NHS
Surrey Downs
Clinical Commissioning Group

Quality Committee – Part 1
4th November 2016
Cedar Room, Cedar Court, Leatherhead, KT22 9AE

Minutes

Committee members present:
Debbie Stubberfield, Governing Body Registered Nurse
Dr Tony Kelly, Secondary Care Doctor
Dr Tim Powell, Governing Body GP
Dr Louise Keene, Governing Body GP
Steve Hams, Director of Clinical Performance and Delivery
Eileen Clark, Chief Nurse
Jacky Oliver, Governing Body Lay Member - PPE

Others in attendance:
Justin Dix, Governing Body Secretary
Jackie Moody, Head of Quality
Polly Mather, Comms and Engagement Manager
Helen Hobson, Patient Experience Manager / Risk Manager
Dave Weaver, Head of Quality

Chair: Debbie Stubberfield, Governing Body Registered Nurse

Minute taker: Justin Dix

Meeting started: 9.35

Meeting finished: 11.55

1 Meeting Matters

1.1 Welcome and introductions

Debbie Stubberfield welcomed everyone to the meeting. There was a brief discussion on the effectiveness of Boardpad and this was generally very positive, particularly creating resources in reading rooms.

QC041116/001

1.2 Apologies for absence

Gill Edelman, Governing Body Lay Member – Patient and Public Engagement QC041116/002

Jennifer Smith, Public Health Lead QC041116/003

1.3 Quorum

The meeting was declared quorate. There was a discussion about reviewing terms of reference. It was agreed this should be on the next formal agenda. QC041116/004

Action Justin Dix

1.4 Attendees Interests relevant to the meeting

The new wording from NHS England guidance was noted. There were no interests to declare. QC041116/005

1.5 Minutes of the last meeting, held on 9th September 2016

037 – Insert CQC action plan after Kingston QC041116/006

040 – Ramsey Ashtead should be “a never event” not “never events” QC041116/007

074 – Health and Wellbeing CQUIN – this was around targets for flu vaccinations. QC041116/008

Jackie Moody would advise Justin Dix of minor typos QC041116/009

1.6 Matters arising and action log

1.6(i) Action Log QC041116/010

QC090916/001 – Closure of actions – agreed for closure. QC041116/011

QC090916/045 - Proposal for how performance management of community hubs would be undertaken - Steve Hams Updated. Agreed this should come to the next seminar on the 2nd December. QC041116/012

Action Justin Dix

It was also noted that the committee would be keeping oversight of Community Hospital Strategic change. QC041116/013

QC090916/080 - PPE strategy – an early draft would be available next month, also on agenda for today. Can be closed. QC041116/014

QC080716/009 - Primary Care – Debbie Stubberfield said that it was important to make any delegation real in terms of quality improvement. This delegation was dependent on agreement by the member practices via a formal vote on amendment of the constitution which requires 75% of practices to agree. QC041116/015

QC080716/014 - Maternal deaths – can be closed. It was noted that Dr Kelly had a national role regarding maternity transformation, and undertaking a quality improvement programme with all maternity units over the next three years starting from March 2017. QC041116/016

QC080716/043 - SECAmb – Steve Hams updated and said that NHS England and NHS Improvement were taking leadership of this process, with support from local commissioners. Debbie Stubberfield noted that the CCG had statutory responsibilities for commissioning safe patient care and these would need to be clarified in regard to SECAmb. QC041116/017

Steve Hams said this was important and that accountability did need to be clarified as local people would still look to their respective CCGs to seek clarification on quality improvement. QC041116/018

Dave Weaver said that he had attended a recent commissioners forum and the clarification would be provided over the coming weeks, with the action plans and work streams (with relevant CCG input) continuing to be at the heart of the programme. QC041116/019

Steve Hams noted that the clinical report on the problematic pilot had been placed in the reading room. Eileen Clark also noted that the Safeguarding Board felt more comfortable with the assurance it was getting and that safeguarding referrals were coming through. This was different to board level assurance. Initiatives had also been taken around recruitment, Disclosure and Barring Service (DBS) and other clinical areas. QC041116/020

QC080716/044 - SECAmb patient feedback – agreed for closure. QC041116/021

QC080716/051 - Epsom CQC action plan. It was noted that this had been placed in the reading room. Action can be closed. QC041116/022

1.6 (ii) Six Clinical Priority Areas QC041116/023

Steve Hams updated on these. The Quality Committee had received a full update at the last meeting but there was an assurance meeting coming up with NHS England and Steve Hams wanted to assure the committee that a programme of work was in place.

