

**MINUTES OF WILTSHIRE CLINICAL COMMISSIONING GROUP (CCG)
QUALITY & CLINICAL GOVERNANCE COMMITTEE MEETING
HELD ON TUESDAY 15 JANUARY 2019, 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 Richard Sandford-Hill	RSH	Vice Chair, Clinical Chair of the CCG
Dr Catrinel Wright	CW	GP, Chair for West
In Attendance:		
Dr Helen Osborn	HO	Medical Advisor
Jenny Wright	JW	Public Health, Wiltshire Council
Emily Shepherd	ES	Quality Lead
Susannah Long	SL	Governance and Risk Manager
Sharon Woolley	SW	Board Administrator
Rachel Hobson	RH	Formulary Pharmacist, Medicines Management Team <i>(for item 6 only)</i>
Mel Rogers	MR	Interim Deputy Director of Nursing and Quality <i>(for item 7b only)</i>
Nita Hughes	NH	CHC Direct <i>(for item 7b only)</i>
Emma Smith	ESm	Interim Head of Urgent Care <i>(for item 10 only)</i>
Donna Baylis	DB	Quality Manager <i>(for item 10 only)</i>
Carole Williams	CWi	Director of Nursing, Medvivo
Dr Shabari Hosur	SH	Medical Director, Medvivo
Apologies:		
Linda Prosser	LP	Interim Chief Officer
Emma Higgins	EH	Quality Lead
Mark Harris	MH	Chief Operating Officer
Dr Andrew Girdher	AG	GP, Chair of NEW

ITEM NUMBER		ACTION
PART 1 – ASSURANCE ITEMS		
QCG/19/01/01	Welcome and apologies for absence MS welcomed everyone to the meeting, in particular JW who joined the committee following the departure of Deborah Haynes from Public Health. The above apologies were noted.	
QCG/19/01/02	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.	

ITEM NUMBER		ACTION
QCG/19/01/03	<p>Minutes of the meeting held on 13 November 2018 The minutes of the meeting held on 13 November 2018 were approved as an accurate record.</p>	
QCG/19/01/04	<p>Matters Arising There were no matters arising.</p>	
QCG/19/01/05	<p>Action Tracker The action tracker was reviewed and updated.</p> <p>QCG/18/07/14.0 - Case C had not yet been published. It was hoped it could be presented at the March meeting. A trajectory of when Cases could come for Committee review would be prepared as cases were noted up to 'I'. Kathy Abbott was now in post as the Interim Head of Safeguarding. ONGOING</p> <p>QCG/18/07/15 - Update to be brought to the May Committee meeting. DMcA reported that the Pharmacist for the project was now in post, but it had been difficult to recruit the Project Manager. ONGOING</p> <p>QCG/18/09/04 - It was agreed that the CCG had little influence over the policy. The action would be moved for the consideration of the Infection Prevention and Control Group. CLOSED</p> <p>QCG/18/09/11b - Update to be brought to the March Committee meeting. DMcA reported that there had been a soft launch of the Adults Multi-Agency Safeguarding Hub. A further launch may be undertaken once staff were in post. ONGOING</p> <p>QCG/18/09/16 - It was agreed to CLOSE this action. The Serious Incidents Report would be brought to the Committee when reviewed and agreed by the SI Panel. CLOSED</p> <p>QCG/18/11/10a - The Committee agreed that the LAC Designated Doctor to only attend meetings when there were relevant agenda items. CLOSED</p>	<p>Kathy Abbott</p> <p>EH</p> <p>Kathy Abbott</p>
	FOR DECISION	
QCG/19/01/06	<p>Clinical Advisory Group (CAG) Items for Approval: RH presented each policy for approval:</p> <p>a) RMOc Liothyronine guidance (T3) This guidance followed the outcome of consultation undertaken by the Regional Medicines Optimisation Committee, and recommended it should be amber with shared care, with secondary care retaining prescribing responsibility. This guidance only covered combination therapy, not monotherapy. There was an estimated cost pressure of new patients moving from the acute to their GP of £55,000. The implementation of the guidance would be an interim position until the STP reviewed it again in December 2019.</p> <p>The Committee supported the adoption of the guidance.</p> <p>b) Bluteq Ophthalmology Pathway This new pathway would go live at the end of January following approval from the Committee. Details and contractual letters would be issued to local acute trusts.</p>	

