NHS
Surrey Downs
Clinical Commissioning Group

Quality Committee – Part 1
Friday 9th September 2016
Cedar Room, Cedar Court, Leatherhead, KT22 9AE

Minutes

Committee members present:

Dr Tony Kelly, Secondary Care Doctor
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
Dr Tim Powell, Governing Body GP
Dr Louise Keene, Governing Body GP

Others in attendance:

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

Chair: Tony Kelly, Secondary Care Doctor

Minute taker: Justin Dix

Meeting started: 09.38

Meeting finished: 12.34

1. Welcome and introductions

Dr Kelly welcomed everyone to the meeting. There was a brief discussion on timeliness of papers and a general view that unless critical, late papers should be deferred to the next meeting and set in their proper context with effective executive summaries. There was work ongoing on this.

QC090916/001

The balance between detail and broad assurance was a key issue and the chair's advice should be sought on this. It was noted that there would probably be more use of presentations in future. Moving from alternate seminars to more frequent business meetings was generally welcomed. QC090916/002

Steve Hams noted that there was still a need to focus on risk, particularly the small number of top rated risks and issues. It was noted that work was taking place now to improve the CCG's risk management systems with the implementation of Datix. QC090916/003

2. Apologies for absence

Debbie Stubberfield; Jennifer Smith; Polly Mather QC090916/004

3. Quorum

The meeting was declared quorate. QC090916/005

4. Attendees Interests relevant to the meeting

No one present had any declared interests relevant to the agenda QC090916/006

5. Minutes of the last meeting, held on Friday 8th July 2016

Jacky Moody would highlight typos to Justin Dix outside the meeting (08,21,31) QC090916/007

036 – insert CQC for clarity QC090916/008

042 – should read SECAmb performance not performance in general QC090916/009

Subject to the above amendments the minutes were agreed as an accurate record. QC090916/010

6. Matters arising and action log amendments

It was noted that every effort should be made to close actions in a timely way and incorporate as much as possible into "Business As Usual" as currently some items had been on the log for extended periods. There was a discussion on this and it was agreed that items handed off for action should be incorporated into the forward plan rather than kept open. More regular meetings would help in this respect. QC090916/011

It was agreed that the process for signing off actions would be set out. QC090916/012

Action Justin Dix

089 – Patient safety. This related to work at St Georges around Serious Incidents (48 hour reporting) and benchmarking against other providers. Agreed for closure as monitored through reporting QC090916/013

080 – Quality impact assessment - can be closed QC090916/014

056 – Carers. It was reiterated that the committee had concerns about where this rested. It was accepted that it formed part of the work of the Quality Committee but also went to the clinical cabinet because of the role of GPs in support for carers. Agree to incorporate into forward plan. QC090916/015

113 – complaints policy – can be closed. QC090916/016

076 – Primary care – can be closed QC090916/017

045 – PPE – bring back to next meeting as Polly Mather not available today. A short paper was requested. QC090916/018

025 – Mazars. Can be closed. QC090916/019

024 – AQP – can be closed QC090916/020

009 – as above (primary care) – can be closed QC090916/021

014 – Maternal death weblink – has been shared, can be closed. QC090916/022

021 – can be closed, is on agenda QC090916/023

043 – can be closed QC090916/024

044 – SECAmb reports from host commissioner. Jacky Moody updated and said reports were now coming through. There was a discussion about the level of detail the committee wanted to receive. The need for effective summaries and high level oversight was emphasised. QC090916/025

Steve Hams reported that there was a general view that the exclusive focus on Red 1 and Red 2 standards was not helpful. A broader view of quality and performance in relation to response times and quality outcomes was required. There was a need to extract the key issues from the information the CCG was receiving and present this to the committee. QC090916/026

051 – Epsom CQC report. Keep open. Concern was expressed that the action that plan had not been released. QC090916/027

052 – can be closed, now on agenda QC090916/028

083 – can be closed QC090916/029

Mazars: Jacky Moody updated that the team were pursuing providers for mortality data. This varied between trusts but data was coming through the CQRG route. QC090916/030

Tony Kelly updated on national work on monitoring mortality and conducting mortality reviews and said that this would be rolled out, with training, shortly. The local Academic Health Science Network (AHSN) was hoping to be an early adopter site for this. There was expected to be close collaboration between commissioners and providers. Information on this and the community of practice would be available before the end of the year. QC090916/031

