

Surrey Downs Clinical Commissioning Group

Governing Body

29th July 2016

Meetings and Committee Reports

Agenda item 22, Paper 17	
Summariser:	Vicky Francis, Governance Support Officer
Authors and contributors:	Justin Dix, Governing Body Secretary Vicky Francis, Governance Support Manager
Executive Lead(s):	Matthew Knight, Chief Finance Officer
Relevant Committees or forums that have already reviewed this issue:	Clinical Cabinet Finance and Performance Committee Quality Committee Audit Committee Remuneration and Nominations Committee
Action required:	To note
Attached:	Quality Committee Minutes (May 2016)
CCG Strategic objectives relevant to this paper:	Core business: relevant to all / most objectives
Risk	The Audit Committee has responsibility for risk as part of the system of internal controls. Each committee reviews risks relevant to its specific area.
Compliance observations:	Finance: Finance and Performance Committee has lead role. Audit Committee agrees annual report and accounts under delegated authority from the Governing Body.
	Engagement : The Quality Committee leads on Patient and Public Engagement
	Quality impact: The Quality Committee leads on quality impact
	Equality impact: 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 20th May 2016 highlighted the following key issues for the Governing Body:

- Reasonable assurance from the Head of Internal Audit Opinion
- A positive outcome from the external audit work as reflected in the External Audit findings
- The Committee, subject to final sign off by the Interim Chief Officer and Audit Committee Chair, were happy to sign the Annual Report and Accounts on behalf of the Governing Body.
- The letter of representation would be signed by the Interim Chief Officer and Audit Committee Chair.

Quality Committee

Key issues at the meeting on 8th July were:

- CSH Surrey workforce issues
- SECAMB - assurance being sought
- Epsom and St Helier CQC action plan
- Cost Improvement Programmes and procurement
- Safeguarding Children
- Escalation Framework Provider Workforce risks

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

Finance and Performance Committee

There have been two meetings, in May and June respectively. Key issues from the meetings were:

- STP impact and how this might influence the future strategy and operations of the CCG
- QIPP position and the ongoing work around the gap and the programmes
- RightCare, and ensuring this programme is integrated with other streams of work
- SECAMB performance and actions to support the trust to change
- Risk management and the review of finance and performance risks

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

Remuneration and Nominations Committee

Key issues from the May meeting were:

- The amendment of the Committee Terms of Reference to include the role of the GP Member of the Remuneration Committee and Equality & Diversity Lead role
- Job titles of Lay Members of the Governing Body
- Governing Body development
- Professional Indemnity cover
- Succession planning
- Analysis of staff absence
- Payments to Governing Body members
- Approval of the Appraisal Policy and Learning & Development Policy

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 June and July respectively. These highlighted the following issues:

- Primary Care Strategy
- CCG Outcome Indicators
- Procurement
- Primary Care Standards

The Clinical Cabinet does not report to the Governing Body but minutes are available on request.

Date of paper

21st July 2016

For further information contact:

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Minutes

Committee members present:

Debbie Stubberfield, Governing Body Registered Nurse
Dr Tim Powell, Governing Body GP
Dr Louise Keene, Governing Body GP
Steve Hams, Director of Clinical Performance and Delivery
Eileen Clark, Head of Clinical Quality, Clinical Governance and Patient Safety
Gill Edelman, Governing Body Lay Member – PPE
Jacky Oliver, Governing Body Lay Member - PPE

Others in attendance:

Justin Dix, Governing Body Secretary
Jackie Moody, Clinical Quality and Safety Manager
Lucy Moreton, Continuing Health Care (observer)

Chair: Debbie Stubberfield, Governing Body Registered Nurse

Minute taker: Justin Dix

Meeting started: 9.30

Meeting finished: 12.10

1. Welcome and introductions

Debbie Stubberfield welcomed everyone to the meeting and in particular welcomed Dr Powell and Dr Keen to their first meeting.

