

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
HELD ON FRIDAY 7 SEPTEMBER 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:		
James Dunne	JD	Associate Director Safeguarding , Continuing Healthcare and Specialist Placements
Dr Helen Osborn	HO	Medical Advisor
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
Alex Goddard	AGo	Deputy Head of Medicines Management (for items 6a and 17b)
Jenny Thompson	JT	Quality Lead
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Jane Murray	JM	Designated Nurse, Safeguarding Children
Emily Shepherd	ES	Quality Lead
Emma Higgins	EH	Quality Lead
Connie Timmins	CT	Quality Manager and Infection, Prevention and Control Lead <i>(for item 7)</i>
Sharon Woolley	SW	Board Administrator
Gill May	GM	Observing - Executive Nurse - Swindon CCG
Lisa Harvey	LH	Observing - Director of Nursing and Quality - BaNES CCG
Apologies:		
Lynn Franklin	LF	Head of Safeguarding, Adults
Susannah Long	SL	Governance and Risk Manager
Nadine Fox	NF	Head of Medicines Management
Mark Harris	MH	Chief Operating Officer
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

ITEM NUMBER		ACTION
PART 1 – ASSURANCE ITEMS		
QCG/18/09/01	Welcome and apologies for absence MS welcomed everyone to the meeting, especially GM and LH, guests from neighbouring CCG's observing the meeting. The above apologies were noted.	
QCG/18/09/02	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).	

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	<p>There were none declared.</p> <p>The meeting was quorate.</p>	
QCG/18/09/03	<p>Minutes of the meeting held on 3 July 2018 The minutes of the meeting held on 3 July 2018 were approved as an accurate record.</p>	
QCG/18/09/04	<p>Matters Arising</p> <p>a) Research Policy and Procedures MS reminded Members that the Policy had been approved at the last meeting, but concerns had been raised over the lack of control of the data gathered. MS had fed back these concerns to the University Research Manager, especially regarding how patient expectations are managed in relation to being able to continue on an unlicensed drug following the end of a trial. AGo agreed to act as the lead in NF's absence if required to assist with the research questionnaire. Prescribing costs would be monitored for those Practices involved in the research. Medium term solutions would need to involve Bath.</p> <p>ACTION: QCG/18/09/04 – AGo and DMcA to discuss next steps concerning the monitoring of the research and prescribing costs.</p>	AGo / DMcA
QCG/18/09/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>QCG/18/05/11.1 – DMcA confirmed that the proposed audits had now been finalised. Wiltshire CCG would share these with Swindon and BaNES CCGs, and the letters and audits would be sent out to providers. CLOSED</p> <p>QCG/18/07/04 – DMcA advised that Wiltshire Health and Care Board meetings were held in two parts, one in public and one in private. Public papers were published upon the website. CLOSED</p> <p>QCG/18/07/14.0 – Safeguarding Adult Review 'C' was expected to be available for Committee review in November. Cases 'D' and 'E' to be brought to the January meeting. ONGOING</p> <p>QCG/18/07/15 – It was hoped that the Care Home Project Manager role would be appointed to on 10 September 2018. An update to the Committee would then be scheduled in. ONGOING</p> <p>QCG/18/07/18.0 – EH confirmed that she had made Steve Perkins and Jagjit Mandair aware of the SystemOne functioning issues. Digital workstreams were in place to take these issues forward and further raise them at a national level. EH was satisfied that this action had been dealt sufficiently by the Quality Team. It was suggested that Jagjit Mandair be invited to attend a future Committee meeting when there was a update on the matter. CLOSED</p> <p>All other actions were marked as closed or completed.</p>	<p>LF</p> <p>EH</p>
	FOR DECISION	
QCG/18/09/06	<p>Clinical Advisory Group Items for Approval:</p> <p>a) Managing Patients with a High International Normalised Ratio on Warfarin in Primary Care</p>	

