

<b>Title of paper:</b>	Quality Committee Report	
<b>Author name and job title:</b>	Eileen Clark - Head of Quality	
<b>Date of paper:</b>	16 <sup>th</sup> November 2015	
<b>Exec Lead:</b>	Karen Parsons – Chief Operating Officer	
<b>Meeting name and date:</b>	Governing Body - 27 <sup>th</sup> November 2015	
<b>Agenda item &amp; attachment number:</b>	Agenda item 19 Attachment 15	
<b>Attachments – please list or state “none”</b>	Quality Committee Report and Approved Committee Minutes – June, July and September 2015.	
<b>Purpose of Paper (tick one only):</b>		
<b>For information only (to note)</b>		<input checked="" type="checkbox"/>
<b>Requires discussion and Feedback</b>		<input type="checkbox"/>
<b>For decision</b>		<input type="checkbox"/>

## **Executive Summary:**

This report summarises the activity of the Quality Committee since September 2015 and is presented to confirm that it continues to discharge its core functions.

The report draws attention to the issues that the committee has considered and the assurance received. It also confirms that Debbie Stubberfield has been recruited to the post of Independent Board Nurse Member following the resignation of Alison Pointu, Independent Nurse and Chair of the Quality Committee. Debbie took up her post on 1<sup>st</sup> October 2015.

### **Compliance section**

Please identify any significant issues relating to the following areas. Do not leave any boxes blank – if there are no compliance issues please state “no known issues”.

<b>Risk Register and Assurance Framework</b>	Risks identified through the work of the committee are added to the corporate risk register
<b>Patient and Public Engagement</b>	No known issues
<b>Patient Safety &amp; Quality</b>	Ongoing focus on improving quality and safety is essential, particularly in a financially challenged NHS
<b>Financial implications</b>	As above
<b>Conflicts of interest</b>	No known issues
<b>Information Governance</b>	No known issues
<b>Equality and Diversity</b>	No known issues
<b>Any other legal or compliance issues not covered above</b>	Some performance issues will be related to NHS Constitution legal duties

## **Quality Committee Report**

### **1. Introduction**

The Quality Committee is required to meet formally six times a year to monitor, discuss and measure improvements in the quality and safety of care delivered by our commissioned providers and to highlight risk and seek assurance about the effectiveness of mitigating actions. On alternate months, the committee holds a Quality Seminar where a particular provider or subject can be scrutinised in more detail, taking a “deep dive” approach to the meeting.

### **2. Committee Meetings and Quality Seminars**

Since September, the Quality Committee has held one Seminar which focused on key issues in Children’s services, Children & Adolescent Mental Health Service (CAMHS) and Safeguarding Children, and included reference to:

- The recent Care Quality Committee (CQC) and Ofsted inspection (Surrey Safeguarding Children Board).
- CCG Safeguarding Children Audit
- CAMHS Commissioning
- Unaccompanied Minors
- Multi-Agency Safeguarding Hub (MASH)

The seminar was attended by Caroline Budden, Assistant Director of Childrens Services and Safeguarding and Amanda Boodhoo, Consultant Nurse, Safeguarding Children who gave presentations and answered questions around the services provided for children. There was a focus on the improvement plan that has been developed following the Ofsted report and how the changes in the services will impact positively on children and families in Surrey.

Risks highlighted included the ability to recruit permanent practitioners with sufficient knowledge and experience to implement the improved ways of working. There was also discussion around the interface between Health Visitors, Social Workers and School Nurses and the benefits in building on this. Other areas discussed included the rising risk of Child Sexual Exploitation (CSE) and the increased numbers of unaccompanied children seeking asylum in Surrey which is impacting on the ability of services to meet their statutory duties around Looked after Children. These areas are addressed within the improvement plan.

There was also a formal meeting of the Quality committee that took place on 3<sup>rd</sup> November 2015. The meeting was chaired by Dr Mark Hamilton, Secondary Care Doctor on the Governing Body. The committee received and discussed a number of key reports including the Safeguarding Adults, Patient Experience and Serious

Incidents Requiring Investigation (SIRI) Six monthly reports. Risks and actions were discussed and assurance received.

### **3. Chair of the Quality Committee**

The CCG has recruited to the post of Registered Nurse Governing Body Member the Quality Committee. The committee has been chaired by the Secondary Care Doctor as an interim arrangement but in future, the committee will normally be chaired by the Registered Nurse.

The Governing Body is asked to note this report.



**Minutes of the Quality Committee**  
**held on Tuesday 1st September 2015**  
**at Cedar Court, Guildford Road, Leatherhead, KT22 9AE**

**Part 1**

**Chair: Mark Hamilton**

<b>Present</b>			
<b>Members</b>			
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse	
GE	Gill Edelman	Governing Body Lay Member - PPE	
PG	Dr Phil Gavins	Clinical Lead – East Elmbridge	
MH	Mark Hamilton	Secondary Care	
JO	Jacky Oliver	Governing Body Lay Member - PPE	
<b>In attendance</b>			
JB	James Blythe	Director of Commissioning and Strategy	
KP	Karen Parsons	Chief Operating Officer	
MW	Mabel Wu	Head of Performance and Governance	
<b>Supporting Officers</b>			
CF	Claire Fuller	Chair	
JM	Jackie Moody	Clinical Quality and Safety Manager	
KR	Karen Rodgers	PA/ Minute Taker	

No.		Action Lead	Para ID
1.	<b>Welcome and introductions</b>		QC020915/001
	The meeting opened at 09:30am. The Chair welcomed members and those in attendance.		QC020915/002
	Claire Fuller (CF) informed all present that Alison Pointu had resigned as Chair of the Quality Committee with effect from 12 September 2015.		QC020915/003
	CF asked for a vote of thanks to be noted for her commitment and		

No.		Action Lead	Para ID
	<p>leadership that had been shown throughout her term.</p> <p>CF advised the Committee that she had met with Helen Atkinson, and it had been confirmed that Jennifer Smith, senior Public Health advisor, would be attending future Quality Committee meetings. The dates of future meetings would be forwarded to Jennifer.</p> <p>Ruth Hutchinson, Deputy Director for Public Health, would be attending future Surrey Downs CCG Governing Body meetings.</p>	KP	
2.	<b>Apologies for absence</b>		QC020915/004
	Apologies were received from Dr Robin Gupta, Dr Suzanne Moore, Liz Saunders, Karen Parsons and Miles Freeman.		QC020915/005
3.	<b>Declarations of interest</b>		QC020915/006
	<p>The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.</p> <p>There were no additional declarations at the start of the meeting.</p>		QC020915/007
4.	<b>Minutes of the previous meeting</b>		QC020915/008
	To approve the minutes of the Quality Committee meeting held on Tuesday 2 <sup>nd</sup> June 2015.		QC020915/009
	<p>The minutes of the meeting held on Tuesday 2<sup>nd</sup> June 2015 were approved subject to the following amendments:</p> <ul style="list-style-type: none"> <li>• QC020615/003 - Page 2 bullet point 3</li> </ul> <p>MH requested that the sentence "Mark Hamilton declared himself an employee of St George's Hospital and Ramsay Ashtead Hospital (RAH)" be revised to read, sentence "Mark Hamilton declared himself an employee of St George's Hospital and that he undertook private practice at Ramsay Ashtead Hospital (RAH)"</p>		QC020915/010
5.	<b>Matters Arising and Action Log</b>		QC020915/011
	<p>The action log was reviewed and status for each action agreed. Closed actions were noted.</p> <ul style="list-style-type: none"> <li>• QC020615/096 Integrated Governance - The role and function of Governing Body Committees has been discussed within the internal and, current external, organisation governance review. The recommendations and action plan will address these issues and thus supersedes this action.</li> </ul>		QC020915/012

No.		Action Lead	Para ID
	<p>Agreed for closure.</p> <ul style="list-style-type: none"> <li>• QC020615/094 Prescribing Clinical Network recommendations. JM confirmed with the Medicines Management Team (MMT) that: <ul style="list-style-type: none"> <li>○ All new recommendations go on the Prescribing Advisory Data base (PAD) with an alert to highlight that it is new.</li> <li>○ Monthly MMT newsletter is sent to all practices</li> <li>○ The MMT Wound Dressings lead liaises with the Tissue Viability Nurses, CSH Surrey &amp; Virgin Care to ensure new recommendations are known. Agreed for closure</li> </ul> </li> <li>• QC020615/071 Workforce Assurance Report The Committee's comments were sent to Workforce Assurance team. The next six-month report will be on the November agenda. Agreed for closure</li> <li>• QC020615/064 Safeguarding Children Report. The internal audit had requested that the CCG Safeguarding Report identify risks to the CCG more clearly and the mitigating actions. SM and EC have dates in diary to work with Amanda Boodhoo, Designated Nurse for Safeguarding Children in Surrey to take this forward. The action would remain open until the report, in revised format, had been received by the Committee.</li> <li>• QC020615/061 Safeguarding Children – Female Genital Mutilation Assurance received re processes at EStH from Deputy Designated Nurse. Acknowledged that this duty is relatively new and may not be fully embedded as a process in providers, therefore further assurance will be asked for within the next 6 months. Agreed for closure</li> <li>• QC020615/060 Safeguarding Children – Risk. Reviewed risk register was on this meeting agenda for discussion. Agreed for closure</li> <li>• QC020615/058 Safeguarding Children – Training in GP Practices Level 3 Training for GPs has been arranged at Epsom Post Graduate Education Centre on 16 September. EC will follow up at a meeting planned with the Designated Nurse on 16 October and report back in the IQPR. Agreed for closure</li> <li>• QC020615/054 Safeguarding Adults Surrey Quality Leads have agreed a review of arrangements around safeguarding adults and children: to be discussed at</li> </ul>		