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	<p>The Committee approved the pathway.</p> <p>c) Avastin Policy Following the discussion at CAG, the recommended changes had been incorporated to the policy. The policy stated that use of Avastin was restricted to the better-seeing eye only and would be approved via the Bluteq pathway. The worse-seeing eye would need to be via exceptions. This policy was being implemented across the BSW.</p> <p>The Committee approved the policy.</p> <p>d) ITP Policy for Eltrombopag and Romiplostim A new bluteq treatment pathway concerning two high cost drugs.</p> <p>The Committee approved the adoption of this policy for bluteq.</p> <p>e) Policy for the use of Sodium Hyaluronic Acid Injections in Osteoarthritis NICE guidance states 'do not offer' intra-articular hyaluronan injections for the management of osteoarthritis.</p> <p>The Committee approved the adoption of the policy.</p> <p>f) Policy for Ustekinumab The policy stated that the dose escalation needed to be applied for via the Individual Funding Request route. Information would be sent out to local acute trusts.</p> <p>The Committee approved the adoption of the policy.</p> <p><i>(13.50hrs – RH left the meeting, MR and NH joined the meeting).</i></p>	
QCG/19/01/07	<p>Policies for Approval:</p> <p>b) Continuing Healthcare Update NH advised the Committee that all CHC policies brought to the Committee today for approval had been approved through the CHC Joint Programme Board. The four policies replaced those that were out of date and were now aligned to the national CHC framework released in October 2018. These would be rolled out from 1 April 2019. The CHC Operational Policy would be brought to the March Committee meeting for approval.</p> <p>ACTION: QCG/19/01/07b - CHC Operational Policy to be brought to the March Committee meeting for approval.</p> <p>NH talked to the presentation slides on performance of CHC over the last quarter. Transformation within CHC was now starting to show its affects with improvements being noted in activity. The conversion rates had been low and were consequently investigated. The 5% in quarter 4 was found to be an anomaly and was not reflective however the national conversion rate is now within 27 to 30%.</p> <p>The delivery of extensive training across the health and social care workforce has assisted the rise in the rate and appropriateness of referrals with a rise of 50% in referrals received. The training has also updated front line practitioners regarding the Revised October 2018 CHC Framework. Assessments completed within 28 days remain a challenge and continued to be an area of focus with the Local Authority. The main delay related to the lack of Local Authority resources. An interim solution has been put into place</p>	MR / NH