7. Quality and Performance Report

Eileen Clark highlighted a small number of key areas. QC090916/032

- CSH Surrey vacancy rates: more creative solutions were needed as there were pockets of concern in some areas. QC090916/033
- ESH – the CQC action plan was being pursued. Infection control post interviews were taking place next week and Eileen Clark was involved in the process. Tony Kelly noted that STP based presentations on this issue had highlighted hand hygiene issues and there was scope for rapid improvement in this area, embedded at ward level. Eileen Clark would follow this up with the trust. QC090916/034
- Surrey and Borders – data quality issues were still challenging but improving slowly. The September meeting should bring greater clarity. Complaints response times were 49 working days which was felt to be too long and had been challenged on capacity and culture grounds. The trust had been asked to benchmark itself against similar providers. It was however noted that in terms of learning from Serious Incidents and overall transparency the trust had a good reputation nationally. QC090916/035
- It was noted that host commissioner arrangements were expected to move from the current CCG into the Surrey Heartlands STP. QC090916/036
- Kingston – CQC action plan would be coming to the next meeting QC090916/037
- Royal Marsden – audit data on cancer performance would be available later this month QC090916/038
- SGH – the CQC report was being pursued. There was an issue around Referral To Treatment Time (RTT) reporting and data quality which were being followed up by commissioners. QC090916/039
- Ramsey Ashtead – A Never Event was being worked through and would be discussed with the provider. QC090916/040
- Eileen Clark highlighted poor performance at Royal Surrey County Hospital (RSCH) which the local commissioner was pursing and an action plan was in place. The level of risk to Surrey Downs patients was being assessed. QC090916/041

Dr Powell returned to the issue of CSH recruitment. It was acknowledged that the trust were doing all they could in the context of difficult workplace supply issues. Initiatives around employment incentives were in place. The detail of this was in trust performance reports and had been seen at CQRG meetings. The issue was how this was made visible. It was noted that there were related issues around children's service contracts that had come up in the children's Committee In Common (CIC). QC090916/042

It was noted that this was appropriate for a risk based approach as it would set out the CCG's current position and levels of tolerance. CSH Surrey had been asked to share their risk register in this respect. QC090916/043

Gill Edelman asked about governance of community hubs and how quality would be assured. It was acknowledged this was an issue. The contractual elements and how these were monitored did need to be looked at. QC090916/044

It was agreed that Steve Hams would produce a proposal for how performance management of community hubs would be undertaken (activity, money and quality). Lorna Hart would be asked to work with Steve Hams on this. It was acknowledged that quality standards for hubs did exist but were still under development. QC090916/045

Action Steve Hams – for next seminar in October

8. CCG response to national publications relevant to quality

QC090916/046

Strengthening Financial Performance and Accountability in 2016/17. Steve Hams highlighted that this had been produced by NHS England and NHS improvement. It identified a number of key areas of performance such as cancer. Trajectories for improvement had been reviewed to ensure they were realistic. It also identified caps for interim payments.

Gill Edelman asked how this related to quality and it was acknowledged that the financial position could impact on NHS constitution standards and related quality issues. QC090916/047

It was noted that the paper set a clear direction of travel for the next 18 months and related to national finances, local provider performance and key areas such as Continuing Health Care where nationally and locally there were significant pressures. It also potentially impacted on the CCG's assurance rating. QC090916/048

9. Q1 Improvement and Assessment Framework

Steve Hams summarised the position in relation to this. The performance was presented in terms of comparative national and trend data. Key concerns were where the CCG was in the lowest quartile. There were some issue with data quality that needed to be queried. QC090916/049

- Cancer – the issue was not outcomes but timeliness. The next GP training day will be focused on early diagnosis. QC090916/050
- People offered choice of provider and team when referred for a 1st elective appointment QC090916/051
- Estimated diagnosis rate for people with dementia – being pursued by Julia Chase, clinical director QC090916/052

Steve Hams highlighted the six national clinical priority areas (Cancer, Dementia, Diabetes, Learning Disabilities, Maternity and Mental Health). The CCG had just received its baseline measures for these which set out where the CCG ranked in terms of quartiles nationally. He highlighted the following. QC090916/053

- Cancer – there were useful comparisons with Guildford and Waverley that the CCG could learn from QC090916/054
- Diabetes – this area was performing well QC090916/055
- Maternity – there were issues with data quality QC090916/056
- Mental Health – this centred on IAPT. QC090916/057

Steve Hams noted that the key aim here was to ensure that improvement requirements were reflected in next year's commissioning intentions. Stroke outcomes and blood pressure monitoring were identified as additional local areas although this was complicated by relationships with providers. QC090916/058

Steve Hams reflected on recent work on diabetes audits and how primary care investment was targeted as opposed to a blanket approach. QC090916/059

Next steps were: QC090916/060

- Share and review with Clinical Directors, and Heads of Service
- Assurance review by Quality Committee and Finance and Performance Committee
- Ensure existing transformation plans are sighted on performance – revise where necessary
- Review performance against the Quality Improvement Strategy delivery plan
- Embed within commissioning intentions for 2017/18

Jacky Oliver asked about how patient flows might be affected by working within the STP context. It was not expected that these would be affected. QC090916/061