No.		Action Lead	Para ID
	<p>their next meeting on 7 September. Regarding adult safeguarding, discussion will include SLA and contracting for next year and business case. Also roles and responsibilities; changes in the Care Act; reporting mechanism; resources and sources of investment to strengthen the operational function within Surrey CCGs.</p> <p>EC drew attention to the fact that other regions have invested more in Adult Safeguarding for example, Kent has 1.5 WTE Designated Nurse for three CCGs and Surrey has 1 WTE for six CCGs. In response to a query from GE about benchmarking to inform the business case, EC stated that Surrey is being supported by the NHS England area team to do this.</p> <p>The business case would be taken to the Collaborative and timelines are not yet clear.</p> <p>CF noted that CCGs in the Surrey Collaborative had each invested in the Surrey Safeguarding Adult Board and EC confirmed that this was funding for the functions of the board and remuneration of the Independent Chair, Programme Officer and conducting serious case reviews only which had previously been funded by Surrey County Council only The additional funding from the collaborative did not equate to extra or new resource in safeguarding adults.</p> <p>EC would bring a report to the November QC.</p> <ul style="list-style-type: none"> <li>• QC020615/050 Safeguarding Adults Policy – delay in amending with new guidance. The updated policy was on this meeting agenda and EC confirmed that the Surrey County Council website was up to date. Agreed for closure</li> <li>• QC020615/042 Patient Experience Report – Provider complaints For discussion at the Quality Leads meeting on 7 September and update to be provided in November. This action will remain on-going.</li> <li>• QC020615/041 Patient Experience Report – CHC reporting to the Quality Committee GE was not sufficiently assured that the CHC presentation and discussion at the Quality Committee seminar in August had focussed enough on quality over financial control. EC explained that it had been more finance focussed than usual because the seminar had arisen from a request from Audit</li> </ul>		

No.		Action Lead	Para ID
	<p>Committee who wanted assurance that the review of individual CHC contracts would not negatively impact quality.</p> <p>EC described existing ways of monitoring quality through reviews, joint working with the local authority quality assurance team, and the through the CHC Programme Board.</p> <p>A separate meeting with GE would be held to discuss the governance. Action to remain open.</p> <ul style="list-style-type: none"> <li>• QC020615/039 Quality and Performance Report – NHS Funded Healthcare complaints. The team is recruiting where they can and complaints have started to reduce. On-going discussion between Head of Quality and Head of CHC. Agreed for closure</li> <li>• QC020615/032 Quality and performance Report – Cancer waits - <ul style="list-style-type: none"> <li>○ 100 day waits have been reported to the EStH CQRG</li> <li>○ RCAs are undertaken and reported however it is not yet clear where they are reviewed. They are not currently taken to the SASH CQRG</li> </ul> Information included in the September Quality and Performance report. Agreed for closure</li> <li>• QC020615/031 Quality and Performance Report – 100 day cancer wait - Information included in the September Quality and Performance report. Agreed for closure</li> <li>• QC020615/029 Quality and Performance Report – IAPT The September performance report is based on the original targets and still further information on new targets. This action will remain on-going.</li> <li>• QC020615/028 Performance Report – Under 19s Unplanned Admissions - Laura Starkey is looking into the detail of types of admissions from the SUS data to address concerns. Update expected early September. This action will remain on-going.</li> <li>• QC020615/024 Quality and Performance Report – Stroke - EStH CCG Head of Quality has confirmed that SASH are amending their data and a timescale is yet to be confirmed. CF confirmed that EStH CCG has set up a local stroke board which reports into Stroke Programme Board in order to monitor SASH. Agreed for closure</li> <li>• QC020615/019 Quality and Performance Report – Never Events</li> </ul>		

No.		Action Lead	Para ID
	<p>Action will remain open until confirmation that the letter has been sent.</p> <ul style="list-style-type: none"> <li>• QC020615/018 Quality and Performance Report – Never Events Email sent to Sally Allum, Regional Director of Nursing, requesting information around agreed processes for sharing learning. Response as follows: <ul style="list-style-type: none"> <li>○ The CCGs collaborate and hold county wide events e.g. as with other successful SI events (funding received for similar event from NHSE)</li> <li>○ Learning and sharing from incidents e.g. Never Events Serious Case Reviews or other will form part of the professional network principles across Kent Surrey and Sussex</li> <li>○ No formal process for sharing across regions apart from through regional Quality Surveillance Groups or National events.</li> </ul> </li> </ul> <p>EC will pick up with Sally Allum on 17 September. This action will remain on-going.</p> <ul style="list-style-type: none"> <li>• QC310315/51 Quality Impact Assessment Policy (QIAP) - The draft of the new integrated policy has been circulated to CCG colleagues for comment by the Governing Body Secretary. Agreed for closure</li> <li>• QC310315/31 Public Health - CF discussed QC attendance with Helen Atkinson, Director of Public Health and confirmed that Jennifer Smith will be attending. Agreed for closure</li> <li>• QC310315/28 East Elmbridge – Choose and Book JB advised that Epsomedical are working towards a directly bookable system and Surrey Medical could possibly piggy back off this. Looking at possibility of some of Surrey Medical clinics booking through RSS. Agreed for closure.</li> <li>• QC310315/19 HCAI - The Trust has rewritten their uniform policy and it is in process of being approved at their management team meeting. Once this has been done it will be sent to EC for assurance. Agreed for closure</li> <li>• QC060215/039 SECamb – Safeguarding - An internal review of safeguarding has been undertaken from which a revised policy will be produced and assurance through NW Surrey (the lead commissioner) Agreed for closure</li> </ul>		

No.		Action Lead	Para ID
	<ul style="list-style-type: none"> <li>• QC060215/030 Ophthalmology Screening – ESTH - Summary of the outcome of the investigation was shared at the June CQRG. There were recommendations around training staff including bank staff but the ratio of permanent/locum is not yet known. This action will remain on-going.</li> <li>• QC121214/057 Safeguarding Children Process – Early Help- The action will remain on-going until assurance is received on the actions being taken to address emerging gaps in the pathway of care. EC to ensure that this is included in the next report to get assurance. This action will remain on-going.</li> <li>• QC121214/043 SI Reporting by Commissioners There is no consistency across Surrey CCGs. SDCCG continues to develop the approach with care homes to ensure that SIs are reported and investigated. MH said that there must be a formal reporting strategy. JB will ask the question once more and then take to CHC programme board as a recommendation for all CCGs.</li> <li>• QC080814/086 Medicines Management – Infection Control The Medicines Management Lead has provided a report which was reviewed by the Executive on 25 August 2015. Agreed for closure.</li> </ul>		
			QC020915/013
	<b>Assurance on Quality &amp; Safety</b>		QC020915/014
6.	<b>Quality and Performance Report – To Agree</b>		QC020915/015
	Eileen Clark (EC) commenced by inviting Committee members to comment on the format of the report in light of initial feedback from the CCG governance review, which highlighted the need to link more robustly with risk management, and on-going development of the Committee since inception.		QC020915/016
	One difficulty was achieving the right balance between the need for an overarching view and top level summary and the operational complexity of commissioning from multiple providers across the London/ Surrey border for which a greater level of detail had been requested by the Committee to date. It was noted that the report formed the basis for reporting to the next governing body meeting after each formal Committee meeting and that clarification of what was required at that level was also needed.		QC020915/017
	Mark Hamilton (MH) asked the Committee if they felt that all relevant detail was contained within the report and if anything more/less was required.		QC020915/018
	The following points were highlighted:		QC020915/019

No.		Action Lead	Para ID
	<ul style="list-style-type: none"> <li>• Committee members expressed the need for details within the report if they were to be fully assured and that the high level executive summary was also required.</li> <li>• The report should contain a more overt link to the CCG risk register noting that further clarity was required on the changes to how risk would be managed in light of the governance review and implementation of DATIX risk management database, for example, terminology relating to the assurance framework, corporate risks and directorate / department risks.</li> <li>• Clearer, concise headings to make the report more accessible.</li> </ul>		
	CF advised that she was meeting with Sally Allum, Director of Nursing and Quality NHS England - South (South East), soon and would ask her if she knew of examples of other quality reports.	CF	QC020915/020
	MH asked if it was necessary for a Surrey Downs CCG representative to attend the Clinical Quality Review Group (CQRG) meetings for all providers detailed in the report. JB confirmed that it was helpful to have the Surrey Downs view point represented in discussions.		QC020915/021
	Mable Wu (MW) remarked that the CCG was supported by the South East CSU who also work with the South West London CCGs; this was helpful for the detail required around the London-facing elements.		QC020915/022
	MH asked EC about the capacity within the team to compile this report. EC confirmed that the team consisted of herself and Jackie Moody (JM) only and it took up approximately a week to compile the report		QC020915/023
	The question of whether the Quality Committee was the right place for monitoring the performance metrics as well as quality metrics was raised. James Blythe (JB) remarked performance monitoring was a responsibility of both the Quality and Finance & Performance Committees. The general steer was for an executive summary and clarity on points to be raised / escalated for discussion in the respective Committees.		QC020915/024
	Next Steps: an internal meeting would be set up to discuss the shape of the report going forward with a view to some changes being made in time for the November meeting.	EC	QC020915/025
	<p><b><u>Section One:</u></b></p> <p>The attention of the meeting was drawn to the executive summary and key concerns listed on page 6.</p>		QC020915/026

