NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
HELD ON TUESDAY 13 NOVEMBER 2018, 11.30HRS 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 Richard Sandford-Hill	RSH	Vice Chair, Clinical Chair of the CCG
Dr Catrinel Wright	CW	GP, Interim Chair for West
Dr Muhammed Rehman	MR	GP, Interim Vice Chair of West
Linda Prosser	LP	Interim Chief Officer *(from 11.40hrs)*
In Attendance:		
Dr Helen Osborn	HO	Medical Advisor *(from 11.40hrs)*
Alex Goddard	AGo	Deputy Head of Medicines Management *(for item 6)*
Jenny Thompson	JT	Quality Lead
Jane Murray	JM	Designated Nurse, Safeguarding Children
Emily Shepherd	ES	Quality Lead
Emma Higgins	EH	Quality Lead
Susannah Long	SL	Governance and Risk Manager
Sharon Woolley	SW	Board Administrator
Julie Murphy	JMu	Observer – Medicines Management Technician *(for item 6)*
Apologies:		
Dr Fiona Finlay	FF	Designated Doctor, Safeguarding Children
Debbie Haynes	DH	Senior Consultant Public Health, Wiltshire Council
James Dunne	JD	Associate Director Safeguarding , Continuing Healthcare and Specialist Placements

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	PART 1 – ASSURANCE ITEMS	
QCG/18/11/01	**Welcome and apologies for absence** MS welcomed everyone to the meeting. The above apologies were noted.	
QCG/18/11/02	**Declarations of Interests** Members were reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the Wiltshire Clinical Commissioning Group (CCG). (This included any relevant interests previously declared upon the Register of Interests). There were none declared. The meeting was quorate.	
QCG/18/11/03	**Minutes of the meeting held on 7 September 2018** The minutes of the meeting held on 7 September 2018 were approved as an accurate record with the following amendment: • Page 3 – item 6b – paragraph 3 – amend to read "The Committee discussed	

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	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". MS felt that it was not the role of this Committee to agree a rotational Chair for the STP Clinical Working Group and requested this is reflected in the September minutes. Several Members of the Committee did not support the concept of use of short term rotational Chairs, and suggested that the role be in place for a minimum of 12 months to ensure consistency. EH advised that a Deputy Chair from a different CCG had also been proposed.	
QCG/18/11/04	**Matters Arising** **a) Continuing Healthcare Cluster Referral Rates** The Continuing Healthcare (CHC) referral rates were significantly low for Wiltshire in comparison to the other areas listed. DMcA advised that work to improve this was ongoing. A series of Wiltshire wide training for front line practitioners had been undertaken, led by the consultants commissioned to develop and support CHC improvements. Five sessions had been held to date, a further five are being planned, jointly funded by Wiltshire Council to continue to capture front line practitioners. Avon and Wiltshire Mental Health Partnership (AWP) and Specialist Nurses were especially being encouraged to refresh their CHC knowledge to support their referrals. Wiltshire Health and Care (WH&C) had been engaged in the training. Good feedback had been received following the sessions. *(11.40hrs – LP and HO joined the meeting)* There were significant quality improvement outcomes against the CHC programme; growth had also been included in the CHC budget. There were no QIPP programmes associated with CHC. MR felt that some GPs were unaware of CHC and the guidance was not clear. DMcA explained that links were being made with GP's and Community Nurses to ensure they were aware of CHC and eligibility. The CHC paperwork such as Checklist and Fast Track referral was a standard national template which cannot be altered however the internal documentation was being reviewed as part of the CHC programme to make this as easy to understand and use as possible; the new documents would be launched soon. A CHC Programme Board, joint with Wiltshire Council, was now in place. ACTION: QCG/18/11/04a.0 - An update on Continuing Healthcare to be brought to the January meeting. ACTION: QCG/18/11/04a.1 - An update on Continuing Healthcare referral figures to be brought to the March meeting. ACTION: QCG/18/11/04a.2 - Continuing Healthcare Programme Board minutes to be shared with Members.	**JD** **JD** **JD**
QCG/18/11/05	**Action Tracker** The action tracker was reviewed and updated. **QCG/18/07/15** – The October Care Home Project Report would be shared with Members. Arrangements for the Care Home Project Manager role were being finalised. Contingency arrangements were being put into place in the meantime because of the unexpected delay in recruiting to this role. An update would be	**EH**

