NHS Wiltshire Clinical Commissioning Group

MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG) QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 8 MAY 2018, 9.30HRS AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:		
Dr Richard Sandford-Hill	RSH	Vice Chair, Clinical Chair of the CCG
Linda Prosser	LP	Interim Chief Officer
Christine Reid	CR	Lay Member for Patient and Public Involvement
Dina McAlpine	DMcA	Director of Nursing and Quality/Registered Nurse
Dr Mark Smithies	MS	Secondary Care Doctor *(joined the meeting at 11.40hrs)*
In Attendance:		
Alison West	AW	Associate Director of Quality
Dr Helen Osborn	HO	Medical Advisor
Mark Harris	MH	Chief Operating Officer
James Dunne	JD	Associate Director of Continuing Healthcare
Susannah Long	SL	Governance and Risk Manager
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Lynn Franklin	LF	Head of Safeguarding, Adults
Nadine Fox	NF	Medicines Management Manager
Jenny Wright	JW	Health Protection/Communicable Disease Specialist, Public Health and Public Protection, Wiltshire Council
Emily Shepherd	ES	Quality Lead
Emma Higgins	EH	Quality Lead
Jenny Thompson	JT	Quality Lead
Karen Williams	KW	Quality Manager *(for item 10 only)*
Sophie Cockram	SC	Complaints & PALS Manager *(for item 9 only)*
Donna Bayliss	DB	Quality Manager
Carol Paget	CP	Quality, Complaints & PALS Administrator (minutes)
Apologies:		
Dr Lindsay Kinlin	LK	GP, Interim Vice Chair of West
Dr Andrew Girdher	AG	GP, Chair of NEW
Dr Catrinel Wright	CW	GP, Interim Chair for West
Dr Anna Collings	AC	GP, Vice Chair for NEW
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council

ITEM NUMBER		ACTION
PART 1 – ASSURANCE ITEMS		
QCG/18/05/01	**Welcome and apologies for absence** RSH welcomed everyone to the meeting as MS was late to the meeting. The above apologies were noted.	
QCG/18/05/02	**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).	

ITEM NUMBER		ACTION
	There were none.	
QCG/18/05/03	**Minutes of the meeting held on 6 March 2018** The minutes of the meeting held on 6 March 2018 were approved as an accurate record.	
QCG/18/05/04	**Matters Arising** There were none.	
QCG/18/05/05	**Action Tracker** The action tracker was reviewed and updated. **QCG/18/03/06** – AW to add information regarding the frequency and evidencing of SI reporting to the Policy - **COMPLETED** **QCG/18/03/12** – AW to include the number of clinical sessions undertaken within each practice to future Practice Workforce Survey – this was being explored. **CLOSED**	
	FOR DECISION	
QCG/18/05/06	**Clinical Advisory Group Items for Approval:** **a) Trimipramine and Dosulepin Guidance** – Trimipramine is the most expensive antidepressant, costing approx. £4,000 per patient per year with no extra benefit in efficacy – more cost effective products are available. Dosulepin is substantially less safe compared with other antidepressants. GP practices to identify patients currently being prescribed either antidepressant and discuss alternative treatments via face to face appointments. Switch strategy: Identify patients, identify suitability to switch to alternative if needed; discuss process with patient (and carers); use cross-tapering regime (or withdraw slowly) to minimise discontinuation syndrome. **b) Updated Erectile Dysfunction (ED) Guidance** – Medication can be used to successfully manage erectile dysfunction (ED) in at least two-thirds of men. Once weekly tadalifil (prescribe generically) is the second-line treatment choice in primary care. No new patients to be initiated on once daily tadalafil. GPs to identify all existing patients and switch to once weekly or PRN. At least £58,000 could be saved by WCCG if all prescriptions for once daily tadalafil were stopped. **c) Over the Counter Medicines NHSE Consultation** – NHS England has published new prescribing guidance which covers 35 minor, short-term health conditions, which are either "self-limiting" or suitable for "self-care". A self-limiting condition does not require any medical advice or treatment as it will clear up on its own – sore throats, coughs, colds and viruses. A minor illness that is suitable to self-care can be treated with items that can be purchased over the counter from a pharmacy such as indigestion, mouth ulcers, warts and verrucae. All GP receptionists and triage teams to be aware of list of specified conditions and the list should be made visible to all Health Visitors, midwives, practice managers, mental health teams and care homes. **d) Circumcision Policy** – This policy has been submitted for decision regarding the change in wording from "only" to "solely" in the following sentence; The CCG does not commission Circumcision surgery for personal, social, cultural or religious reasons and patients or their parents seeking this procedure should not be referred for CCG funded treatment. The CCG does not commission Circumcision surgery for the prevention of sexually transmitted	