No.		Action Lead	Para ID
	<p><u>Cancer 31 day and 62 day waiting time standards (page 10)</u></p> <p>JB confirmed that following the July Quality seminar the EStH Cancer Plan had been refreshed and shared by the Trust the week before. It set out the organisation changes to improve focus on cancer services and how they were being embedded. It was agreed that this would be circulated to all Committee members.</p>	<b>JB</b>	QC020915/027
	<p>Based on the most recent data the Trust signalled that the trajectory for meeting the 62 day cancer wait performance standard had slipped by 6 months and would not be reached until October 2015. Practically, more capacity for diagnostics was needed and there was concern that unrealistic trajectories had been set.</p>		QC020915/028
	<p>CF and JB would both be attending a tripartite meeting – Trust Development Authority, NHS England and Sutton CCG – on the afternoon of this meeting to ensure to review the plan and ensure a unified approach across SW London and Surrey commissioners.</p>		QC020915/029
	<p>Referrals under the two week rule were continuing to rise as a result of the public health campaign and surgery was being passed to other providers. Breaches were in the lower gastro-intestinal pathway with diagnostic capacity being problematic and St George's and Royal Marsden were also breaching.</p>		QC020915/030
	<p>MH asked what actual powers the CCG had to make a difference. JB confirmed that the CCG was actively looking at directing patients to Guildford.</p> <p>The Trust was over performing in skin, upper GI and breast and had 100% compliance in all these areas in June.</p>		QC020915/031
	<p>JB advised the Committee that the inaugural Epsom, Sutton and Surrey Downs CCG meeting to discuss cancer services had taken place the previous week and would be held on a monthly basis moving forward.</p>		QC020915/032
	<p><u>Clostridium Difficile (page 11)</u></p> <p>EC confirmed that the new Director of Nursing and Quality was now in post and was very keen to increase the focus on healthcare associated infections to address any concerns. For example a deep-dive analysis into MRSA and training around taking blood cultures had revealed some issues and the implementation of actions was being led by the Director of</p>		QC020915/033

No.		Action Lead	Para ID
	Nursing and Quality.		
	<u>EC commented that she had been invited to attend the Trust's Clinical Quality Assurance Group (CQAG) meeting which increased the level of engagement and information sharing with the CCG.</u>		QC020915/034
	CF advised the Committee that this item had been raised at the Governing Body but as there had been a steady improvement it had not been highlighted further.		QC020915/035
	<u>Community Healthcare Acquired Infections (page 35 and 42)</u>  EC drew attention to the rising number of cases of c. difficile over the past year, noting that no common denominator had been identified and the microbiologists think there may be a cohort of chronic carriers of within the community and that increased levels of testing is identifying more cases.		QC020915/036
	Two or three of the cases of MRSA Bacteraemia were as a result of urosepsis. The medicines management team were focussing antibiotic prescribing and the high numbers of patients on proton pump inhibitors.		QC020915/037
	All GP practices that have had a case of c.difficile assigned to them have been asked to complete a Root Causes Analysis. These will then be reviewed and themes and learning identified to enable improvements to be made.  Many of the MRSA cases are unavoidable and therefore there is little learning.		QC020915/038
	EC commented that she has spoken to Dr Suzanne Moore (SM) around this subject and the suggestion of a quality newsletter that might be circulated to practices on a quarterly basis had been made. This will be considered further.		QC020915/039
	It was noted that there is no capacity to work with care homes around HCAI, although the Quality Team do visit when necessary and help wherever they can.		QC020915/040
	<u>Kingston Hospital NHS Foundation Trust Feedback from Clinical Quality Review Group (page 19)</u>  It was noted that despite some improvement in performance Kingston were still not achieving the four hour standard in Accident and Emergency.		QC020915/041

No.		Action Lead	Para ID
	CF advised that Ann Radmore was the new interim Chief Executive and that a whole system meeting was being planned.		
	JB said that the CCG was taking prudent steps to support the Trust and that Tom Elrick (TE), CCG Urgent Care Lead, had recently attended a meeting with Kingston but that there was no feedback at this stage.		QC020915/042
	The main volume of patients would come from Kingston and Richmond CCGs who would need to assure the Trust of their out of hospital capacity. It was confirmed that there would be some additional capacity within Elmbridge (Surrey Downs) over the Winter period.		QC020915/043
	<p><u>Safeguarding Children (page 37)</u></p> <p>EC drew attention to the key points and advised that the new independent chair had now been appointed for the Surrey Safeguarding Children Board and was expected to come into post in September. The previous independent Chair had come to the end of her period of tenure and had not sought re-appointment.</p>		QC020915/044
	CF reminded the Committee that it had been agreed that Safeguarding Children in Surrey would be the topic for the October seminar as per the forward work plan.		QC020915/045
	<p><u>St George's Hospital</u></p> <p>EC asked for it to be noted that St. George's Healthcare had been rated red by Monitor and is subject to enforcement action. MH clarified that it related to its financial sustainability and currently has no impact on quality although should be monitored. The Quality will be monitored through the CQRG.</p>		QC020915/046
	<p>CSH Surrey (page 13)</p> <p>NHS Choices</p> <p>Jacky Oliver (JO) asked if the word 'environment' was appropriate in the in relation to how PLACE Assessments are rated.</p> <p>The Committee agreed that the wording was correct.</p>		QC020915/047
	<p><b><u>Section Two: Performance Report</u></b></p> <p>The key risks set out in the Executive summary on pages 2 &amp; 3 were noted and discussion took place.</p>		QC020915/048
	Mable Wu (MW) highlighted that the 2015/16 NHS Outcomes Indicator Set had been published at the time of writing the report		QC020915/049

No.		Action Lead	Para ID
	therefore the next report to the Quality Committee would report against those indicators.		
	<p><u>Improving Access to Psychological Therapies (IAPT page 19)</u></p> <p>The target around the proportion of the people that enter treatment against the level of need in the general population was not being met. MW explained that there was some push back to NHS England on the appropriateness of the Surrey Downs prevalence (used to calculate the target) but at this stage NHSE were not willing to adjust it.</p>		QC020915/050
	It was noted that, in addition to referrals via the Referral Support Service, Surrey Downs was now taking self-referrals and that all other indicators were hitting their targets.		QC020915/051
	<p><u>Dementia diagnosis (page 19)</u></p> <p>MW confirmed that there was an on-going improvement through the Better Care Fund work.</p>		QC020915/052
	<u>The report was discussed. No matters for escalation were identified.</u>		QC020915/053
7.	<b>Infection Prevention and Control Annual Report 2014-15 – To Discuss</b>		QC020915/054
	EC presented this report and drew attention to the key risk areas set out in the Executive Summary.		QC020915/055
	A key matter of concern was the number of surgical site infections. Many cases related to the SWLEOC (South West London Elective Orthopaedic Centre) and EC will have a conversation with Sutton CCG if establish if there is an action plan in place to ensure a coordinated approach and improvement.	EC	QC020915/056
	<p>Gill Edelman (GE) asked how the CCG could influence change in providers, for example through contractual penalties.</p> <p>JB confirmed that there were national mandated penalties in terms of HCAs which could be enforced.</p>		QC020915/057
	MH asked if there was screening for Carbapenemase-producing Enterbacteriaceae (CPE) for which EC confirmed that there was. A toolkit has been circulated to providers to support the recognition of symptoms and aid prompt diagnosis.		QC020915/058
	The report was discussed and noted.		QC020915/059

No.		Action Lead	Para ID
8.	<b>Serious Incident Report Q3&amp; 4 – To Discuss</b>		QC020915/060
	EC introduced this item by explaining the report now included data from the National Reporting and Learning System and other sources to contextualise incidents in the wider patient safety agenda but there was still work to be done around the development of this report.		QC020915/061
	It was noted that one of the difficulties is limited datasets for community services that would allow meaningful benchmarking.		QC020915/062
	<p>The common themes that were identified across the investigation reports and actions plans are:</p> <ul style="list-style-type: none"> <li>• Policy compliance – non adherence to organisational policy</li> <li>• Patient factors – age, diagnosis, physical condition and staff awareness of condition</li> <li>• Local communication to staff regarding policy, Communication with family/carers</li> <li>• Tissue viability training and awareness, organisational culture and learning</li> <li>• Documentation: record keeping of patient notes is poor</li> </ul>		QC020915/063
	EC said that pressure ulcers were the highest reported number of incidents in Q3 and Q4 amounting to a total of 238 (44.7%). It was noted that the national Serious Incident Framework had changed the requirements for reporting pressure ulcers however CSH Surrey and EStH had assured the CCG that they would continue to conduct robust root cause analyses in all cases.		QC020915/064
	JM drew attention to the concern raised in the governing body about the lack of assurance on a robust route for GP quality concerns about SABPFT, saying that this is being taken forward by the host commissioners.		QC020915/065
	<p>CF asked for clarity around CSH Surrey and VTE as they did not achieve the 95% compliance in Q3 and Q4.</p> <p>EC confirmed that she was following up with CSH Surrey to understand reasons and actions in place for improvement. In general there is however a locally low incidence.</p>		QC020915/066
	EC asked that Committee members to provide further feedback outside of the meeting around the report format and if all relevant detail was contained within the report and if anything more/less was required.	<b>ALL</b>	QC020915/067
	The report was discussed and noted.		QC020915/068

No.		Action Lead	Para ID
9.	<b>Provider Quality Accounts: statement – To Note</b>		QC020915/069
	<p>EC explained that the report was for noting only and the Quality Accounts from the following organisations had been received and reviewed before they were submitted to the NHS Choices website.</p> <ul style="list-style-type: none"> <li>• Epsom and St Helier University NHS Trust</li> <li>• CSH Surrey</li> <li>• Surrey and Borders Partnership NHS Foundation Trust</li> <li>• South East Coast Ambulance Service</li> <li>• Kingston Hospital NHS Foundation Trust</li> <li>• Surrey and Sussex Healthcare NHS Trust</li> <li>• Princess Alice Hospital</li> <li>• Royal Surrey County Hospital NHS Foundation Trust</li> </ul>		QC020915/070
			QC020915/071
	The report was noted.		QC020915/072
	<b>Governance</b>		QC020915/073
10.	<b>Risk Management Report: 2015/16 Quarter 1 – To Agree</b>		QC020915/074
	<p>EC presented the report and advised the Committee that there were currently 13 risks on the register with a quality component and they had been reviewed in August with the Quality Team.</p> <p>Specific reference was made to:</p> <ul style="list-style-type: none"> <li>• Staffing in CSH Surrey was due to be reviewed again pending receipt of their completed action plan and would probably be closed.</li> <li>• Specialist Equipment in the Community was an historical risk so it was unsure when it would be removed.</li> <li>• Quality of care in Care Homes was an on-going risk due to reviews, monitoring and escalation taking place around individual homes where there were identified concerns.</li> </ul>		QC020915/075
	<p>EC highlighted the following potential new risks that had been brought to the Quality Team's attention and explained that approval from the relevant Executive Director was required prior to them going on the risk register in draft form.</p> <ul style="list-style-type: none"> <li>• Medicines Management in Care Homes (Executive Director; James Blythe)</li> <li>• Community Dietetics, including SaLT (Executive Director; Karen Parsons)</li> <li>• The delivery of immunisations to residents in Care Homes</li> </ul>		QC020915/076

