

## Quality Committee Report

<b>Agenda Item 19 Paper 13</b>	
<b>Author:</b>	Eileen Clark – Head of Quality
<b>Executive Lead:</b>	Steve Hams, Interim Director of Clinical Performance & Delivery
<b>Relevant Committees or forums that have already reviewed this paper:</b>	None
<b>Action required:</b>	To note
<b>Attached:</b>	Quality Committee Report and approved Committee minutes – December 2015 and January 2016
<b>CCG Strategic objectives relevant to this paper:</b>	Quality and Performance Core business: relevant to most objectives
<b>Risk</b>	Risks identified through the work of the committee are added to the corporate risk register
<b>Compliance observations:</b>	<b>Finance:</b> As per quality section
	<b>Engagement :</b> No known issues
	<b>Quality impact:</b> On-going focus on improving quality and safety is essential, particularly in a financially challenged NHS
	<b>Equality impact:</b> No known issues
	<b>Privacy impact:</b> N/A.
	<b>Legal:</b> Some performance issues will be related to NHS Constitution legal duties

## **EXECUTIVE SUMMARY**

This report summarises the activity of the Quality Committee since November 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.

The Governing Body is asked to note the report

**Date of paper**

19<sup>th</sup> January 2016

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# 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 November, the Quality Committee has held one Seminar which focused on two areas of work. Part one focussed on reviewing the CCG's Quality Improvement Strategy where the committee discussed the strategy in the light of the CCGs governance review and the requirement for a more integrated strategy reflecting new work streams in place and the impact of the Financial Recovery Plan. Part two focused on the developing Community Hubs receiving presentations from clinicians leading the East Elmbridge and Epsom hubs. A number of areas were identified where governance could be strengthened and these have been highlighted to the hubs as a result. Good practice was also highlighted and the benefits that this new approach can bring to patients and their families. Community Hubs will be reviewed again as part of the seminar programme in 2016/17.

There was also a formal meeting of the Quality Committee that took place on 5<sup>th</sup> January 2016. The meeting was chaired by Dr Suzanne Moore, GP Quality Lead for the Epsom locality. The committee received and discussed a number of reports including the Safeguarding Children's six monthly report presented by the Surrey Designated Nurse for Safeguarding Children, an update on Safeguarding Adults including progress on the action plan developed to strengthen assurance around the hosted service and the Quality and Performance report. Risks and actions were discussed and assurance received.

In addition, the Quality Committee's Terms of Reference were discussed and agreed. The Terms of Reference for the Serious Incidents requiring Investigation Committee were reviewed, noting that this committee, which is a sub-committee of the Quality Committee, would in future be reviewing Root Cause Analyses that had been carried out following cases of Cdificile, identifying where there might be lapses in care and scrutinising and assuring actions that were in place as a result.

The Governing Body is asked to note this report.

## Meeting Minutes

### Quality Committee – Part 1

Tuesday, 5<sup>th</sup> January 2016

#### Committee members present:

Eileen Clark	Head of Clinical Quality, Clinical Governance and Patient Safety/Chief Nurse
Dr Phil Gavins	Clinical Lead – East Elmbridge
Dr Robin Gupta	Clinical Lead – Dorking
Jacky Oliver	Governing Body Lay Member - PPE
Dr Suzanne Moore	Clinical Lead – Epsom
Jennifer Smith	Public Health Lead
Debbie Stubberfield	Governing Body Register Nurse / Chair

#### Others in attendance:

James Blythe	Director of Commissioning and Strategy
Karen Parsons	Director of Transition
Justin Dix	Governing Body Secretary
Vicky Francis	Governance Support Officer
Jackie Moody	Clinical Quality and Safety Manager

**Chair:** Dr Suzanne Moore

**Minute taker:** Justin Dix

**Meeting started:** 9.30 am

**Meeting finished:** 11.50 am

### 1. Welcome and introductions

Dr Moore agreed to act as Chair in the absence of Dr Hamilton and Debbie Stubberfield and welcomed everyone to the meeting. All those present were introduced.

QC050116/001

## 2. Apologies for absence

Apologies had been received from Dr Hamilton, Gill Edelman, Dr Fuller, and Ralph McCormack. Gill Edelman had sent extensive comments by email which were noted by Dr Moore as Chair of the meeting and would be fed into the discussions for the relevant agenda items.