ITEM NUMBER		ACTION
	diseases or where a patient is **solely** suffering from pain on arousal or interference with sexual function. **e) Exceptions and Prior approvals access to the ERS system** – The aim of this proposal is to allow the Exceptions and Prior approvals team access to the ERS system to provide a more integrated service alongside the RMC. This will streamline the referral and funding process negating the need for referrals that require funding to be returned to the GP Practice to be processed. This will increase GP Practice resilience and reduce any time delay involved as a referral will not need to be processed twice. A clear communication plan will be developed for primary care with a plan to go live in June 2018. **f) Individual Funding Requests, Prior Approval and Criteria Based Access Policy** – This policy defines the responsibilities of WCCG and the activities of the IFR and Prior Approval team. **The Committee approved these policies.**	
	FOR INFORMATION AND NOTING	
QCG/18/05/07	**Quality Report** AW presented the Quality report **MRSA** – 2017/18 has seen a reduction in the incidences of MRSA cases, with a year end total of 4 cases. This reduction meant that WCCG would no longer be required to formally undertake post infection reviews, and reflects the collaborative work undertaken across the whole of the local health economy. **C. difficile** – 2017/18 has seen a reduction in the reported cases of C. difficile with a total number of 98 cases for WCCG in comparison to 101 for 2016/17. The CCG threshold of 103 cases has not been breached and therefore no financial sanctions will be applied. **E.coli** – 2017/18 has seen a reduction in the reported cases of E-Coli blood stream infections (BSI) with 287 cases in comparison to 306 cases reported in 2016/17. The 2017/18 Quality Premium called for a reduction of at least 10% in gram-negative blood stream infections. Unfortunately, WCCG did not achieve the 10% reduction which has not been achieved by any of the CCGs across the STP. **Serious Incidents** – During February 2018, 16 Serious Incidents (SI), including 2 Never Events involving Wiltshire patients were reported onto STEIS. These incidents are now in the investigation phase. Providers have 60 days under the Serious Incident Framework to carry out an investigation and submit the report to the CCG for review. AWP were issued with a contract performance notice (CPN) in December 2017 for their serious incident management (relating to timely completion of root cause analyses). The CPN remains in place and all commissioners are working with AWP to ensure that the trajectories included within the Remedial Action Plan (RAP) are suitable, including short, medium and long term actions and work towards meeting the Trust's contractual obligations. **52 Week Incomplete Waits** – 7 were reported in February 2018. **Mixed Sex Accommodation (MSA) Breaches** – an MSA rate of 2.4 per 1000 episodes (47 cases) has been reported for February 2018 for Wiltshire patients. The rate at SFT was 7.1 per 1000 episodes, with a total of 35 breaches which occurred within the ambulatory care bay within the Acute Medical Unit (AMU). To mitigate any patient privacy and dignity concerns, "Quick Screens" are in use and DMc and ES made a Quality Assurance Visit to the AMU in April to seek	