No.		Action Lead	Para ID
	(Executive Director; Karen Parsons) <ul style="list-style-type: none"> <li>Primary Care Workforce (Executive Director; Karen Parsons) – includes both GPs and Practice Nurses</li> </ul>		
	It was agreed that Justin Dix would be requested to include a column on the table of risks indicating which Committee of the CCG governing body each risk was under so the Quality Committee risks could be more easily identified and separated from the other risks in the report.	<b>JM</b>	QC020915/077
	Committee members were requested to provide further feedback outside of the meeting.	<b>ALL/ EC</b>	QC020915/078
	GE commented that the paper was for agreement and asked for more clarity within the document around what decisions the Committee was being asked to take. This was noted by EC for the next report.		QC020915/079
	The report was discussed and noted.		QC020915/080
11.	<b>CCG Safeguarding Adults at Risk Policy – To Agree</b>		QC020915/081
	EC said that the policy had been updated to take account of the updated national guidance following the Care Act 2014 and publication of the revised 'Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework'.		QC020915/082
	The paper was a high level summary of the key changes for noting and assurance. Committee members requested that in future the full policy be circulated with the papers for reference.		QC020915/083
	The full policy would be sent to Committee members. The changes to the policy were agreed and it would be submitted to the September Governing Body for approval.	<b>EC</b>	QC020915/084
			QC020915/085
12.	<b>Surrey CCGs Adult Safeguarding Internal Audit Report – To Note</b>		QC020915/086
	EC gave a verbal report to the Committee about the audit that had been carried out and its findings. She explained that the audit team had reported limited assurance as there were a number of areas that needed to be developed as a result of the Care Act. There were some areas that were being challenged as they were thought to be outside the scope of the SLA. A written report would be brought to the November meeting, detailing the actions required and plans in place to ensure improvements.		QC020915/087

No.		Action Lead	Para ID
	The verbal update was noted.		QC020915/088
13.	<b>Integrated Governance / feedback from Governing Body and other committees</b>		QC020915/089
	There was no one present to report back against the Governing Body or other committees apart from the Finance and Performance Committee.  MH reported that the Financial Recovery Plan was yet to be changed and the CCG had received limited assurance from NHS England.		QC020915/090
14.	<b>Medicines Management: Summary of Prescribing Clinical Network recommendations: May &amp; June – To Note</b>		QC020915/091
	EC explained that the report was for noting only, having already been approved by clinical members of the Quality Committee.		QC020915/092
	The recommendations were noted.		QC020915/093
	<b>Committee Business</b>		QC020915/094
15.	<b>Committee Forward Plan - To note</b>		QC020915/095
	The Committee noted the forward plan. It was AGREED the October and December seminars would incorporate the following:  <u>October Seminar</u> Safeguarding Children in Surrey (May be combined with a discussion on CSH Surrey Children's Services staffing)  <u>December Seminar</u> CSH Surrey (Community Medical Teams and Community Hubs)		QC020915/096
16.	<b>Any Other Business</b>		QC020915/097
	There was no further business.		QC020915/098
17.	<b>Meeting Close</b>		QC020915/099
	Part 1 of the meeting closed at 11:50am.  Dr Claire Fuller left the meeting.		QC020915/100
18.	<b>Date of Next Meeting</b>		QC020915/101
19.	The next meeting (Quality Seminar) will take place on Thursday 8 <sup>th</sup> October, 9:30am – 12:30pm, Cedar Court, Leatherhead		QC020915/102

**Minutes of the Quality Committee**

held on Tuesday 2<sup>nd</sup> June 2015

at Cedar Court, Guildford Road, Leatherhead, KT22 9AE

**Part 1**

**Chair: Alison Pointu**

<b>Present:</b>			
<b>Members</b>			
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse	
JO	Jacky Oliver	Governing Body Lay Member - PPE	
RG	Dr Robin Gupta	Clinical Lead –Dorking	
AP	Alison Pointu	Governing Body Register Nurse / Chair	
SM	Dr Suzanne Moore	Clinical Lead- Epsom	
<b>In attendance:</b>			
JB	James Blythe	Director of Commissioning and Strategy	
MH	Mark Hamilton	Secondary Care	
MW	Mabel Wu	Head of Performance and Governance for item 6.	
<b>Supporting Officers:</b>			
HB	Helen Blunden	Designated Nurse for Adult Safeguarding (for item 9)	
CF	Claire Fuller	Clinical Chair	
SM	Sonia McDonald	PA/ Minute Taker	
JM	Jackie Moody	Clinical Quality and Safety Manager	

No.		Action Lead	
1.	<b>Welcome and introductions</b>		
	The meeting opened at 9.30am. The Chair welcomed members and those in attendance. As part of the external review of the Governing Body there were three Observers present; Wendy Cookson and Mark Fletcher from Grant Thornton together with Gary Ashton from Organisational Effectiveness. Members introduced themselves to the Observers.		QC020615/001
2.	<b>Apologies for absence</b>		
	Apologies were received from Dr Phil Gavins, Miles Freeman, Karen Parsons, Liz Saunders.		QC020615/002

No.		Action Lead	
3.	<b>Declarations of interest</b>		
	<p>The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.</p> <ul style="list-style-type: none"> <li>• Jacky Oliver declared that her mother had applied for a continuing healthcare retrospective review on behalf of her father, now deceased.</li> <li>• Robin Gupta declared himself a shareholder in Dorking Healthcare Limited.</li> <li>• Mark Hamilton declared himself an employee of St George's Hospital and that he undertook private practice at Ramsay Ashted Hospital</li> </ul>		QC020615/003
4.	<b>Minutes of the previous meeting</b>		
	To approve the Minutes of the Quality Committee meeting held on Tuesday 31 <sup>st</sup> March 2015.		QC020615/004
	The minutes of the meeting held on 31 <sup>st</sup> March were approved without amendment.		QC020615/005
5.	<b>Matters Arising and Action Log</b>		
	<p>QC310315 Paragraph 060 – it was confirmed that new lay members would attend staff inductions, as arranged by Alison McQuillan, Head of HR.</p> <p>The action log was reviewed and status for each action agreed. Closed actions were noted.</p> <ul style="list-style-type: none"> <li>• QC310315/51 Quality Impact Assessment Policy (QIAP) – Approval was being sought through the Executive Committee on the final Equality, Quality and Privacy Impact assessment document. Completion anticipated within the next month. This action will remain ongoing.</li> <li>• QC310315/45 Cancer Waits – EC advised that the 100 day wait figures would continue to be monitored and issues raised through the Quality Report to the Committee. Senior representatives from Epsom and St Helier University Hospitals NHS Trust (EStH) had been invited to attend the Committee Seminar in July where cancer waits would be the focus of discussion. Monitoring would continue via the CQRG/Primary Care Committee, and SW London Commissioning Cancer group which Dr Annetta Monaco, SDCCG cancer lead, would be invited to attend. Agreed for closure.</li> </ul>		QC020615/006

No.		Action Lead	
	<ul style="list-style-type: none"> <li>• QC310315/31 Public Health membership of the Quality Committee –The Committee agreed that Public Health representation at future QCs was an important factor. CF/KP will follow up with the Director of Public Health. This action will remain ongoing.</li> <li>• QC310315/28 East Elmbridge - There was nothing further to report. This action will remain ongoing.</li> <li>• QC310315/19 HCAI – risk of transmission via nurses uniform. EC to discuss with new Director of Nursing. No recent research has been undertaken. MH felt it would be helpful for the Committee to see EStH action plan i.e. hospital laundry policy. EC to progress and take the matter to CQRG/local area team for national awareness. This action will remain ongoing.</li> <li>• QC060215/054 Risk Management &amp; QC060215/006 Vacancy rate within the CSH Surrey 0-19 service – CSH Surrey now had a robust recruiting system and the situation was much improved. Agreed both actions to be closed.</li> <li>• QC060215/039 SECAMB Safeguarding – Page 19 of the Quality Report also refers. New safeguarding process installed within SECAMB; EC satisfied that actions were being followed up on. The Quality Seminar being held on 2/7/15 will present opportunity for further discussion. Until further assurance is received this action will remain ongoing.</li> <li>• QC060215/030 Ophthalmology Screening EStH – to be discussed at CQRG on 4/6/15. This action will remain ongoing.</li> <li>• QC060215/027 Closure of Merok Park – Multi -agency review of the closure. CF provided a correction, stating that the GP was not on a retainer but supported GP involvement in the review. Agreed to close.</li> <li>• QC121214/057 Safeguarding Children Process – awaiting comment from Dr Suzanne Moore. Remain open.</li> <li>• QC121214/043 Serious Incident (SI) Reporting by Commissioners – a new NHS framework had been recently released and its implications were being reviewed the SECSU SI team. NHS England has signalled that further amendments to the framework may be necessary in response to feedback. This action will remain ongoing.</li> <li>• QC080814/086 Medicines Management – governance</li> </ul>		

