

# Surrey Downs Clinical Commissioning Group

**Governing Body**  
**27<sup>th</sup> May 2016**

## Meetings and Committee Reports

<b>Agenda item 22 Paper 16</b>	
<b>Summariser:</b>	Justin Dix, Governing Body Secretary
<b>Authors and contributors:</b>	Justin Dix, Governing Body Secretary Vicky Francis, Governance Support Officer
<b>Executive Lead(s):</b>	Matthew Knight, Chief Finance Officer
<b>Relevant Committees or forums that have already reviewed this issue:</b>	Clinical cabinet Finance and Performance Committee Quality Committee Audit Committee Remuneration and Nominations Committee
<b>Action required:</b>	To note
<b>Attached:</b>	Audit Committee Minutes (Feb 2016); Quality Committee Minutes (March 2016)
<b>CCG Strategic objectives relevant to this paper:</b>	Core business: relevant to all / most objectives
<b>Risk</b>	The Audit Committee has responsibility for risk as part of the system of internal controls. Each committee reviews risks relevant to its specific area.
<b>Compliance observations:</b>	<b>Finance:</b> Finance and Performance Committee has lead role. Audit Committee agrees annual report and accounts under delegated authority from the Governing Body.
	<b>Engagement :</b> The Quality Committee leads on Patient and Public Engagement
	<b>Quality impact:</b> The Quality Committee leads on quality impact
	<b>Equality impact:</b> Equality impact is assessed against all changes and

new developments where required.

**Privacy impact:** No specific issues relating to these reports

**Legal:** No specific issues relating to these reports

## EXECUTIVE SUMMARY

### Audit Committee

The meeting on the 22<sup>nd</sup> of April highlighted the following key issues for the Governing Body:

- Annual Report – good progress towards sign-off
- Risk Management update – noting very positive engagement with the EMT
- Audit actions to be highlighted across committees – Each committee would need to beware of actions arising from the work of internal audit
- Procurement policy – this was agreed
- New COI guidance – this was expected in June or July

A copy of the minutes of the February 2016 meeting is attached for assurance purposes.

### Quality Committee

Key issues at the meeting on the 6<sup>th</sup> May were:

- Adult Safeguarding Annual Report (this will come to the July Governing Body for sign-off)
- Morecambe Bay provider assurance – further work is planned in relation to maternity services
- Draft Quality Strategy (on Governing Body agenda)
- Further work would be undertaken on the complaints policy before sign-off

A copy of the minutes of the March 2016 meeting is attached for assurance purposes

### Finance and Performance Committee

Key issues from the April meeting were:

- The new approach to risk management
- Bringing clarity to the Epsom Health and Care programme
- The QIPP programmes in place and current gap for 2016/17
- The risks around the current contracting position with some unresolved contract negotiations

These minutes are not placed in the public domain due to the potentially commercial in confidence issues they contain.

### Remuneration and Nominations Committee

There have been no meetings since the last Governing Body although a further meeting is planned for the 27<sup>th</sup> May.

These minutes are not placed in the public domain due to the potentially sensitive issues and personally identifiable information they contain.

## Clinical Cabinet

There have been two meetings, in April and May respectively. These highlighted the following issues:

- Primary Care Strategy
- The Surrey Learning Disabilities Plan
- The GP forward view document
- Recommendations for amendments to clinical policies

The clinical cabinet does not report to the Governing Body but minutes are available on request.

<b>Date of paper</b>	18 <sup>th</sup> May 2016
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## **Minutes**

### **Committee members present:**

Peter Collis, Lay Member for Governance  
Debbie Stubberfield, Governing Body Nurse  
Jonathan Perkins, Lay Member for Governance

### **Others in attendance:**

#### Surrey Downs CCG:

Ralph McCormack, Interim Chief Officer  
Matthew Knight, Chief Finance Officer  
Justin Dix, Governing Body Secretary

#### TIAA (Internal Audit and Counter Fraud):

Clarence Mpofu  
Simon Darby  
Grant Bezuidenhout

#### Grant Thornton (External audit):

James Thirgood  
Emily McKeown  
Joe Stevenson

**Chair:** Peter Collis, Lay Member for Governance

**Minute taker:** Justin Dix, Governing Body Secretary

**Meeting started:** 9.35

**Meeting finished:** 12.10

1. **Welcome and introductions**  
Peter Collis welcomed everyone to the meeting and specifically welcomed Emily McKeown and Joe Stevenson from Grant Thornton. AC260216/001
2. **Apologies for absence**  
There were no apologies for absence AC260216/002
3. **Quorum**  
The meeting was noted as being quorate AC260216/003
4. **Attendees Interests relevant to the meeting**  
There were no specific issues that might cause a conflict of interest for those participating in the meeting. AC260216/004
5. **Minutes of the last meeting, held on 18<sup>th</sup> December 2015**  
These were agreed as an accurate record. AC260216/005
6. **Matters arising and action log amendments**
  - 082 – capital and operating expenses position - James Thirgood gave a view that this would be addressed as part of the work on final accounts. The risk would be mitigated through the CCG’s year-end actions and agreements with providers, particularly Epsom. To be closed. AC260216/006
  - 079 - primer on the external audit procurement to be on the Governing Body Part 2 – completed, can be closed. AC260216/007
  - 071 – Adult Safeguarding – scheduled for April AC260216/008
  - 064 – Limited assurance internal audit reports across CCGs -This had been done and TIAA confirmed they had communicated this to other CCGs as part of year end work. AC260216/009
  - 057 IFR team capacity – minuted under completed audit actions. Completed, can be closed. AC260216/010
  - 038 – corrected counter fraud report to be issued – Grant Bezuidenhout reported this had been completed, can be closed AC260216/011
  - 037 – counter fraud liaison with finance – in counter fraud report, can be closed AC260216/012
  - 023 – All entries to the gifts and hospitality register over £500 to be checked- Justin Dix confirmed that the payments recorded only covered the hospitality elements, not the fee. This was not incorrect but had highlighted a weakness in the CCGs polices – for further discussion under item 19. AC260216/013
  - 051 – Declarations of gifts over Christmas period – completed, can be closed AC260216/014

