

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)  
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING  
HELD ON TUESDAY 16 JANUARY 2018, 13.00HRS AT SOUTHGATE HOUSE, DEVIZES**

<b>Voting Members Present:</b>		
Dr Mark Smithies	MS	Chair, Secondary Care Doctor
Dr Richard Sandford-Hill	RSH	Vice Chair, Clinical Chair of the CCG
Christine Reid	CR	Lay Member for Patient and Public Involvement
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Anna Collings	AC	GP, Vice Chair for NEW (Attending on behalf of Dr Andrew Girdher)
Dr Catrinel Wright	CW	GP, Interim Chair for West
<b>In Attendance:</b>		
Dr Lindsay Kinlin	LK	GP, Interim Vice Chair of West <i>(until 14.30hrs)</i>
Alison West	AW	Associate Director of Quality
Dr Helen Osborn	HO	Medical Advisor
Lynn Franklin	LF	Head of Safeguarding Adults <i>(until 14.00hrs)</i>
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Susannah Long	SL	Governance and Risk Manager
Nadine Fox	NF	Medicines Management Manager <i>(for item 8 only)</i>
Emily Shepherd	ES	Quality Lead
Sharon Woolley	SW	Board Administrator
Paddy McKee	PM	Clinical Lead, Wiltshire Locality, Avon and Wiltshire Mental Health Partnership (AWP) <i>(for item 14 only)</i>
Anthony Harrison	AH	Suicide Prevention & Sign-Up to Safety Lead, AWP <i>(for item 14 only)</i>
Pete Wood	PW	Associate Medical Director, AWP <i>(for item 14 only)</i>
Karen Williams	KW	Quality Manager <i>(for item 14 only)</i>
Ted Wilson	TW	Director of Community and Joint Commissioning <i>(for item 14 only)</i>
<b>Apologies:</b>		
Linda Prosser	LP	Interim Chief Officer
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Mark Harris	MH	Chief Operating Officer
Emma Higgins	EH	Quality Lead
Dr Andrew Girdher	AG	GP, Chair of NEW

ITEM NUMBER		ACTION
<b>PART 1 – ASSURANCE ITEMS</b>		
QCG/18/01/01	<b>Welcome and apologies for absence</b> MS welcomed everyone to the meeting. The above apologies were noted.	
QCG/18/01/02	<b>Declarations of Interests</b> 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.	

ITEM NUMBER		ACTION
QCG/18/01/03	<p><b>Minutes of the meeting held on 7 November 2017</b> The minutes of the meeting held on 7 November 2017 were approved as an accurate record.</p>	
QCG/18/01/04	<p><b>Matters Arising</b></p> <p><b>a) Review of Acute Hip Fracture Data and Performance</b> The paper in support of action tracker item QCG/17/09/07.1 had been circulated with the meeting papers. AW referred to the conclusion and recommendations on the last page of the report. The review had indicated that improvement in some areas was still required and there were areas that the quality team will continue to seek assurance from providers, however national data showed that providers included within the report were performing above national performance levels.</p> <p>It was recommended that the Quality Team sought assurance from providers through routine contract meetings. Nutritional elements would also be reviewed.</p> <p>The provider claims for 2017-18 were shown under 2.2, confirming that SFT made the highest amount of claims. MS queried if this was an area that should be reviewed. DMcA explained that this had been recognised, but at the current time, staff were focusing on the stroke audit being undertaken. This would be an area that would continue to be monitored. Action on the tracker to be marked as CLOSED.</p>	
QCG/18/01/05	<p><b>Action Tracker</b> The action tracker was reviewed and updated.</p> <ul style="list-style-type: none"> <li>• <b>QCG/17/07/06.1</b> – A meeting date had not yet been set, DMcA would follow this up with LP. MS reported that he had recently spoken with Chris Bown, the Senior Responsible Officer for the STP, and had discussed the progression of the STP wide clinical policies as a best practice example. MS had stressed that such projects would help the STP achieve its goals. <b>ONGOING</b></li> <li>• <b>QCG/17/09/07.0</b> – Concerns had been raised at a previous meeting regarding the emergency transfer of patients from Circle Bath to the acutes (predominantly RUH). The Quality Team had reviewed the transfers to ensure they were appropriate and that the required pre-assessments had been carried out. Circle Bath had supported the review and had shared what was required. The transfer process had been strengthened and work was now underway to improve their NEWS compliance. Consultants now follow up each patient that has had to be transferred to an acute hospital. Upon review of the five transfers, the patients' pre-op co-morbidities were not found to be contributory to their deterioration post operatively, nor were they contributory factors in requiring transfers to acute services. AW confirmed that the team did not have any immediate concerns about the transfers. A quality visit may be carried out in the future. <b>CLOSED</b></li> <li>• <b>QCG/17/09/16</b> - DMcA reported that Looked After Children was represented upon the Board, and a sub group was also in place, reporting back to the Board. <b>CLOSED</b></li> </ul>	<b>DMcA</b>
	<b>FOR DECISION</b>	
QCG/18/01/06	<p><b>Policies and Strategies</b></p> <p><b>a) For Approval – Mental Capacity Act and Deprivation of Liberty</b></p>	