ITEM NUMBER		ACTION
	assurance that these changes have been effective. DMcA commented that Trust anticipates that the implementation of "Quick Screens" will see a marked reduction in reported breaches. **Mortality Ratios – SHMI and HSMR (acutes)** – At SFT, despite being above "expected level," HSMR continues to decline and the absolute rate and numbers are stable. The CCG has requested further levels of assurance from the RUH regarding actions to address both coding process improvements and targeted work to review specialities and diagnosis groups which have a higher than expected recorded mortality ratio. GWH are reporting "within expected levels" for HSMR. DMcA noted that mortality rates have improved and are on a downward trend.	
QCG/18/05/08	**Quality Priorities for Main Providers** EH and ES presented the Quality Priorities for the main Providers for 2018/19. Yearly quality priorities are received in the Quality Accounts and are reviewed by the CCG. The quality team draft statements in response to the Quality Account; these statements are included in the provider's final Quality Account publication. CQUINs • STP 'Engagement' CQUIN; Stroke, Ambulatory Care Tariff • Independent providers; Always Events ES discussed that the CCG has fed back to some providers, that the quality priorities identified for 2018/19 need to be expanded outside of what commissioners see as 'business as usual,' and clearly identify what the 'quality' element is that will be focused on. **Salisbury Foundation Trust** - Identify frail older people to ensure they receive effective care and treatment and reduce the number of patients who fall and injure themselves - Improve the flow of patients through the hospital to ensure the right patient is cared for in the right place by the right team at the right time - Improve the recognition and management of deteriorating patients and treatment of adults and children with severe infections using Sepsis Six practices on inpatient wards - Improve engagement, health and wellbeing of staff **Royal United Hospital Foundation Trust** - Transitional Care; Keeping mothers and babies together and avoiding unnecessary admission to NICU. - Reducing waiting time for diagnostic tests (angiogram or endoscopy) for patients not on a ward specialising in that clinical condition. - Ensuring patients with a fractured neck of femur go to theatre within 36 hours of admission. - Listening to patients and carers and using their feedback to improve services. **Great Western Hospital Foundation Trust** - Continue to Reduce falls: Embed Falls Avoidance and Safety Rails Policy, Adopt recommendations from National falls audit from RCP. Use of Falls prevention measures - Reducing pressure ulcers: discharge paperwork, trial and roll out e-referral, wider workforce training - Acute Kidney Injury (AKI) AKI care bundle with the support of the ASK Team, develop pathways with primary care	

ITEM NUMBER		ACTION
	- Sepsis: sepsis 6 care bundles, develop care pathways primary care Improve recognition of the deteriorating patient: Move to electronic NEWS2, community care pathways **Wiltshire Health & Care** - Improvement of the governance structure, to include the purchase, development and implementation of DATIX, alongside a review of the meeting structure to support better discussion and decision making throughout the organisation - Expansion of Home First project - Developing MSK pathway - Undertake patient safety and culture self-assessment **Virgin Care Limited** - To implement the Single Point of Access (SPA) as the gateway into services - Following the implementation of the SPA to develop new multi-disciplinary pathways for the care and management of children in Wiltshire - Deliver mobile working, and review procedures around this e.g. lone working - Review all clinical space to ensure that it is child friendly and meets the needs of children and families who use it **South West Ambulance Foundation Trust** - Clinical Effectiveness of Triage within the Clinical Hubs; using a new data collection and analysis tool to understand and refine the effectiveness of clinical triage and deliver appropriate responses to patient needs. - Experience of mental health patients using 999 service. Working with partners and patients to understand mental health patient experience to inform future service developments. - Development and Implementation of Always Events; using the national framework to enhance delivery of care for a specific patient group (to be identified). **Medvivo** - Local Incentive Schemes (2.5% contract value) - Safe Transfer of Vulnerable Service Users; Medvivo will develop a process and procedure to identify and support vulnerable service users. - Meeting Service User expectations; Medvivo will survey patients about their experience of care, and attract service users to participate in further engagement work. - Clinical and operational engagement with the IUCS model; Medvivo will demonstrate evidence of engagement and collaboration with other providers (including the voluntary sector) to share IUCS model of care. - The early and rapid identification of sepsis (clinical safety); the provider will train staff in Sepsis recognition and NEWS and collaborate in the development and implementation of tools. **AWP** - Suicide prevention - Medicines optimisation - Improving the physical health of service users - Improving the health and wellbeing of staff CR asked whether the Committee would receive a paper which included each of the CCGs statements on individual provider quality accounts. This was confirmed as an agenda item for the July meeting.	