Dr Kelly said that it was important to be clearer about the actions and also the prioritisation of the projects, as this was a very significant volume of work. Some areas such as the stillbirth bundle would benefit from being more explicit. QC041116/024

Steve Hams acknowledged this and said that the report was of a headline nature. He was confident that there was more detail available and that the committee would probably be best focused on outcomes (giving improvements in dementia diagnosis as an example). The August data showed a gradual improvement for this indicator although it was unlikely the year-end target would be achieved. QC041116/025

Dr Kelly said that it would be useful for the committee to see the improvement trajectory. QC041116/026

Dr Powell queried early cancer diagnosis and it was noted that performance needed to be improved across most groups. Dr Powell also asked about the GP toolkit being implemented by McMillan and it was clarified this was the same toolkit as was being used for improvement against national targets. QC041116/027

1.6 (iii) CSH Surrey CQC Inspection

Eileen Clark noted that the inspection would start on the 9th January 2017. Some preliminary work had been undertaken and CSH Surrey were generally positive with some areas that needed to be worked on. The CCG were doing insight visits and there had been two visits to New Epsom and Ewell Cottage Hospital (NEECH) and Dorking hospitals this week. There would be a visit to Molesey next week. QC041116/028

Eileen Clark said that the care standards at NEECH appeared good but there were concerns about the environment. Debbie Stubberfield noted some discrepancies in the trust's performance reporting which needed to be explored. Steve Hams said that the trust had identified some key areas of risk as follows: QC041116/029

- Staffing
- Training
- Data Quality
- H&S
- Leadership capacity (Director of quality) and NW Surrey Mobilisation

Jackie Moody concurred particularly with the last point where there had been staff feedback that supported the concerns. QC041116/030

Jacky Oliver noted that patients did tend to drop unwanted equipment back to the NEECH site in an unplanned way. QC041116/031

Dr Kelly noted that the reporting of harm was in absolute numbers and showed no rate analysis or trend analysis, and a lack of benchmarking. He was concerned that falls numbers were quite high. QC041116/032

Steve Hams said that performance reporting had improved but acknowledged it was still not as detailed as required. This would probably come out in the CQC visit. QC041116/033

1.6 (iv) Other matters arising QC041116/034

There were no other matters arising.

2 Assurance on Quality and Safety QC041116/035

2.1 *Quality and Performance Report*

Eileen Clark presented the main areas of concern. QC041116/036

- CSH recruitment. Molesey Hospital (32% vacancy rate) and some areas of district nursing were hotspots. Some recruitment programmes were showing positive results. QC041116/037

Dr Kelly asked if there was a trajectory for improvement and it was noted there was and this could be tracked. The next workforce report would be shared in the reading room. QC041116/038

Action Justin Dix / Eileen Clark

- Safeguarding at CSH. This was improving significantly and on trajectory. There was discussion between commissioners where relevant. Mobilisation in NW Surrey was a key issue for the future. QC041116/039
- Epsom St Helier. Dave Weaver noted the action plan had not been updated as of yesterday's meeting with the trust. There was no date yet for a re-visit by the CQC. QC041116/040
- Health Care Acquired Infection – this was in the overarching Epsom action plan. An infection prevention and control lead had been appointed. There were a lot of red areas in the dashboard including hand hygiene. QC041116/041
- Surrey and Borders – the CQC inspection action plan has been shared. Dave Weaver said that the CQRG the previous week showed that staffing was a key issue and skill mix was being reviewed. This might need some changes in registration arrangements. Some concern was expressed about the need for health input for specific patients and safeguarding arising from this. QC041116/042

Eileen Clark reported that there was closer liaison with the learning disability nurse and Debbie Stubberfield said that this should be raised an issue for primary care in relation to changing registration of homes. QC041116/043