006 – External review of collaborative arrangements - To be completed in April following external review. AC260216/015

## 7. Internal audit report

Clarence Mpofo spoke to his circulated papers. The following issues were specifically highlighted. AC260216/016

An interim head of internal audit opinion had been completed as requested by NHSE. This did not highlight any significant concerns. AC260216/017

The Governance audit had been reasonable assurance and had included the work on the Hakin letter the previous August. This had been in the context of other Governance reviews taking place at the time. It was noted that the CCG had developed a detailed action plan in relation to this with 210 items which it was agreed would be shared with internal audit. Once this was done the audit report would be amended to show that assurance was available in this area. AC260216/018

### Action Justin Dix / Clarence Mpofo

Ralph McCormack noted that there was an action outstanding from 2014/15 relating to awareness and compliance with policies. It was agreed that this would be addressed outside the meeting and that Justin Dix would give an update. Some of it was dependent on the revision of policies and the relationships with different heads of service. Clarence Mpofo emphasised the training needs of staff in this respect. AC260216/019

### Action Ralph McCormack / Justin Dix

IG Toolkit – Clarence Mpofo noted the 31<sup>st</sup> March deadline which meant that the audit would not have had the assurance, particularly on training that was needed. A short follow up would be undertaken in early April to confirm that the IG toolkit requirements had been met. Ralph McCormack noted that training was now at 67% and he was personally emphasising the need to meet the 95% target and ensuring that a variety of training resources were available. AC260216/020

It was agreed that Justin Dix would confirm the requirements for Information Governance training for Governing Body members in this respect. AC260216/021

### Action Justin Dix

It was noted that the Limited Assurance opinion was a technical issue across all CCGs and not unique to Surrey Downs. AC260216/022

Clarence Mpofo noted that the audit of key financial systems was with the CCG for sign off but showed no significant weaknesses. Her Majesty's Revenue and Customs (HMRC) compliance was the main issue and it was understood that HMRC would be contacting CCGs individually about assurance in this area. AC260216/023

Clarence Mpfu reported that agreement had been reached with Surrey County Council on sharing all internal audit reports relevant to the NHS and the Better Care Fund (BCF) audit was on today's agenda. There was flexibility in the audit plan to follow up any issues.

AC260216/024

Matthew Knight said that the BCF audit was fairly light touch and going forward more detailed reviews might be needed to see if the BCF was meeting strategic aims. Karen McDowell, Chief Finance Officer from Guildford and Waverley CCG, was leading on behalf of the Surrey CCGs.

AC260216/025

Jonathan Perkins and Debbie Stubberfield queried the visibility of the fund and the benefits received given that it was a significant amount of money (£70m). Matthew Knight noted that there had been discussions between health and social care on relevant metrics and it was expected that there should be better performance information in future on the benefits from the fund.

AC260216/026

It was agreed that for accountability purposes, Matthew Knight should explore a form of words for the annual report that reflected the CCG's concern about the lack of information on BCF performance, notwithstanding the cultural differences between health and social care that needed to be addressed. If this was not possible for this year it should be made clear to Surrey County Council that it was as an expectation for the 2016/17 report.

AC260216/027

#### **Action Matthew Knight**

It was noted that only two audits (performance and critical financial assurance) needed to be finalised. Clarence Mpfu reported that there were no major issues in these.

AC260216/028

The impact of not achieving level 2 for the IG toolkit was briefly highlighted – both reputational and the impact on Accredited Safe Haven (ASH) status.

AC260216/029

### **8. Outstanding internal audit actions**

Clarence Mpfu presented this. There were no urgent outstanding recommendations.

AC260216/030

The procurement policy development process was noted. The Audit Committee understood the rationale for this and it was intended that the policy would come to a subsequent meeting. Matthew Knight said that in his view the risks were mainly around community. It was agreed to bring the policy to the next meeting for sign-off.

AC260216/031

#### **Action Justin Dix**

It was noted that one IFR recommendation was outstanding for the end of March.