No.		Action Lead	
	<p>arrangements No report on SLAs for 2014/15 has been submitted to Executive Committee – JB to follow up.</p> <p>AP gave a brief overview of the function of the Clinical Quality Review Group (CQRG) meetings to the Observers present, emphasising its focus on quality.</p>		
	Item 9 – Safeguarding Annual Report was discussed at this point in the meeting. The minutes have been written in the order of the agenda.		QC020615/007
<b>Assurance on Quality &amp; Safety</b>			
6.	<b>Quality and Performance report – To Agree</b>		QC020615/008
	<p><b><u>Section One:</u></b></p> <p>The attention of the meeting was drawn to the executive summary and key concerns listed on Page 5.</p>		QC020615/009
	<p><b><u>Never Events (NEs)</u></b></p> <p>A number of Never Events had been reported across the whole area. EC stressed that national levels of reporting were currently high and this was causing concern generally.</p>		QC020615/010
	The CCG would be seeking assurance through review of the provider's root cause analyses, which were in progress, and resulting action plans. EC was expecting an update from EStH at the CQRG in 4 <sup>th</sup> June on the misplaced naso-gastric tube, with a report from Kingston Hospital on wrong implant/prosthesis in Ophthalmology due in July.		QC020615/011
	There were concerns around the issue of adverse publicity.		QC020615/012
	MH asked for clarity on what medium was in place for sharing learning with other CCGs. EC gave the Committee a brief overview on sharing via the SI Review Sub-Committee, adding that SDCCG would share its learning log with providers through the Surrey quality leads and through CQRGs.		QC020615/013
	James Blythe reminded the Committee of the national patient safety alerts process and the role of Monitor and the Trust Development Authority.		QC020615/014
	EC would also be able to generate influence through the Area Team and regional meetings in order to promote learning at a more national level. In addition, there were plans for a second Surrey-wide Serious Incident learning event and the Patient Safety Collaborative involved providers and commissioners.		QC020615/015

No.		Action Lead	
	There was also a statutory Duty of Candour on all providers to share the outcomes from serious incidents.		QC020615/016
	EC would seek assurance from the Area Team on how they shared the learning from Never Events which they signed off for closure and the arrangements for sharing learning across all Regions.	<b>EC</b>	QC020615/017
	AP/JB would compose a one-off letter to all providers regarding concerns about the wrong lens implants at Kingston.	<b>AP/ JB</b>	QC020615/018
	<u>Page 14 – Kingston Hospital</u> The NHS Choices dashboard reflected poor performance on more than one issue at Kingston. CQRG members were aware of the performance around Cleanliness and infection and the CCG would continue to monitor.		QC020615/019
	<u>Page 7 – Epsom and St Helier Hospitals</u> In response to a question from MH as to whether there had been any improvement in EStH's responses when being challenged on their performance, CF replied that the relationship was much improved since the appointment of the new CEO.		QC020615/020
	JB agreed, saying the invitation to the Quality Seminar in July would be a good opportunity for the Trust to understand the level of concern in respect of quality and continue the trend towards being more open and transparent. EC agreed, noting the need to keep the pressure on through the CQRG, and in particular the current focus on Healthcare Associated Infections and Cancer Waiting times.		QC020615/021
	EC would write to Debbie Frodsham, Deputy Chief Operating Officer, to confirm the main focus for the July Seminar and to prepare a list of challenges for the Trust to respond to.	<b>EC</b>	QC020615/022
	<u>Stroke</u> CF reported that SASH was only reporting half their number of strokes to Sentinel Stroke National Audit Programme (SSNAP), creating an approximate 5% error in received data. East Surrey CCG was currently investigating the lack of consistency in data entry and the national team was taking the matter seriously. The matter would also be raised at the next Local Transformation Board/Systems Resilience Group to challenge the position.		QC020615/023
	JB and EC would investigate further with their counterparts in East Surrey, including for discussion at the CQRG, and report to the next Committee meeting.	<b>JB/ EC</b>	QC020615/024
	Section Two of the report was discussed after item 15, later in the		QC020615/025

No.		Action Lead	
	meeting, when MW was present to present the section on provider performance. The notes are recorded in the order of the agenda.		
	<p><b><u>Section Two: – Performance Report</u></b></p> <p>The key risks set out in the Executive summary were noted and discussion took place.</p>		QC020615/026
	Unplanned admissions for asthma, diabetes and epilepsy in under 19s AP highlighted the large increase in the figures compared with the same time last year. MH commented that the number of admissions of children had gone up generally. As children were not admitted to acute, the ambulatory care unit had needed to increase its capacity to accommodate, thus creating a children's 'spike'.		QC020615/027
	CF felt it would be interesting to compare length of stay against other paediatric assessment units. EStH's policy was to admit first and fully assess later but, given the large increase in admissions, there may be a need to switch round. The increased admission levels were first reported to the Systems Resilience Group (SRG) in November 2014, through which additional funding had been put in to support paediatric services. MW would look into the figures to determine whether this was a data issue or a potential quality issue.	MW	QC020615/028
	<p><u>Improving Access to Psychological Therapies (IAPT)</u></p> <p>The shortfall against the target for Surrey Downs' was noted. In response to a question from CF asked how the percentage targets were worked up, MW replied that the figures were calculated on an old survey and was subject to a lot of corrections. There was an awareness of the flaws in the calculations and there were movements to update. MW would be attending a seminar that week at which this would be discussed and would circulate revised figures along with the new morbidity target, as soon as they had been issued.</p>	MW	QC020615/029
	<p><u>Cancer Waiting Times</u></p> <p>Breaches in the targets continued to be of concern to the Committee. It was noted that EStH had acknowledged the deficiencies and have a remedial plan in place to address them. Changes in management structures had made initial improvements however the CCG was not yet assured that progress was being made to identify patients early and get them on the pathway of care quickly to improve their outcomes.</p>		QC020615/030
	RG drew attention to a London-wide report on 100 day cancer waits that had recently been circulated. He queried whether Surrey and Sussex Healthcare (SASH) could be included to provide a fuller picture of the Surrey Downs position, and whether the report could be circulated to a wider audience. MW would follow up.	MW	QC020615/031

No.		Action Lead	
	It was noted that London Trusts complete Root Cause Analyses on each 100 day breach and these were reviewed at CQRGs. JB would check whether 100 day waits had been reported to the EStH CQRG and EC would follow up with her counterpart in East Surrey regarding whether this was a requirement in Surrey and therefore for the SASH CQRG.	<b>JB</b> <b>EC</b>	QC020615/032
	The report was discussed and actions agreed.		QC020615/033
7.	<b>Patient Experience Report: Q3&amp;4 year end</b>		QC020615/034
	EC introduced the item by explaining that the report was shorter than usual because the Patient Experience Service (PES) Manager was on maternity leave. It was noted that the service had been maintained by the Complaints lead with administrative support and, to compensate, additional information had been incorporated within the Quality and Performance Report.		QC020615/035
	It was noted that there had been fewer informal queries through the Patient Advise and Liaison Service (PALS) and more complaints and that Funded Healthcare was the main subject. Complaints response times had improved through close working with the Continuing Healthcare team and the transition to them taking ownership of the investigation process.		QC020615/036
	CF asked whether CHC complaints had been falling in light of improved assessment processes. EC stated that there were still a significant number surrounding retrospective reviews although the situation was continuing to improve.		QC020615/037
	JO raised concern about the CHC assessment and retrospective claims process from a patient and relative perspective and queried whether response letters could be more specific and provide guidelines on the patient's place in the queue and timelines. There are huge challenges around estimating timelines but the importance of such communication with regular updates to the family was acknowledged.		QC020615/038
	Regarding Chart 4 NHS Funded Healthcare complaints (4.2), AP drew attention to the fact that 'communication' was the subject of the greatest number of complaints and there may be an issue of development or capacity within the team. EC would take this matter forward with the Head of CHC to discuss how improvements could be made.	<b>EC</b>	QC020615/039
	The report set our lessons learnt from complaints and PALS queries (3.2 and 4.4) and EC commented that it was important that these are		QC020615/040

No.		Action Lead	
	shared. The Committee agreed that it was good that people felt they were able to complain. EC added that the improving picture showed that SDCCG were carrying out the process well.		
	AP pointed out that whilst CHC reported to its own Programme Board; the Committee would want to receive a regular report on quality issues. The Committee agreed that, now that the change programme with the CHC team was complete it would be a good time to discuss reporting requirements. EC would take this forward with the Head of CHC.	EC	QC020615/041
	It was noted that this Patient Experience Report did not contain information from Providers' patient experience services. EC explained that availability of information was patchy because it was drawn from Provider board reports and information shared at the Clinical Quality Review Groups she was trying to incorporate this into the Quality and Performance Report. A more systematic approach would be needed to enable comparison and benchmarking across providers. EC would discuss further with the Surrey-wide quality leads.	EC	QC020615/042
	The report was discussed and noted.		QC020615/043
8.	<b>Serious Incident Six-Monthly Report:</b>  This item had been removed from the agenda prior to the meeting.		QC020615/044
9.	<b>Safeguarding Adults Annual Report</b>		QC020615/045
	Helen Blunden was present to take the Committee through the report. She drew attention to the key issues for note and the following points.		QC020615/046
	Para 6.4 Provider closure. The Surrey Safeguarding Adults Sub Group had met, as had Kingston and Sutton. Whilst there were no plans for a full safeguarding review, their reports would be shared to ensure lessons learned were picked up for the future.		QC020615/047
	Para 6.5 Current homes in the provider failure protocol All parties were working towards early intervention. The Committee was made aware that there may be issues arising i.e. residents moving out, and there was a need to plan in advance. SDCCG was working closely with the CQC to allow them to take action much earlier. This was giving a clear message to providers that poor levels of care would not be tolerated and that the appropriate support and where appropriate sanctions would be taken to improve care to residents.		QC020615/048
	<u>Key issues</u> CF thanked HB for her hard work on care homes and sought an update on progress with the CCG's own Safeguarding Adults Policy		QC020615/049