QC050116/002

## 3. Declarations of interest

There were no members' interests relevant to the conduct of the meeting.

QC050116/003

## 4. Minutes of the last meeting (for accuracy)

034 – Performance breaches with smaller providers - it was clarified that Gill Edelman was seeking assurance on the process for quality monitoring across the smaller contracts with multiple providers.

QC050116/004

076 – typo re “leave” which should read “lead”.

QC050116/005

Justin Dix to amend minutes accordingly for the above.

QC050116/006

### **Action Justin Dix**

Other than the above amendments the minutes were agreed as an accurate record.

QC050116/007

## 5. Matters arising and action logs

QC031115/65 – Lay member to provide independent scrutiny of patient experience - Eileen Clark confirmed that work was ongoing to identify an individual – action to be kept open until the March meeting.

QC050116/008

QC031115/57 – Learning from incidents of iGAS streptococcal infections. Jackie Moody was still awaiting a response from NHS England. It was suggested that Rachel Gill or Peter English in Public Health could be contacted – Jennifer Smith would provide details.

QC050116/009

### **Action Jennifer Smith / Jackie Moody**

QC031115/50 – Audit of children with mental health issues being admitted to adult mental health beds. Eileen Clark said there was no update but she would follow this up with Guildford and Waverley CCG. The next meeting of the health sub-group of the Surrey Safeguarding Children Board was not until March 2016 so this needed following up ahead of this. Amanda Boodhoo may be able to provide support. Keep action open.

QC050116/010

QC031115/48 – Integrated Access to Psychological Therapies (IAPT) self-referral. James Blythe said that there had been numerous cascades of leaflets and information to GPs and feedback from practices was that it was now clear how to refer into IAPT. One provider had prepared their own leaflets; the appropriateness of this had been queried although it was compliant with the NHS publication code; it was agreed that the outstanding action would be closed and the provider leaflet highlighted in Start the Week. QC050116/011

**Action James Blythe**

QC031115/32 – RACI grid (Responsible, Accountable, Consulted and Informed). Not yet completed – keep open. QC050116/012

QC020615/064 – Safeguarding Children Report - Eileen Clark had followed up as required and felt there was now adequate assurance. The Committee was asked to consider whether the reporting was now adequate. It was noted that the Quality team monitored this outside the meeting. Could be closed unless subsequent discussion with Amanda Boodhoo, Designated Nurse for Safeguarding Children in Surrey, suggested otherwise. QC050116/013

QC020615/029 – IAPT morbidity targets. Jackie Moody updated on the basis of information received from Mable Wu. The response to the original query in November had been chased in December; the figures however were still not resolved. The Committee agreed to keep this action open until resolved, although it was noted this originally dated from June 2015. James Blythe noted that all reasonable efforts had been made by the CCG to resolve the issue. Action to be kept open. QC050116/014

QC020615/028 – Under 19 unplanned admissions to acute hospital beds. There was ongoing work on beds and pathways and anecdotal information that acute beds were being used by CAMHS patients. Work was being done between Guildford and Waverley CCG and Surrey and Borders to identify the issues. Agreed to keep open. QC050116/015

QC121214/043 – Serious Incident Reporting - Eileen Clark said that it had been hoped to take a paper to the Surrey CCG Programme Board in December which had been delayed – it would now be discussed in February at the Quality Leads Meeting and reported at the March Committee. There was also a Surrey-wide nursing and SI learning event being held in April 2016. QC050116/016

There were some concerns about the lack of visibility of incidents in care homes, although there was oversight via other routes e.g. meetings with the Care Quality Commission (CQC). It was appreciated that the Committee might not feel it had sufficient assurance. James Blythe noted that as a hosted service the Continuing Health Care (CHC) team was discharging its responsibilities to notify incidents, although it was queried whether this was being done in a consistent way as this only applied to NHS funded patients. Jackie Moody noted that the CCG relied on the care homes to notify consistently across Surrey, although it was also noted that they would have a duty to report a serious incident to the CQC. There were capacity issues with triangulating in detail with the CQC.