AC260216/032

Peter Collis highlighted the chart on Page 3 and expressed concern that the numbers of aged recommendations should not creep up and that capacity should be in place to ensure that recommendations are followed up quickly. AC260216/033

Justin Dix noted that it was inevitable that there would be an upswing in the number of recommendations following the issuing of a batch of reports but agreed that they should be addressed quickly. AC260216/034

## 9. Head of Internal Audit Draft Opinion

Clarence Mpofu noted this was a new development. The earlier comments (under 018) were noted and the final report would be adjusted accordingly. AC260216/035

Collaboration was highlighted, specifically hosting and lead arrangements. North East Hants and Farnham would share the audit report on mental health commissioning as part of this. AC260216/036

Overall the opinion was reasonable and the auditor's view was that this was quite a strong outcome. AC260216/037

Debbie Stubberfield asked if any other CCGs had asked for reports for contracts that SDCCG led on. Clarence Mpofu said that ideally there should be an overall approach to collaboration that enabled the sharing of these and mitigation of shared risks. Peter Collis noted that the CCG had pushed for a more collaborative approach without success although there had been some areas such as safeguarding where this was now happening. Ralph McCormack said that the STP's governance was based on a whole systems approach that would probably require health and social care to share risk and mitigating actions. AC260216/038

## 10. External audit report

James Thirgood spoke to the circulated papers. AC260216/039

The progress report highlighted a number of areas such as the fee level and the audit plan. Interim work had started in December with early testing meaning that the process was ahead of the equivalent period last year. AC260216/040

The Value For Money (VFM) conclusion work had started and this had included discussions with the turnaround director. The approach this year was more risk based and the default position meaning that a deficit meant a qualified opinion was no longer the case. However the QIPP process would be closely scrutinised in this context and a risk based opinion arrived at. AC260216/041

It was noted that Foundation Trusts (FTs) were now part of the VFM regime. AC260216/042

Local trust VFM reports were available and it was agreed Justin Dix would circulate these with the minutes. AC260216/043

**Action Justin Dix**

The report “Knowing the Ropes” on Audit Committee effectiveness was noted and the CCGs internal process was set out by Justin Dix. The process would commence the second week in March with an updated survey monkey review for members and other attendees of the committee. This would be replicated for the Governing Body and other committees. AC260216/044

Other reports included: AC260216/045

- Innovation in public financial management
- Auditor panels for NHS trusts and CCGs
- Better Care Fund
- Code of Audit Practice

Ralph McCormack noted that the references to co-commissioning of primary care were in fact dependent on NHSE granting this delegated responsibility although in future it would probably be a “must do” for CCGs. AC260216/046

Jonathan Perkins highlighted the need to ensure that these briefings were made available to new governing body members as part of induction. AC260216/047

It was agreed Ralph McCormack would take over responsibility for the induction of Governing Body members from Karen Parsons going forward, based on the previous work overseen by the Remuneration and Nominations Committee. AC260216/048

James Thirgood also highlighted a range of developments in primary care and the financial outturn and the impact on the external audit letter. AC260216/049

Yearend issues were noted as follows. AC260216/050

- Materiality was highlighted on a risk assessment basis. The CCG’s financial position meant that its rating had dropped in this respect. It was noted that there was in excess of £6m that was being reviewed but this was expected to come down below £300k with further work. AC260216/051
- Testing of journals, expenditure cycle, transactions and other areas showed no specific risks. The CCG’s large employee base meant it had a higher risk in this respect. AC260216/052
- VFM: the main issue was the risks relating to the criteria rather than the criteria themselves. Three significant risks were identified: financial stability (including supplier over-activity); QIPP; and wider Surrey Collaboration. AC260216/053

Matthew Knight noted that the timing of the work needed to enable issues to be resolved in good time and this was not felt to be a significant issue. AC260216/054

James Thirgood thanked the CCG for the excellent work of the finance team and the quality of the draft accounts they had produced. Dr Williams asked if this reflected positively on the finance team’s capacity and Matthew Knight said that the issue was the continued use of interims, given recruitment difficulties. AC260216/055

The CCG was endeavouring to train staff up internally and to recruit a QIPP finance manager with a wider brief. Jonathan Perkins noted that Dan Brown had deputised very successfully for Matthew Knight at the last Governing Body meeting as well.

The benchmarking report was noted and contained some very useful information about the CCG's comparative position.

AC260216/056

The non-audit work fee as a percentage of the overall fee was formally noted by the CCG and was in line with treasury guidance.

AC260216/057

#### **11. External audit re-procurement**

The update paper was noted. There was an in-principle agreement to undertake this work collectively. Matthew Knight would be the executive lead and Mike Brooks (lay member from Guildford and Waverley CCG) would chair. Guildford and Waverley would also provide procurement support; a paper would follow setting out the governance arrangements. A joint approach was preferred that avoided the decision making complications of a committee in common.

AC260216/058

The Audit Committee members would meet separately as an audit panel to sign off on the above arrangements and note the final decision.

AC260216/059

#### **12. Section 75 Better Care Fund Audit**

This had been discussed above. There were no further comments.

AC260216/060

#### **13. Risk management update**

Matthew Knight noted that there was more work taking place on reviewing risks in the Executive Management Team (EMT). Ralph McCormack said that there would be a formal review at least quarterly.

AC260216/061

Debbie Stubberfield asked about static ratings. This was discussed in the context of risk appetite and felt to be a useful level of challenge. It was agreed that this should be looked at as something that could be identified in the narrative.

AC260216/062

Justin Dix gave an update on Datix implementation which would commence the following week. Matthew Knight highlighted the need to integrate risks and do a data clean-up prior to implementation.

AC260216/063

Peter Collis highlighted the importance and value of a regular EMT review of the risk register and assurance framework.

