of assessments being undertaken appear to be decreasing – there is a need to evidence an improved position. LF concurred and pointed out that patients are currently being 'held' in the care sector without a legal framework to do so.

In principal the committee accepted the annual safeguarding report in its draft form, however, requested that the final report which will incorporate feedback from this meeting, includes evidence of the DOLs position.

LF confirmed that this issue is on all providers' risk registers and that she believed the capacity of the team in the local authority to be the issue. MM requested that this is reflected in the report in final draft format. It was also agreed to include a summary on the practical implications of people not going forward for assessment.

DH agreed to confirm the LA plans for the number of DoLS assessments with Public Health colleagues and report back to the committee.

A paper about DoLS and the implications for both the CCG and Local Authority will be presented to the next committee by LyF. The report will detail numbers for both CCG & LA as well as future implications, practical issues and impact on families.

DMcA will liaise with James Cawley at the Local Authority regarding the organisational risks posed by the DoLS legislation.

The committee were asked to review the annual report and respond with any comments within 2 weeks.

QCG/0116/7	**PREVENT Briefing** JD outlined to the committee the responsibilities of Wiltshire CCG in respect of all services they commission with regard to PREVENT. Safeguarding is a key CCG responsibility and PREVENT is a multi-agency approach to safeguard people at risk of radicalisation and forms one part of a four strand counter-terrorism strategy. Prevent awareness has been incorporated into safeguarding arrangements by NHS England and Prevent awareness and other relevant training will be provided to all NHS employees. The CCG is required to complete a return to NHS England covering the following 4 areas: levels of training, number of cases and referrals, attendance at prevent meetings and assurance on policies in place. This will monitor performance against the standard contract/prevent duty. Wiltshire CCG will provide the report for both SFT and Community care, (to avoid duplication data from RUH and GWH will be supplied by neighbouring CCG's). Issues have been identified around training in primary care, that are being addressed by an online learning package. Prevent information will be included as part of safeguarding training offered by the CCG. The paper recommended actions for both the CCG and Primary Care. *Safeguarding leads will attend WRAP (Workshop to Raise Awareness of Prevent) training by the end of May 2016.*
QCG/0116/8	**Quality Premium Achievements** ES outlined the Quality Premium achievements to date. WCCG has achieved above the national average and performed well in relation to most neighbouring CCGs, resulting in a larger than anticipated payment. The main areas of improvement were seen in PYLL (Potential Years of Life Lost) from causes considered amenable to healthcare, avoidable emergency admissions and improving reporting of medication related safety incidents. In addition, it was reported, that in the first and second quarter of 2015/16 antimicrobial prescribing has seen a decrease and it is hoped that as a result, good improvements will be seen in *C.diff* levels going forward.
QCG/0116/9	**Risk Register** The Risk Register was reviewed. The committee agreed that following the Adult Safeguarding discussions, the implications from the changes in DOL's legislation should now be included on the register. Implications from the changes in DOLS legislation were added to the risk register.
QCG/0116/10	**Primary Care Update** EH updated the committee on work within the CCG. There is Quality team attendance at the Primary Care Operational group and weekly team meetings. The NHS England Quality report is reviewed, particularly in respect of the quality indicators. The team at WCCG would like to see these indicators further developed to make the information more meaningful and are working closely with CCG colleagues to achieve this. The low level of Serious Incident (SI) reporting in Primary Care (not a position unique to Wiltshire) has been noted and this may be due to a lack of clarity in what constitutes an SI, leading to under reporting. DMcA updated the meeting with regarding to activity being coordinated via the Academic Health Science Network to improve and quality and quality of incident reporting in Primary Care. Primary care will also be a regular agenda item at future local QSG meetings.
QCG/0116/11	**Looked After Children (LAC) Benchmarking**

	Looked after children (LAC) is a core responsibility for the CCG and safeguarding children arrangements are embedded in the CCG's Clear and Credible Plan. The paper presented to the committee benchmarked the LAC nursing service against local and national data. Children entering care tend to have more health issues than average. The service provides initial and reviewed health assessments for children in care and supports them to achieve healthy outcomes. The team work closely with the Local Authority, Primary Care, Child and Adolescent Mental Health Service (CAHMS), corporate parents, parents, foster parents and residential units in order to provide for all the health needs of the children it cares for including those placed over the Wiltshire board. In September 2015, 405 children were under the care of LAC. The health performance indicators of Wiltshire's LAC remains good and consistently high and is comparable with both local and national data. Timeliness of initial health assessments however remains a concern and an area of high priority. Capacity issues for the LAC nursing team are caused by work workload, arising from increasing work generated by care leavers and young people placed out of county. It was noted that communication with GP's could be improved as they can often be unaware of LAC coming into their area. *DH will request a letter is sent to GP's when a new LAC child enters their Local Authority Care to improve the communication system.*
QCG/0116/12	**Patient Story** Lena Pheby introduced a young person who had been through the LAC system, who spoke to those present and offered some interesting insight into the sorts of issues that can be faced by a vulnerable young person. MM offered her thanks to the individual for taking the time to speak to the meeting. Whilst there were positives, particular issues that came to light were : • the lack of support received by those aged between 18 and 21 • patient transport - particularly long waiting times and rudeness of drivers. • Issues of poor communication and lack of sensitivity/respect from staff to a vulnerable young person. *It was agreed that EH will raise the transport and communication issues with Arriva through the CQRM.*
QCG/0116/13	**Any Other Business** None was reported
QCG/0116/14	**Date of next meeting** The next meeting will be held on 8th March 2016. The deadline for papers is 19th February.