QC060516/001

2. Apologies for absence

Dr Claire Fuller, Clinical Chair; Ralph McCormack, Interim Chief Officer; Jennifer Smith, Public Health Lead; James Blythe, Director of Commissioning and Strategy; Mabel Wu, Head of Planning and Performance; and Dr Tony Kelly, Secondary Care Doctor

QC060516/002

Justin Dix reported that Jennifer Smith was trying to identify a replacement from Surrey Public Health as she did not work Fridays.	QC060516/003
3. Quorum	
The meeting was declared quorate.	QC060516/004
4. Membership and terms of reference of the Committee	
These were noted. They would be evaluated after six months as part of a Governing Body follow-up. Some important themes such as the quality strategy would need to be incorporated to ensure they meet governance requirements.	QC060516/005
Steve Hams said that formal medicines management input into the committee would be worth considering. He also queried whether finance input would be appropriate. He would discuss this outside the meeting and feed into the above review.	QC060516/006
It was noted that the scheme of delegation was currently out of date and a decision was awaited from NHS England as to whether this could be removed from the constitution. Once a decision had been made the scheme of delegation could be amended accordingly.	QC060516/007
5. Attendees' Interests relevant to the meeting	
There were no interests declared.	QC060516/008
6. Minutes of the last meeting, held on Tuesday, 1st March 2016	
The following amendments to the minutes were agreed:	QC060516/009
016 – Typo – superfluous “s” after 2015	QC060516/010
022 – add “and Prevention” after control	QC060516/011
034/035 - The contradiction between “quality was good” and “quality varied” in relation to IAPT needed to be clarified to remove the apparent contradiction.	QC060516/012
047 – Replace “such as removal of juniors doctors from interventional radiology, , CAS alerts. There was improvement plan in place...” with “such as outcomes of GMC visit regarding juniors doctors in interventional radiology, and CAS alerts. There was an improvement plan in place...”. Also remove superfluous paragraph break.	QC060516/013
056 – add “Action Justin Dix”	QC060516/014
065 – replace “acute, community, mental health and care homes” with “acute, community, mental health, primary care and care homes”	QC060516/015
077 – replace “It was hoped to have something formalised for the May Governing Body” with “It was intended that they would be formalised for the May Governing Body.”	QC060516/016
082 – small “s” after CQRM.	QC060516/017

Subject to the above amendments, the minutes were agreed as an accurate record.

QC060516/018

At the Governing Body Secretary's request there was a discussion on minute taking. It was requested that contributions to the discussion were structured in such a way as to help with the minute taking, in particular presenting one topic at a time rather than asking multiple questions.

QC060516/019

Minute taking style was discussed. It was noted that there was a balance between simpler minutes and the need for full assurance should minutes be reviewed externally. It was agreed there should be a discussion with the Clinical Chair of the Governing Body about whether the minutes could be made simpler across all the committees without losing their key points.

QC060516/020

Action Justin Dix

7. Matters arising and action log amendments

017 – Patient and Public Engagement (PPE). Debbie Stubberfield queried whether the issue of PPE should be on the risk register. There were sickness issues in the comms team and delays in producing the PPE strategy. Steve Hams suggested exploring this either at a seminar or as a formal paper at the July meeting to better understand the risk before placing on the risk register.

QC060516/021

Following discussion it was agreed to hold putting this on the risk register until after the seminar or next meeting.

QC060516/022

Jackie Moody suggested that Equality and Diversity might also be a risk on the same basis.

QC060516/023

035 – The IAPT discussion highlighted the need for Any Qualified Provider (AQP) suppliers to be an agenda item at a future meeting in respect of AQP quality and assurance monitoring.

QC060516/024

Action Justin Dix

Mazars was in the Quality and Performance report but would be a formal agenda item next time.

QC060516/025

Action Justin Dix

045 – The response on 111 was being chased but had not been concluded. Keep open.

QC060516/026

051 – Risk escalation framework – this would be coming to the next committee. Keep open.

QC060516/027

086 – Prescribing. Steve Hams updated. The clinical director for prescribing would direct medicines management optimisation committee actions into the clinical cabinet. Action can be closed.