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	given at the January Committee meeting. **ONGOING** **QCG/18/09/04 -** Alex Goddard and DMcA to progress this area of work. **ONGOING**	**AGo / DMcA**
	FOR DECISION	
QCG/18/11/06	**Clinical Advisory Group (CAG) Items for Approval:** **a) Gluten-free (NHS)** AGo explained that public engagement had been carried out leading up to the change in this policy. Prescribing would be restricted to bread and mixes only, in line with national changes from December 2018. The CAG recommended this for approval. **The Committee approved the Policy.** **b) Qutenza - Do Not Prescribe** The CAG recommended support of the statement to not prescribe Qutenza in Primary Care. **The Committee approved the Statement.** **c) Sativex - Do Not Prescribe** The CAG recommended support of the statement to not prescribe Sativex in Primary Care, irrespective of indication. There were very few patients in Wiltshire prescribed to Sativex, who would now be reviewed. **The Committee approved the Statement.** **d) Free of Charge (FOC) Medicines Schemes** The Regional Medicines Optimisation Committee had ratified this paper. Wiltshire CCG was requested to adopt it as a local policy. The CAG recommended adoption of this policy. **The Committee approved adoption of the Policy.** **e) Continuous Glucose Monitoring Adults** **f) Continuous Glucose Monitoring Paediatrics** The policy recommended specific criteria for real time continuous glucose monitoring and flash glucose scanning, with details within the adult and children policies to inform acute trusts. The spend per acute was different at each; a caveat had been included to monitor patient numbers. Rachel Hobson was reviewing benchmark data. EH advised that CAG had recommended that a business case was to be prepared and considered by EMT. Adoption of this policy would then be discussed by the Joint STP CAG. **g) Freestyle Libre Policy** EH advised that the clinical policy had been recommended for approval by CAG, but noted that finance information was pending at the time of paper circulation. DMcA advised that EMT had discussed adoption of this policy at their meeting on 12 November 2018. Work would commence with the Finance Team to enable a full sign off of the policy. LP stated that the pilot could not commence until outcomes and finance implications were confirmed to understand the scale and pace.	

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	MS felt that the policy approval and implementation process needed to be clear, especially when it concerned investment from the CCG. A flow chart was to be devised to indicate when a business case was first required to be approved by EMT. **h) Dynamic Lycra Splinting and Lycra Suits for Children with Cerebral Palsy** MS advised that this only involved a small number of patients. Evidence was not available due to the small case load. Expert clinicians were using dynamic lycra garments on a case by case basis, alongside other services. The CAG recommended this policy for adoption. **The Committee approved adoption of the Policy.** **i) Clinical Policy Change to an Ophthalmology Diagnostic Threshold** **j) Ophthalmology Clinical Reference Group** EH advised that the paper presented a case for changing the current upper range of intraocular pressure (IOP). CAG had agreed the change, but pending financial approval. Andy Jennings was to discuss the financial implications with EMT before the change was implemented. *(12.05hrs – AGo and JMu left the meeting)*	
	FOR INFORMATION AND NOTING	
QCG/18/11/07	**Quality Report and Assurance** **a) Queries Arising** The following elements from the Quality Report were highlighted: • C.Difficile – The number of cases for 2018/19 for the same period for 2017/8 were the same. Connie Timmins, the Infection Prevention and Control Lead for the CCG was working closely with the acute providers and Primary Care. There was good primary care engagement in the re-established Task and Finish Group. The team were also actively working with Medvivo. Wiltshire CCG antimicrobial usage was the highest in the South West North area. • E-Coli – There were some inconsistencies in recording from acute providers. The levels were increasing. This is one of the CCG targets contained within the Quality Premium indicators. National collaborative work was underway, and locally across the STP footprint. • Serious Incidents and Never Events – There were four cancer delays recorded (plus one being reported today). The AWP reported suicide rate had appeared to increase however Serious reports were not being released within the agreed timeframe. A Contract Performance Notice had been issued for their serious incident management in December 2017, which was to remain in place until the agreed trajectory of 90% compliance to a 60 day timescale was met for three consecutive months. There were also 52 week breaches at AWP. No serious harm to patients had been reported. • The Midwife to Birth ratio was below threshold and showed as red across the STP for quarter one of 2018/19, although average for the region. • WH&C had improved their level of reporting – but concerns remained for the number of falls being recorded on inpatient wards. WH&C were progressing with their action plan following an audit undertaken on Longleat Ward. An update would be given at their next Contract Performance and Quality Meeting.	