QC050116/017

Dr Moore also noted that there did not appear to be a formal requirement for safeguarding leads to notify GPs of incidents raised with them, which meant the GP could not undertake reviews where there were health issues (physical and / or mental). Eileen Clark said that it depended on the nature of the incident. Jackie Moody said that inconsistency regarding communication with, and involvement of, GPs in SI investigations had been noted from a recent SI and was being followed up. It was noted that a business case around improving quality in care homes had been approved by the CCG which, it was anticipated, would support system-wide improvement.

QC050116/018

James Blythe queried the relationship between statutory safeguarding and GPs working under a retainer for care homes and noted that this was also not consistent. Many providers were ending retainers which might be part of the issue. Action to be kept open.

QC050116/019

QC031115/84 Safeguarding adults – this was covered elsewhere on the agenda. Agreed for closure.

QC050116/020

## 6. Quality and Performance Report

Eileen Clark noted that the format of the report was still evolving and there was a primary focus on local providers. There were also more links to related material and attempts to summarise issues more effectively.

QC050116/021

Eileen Clark highlighted a number of specific issues.

QC050116/022

### *South East Coast Ambulance Service (SECAMB)*

QC050116/023

A lot of work had taken place with Swale CCG and NW Surrey CCG. Issues over Christmas had been picked up quickly and dealt with well. There was now more assurance on processes for contract management and NW Surrey were producing updates for associate commissioners. There was also a commissioners' forum and quality forum taking place. The trust was under Monitor scrutiny and there were a number of concerns but they were in the open and being managed.

Jacky Oliver asked what the alternatives were if the provider did not raise standards. James Blythe said that more than one approach would be needed given that the trust's original responsibilities for providing a 999 service had been extended into 111 and Patient Transport Services (PTS). These needed to be reviewed individually and the CCG had already withdrawn from PTS. It might be necessary to focus the provider back on its core business (999) and decide about other procurement in due course.

QC050116/024

Dr Gupta noted that the trust had a monopoly of 999 and this was a national issue as ambulance trusts across the country demonstrated performance issues. James Blythe noted that with both 999 and 111 the contract was with SECamb and there was little option but to work with them in this context, probably indefinitely. The aim was to ensure that they were meeting commissioner requirements and not prioritising other business concerns such as their financial position. This was the approach being taken. He reminded the Committee that there were 22 commissioners involved and that Monitor's focus had now shifted from financial stability to also ensuring that access and quality were adequate.

QC050116/025

Debbie Stubberfield queried whether the quality of service provision was being negatively impacted and asked what the Committee wanted to do in relation to the operational and clinical decision making of the trust. She also asked if the trust was satisfied that this was adequate, and whether the CCG understood what "good assurance" looked like, and whether there were shared assumptions across the organisation about managing risk and assurance. She asked what Monitor was doing in these respects.

QC050116/026

James Blythe said that the issues with "Red 1" had been extensively investigated with the involvement of Monitor and the lead commissioner and that there was a lot of detail emerging from the operational scrutiny had resulted. CCGs were now getting a lot more information about the trust's performance that was informing their delivery and their capacity management decisions.

QC050116/027

It was noted that there were no significant numbers of Serious Incidents (SIs) and their reporting of SIs did appear robust. There were a number of aspects to delivery of the service, including private ambulance usage, which had recently become a concern. Debbie Stubberfield felt that the CCG needed to focus on these and other operational issues during the winter and review again in March with a focus on SIs, optimal care and patient experience.

QC050116/028

James Blythe noted that turnaround statistics were good and Epsom was currently the best performing acute trust in Surrey. There were no major concerns with call abandonment statistics.

QC050116/029

Funding was available for Hospital Admission Liaison Officers (HALOs).

Eileen Clark felt that the regional and local scrutiny was becoming more effective but the CCG did need to prioritise this as SECamb was a high risk provider.

QC050116/030

James Blythe noted that SDCCG's Red 1 performance would lag behind the trust's aggregate performance due to Surrey Downs being on the periphery of SECamb's catchment area, and Surrey Downs being a more rural patch than was typical for the trust as a whole.

QC050116/031

Dr Moore asked about the underlying reasons for poor performance such as recruitment. James Blythe said the trust was typically good at staff training and the main issue was staff morale dropping because of the impact of poor performance, although there was an issue with paramedic recruitment and grading. 111 was also drawing staff away from the core 999 work.