QC060516/028

084 – Integrated governance. There were a number of cross-cutting ways that committees communicated with each other and recommended actions for each other. This was discussed and it was noted that there was co-ordination at governing body level and through the action log. There were further options such as sharing minutes. It was agreed that the Governing Body meeting was the most appropriate way of doing this. The current agenda item could be removed and the action closed.	QC060516/029
083 – Capacity and Capability of quality team – keep open	QC060516/030
082 – CQRMs. Eileen Clark updated. This was under review including the data sources used and better co-ordinated data packs. Action to stay open until next framework available.	QC060516/031
081 – Morecambe Bay – on agenda. Action can be closed. It was however requested that the Mazars report be on the agenda in July.	QC060516/032
080 – Quality Impact Assessments - deferred to July meeting. To be closed at that point.	QC060516/033
075 – “Sign up to safety” emails. Eileen Clark will complete action. Can be closed.	QC060516/034
071 – CHC in Quality and Performance report. Work was ongoing; agreed to make it a standing agenda item. Section 29 will be covered as part of this. Existing action can be closed.	QC060516/035
Action Justin Dix	
062 – Steve Hams to sign off on quality risk report - can be closed.	QC060516/036
059 – Feedback on Datix. Justin Dix gave an update on the appointment of a project manager and the timescales for rollout. Action can be closed.	QC060516/037
055 – Carers breaks. Eileen Clark updated – 523 carers breaks had been utilised over four quarters which is good but SDCCG GP referrals to other carers support services is low and an action plan was being developed to address this both with GPs and carers. Can be closed as regular reports will be provided through the normal reporting.	QC060516/038
051 – Escalation framework - for next seminar; close in July	QC060516/039
044 – Morecambe bay – can be closed	QC060516/040
037 – clinical harm consequences – Steve Hams updated, can be closed.	QC060516/041
028 – coding of admissions of young people to adult wards. Assurance not yet received whether this has been improved. Keep open.	QC060516/042
027 – Mental Health Promotion Strategy. Eileen Clark had discussed with Public Health. There is a strategy for Surrey and updates are now coming via Surrey quality leads. Can be closed.	QC060516/043

It was queried whether public health outcomes should be considered. QC060516/044

019 – It had been agreed at EMT that the quality committee should have responsibility for and monitor PPE. Existing action can be closed. Agenda for reports or verbal updates until further notice. Emphasis to be on the quality of the PPE function and how this supports quality strategy. QC060516/045

Action Justin Dix

059 IRIS software. Eileen Clark noted this would need a business case as there was a small cost pressure. Can be closed. QC060516/046

065 Patient experience report – noted this was rooted in the PPE work and the quality and performance report. There was a need to scope how this would work in an integrated way. Action closed – Steve Hams to update at July meeting. QC060516/047

Action Steve Hams

050 Audit of children with mental health issues. Can be closed. QC060516/048

029 – IAPT morbidity data - superseded – can be closed. QC060516/049

8. Quality and Performance Report

There was a discussion about the purpose of the agenda item. It was noted that the committee expected to agree that it had received assurance. QC060516/050

Eileen Clark presented the report and highlighted a number of key issues. QC060516/051

CSH Surrey QC060516/052

Recruitment and vacancy management: a number of actions were underway including the appointment of a new director of HR, and there were signs of improvements. Clinical concern meetings were looking at staffing. Reporting was changing and was more transparent but was not yet as detailed as it could be.

It was noted that the organisation as a social enterprise did not routinely publish information in the same way as NHS bodies. They were considering a change of approach at Board level at the CCG's request. The social enterprise status impacted across a number of other domains in relation to the transparency of reporting and learning, including not being able to register on the NHS England 'Sign up to Safety' initiative. QC060516/053

CSH Surrey pressure ulcers: Eileen Clark updated the committee. The organisation was taking action on a number of fronts including improved literature, and working closely with patients and carers. This was being actively monitored and an area of continued focus for the CCG and CSH Surrey. QC060516/054

Jacky Oliver asked if there was an issue with more people being cared for at home and Eileen Clark said this was an issue with a number of dimensions to it e.g. equipment, home incontinence services etc. It was felt to be an emerging significant issue in terms of workforce. QC060516/055

Epsom St Helier (ESH) QC060516/056

ESH Health Care Associated Infection was a matter of great concern. The report that had been commissioned on this by the trust had been delayed.

