

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
 QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
 HELD ON TUESDAY 7 NOVEMBER 2017, 13.30HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:		
Dr Mark Smithies	MS	Vice Chair, Secondary Care Doctor
Christine Reid	CR	Lay Member for Patient and Public Involvement
Dr Richard Sandford-Hill	RSH	Clinical Chair of the CCG
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Linda Prosser	LP	Interim Chief Officer (<i>until 15.40hrs</i>)
Dr Toby Davies	TD	GP and Chair for Sarum
Dr Anna Collings	AC	GP and Vice Chair for NEW (Attending on behalf of Dr Andrew Girdher) (<i>until 15.40hrs</i>)
In Attendance:		
Alison West	AW	Associate Director of Quality
James Dunne	JD	Associate Director of Safeguarding, CHC and Specialist Placements (<i>until 15.00hrs</i>)
Dr Helen Osborn	HO	Medical Advisor
Lynn Franklin	LF	Head of Safeguarding Adults
Emma Higgins	EH	Quality Lead
Susannah Long	SL	Governance and Risk Manager
Nadine Fox	NF	Medicines Management Manager (<i>from 15.05hrs</i>)
Fiona Barnard	FB	Quality Lead
Emily Shepherd	ES	Quality Lead
Sharon Woolley	SW	Board Administrator
Shelley Watson	SWa	Senior Commissioning Manager (<i>observing - item 6 only</i>)
Sarah Jane Peffers	SJP	Head of Quality, Wiltshire Health and Care (<i>until 14.10hrs</i>)
Apologies:		
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Dr Andrew Girdher	AG	GP and Chair of NEW

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QCG/17/11/01	Welcome and apologies for absence MS assumed the role as Chair of the meeting. The above apologies were noted. MS welcomed everyone to the meeting, particularly SJP who joined the meeting to present on Wiltshire Health and Care's (WH&C) CQC inspection.	
QCG/17/11/02	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). (This included any relevant interests previously declared upon the Register of Interests). There were none.	
QCG/17/11/06 <i>(item moved)</i>	Wiltshire Health and Care – CQC Inspection SJP presented against the slides used at the WH&C celebration event, which had	

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	<p>focussed on their recent CQC inspection. A number of WH&C response slides had been added to provide assurance to Committee Members against performance. The CQC inspection had been planned, but it was acknowledged that these would be unannounced going forward. The WH&C inspection report was published in early September.</p> <p>SJP explained the process undertaken by CQC. The organisation was inspected against the five domains, with an overall rating of 'Good' for Safe, Effective, Caring and Responsible, and 'Requires Improvement' for Well-Led. SJP went through the headlines shown on slides 11 and 12. Two key areas had been identified for improvement. Fit and proper persons: Directors – SJP assured the Committee that appropriate evidence was now in place. Good Governance – WH&C had now been operating as a provider for a year and improvements in the governance structure had been recognised. SJP explained that WH&C were reviewing the Organisations' requirements in terms of the Clinical Director position. WH&C felt that the Clinical Director position would no longer require a medical background. Once this review was complete the role would be advertised. HO queried the innovation of continence care referred to on the 'Areas of Outstanding Practice' slide. SJP would provide further information on this direct to HO.</p> <p>ACTION: QCG/17/11/06 - SJP to provide further information on the innovation of continence care referred to on the Areas of Outstanding Practice slide.</p> <p>SJP presented the WH&C performance headline slides. There was a growing demand for services, creating financial difficulties across the system. 25% of beds were occupied by patients that should no longer be in the system, and were awaiting care packages. This was impacting upon the delayed transfer of care figures.</p> <p>WH&C had developed career pathways through their organisation. The 'Delivery Plan' shown on slide 18 supported the work with acute providers to embed the Home First pathway. Good progress had been made. The vertical items were cross cutting themes.</p> <p>WH&C were notably proud of their staff commitment and the patient centred care provided. Since the inspection, Lisa Hodgson had joined WH&C as the Chief Operating Officer, with a primary focus of reviewing the delivery structure. The clinical leadership structure will also be reviewed. The Safeguarding Children's post was also new since the inspection. For internal and external review, both quality and performance dashboards had been implemented. These were work in progress and would be used to measure improvements as well as service gaps.</p> <p>Earlier that day, WH&C staff had been informed that they would be TUPED across to WH&C from their current GWH employment. This was a positive step, and would take effect from April 2018.</p> <p>MS opened the discussion up for questions.</p> <p>RSH queried the Urgent Care 'safe' domain being marked as 'Requiring Improvement' by CQC, but on the slides patients receiving safe care had been noted as an area to be proud of by WH&C. The slides seemed to show a contradicting message. SJP explained that the quality matrix on a month by month basis evidenced the good care being provided. CQC had challenged the environment (some of which were out of WH&C's control). Triage at MIU was being reviewed to ensure the right person was giving the right care at the right time.</p>	SJP

