NHS
Wiltshire
Clinical Commissioning Group

Quality and Clinical Governance Committee
MINUTES

Meeting Venue	Conference Room, Southgate House	Meeting Time	26th May 2015 0930am – 1230pm
Declaration of Interest	None Declared		

Present:		
Dr Mark Smithies (Chair)	MS	Deputy Chairman of the Quality and Clinical Governance Committee and Secondary Care Doctor
Dina McAlpine	DMcA	Interim Director for Quality and Patient Safety, NHS Wiltshire CCG
Karen Littlewood	KL	Associate Director of Quality, Safeguarding Children and Adults
Peter Jenkins	PJ	Medical Advisor, NHS Wiltshire CCG
In Attendance:		
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Emily Shepherd	ES	Head of Patient Experience, NHS Wiltshire CCG
Louise French	LF	Head of Patient Safety, NHS Wiltshire CCG
Emma Higgins	EH	Patient Effectiveness Manager, NHS Wiltshire CCG
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Julie Taggart	JT	Patient Effectiveness Manager, NHS Wiltshire CCG
Danela Adams	DA	Quality & Patient Safety Administrator
Apologies:		
Mary Monnington	MM	Chair, Registered Nurse Member of the Governing Body, NHS Wiltshire CCG
Christine Reid	CR	Lay Member, NHS Wiltshire CCG
Ana Gleghorn	AG	Patient Effectiveness Manager
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG
Dr Richard Sandford-Hill	RSH	GP and Vice Chair for WYKKD , NHS Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG

Item	
1.	**Welcome and Introduction** MS welcomed everyone to the meeting.
2.	**Minutes of the last meeting and matters arising (3rd March 2015)** The Infection control link network have organised a conference to provide an update to care home nurses and practice nurses on latest developments within IP&C, including Sepsis. There has been good uptake to date with the aim to improve engagement with nurses working with the community and primary care. **Action:** Revalidation, to be included on the next study day agenda. The anticipation is that the CCG quality team will develop greater links with care homes in order to ensure that best practice and professional links are made. The IP& C team will further develop links

	within this sector to support IP & C improvements in practice and reduction of avoidable infection. IP & C and medicines management have collaborated to develop an AMR (antimicrobial resistance) presentation to support improvements in prescribing and achievement of the 2015/16 quality premium. This is being presented to the Clinical Executive team and will provide focus as a way in which to engage with primary care to address the variances in prescribing. QSG: The CCG and Local Authority attend both local and regional QSG groups to share concerns regarding quality or service delivery relating to commissioned care in Wiltshire. The local authority have raised the possibility of developing a self–audit tool for care homes to complete prior to CQC to identify areas which may require improvement. The intention is that this would be shared with commissioners who would provide advice and guidance regarding improvement measures. Discussion at the local QSG was that it was important to encourage open and honest communication with care homes. The intention would be to pilot this as a joint approach between health and social care. Safeguarding adults update given by KL. The SFT adult lead has returned from long- term leave, and KL will engage with them to clarify the data regarding levels of workforce training related to adult safeguarding. Providers have a contact sheet for Wiltshire CCG safeguarding leads that is regularly updated and are clear on the new policy who to contact in the case of an alert or query. Carried forward, There was an outstanding action on the tracker relating to 'SFT and repeat falls and RUH is not an outlier'. This action was attributed to SB who has now left the CCG. EH reviewed the action and advised the Committee that neither SFT nor RUH are an outlier for falls or repeat falls. There is existing NICE guidance regarding falls on which all providers report being compliant although on review of the National Audit, mortality associated with falls and hip fractures was flagging as an issue with Wiltshire providers. The audit looks a data available approximately a year ago and none of the acute providers serving Wiltshire patients currently have a mortality 'red flag' associated with falls. Maximising Functional Recovery was a CQUIN in 14/15 and a specific CQUIN regarding falls assessments has been agreed with RUH for 15/16 in response to the provider's determination that falls could be reduced in a similar way to that of pressure ulcers in 14/15. The Committee accepted this assurance and closed the action. DSH would like to see GP concerns and feedback articulated in this meeting for discussion on key areas. More discussion is needed regarding the more appropriate mechanism for obtaining feedback, which could also potentially be included within the monthly Integrated Quality and Performance Report. **Action**: Quality team to engage with Primary Care and determine mechanism for gathering feedback. The minutes from 3rd March 2015 were agreed as a true and accurate record
3.	**Action Tracker** See separate document. Items 89,90,91,93,95,96,78 were agreed as complete and will be removed from the action tracker.
4.	**Quality Report** DMcA provided an update on key issues within the quality report which were noted by the members of the committee.
5.	**Serious Incidents Requiring Investigation (SIRI)**

