

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
HELD ON TUESDAY 3 JULY 2018, 13.30HRS AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:		
Dr Mark Smithies	MS	Chair, Secondary Care Doctor
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
In Attendance:		
Alison West	AW	Associate Director of Quality
Dr Helen Osborn	HO	Medical Advisor
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Susannah Long	SL	Governance and Risk Manager
Lynn Franklin	LF	Head of Safeguarding, Adults
Nadine Fox	NF	Medicines Management Manager (<i>until 13.55hrs</i>)
Emma Higgins	EH	Quality Lead
Sharon Woolley	SW	Board Administrator
Apologies:		
Emily Shepherd	ES	Quality Lead
James Dunne	JD	Associate Director of Continuing Healthcare
Jenny Thompson	JT	Quality Lead
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Dr Andrew Girdher	AG	GP, Chair of NEW
Dr Catrinel Wright	CW	GP, Interim Chair for West
Dr Richard Sandford-Hill	RSH	Vice Chair, Clinical Chair of the CCG
Linda Prosser	LP	Interim Chief Officer

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PART 1 – ASSURANCE ITEMS		
QCG/18/07/01	Welcome and apologies for absence MS welcomed everyone to the meeting. The above apologies were noted.	
QCG/18/07/02	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). <ul style="list-style-type: none"> Item 15 – Care Home Project Update - CR and DMcA declared that they were both Trustees of Warrington Homes Ltd. It was agreed by MS that they could continue to participate in the meeting as the item was for update only on the care home project. The meeting was quorate.	

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QCG/18/07/03	<p>Minutes of the meeting held on 8 May 2018 The minutes of the meeting held on 8 May 2018 were approved as an accurate record.</p>	
QCG/18/07/04	<p>Matters Arising</p> <p>a) Wiltshire Health and Care – Meetings in Public CR questioned if Members were aware of any progress made on Wiltshire Health and Care (WH&C) holding their meetings in public. It had been suggested to Chris Weiner in May 2017. It had also been raised at their CQRM. DMcA had requested that CR be involved in their engagement work, but no contact had been received.</p> <p>ACTION: QCG/18/07/04 - DMcA to follow up with Wiltshire Health and Care on the progress of holding their Board meetings in public, following the suggestion to Chris Weiner when he attended the Q&CG Committee meeting in May 2017.</p>	DMcA
QCG/18/07/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>QCG/18/05/11.1 - An audit proposal letter had been sent to all Directors of Nursing. Final clarification was needed. ONGOING</p> <p>All other actions were marked as closed or completed.</p>	DMcA
FOR DECISION		
QCG/18/07/06	<p>Clinical Advisory Group Items for Approval:</p> <p>b) Adjunctive Bisphosphonates NF reported that CAG had considered the use of ibandronic acid in a one a day tablet form, or a twice yearly infusion of zoledronic acid. CAG recommended the use of the single tablet form for the first line; reducing the need for the patient to attend hospital. SFT were already using the drug. A clear message would be given to all acutes to encourage the use of the oral drug; and a twice yearly infusion of zoledronic acid as the second line if the first was not tolerated.</p> <p>The Committee approved this policy.</p> <p>a) Research Policy and Procedures NF explained that this Policy had been put forward by the UK Policy Framework for Health and Social Care Research Group to ensure the CCG complied, and encouraged the conduct of trials within primary and secondary care.</p> <p>NF advised that a log of trials was kept by the Medicines Management Team to gather evidence to provide regular reports back to the Research Group. It had previously been found that some trials then led to increased prescribing cost pressures, as patients and GPs chose to use the new drug. The policy gave the CCG the framework to be able to challenge and raise questions.</p> <p>The Policy had been sent to the Wiltshire, BaNES and Swindon CCGs for approval. CAG had confirmed their support of it.</p> <p>MS raised concerns over the lack of control of the data gathered through</p>	