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	<p>with Margaret Ndlovu, Head of Service reviewing cases to ensure that overdue cases are cleared. Alongside this the process will be fine-tuned to ensure that there is adequate capacity from the Local Authority for future cases. The Local Authority has assured the CCG that they are currently recruiting for social workers roles.</p> <p>Slide 6 referred to the December meeting of the CHC Joint Programme Board and its main discussions. A number of Task and Finish Groups had been established to focus on specific areas; such as CHC, Integration and Joint Health Funding.</p> <p>NH reported that a Decision Making Audit had been undertaken (a link to the report was included within the presentation). This evidenced that on the sample of cases audited the CCG had made decisions which were appropriate. The audit found that in-depth assessments were taking a significant period of time to complete. A trial of a different type of assessment had since been agreed, which was aligned to the national training programme and best practice and would ensure that as many reports were completed on the same day as the assessment. It has been noted that there are a lack of referrals from mental health. The last training session to be held would particularly encourage front line practitioners from AWP to attend.</p> <p>The whole of the CHC and FNC process had been reviewed to identify areas where efficiencies could be made in process both within the CCG and within the wider health and social care workforce. Documents and processes were being standardised. There was a need to ensure that the public understood the CHC criteria and that this was made as accessible to them as possible. Delivery models were to be locality and patient focused to cut out travel time to make better use of staff resources. The backlogs were expected to be cleared by the end of March 2019. A key challenge to the process was to ensure sufficient availability of social workers and aligning them as part of the team.</p> <p>A commissioning strategy for CHC was to be developed, with the involvement of Ted Wilson as Director of Commissioning and Lucy Baker as Mental Health and Children's Services Director. CHC/FNC and Specialist Placements has an overall budget of circa £35m, a Commissioning Lead with the necessary skill set in commissioning was to be identified. The Local Authority would be involved in this through the CHC Joint Programme Board. The public and Patient Participation Groups would be engaged as part of the process, along with Healthwatch Wiltshire. A wider engagement piece was to be developed to include a mechanism for patient and family feedback regarding experience. CHC website content was to be updated, working with WCCG Communications Team and the wider BSW area.</p> <p>It was suggested that further awareness events needed to be held for Primary Care. This could be linked to the Clinical Governance meetings. Good feedback had been received from those who had already attended the training sessions.</p> <p>i. Choice and Equity Policy The Policy detailed the way in which WCCG would make provision of care for people who were eligible for fully funded CHC. It was aligned to the new framework released in October 2018.</p> <p>The Committee approved the Policy.</p>	

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	<p>ii. Disputes Policy This policy would be used in operational decision making for those cases in which either the Local Authority or CCG disagreed. It was agreed that the existing disputes would be used to test the policy.</p> <p>The Committee approved the policy.</p> <p>iii. Local Resolution Policy There was now no requirement for CCG's to hold formal appeal panels but rather Local Review Meetings in order to meet with individual's families to resolve the areas of disagreement. Subsequently if the appeal still held it would be referred to NHS England.</p> <p>The Committee approved the policy.</p> <p>iv. Personal Health Budgets Policy Ted Wilson (CCG Lead for PHB's for Long Term Conditions) had been involved in the review of this policy. From 1 April 2019, there will be a requirement for personal health budgets to be offered as a default for each eligible CHC patient. The CCG is therefore identifying the process through which this will be met. A relevant software tool to enable the calculation of PHB's was being considered for use by the CCG which if required is compatible with the Local Authority system.</p> <p>The Committee approved the policy.</p> <p><i>(14.30hrs – NH and MR left the meeting)</i></p> <p>The Committee expressed in response to the CHC update and the significant work that had been undertaken the need for a lead commissioner for CHC in Wiltshire.</p> <p>a) Compliments, Concerns and Complaints Policy ES advised that the policy had been reviewed and revised in line with the CCG policy review timescales. No new complaints regulations had been published. Consent requirements have been aligned with GDPR. The draft policy had been shared with a number of colleagues for input, including the CCGs communications team and Healthwatch Wiltshire. A reference to use of social media has been included. Healthwatch provided feedback and recommended reducing the use of acronyms. An easy read document would be created.</p> <p>The Committee approved the policy.</p> <p><i>(14.35hrs – ESm, DB, CWi and SH joined the meeting)</i></p>	
	FOR INFORMATION AND NOTING	
<p>QCG/19/01/10 <i>(item moved)</i></p>	<p>Integrated Urgent Care Service CWi talked through the initial update slides concerning the Integrated Urgent Care Service (IUCS) delivered by Medvivo. The service had been in place since May 2018. The Clinical Assessment Hub had been implemented in July 2018, an important part of the entire system. It brought an integrated interface with 111, encouraging closer working and sharing of information with Vocare, the subcontractors delivering the majority of the 111 service.</p> <p>CWi referred to the 'challenges' slide. The sub contract arrangement with Vocare remained a concern and was an ongoing challenge. CWi commented that</p>	