AC260216/064

#### **14. Annual Governance Statement**

Ralph McCormack spoke to this and highlighted the template provided as part of the manual of accounts. This year's report illustrated the transitional nature of the year and the reliance on the opinions of other executives in arriving at an accurate statement.

AC260216/065

The governance reviews showed how the CCG was taking action to create a governing body capable of undertaking its assurance role properly. There was an emphasis on risk management to underpin this. The report highlighted some key assurance areas such as IG and statutory functions. The conclusion summarised this and said that all the issues that had been relevant had been surfaced.

Peter Collis noted that this had to be seen in context and felt that the progress the CCG had been made needed to be a strong feature of the overall annual report and potentially this statement as well.

AC260216/066

Matthew Knight gave an update on the overall progress in the annual report and tabled a very early draft. With regards to the member's statement the locality leads were being asked to take a lead role in this.

AC260216/067

Matthew Knight noted that overall progress was good and would benefit from including some of the benchmarking work from external audit.

AC260216/068

Peter Collis asked when a more developed first draft of the Annual Report would be available for audit committee members to review. It was agreed that Matthew Knight and Justin Dix would update the timetable for the production of the annual report and circulate to Audit Committee members.

AC260216/069

#### **Action Matthew Knight / Justin Dix**

Audit Committee members would provide feedback directly to Justin Dix on the draft.

AC260216/070

#### **15. Policies update**

Peter Collis said that he felt the presentation was very helpful but it was noted that there were some policies that were overdue.

AC260216/071

HR policies would in future be the responsibility of Becky Brewer.

AC260216/072

Ralph McCormack said that he expected the next iteration of the schedule would show progress and give clarity about when they would be signed off by the relevant committee.

AC260216/073

Dr Williams highlighted the need for the paternity policy to include all the issues identified in executive committee meetings.

AC260216/074

#### **16. Debt write-offs**

There were no write offs to report.

AC260216/075

Chasing of debt was being reported via the Finance and Performance Committee.

AC260216/076

#### **17. Counter Fraud Report**

Grant Bezuidenhout spoke to his report

AC260216/077

It was noted that a draft report on expenses had been produced and would be available at the next meeting.

AC260216/078

The self-evaluation of the CCG's exposure to risk in terms of fraud had been amended and meant that the CCG no longer had to identify provider Counter Fraud arrangements. This made reporting much simpler. AC260216/079

A bribery statement was now on the CCG web site. AC260216/080

The two outstanding investigations were now concluded and £18,000 was being returned at the rate of £1,000 per month. AC260216/081

NHS counter fraud standards for commissioners had been revised. AC260216/082

Peter Collis asked about the changes to NHS protect and how this would impact on the work of TIAA. GB said this would not change and it was noted that NHS protect would be maintaining its national database of investigations. AC260216/083

It was agreed that the final report on the above investigations should show "lessons learned" and identify potential control issues. AC260216/084

#### **Action Grant Bezuidenhout**

It was noted that there was not felt to be any potential for criminal prosecution in relation to the above overpayment issue. AC260216/085

### **18. Conflicts of interests**

Justin Dix gave an update on recent issues with Barnet CCG where GPs had not declared nursing home retainers and had been paid by the CCG for work they were already remunerated for. This highlighted the need to take a broad view of conflict of interest and to keep GPs well informed and up to date in terms of their registers of interests. AC260216/086

Dr Williams highlighted the constraints around GP's culture and approach but felt that the development of federations would potentially help move this issue forward. There were capacity constraints and it was acknowledged that provider and commissioner approaches need to be integrated to identify potential conflicts, particularly around the awarding of contracts. AC260216/087

The potential exposure of the CCG as it was made up of member GP practices was highlighted. Dr Williams noted that NHS England did not have any capacity to support this but felt that the Local Medical Committee might be able to support the CCG and its practices. Matthew Knight noted that the context of this had changed in the last year and there was now a much bigger focus. AC260216/088

It was agreed to do a refresh of this issue with localities. AC260216/089

#### **Action Dr Williams / Justin Dix**

### **19. Hospitality and Gifts**

Dr Williams highlighted how some individuals figure significantly in the register and the concern identified earlier regarding alternative employment. A number of queries were raised: AC260216/090

Did the word “frequent” need to be made clearer?	AC260216/091
Have there been reductions in education funding?	AC260216/092
Could the volume and value of activity be summarised on a quarter by quarter basis to reduce the reporting burden on staff?	AC260216/093
It was agreed Justin Dix would review the existing policies and discuss with the Executive Management Team and report back at the next meeting.	AC260216/094

**Action Justin Dix**

Dr Williams asked if the CCG was comfortable with its relationship with the pharmacy industry. It was felt that the context of this also needed to be discussed at EMT.	AC260216/095
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**20. Handover of actions from Governing Body Review**

It was noted there was only one audit committee action in the handover spreadsheet which had been completed. It was felt that the minutes of the committee should show proper challenge to the executive.	AC260216/096
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Peter Collis highlighted the importance of the annual self-review process and it was agreed that the surveys of members should include this.	AC260216/097
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**21. Any other urgent business**

There was no other business	AC260216/098
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**22. Matters to highlight to the Governing Body**