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	<p>the trials. The implications for the NHS were inadequately covered by the Policy. There were no reservations over the conduct of the trials and gathering patient consent. Only the company and the Practice involved had sight of data, it was not shared with the CCG. It was felt that this Policy did not help with this.</p> <p>AW suggested that a specific Wiltshire appendix could be added to the Policy or terms of trial could be considered to state what the CCG would expect to receive. It was acknowledged that the Policy could not be amended. The CCG would also continue to gather the evidence from the trials and the effect upon prescriptions.</p> <p>The Committee approved this policy.</p> <p><i>(13:55hrs NF left the meeting)</i></p>	
QCG/18/07/07	<p>Quality and Clinical Governance Committee Annual Report</p> <p>AW presented the annual report for the Committee, which outlined the Committee's responsibilities as a sub-committee of the Governing Body and its activity over 2017-18.</p> <p>The Committee approved the annual report.</p> <p>The approved report would be presented to the July Governing Body meeting for information.</p>	
FOR INFORMATION AND NOTING		
QCG/18/07/08	<p>Quality Report</p> <p>AW highlighted the following from the June Quality Report:</p> <ul style="list-style-type: none"> • Two new reported cases of MRSA bacteraemia at the RUH, which were currently subject to a post infection review by the provider. The cases had been within the Intensive Therapy Unit (ITU). A new part time clinical lead had been appointed for Infection and Prevention Control which would provide strengthened clinical leadership. • C.difficile – case themes predominately relate to the use of antibiotics over the winter period. • Referral to Treatment – breaches due to capacity constraints and the impact of the reduced elective activity over the winter period. A significant back log at the RUH had been reported at its recent CQRM. GWH had experienced a similar situation. All patients underwent a clinical harm review completed and to date no patients have come to harm as a result of the delay in treatment. • Fractured Neck of Femur operations – performance deteriorated to 72% overall. EH explained that this was predominantly at the RUH. SFT had already identified their issues and had put plans into place. • The visa cap had been lifted which would aid recruitment. It was noted that the vacancy figures shown for AWP were Wiltshire only figures. <p>ACTION: QCG/18/07/08 - EH to amend report template to state that vacancy figures reflect those in Wiltshire only.</p>	EH
QCG/18/07/09	<p>Primary Care Quality Report</p> <p>EH explained that the report had already been presented to the Primary Care Commissioning Committee.</p>	

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	<p>MS queried the low submission rate of Friends and Family Test data. EH explained that it had deteriorated for Wiltshire, but this was also the national picture. Feedback had been given to NHS England concerning how the system was not user friendly. Patient Participation Groups should also be encouraged to provide feedback to NHS England as part of their consultation on this. The Quality Team plan to prioritise Practices to work with to improve their reporting, making it easier for them and to ensure they got value from the feedback. Practices could then share their learning with others. Practices were required to collect, but not report data.</p>	
<p>QCG/18/07/10</p>	<p>Quality Accounts AW confirmed that the paper was a reflection on the providers quality accounts.</p> <p>CR felt the layout of the report was not easy to follow, and mentioned that Dorset CCG's review of SWASFT Quality Account used a good format that should be considered in future.</p>	
<p>QCG/18/07/11</p>	<p>CQUINS Summary Report 2017/18 and Outline for 2018/19 EH explained that the report listed the national CQUIN schemes mandated to the CCG by NHS England and the three local schemes in place. The CCG had slightly adapted two – the schemes concerning discharges from ED and staff flu vaccinations – amendments were in recognition of the different starting place compared to other areas nationally.</p> <p>The table on page four indicated the level of achievement for each provider, and where continued focus was required.</p>	
<p>QCG/18/07/12</p>	<p>Deprivation of Liberty Update LF talked to the update paper. An implementation planning meeting held on 20 April 2018 had identified three work elements and cases; high priority cases (3), current continuing healthcare (CHC) patients (60) and new cases. 40 CHC patients would require an assessment of capacity.</p> <p>It was expected to take between three and five working days to process each case depending on the complexity. This will have a significant impact on the teams who are case co-ordinating; 78% of cases are case managed by CTPLD. For this reason the plan is to spread the processing of applications over the rest of the financial year.</p> <p>The finance implications would be included within the next report. A cost of £150k would be added to any case if they went to court. This would be raised with the Finance Team to ensure they were aware.</p>	
<p>QCG/18/07/13</p>	<p>Draft Clinical Advisory Group Minutes from the meeting held on 19 June 2018 The draft minutes from the CAG meeting held on 19 June 2018 were not available. These would be brought to the September meeting.</p>	
PART 2 – FOR DISCUSSION		
<p>QCG/18/07/14</p>	<p>Safeguarding Adult Reviews – Patients A and B DMcA informed Members that a further three cases had been put forward for review. Cases C, D and E would be brought to the Committee when appropriate.</p> <p>LF talked through her presentation to brief Members on two recent safeguarding</p>	