No.		Action Lead	
	and a completion date for the review. HB confirmed that, in line with the Care Act 2014, she had been working with the local authority to revise the Surrey multi-agency procedures which would need to be reflected in the CCG's policy. Work on the policy was continuing but delays had been experienced, as set out in the report. Completion was expected by the end of June.		
	EC emphasised that the CCG were already working to the Care Act so the delay did not represent an additional risk. EC will speak to Simon Turpitt, Chair of the SSAB, about input from Surrey County Council.	EC	QC020615/050
	<u>Para 12.4 - Capacity and resources:</u> EC and HB were working on a business case, through the Surrey CCGs collaborative, to look at increasing SDCCGs capacity as host for safeguarding adults or for CCGs to employ their own additional support for safeguarding.		QC020615/051
	Whilst HB acted as Designated Nurse across Surrey, there was clearly a need to employ a Band 7 Lead Nurse, to provide HB with much needed support. Ideally, if each CCG provided its own Lead Nurse for safeguarding, this would provide a far greater overview and EC/HB were currently factoring this into the business case. AP pointed out that capacity issues could pose significant risks which if materialised should be reflected on the risk register. EC reminded the committee that the business case for more resource in the Safeguarding Adults team that was taken to the Surrey Collaborative in 2014 had been rejected.		QC020615/052
	EC/HB would continue their work on the business case and report to the next meeting.	EC/ HB	QC020615/053
10.	<b>Safeguarding Children Annual Report</b>		QC020615/054
	EC explained that the report had been produced by the Designated Nurse for Safeguarding Children under the Surrey Collaborative host arrangements. EC explained that she had been working with her colleagues in Surrey and the Designated Nurse to improve the format of the report but there was further work to be done. For example some of the detailed information could be placed in appendices and a more CCG-specific section added which set out the risks and mitigations.		QC020615/055
	Discussion ensued in which the following points were raised.  <u>Para 1:9</u> Surrey Multi Agency Safeguarding Hub (MASH) project has been paused until outcome of Police Review and Best Practice Research is received. Efforts would be made to ensure adults were more represented. Work ongoing.		QC020615/056

No.		Action Lead	
	<u>Para 1:11</u> CF sought confirmation that the CCG was aware of the Safeguarding Children training numbers in GP practices. SM confirmed that these were available and could be included in the next report. EC would follow up with Amanda Boodhoo (AB).	<b>EC</b>	QC020615/057
	<u>Para 1.12</u> Although the outcome of the pilot Care Quality Commission (CQC) inspection of safeguarding and looked after children will not be published it has been seen by EC and an action plan is being worked on by both providers and CCGs. This is seen as a good opportunity to pick up on areas for improvement. The plan would be monitored through the Children's Health Sub-Group which both EC and SM attend.		QC020615/058
	<u>Page 4 – Risks</u> The Designated Nurse had highlighted three risks for monitoring however the Committee were not sufficiently assured that they were being addressed because mitigating actions or next steps were not included in the report. The CCG could therefore be deemed 'at risk' and this would need to be addressed in the report before it was taken to the Governing Body.		QC020615/059
	EC and SM would meet with AB to discuss after which, if deemed necessary, risks would be raised on the CCG risk register. Assurance would be brought back to the September meeting and to the Chair as soon as possible.	<b>EC/ SM</b>	QC020615/060
	<u>Para 4.3</u> Female Genital Mutilation (FGM) CF pointed out that Epsom and St Helier Hospitals had no reported cases whereas other providers had. How certain were we that they were not seeing cases? The matter would be raised with EStH. JB commented that the demographics may play a part, for example, East Surrey Hospital was the receiving hospital for Gatwick Airport.	<b>EC</b>	QC020615/061
	<u>Page 40</u> – the group noted how the Health Sub-Group attended by SM and EC fitted into the governance structure of the Surrey Safeguarding Children Board.		QC020615/062
	<u>Page 28- 29</u> - RG and AP queried how the safeguarding training levels in the Providers were being monitored, in particular where providers were non-compliant. EC replied that the figures were monitored by AB and through the CQRGs where further detail would be requested if commissioners were not assured.		QC020615/063
	Where providers were non-compliant further assurance on mitigating actions was required in the report. EC would follow up with the Designated Nurse.	<b>EC</b>	QC020615/064

No.		Action Lead	
	The report was discussed and noted.		QC020615/065
11.	<b>Workforce Assurance Report: Q3&amp;4 year end – To Note</b>		QC020615/066
	EC explained that the report was produced by the Workforce Assurance support from the South East CSU. This had been in place since October but not well established. She and JM had met with them the week before and were more confident that the service would be able to provide a useful suite of information. This first iteration was brought to the Committee as a work in development for comment.		QC020615/067
	It was anticipated that in future we would be able to include EStH staffing information and EC would also be discussing with CSH Surrey how their data could be brought into this report.		QC020615/068
	Initial comments received. It would be helpful to have: <ul style="list-style-type: none"> <li>- more national averages and benchmarking data, including comparison with the London Quality Standards.</li> <li>- information in more clear and concise format</li> <li>- More systematic presentation, for example Friends and Family Test (FFT) scores against the indicators.</li> <li>- Data about Staff in post vs. Staff Establishment</li> <li>- Ward categories shown i.e. medical/surgical/psychiatric</li> <li>- Safer Staffing data including charts that showed movement / trends.</li> </ul>		QC020615/069
	The red rated Safer Staffing data for Hayworth Ward (Surrey and Borders Partnership FT) in February highlighted the need to triangulate the information with, for example, the number of patient incidents, to understand whether the low level of staffing impacted on patient safety.		QC020615/070
	Committee members were requested to provide further feedback outside of the meeting which EC and JM would feed into discussions with the SECSU team.	<b>All</b>	QC020615/071
<b>Strategy and Redesign</b>			
12.	<b>Quality Strategy: annual report 2014/15 – To Note</b>		QC020615/072
	Committee members were informed the annual report was a summary of work completed during 2014/15 and the key issues were highlighted, noting in particular the potential impact of the CCG priorities for 2015/16 on business as usual and resilience within the Quality Team. Comments were received by the Chair.		QC020615/073
	MH suggested that identifying the reasons for projects not being successful in 2014/15 could provide valuable learning for 2015/16.		QC020615/074

No.		Action Lead	
	<p><u>Healthcare Associated Infections (HCAI)</u> In regard to the lack of improvement in incidence of HCAs, EC explained that, for C.diff, the Primary/ Secondary care interface was problematic and a continuing focus. MH suggested benchmarking against those regions that had little or no C.diff.</p>		QC020615/075
	<p>Regarding MRSA, EC stated that the whole situation surrounding MRSA led to concerns around the openness and transparency within the Trust. EStH did have MRSA, and a recent NHS Trust Development Authority report defined a more proactive action plan which could double as a performance management tool.</p>		QC020615/076
	<p>EC felt that new leadership within the Trust would have a positive impact in reducing the incidence of infection which, as MH pointed out, could present the Team's opportunity to re-exert its influence. There would be ongoing monitoring at the monthly CQRG, the next being on 4<sup>th</sup> June, EC would raise the concerns of the committee and hoped to gain further assurance.</p>		QC020615/077
	<p>The report was noted.</p>		QC020615/078
	<p><b>Governance</b></p>		
13.	<p><b>Safeguarding Children and Young People – Surrey Downs CCG Policy – updates to note</b></p>		QC020615/079
	<p>In line with new national guidelines a number of changes had been made to the original policy. The newly revised policy would be re-submitted to the next meeting of the Governing Body on Friday 10th July for approval after which the full policy would be available on the SDCCG website.</p>		QC020615/080
	<p>The revisions to the policy were noted.</p>		QC020615/081
14.	<p><b>Annual Report from the Quality Committee – To Agree</b></p>		QC020615/082
	<p>The Committee noted that the cover sheet should be amended to reflect that AP is the author of the report.</p> <p>The report was agreed in principle pending confirmation that the language used to describe the levels of assurance was that used by the auditors and clarification on how the thresholds were applied to place the subjects in the various levels. AP to clarify descriptors with Justin Dix. The report would be amended accordingly before presentation to the Governing Body in July</p>	<p><b>AP</b></p>	QC020615/083

No.		Action Lead	
15.	<b>Annual Report from the Serious Incident Review Sub-Committee – To Agree</b>		QC020615/084
	EC explained that the SI Review Sub Committee was a Sub-Committee of the Quality Committee. The Chair's annual report was a summary of activity that had taken place over the year. A six-monthly report on serious incident management had originally been planned at item 8 on the agenda however it was removed to enable the CSU to compile a more detailed analysis of trends, risks and mitigations and present at the next business meeting in September.		QC020615/085
	EC stated the quality team was beginning to see much more work centred around pressure ulcer identification and improved medical management of patients. There were better reporting levels particularly of Grade 3 & 4 however, the newly published NHS SI Framework set out different requirements which could lead to a drop in reporting going forward. Therefore maintaining vigilant monitoring of providers was important.		QC020615/086
	Work was continuing with CSH Surrey on the early identification of pressure ulcers in order to place patients on the care pathway straight away. Healing rates between hospital/home were varied. CSH Surrey was producing an information pack for carers/care homes to raise awareness of pressure damage and preventative methods.		QC020615/087
	Pressure damage prevention was a key focus for the Patient Safety Collaborative in Kent Surrey and Sussex with an emphasis on proactive assessment of each patient on admission to identify potential risk and increase possible prevention.		QC020615/088
	MH felt that greater monitoring should take place with patients being treated in the community, as this was a far more preventable area.		QC020615/089
	Further discussion took place – EC highlighted the increased assurance between SDCCG and CSH Surrey which she would like to see more widespread.		QC020615/090
	The report was noted.		QC020615/091
	Section Two of the Quality and Performance Report was discussed at this point in the meeting.		QC020615/092
16.	<b>Medicines Management: Summary of Prescribing Clinical Network recommendations: 4<sup>th</sup> March 2015 – To Note</b>		QC020615/093
	AP explained that the report was for noting only, having already been approved by clinical members of the Quality Committee.		QC020615/094