ITEM NUMBER		ACTION
QCG/18/05/09	**Complaints & PALS Report** SC presented the Complaints and PALS Annual Report for 2017/18. **Complaints** Between April 2017 and March 2018, WCCG received 118 formal complaints, which is a 44% increase on the previous year. Of these, 70% (81) have been investigated, responded to and closed. The themes with the highest number of complaints were Access to Services, Care and Treatment and Financial Issues & Policy. The highest number of complaints handled in 2017/18 relate to the CCG with 56% (66). Of these, 31 involved Continuing Healthcare, 10 involved the Prescription Ordering Direct Service and 7 involved Exceptions & Prior Approvals or IFR. DMcA asked if there is a way to record the proportion of complainants who contact the CCG again following receipt of their response. SC confirmed that, following a recent meeting with the Complaints and PALS database provider (DATIX), work is ongoing to enable the recording of more in-depth information going forward. She also confirmed that a local resolution meeting is offered whenever appropriate. **PALS** The CCG received 826 PALS enquiries between April 2017 and March 2018; this is an increase in PALS enquiries of 42% compared to 2016/17. Of these, 786 have been closed to the satisfaction of the person making the enquiry. Of the remaining 40 open cases, 4 relate to MP office enquiries and 11 are "Grumpies" or GP feedback regarding commissioned services. **Referral to the Parliamentary Health Service Ombudsman (PSHO)** The CCG makes every effort to resolve complaints within local resolution. During 2017/18 there were 3 complaints referred to the PHSO. 1 with no further action as the Ombudsman decided that there was nothing for the CCG to respond to; 1 was not upheld and 1 was partially upheld. **Objectives for the coming year** - To continue to work towards meeting complaint response times - To continue to work with providers to ensure that responses fully answer and include learning from complaints - To ensure that the 3 day acknowledgement timeframe is met - To continue to provide training to CCG staff on the Complaints and PALS process and ensure CCG staff are aware of feedback from complaints and how this information is logged and can be used to drive service improvements - To develop a Standard Operating Procedure for Complaints and PALS records management - To review and update the CCGs 'Compliments, Concerns and Complaints Policy' in line with the agreed timescales (November 2018), which was last reviewed in 2015.	
QCG/18/05/10	**Learning Disabilities Mortality Review (LeDeR)** KW presented the LeDeR report. The report provided a brief update on the National LeDeR Programme and local update on progress, highlights and challenges. Today, people with learning disabilities die, on average, 15-20 years sooner than people in the general population, with some of those deaths identified as being potentially amenable to good quality healthcare. The LeDeR Programme is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England in response to the recommendations of the confidential enquiry into the premature deaths of people	

ITEM NUMBER		ACTION
	with learning disabilities (CIPOLD). B&NES, Swindon and Wiltshire CCGs are working across the BSW STP to deliver the LeDeR mortality review programme. There are three Local Area Contacts (LAC); representing each individual CCG who work together to support the LeDeR programme and development of the steering group. A LAC training day took place in early May with the focus on assuring the quality of completed reviews. This will improve the confidence and experience of LACs in assessing the quality of LeDeR reviews and providing feedback to local reviewers. Any learning from initial reviews will be reported at the STP steering group in June 2018. CR asked if KW felt this work would eventually improve the health of people with learning disabilities in Wiltshire. KW confirmed that the learning from the premature deaths of younger people and also learning from the older population regarding what has worked well for them throughout their lives will contribute to ongoing work to reduce the mortality levels in this cohort. Following a question from DMcA regarding who makes referrals into the team, KW confirmed that these come mostly from hospitals and LD teams; however anyone can make a referral. Communications have been sent out to highlight how referrals can be made. LP asked how we know we are getting the correct volume of referrals, are we missing any and is there an indication of what is expected. KW confirmed that 269 deaths have been benchmarked in the south west and the introduction of a national repository of data is being looked at.	
QCG/18/05/11	**STP Audit Proposal** DMcA explained that the proposal shared for the meeting will go to the STP Clinical Board to facilitate the selection of a number of audits across primary and secondary care. The current priority preferences include pain, multi morbidity and polypharmacy, choice policies, turnaround at ED front door, gastroenterology, diabetes, respiratory (COPD, Asthma). DMcA is meeting with the Directors of Nursing shortly to discuss and agree which audits to focus on and RSH will raise this with medical directors at the next Clinical Board with a view to gaining acceptance in principle. EH informed the group that she had sight of a letter (which has been shared with CAG) from Christine Blanchard, Medical Director, SFT, acting on behalf of all three Medical Directors, asking that this be discussed at the STP Clinical Board. ACTION: QCG/18/05/11.0 - EH to forward copy of Christine Blanchard's letter to RSH. ACTION: QCG/18/05/11.1 - DMcA to forward copy of Audit Proposal to RSH.	**EH** **DMcA**
QCG/18/05/12	**Draft Clinical Advisory Group Minutes from the meeting held on 17 April 2018** The draft minutes from the CAG meeting held on 17 April 2018 were noted.	
PART 2 – FOR DISCUSSION		
QCG/18/05/13	**Maternity Root Cause Analysis** **Maternity Investigation**	