The following areas were highlighted as a priority:	AC260216/099
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| • Audit report status                           | AC260216/100 |
| • BCF discussion                                | AC260216/101 |
| • External audit reprocurement                  | AC260216/102 |
| • Conflicts of interest / hospitality and gifts | AC260216/103 |

**23. Future meetings – to agree rescheduled dates for April and September**

It was agreed that the meeting scheduled for the 15 <sup>th</sup> April would move to the 22 <sup>nd</sup> , timings to be confirmed. Justin Dix would propose a change to the September meeting as this was no longer practical.	AC260216/104
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**Action Justin Dix**

## **Minutes**

### **Committee members present:**

Debbie Stubberfield, Governing Body Registered Nurse  
Steve Hams, Director of Clinical Performance and Delivery  
Eileen Clark, Head of Clinical Quality, Clinical Governance and Patient Safety  
Dr Phil Gavins, Clinical Lead – East Elmbridge  
Dr Robin Gupta, Clinical Lead –Dorking  
Dr Suzanne Moore, Clinical Lead – Epsom  
Jacky Oliver, Governing Body Lay Member - PPE  
Jennifer Smith, Public Health Lead

### **Others in attendance:**

Justin Dix, Governing Body Secretary  
Jackie Moody, Clinical Quality and Safety Manager

**Chair:** Debbie Stubberfield

**Minute taker:** Justin Dix

**Meeting started:** 9.30

**Meeting finished:** 11.55

### **1. Welcome and introductions**

Debbie Stubberfield welcomed everyone to the meeting.

QC010316/001

### **2. Apologies for absence**

Apologies for absence were received from Gill Edelman, Lay Member for Patient and Public Engagement, Dr Claire Fuller, Clinical Chair. Dr Mark Hamilton, Secondary Care Doctor, James Blythe, Director of Commissioning and Strategy, Mabel Wu, Head of Planning and Performance, and Ralph McCormack, Interim Chief Officer

QC010316/002

- 3. Quorum**  
The meeting was declared quorate. QC010316/003
- 4. Attendees Interests relevant to the meeting**  
Debbie Stubberfield noted her interest in Epsom Helier as a Trust Development Authority (TDA) employee. QC010316/004
- 5. Minutes of the last meeting, held on Tuesday, 5<sup>th</sup> January 2016**  
These were agreed as an accurate record. QC010316/005
- 6. Matters arising and action log amendments**
- QC050116/06 06 – Amendments to minutes: Completed, can be closed. QC010316/006
- QC050116/28 – Serious Incidents at SECamb: the number of SIs was queried and it was noted that “significant” needed to be quantified in future discussion. QC010316/007
- QC050116/11 IAPT provider leaflet – still being checked with Comms. Agreed could be closed once assurance has been received by Jackie Moody. QC010316/008
- QC050116/051 Datix Business Case: Justin Dix said that the Datix team had been on site the previous day and the implementation of the system had now commenced with a project kick off day. The focus was on agreeing the coding structure for the purchased modules (complaints, risks, incidents, and Freedom Of Information). It should be possible to go live with the system by September, however this was dependent on having some interim project management capacity to undertake the internal work on coding and generally project manage the work. QC010316/009
- There was a brief discussion about the functionality of the system which would greatly enhance the CCG’s ability to manage, track and report risk. There was also potential to roll the system out into primary care, for instance giving GP practices the ability to report incidents and concerns about provider quality which would in turn help the CCG to discharge its duties in relation to quality in primary care. QC010316/010
- The committee expressed the view that this was a priority and supported the need to employ an interim with the necessary risk management and Datix (or similar) experience to get the coding work and implementation of the project done rapidly. QC010316/011
- It was agreed to close the existing action; the Quality Committee and Governing Body would receive regular progress reports through the risk management report as part of Business As Usual. This should give clarity about timescales. QC010316/012
- QC050116/052 – new risks – business as usual, agreed to close. QC010316/013
- QC050116/058 – Safeguarding Adults – CCG action plan - This will be on the May agenda – existing action can be closed. QC010316/014

QC050116/059 IRIS software. Eileen Clark was awaiting feedback from East Surrey. Keep open.	QC010316/015
QC050116/088 – Patient and Public Engagement (PPE). It was noted that there was still confusion about where PPE sat in the organisation and the statutory reporting requirements. There had not been an update against the PPE strategy produced by Usman Nawaz in 2015.	QC010316/016
Dr Gupta suggested that there should be a six month update to the Governing Body on PPE work over the previous period. Jacky Oliver felt this would be useful as there was very good work taking place in specific project areas but no overview. Without this the Governing Body lacked overall assurance that it was discharging its duties in relation to PPE.	QC010316/017
Jackie Moody noted that there had been capacity issues in Equality and Diversity (E&D) and PPE which had been highlighted over the last three years but not addressed.	QC010316/018
Following this it was agreed to recommend to the Executive that the Quality Committee take responsibility for monitoring PPE within the scheme of delegation and should raise the issue of reporting to the Governing Body as above.	QC010316/019
<b>Action Steve Hams</b>	
Following a brief discussion on the priorities and capacity in the Comms team, it was agreed that there needed to be a review of how the PPE and E&D functions were supported going forward. This would be best done as part of the Organisational Development (OD) strategy work.	QC010316/020
QC050116/65 – Lay member involvement in patient experience report. Eileen Clark said that she believed this had been resolved – keep action open until confirmed.	QC010316/021
QC050116/57 - I Gas – Jackie Moody gave an update and specifically highlighted the role of the Surrey Infection Control and Prevention Committee in taking this forward. Eileen Clark confirmed that she had requested this. Action can be closed on receipt of confirmation that this is on the next meeting agenda.	QC010316/022
QC050116/50 – noted that an update was still awaited from G&W CCG. Dr Moore set out the issues relating to Tier 4 CAMHS and Paediatric wards in acute hospitals. A new group involving clinical leads for paediatrics had been set up and had met twice to improve training and potentially capacity. It was agreed the action could be closed because the committee were assured that the patient pathway issues were being addressed.	QC010316/023
QC050116/32 RACI – part of Business As Usual can be closed.	QC010316/024
QC050116/029 IAPT – deferred in the absence of Mable Wu.	QC010316/025