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	<p>AGo explained that protocols were already in place to manage this set of patients, but the document provided clear guidance on the categories and the dosage of Vitamin K. GP's were required to stock Vitamin K, a number of pharmacists also held stock under the emergency access to drugs scheme.</p> <p>The Policy had been reviewed by the Clinical Advisory Group on 21 August 2018, and came recommended for approval.</p> <p>The Committee approved the policy.</p> <p>b) STP Wide Standard Operating Procedure and Terms of Reference for Clinical Policies</p> <p>DMcA advised that the documents for the STP Clinical Working Group had been developed in collaboration with BaNES and Swindon CCG's. These had been reviewed by the Clinical Advisory Group on 21 August 2018, and were recommended for approval. It was noted that there was further work to do to agree how this would logistically be managed and the staff resource required to implement the Working Group.</p> <p>GM added that GP's had been involved in the development and were assisting with the pull together of the resource template. A paper was to be presented to the STP Executive to review capacity. The procedure would be implemented from 1 October 2018.</p> <p>LH queried the need for an independent Chair referenced in 2.3 of the paper. The Committee agreed that MS would Chair the first meeting. The Committee discussed the role being rotational between BaNES, Swindon and Wiltshire CCG's. The terms of reference would need to be amended to reflect this if implemented.</p> <p>MS felt this was a great piece of collaborative working that will work towards driving down unwanted variation.</p> <p>HO wished to flag the complexities of bringing this complicated area together. A joint pathway needed to be adopted. HO suggested that an overarching public facing statement would be useful to explain the reason and benefit of these areas being brought together to oversee policy development and adoption. DMcA advised that this could be the first item the new Working Group considered. The Group would have a rolling programme of policies to review. Wiltshire already had in place 16 of the 17 policy areas required. It was acknowledged that this would be an ongoing review process, but work was already underway and timescales planned in to ensure stakeholder involvement and consultation.</p> <p>The Committee approved the STP Wide Standard Operating Procedure and Terms of Reference for Clinical Policies.</p> <p><i>(14.00hrs AGo left the meeting)</i></p>	
QCG/18/09/07	<p>Infection, Prevention and Control Annual Report</p> <p>CT talked to the report, which outlined the challenges faced, an overview of provider compliance and the progress against the CCG's IP&C (Infection, Prevention and Control) Strategy for 2017/18.</p> <p>ACTION: QCG/18/09/07 - Patient story video link to be circulated to Committee Members.</p>	CT

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	<p>Wiltshire had performed well over the year. CT highlighted the following from the report:</p> <ul style="list-style-type: none"> • A reduction in MRSA blood stream infections – four cases recorded • C.difficile cases reduced from 101 in 2016/17 to 98 over the reporting period. • A national Quality Premium had been set for 2017/18 to reduce E-Coli by 10%. Wiltshire had achieved a 6% reduction, but remained lower than the South West average rate and England's national average. SFT had been instrumental in reducing infection rates for Wiltshire and had received a letter from NHS Improvement to congratulate them on their performance in this area. The learning from them would be shared. The good work would be further built upon at an STP level. • Last winter had been a significant challenge for the system regarding Flu. The South West had been hit the hardest, but Wiltshire had managed the season well. Vaccination uptake had improved. There had been 34 outbreaks, 31 of these within care homes and acute providers, but these had been managed well. The Transforming Care for Older People teams held the gold standard. The STP Flu Review meeting had been well attended and had looked at the options for 2018/19, the key messages for communication and increasing vaccination rates, especially amongst pregnant women and children. Planning was underway with Public Health, NHS England and the Local Authority for the forthcoming winter period. Flu screening of ED admissions would be further encouraged for next winter. EH advised that a standardised data set and a flu discharge leaflet was being prepared for Primary Care use. • The difficult Carbapenemase Producing Enterobacteriaceae (CPE) outbreaks had been dealt with well in collaboration with BaNES CCG and Somerset CCG. There was an opportunity to input into the national CPE toolkit. <p>Referring to the Quality Report, MS questioned the two reported MRSA cases at RUH in May 2018. CT advised that the final report was awaited from the IPC Team, but it was known there had been an issue with documentation of MRSA status and decolonisation of MRSA. MS noted that dwell times on the central line could be a root cause. The STP was looking at the post infection reviews; the reviews identify root cause and actions to be taken causes and actions. This was an on-going collaborative working across the STP for E-coli gram negative blood stream infections.</p> <p><i>(14.15hrs CT left the meeting)</i></p>	
	FOR INFORMATION AND NOTING	
QCG/18/09/08	<p>Quality Report</p> <p>DMcA highlighted the following from the August Quality Report, which were discussed by exception.</p> <ul style="list-style-type: none"> • Eleven 52 week wait breaches reported in June 2018. This was to be discussed with colleagues across the STP and NHS England to review the harm and impact of the delay on patients. • It is considered that there's a disparity in reporting of pressure ulcer by providers, which in part is due to the SI framework being open to interpretation on when a 'cluster' incident should be reported. The CCG will work with CCG colleagues across the STP to • Staff turnover for SWAST had increased in May and June, this had been raised through contract meetings. EH advised that SWAST had extensive 	