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	• CCG Workforce Lead – The CCG was to interview for this position – which would focus on the workforce strategy and link with the STP. **b) Current Issues** The following items as noted on the presentation were raised and discussed: • South West Ambulance Service Foundation Trust (SWASFT) – an all-commissioner call had been held to escalate concerns because SWASFT has reported an incident stacking risk (rated 25). There will be a Single Item Quality Surveillance Group (QSG) meeting to further discuss this risk. A deep dive of serious incidents was to be carried out. The risk profile of SWASFT was to be further understood. Data shows that 20% of calls were classified as life threatening across the area at any one time. SWASFT had implemented some changes; including the broadcasting of urgent calls across all resources, including those on protected meal breaks, welfare checks and action plans were in place. Implementation of the mitigations could reduce the risk from 25 to 15 (as reported by SWASFT). • Integrated Urgent Care – the service operates STP wide, with Wiltshire as the lead Commissioner. The serious incidents reported by Medvivo were being reviewed; themes included the call system, documentation and clinical record keeping, GP triage and NEWS/SBAR and handover. The Quality Team was working with Medvivo on their reporting format. There were also some medicines management issues to resolve; a Task and Finish Group were starting to address these. • Cross Plains Surgery – there were concerns about the GP resilience and care delivery model and staff training. It had been raised during a CQC visit. This had been discussed by the QSG, working with Healthwatch Wiltshire and the Local Medical Committee. A whistleblower had also reported concerns over lack of safe and effective wound care – this had opened a serious incident. • Serious Incidents – 12 suicide serious incidents had been recorded at AWP, and three never events had been recorded across the acute providers. **i. AWP Regulation 28 Briefing** The briefing was noted. **ii. Wiltshire Health and Care Ailesbury Ward Transformation Plan Briefing** ES reported that the Ailesbury Ward had reopened under the new model on 12 November 2018. The briefing was noted.	
QCG/18/11/08	**Clinical Advisory Group Minutes from the meetings held on 16 October 2018 (draft)** The draft minutes from the CAG meeting held on 16 October 2018 were noted.	
PART 2 – FOR DISCUSSION		
QCG/18/11/09	**Glenside** DMcA provided a verbal report on a situation that the CCG were working on, to ensure Members were informed. Concerns had been initially raised by an anonymous whistleblower in relation to Glenside Manor Healthcare Services Limited based in South Newton. Since the change in ownership to the Raphael Hospital Group a gradual decline in the workforce numbers had been evident, with a high staff turnover and use of	