020615/28 – Dr Moore said that she felt there was a general issue from talking to other CCGs. There was still no explanation for the spike in admissions although self-harm was suspected. It was difficult to get a real picture from the way the data was coded. QC010316/026

Debbie Stubberfield felt that the mental health prevention strategy should be looked at with a view to undertaking an audit. Jennifer Smith noted that there was some work being done on this by public health. This would be followed up by Eileen Clark. QC010316/027

**Action Eileen Clark**

It was also agreed that Eileen Clark should contact acute hospitals regarding consistent coding in relation to admissions of young people with mental health issues on acute hospital wards. QC010316/028

**Action Eileen Clark**

The role of psychiatric liaison was noted and Dr Moore highlighted that there were separate psychiatric liaison arrangements in place for minors. QC010316/029

It was agreed that the existing action 020615/28 could be closed. QC010316/030

QC020615/029 – IAPT – Keep open pending update from Mable Wu. QC010316/031

QC121214/043 – Serious Incident reporting – Eileen Clark said this was now beginning to be incorporated into Business As Usual. Agreed this could be closed. QC010316/032

**7. Quality and Performance Report – to agree assurance has been received.**

Steve Hams noted the improved summary and key actions and thanked the quality team for this. A number of issues were highlighted. QC010316/033

IAPT access performance remains poor against national targets (both overall numbers and numbers completing treatment) although it was noted that there had been significant progress locally and patient perceptions of quality of services actually received was very good. NHS England were concerned about CCGs not hitting national targets and this would be a feature of tomorrow's assurance meeting. QC010316/034

It was noted that there were several providers of IAPT; although good overall, quality did vary and needed to be looked at going forward with a view to identifying variations. QC010316/035

A&E waits remain challenging across the board, as do 62 day cancer waits. Cancer outcomes were however very good compared to peer group CCGs. Ambulance response times were also difficult as were 18 week Referral To Treatment time figures. QC010316/036

Debbie Stubberfield asked for the clinical harm consequences arising from poor performance to be highlighted in future reports. She described work undertaken elsewhere which made the link between performance and patient experience. QC010316/037

#### **Action Steve Hams**

Debbie Stubberfield asked for timescales for developments to be more explicit in future reports, noting the actions in the summary of key issues for CSH Surrey as an example, where workforce issues were contributing to the long wait times for services. Eileen Clark was following up this issue. There were national workforce shortages in these particular areas. QC010316/038

Debbie Stubberfield noted that the future caps on the use of agency staff nationally would be a major issue and the committee needed to make a strong link between finance and quality. QC010316/039

Dr Moore highlighted the issue with community services procurement and potential competition for staff. It was noted that there was a need for workforce planning across wider footprints than just individual CCGs. QC010316/040

Dr Moore highlighted pressure ulcer management at Epsom St Helier and said that the Chief Nurse had acknowledged the need to improve community liaison in this area. QC010316/041

Jackie Moody also highlighted the actions arising from the Mazars report into unexpected deaths in mental health and learning disability services and said that the Surrey and Borders Partnership Trust (SABP) self-assessment response and action plan would be taken to their own Board and then to the Clinical Quality Review Group (CQRG) in March. A further update would be at the next Quality Committee meeting. Steve Hams noted that SABP did not attend the January meeting on this work which was felt to be unhelpful. QC010316/042

Steve Hams said that the learning from this work could be applied outside of mental health and should be highlighted when it came to unexpected deaths in other contexts. QC010316/043

Maternity - Debbie Stubberfield asked if local services had been benchmarked against the Morecambe Bay report on maternity and neonatal services. Eileen Clark said that they had but this had not been highlighted widely. There was a conference in April on this issue which Dr Moore was attending. It was agreed to schedule the Morecambe Bay action plan for the May meeting with a report back from Dr Moore. QC010316/044

#### **Action Jackie Moody / Justin Dix**

Steve Hams highlighted the issue reported in the press about students answering 111 calls, which was not appropriate. A response from the host commissioner was still awaited. QC010316/045

Debbie Stubberfield asked how Surrey Downs specific issues fed into the wider Surrey patch and Eileen Clark said that SIs and learning from them was shared.