QC050116/032

#### *Cancer waits*

QC050116/033

This was also high on the watch list although the CCG had been compliant on 62 day waits over the last two months. Improved diagnostics was the main reason for this although this had increased endoscopy costs for the CCG and potentially (despite triage) might have led to inappropriate endoscopy. The conversion rate between assessment and diagnostic procedure was 75%. Dr Moore queried whether this was high but Dr Gupta noted that the national guidance did recommend investigating all referrals.

#### *Health Care Associated Infection*

QC050116/034

Cdiff performance was mixed; Kingston was performing well against a more demanding target and Epsom had a strong focus on this issue and were improving with new leadership.

#### *Epsom St Helier*

QC050116/035

The CQC inspection of critical care at Epsom St Helier had been dealt with in a transparent way and a follow up meeting (Quality round table) was taking place with the trust next week. James Blythe noted that this had given other staff the confidence to whistle blow in other clinical areas and this was inevitable based on experience elsewhere. Debbie Stubberfield said that both commissioners and providers had to reflect on the cultural issues and how these often remained hidden despite positive statistics, and how poor practice became normalised and ingrained.

## *Community hubs*

QC050116/036

Eileen Clark noted that the community hubs meeting in December had raised some governance issues which were being looked at from an assurance perspective. Jacky Oliver asked if patient experience was included in this and it was confirmed it was. It was noted that there was a programme board in place for this and the second meeting was taking place in late January.

Debbie Stubberfield asked if the model being applied to the community hubs could have wider application to new and innovative service models.

QC050116/037

Eileen Clark invited questions on the above issues and other aspects of the report.

QC050116/038

Jacky Oliver noted that from her personal experience the Friends and Family Test (FFT) needed to be configured around this to give a holistic view from patients and not necessarily feedback on every clinical area.

QC050116/039

James Blythe highlighted the efforts being made to support Epsom around discharge and urgent care, with a lot of resource being put in before Christmas which had helped them manage over the seasonal period. There was a growing level of confidence that issues were being addressed.

QC050116/040

GP quality alerts at Surrey and Borders were queried. Jackie Moody said this had been first identified last July in the Governing Body and since then there had been a change in the lead commissioner quality lead; she had received a positive response from the lead commissioner and that this was on the agenda of the Mental Health collaborative. However the outcome proposed by the trust in December was to put more systems in place which would be difficult for GPs to use and the CCG was responding with a proposal for a single point of feedback for GP concerns.

QC050116/041

Dr Moore said that in overall terms the Quality and Performance report was developing positively and Eileen Clark and Jackie Moody were congratulated on this.

QC050116/042

## **7. Risk Management Report**

Justin Dix said that he met with the Quality team prior to each Quality Committee and Governing Body meeting to update the quality risks, which effectively meant they were updated on a monthly basis. The whole risk register was made available to the Committee to ensure that there were no gaps in assurance. He asked the Committee to comment on whether the risks seemed consistent with the work of the Committee and whether specific areas such as SECamb were properly reflected. He also noted that some areas fell under the remit of more than one Committee and a holistic view should be taken. The blue highlighted areas showed where other Committees had a role in quality risks.

QC050116/043

Karen Parsons emphasised that risk identification and management needed to be more prominent as a result of the Governing Body review. QC050116/044

Justin Dix noted that the Risk Management Strategy was reviewed annually and that there was a risk maturity review to inform this. As a result of the Governing Body review it was clear that risk management needed to be more embedded in the organisational culture than it had been in the past. QC050116/045

Dr Moore said that there was a need to identify the top risks and ensure these were adequately discussed at each Committee meeting. QC050116/046

Justin Dix noted that over seventy staff had been put through in-house risk management training in the autumn and the feedback from this indicated that there was now a much better understanding of risk throughout the organisation. This was a focused one hour session that was more accessible than the training that had previously been provided. It was noted that the Governing Body and Clinical Cabinet would require induction training on risk when these were re-formed in April. QC050116/047

There was a brief discussion on how the CCG determined what risks should be treated and which should be tolerated. James Blythe noted that the statement of risk appetite agreed by the Governing Body the previous year set out how to treat risk in the organisation. QC050116/048