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	<p>CR felt that public participation and engagement was not evident and questioned if WH&C Board meetings would continue to be held in private. SJP reported that part one Board minutes were made available to the public. Meetings were not currently held in public, but this would be taken back for consideration. A public participation non-executive was now a member of the WH&C Board.</p> <p>TD felt that the Intermediate Care at Home services had not been completely rolled out and were not reflected in the report. SJP explained that pockets of work across the county were progressing well in areas, the Home First pathway was working well and being measured. It was recognised that there was more work to do to ensure there is parity across Wiltshire.</p> <p>Over the last year, AW felt that a good relationship had been built between the CCG and WH&C, and reporting had improved. System wide challenges were being addressed. WH&C were particularly proactive in their support to Nurses, enabling them to develop their leadership skills and competencies.</p> <p>MS voiced the frustration of the CCG's clinical leads and commissioners concerning the lack of a more holistic, innovative system through WH&C which brought notable efficiencies. Patient's no longer requiring care needed to be moved out of the system quicker. SJP stated that WH&C were growing, which brought opportunities for innovative working. DMcA reported that recent discussions with Lisa Hodgson had raised the need to look at patient entry and exit points and caseload management. Staff capacity was an issue for innovation; this would be factored in to the structure review.</p> <p>HO felt there was a need to refocus on the patient's wellbeing and communication with primary care. The CQC reports were organisation focussed and did not track the patient pathway. SJP agreed that some areas needed to be revisited, including the SystmOne and Mobile Working areas. WH&C would not lose sight of the patient centred care approach.</p> <p>MS thanked SJP for her attendance and presentation.</p> <p><i>(SJP left the meeting)</i></p>	
QCG/17/11/03	<p>Minutes of the meeting held on 5 September 2017 The minutes of the meeting held on 5 September 2017 were approved as an accurate record, with the following amendment:</p> <ul style="list-style-type: none"> • Page two – amend STP sentence and replace 'ideology'. 	
QCG/17/11/04	<p>Matters Arising</p> <p>a) Safeguarding Adults DoLS Complex Cases Process – It was advised that the backlog of cases had been noted as a risk on the Local Authority's risk register. Providers had also been advised to note it on their risk registers. This had been escalated to the Adult Safeguarding Board.</p>	
QCG/17/11/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>QCG/17/05/08 – ONGOING QCG/17/07/06.1 - DMcA had written to respective CCG colleagues, NHS Improvement and NHS England to invite them to an initial meeting to discuss a proposal to initiate an STP wide Quality Collaborative to encourage shared learning and quality improvement. A date for the meeting was to be set. ONGOING</p>	<p>MH</p> <p>LP / DMcA</p>