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	<p><b>Safeguards Policy and Procedure</b> This item had not been approved out of committee. It was brought back to this meeting for approval. Members agreed that it detailed a clear process to follow. DMcA requested that the appendices listed were those used as part of the toolkit, and aligned to those approved by Beachcroft. LF would ensure that the correct appendices were in place to support the policy and procedure and were approved by Beachcroft.</p> <p><b>The Committee approved the Policy and Procedure</b></p> <p><b>b) For Ratification - Safeguarding Adults and Children Policy</b> To note that the Safeguarding Adults and Children Policy was approved out of committee on 16 November 2017.</p>	
QCG/18/01/07	<p><b>For Ratification – Clinical Advisory Group Terms of Reference</b> To note that the Clinical Advisory Group Terms of Reference was approved out of committee on 16 November 2017.</p> <p><i>(13.20hrs NF joined the meeting)</i></p>	
QCG/18/01/08	<p><b>Clinical Advisory Group Items for Approval:</b></p> <p><b>a) Clinical Policies</b></p> <ul style="list-style-type: none"> <li>• <b>Low Value Medicines</b> NF reported that NHS England has published national guidance on 18 medicines which should no longer be routinely prescribed on the NHS in primary care. These medicines were split into two areas; 'blacklisted' and those that are 'do not prescribe'. The blacklist indicated those drugs that may be prescribed under exceptional circumstance through the Individual Funding Request (IFR) route.</li> </ul> <p>The CCG would now communicate this out to GP's and practices to gain their support. This could bring a potential saving of £255k to the CCG, however this would require a clear statement to be issued to Practices to confirm that the CCG would no longer be able to support these prescriptions.</p> <p>NF referred to the action plan in the paper, which identified the drug, the potential cost saving and the action.</p> <ul style="list-style-type: none"> <li>• Co-proxamol – approximately 50 patients to be a target area, bringing a potential saving of £73k. There were still three Practices prescribing this drug. A letter would be sent to Practices to confirm it had been blacklisted by NHS England and that there were also safety concerns. The link to the statement would be included in the meds management newsletter.</li> <li>• Once daily tadalafil – a potential saving of £65k against a small number of patients. A statement would again be produced to inform GPs. A letter would be sent to Practices and urologists at Bristol to state that this was no longer supported. CW advised that the CCG work with secondary care to stop the mixed messages coming from specialist advisors. More information would be issued to secondary care. Sildenafil was likely to be available over the counter from June 2018. A precedent needed to be set now to work up to it no longer being available. More information would be gathered for review during the next progress report. Consultation with Patient Participation Groups was also suggested.</li> <li>• Lidocaine plasters – a letter would be circulated to all clinicians. The three local formularies were to change to red from amber at all three hospitals.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Dosulepin – a potential saving of £25k, although this was more a safety issue than a cost one. Again, a letter would be sent to GPs. This would be shared with AWP for comment before switching patients.</li> <li>• Combination pain killers – this would be linked and referenced in the pain pathways. Pain training would be delivered through the GP learning events.</li> <li>• Trimipramine – a potential saving of £96k against 25 patients. NF requested the view of the Committee on how to move forward with this, as there were options to get patients switched. 1- GPs to use the tools and documentation to switch the patients themselves. 2 – A sessional pharmacist to go into the relevant Practices to review and switch patients. AWP could hold a clinic and have the switch carried out by secondary care. Patients would be switched to sertraline (SSRI). Members felt that perhaps both options could be trialled, or perhaps the Practice asked what option they would prefer. There was various documentation and communications to support this switch.</li> </ul> <p>Quarterly reports would be given against the progress of the action plan and the savings via CAG and the Finance and Performance Committee.</p> <p><b>ACTION:</b> QCG/18/01/08 - Quarterly reports against the Low Value Medicines action plan and projected savings to be presented to CAG and Finance and Performance Committee.</p> <p>NF reported that the team were working with AWP to support Practices, clinicians and pharmacists to reduce the use of fentanyl, the guidance had already been produced. The pain treatment element would be picked up as part of the programme of work under the STP bid.</p> <p><b>The Committee approved the Low Value Medicines proposal.</b></p> <p><i>(13.40 NF left the meeting)</i></p>	NF
<b>FOR INFORMATION AND NOTING</b>		
QCG/18/01/09	<p><b>Safeguarding Adults Annual report 2016/17</b></p> <p>The report had been deferred at the November meeting, and was circulated again for Members' information. LF referred to appendix one of the report which included the CCG's Safeguarding Adults Assessment as part of NHS England's Assurance Framework. Item six concerning the safeguarding policies and practices had since changed to green following the sign off of the policy. LK commended the use of case studies within the report.</p> <p>In answering questions, LF reported that PREVENT awareness continued, and there had been a number of PREVENT incidents raised across Wiltshire.</p>	
QCG/18/01/10	<p><b>Quality Report</b></p> <p>AW reported that c.difficile cases had increased over the last three months, especially at RUH. NHS Improvement had visited RUH in December and an action plan was progressing. DMcA added that there had previously been a Public Health England visit and that the RUH had experienced some infection and prevention control issues in the recent past. Currently there were 126 reported flu cases in the RUH which is much higher than the two other acute providers in the area. There were concerns that a Director of Nursing was not currently in post due to a secondment, the Deputy was acting up to the position. Connie Timmins, the CCG's Infection Prevention Control lead was visiting the RUH on 16 January 2018</p>	