Debbie Stubberfield asked about hosted services and it was noted that there had been issues with this, with some CCGs not reflecting risks in their registers where these had been flagged by the host. This had improved substantially and there was now some discussion between CCGs although no formal collaborative risk registers. It was noted that the CHC risk register was owned by other CCGs through the CHC programme Board. Justin Dix noted that the Adult Safeguarding Audit had highlighted this and it had been suggested to the auditors that this limited assurance report should figure in all CCG's annual reports, as this was an issue that went across CCG boundaries. QC050116/049

It was noted that there was lack of internal consistency in how risk was being managed with slightly different approaches being taken by CHC and the Programme Management Office. This would be picked up as part of the risk maturity review. QC050116/050

Jackie Moody highlighted the delayed implementation of Datix, the risk management system purchased by the CCG in February 2015. Justin Dix said that the technical issues appeared to have been overcome by proposing a move to a web based system, but there was still a lack of capacity around project management of its implementation. It was queried whether the system could be shared with other providers but it was felt that basic implementation was the priority given the issues to date. It was requested that Justin Dix produce a simple business case for the implementation phase of Datix with the PMO.

QC050116/051

#### **Action Justin Dix**

It was noted that there were a small number of additional risks that were known but had not been formally described by the Quality team and it was agreed that these should be put on the risk register and staff supported to find the time to do this.

QC050116/052

#### **Action Eileen Clark**

One of the reasons for the delay was the lack of capacity in the Quality team and the need for interim admin support. This would be picked up by the new Interim Director of Clinical Performance and Delivery.

QC050116/053

It was noted that Datix would assist with bringing risks together across the organisation and make this process easier for staff.

QC050116/054

### **8. Safeguarding Adults Update**

Eileen Clark introduced this. There had been an internal audit by TIAA and a safeguarding board self-assessment. The outputs had now been put into a single action plan and the paper highlighted the actions resulting.

QC050116/055

It was noted that safeguarding training for both adults and children should be provided to the "new" Governing Body in April and this would be a timely point to do this.

QC050116/056

Debbie Stubberfield asked when the annual safeguarding report would be available and it was confirmed this was being scheduled for later in the year. It was queried whether an interim report would be helpful in the current context, even though the last report was only in November.

QC050116/057

It was agreed to keep the action plan on the Quality Committee agenda for March as part of the Quality and Performance report.

QC050116/058

#### **Action Justin Dix**

Dr Gavins highlighted IRIS software for identifying domestic abuse, which had been used as part of a domestic homicide review. The system picked up Read coded issues that could be linked to potential domestic abuse. James Blythe suggested that the CCG ask to see East Surrey CCG's business case for this, although it might require a procurement if there were alternative systems available.

QC050116/059

#### **Action Eileen Clark**

Jennifer Smith noted that the aim of this was early intervention and supporting women (and in some cases men) at risk rather than waiting until the police were involved. She suggested contacting Michelle, Chief Executive of East Surrey Domestic Abuse Services, for further information.

QC050116/060

It was noted this was a developing area and that domestic abuse was often overshadowed by other aspects of adult safeguarding. Jennifer Smith reported that contracts of employment now included a mandatory requirement to undertake domestic abuse training.

QC050116/061

### **9. Safeguarding Children: six month update to the annual report**

Amanda Boodhoo from Guildford and Waverley attended for this item.

QC050116/062

The report included aspects that went across both adult and child safeguarding including training on Prevent and Female Genital Mutilation. There was a revised accountability framework against which local safeguarding arrangements were being assessed.

QC050116/063

All safeguarding posts in CCG were filled and CCGs were compliant in this sense, and the interim report highlighted actions arising from the annual report.

QC050116/064

A new independent chair of the safeguarding board was in place. Serious Case Reviews were summarised with a clear action plan in place to monitor progress.

QC050116/065

The work of the Multi-agency Safeguarding Hub was noted.

QC050116/066

There would be separate reports for looked after children in future, including unaccompanied asylum seeking children, and the designated nurse in this area now sat in the Guildford and Waverley team.

QC050116/067

CQC and Ofsted reports and their resultant actions continued to be monitored through the Safeguarding Board and CCG and provider updates were being requested.

QC050116/068

Risks were highlighted in the report. It was noted that the risk matrix sat under Guildford and Waverley as the hosts.