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	<p>QCG/17/09/09 – An update on the LeDeR programme would be brought to the January Committee meeting. ONGOING</p> <p>QCG/17/09/12a - JD and Lena Pheby had attended the Regional Safeguarding meeting and presented cases for information. This had now been escalated to the national safeguarding agenda; a response was awaited from NHS England. The local issue continued, with an increase in asylum seekers expected. There was a disconnect with Wiltshire Council. CLOSED</p> <p>Papers had been circulated with the meeting papers in support of actions QCG/17/05/06.0 and QCG/17/09/07.1.</p> <p>FB explained that Fractured Neck of Femur (FNOF) data had been analysed from SFT and RUH; the Quality Schedule for GWH had not requested FNOF data. This had now been raised with the contract commissioners to ensure data from each acute was available moving forwards. Whilst analysing the Prompt Surgery data against the National Hip Fracture database, it was apparent that data did not correlate. Clarification was awaited. EH tabled data from the National Hip Fracture audit which demonstrated that the trusts were challenged in key quality areas.</p> <p>It was agreed that this was a wider issue to be looked into.</p> <p>UPDATE TO ACTION QCG/17/09/07.1 - A deep dive of Fractured Neck of Femur data across all providers was agreed to understand if there is a need to undertake a provider audit against Best Practice Tariff criteria. The review of the audit will be presented to CAG for discussion. The review may trigger a Quality Improvement meeting to initiate a recovery plan. To identify key actions to deliver improvement. The Best Practice Tariff Payment may be suspended if a gap in quality and performance is identified as a result of the audit review.</p>	<p>KW</p> <p>EH / FB</p>
QCG/17/11/07	<p>Quality and Clinical Governance Committee Terms of Reference</p> <p>DMcA explained that the terms of reference had been reviewed following the recent changes to roles within the CCG. The Secondary Care Doctor role would hold the Chair position, with the CCG Clinical Chair to act as the Vice Chair. The Director of Strategy role would be noted as the deputy for the Accountable Officer for when this role is appointed to.</p> <p>The Committee approved the Terms of Reference with the suggested changes.</p>	
QCG/17/11/08	<p>Quality Report</p> <p>AW went through the report, highlighting a number of elements.</p> <p>C.difficile reported infections had risen to 12 for August, but was still lower than as recorded in the same period last year and remained under trajectory. A significant amount of analysis has been undertaken with the three acutes – this has demonstrated that the infections are not usually a result of cross contamination in addition; assurance had been sought through provider winter Infection Prevention and Control Plans regarding mitigating actions to prevent and control outbreaks.</p> <p>An area of concern discussed was the safety domain of AWP, especially the high level of potential missed doses of medication and the rate of attempted suicides as well as the suicides which result in death. A deep dive in to Serious Incidents had been undertaken by the CSU; which identified a higher level of suicides for Wiltshire particularly. A deep dive of Wiltshire suicide figures was being undertaken to establish themes. The Quality Team were also attending the Public</p>	

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	<p>Health led Suicide Prevention Group to ensure risks were managed and prevention work was in place. A presentation of the deep dive results would be requested for the AWP Quality Sub Group. There was concern that the current workforce gaps in Wiltshire were impacting on the ability of the provider to demonstrate continuous quality improvement and imbed learning from incidents. However AW reported that recent visits with frontline staff had been positive and provided assurance that improvements identified through previous visits had been progressed. It was important to ensure that AWP reported all deaths through the national STEIS system. LP suggested that AWP's Chief Executive should be invited to a future Committee meeting to discuss case load management, AWP's governance structure and dealing with complex and challenging behaviour. As the Commissioner, a strategic plan containing clear and realistic service requirements and expected outcomes was required in order to effectively commission services from AWP. LP considered that the Mental Health pathway needed to be redesigned jointly, alongside the clarification of the commissioning landscape, to identify service gaps. Regular reporting should be encouraged to monitor that the service was as required. The CCG was to work with AWP to support service improvement. It was suggested that commissioners across the patch join up to align contract requirements and to enable management of the situation as a whole. LP reported that a meeting with Hayley Richards (AWP Chief Executive) was to be held on 8 November 2017 with other CCGs. This could become the forum for discussion to enable contract collaboration.</p>	
<p>QCG/17/11/09</p>	<p>Thematic Review</p> <ul style="list-style-type: none"> a) Winter Preparedness b) Flu Planning <p>DMcA explained that the paper was intended to give an overview of quality and safety through urgent and emergency care, and articulate the risks and mitigations in place over the winter period.</p> <p>EH, ES and FB talked to their comprehensive presentation, which focussed on Flu Planning, Primary Care, NHS 111, Our of Hours GP Services, Ambulance Services, Acute services, Mental Health Liaison in Emergency Departments and Community Services.</p> <p>RSH shared concerns regarding the increasing number of vulnerable practices and the GP vacancy and sickness rate. The short term support to practices in his view would be crucial; the mitigation within the report was long term. EH explained that an overarching plan was not in place, but that practices were looked at on a case by case basis to establish the nature of practice risk and the support required. RSH encouraged the use of the Clinical Hub.</p> <p>FB reported that the National Early Warning Scores (NEWS) were used by all three acutes. DMcA raised concerns that reporting from the Trusts showed that the key areas of improvement related to appropriate escalation of the NEWS. The calculation of the NEWS was not highlighted as an issue but there was a recognition that effective plans for patients led by the clinicians and communicated to the team would improve outcomes.</p> <p>The staff turnover at GWH was a concern, and its probable impact upon Delayed Transfers of Care. GWH were reported as having 800 delayed days. Patients were choosing to stay at GWH, rather than step down to packages outside of Wiltshire. This was being discussed as the choice policy was raising issues.</p> <p>ES went through the slides concerning Mental Health and Community Services.</p>	