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	<p>as part of the MADE Event and whilst there, would gain assurance regarding the effective cohorting of patients with influenza to ensure cross infection was not a risk to other patients. To date the RUH had assured that the current influenza cohort had been admitted with flu and had not contracted after admission, and this would be looked at during the visit. RUH's staff vaccination rate was at 62%, below the 70% target. Wiltshire CCG had overall reported a high flu vaccination uptake. Infection and prevention control would be a focus during the next CQRM with the RUH.</p>	
<p><b>QCG/18/01/11</b></p>	<p><b>Primary Care Quality Report</b>  The Primary Care Quality Report would also be presented to the Primary Care Commissioning Committee for information on 23 January 2018.</p> <p>Overall, the CQC ratings were good for Wiltshire. There was a notable improvement in reporting incidents across Primary Care. The GP Clinical Governance meeting now included an item to give GPs an opportunity to share learning.</p> <p>AW reported that a Wiltshire Practice Nurse Development day was to be held on 7 February 2018 in collaboration with UWE, which would update Nurses on Mentorship and Appraisals to support primary care with developing student placements.</p> <p>DMcA highlighted item nine to Members, which noted that a Quality Surveillance Group for Primary Care was to be established. The Terms of Reference had been agreed by the Primary Care Operational Group. The group would have oversight of Primary Care and focus on planning ahead and resilience of Practices. RSH felt that communication was needed to ensure that the aim and focus of the group was shared with Practices to inform them of the support available.</p> <p><b>ACTION:</b> QCG/18/01/11 - The aim and focus of the Quality Surveillance Group to be shared with Practices to inform them of the support available.</p>	<p><b>EH</b></p>
<p><b>QCG/18/01/12</b></p>	<p><b>Learning Disabilities Mortality Review (LeDeR) Programme Update</b>  ES explained that the report gave a brief overview of the progress to date on the National LeDeR Programme. Six cases were currently under review and Wiltshire had six 'reviewers' trained. The reviews were in progress, with results expected in February 2018. A report on the findings would be brought to the March Committee meeting.</p> <p><b>ACTION:</b> QCG/18/01/12 - Results from the LeDeR Programme expected in February. Report to be brought to the March Committee meeting.</p> <p><i>(14.00hrs LF left the meeting)</i></p>	<p><b>ES / KW</b></p>
<p><b>QCG/18/01/13</b></p>	<p><b>Clinical Advisory Group Minutes from the meetings held on 19 December 2017 (draft)</b>  The draft minutes from the CAG meeting held on 19 December were noted.</p> <p><i>(14.10hrs KW and TW joined the meeting)</i></p>	