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	agency. Significant concerns had been raised via the whisteblower. Staff competency levels, particularly in relation to ventilator and tracheostomy care had been previously requested by the CCG but not supplied by the provider. The CCG undertook an unannounced visit on 2 November, which upheld some of the concerns raised by the whistleblower. CQC had revisited to carry out another hospital and care home inspection. The CCG was ensuring that there were no immediate patient safety concerns. Daily calls were being held with CQC, NHS England, Local Authority and regional lead. The CCG ensured that a team of reviewers had attended the provider and completed initial reviews for all health funded individuals. A number of patient care issues had been identified, including poor documentation, adherence to the Mental Health Capacity Act and best interest process, and a concern that a number of residents were at risk of being deprived of their Deprivation of Liberty Safeguards. There was a lack of assurance that care was not being adequately provided to sectioned residents and outcomes of patients were not being followed up. LP and DMcA with senior representatives from the Local Authority met with the owner on 12 November 2018, to discuss the concerns and confirmed that all concerns this had been communicated in writing from the commissioners to the owner. At WCCG request each CCG who commission placements at Glenside were requested to undertake their own review of the individuals they placed at Glenside. This was an on-going area of concern which was being closely monitored and was on the CCG risk register. Further updates would be shared when appropriate.	
QCG/18/11/10	**Safeguarding:** **a) Annual Report on the Health of Looked After Children 2017-18** JM presented the Looked After Children (LAC) Annual Report in the absence of Designated Nurse of LAC, Lena Pheby. JM reported that there had been a 42% compliance against the timeliness of undertaking Initial Health Assessments (IHAs). There were team capacity issues noted, the team was not currently fully recruited to. The high increase in unaccompanied asylum seeking children was impacting upon the team and its case load. Those refugees without an adult needed to be provided with appropriate care and translators were required to assist with each complex case. JM reported that the CCG had appointed to the Designated Doctor of LAC role, which would be in post from January 2019. It was recognised that there had been a substantial time without this strategic role in place and it was acknowledged that there would be significant work for the post holder to do. The Committee wished to invite the LAC Designated Doctor to regularly attend meetings, but acknowledged that the post holder would need time in the role before seeking improvement and change and to be involved in meeting discussion. ACTION: QCG/18/11/10a - LAC Designated Doctor to be invited to regularly attend the Committee (from March 2019).	**JM**

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	At its meeting held on 26 November 2018, EMT had approved a review of commissioned LAC services. The review will take place over a six month period and will look at existing services and scope LAC services in other areas where there is evidence of good practice. The review has already identified its schedule and will conclude with business case options for the LAC service. In answering questions, JM explained that IHAs were first reviewed by the GP and then shared and reviewed by a member of the Safeguarding Team (LAC Designated Nurse or Doctor, School Nurses and Health Visitors). A review of the quality of the IHAs was awaited. CR suggested that case studies be included in future annual reports to help show a realistic picture of the challenges faced by the service. **b) Safeguarding Children Annual Report** JM presented the Safeguarding Children Annual Report and informed Members of the change in safeguarding arrangements through the Children and Social Work Act 2017. Section six of the report confirmed that the Wiltshire Safeguarding Children's Board would cease, as the legal authority had been removed by the new law. A Wiltshire Safeguarding Partnership was to be established. The responsibility of safeguarding was to be shared equally between the Police, Local Authority and Health partners. (The CCG would be the voice for health). This would enable greater joint working and improve strategic discussions. The Wiltshire CCG Safeguarding Children Committee will be key in feeding information into the partnership, this next meets in December 2018. Wiltshire had been successful in bidding to be an early adopter of these new Safeguarding Partnership arrangements. This had progressed quickly and would be in place by the end of November, to embed fully by January 2019. The partnership was to discuss and confirm the sharing of accountability and the funding provisions. The independent Chair would be retained for one year during transition. Referring to the report, JM advised that for the period of 2017-18, the number of children on Child Protection Plans had reduced. The CCG is responsible for ensuring safeguarding quality assurance, through contractual arrangements with all providers. Wiltshire was working closely with Swindon and BaNES CCG's to ensure a standard approach. A review of the turnover of Social Workers would be conducted by the Quality Assurance Safeguarding Group. Wiltshire was stable and currently had a higher level of retention than Swindon. A parity of Groups was needed across the three CCGs, especially with regards the Data Quality Sub Group. The transition for children to adult safeguarding support through the multi-agency hubs was not clear, the thresholds were being reviewed as part of the Family and Children Transformation (FACT) programme.	
QCG/18/11/11	**SFT Thematic Review** The SFT Thematic Annual Review of the 'quality' data and information provided to the CCG by SFT was noted.	
QCG/18/11/12	**a) Primary Care Quality Report** The Primary Care Quality Report, as also presented to the Primary Care Commissioning Committee on 25 September, was noted.	