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	<p>Referral data to Home First from GWH was in the process of being validated by WH&C. It was noted that the average contact hours for care progression was decreasing from days 2-4 to day 8-10. The key challenge for WHC at present was the ability to transfer patients from Home First to adult social care provision and case management. Actions for WH&C were shown on slide 18.</p> <p>EH introduced a draft Quality and Safety Dashboard that was being developed to sit alongside the urgent care dashboard. This would be used to identify, share and escalate key system quality and safety issues and monitor the actions taken to address system challenges. The Committee supported the development of this dashboard.</p> <p>ACTION: QCG/17/11/09 – Quality and Safety Dashboard to be further developed and implemented.</p>	EH / ES / FB
<p>QCG/17/11/14 (moved item)</p>	<p>Clinical Advisory Group (CAG)</p> <p>b) Clinical Polices</p> <p>NF presented the 10 policies as agreed and recommended by CAG, referring to the Medicines Management Update and Clinical Policy Update included in the paper.</p> <ul style="list-style-type: none"> • Private Treatment • Low Back Pain Injection Policy • Fertility Policy • Unlicensed Melatonin Statement • Dermatology Biologics Costs • Plaque Psoriasis Biologics Treatment Pathway • Potential Savings Opportunities Policy • Thyroid Hormone Replacement (T3 and T3) Statement • Erectile Dysfunction Practical Prescribing Guidance • Breast Reconstruction Surgery Policy <p>The Committee approved all policies.</p> <p>ACTION: QCG/17/11/14b - The issue of the use of photographs within the Exceptions and Prior Approval process to be an item for discussion on the next CAG agenda.</p> <p>(LP and AC left the meeting)</p>	NF
<p>QCG/17/11/10</p>	<p>Policies and Strategies</p> <p>a) Deprivation of Liberty Policy and Process</p> <p>It was agreed that this item would be circulated for an Out of Committee Decision due to insufficient time at the meeting.</p> <p>ACTION: QCG/17/11/10a - Deprivation of Liberty Policy and Process to be circulated for an Out of Committee Decision by voting members.</p> <p>b) Safeguarding Adults and Children Policy</p> <p>It was agreed that this item would be circulated for an Out of Committee Decision due to insufficient time at the meeting.</p> <p>ACTION: QCG/17/11/10b - Safeguarding Adults and Children Policy to be circulated for an Out of Committee Decision by voting members.</p>	<p>SW / DMcA / MS / RSH / CR / LP / AG / TD</p>

ITEM NUMBER		ACTION
QCG/17/11/11	Safeguarding Adults Annual Report It was agreed to defer this item until the January Committee meeting.	
QCG/17/11/12	Circle Bath – Initial Assessments and Unplanned Transfers to Acute Providers It was agreed to defer this item until the January Committee meeting.	
QCG/17/11/13	Serious Incidents It was agreed to defer this item until the January Committee meeting.	
QCG/17/11/14	Clinical Advisory Group (CAG) <ul style="list-style-type: none"> a) CAG Terms of Reference It was agreed that this item would be circulated for an Out of Committee Decision due to insufficient time at the meeting. ACTION: QCG/17/11/14a – CAG Terms of Reference to be circulated for an Out of Committee Decision by voting members. c) Clinical Advisory Group Minutes The minutes from the Clinical Advisory Group meetings held on 17 October 2017 (draft) were noted. 	
QCG/17/11/15	Risk Register SL had no further risks to note from the meeting discussion. The Committee approved the Quality Risk Register.	
QCG/17/11/16	Any Other Business There was none.	
	The meeting concluded at 15.45hrs	

**Date of next Quality & Clinical Governance Committee Meeting:
 Tuesday 16 January 2018 - 13.30–15.30hrs - Southgate House, Devizes**