	New national Serious incident framework was published by NHS England in March 2015, which replaces previous issued guidance. The framework aims to provide clarity and consistency for providers and commissioners in relation to managing Serious Incidents, which occur in NHS funded care. The framework more explicitly defines roles of those involved the management of a serious incident, highlights the importance of transparency and focuses on the identification and implementation of improvements that will prevent reoccurrence of serious incidents. Key changes include elimination of grading, the process for managing serious incidents, and increased timescale for submission of route case analysis and initial review. The updated guidance has been reflected in the Quality Schedule for all providers. **Action** LF to discuss internal safeguarding reporting arrangements for WCCG NHS England have confirmed that they will hold a Serious Incident Workshop for both commissioners and providers, to review the new guidance and its application. However, the CCG quality team will ensure that it links with co-commissioners to update local policy and ensure that as much symmetry as possible is achieved in the interpretation and application. LF also confirmed that the Never Events list has also been revised for 15/16. Some incidents have been merged and some incidents are more specific. The new Never Events list contains 14 Never Events, compared to 25 previously. Eight previously identified Never Events do not meet the updated definition. Several other similar incidents, e.g. administration of medicines have been merged into one Never Event. https://www.england.nhs.uk/ourwork/patientsafety/never-events/ Further assurance is being sought from independent providers around unplanned transfers of care Following a recent annual report, which had been received, from one independent provider detailing on average 2 to 4 unscheduled transfers of planned care patients admitted for cold surgery to the acutes due to deterioration in their condition. The CCG has now ensured that the independent hospitals are required in the quality schedule to report quarterly on the numbers of these transfers to acute hospitals and details the reasons for this.
6.	**NICE Horizon scanning and Compliance.** It is the CAG's (Clinical Advisory Group) role to ensure that the CCG is monitoring guidance issued by NICE and to ensure this is considered appropriately in clinical commissioning activity. It is also the CCG's role to monitor provider compliance in implementing the NICE guidelines and to obtain assurance that these are being appropriately adhered to. This role is made more complicated because the providers do not currently supply information in the same format or on the same time scale. When information on compliance and associated auditing is received from providers it is used to identify good practice, learning and emerging concerns. The CSU were until April 2013, commissioned to provide a report on newly published NICE guidance and its implications to the CCG. Their reports were generic as the same report was supplied to multiple CCG's. The service has now been brought in-house by the CCG. The more recent CAG considered a proposal regarding how the CCG will monitor horizon scanning and provider compliance. The team has produced a tracking system which uses the information supplied and distributed to CCGs by Sheffield CCG ('NICE guidance reviewed by Sheffield CCG') and have developed this further to produce a bespoke, centrally held system. The new model will be managed by the Quality Team, and will ensure that feedback is obtained from GPs, Exceptions, Medicines Management, Finance, and Commissioning and Quality Teams. The CAG's role will be to review this information and to make recommendations accordingly. Each of the large providers will complete 8 assurance audits annually - 4 specific to them and 4 on a pan-Wiltshire basis with the exception of RUH who will provide 4 audits for 15/16. Quarterly compliance reports, are also received.