No.		Action Lead	
	RG noted that most related to wound dressings. He would contact Liz Clark, Commissioning Pharmacist, regarding ensuring that community staff are aware of any changes.	RG	
17.	<b>Integrated Governance / feedback from Governing Body and other committees</b>		QC020615/095
	<p>Whilst there were clear lines of reporting in place between the Finance &amp; Performance Committee/Quality Committee, due to the number of new Committees now in place, there were concerns that quality issues could be overlooked. The Quality Committee would need to challenge the Finance &amp; Performance Committee to make sure quality was picked up, and that strategies arising out of the Finance &amp; Performance Committee were fed through to the Quality Committee</p> <p>AP to meet initially with JD and Quality team to look at governance issues across Committees.</p>	AP/JD /EC	QC020615/096
<b>Committee Business</b>			
18.	<b>Committee Forward Plan – for note</b>		QC020615/097
	<p>The Committee noted the forward plan. It was AGREED the July and August seminars would incorporate the following:-</p> <p>July Seminar – EStH August Seminar – CSH Children’s Services (staffing levels)</p>	-	QC020615/098
19.	<b>Any Other Business</b>		QC020615/099
	There was no further business		QC020615/100
20.	<b>Meeting Close</b>		QC020615/101
	Part I of the meeting closed at 11.45am		QC020615/102
21.	<b>Date of Next Meeting</b>		QC020615/103
	The next meeting (Quality Seminar) will take place on Tuesday 7 <sup>th</sup> July, 9:30 – 11:30am, Epsom and St Helier Hospital NHS Trust .		QC020615/104

Approved

**Minutes of the Quality Committee**

held on Tuesday 31<sup>st</sup> March 2015

at Cedar Court, Guildford Road, Leatherhead, KT22 9AE

**Part 1**

**Chair: Alison Pointu**

<b>Present:</b>			
<b>Members</b>			
EC	Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse	
JO	Jacky Oliver	Governing Body Lay Member - PPE	
PG	Dr Phil Gavins	Clinical Lead – East Elmbridge - Kingston	
RG	Dr Robin Gupta	Clinical Lead –Dorking SASH	
AP	Alison Pointu	Governing Body Register Nurse / Chair	
<b>In attendance:</b>			
JB	James Blythe	Director of Commissioning and Strategy	
MH	Mark Hamilton	Secondary Care	
MW	Mabel Wu	Head of Performance and Governance	
<b>Supporting Officers:</b>			
JM	Jackie Moody	Clinical Quality and Safety Manager	
SM	Sonia McDonald	PA/ Minute Taker	

No.		Action Lead	Para ID	
1.	<b>Welcome and introductions</b>		QC310315/	001
	The meeting opened at 9.30am. The Chair welcomed members and those in attendance.		QC310315/	002
2.	<b>Apologies for absence</b>		QC310315/	003
	Apologies were received from Dr Claire Fuller, Miles Freeman, Karen Parsons, Dr Suzanne Moore, and Liz Saunders.		QC310315/	004
3.	<b>Declarations of interest</b>		QC310315/	005
	The Surrey Downs Clinical Commissioning Group Governing Body maintains a register of members' interests. At meetings of Governing Body Committees members are expected, if appropriate, to declare interests in respect of items on the agenda.		QC310315/	006

No.		Action Lead	Para ID	
	There were no additional declarations at the start of the meeting.			
4.	<b>Minutes of the previous meeting</b>		QC310315/	007
	To approve the Minutes of the Quality Committee meeting held on Friday 6 <sup>th</sup> February 2015.		QC310315/	008
	<p>The minutes of the meeting held on 6<sup>th</sup> February were approved with the following amendments:</p> <p>Paragraph 54 – the words “In relation to conversation under item 6, it was agreed that JB would pick up the addition of Stroke and CSH Surrey to the risk register with JD outside of the meeting” would be amended to read “In relation to the conversation under item 6, JB would pick up the addition of a risk around the community contract and staff vacancies in CSH Surrey in services such as Speech and Language Therapy where there is a high demand”.</p>		QC310315/	009
5.	<b>Matters Arising and Action Log</b>		QC310315/	010
	<p>The action log was reviewed and status for each action agreed.</p> <ul style="list-style-type: none"> <li>• QC060215/054 Risk Management Report – the risks are in draft form awaiting approval by the Executive Committee. The action will remain on-going until approval has been received.</li> <li>• QC060215/039 SECAMB Safeguarding – EC advised that there currently there were no reported safeguarding issues but there remained a lack of assurance about whether there was a policy in place. She had difficulty in obtaining information through a number of different parties, but would continue to pursue. JB advised EC to speak to Tom Elrick, CCG Urgent Care lead. AP advised there had been past issues concerning the escorting of unaccompanied children, and it was worth checking that SECAMB was adhering to policy. This action will remain ongoing.</li> <li>• QC060215/030 Ophthalmology Screening – ESTH. As the matter will be discussed at the next CQRG meeting this action will remain ongoing.</li> <li>• QC060215/027 Closure of Merok Park – review meeting. EC confirmed that a GP had been invited to the meeting but she did not know the outcome of the meeting. Key messages would be placed in the GP newsletter ‘Start the Week’ and work into the quality assurance of care homes would continue. AP stated that other work had been forthcoming via the Task &amp; Finish Group. This action was closed.</li> <li>• QC060215/006 Vacancy rate within the CSH Surrey 0-19</li> </ul>		QC310315/	011

No.		Action Lead	Para ID	
	<p>service. i) Agreed for closure.</p> <ul style="list-style-type: none"> <li>• QC060215/006 Vacancy rate within the CSH Surrey 0-19 service. ii) It was reported that the high vacancy rate was prevalent in other specialities/areas and not confined to CSH Surrey. A more stable workforce was needed to increase the level of confidence in providers' ability to provide the service and CSH Surrey is currently working on a workforce and retention policy. Closer monitoring of workforce data will be achieved through the Clinical Quality Review Group (CQRG) and escalated to the contract monitoring meetings by exception. This action will remain ongoing until the risk under Action QC060215/054 is articulated and actions implemented</li> <li>• QC121214/057 Safeguarding Children Process. It had been agreed that SM would raise this at the next Safeguarding Children's Board at the end of April. EC would speak to SM further. The actions will remain ongoing until assurance is received on the actions being taken.</li> <li>• QC121214/043 SI Reporting by Commissioners. Awaiting national guidance due in April, therefore this action will remain ongoing for the time being.</li> <li>• QC080814/086 Medicines Management – governance and reporting. JB advised that the team needed to provide a report to the Surrey CCGs on their delivery of the Service Level Agreements for 2014/15 and to the Executive Committee. This would be an ongoing requirement. Action to remain open until JB has confirmed this with the Medicines Management Lead.</li> </ul>			
	<b>Assurance on Quality</b>		QC310315/	012
6.	<b>Quality and Performance Report – To Agree</b>		QC310315/	013
	<b>Section One: Executive Summary and Key Concerns – page 5</b> EC confirmed there were “no surprises” in the report.		QC310315/	014
	<u>Health Care Associated Infections (HCAI)</u> There has been an increase level in a number of providers and the focus for 2015/6 would be Primary Care, taking into account the elements of antibiotics and prescribing.		QC310315/	015
	Referring to Pages 8/9, it was disappointing that the ESTH MRSA level was still high, and the rate for C.diff was only skimming the required threshold. The meeting anticipated that recent changes in staffing, including a new CEO, and possible new culture and change of approach may see some improvement.		QC310315/	016

No.		Action Lead	Para ID	
	MH asked how confident the CCG could be that the level of monitoring was comparable with other Trusts, and whether having a frail, elderly local population had an impact.		QC310315/	017
	AP confirmed that following a Trust Development Authority (TDA) review, the CCG had received significant assurance around their infection control procedures however, strict vigilance would be kept and frequent liaison was taking place with Sutton CCG to ensure the information the CCG being supplied with by the Trust, was accurate. A copy of the TDA report would be circulated.	EC	QC310315/	018
	JO asked whether the Committee considered nurses' uniforms could spread infection, and should be factored into infection control measures i.e. hospital laundry policy. EC agreed to raise the issue through the CQRG.	EC	QC310315/	019
	<u>ESTH Performance Concerns – Cancer and Stroke services</u> EC confirmed she had not seen a revised action plan, and that no satisfactory assurance had been received through the CQRG. JB felt they had been rather 'defensive' when challenged on the quality of cancer services.		QC310315/	020
	Issues surrounding stroke services still needed to be addressed, but JB had been assured by the ESTH Medical Director that patients were being moved out of the stroke unit at the end of treatment to allow for new admissions. This was a reasonable response given the pressure on beds.		QC310315/	021
	JB noted that the Trusts ability to respond to issues and fix them was quite good but that the culture of response to challenge was more worrying. The Trust Cancer Action plan was now available, which JB, Claire Fuller and Miles Freeman would be meeting with the ESTH Chief Operating Officer, Jackie Sullivan to discuss in detail.		QC310315/	022
	The cancer pathway was discussed and JO shared an anecdote of negative patient experience. JB highlighted the need to strengthen clinical input from CCG to CQRG by inviting Mark Hamilton to take part in CQRG meetings.		QC310315/	023
	<u>Page 18:</u> It was noted that MRSA performance at Kingston Hospital had improved and been sustained. JM had attended a recent CQRG meeting and reported there were no issues surrounding infection control.		QC310315/	024
	<u>Page 19:</u> EC reported she was satisfied with the variation between the two tables showing monthly/yearly scale rates for C.diff at Kingston Hospital, and explained the reasons.		QC310315/	025