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	<p>recruitment and retention plans. Enhanced support was in place for staff. A full scale review of the staffing model had been undertaken across the region. It was acknowledged that appropriate resources were being dispatched to support patients.</p> <p>a) Update from Recent Clinical Quality Review Meetings ES, JT and EH talked through the presentation and highlighted the following:</p> <ul style="list-style-type: none"> • Wiltshire Health and Care – the provider had taken the decision to temporarily close six beds in Ailesbury ward due to feedback received from Oxford Brookes University students. As a result of the feedback a safeguarding alert was raised. The ward was also undergoing a ‘Transformation Plan’ whereby WH&C’s intention is to move from a 26 bedded medical model, to a medical and therapy model. This plan was to be presented to EMT on 10 September, and would then require sign off by the WH&C Board and the CCG Governing Body in due course. WH&C have confirmed that the six beds that have been temporarily closed will re-open on 5 November, supported by agency staff. • Virgin – community paediatrics; due to prolonged community paediatrician vacancies, Virgin are reviewing the support provided to the team and have recruited nurses to support reviewing the backlog. A consultant led model has been commissioned. Staff resources to support the Looked After Children work was notably low. • AWP – A serious incident Contract Performance Notice (CPN) was in place. The trajectory of 90% of route cause analysis reports to be submitted to commissioners in August had not been met (67%). Three months of sustained performance needed to be recorded before it was closed. There had been three Health Based Place of Safety (HBPoS) breaches across the STP footprint. The Swindon and Salisbury HBPoS temporary closures were being evaluated. • SFT – The hospital standardised mortality ratio had reduced and an improvement had been recorded through the fractured neck of femur initiative. • RUH – Six ward areas had been flagged in the safety triangulation matrix. A diagnostic remedial action plan was in place. • GWH – A CQC visit was in progress. Three never events concerning reconstruction plates had been recorded for Swindon, Gloucestershire and Sheffield patients. The Trust are in the process of reviewing all patients who have undergone an ORIF repair since 2007 to identify any other potential cases at GWH. • Integrated Urgent Care – The quality schedule and KPI’s had been agreed with Medvivo during contract award. The reporting format against these was being jointly developed. 	
QCG/18/09/09	<p>Update on Stroke Collaboration EH talked through the presentation and reported that there had been good engagement in the Stroke Quality Improvement work. Two collaborative meetings had been held to date, with a third being planned for October and further events scheduled for March 2019. An STP stroke CQUIN was in place, which focussed on engagement.</p> <p>Work plans from providers were being reviewed. Octobers collaborative was to focus on the therapy skill mix within the three acutes and WH&C to ensure achievement against the Sentinel Stroke National Audit Programme (SSNAP). Improvements on the SSNAP data log were being seen.</p>	