	The audits will allow the CAG to bring quality information together for triangulation, informing recommendations and to identify areas the CAG might want to further explore. The CAG are seeking to assure the committee that the CCG will have a robust system that supports a rigorous process to consider new NICE guidance in relation to commissioning activity and to provide assurance regarding provider implementation and compliance against NICE guidelines.
7.	**Contracting Round update re Quality Schedule/CQUINs** The Quality schedules have been completed and agreed with RUH/SFT/GWH and AWP for 15/16 with an emphasis on continuous quality improvements assurance to be evidenced through plans that reflect this. The CQUIN focus this year has been the national CQUINs, although some providers have proposed additional local CQUINs, which where appropriate, have been supported by the Quality Team. National CQUINS AKI, Sepsis and Dementia have been agreed by RUH, SFT and GWH. CQUINs 7 (reducing avoidable emergency admissions, focused on increasing the medical take through ambulatory care) & 8a (improving recording of diagnosis for patients with mental health needs at A&E) have required detailed negotiations with providers. Local CQUINs have been agreed with RUH, looking at Falls (falls assessments and repeat falls) and discharge passports (patient experience of discharge) have been agreed. The Mental Health element of the 8a CQUIN involves the recording of mental health patients coming into Emergency Departments, to then be able to implement the 8b CQUIN next year, which looks at avoiding unnecessary Mental Health admissions. The CAMHS CQUIN has focused around the transition for those moving between the Children and Adults services and the pathway is being audited. AWP are developing a local CQUIN (GP toolkit) in addition to the national schemes. All Acutes raised queries relating to CQUIN 7. Concerns focus around the potential perceived reduction in provider income if activity decreases or an ambulatory care tariff is introduced (ambulatory care patients attendances are currently changed to the CCG at full admission rate). The CCG quality team is working with providers and commissioning teams to clarify this as the tariff negotiations are separate to the CQUIN. . The main issue with independent hospitals is agreement on NRLS CQUIN reporting. SWAST & maternity schemes have been approved. Once agreed, it is anticipated the schemes will offer greater assurance than in previous years in terms of robustness and reflecting the CCG ambitions. Providers with lower value contracts are not being offered CQUINs, to reduce their reporting burden. Additional quality assurance will be sought through improved CQRM's. The providers will be paid the 2.5% of CQUIN value, which in many cases is less than the cost burden of demonstrating CQUIN achievement. KL reported that the CAMHS CQC action plan has already been implemented. The quality schedule is likely to be a strong contract next year. One area for improvement is between Primary and Tertiary CAMHS. A pathway of care around mental health for Tertiary CAMHs needs to be improved (rather than Primary CAMHs, which is more about behavioural issues).
8.	**QSG update** 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 the new CQC inspection process and associated timescales for improvement, particularly for those providers under 'special measures.' From 1st April 2015, those providers placed in special measures will be re- inspected within six months. If insufficient improvements have been made, such that the rating remains inadequate overall, the CQC will take action in line with enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or varying the terms of registration within six months if they do not improve.
9.	**Safeguarding Children** KL presented the safeguarding children's assurance report. New intercollegiate guidance on safeguarding training requirements for providers has had an impact on safeguarding training compliance, more staff now need to be level 2/3 trained, providers are reviewing their training strategies and delivery programmes. RUH and GWH are implementing their training strategies and have trajectory for completion, both RUH and GWH have brought in additional capacity to achieve compliance. SFT submitted a business case for additional capacity within the safeguarding team earlier this year, this was forwarded to Mark Harris and SFT are awaiting a response KL has attended the AWP performance meeting and is working with them to ensure that they get a named safeguarding adult lead in place. The providers report that the problem is around releasing staff for training and the CCG needs to ensure that they show in their business plan, how they can deliver the training that is required including the backfill. Training compliance is reviewed through quarterly reporting from providers and reviewed at this board through regular safeguarding governance reports
10.	**Looked after children Arrangements** The governance for LAC children arrangements was held by Public Health, until April 2014. Responsibility for Designated professionals has now moved back to the CCG with the associated funding from Public Health. There is a statutory requirement for all LAC children to receive a review health assessment on an annual basis (twice yearly for under 5's) and ensure that children have access to the appropriate services. A business case has been written with a proposal to increase the nursing service. Historically the designated doctor has one session funded and the CCG has only just had oversight for this service and this may need to be reconsidered. Current commissioning within Wiltshire is complicated and crosses more than one provider. This will be brought under a single provider in 2016, that will hopefully see an improvement of the timeliness of Initial Health assessments for Wiltshire's LAC entering care. The LAC nursing service current capacity is very good although the Wiltshire service does not have capacity to follow up any 'out of area children' (100 out of the 403 in care). There is a reciprocal arrangement to look after children who are 'out of area'. Any child in foster care is the corporate responsibility of the CCG and the local authority. Delays in initial health assessments being carried out mean that health needs of those children may therefore not be met by those caring for a child as a result of healthcare plans not available in a timely manner MS requested that future reports for LAC include metrics around the service and indicators of the blockers (other than capacity). The report should also include a few patient stories to illustrate the situation and practical information to compare Wiltshire services against other CCG's. **Action :** LP and JD to benchmark current service against comparable areas to understand staffing