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	<p>adult reviews undertaken by the Wiltshire Safeguarding Adults Board, providing the background information and learning from each and the key themes and recommendations.</p> <p>The learning from adult A:</p> <ul style="list-style-type: none"> • Incorrect assumptions had been made concerning the patient's decision making ability • The Mental Capacity Act had not been applied correctly – noticeable factors had not triggered consideration of an assessment • Communication between agencies was patchy – and transfer between units was identified as a risk factor. • The patient had been deemed to be self-funding because the package of care was so small the persons contribution would have been more than the cost of the care, this was an error and contributed to the patient refusing increased care package. • The safeguarding process had been triaged as requiring case management. • Self-neglect responses are not well understood <p>The learning from adult B:</p> <ul style="list-style-type: none"> • Assumptions were made – agencies referred for a mental health assessment and assumed it had been carried out; there was no follow up on the referral. • Referral by the Police to mental health services was not followed up • The request for practical support was ignored – there had been a focus on the financial aspect. The package of care did not reflect the needs of the individual. • No multi agency risk assessments were undertaken and no multi-agency meetings were held. • Lack of escalation process to Senior Managers and information not shared <p>LF reported that both reviews highlighted the poor application of the Mental Capacity Act 2005.</p> <p>A briefing document of the learning had been prepared for practitioners to consider; feedback was to be provided to the Wiltshire Safeguarding Adults Board.</p> <p>An Adults Multi Agency Safeguarding Hub (MASH) was soon to be launched to process all referrals and share good practice and knowledge. The CCG would be funding a band 7 nurse to work with the MAS team, support triage and ensure an appropriate response for health concerns. Details of the MASH needed to be well promoted to raise awareness of it. LF highlighted the new high risk behaviours policy as well as the escalation process for escalating concerns about the safeguarding process.</p> <p>ACTION: QCG/18/07/14.0 - Review cases C, D and E to be brought to the Committee when appropriate.</p> <p>ACTION: QCG/18/07/14.1 - Details of the Safeguarding Adults Multi-Agency Safeguarding Hub (MASH) to be brought to the Committee when applicable.</p>	<p>LF</p> <p>LF</p>
QCG/18/07/15	<p>Care Homes Project Update</p> <p>EH talked through her comprehensive presentation, and first explained the need for the 'Cathedral' Care Home Project. The CQC ratings for care homes indicated the need for improvement. In conjunction with the CQC Surveillance Group, the</p>	