It was noted that the data was not new but did set a different baseline. It would impact on the CCG's priorities and potentially ratings. There was an opportunity to use the evidence to mobilise the CCG's efforts (through the service redesign team) in the right directions, focusing on areas of genuinely poor performance. QC090916/062

Dr Keene noted that there was a tension between high performing practices not always getting rewarded as incentives were going to poorly performing areas. QC090916/063

10. SECAmb performance update (July 2016) and action plan

A presentation was given on this. Key points were as follows: QC090916/064

- SECAMB was poorly performing on Red 1 and 2 targets but other providers were also failing these. QC090916/065

- Activity has gone up significantly this year although the categories of see / hear / treat / convey have remained broadly the same. QC090916/066
- Surrey performance is the worst out of Kent, Surrey and Sussex. Lost hours were potentially a significant issue. QC090916/067
- Significant numbers of patients were being seen outside of the eight minute standard. Commissioners were undertaking an audit of the affected patients. QC090916/068
- Handover delays were increasing. Financial levers have been lost as a result of recent changes in national performance. However there was now an emphasis on reducing these delays and ensuring patients are handed over to the appropriate clinical teams, even where this impacted on other targets e.g. four hour A&E. The main area of concern was SASH rather than Epsom. QC090916/069

It was agreed that ambulance handovers should be highlighted at the Governing Body as a critical issue that needed to be addressed with both acute providers and SECAmb. The issues were systemic and needed to be treated as a whole to avoid the whole focus of poor performance falling on the ambulance trust. QC090916/070

The position against national targets (Cardiac arrest, STEMI, stroke and cardiac arrest survival was variable and better than the national average in two out of four areas (STEMI and Stroke). QC090916/071

Steve Hams highlighted the national Ambulance Response Programme (ARP) although SECAmb were not part of the pilot programme. QC090916/072

11. Hosted services – CHC Quality Monitoring

Deferred to next meeting QC090916/073

12. Provider CQUINS Q1 Performance

This was noted. The health and wellbeing CQUIN for flu vaccinations was proving difficult for providers but the CCG was holding the line on this target. QC090916/074

13. CQC ratings for care homes

Deferred as report not available. QC090916/075

14. Infection Prevention and Control Annual Report

Deferred to future meeting as currently the function is not available in the public health team. QC090916/076

15. Right Care update

Deferred – no new information QC090916/077

16. Patient and Public Engagement update

Report deferred to next meeting. However Jacky Oliver asked the committee to note that the Participation Action Network was being restarted this month, on the 28th September at 2pm at Bourne Hall. The aim was to provide an interactive listening forum rather than just setting out what the CCG was doing and to identify individuals who could be involved in planning work in future. QC090916/078

Gill Edelman noted that there had been a delay in discussing the PPE strategy. There were capacity issues in this area but also a need to clarify the governance arrangements around this. QC090916/079

Gill Edelman expressed concern that there was a lack of a systematic approach to PPE and it was agreed to sponsor work on a PPE strategy. The Equality and Diversoty strategy was also likely to impact on this. QC090916/080

Action Steve Hams – by end of year

17. Complaints Policy

Various updates had been made in line with committee members comments. Suppliers were providing more information on learning from complaints triangulated with other data. QC090916/081

Noted that complaints were reported six monthly although there had been a delay this time. QC090916/082

The revised policy was AGREED. QC090916/083

18. Serious Incident Management Policy

Eileen Clark introduced this. The policy had been developed by the CSU who managed the Serious Incident process. The CCG did need to undertake impact assessments. QC090916/084

Tony Kelly identified (P11) that there should be more emphasis on engineered solutions. It was clarified that NHS England had the responsibility for scanning between providers but it was also a CCG responsibility and should be included in the policy. There was also a need to identify the competencies of people undertaking Serious Incident investigations and Root Cause Analysis. QC090916/085

The policy was AGREED subject to the above amendments. QC090916/086

19. Risk Management Update

The paper was noted. The significance of SECAmb was noted but the report showed the range of risks that had a quality component. Risk was in transition from being managed by excel spreadsheet to Datix. QC090916/087

The coding of risk against principal objectives was difficult but there was scope to code these under core functions. QC090916/088

It was felt that the committee should bring this back to the next meeting for further discussion. QC090916/089

20. Sustainability and Transformation Plan (STP) Update

No further update QC090916/090

21. Items for next Agenda

Bring back deferred items and forward plan items. QC090916/091

Steve Hams to talk to Dr Fuller about moving to monthly business meetings from November. QC090916/092

22. Any other urgent business

There was no other business QC090916/093

23. Items to highlight to the Governing Body

- Top risks QC090916/094
- SECAmb, workforce, hubs, Care Homes, Mental Health and LD QC090916/095
- Increasingly risk based approach of the committee QC090916/096

24. Date of next meeting QC090916/097

- Quality Committee meeting to be held on 4th November at 9.30