	levels and performance , this work needs to be completed before business case for additional resource can be reviewed
11.	**Leadership Strategy for Designed Doctor Safeguarding Children.** This paper is for noting to set out the strategy employed to achieve the Designated Doctors and Named GP responsibilities that ensure robust safeguarding children and LAC arrangements across the health services in Wiltshire.
12.	**Safeguarding Adults** Sections 42-46 of the Care Act 2014 replace the adult safeguarding "No Secrets" guidance 2000. It places adult safeguarding on a statutory footing. The Safeguarding Duties highlighted in the Care Act also apply to The NHS and Police who become Statutory Members of the Adult Safeguarding Board. The Act places a duty on Local Authorities and partner agencies to co-operate with each other especially during Safeguarding enquiries. While the Local Authority remain the Lead agency they may require another agency to investigate concerns within their own organisation. The Act expands the categories of abuse to include domestic Violence and Modern Slavery. The CCG employs a Head of Safeguarding Adults, Mental Capacity Act and Deprivation of Liberty to support arrangements across the providers. KL assured the committee of the work of the safeguarding team in implementing the requirements of the care act.
13.	**Risk Register** DMcA reviewed the areas of the risk register. It was noted that there have been no cases put forward to the 117 panel from the LA and the department will investigate this more fully as both the Local Authority and CCG are required to ensure that individuals discharged from section 3 have their health and social care needs assessed as part of the aftercare order. **Action:** MB to investigate The continuing healthcare department have reported an increase in fast track referrals, which is being monitored to ensure that all referrals are appropriate and meet the criteria for funding. Item 14/025 can be removed as the risk is no longer relevant. New risks were identified.
14.	**Culture of Care –** for noting The Culture of Care Barometer report was published in March and was developed since Mid Staffordshire. It provides a mechanism for Trusts to measure the culture within their organisation. This tool allows for a deeper engagement with staff. The Quality team will be asking Providers through CQRM's if they intend to implement the barometer. MS asked if any of the Trusts carry out Schwartz rounds? LF confirmed that these are carried out at SFT. **Action:** Leads to enquire re use of the Barometer at CQRM's
15.	**Revalidation of Nurses –** for noting DMcA gave a brief oversight of the Revalidation of Nurses and its potential impact on organisations

	who employ nursing staff. A draft paper detailing the requirements for revalidation has been drafted and will be presented at the next Quality and Clinical Governance Committee with next steps for CCG. The CCG has been requested by NHS England to provide assurance that revalidation will be monitored internally. The implications of revalidation to the primary care workforce will be raised at locality meetings and with GP's. The CCG will be required to complete a readiness return monthly until September. Concerns are that for certain areas such as primary care and the private sector organisations e.g. private hospitals, care homes, there may be an adverse impact on capacity as those nurses nearing retirement may choose to leave earlier than anticipated to avoid revalidation. **Action:** DMcA to engage with LMC to establish what plans are in place to lessen the risks to primary care.
16.	**Any Other Business** Paper 09 NHS England Operating Model for NHS Continuing Healthcare and the Assurance Framework for Continuing Healthcare. This paper is for noting only to inform the committee of the assurance framework developed to ensure that CHC embeds the Compassion in Practice and the 6 C's.
17.	**Date of next meeting** The next meeting will be held at 9.30am on 30th June. The deadline for papers is 16th June This meeting was later postponed to 6th August.