ITEM NUMBER		ACTION
	AW presented the report. As the result of a case involving an unrecognised pregnancy, NHS Wiltshire CCG and NHSE South jointly commissioned an independent investigation into the pathway of care and treatment from the patient's first contact with services in May 2016, up to and including her admission to an acute provider in January 2017. Providers involved included BPAS, Primary care, OOH, SWAST and RUH. The investigation was commissioned in accordance with the Serious Incident Framework 2015 guidance for Independent Investigation Level 3. **Root Cause** Patient suffered severe sepsis secondary to a prolonged obstructed labour with a stillborn macerated baby and the consequent necrotic tissue in the genital tract. This term pregnancy was undetected by the doctors that she consulted with in the last week of January. **Care and Service delivery problems identified:** 1. Pt. believed med top failure rate to be 1:1000 not 1:100 2. Pt. recalled weakly positive pregnancy test 3 weeks post top but no record of this call to BPAS 3. Discussion did not take place following emergency contraception re. return of periods or pregnancy test 4. No face to face contact in Oct or Nov 5. Pregnancy not detected at Jan visit to GP 6. GP not aware of medical top failure rate 7. 111 advice to contact GP within 24 hours not followed 8. Over reliance on assumed diagnosis of constipation **Lessons Learned:** 1. Medical ToP has a failure rate, pregnancy should be considered if unexplained amenorrhea. 2. Pregnancy is commonest cause of amenorrhea and should always be excluded even in women on the pill. 3. Telephone consultations require a different skill set to face to face consultations. Incorrect or delayed diagnosis is always a risk unless comprehensive history obtained. 4. Clinicians working in the OOH environment should have lower threshold for assessing patients face to face when they present with abdominal pain, particularly if it is severe. **Recommendations:** **Individual GP consideration** • GP's in OOH not to rely on patients diagnosis • difficulty of assessing abdominal pain via telephone **OOH considerations** • Share learning from this case re remote consultation • Clinicians should have access to GP patient record **Wider consideration** Raise awareness of medical ToP failure rate amongst GPs BPAS should ensure women know medical failure rate compared to surgical ToP DMcA and AW had visited the patient when they were drawing up the Terms of Reference for the investigation to ensure that they reflected her questions. The final report is now with the patient.	

ITEM NUMBER		ACTION
QCG/18/05/14	**Continuing Healthcare and Specialist Placement Update** JD reported that there has been significant interest nationally in the continuing healthcare (CHC) process which has resulted in an increase in local referrals into the team. The team have introduced three regular meetings with senior members of staff where performance patient flow and allocations are discussed in order to utilise the workforce more appropriately and ensure timely CHC assessment. Assessors are reporting that families have a high level of expectation around eligibility for CHC and often this is can be difficult to manage. The CHC workforce currently has a number of vacancies and new starters. A vacancy for an Operational Lead is currently being advertised. There are 1.4 vacancies within the Nurse Assessor team and three of the recently appointed assessors are new to CHC and are therefore currently undergoing a period of induction and training. DMcA explained that work will commence shortly with the local authority with the objective of producing an agreed revised operational policy in line with new guidance, to agree dispute resolution and Personal Health Budgets processes which will launch in October. In order to achieve these objectives, DMcA is exploring ways of supporting the CHC team to work on this project in order that they can also carrying on with the day to day running of CHC.	
QCG/18/05/15	**Final Safeguarding Children Serious Case Review of 'Family M'** FF presented the findings of the Serious Case Review of "family M". **Outline of case** • 5 siblings – aged 4, 6, 8, 10, 12 (at time of review period) • Historic concerns regarding neglect, emotional abuse, physical abuse and domestic abuse • Mr W found to have downloaded video images of children being sexually abused and sharing with others in chat rooms • Mr W arrested, admitted offences and released on bail; with conditions not to have any unsupervised contact with children • Joint investigation started • Delay in reviewing images due to volume of serious police investigations at the time • Further assessment by children's social care and ICPC planned but then cancelled; case held at child in need (CiN) • Mother separated from Mr W • CiN plan ceased after 12 months, despite ongoing concerns about neglect and physical abuse • Various anonymous allegations that Mr W had been seen at the family home – not substantiated • Forensic examinations established that sexual images provided evidence that one of the children had been subject to sexual abuse (17 months after images first found) • Mr W convicted and substantial prison sentence imposed **Practice features of the case** - Practitioners found it hard to challenge mum, in relation to a number of issues - for example mum said that she was treating persistent head lice in one of the children despite the evidence suggesting otherwise - Concerns about neglectful behaviour by mum were consistently raised however information often focused on the presenting issue rather than an	