A&E – this was being closely monitored and latest data (last 2 weeks) was green after a poor winter period. QC060516/057

Never events – these were noted. 48 hour reporting was poor although investigations were robust. There were underlying cultural issues in specific areas of the trust; the CQC quality summit had been delayed until the 1st June. The committee noted these issues with concern and awaited the outcome of this report. To be highlighted to the GB in Part 2. QC060516/058

Action Steve Hams

Surrey and Borders QC060516/059

A Section 28 coroners notice had been issued as the result of the death of a patient. There was a commissioner site visit planned to the trust.

Mazars – Debbie Stubberfield had commented on the trust's board reports via Steve Hams. It was noted that the lead commissioner role was coming into the STP footprint (Guildford and Waverley CCG). QC060516/060

Kingston QC060516/061

The trust's CQC inspection report was still awaited. QC060516/062

SASH QC060516/063

Mazars not formally reviewed; this had been raised with them and they would be providing assurance.

SECAmb QC060516/064

The CCG was actively engaging in the commissioner forum. This was now seen as a long term project. Unified action plans were due this week.

Noted this was on the GB agenda for May.

Royal Marsden QC060516/065

Royal Marsden were due a CQC inspection.

St George's QC060516/066

Leadership of the trust was a significant issue. The medical director was now the interim Chief Executive.

There had also been significant issues with never events. QC060516/067

Performance report

QC060516/068

No significant new issues. Breastfeeding was highlighted – initiation was poor at Epsom St Helier. CSH Surrey had appointed a breast feeding facilitator.

QC060516/069

Cancer 62 day waits was improving.

QC060516/070

Dementia diagnosis was still low.

QC060516/071

Gill Edelman asked about preventing emergency admissions. It was noted that work was being done in the STP footprint but it was queried whether Surrey Downs was doing enough. Eileen Clark said this had been discussed with public health as it related to alcohol addiction. A CQUIN was in place with the trust to improve staff competencies in A&E.

QC060516/072

Subject to the information received and the above actions, the committee felt that the CCG was highlighting the key issues and using appropriate commissioning and contractual levers as an associate commissioner. There were however a number of areas where there was still a need for further assurance from other commissioners.

QC060516/073

Dr Powell raised the issue of Junior Doctors industrial action and it was agreed this was a concern in terms of patient quality and impact on primary care. This had been treated as a business continuity issue and no immediate adverse impact was noted; however there was a probable impact on access as organisations attempt to catch up with the backlog of missed outpatient appointments and cancelled operations.

QC060516/074

9. CCG response to national publications regarding patient safety and quality

The GP 5 year forward view and the potential impact on quality in primary care was noted. In the future this would be monitored through the primary care strategy currently being developed.

QC060516/075

To be included in the agenda for July.

QC060516/076

Action Justin Dix

10. Quality Premium 2016/17

This had been discussed in the EMT and Clinical Cabinet. Steve Hams presented the paper and recapped on the process for new committee members. Antimicrobial prescribing was a key issue in this area. Funding was dependent on performance and the fact that the CCG was under Directions.

QC060516/077

Steve Hams highlighted a number of areas in the report where performance was an issue. Going forward the three local priorities for the CCG were based on Right Care opportunities for improving care and reducing cost. Appendix 3 set out the local priorities – long term conditions with a care plan; delayed transfers of care; emergency admissions for chronic ambulatory care sensitive conditions. There was a discussion about the difficulties of effecting change, particularly where the CCG was not the lead commissioner. Clinical leadership was the key issue. When Directions were lifted the CCG would be able to take on primary care commissioning.

QC060516/078

Dr Keene highlighted the efforts being made to get member practices engaged in work such as this but acknowledged the difficulties. GPs would need adequate information and support but there were also cultural issues in primary care and a variation in willingness to work differently in future.