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Quality and Clinical Governance Committee
MINUTES

Meeting Venue	Conference Room, Southgate House	Meeting Time	6th August 2015 0930am – 1230pm
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
Dr Mark Smithies	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
Dr Richard Sandford-Hill	RSH	GP and Vice Chair for WYKKD , NHS Wiltshire CCG
Susannah Long	SL	Risk & Governance Manager, NHS Wiltshire CCG
In Attendance:		
Dr Helen Osborn	HO	Medical Advisor, NHS Wiltshire CCG
Emily Shepherd	ES	Head of Patient Experience, NHS Wiltshire CCG
Louise French	LF	Head of Patient Safety, NHS Wiltshire CCG
Julie Taggart	JT	Clinical Effectiveness Manager,NHS Wiltshire CCG
Marsha Barlow	MB	Quality Manager, NHS Wiltshire CCG
Danela Adams	DA	Quality & Patient Safety Administrator, NHS Wiltshire CCG
Apologies:		
James Dunne	JD	Deputy Designated Nurse, Safeguarding Children, NHS Wiltshire CCG
Stephen Dorey	SD	Public Health, Wiltshire Council
Emma Higgins	EH	Patient Effectiveness Manager, NHS Wiltshire CCG
Dr Stuart Murray	SM	Designated Doctor Looked After Children for Wiltshire
Lena Pheby	LP	Designated Nurse for Looked After Children, NHS Wiltshire CCG
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children, NHS Wiltshire CCG

Item	
1.	**Welcome and Introduction** MS welcomed everyone to the meeting including Helen Osborn to her first meeting as Medical Advisor. MS chaired the initial part of the meeting with MM taking over as Chair from Item 3.
2.	**Minutes of the last meeting and matters arising (26th May 2015)** The minutes from 26th May 2015 were agreed as a true and accurate record.
3.	**Action Tracker** See separate document. Items 92, 97, 98,103 were agreed as complete and will be removed from the action tracker. DMcA attended a Wiltshire wide practice managers' meeting and a recent learning event at which practice nurses attended to introduce the topic of nurse revalidation, the implications for nurses and their employers. The CCG is required to provide a monthly return to NHS England in September on

	the status of readiness for revalidation to include CCG nurses and practice nurses in Wiltshire. Nurses are required to complete 40 hours of CPD over 3 years in addition to statutory training. There is currently an NHS England funded project to encourage peer reviews between practice nurses in relation to appraisals, a system similar to those for GPs. It is expected that the current system which is used to record appraisals for practice nurses will also be able to include analysis of baseline competencies and workforce. The CCG is exploring the feasibility and value of implementing an online E-portfolio system to support the capture of evidence for revalidation. **Action: To improve the understanding of some of the issues causing repeated appeals to decisions a S117 case study will be presented to the next meeting. (Refers to action 101)** RSH raised the issue of cardiology waiting times as an issue of concern for GPs. **Action: The Quality team will raise this issue with providers at performance meetings. It was noted that DMcA plans to align the quality team to better reflect the CCG work programmes which will improve communications with primary care.** Tim Burns will attend the next meeting to update the committee on the Community Stoke Early Supported Discharge Service. See Action 89 on the Action tracker. Antibiotic prescribing: HF outlined the CCG's approach to how GP practices are being encouraged to minimise broad spectrum antimicrobial prescribing. The Acute providers are being encouraged to lower their prescribing by 10% via the quality premium. The quality team is mindful that communicating the message regarding appropriate prescribing of antibiotics will require a long term approach. HO was not aware of a driver for this initiative at GP level. **Action: A task and finish group will be set up to ensure that there is dedicated approach to tackling the issue through a combination of resource from the quality team and the medicine management team.** With reference to a query regarding the number of transfers from independent hospitals to Acute providers, DMcA confirmed that numbers are reported on a quarterly basis and this will be discussed at the next meeting. The independent hospitals have all signed up to the Quality Schedule, which requires them to report on a quarterly basis.
4.	**Quality Report** DMcA provided an update on key issues within the quality report. The following items were noted:- • Workforce is a persistent theme which impacts on all areas of quality. The hotspots have shown that there are consistent issues with pressure ulcers in the community and this appears to be directly influenced by staffing levels and skill mix. The increases in the Cdiff rates will be reviewed by the infection control task and finish group. • Mixed sex accommodation at SFT in their Ambulatory Care Unit is an issue that is being monitored by the CCG and reported during the assurance meetings with NHS England. A quality visit was undertaken to review the issue in both the Intensive Care Unit and the Ambulatory Unit. A recovery plan has been requested by DMcA to establish how the Trust intends to resolve the issue. There is a proposal to review the footprint of the unit and relocate. The SFT Director of Nursing has visited other providers to see establish how MSA is avoided in similar assessment units. • Nationally there is no best practice for Safer Staffing and therefore the CCG are asking providers how they are measuring their staffing levels. It was noted that the distribution of trained nurses can be relevant in the root cause analysis of serious incidents. • The GWH SNAP thrombolysis figures have prompted a request for a stroke action plan at