QC010316/046

St George's – It was noted that there was a weekly Serious Incident Decision Meeting in the trust to agree whether an incident was an SI which sometimes led to a delay in reporting SIs in a timely fashion. NHSE London and commissioners had met with the Trust and actions agreed leading to a report at the CQRG in April. Debbie Stubberfield noted that St George's were not performing well in a number of areas such as removal of juniors doctors from interventional radiology, , CAS alerts. There was improvement plan in place and a risk summit had been called. She queried whether the Governing Body should be notified and what the threshold for escalation was with a provider about which the CCG had concerns. Discussion highlighted the extent to which the detailed issues could be reflected in the CCG's own risk management approach.

QC010316/047

It was queried whether the calling of a risk summit should automatically mean that a risk has to be put on the CCG's risk register. Steve Hams noted that there were a number of areas in the performance report which questioned the process of escalation from the report to the risk register. Dr Gupta felt that the lead commissioner should be able to advise the CCG and the Quality Committee, which could reasonably expect to see the improvement plan as part of its assurance.

QC010316/048

The themes from the last seminar were noted in this respect. It was felt that a full action plan might not be necessary but assurance should be adequate in the form of evidence. This could include CQRG minutes.

QC010316/049

Jackie Moody noted that there was an issue here as to how the CCG related to providers and their own risk management processes and the relationship with the lead commissioner. The CCG had finite capacity for managing intelligence from more distant providers.

QC010316/050

Steve Hams noted that there were a number of areas in the integrated quality and performance report that could be escalated within the risk management framework. These were pursued with providers. It was agreed that, as part of the development of the CCG quality improvement strategy, Steve Hams would produce an escalation framework for the Committee.

QC010316/051

### **Action Steve Hams**

Quality Framework for AQPs - Debbie Stubberfield asked for clarification on this and Eileen Clark said there was a quality framework and assurance through the contracting process for each AQP contract. Jackie Moody highlighted the Epsomedical meeting and the improvements being made in their reporting, with monthly contracting meetings and quarterly quality meetings.

QC010316/052

It was noted that the table on page 45 should read "stroke

QC010316/053

mortality” not “strike mortality”.

7.2 Transforming care for people with learning disabilities – good progress had been made but the more detailed Quarter 3 update was not available at the time of writing the report and would be made available subsequently.

QC010316/054

Carers breaks – It was agreed that there was a need for more communication to GPs on carers breaks as referral numbers had dropped. The breaks would be re-allocated to other practices if not taken up. Eileen Clark to raise with Debbie Hustings and talk to the CCG communications team if required.

QC010316/055

**Action Eileen Clark**

Dr Moore noted difficulties in recruiting up to 30 carers support workers. Jackie Moody noted that Carers was another area that needed to be reviewed under the Scheme of Delegation in terms of Executive lead roles with the Chief Operating Officer post being taken out of the structure.

QC010316/056

**Action Justin Dix**

**8. Risk Management Report – to agree assurance has been received.**

Justin Dix noted that the risk register had been updated for quality risks with Jackie Moody for this meeting and that a similar process was followed prior to each Governing Body meeting with risks being updated with heads of service. A key piece of work was to update the risk management strategy in time for the May Governing Body. The strategy was always reviewed annually but on this occasion it would be important to take into account developments with the quality strategy and also the previously mentioned commissioning of Datix.

QC010316/057

Steve Hams highlighted the need to have better understanding of provider risks and a better escalation process. Jackie Moody said that, providing the ground work to set it up was sufficiently robust, Datix should enable this to happen however there was a question about the articulation of, and level to which, provider risks should be captured on a commissioner’s risk register. Debbie Stubberfield noted that the review of the strategy was very timely in this respect.

QC010316/058

Debbie Stubberfield said that she would welcome some feedback on Datix functionality and it was agreed that Justin Dix would speak to Datix to see if they had a summary document to share, also noting it might be possible to present the demo version of the software.

QC010316/059

**Action Justin Dix**

Steve Hams noted the four high risks relating to quality in the report.

QC010316/060

Debbie Stubberfield asked what was being asked of the Committee in terms of agreement of the report. Justin Dix said that the committee was being asked to agree that the risk register, to the best of its knowledge, was an accurate picture of known risks and to note that further development was taking place to enhance reporting in future. QC010316/061

In terms of assurance it was agreed that Steve Hams should sign off on the quality risk report with Justin Dix prior to each quality committee in future. QC010316/062

#### **Action Steve Hams / Justin Dix**

Jacky Oliver noted that it was often the risks around acute hospital care that tended to be focused on and raised the issue of the community equipment store as an example of something in the community that had the potential to have financial and quality consequences. Justin Dix gave an outline of the history of this, which had been a long term issue for CCGs and for the predecessor organisation, the Primary Care Trust. Dr Gupta suggested that this may be an issue for the locality hubs to focus on. QC010316/063

The Risk Report was AGREED, noting the above developments and discussions. QC010316/064

#### **9. Care Quality Commission: provider status.**

Steve Hams introduced this. The report brought together all the providers ratings in one place, split by acute, community, mental health, primary care and care homes. The concept of a local, rather than relying on the regional, Quality Surveillance Group could be useful in reviewing this and related information. QC010316/065

Data tended to be more reliable for larger providers. The main concern was care homes where there were a lot of homes in need of improvement and three that were considered "inadequate". One was under a provider failure regime. The CCG was working with partner agencies to protect and support the individuals in these homes. QC010316/066

The local care home market was felt to be a source of concern. The position of self-funders was noted and there was protection for them under the new Care Act. Workforce issues were significant in this sector. QC010316/067

Steve Hams said that the CCG could learn from the local authority regarding improvements in spot purchasing. QC010316/068

The issue of the CCG's role in terms of quality in primary care was again noted. Jackie Moody asked how the CCG was planning for increased responsibility and it was noted that a Head of Primary Care was being recruited although the exact remit of the role was not known. QC010316/069

It was noted that the data gave a better picture of the provider landscape. The CQC would monitor the providers according to their ratings and focus on those that were failing and inadequate. There was a good level of engagement with the CQC who put timescales for improvement on providers in difficulty.