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	<p>Medvivo had enforced the message that the Vocare contract needs to be a focus for their staff. The transition of data and information across the two teams remained a challenge.</p> <p>MS directed the presentation to focus on the challenges listed, rather than focussing on each slide due to time constraints.</p> <p>MS queried the lack of recording of calls and incidents carried out by Vocare and the sharing of information with others. CWi advised that the red box recording system was a new element implemented. It allowed an analysis of calls. Vocare manage the red box and it has been established that corrections were needed to the system. Medvivo had raised concerns over the management of the box and Vocare's IT systems.</p> <p>SH advised that regular meetings were held with Vocare and their management team to monitor ongoing service level activity. However in their view the accountability and ownership of the issues was not at the level they would wish. SH expressed that Vocare leaders need to demonstrate manage the problem and safeguarding issues. Their policies may need to be reviewed to ensure safe management. Vocare signed up to the contract governance arrangements and quality standards, but service levels had diminished over recent months. Vocare have recently recruited an Operational Governance Lead.</p> <p>Sanctions could be applied to Vocare as a subcontractor to the IUCS. CWi reported that Liz Rugg had written to Vocare's Chief Executive to request urgent action. Medvivo were supporting Vocare to work towards meeting their expectations, but little improvement had been seen to date.</p> <p>CWi felt that 111 NHS clinical triage was not adding value to the service. In her view a clinical algorithm was needed, which should form part of the NHS Digital implementation. ESm reported that there was a national piece of work underway to review and analyse pathways.</p> <p>SH advised that Medvivo would hold a full executive team meeting to further discuss these concerns and would update the CCG and Committee in due course.</p> <p>It was acknowledged that Medvivo were to undergo a CQC inspection on 21 January 2019.</p> <p><i>(15.07hrs – ESm, DB, CWi and SH left the meeting)</i></p>	
QCG/19/01/08	<p>Quality Report and Assurance The Quality Report for December 2018 was noted.</p> <p>a) Queries Arising and b) Current Issues ES talked through the Current Concerns presentation. There had been a contract performance notice in place with AWP concerning the timeliness of serious incident reporting since December 2017. AWP were not meeting the 60 day timeframe in relation to root cause analysis (RCA's) reports. Commissioners and AWP agree that the CPN needs to be re-framed to also include the 'quality' of the RCAs submitted. DMcA was to meet with AWP's Director of Nursing, Julie Kerry as well as NHSE and the BNSSG Director of Nursing to discuss the CPN, and the requirements needed in terms of AWP reviewing their backlog of RCAs. An STP wide serious incident review was to be undertaken to clear the backlog to ensure new incidents could follow the quality improvement methodology.</p>	

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	<p>DMcA reported that an audit in 2018 of AWP through Medicines Management had found in the region of 4000 missed-doses of medication over four weeks over four wards. The Quality Sub Group (QSG) had challenged AWP to investigate this further, but this had not been prioritised by the provider. Initial findings from the audit were available, but data and action plans were awaited.</p> <p>Concerns had been raised over Regulation 28 and the caseload of band 4's and the number of complex cases. An action plan from AWP was in receipt and being reviewed by commissioners.</p> <p>The CCG see repeated themes and trends when reviewing 'suicide' RCAs, and these theses are Trust wide. MS felt there was a need for STP commissioners to adopt a 'zero suicide' policy. A BSW/BNSSG Suicide Summit was being organised, it was anticipated that clinicians would attend.</p> <p>ES reported that a contract meeting had been held with the Owner and Operational Director of Glenside on 19 December 2018. Assurances in relation to a number of areas required to evidence improvements in a number of areas, including patient safety, workforce and medicines management' were to be submitted by 15 January; a contract performance notice would be issued if the basic assurance was not met. NHS England may hold a Single Item QSG in relation to Glenside.</p>	
QCG/19/01/09	<p>Clinical Advisory Group Minutes from the meetings held on 18 December 2018 (draft)</p> <p>The draft minutes from the CAG meeting held on 18 December 2018 were noted.</p>	
PART 2 – FOR DISCUSSION		
QCG/19/01/11	<p>AWP CQC Inspection Briefing</p> <p>ES talked through the presentation. The outcome from the CQC inspection undertaken in September and October 2018 of AWP concluded a 'Requires Improvement' overall rating for the Trust.</p> <p>CQC had inspected five mental health core areas, as shown on slide 3. ES tabled the inspection report findings against AWP's mental health services.</p> <p>ES talked through the summary of findings from the inspection, which included the lack of leadership capacity, lack of governance systems in place to deliver against the quality schedules and deal with safeguarding issues, and infection prevention and control standards not being met.</p> <p>There were a number of positive findings recorded, including a wide range of skills and experience at Board and Senior Leadership level and an improvement in the culture of the organisation. The CCG felt that further work was needed to improve assessments of the mental and physical health of patients on admission.</p> <p>AWP had until the end of January to produce their action plan following the inspection. A Change Management process needed to be adopted. Further investment was needed in 'service area specialists' and AWP were to increase their involvement in clinical networks.</p> <p>The overall rating for the Daisy Unit has been rated as 'Inadequate'. AWP had an action plan in place following the inspection; NHS Improvement had undertaken</p>	