	the next CQRM on areas where they are outliers. DMcA has previously requested an action plan which evidences their responses to the key indicators of poor compliance related to SNAP.
5.	**AWP Highlights and Challenges** MB gave an overview on the variety of services commissioned by the CCG from AWP in Wiltshire. DMcA gave an update on the progress made to repatriate ex WBV patients back to Wiltshire to a dedicated local provision. A more detailed presentation will be given at the next meeting regarding the new build and how it will meet the needs of these individuals. AWP were registered in April 2010 and had received 28 CQC inspections including a trust wide inspection on 14 June.. In response to the CQC reports, AWP instigated locality wide mock CQC inspections referred to as "Week In Focus' which the CCG were invited to participate. The CCG would like to see an improvement on the lack of pace and requires robust evidence and assurance that AWP are not only addressing the CQC actions but sustaining progress and embedding the learning. The focus for the CCG and co commissioners has been in driving change around serious incidents, timeliness and quality of reports, and ensuring that there is evidence of embedding the learning. Since January, the CCG has established a dedicated local CQRM. Any issues from this meeting will be escalated to the six Commissioner Quality and Performance meetings. There is a local CQC action plan and increased 'face to face' contact and quality visits are being scheduled **Action: DMcA to invite Andrew Dean (the new Director for AWP) to present on the progress which is being made locally in terms of quality improvement and the areas of focus for him in his new role at the next meeting in September.**
6.	**IP & C Highlights and Challenges** The presentation summarised the highlights and challenges for the Infection Prevention and Control Team (IP&C team). Highlights included critical friend visits to providers; infection prevention audits at GP surgeries and care homes to help them with action plans or prepare for CQC visits. A Wiltshire Infection Prevention (WIN) network has been set up to include both care homes and practice nurses to communicate good practice and encourage upskilling of care home staff. The infection control nurses have been participating in the enhanced Cdiff infection surveillance programme. The team monitor HCAI (Healthcare Acquired Infection) figures indicate that Wiltshire has seen a decrease in Cdiff infections overall, however, there has been a significant increase in the proportion of community acquired infections. The initial theory from public health regionally to explain this is due to the unsuccessful flu immunisations last year although this hypothesis is still to be proven. The team carry out enhanced surveillance and root causes analysis of incidents for both Cdiff . The team also undertake MRSA post infection reviews for all Wiltshire Community attributed cases. The IP & C team monitor Sepsis CQUIN returns. It was noted that Sepsis is a challenge and the team have been working with the formulary pharmacists to raise awareness and good practice around anti-microbial prescribing via the task and finish group. **Action: HF to circulate the presentation data to the committee**
7.	**Patient Experience – Toolkit and its Use** NHS England has developed a toolkit to support NHS commissioners to reduce the poor experience of inpatient care. This document discusses what this looks like and what it means for the CCG. 14/15 planning guidance sets out some key principles for patient experience which