QC050116/069

Dr Gavins noted the Child C report and queried whether there was any work with Kingston on training arising from this. Amanda Boodhoo clarified that Kingston had a separate Safeguarding Board and the CCG was sighted on reports for East Elmbridge patients. Amanda Boodhoo said that cross border issues were closely managed between different boards and Eileen Clark said this would be discussed at the relevant Clinical Quality Review Group and their report would be included in the Committee's report in due course.

QC050116/070

Karen Parsons asked about staffing levels in CSH Surrey for health visiting, which were declining. Amanda Boodhoo said this was being monitored by the Public Health team as commissioners. James Blythe said this might be due to a change of skill-mix between health visiting and school nursing. However local recruitment was never likely to hit national target levels as London tended to attract staff with its higher pay rates.

QC050116/071

Jennifer Smith said that KPIs had been developed with all providers and would be subject to procurement in 2017. This would include a safeguarding specification. Safeguarding requirements were currently being met and focus had now extended to meeting health improvement targets.

QC050116/072

Jacky Oliver asked about the MASH and Amanda Boodhoo said that arrangements were in place but that good multi-agency working must sit beneath it. External consultants had been commissioned to develop MASH governance and structures to specific timescales. There would be a workshop on this in the current quarter.

QC050116/073

Dr Moore asked about developments of IT systems and it was noted this was part of the above work and that systems were being identified.

QC050116/074

Debbie Stubberfield thanked Amanda Boodhoo for her comprehensive and clear report. She asked about Ashford and St Peters Hospital remedial action to address training issues and Amanda Boodhoo said that in-house training packs had been developed across professions and she felt there had been good progress.

QC050116/075

Dr Moore asked why the Committee had not heard about findings following Early Help reviews. Amanda Boodhoo confirmed there was a governing group for this subject which reported into the Surrey Safeguarding Children Board. Data collection was in need of improvement but she felt the work was being done, sometimes as part of a family health needs assessment. The structures were felt to be complex and particularly difficult for primary care to access.

QC050116/076

The Child Sex Exploitation Strategy Group stated that there was continuous progress in implementing care but there were significant gaps in staff training. These were acknowledged by Amanda Boodhoo but clear structures were now in place at strategic levels to address this. Below this the various statutory requirements had been reviewed and data collection on training was now in place. The training materials had been updated and were being rolled out.

QC050116/077

Following on from minute QC050116/010, Amanda Boodhoo was asked about use of acute beds by children with Mental Health issues in Surrey and Sussex Healthcare (SASH). This went to the relevant groups reporting to the safeguarding board to prevent this happening and as to what the issues were across the whole county. This would incorporate a review by the public health team, and the review of the extended HOPE service. It was noted that this was a multi-agency issue.

QC050116/078

It was agreed to close action QC020615/028 relating to this.

QC050116/079

*Amanda Boodhoo left the meeting.*

It was noted that Gill Edelman had queried whether the report needed to be more focused on actual child welfare and less on reputational and financial risk. This was felt to be a historical issue in the way safeguarding risk was managed and there was a dialogue with Guildford and Waverley about this, and the relationship between overarching risks and the detail. It was felt that more SDCCG specific information would be helpful and Eileen Clark agreed to work with Amanda Boodhoo to focus more on local work, providing greater detail where needed. It should be picked up as part of the earlier discussion on how risk was managed.

QC050116/080

## **10. CCG Quality Framework**

Eileen Clark updated the Committee on the CCG Quality Framework. Debbie Stubberfield had given some examples and these would be discussed with Steve Hams who was coming into post later this week. Agreed that the Committee would be involved in early drafts and that a draft would be brought to the Committee at its March meeting

QC050116/081

## 11. Committee Terms of Reference

Justin Dix noted that a review of the terms of reference of the Quality Committee was already underway prior to the recommendation, following the Governing Body review, that all committees of the Governing Body review their terms of reference. Justin Dix, Eileen Clark and Jackie Moody had met and produced the draft under consideration, which was in the new standardised format.

QC050116/082

It was noted that the Governing Body review process would continue over the next six to nine months, therefore the terms of reference were likely to require further review. Justin Dix asked the Committee to consider if the terms of reference were broadly fit for purpose and, if so, to approve them and address any issues arising when they were next reviewed.

QC050116/083

Dr Gupta noted that the terms of reference were easier to read which would be beneficial for any new members joining the Committee.