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	<p>four areas of focus had been defined; Care Planning, Safeguarding and Mental Capacity Act, Medicines Management and Staffing.</p> <p>The learning from Vanguard's had been incorporated into the project. Early recognition of deterioration would be a key work stream. The project is also intended to increase confidence among care home staff and show where they fitted into the structure of support and the wider system. The CCG data and the learning from Vanguard's had been reviewed in parallel and had led to the establishment of the project. There was a trend of increased admissions across the Sarum area. Admissions were predominantly due to infections.</p> <p>The aim of the project was 'To build on successful local and national initiatives in order to promote and enable safe and effective care for care home residents, through a person centred approach'.</p> <p>Three key project workstreams were in place:</p> <ol style="list-style-type: none"> 1. Implementation of the Hospital Transfer Pathway – this referred to the 'red bag scheme'. National guidance had now been released. The CCG had already commenced this scheme, which would be further progressed with care homes as part of this project. Red bags were to be used by care home staff to transport patient belongings with them in the event of admission to hospital, along with their Care Plan. This bag would then be passed onto A&E staff to ensure they had correct documentation. It also provided consent for the care home staff to engage with the hospital and to arrange the discharge process. It was hoped this would help reduce their length of stay in hospital, and improve patient experience. The key to its success was in the quality of care planning of what was to be included in the red bag. Wiltshire CCG was spending time to engaging with partners such as GP's, care homes, Wiltshire Health and Care, to agree the type of assessment. Templates, red bags and training would be provided to care homes in due course. 2. Implementation of the 'To Dip or Not to Dip' project – This would raise awareness amongst care homes, documents would be provided to support staff managing this within the home and address the number of unnecessary attendances and admissions from nursing homes due to Urinary Tract Infection. 3. Workforce Capability Development – As part of this workstream, there would be a focus on the learning from the project to ensure it was shared and the project continuously improved. Wiltshire stakeholders, such as the Wiltshire Care Partnership, CQC, Healthwatch and the local authority, would be involved in the development and engaging with providers. Workstreams one and two would be the first to be implemented; this third workstream would be progressed at a later stage. <p>MS supported this quality improvement project, and the joint approach elements with the local authority. He suggested a structural change may be needed to sustain the project; a Multi-Disciplinary Team may need to be set up. Some funding was to be given to Practices to support sustainability, but outcomes would need to be seen.</p> <p>The Cathedral Care Home Project was to first engage and focus its support with care homes in the Salisbury area. The 'Plan, Do, Study, Act' (PDSA) cycle would be followed to then rapidly upscale the project. A Project Manager was to be recruited. Regular reports would be provided to the Committee.</p>	

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	<p>ACTION: QCG/18/07/15 - EH to bring care home project update to an appropriate future Committee meeting.</p>	EH
QCG/18/07/16	<p>Serious Incidents Report AW presented the report in the absence of JT, which included serious incidents recorded 1 April 2017 to 31 March 2018.</p> <p>AW suggested that these reports be aligned with the deep dive focus for the meeting, indicating the learning from the incidents reported and asked what else the committee would find useful. MS responded that learning that hadn't been captured elsewhere should be included.</p>	
QCG/18/07/17	<p>Risk Register SL advised that there was nothing from the meeting that required a note on the risk register.</p> <p>DMcA talked through the five quality risks:</p> <ul style="list-style-type: none"> • Q-15/029 – A meeting had been held on 28 June 2018 of local authority and senior CCG representatives. It had been agreed that a dispute resolution procedure would be developed. A CHC Programme Board is to be established, which would link in with the STP. The priority was to ensure Wiltshire had the policy and procedure in place first; it would then be rolled out to the STP. This risk would be removed when the policy had been agreed. • Q-15/032 – Not progressed • Q-15/034 – The six cases had been discussed at the joint meeting held on 28 June 2018. Further details were awaited from the local authority. • Q-16/035 – DMcA proposed that this risk now be closed. There had been no further 12 hour trolley breaches reported. • Q-17/036 – Improvement by AWP had been noted. On completion of the trajectory in August 2018, the risk could be removed from the register. 	
QCG/18/07/18	<p>Any Other Business</p> <p>a) Primary Care Clinical System HO wished to raise the problems being experienced by Primary Care staff on the use of SystemOne, and the slowness or regular unavailability of the system.</p> <p>EH advised that this had been raised as a serious incident through STEIS and it had been flagged with NHS England, who were working with the CSU to raise the themes with SystemOne. Other GP's had raised the issue through the Primary Care Operational Group and the Joint Executive GP meeting. Patient stories concerning their access would help as feedback.</p> <p>EH was aware that the line speed for Practices was being reviewed. EH would link with Steve Perkins who was leading the review.</p> <p>ACTION: QCG/18/07/18.0 - EH to link with Steve Perkins on the issues raised concerning the speed and function of SystemOne.</p> <p>b) September Committee Meeting MS questioned if the September Committee meeting could be changed to 11 September, as he would be unable to Chair the meeting scheduled for</p>	EH

FINAL RATIFIED MINUTES

ITEM NUMBER		ACTION
	<p>4 September.</p> <p>ACTION: QCG/18/07/18.1 - SW to look into the possibility of rescheduling the next Q&CG Committee meeting.</p> <p>The meeting concluded at 15.32 hrs.</p>	SW

**Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 4 September 2018 - 13.30–15.30hrs - Southgate House, Devizes**