No.		Action Lead	Para ID	
	<u>Page 22, 3.4.8:</u> An update was given on the problems patients were experiencing with parking at Kingston Hospital. JM assured the Committee that the Trust was addressing the issues.		QC310315/	026
	The disappearance of locally run clinics outside the Kingston area had been highlighted by the parking issue. It was explained that the clinics were run by Surrey Medical and some were not on the 'Choose and Book' system. There was concern about whether patient's choice was being compromised by them being referred directly to the hospital. JB had spoken to the Medical Director of Surrey Medical who confirmed that low volumes of patients had led to a number of local clinics being closed but that the Referral Support Service were kept apprised of the clinics.		QC310315/	027
	As an independent provider it was Surrey Medical's responsibility to communicate with the CCG about their concerns however JB would contact them to discuss using 'Choose and Book' for their clinics.	<b>JB</b>		028
	<u>Page 25:</u> The incidence of C.diff at Surrey & Sussex NHS Trust from 2012-2015 was noted. The thresholds were considered acceptable, as outlined.		QC310315/	029
	<u>Page 26, Maternity Screening:</u> Concerns were expressed at the increased numbers of incorrect processes.		QC310315/	030
	In the absence of Liz Saunders, Public Health Consultant, LS, input from a public health perspective was not available. The meeting agreed that public health needed to be present on each occasion. JM would follow up with LS to try and ascertain future meeting attendances.	<b>JM</b>	QC310315/	031
	<u>Page 26, SaSH Locality Report</u> RG gave a brief update. He drew attention to a vacant Community Matron post which he felt would have a negative impact on the development of the Community Medical Team. He also highlighted a long waiting list for tongue tie surgery and ophthalmology; and a concern about dietetic services. These quality and workforce matters would be brought together and picked up by through contracting.		QC310315/	032
	<b>Section Two – Performance Report</b>  Referring to the dashboards on pages 26 & 27 and the narrative:		QC310315/	033
	<u>Page 7: Alcoholic Liver Disease</u> MW reported that a watching brief was being kept on this because of the potential impact on integrated care and the need for whole systems behaviour change. This was another area where it would be helpful to have the public health perspective to enable further thinking around the evidence base, the preventive element, whole system measures and combined commissioning.		QC310315/	034

No.		Action Lead	Para ID	
	<p><u>Page 27: Referral to Treatment waiting times:</u> It was recognised that the system was under a lot of pressure and in some instances targets were not being met.</p>		QC310315/	035
	<p><u>Page 8 &amp; 26: Unplanned hospital admissions for asthma, diabetes and epilepsy in the under 19s.</u> A large upward spike had been picked up during November and December 2014. MW will follow up on the findings of the Balance of Care Audit and look at the Sutton data.</p>		QC310315/	036
	<p><u>Page 14: Breast Symptom referrals seen within two weeks</u> MW reported that the CCG is following up with NW Surrey CCG the breaches at the Jarvis Centre. NW Surrey is saying that they are having problems obtaining information from Virgin Care. The original problem has been fixed and no Surrey Downs patients were affected however it is not clear what went wrong therefore full assurance that it won't happen again has not been received. Possible errors data submission requiring staff training.</p>		QC310315/	037
	<p>JB drew attention to the change in 2-week rule for the symptomatic and non-symptomatic pathways and the risk to capacity because of the potential for a greater number of referrals.</p>		QC310315/	038
	<p>Epsomedical are not yet reporting directly to Open Exeter and are having difficulty setting up the process. They have been asked to send their data directly to the Commissioning Support Unit (CSU) in the interim but the matter needs to be resolved quickly and the CCG would consider decommissioning the service pending this.</p>		QC310315/	039
	<p><u>Page 15: Ambulance Response times</u> SECAmb achieved the Red 1 target but are failing on Red 2.</p>		QC310315/	040
	<p><u>Page 17: Mixed Sex Accommodation breach</u> There had been one breach at St George's Hospital during January.</p>		QC310315/	041
	<p><u>Page 18 &amp; 28: Improving Access to Psychological Therapies (IAPT)</u> The CCG is not achieving the required referral and treatment targets. The intensive support team (IST) is trying to assist but this results in a medically-led referral rather than self-referral which is the measure for the target. NE Hants and Farnham CCG are reviewing the capacity to conduct face to face sessions. This CCG needs to consider and agree and approach to improving performance. This will be taken forward with Karen Parsons by MW.</p>	MW	QC310315/	042

No.		Action Lead	Para ID	
	<u>Page 20 &amp; 28: Dementia diagnosis rate</u> MW advised that there had been a rise of 3% since January and the CCG was unlikely to hit the 66.7% target. The focus needed to be on the GP practices that have the biggest disparity between diagnosis and predicted diagnosis and to recognise as a whole systems target which, during 2015/16 could be shared through the Better Care Fund work.		QC310315/	043
	<u>Page 28: Monthly Activity Return</u> The CCG has established a Finance & Performance Committee of the Governing Body where this information would be reviewed in future. It would therefore only be brought to the Quality Committee by exception, for example, if it was impacting on 18 – week wait.		QC310315/	044
	Regarding cancer waits AP queried whether the CCG had any >100 day waits and whether the CCG has seen the root cause analyses at the CQRG. MW to check the number of cases and circulate to the Committee.	<b>MW</b>	QC310315/	045
	<u>Section One: Page 35:</u> Following a recent CQC inspection of Ashford and St Peters, recommended areas of improvement would be monitored.		QC310315/	046
	<b>Strategy and Redesign</b>		QC310315/	047
7.	<b>Quality Improvement Strategy: update on implementation</b>		QC310315/	048
	The Quality Improvement Strategy was presented to the public in July 2014. EC provided a general update on work being done and the intention during 2015/16 for the quality to be more integrated into CCG programmes for which Quality Impact Assessment would be required.		QC310315/	049
	Attention was drawn to the draft Quality Impact Assessment Policy (QIAP) and a brief discussion took place on the content. AP felt the introduction of QIAP was right given the current financial situation, as it would provide an insight on the impact of quality in far greater detail.		QC310315/	050
	Committee members were asked to forward comments on the QIA to EC by late April.	<b>All</b>	QC310315/	051
	JB explained that information derived from quality impact assessments would feed into both the Finance & Performance Committee and the Quality in order to determine whether programmes were able to proceed or needed to be modified. A programme assurance paper would be brought to the Quality Committee. This would be added to the Forward Plan; frequency to be confirmed.	<b>JM / EC</b>	QC310315/	052
	The meeting noted that an independent review of care homes was being undertaken to bring patient engagement out into the community.		QC310315/	053

No.		Action Lead	Para ID
	<b>Governance</b>		QC310315/ 054
8.	<b>CCG Governance including Committee Terms of Reference – to agree</b>		QC310315/ 055
	AP reported that discussion at the last Audit Committee had centred around the Annual Report, a draft of which was discussed.. In the light of the formation of two new Committees, the Primary Care Committee and Finance & Performance Committee, the Audit Committee had discussed Governance capacity recognising that some of the issues highlighted may be addressed via an external review within the Governing Body.		QC310315/ 056
	<u>Terms of Reference</u> JM explained that the Committee was currently operating under terms of reference (TOR) that did not accurately reflect its remit and they were being present for agreement to recommend to the Governing Body for approval.		QC310315/ 057
	There were two matters to be resolved – patient representative member and arrangements for research governance however it was recommended that these should not delay any agreement of the TOR should they not be resolved in the meeting.		QC310315/ 058
	Regarding paragraph 1.6 of the covering paper, the Committee recognised the value of having two lay members on the Committee and JB advised that recruitment was underway to fill the current vacancy. The second lay member would be reinstated on the membership and that the titles be Lay Member – Governing Body rather than specifying the roles.		QC310315/ 059
	JO enquired whether there was any induction for lay members - as a new member she would find this helpful. AP confirmed induction had not been developed as a process but would be explored for the future.		QC310315/ 060
	Regarding paragraph 1.8.1 the Committee agreed that the Patient Representative be removed from the membership and included in the list of ad hoc attendees under 2.5 of the terms of reference.		QC310315/ 061
	Regarding paragraph 1.8.2 Research governance. The Committee agreed to retain this remit within the TOR and explore with other CCGs the issue of a policy.		QC310315/ 062
	The Committee agreed the Terms of Reference subject to the above amendments.	<b>JM</b>	QC310315/ 063
	The agreed Terms of Reference would be placed before the Governing Body on Friday 24 <sup>th</sup> April along with the Minutes of the Quality Committee for 31 <sup>st</sup> March 2015.		064

No.		Action Lead	Para ID	
9.	<b>Prescribing Clinical Network recommendations – to note</b>		QC310315/	065
	The recommendations were noted.		QC310315/	066
10.	<b>Integrated Governance/feedback from Governing Body and other Committees</b>		QC310315/	067
	As reported under Agenda item 8.		QC310315/	068
	<b>Committee Business</b>		QC310315/	069
11.	<b>Committee Forward Plan – for note</b>		QC310315/	070
	AP stated the key factors to note were around the addition of the Workforce Assurance Report to the Forward Plan and to agree the areas to focus on for the 7 <sup>th</sup> May seminar with SECAMB.		QC310315/	071
	EC would speak to Tom Elrick regarding the Immediate Handover Policy and arrange for the seminar to take place at the headquarters of SECAMB in Banstead. The visit would include a look round the Operations Centre. EC would also arrange for visits to local two nursing homes and advise members of the Quality Committee accordingly.		QC310315/	072
12.	<b>Any Other Business</b>		QC310315/	073
	There was no further business.		QC310315/	074
13.	<b>Meeting Close</b>		QC310315/	075
	Part I of the meeting closed at 11.25am.		QC310315/	076
14.	<b>Date of Next Meeting</b>		QC310315/	077
	The next meeting which is a seminar, will take place on Thursday 7 <sup>th</sup> May at the SECAMB Headquarters, The Horseshoe, Bolters Lane, Banstead SM7 2AS.		QC310315/	078