	commissioners at the CCG need to include in their strategic plans. These include measurable targets to support both the CCG and providers in identifying and preventing poor patient care. The toolkit looks specifically at Ambition 5 from the CCG's strategic plan, referring to positive patient experience based on 15 questions that were asked in the annual inpatients survey. In general, the inpatient survey results are consistent but there are specific areas that continue to be a focus. The three key areas are noise at night, lack of dignity and respect and the length of time from referral to appointment. These areas correlate with complaints data and will be areas of focus in improving patient care. The team are collaborating with neighbouring CCGs to review local intelligence and feedback for areas identified as a priority for improvement. This will aid CCGs in developing plans with the individual trusts in line with priorities of both the trust and CCGs. **Action: ES will produce a paper on the priorities for Wiltshire CCG to this meeting following discussions with neighbouring CCGs.**
8.	**Mixed Sex Accommodation (MSA) Briefing** The CCG monitors this indicator on a monthly basis showing a breakdown of the breaches. The figures from GWH and RUH show no breaches in Q1. The quality team wish to ensure that there is parity of reporting across all providers and will be applying the same level of scrutiny to all contracts. SFT MSA concerns have been referred to in section 4.
9.	**SWAST QSG** This paper was for noting. The report detailed the differences between red one and red two calls and the potential perceived impact on these indicators following the introduction of the Despatch on Disposition (DOD) trial. The paper detailed the assurance process which has concluded that there is no detrimental impact to patients. The DOD trial continues, with NHSE oversight.
10.	**QSG update** 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 the new CQC inspection process and associated timescales for improvement, particularly for those providers under 'special measures' and the implications in terms of nursing home closures. As part of the local QSG the CCG and Local Authority have agreed to collaborate on a joint policy to establish the actions which both organisations will take in such circumstances to support individuals and their families.
11.	**Clinical Advisory Group Audit Programme and NICE Guidance Protocol** Two papers were presented for information that detailed the processes that have taken place through the Clinical Advisory Group (CAG). These papers explain:- a) How the CAG agreed upon the content of the 2015/16 Audit Programme which demonstrates assurance that the CCG is meeting its statutory obligations in regard to evidencing the commissioning of medicines and treatments approved through NICE Technology Appraisal. b) The protocol to be adopted by the CCG to ensure that its commissioning activities are aligned and compliant with NICE Guidance. Discussion took place around some of the difficulties regarding agreement by a number of the acute providers to the content of the Audit Programme and it was confirmed that discussions are ongoing.

	The Committee were advised that the NICE Guidance Protocol is to be launched to the CCG and that a tracker spreadsheet will be used to capture commissioning and financial information against all NICE Guidance issued. The tracker spreadsheet is also being used to note provider compliance against NICE Guidance.
12.	**Triangulation of Ward Level Quality Indicators** This item was deferred to the next meeting.
13.	**Nurse Revalidation** This paper was previously submitted to the Clinical Executive Committee. MM suggested that the GPs read The Code (Guidelines for nurses produced by the NMC). There may be issues of revalidation for those nurses who do not hold clinical roles and relevant practice for nurses employed by the CCG needs to be clearly iterated. DMcA shared her plans to set up a practice nurse development and education group and GP Practice nurses have expressed an interest in being involved in this. In some areas of the country these are run in parallel with the GP learning sessions. The committee recognised protected learning time is essential to ensure nurses achieve their required hours for training. The next step for the CCG is to collect data regarding the readiness of both CCG nurses and primary care for revalidation. This will also assist the CCG to map the gaps in workforce and forward plan.
14.	**Risk Register** The risk register was reviewed. **Action: A query was made regarding who is monitoring quality and patient safety for the Better Care Fund and DMcA agreed to raise this query at an Executive Management Team meeting.**
15.	**Complaints and PALS Process** The new complaints process was presented to the committee with a recommendation that this document is reviewed with the accompanying checklist. The Complaints team are in the process of reviewing the CCG Complaints Policy. **Action: Complaints Policy and Process to be reviewed in line with the new process and presented to the committee in November.** HO queried as to whether practices/patients should forward their complaints direct to WCCG. **Action: ES to review the process and confirm the contact details for practices and patientswho wish to make complaints.**
16.	**Review of Terms of Reference** The committee is invited to submit comments / feedback on the TOR and a draft will be submitted for approval. **Action: MM and MS, as members of the committee, agreed to review the TOR.**
17.	**Any Other Business** DMcA drew the committee's attention to a serious incident which had been reviewed by Quality Team, to establish if it met the threshold of a Never Event. The guidance document from NHS England for Serious Incidents (SIs) was noted in light of the example. **Action: DA to send RSH & HO the guidance papers for SIs**

	It was noted that a GP had contacted MS to raise a concern around young people accessing the necessary and appropriate treatment. **Action: MS to contact the GP asking for a summary of the concern so that this can be forwarded to the designated nurse to look at the issue.**
18.	**Date of next meeting** The next meeting will be held on 1 September 2015 at 0930 The deadline for papers is 15th August.