ITEM NUMBER		ACTION
	analysis of the gaps in parental care and impact of this on the child - The interviews of the children were not well planned and did not involve relevant school staff who may have helped the children to feel able to "tell their story"; there was an overreliance on them disclosing **Multi-Agency findings** 1. The exponential increase in the number of men who view online child sexual abuse images is not matched by the development of knowledge of best professional practice leaving professionals uncertain how to respond and children at continued risk of harm. 2. Children need professionals to provide the best opportunity for them to be able to talk to professionals about any abuse they have experienced. The absence of a clear framework when these interviews take place outside of the established ABE process alongside the pressures to balance the requirements of evidence gathering with the need for child sensitive approaches can lead to inconsistency and unclear interview approaches. 3. Appropriate routine professional challenge and the use of escalation processes is insufficiently embedded in the multi-agency network in Wiltshire leaving differences in professional opinion unaddressed and causing feelings of "learned helplessness" which in turn makes resolution less likely. This undermines the safety and wellbeing of children and does not support action to address concerns. 4. There is a tendency for professionals to uncritically accept what parents tell them about their children in the mistaken belief that this is "working in partnership", resulting in an inaccurate description of children's needs and circumstances which are left unaddressed as a result. 5. The lack of an effective practice framework for working with neglect in Wiltshire has left professionals deskilled in their response and inconsistent in how they explicitly name child and adolescent "neglect". 6. Although there have been changes to the way in which Child in Need processes are delivered in Wiltshire there appears to be continued evidence that they lack the rigor and focus seen in child protection processes with the result that there is insufficient analysis of children's needs. This can result in plans which are incident-led and not focused on addressing the concerns they were tasked with. In addition, there is insufficient care or thought given to the role and place of parents within the CIN meetings which has the capacity to undermine their effectiveness. DMcA asked why the many referrals made were not monitored. FF explained that each referral had been looked at on its own merit and no-one looked at the whole picture. There was a high turnover of social workers and each one new in post was looking afresh at each referral and, if they did not meet the threshold, they were not recorded. DMcA asked what the current position was and FF confirmed that all the children were now in foster care or living with their fathers. EH reported that there has been feedback from GP practices that they are making referrals but these are not meeting the threshold and are therefore not being taken further and there is a danger that GPs will stop referring.	

ITEM NUMBER		ACTION
	DMcA suggested a further audit of the MASH should take place. JD highlighted the need for all calls to be logged, regardless of whether they meet the threshold. CR highlighted her concern that 6 social workers had been involved in this case over a short period of time and there seemed to be little continuity.	
QCG/18/05/16	**Two Safeguarding Adult Reviews – Patients A and B** DMcA reported that one of these cases has been embargoed and therefore both cases will be brought back to the next meeting. ACTION: QCG/18/05/16 – Safeguarding Adult Reviews to be brought to the July Committee meeting. *(11.40hrs MS joined the meeting)*	**LF**
QCG/18/05/17	**Risk Register** DMcA updated that is hoped to resolve the lack of agreement regarding eligibility recommendations for six CHC cases with Local Authority before the next meeting. ES updated that AWP have revised their timetable for completing RCAs for serious incidents; this has been brought forward from April 2019 to August 2018. There was nothing to add to the Risk Register.	
QCG/18/05/18	**Any Other Business** There being no other business, the meeting concluded at 11.50 hrs.	

Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 3 July 2018 - 13.30–15.30hrs - Southgate House, Devizes