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	b) Primary Care Workforce Report EH talked through the summary of results from the Bi-Annual Practice Workforce Survey. The survey was conducted by email and telephone with those Practices willing to take part and provide data. There was declining engagement with the survey from Practices, which was reflective of capacity in Practices. The information sought was not available through any other means. EH referred to page six of the report which indicated vacancies within Practices. EH stressed that although the August figures indicated a reduction, the number of responses to the survey had also reduced and therefore did not necessarily reflect the situation. It was therefore difficult to draw conclusions from the results. It was hoped the compliance rate would improve for the next survey. The call for data was carried out over a two month period via email and telephone. The Team would also undertake visits if required. EH had attended Practice Manager meetings, but this had unfortunately not elicited an increase in the response rate. Practices were not contractually required to provide workforce information. CW suggested forming a link with the contracts for resilience support funds and acquiring the support of the primary care team. Primary care workforce would remain as a standing item upon the Committee agenda. ACTION: QCG/18/11/12b - Primary Care Workforce to be a regular item upon the Committee agenda and members of the Primary Care team be invited to attend.	**EH**
QCG/18/11/13	**Stroke Collaborative** EH explained that the STP had been in a challenging position for a number of years concerning stroke services. Right Care data indicated that Wiltshire CCG Stroke prevalence was higher than BaNES and Swindon. In the Spring of 2017, CAG recommended that a clinically focussed piece of work be actioned across the STP. The first Stroke Collaborative was held in September 2017. The Collaborative discussed SSNAP indicators, challenges, gaps and the support needed to improve the services. An audit of the three acutes was undertaken, the learning was shared at the second meeting. An STP-wide CQUIN scheme had now been implemented, which included participation in quarterly meetings. This had brought evidential service improvements and closer working across the STP area. The feedback from partners of the Collaborative was very positive; the shared learning was helping each to drive their own improvements and developments. Page six referenced the key issues as identified through the Collaborative and the high level actions and progress against each. This was noted as a very successful model and a significant example of quality improvement supporting closer working between the CCGs.	
QCG/18/11/14	**Risk Register** From the meeting discussion, SL raised the following items to potentially be added to the Quality Risk Register:	

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	• Glenside – It was agreed that this issue should be added. SL and DMcA would form the risk for the register. The Risk Register was to be reviewed by the Governing Body on 27 November 2018. • LAC Doctor appointment and sustainability of the post – it was agreed to consider this further out of the meeting. • CHC Referral Rates – it was agreed to not include this item for now, but to review these as part of the CHC update for the January meeting. ACTION: QCG/18/11/14 - Glenside issue to be added to the Quality Risk Register.	**SL / DMcA**
QCG/18/11/15	**Any Other Business** a) Medvivo - EH confirmed that the Director of Nursing from Medvivo had been invited to attend the January Committee meeting. ACTION: QCG/18/11/15.0 - Members to inform SW of areas for Director of Nursing from Medvivo to address within their presentation for the January Committee meeting. ACTION: QCG/18/11/15.1 - Medical Director from Medvivo to also be invited to attend January meeting (alongside Medvivo Director of Nursing). b) DMcA announced that Melanie Rogers had joined the Quality Team as the Interim Deputy Director of Nursing. Melanie would manage CHC, Specialist Placements and Safeguarding as well as Exceptions. The meeting concluded at 13.30 hrs.	**ALL** **EH**

Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 15 January 2019 - 13.30–15.30hrs - Southgate House, Devizes