ITEM NUMBER		ACTION
<b>PART 2 – DEEP DIVE</b>		
QCG/18/01/14	<p><b>AWP Serious Incidents and Suicides</b> PM, AH and PW joined the meeting for this item. Introductions took place.</p> <p>A presentation was given by AH to aid the discussion around serious incidents and suicides as recorded by AWP.</p> <p>In answering questions, AH confirmed that suicide figures were those of Wiltshire residents, not just suicides that had occurred in Wiltshire. AC queried if those patients who were only seen once were included in the cohort that was risk assessed. AC felt that those patients seen once should be included within the criteria. AH explained that 'once' had a broad definition, but they had been included in the total count of patients. Two patients who had died by suicide were awaiting an initial community assessment.</p> <p><i>(14.30hrs LK left the meeting)</i></p> <p>ES presented the CCG's data as reported on STEIS, giving a year on year comparison. There were 12 suspected suicides over 2017 to date. Concerns were expressed on the recorded root cause analysis (RCA) by AWP and adherence to internal processes and policies and a lack of adequate risk assessment. Identified issues and themes were not being adequately addressed as the same themes were reoccurring. Contemporaneous review of risks had also been identified as a concern; AWP had now joined the 'Sign up to Safety' national patient safety campaign and developed their own Suicide Prevention Strategy. The Wiltshire rate of suicide was 9.0, compared to an England average of 10.1, and the STP area of Bristol, North Somerset and South Gloucestershire (10.7) and Bath, Swindon and Wiltshire (9.4) (Public Health data). ES concluded with the three areas of focus for AWP concerning suicide prevention; person focused clinical risk assessments, person focussed clinical risk management and effective carer/family engagement in risk assessment, management and suicide prevention.</p> <p><b>ACTION:</b> QCG/18/01/14.0 – ES to share the Quality Team's suicide report with AWP.</p> <p>CW felt that these areas reflected the current culture in AWP. PM explained that they were challenging the AWP culture to ensure buy-in with all staff, but it was acknowledged that capacity and demand of recovery teams was an issue. The Primary Care Liaison Service had grown and demand had increased, but pace was being maintained. It was acknowledged by PM, AH and PW that there was a way to go to reach the high standards needed across the Trust, but the Strategy was being implemented to progress with the identified improvements. AWP were educating staff and reviewing competencies to ensure staff have the ability to work more effectively. Recording of information was key, and having some clinical intuition to raise issues further when needed. The use of technology was also another improvement to be made. AWP were working to prevent incidents, engage with patients and family members more during the treatment pathway and risk assessment, and reduce incidents across the services. It was acknowledged that peer reviews and monitoring should happen before a decision on care was made. AWP's focus on 'first time every time'.</p> <p>MS questioned how as the commissioner, the CCG could support AWP to implement the identified improvements and deliver the service required. PM wished to continue working with the CCG to understand the data, performance charts, trends and hotspots and to then challenge this together. The CCG's</p>	<b>ES</b>

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	<p>Quality Team and the Community and Joint Commissioning Team would continue to work with AWP and review the data. AWP will plan an event to engage with primary care.</p> <p><b>ACTION:</b> QCG/18/01/14.1 – AWP to share primary care liaison service (PCLS) data with the CCG.</p> <p>AH wished to improve GP engagement and consulted those GPs present on improving attendance at RCA meetings. Plenty of notice of meetings should be given and time of day to be considered. It was agreed that teleconferencing should be made available to ensure GPs could call in to the meeting.</p> <p><i>(15.05hrs KW, TW, PM, AH and PW left the meeting)</i></p>	PM
QCG/18/01/15	<p><b>Risk Register</b> DMcA talked through the Quality Risk Register.</p> <ul style="list-style-type: none"> <li>Q-15/034 – Members were reminded that although it had been agreed that the six cases were not eligible for CHC, Wiltshire Council refused the transition to social care, and refused the offer of funding without prejudice for one case. DMcA had met Graham Wilkin, the Interim Director of Adult Social Services for Wiltshire Council, last week. Graham had been involved in work completed on CHC in another region, namely Reading Borough Council and Berkshire CCG and would share this with the CCG in order to initiate a discussion on how to help address the areas of dispute. A letter had been drafted by DMcA, with input from Steve Perkins, and was to be sent to the Council from LP and Steve Perkins requesting immediate transition (within 28 days of the letter) and outstanding funding.</li> </ul> <p><b>ACTION:</b> QCG/18/01/15.0 - DMcA and CHC Team to review Reading Borough Council CHC and health and social care documentation when provided by Graham Wilkin (Wiltshire Council)</p> <ul style="list-style-type: none"> <li>Q-15/029 – The dispute process had not been agreed by the Local Authority. They had since instructed their lawyers to produce a revised process. DMcA had reviewed the process and briefly discussed this with Graham Wilkin at the meeting held last week. It was agreed to identify a Wiltshire Council staff link to progress this forward, rather than communicating directly with Wiltshire Council lawyers. A letter was to be sent from DMcA to the Council detailing the process review findings.</li> <li>Q-15/32 – The improved policy had been approved earlier in the agenda. The owner of risk was to be changed from AW to JD. It was noted that there were significant capacity issues within the team.</li> </ul> <p><b>ACTION:</b> QCG/18/01/15.1 – SL to amend risk to update owner to JD.</p> <ul style="list-style-type: none"> <li>Q-16/035 – GWH Emergency Department continued to be high risk, with 12 hour delays still being experienced. An ED dashboard was now in place; a copy would be requested to enable review of risk stratification and compliance with the SHINE checklist. It was suggested that this should also be shared with the ED Local Delivery Board. The CQRM meeting was due to be held via teleconference. The Quality Team was to review the information presented to the GWH Board to seek assurance that risks were being addressed.</li> </ul>	<p>DMcA / CHC Team</p> <p>SL</p>