QC010316/070

Steve Hams said he would be speaking to the Continuing Health Care Head of Service about greater collaboration over care homes and it was agreed that this should be a section in future Quality and Performance reports, including updates on progress against S29 improvement plans where relevant.

QC010316/071

#### **Action Steve Hams / Eileen Clark**

Dr Gupta noted that there were some providers e.g. AQPs not covered in the report.

QC010316/072

#### **10. “Sign Up To Safety” – Proposal to take part in the national patient safety campaign.**

Eileen Clark gave a brief update on the proposal, which she felt was helpful and could be signed up to without a need for significant additional work. It was felt that for the participation in the process to be useful there needed to be accurate metrics that set out percentage improvement levels. Jacky Oliver also noted that patient safety and positive patient experience were not always the same, e.g. use of restraint might be safe but was not positive for the patient.

QC010316/073

It was noted that local providers had signed up to the campaign.

QC010316/074

It was requested that update emails be circulated to committee members.

QC010316/075

#### **Action Eileen Clark**

#### **11. Nurse Revalidation – to note the process, progress and next steps.**

The progress report was noted. There would be a further update in six months' time.

QC010316/076

#### **12. Quality Improvement Strategy/Framework – to note progress, plans and future development.**

Steve Hams gave an update. It was intended that they would be formalised for the May Governing Body. He queried how the changes to the CCG structure and Governing Body might impact on this. It was noted that there may be a number of changes to the clinical membership.

QC010316/077

The new approach was based on enhanced approaches to risk, outcomes, assurance and presentation of information through dashboards.

QC010316/078

**13. CCG Governance review: assurance on Quality Committee actions.**

The open actions were reviewed. It was agreed that these should be incorporate into the action log for this committee unless already a part of the forward plan. It was noted that the timeline in the plan could not be met but would be met in May as opposed to March.

QC010316/079

Panel for Quality Impact with two clinicians – agreed that QIAs should come to this committee. Agreed to work on this outside the meeting.

QC010316/080

**Action Steve Hams**

CCG Response to reports – Francis Berwick, and Operation Yew Tree – It was agreed to add Morecambe Bay and Mazars reports to the report for the May Quality Committee.

QC010316/081

**Action Eileen Clark**

Clinical Quality Review Meetings (CQRMs). It was noted that this action should be concluded by the end of the month with a more systematic approach to CQRMs being in place, including identifying key lines of enquiry to be followed up before each meeting.

QC010316/082

**Action Eileen Clark**

Capacity and Capability of quality team – recruitment processes not yet completed, update at future meeting.

QC010316/083

**Action Eileen Clark**

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

There was a brief discussion about the audit committee and Governing Body seminar the previous Friday. For future reference it was felt that the issues highlighted by each committee should be circulated across the committees.

QC010316/084

**Action Justin Dix**

Monitoring the nine “must dos” in the Five Year Forward View – it was noted that these need to be incorporated into each committee’s business as appropriate.

QC010316/085

**15. Medicines Management: Summary of Prescribing Clinical Network recommendations**

The Prescribing Clinical Network recommendations were NOTED. The historical issue around Governance of the medicines management function (hosted for Surrey CCGs) and the PCN was also highlighted. It was felt this needed to be reviewed as part of the overall work on the Scheme of Delegation being done by Justin Dix. It was agreed that Steve Hams would take this forward.

QC010316/086

**Action Steve Hams**

- Some concern was expressed about Amber Star ratings and the lack of communications on this. QC010316/087
- 16. Committee forward plan.**
- The revised version was tabled to note. The next seminar in April would be on Epsom St Helier (deferred from December due to CQC visits). QC010316/088
- SECAMB and SABP were also scheduled for the future. QC010316/089
- Debbie Stubberfield asked for clarity about what the expected outcomes of seminars were and it was agreed that this would be built into the process. QC010316/090
- 17. Any other urgent business.**
- There was no other business. QC010316/091
- 18. Items to highlight to the Governing Body.**
- The following items were agreed: QC010316/092
- The importance of Datix implementation to the management of risks and other areas of governance. QC010316/093
- Recommendation that the Quality Committee should oversee Patient and Public Engagement and that the Governing Body should receive six monthly reports on PPE compliance QC010316/094
- The importance of the Care Home sector and the concerns about managing local issues highlighted in CQC reports QC010316/095
- The committee has taken on the actions outstanding from the Governing body review that had been assigned to it QC010316/096
- The governance of the PCN network would be reviewed in light of the CCGs new structure and revised scheme of delegation. QC010316/097
- 19. Date of next meeting**
- Quality Seminar to be held on 8<sup>th</sup> April 2016 at 9.30 am
  - Quality Committee meeting to be held on 6<sup>th</sup> May 2016 at 9.30 am