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	<p>visits in May 2018 and November 2018, which resulted in a number of actions for AWP to undertake. These actions had not been adequately addressed at the time of the CQC visit. A stakeholder development workshop was scheduled for 29 January, to include representatives from the Local Authority, CCG and AWP and would include discussions related to the learning disabilities and autism pathway for Wiltshire. It was acknowledged that there was a current lack of agreed model.</p> <p>It was agreed that Julie Kerry (AWP Director of Nursing) and AWP's Operational Director would be invited to attend a future Quality and Clinical Governance Committee meeting to hold focussed discussions around these concerns, commissioning deficits and AWP's actions.</p> <p>ACTION: QCG/19/01/11 - Julie Kerry (AWP Executive Director of Nursing and Quality) and AWP Operational Director to be invited to attend a future Quality and Clinical Governance Committee meeting.</p>	ES
QCG/19/01/14	<p>Wiltshire Safeguarding Plan</p> <p>DMcA advised that the Wiltshire Safeguarding Plan had been shared with the Committee for information. A Safeguarding Vulnerable People Partnership had been established and would oversee Community Safety, Families and Children and Adult Safeguarding. This will include representatives from the CCG, Police and Local Authority. The shared business function was rationalised. Meetings had already commenced.</p>	
QCG/19/01/12	<p>Risk Register</p> <p>SL reported that the Quality Risk Register had been reviewed by DMcA and the Quality Team. The risk surrounding Glenside had been placed upon the Commissioning Services risk register with Ted Wilson.</p> <p>SL felt that the issue concerning IUCS subcontractors Vocare was significant, but was one to monitor before adding it to the register.</p> <p>The Daisy Unit Rating of Inadequate required a robust improvement plan. It was suggested that DMcA and SL revisit this following the outcome of the Stakeholder event on 29 January.</p> <p>ACTION: QCG/19/01/12 - SL and DMcA to review the risk concerning the Daisy Unit following the workshop being held on 29/01/19.</p>	SL / DMcA
QCG/19/01/13	<p>Any Other Business</p> <p>a) BSW Quality Committee</p> <p>For information – DMcA advised the Committee that the BSW Joint EMT and Governance Workstream had commenced discussions surrounding a possible joint Quality, Finance and Performance Committee. The terms of reference for the committee were being developed. Place based elements and at scale were to be factored in. Members felt that perhaps this committee lacked representation from the commissioners, which could feature in the new joint committee.</p> <p>The meeting concluded at 15.35 hrs.</p>	

**Date of next Quality & Clinical Governance Committee Meeting:
Tuesday 5 March 2019 - 13.30–15.30hrs - Southgate House, Devizes**