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	<p>ACTION: QCG/18/09/09 - Feedback concerning the therapies work within the three acute providers and Wiltshire Health and Care to be provided at the November Committee meeting.</p>	<p>EH / Donna Bayliss</p>
<p>QCG/18/09/10</p>	<p>Academic Health Science Network Update Hard copies of the presentation were tabled and noted. It informed Members of the CCG's involvement in the Academic Health Science Network workstreams.</p>	
<p>QCG/18/09/11</p>	<p>Safeguarding:</p> <p>a) Wiltshire Safeguarding Adults Board Annual Report 2017-18 The Committee noted the Annual Report.</p> <p>b) Adults Multi-Agency Safeguarding Hub (MASH) Briefing JD reported on the progress of the formation of the Adult MASH and the joint working of health, social care and the Police. Recruitment was underway for a Band 7 Nurse to support this work, who would co-ordinate the key activity and look at how to work together to measure outcomes. It would bring a key change in the way of working of partners. The triage function would be managed by the network.</p> <p>ACTION: QCG/18/09/11b - Update on Adults Multi-Agency Safeguarding Hub to be brought to the January Committee meeting.</p> <p>c) Adult and Children Safeguarding Referral Themes JM and FF talked through the presentation and the Wiltshire Safeguarding Children Board (WSCB) Annual Report. In March 2018, Wiltshire had 360 children on a Child Protection Plan which was in line with other similar counties. Wiltshire has a large cohort of armed forces families (approx 8.6%) and this is due to increase significantly with the repatriation of overseas personnel and their families. Benchmarking information and detail was included in the annual reports.</p> <p>Child sexual exploitation cases took a significant time resource and there was a multi-agency team within the Local Authority called The Emerald Team which works specifically with children where there are concerns about sexual and criminal exploitation. Exploitation and County Lines (drug dealing from large urban areas into the country using children as runners) are likely to be the focus of the next Joint Targeted Area Inspection (JTAI) and it is anticipated that there may be a Wiltshire inspection in the near future. The annual report flagged that there were 563 children reported missing over the last year, these were individual cases, not 'missing episodes'. Information should be shared with GP's about children on their case load who are, or become, Looked After Children. GM advised that Swindon Practices were using the Arden's system to flag LAC in the area. Wiltshire was in the progress of implementing this system, although it had been flagged that accuracy of the Arden's system had become an issue.</p> <p>JM and FF presented themes from referrals into the MASH. Quarter four saw 459 contacts made by health services of which approximately a third convert to assessments by Children's Social Care. There were a number of discrepancies raised which required further evidence relating to whether referrers received an outcome from their referral. The Children's MASH report that they have a notification rate of 96% which does not correlate with the experience of health referrer's. SFT have collected data as has a</p>	<p>JD</p>

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	<p>GP surgery which will enable the Designated professionals to check out whether notifications were appropriately sent. A further theme was around the uncertainty of what information from referrers was recorded on the MASH system. Both issues will be taken to the WSCB quality assurance subgroup which meets later in September.</p> <p>JM and FF informed the committee about the two pending Serious Case Reviews for Wiltshire. One child aged 12 months who died in August, cause of death not established but a long history of concerns around neglect and previous injury in a non-mobile child. The other case related to a 16 week old child with extensive brain damage following a probable shaking incident.</p> <p>ACTION: QCG/18/09/11c - Children Safeguarding – Designated Professionals to take concern about notifications following referral to MASH and the recording of information to the WSCB quality sub-group and complete a deep dive on cases provided as to whether outcome information was shared with the referrer.</p> <p>d) Wiltshire Safeguarding Children Board Annual Report 2017-18 The Committee noted the Annual Report.</p>	JM / JD
QCG/18/09/12	<i>Item removed from agenda prior to meeting.</i>	
QCG/18/09/13	<p>Quality Premium 2018/19 Update Paper – Quarter One Report The Committee noted the report.</p> <p><i>(15.00hrs AGo re-joined the meeting)</i></p>	
QCG/18/09/14	<p>Clinical Advisory Group Minutes from the meeting held on 19 June 2018 and 21 August 2018 (draft) The minutes from the CAG meeting held on 19 June 2018 and the draft minutes from the meeting held on 21 August 2018 were noted.</p>	
PART 2 – FOR DISCUSSION		
QCG/18/09/15	<p>Continuing Healthcare Briefing The paper circulated in advance of the meeting was as presented by DMcA to the Joint Commissioning Board on 26 July 2018, and was shared with the Committee for information and in support of the presentation.</p> <p>JD talked through the presentation and highlighted the following:</p> <ul style="list-style-type: none"> • There had been over activity through Fast Track • Referrals initiated through Funded Nursing Care (FNC) (5.61%) was low against the national average of 20.11%. None had been received from AWP. There was a high self-funder rate. Good Local Authority co-operation was required. • The Cluster table of CHC Eligibility showed that Wiltshire had one of the lowest eligibility rates. <p>ACTION: QCG/18/09/15.0 - CHC referral rates for clusters to be identified.</p> <ul style="list-style-type: none"> • The CHC conversion rate had dipped in quarter four due to delays in decision making, but this had now increased to 27% for quarter one of 2018/19. • There had been improvement in the referrals exceeding 28 days, but there was still considerable work to do. 	JD