QC050116/084

Jennifer Smith asked if there was a requirement for a representative from adult social care on the Committee. It was agreed that it would be more appropriate if that representative joined meetings as an attendee rather than a full Committee member. Justin Dix reminded the Committee that their primary role was assurance and challenge.

QC050116/085

The Committee considered whether there was a need for two Co-Chairs and a Deputy Chair. Justin Dix stated that this was the only committee with Co-Chairs. It would be lack of a quorum that would disable the meeting, not lack of a Chair as, in the absence of named Chairs, a member of the Committee would act as Chair.

QC050116/086

It was agreed to leave the Co-Chairs and Deputy as stated and review the situation when the new Governing Body was in place.

QC050116/087

It was noted that responsibility for the CCG's statutory duty for patient and public engagement was currently falling between two stools and should be brought to the attention of the Audit Committee.

QC050116/088

### **Action Justin Dix**

The draft terms of reference were AGREED for submission to the Governing Body for approval.

QC050116/089

## 12. Serious Incidents Review Sub-Committee Terms of Reference

Jackie Moody introduced these. The terms of reference for the Sub-Committee had been agreed some time ago and had required review to incorporate the process to review provider cases of C.Difficile (a Health Care Associated Infection) to determine whether there had been a lapse in care. Other CCGs in Surrey had also taken this approach and revised their terms of reference.

QC050116/090

The other change was due to lack of availability of GPs being present due to clinical commitments and the new terms of reference attempted to manage this in a practical way.

QC050116/091

The requirement to have two Governing Body members present was noted in the context of a smaller Governing Body. If there were only one Governing Body member at the meeting there would be more need to implement the section 6.5 provision.

QC050116/092

The terms of reference were AGREED. Justin Dix noted that both these and the main committee terms of reference needed GB approval.

QC050116/093

## 13. Clinical Supervision Policy

Eileen Clark introduced this. It was felt to be important to give this a focus in its own right and in relationship to revalidation. It was noted that this was a Surrey Downs specific policy but would impact on other CCGs via CHC. Eileen Clark was asked to update the Committee regarding the implementation of this policy in six months.

QC050116/094

### Action Eileen Clark

Justin Dix reported that there was a central database of SDCCG policies which ensured the timely review of revisions. He suggested that the part of the schedule relevant to the Committee be brought to Committee meetings as a standing item and this was agreed.

QC050116/095

### Action Justin Dix

Jackie Moody asked if the Policy on Policies which determined the Committee of the Governing Body responsible for each CCG policy, was accurate. Justin Dix confirmed that it was but would need to be reviewed as part of the organisational change review and that Jackie Moody would be part of the review process.

QC050116/096

## 14. Integrated Governance / feedback from Governing Body and other committees

There were no additional points discussed other than those already raised.

QC050116/097

**15. Medicines Management: Summary of Prescribing Clinical Network recommendations: 15<sup>th</sup> October 2015**

Prescribing Clinical Network recommendations were noted by James Blythe and he advised adoption of the recommendations. He noted an issue on Page 7 regarding impact. There was a statutory requirement to adopt NICE recommended Technical Appraisals which would need to be followed up by the Executive Team.

QC050116/098

**Action Steve Hams**

**16. Committee Forward Plan**

The Committee Forward Plan was noted. The issues with East Surrey Hospital and SECamb meant that it was appropriate to reschedule planned February seminar topics.

QC050116/099

Debbie Stubberfield noted recent policy work from Bruce Keogh – Southern Health, regarding avoidable mortality and asked how the actions would be brought to the Committee. Eileen Clark confirmed that assurance was in place and this would be included in the Quality report. She also asked how the committee was responding to the issues in the governance review that took place in the summer and autumn of 2015.

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James Blythe said that normally the Quality team would pick up letters such as those from Bruce Keogh and it was acknowledged these did need to come to the Committee as part of the forward plan.

QC050116/101

With regards to the Governance Review and the QIPP process, this was being monitored through the Governing Body. It was noted that the action plan following the review had come to a Quality seminar.

QC050116/102

**17. Any other business**

There was no other business.

QC050116/103

**18. Date of Next Meeting**

It was noted that the next meeting (seminar) would be held on Thursday, 4<sup>th</sup> February 2016 from 9.30 am to 12.30 pm at Cedar Court, Leatherhead.

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