QC060516/079

Steve Hams noted that the care planning issue was starting from a low base so expectations were modest. Dr Powell noted that incentivising primary care providers e.g. through Quality Outcomes Framework (QOF) was key.

QC060516/080

11. Risk Management Update

Steve Hams noted that there was a new approach to risk which would be driven through Heads of Service. The EMT had met with the two lay members for governance and agreed a new structure which separated out corporate and operational risk, with the former being owned by the Governing Body and the latter mainly the responsibility of the EMT.

QC060516/081

Steve Hams gave an example of how CHC risks were effectively operational but were appearing on the CCG risk register and being taken to the Governing Body.

QC060516/082

Justin Dix gave an update on the work of the new Datix project manager and highlighted how Datix was being used in Oxford to enable practices to notify concerns direct to the CCG's quality team.

QC060516/083

Gill Edelman highlighted the issue of quality in care homes. She felt this needed to be higher on the CCG's risk profile. Steve Hams acknowledged that this and primary care were two key areas of concern. It was felt this placed the CCG's integration agenda at risk. There were however CQUINS for care homes this year which would provide some assurance. Care home quality would be an agenda item for the forthcoming Quality Committee Seminar.

The update was noted.

12. Serious Incidents Q3 and Q4 Report

Eileen Clark presented. An annual report would come to the committee in July. Key issues were as follows.

QC060516/084

- The report enabled themes to be identified. QC060516/085
- Treatment delays, self-inflicted injuries and slips trips and falls were the highest categories. QC060516/086
- Reporting requirements to STEIS had changed in year. QC060516/087
- Never events were also reported QC060516/088
- 48 hour reporting of incidents was highlighted – ESH was a poor performer in this area, as was St George’s. This was being picked up by the relevant commissioners, who did share and discuss information. There had been an SI conference in April for all CCGs in Surrey. It was agreed to seek benchmarking in this area. QC060516/089

Action Eileen Clark

Debbie Stubberfield highlighted some weaknesses in the way the report was formatted and presented with some obvious errors which impacted on overall quality. The figures were also not consistent. Eileen Clark would formally raise this with the CSU on behalf of the committee. QC060516/090

Action Eileen Clark

Steve Hams noted the benefits of the CSU’s wider role but there were difficulties in getting involved with non-local providers. QC060516/091

There was new guidance on RCAs which was also having an impact. The high incidence of non-adherence to policy was noted; Eileen Clark clarified that the action plans were followed up and the CCG did sit on Sutton’s review group for SIs.

13. CCG Adult Safeguarding Annual Report 2015/16

Noted that this was going to the Governing Body for agreement. There were six monthly reports. QC060516/092

Key challenges were as identified in previous meetings: QC060516/093

- Capacity issues in the team
- Impact of care act – causing additional work in terms of policies and procedures and training requirements.
- Lack of resilience during significant periods of demand
- Increased workload from provider failures
- Demands arising from the MASH – Eileen Clark recommended a briefing for the committee as there were some concerns over its functioning.

Mental Health Act capacity training had however been very positive. QC060516/094

The TIAA audit follow-up was ongoing. There was a meeting next week with TIAA. QC060516/095

The committee expressed concern that there were a number of areas where it was not assured and felt that the audit report needed to be followed up before the CCG could move on from the “limited assurance” position as stated by the internal auditors. QC060516/096

There was a discussion about the CCG's commissioner and provider roles. It was acknowledged this was complex. A lot of the provider issues were followed up through CQRGs and other monitoring approaches. The capacity issue in the team was significant and it was surprising that the adult safeguarding board had not identified this and the lack of resilience as an issue given the increased demands over the last three years.

QC060516/097

It was agreed that there should be a follow-up meeting on the 20th May on this issue. To include the work commissioned from Berkley re the collaborative agenda and to feed into the Governing Body Part 2.

QC060516/098

Action Steve Hams

14. Morecambe Bay Provider Assurance

Steve Hams presented this. He had looked specifically at the three local acute providers of maternity services. They had been asked to do a self-assessment against the 14 key recommendations. The report identified a number of gaps in these responses which Steve Hams would be going back to providers on.