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	<p>Previous internal auditors, PwC, had undertaken a CHC review in January 2018. JD referred to the findings and updated Members on the actions in place to address these. The Local Authority was now actively involved through the implementation of the Programme Board, working together to improve areas. Lay Members involvement was required in specific focus groups that would inform the process and Programme Board. Policy updates were underway. The joint procurement for the Help to Live at Home service went live this week.</p> <p>ACTION: QCG/18/09/15.1 - Update from CHC Programme Board to be brought to the January Committee meeting.</p> <p>Wiltshire was working with BaNES and Swindon CCGs to look at 'commissioning at scale', CHC would be aligned with this and the learning shared.</p>	JD
QCG/18/09/16	<p>Serious Incidents Report</p> <p>JT reported that four serious incidents had been recorded by SFT relating to delayed treatment and missed cancer diagnosis. The CCG's Serious Incident Panel have reviewed these four cases and requested clarification from the Trust.</p> <p>Interim assurance and mitigations had been put into place by SFT, but the CCG would not close these incidents until the requested clarification points have been received and full assurance gained. Learning from these cases would be taken forward and shared with the wider system.</p> <p>The report was an interim report for information and discussion. A final report would be brought to the November Committee meeting.</p> <p>ACTION: 18/09/16 - Final serious incidents report to be brought to the November Committee meeting.</p>	JT
QCG/18/09/17	<p>a) Risk Register</p> <p>DMcA talked through the risk register:</p> <ul style="list-style-type: none"> • Q-15/029 – This would be resolved through implementation of the Dispute Policy once it was finalised. This risk would then be removed. • Q-15/032 – This issue was being discussed at STP level to ensure progress. Wiltshire was to share the Beachcroft toolkit across the footprint. • Q-15/034 – There had been agreement on transition of three cases to Local Authority funding, but the remaining three remained in dispute. Health needs were unmet. • Q-16/035 – This risk was to be closed. <p>Lack of communication and sharing of information between the Children's MASH and GP's was raised as a potential risk to note on the register, it was agreed to first see the impact of the Arden's system and the audit. GM reported that the learning from the Ofsted inspection on the Swindon Children's Safeguarding Board may be beneficial to Wiltshire.</p> <p>EH reported that the guidance concerning flu vaccination supply ordering had changed for the coming winter, with it limited to one supplier. The vaccination supply for Wiltshire had not been ordered within sufficient time, so there may be an inadequate supply. This was a significant risk to note on the register.</p> <p>ACTION: QCG/18/09/17a - Flu vaccine risk to be added to the Quality Risk Register to record the possible risk of inadequate vaccine supplies for</p>	SL / EH

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	<p>Wiltshire.</p> <p>b) Valproate Risk The use of Sodium Valproate by pregnant women had been linked to birth defects and developmental disorders in children, and had been identified as a national risk. A national alert had been raised to review any patients prescribed the medication.</p> <p>AGo reported that the Medicines Management Team had been working with GP Practices to identify patients requiring a review by a specialist. There was a risk in the waiting time for this secondary care review, especially at SFT due to their neurology capacity. The Arden's template has been used to support practices identify patients, further discussions with AWP were required to ensure vulnerable patients were being followed up as a matter of urgency.</p> <p>ACTION: QCG/18/09/17b - Alex Goddard to update the mitigation section of the risk register.</p>	AGo
QCG/18/09/18	<p>Any Other Business The was no other business.</p> <p>The meeting concluded at 15.30 hrs.</p>	

**Date of next Quality & Clinical Governance Committee Meeting:
 Tuesday 6 November 2018 - 13.30–15.30hrs - Southgate House, Devizes**