QC060516/099

There were in Steve Hams' view several key areas for the wider NHS which he identified in the report. Kingston's 33 day time lag on reporting NRLS was significant within these. Duty of candour was an area where further work (on complaints) was required. Supervision of midwives was in Steve Hams' view key. Mortality data via EMBRACE was variable but Surrey and Sussex was an outlier in this area and one he would like to look at this with the provider. These areas were discussed and it was highlighted that maternity was a specific area for a deep dive. Transition arrangements for midwife supervision in 2017 would be particularly highlighted.

QC060516/100

Steve Hams would share with the clinical director for children and maternity and follow up and bring back to the next meeting.

QC060516/101

Action Steve Hams

15. Right Care Update

MSK, respiratory and complex patients with long term conditions would be the focus of this work going forward, linking to quality premiums, QIPP and our commissioning intentions.

QC060516/102

16. Draft Quality Strategy 2016-2018

It was noted that this was now Version 4 and had received comment from stakeholders within the CCG. The delivery plan would be populated for the governing body. The escalation framework was noted as a key development. There would be a need to reference the primary care strategy.

QC060516/103

Gill Edelman highlighted three areas:

QC060516/104

- How does this link with safeguarding in care homes? QC060516/105
- How would the CCG influence what it directly commissioned as opposed to what was hosted? QC060516/106
- Does the strategy reflect the need to drive quality rather than just address concerns? QC060516/107

Primary Care was discussed. Improvements in care pathways were noted as key enablers in improving quality. QC060516/108

It was agreed that a generic section on improvement would be helpful, linking to the improvements the CG was making in clinical advice to the organisation through the clinical cabinet and clinical directors. QC060516/109

Measurement for assurance as opposed to measurement for improvement was highlighted. QC060516/110

Debbie Stubberfield said that she had discussed this with Dr Fuller and would like a proper discussion with the Governing Body at the May meeting, for instance raising the issue of “what does good look like?”. Comments from clinical cabinet and today’s meeting would be fed into a revised version which would go to the GB as version 5 for the May Governing body meeting in public. QC060516/111

The Committee were minded to support the Quality Strategy and seek approval from the Governing Body.

17. Policies for agreement

Eileen Clark set out the key issues in the complaints policy. This was an update to the previous version. The EQIA would be updated. QC060516/112

It was requested that comments from committee members be incorporated into a final version, and that the policy be bought back for sign off at the next meeting. QC060516/113

Action Eileen Clark

18. Summary of Prescribing Clinical Network recommendations

Steve Hams highlighted the changes in process as previously discussed. He recommended it come off this agenda and move to clinical cabinet. This was agreed. QC060516/114

Action Justin Dix

19. Serious Incidents Review Sub-Committee Annual Report

The report of the committee was noted, particularly the changes in context and the issues addressed during the year. QC060516/115

Lack of GP attendance was noted but it was noted that papers were also reviewed outside the meeting by GPs / Lay Members. This had been discussed without coming to a conclusion. It was also queried whether there should be someone other than the Chief Nurse e.g. an external person chairing. QC060516/116

	A replacement GP was requested – it was agreed that Dr Powell and Dr Keene would share this responsibility.	QC060516/117
20.	Integrated Governance / Feedback from other committees	QC060516/118
	Covered above	QC060516/119
21.	Committee forward plan	
	This was reviewed. There was a need to clarify the June seminar arrangements. Noted that Debbie Stubberfield sent apologies – Dr Kelly would chair. Agreed to prioritise Epsom CQC report and care homes and include external participants as appropriate.	QC060516/120
22.	Any other urgent business	QC060516/121
	There was no other business.	QC060516/122
23.	Items to highlight to the Governing Body	QC060516/123
	Debbie Stubberfield would advise of this on review of the minutes.	QC060516/124
24.	Date of next meeting	QC060516/125
	<ul style="list-style-type: none"> • Quality Seminar to be held on 10th June 2016 at 9.30 am • Quality Committee meeting to be held on 8th July 2016 at 9.30 am 	