- Kingston – a report on the last meeting would be provided but there were still concerns about mixed sex accommodation breaches. QC041116/044
- SASH – concerns remained about ambulance handovers. It was not clear if this was being properly monitored across all commissioners. Dave Weaver said he had looked at the relationship between performance improvement and activity and in his view the nurse focus was having an impact. Dr Kelly said that there was a need for all providers to take responsibility for the patient and the performance at handover level and to manage this alongside the 4 hour A&E target. It was agreed to highlight this to the Governing Body and the potential impact on Red 2 handovers. The responsibility should not fall solely on the ambulance trust. QC041116/045
- Royal Marsden. The CQC report was not yet available. It was acknowledged that there were peripheral issues with 62 day cancer targets. QC041116/046

- St George's. Since the last meeting the CQC report had been published with a rating of "inadequate". The resulting quality summit had taken place on the previous Wednesday led by the local commissioner (NHS Wandsworth CCG). It was hoped that the slide pack would be available to share with committee members. QC041116/047

Dr Kelly said that the actual impact for SDCCG patients needed to be quantified dependent on the services our local population tended to use. Steve Hams noted that a lot of the activity was provider to provider (St Helier to St George's) QC041116/048

- Epsomedical – this was still being pursued as the never event information was not felt to be adequate. QC041116/049
- CHC backlog – there was an issue with a backlog of 1500 patients (now down to 661 as a result of housekeeping and reviews). This substantive backlog would be addressed over the coming weeks and recruitment was taking place to help address this but part of the problem was that increasing demand was not consistent with the workforce profile. Agreed to highlight to the Governing Body. QC041116/050
- Eileen Clark spoke positively about a QIPP programme to improve hydration of residents of care homes. There had been a lot of interest in this and two cohorts of training were planned. QC041116/051
- 3.4 of the performance report – Dr Kelly queried the appropriateness of 98% consultant cover levels for Obs and Gynae at Epsom. This was believed to be about shifting consultant resources from St Helier to Epsom and changing rotas. QC041116/052
- Steve Hams noted the NHS constitution metrics and improvements in A&E at Epsom St Helier which was a real achievement. He also noted that RTT performance year on year had dropped slightly which was an indicator of pressure in the system. QC041116/053
- It was noted that red performance targets were challenged at CQRGs. QC041116/054
- Dave Weaver noted that one hospital in Kent would breach three times for Surrey Downs patients on mixed sex accommodation. There were reporting technicalities to this which meant the number of breaches varied from provider to provider. Extra beds were also a concern. QC041116/055

Debbie Stubberfield commended the CCG outcome indicator reports. Lower respiratory tract emergency admissions were an issue and Dr Keene and Dr Powell noted this was an in-hours problem particularly for practices near to an A&E. Dr Moore was looking at this as the clinical lead and it was agreed that this should be highlighted to the Governing Body. QC041116/056

Debbie Stubberfield and Dr Kelly commended the level of detail of the report and its overall effectiveness. QC041116/057

Care Homes Update

Steve Hams introduced this. It was a progress report on work to date, arising from the quality seminar held in June. As well as the hydration work there were actions around work with the integration hubs, populations at risk and targeted approaches. There was also a pictorial analysis of the range of projects involved and how they were being bought together.

Debbie Stubberfield asked about CQC registration statistics which had been the subject of an earlier report. An update to this including organisations in special measures was requested. QC041116/058

Action Steve Hams

Funding levels were noted as a continuing problem. It was believed that top-up funding was not permitted but that Surrey was an area where there were high numbers of self-funders. QC041116/059

Primary Care quality standards for care homes were identified as an area to bring to the Governing Body's attention as there were issues relating to broad and targeted approaches. QC041116/060

Debbie Stubberfield asked about outcome measures for the relevant projects. Steve Hams said there were areas where these could be developed, some of them financial indicators (e.g. non elective cost reductions) but also measures that showed the outcomes for patients. QC041116/061

Dr Powell said that people at risk of admissions were in large part due to the culture in specific homes, particularly some homes where people were discouraged from speaking out. Steve Hams asked if care homes were involved in the AHSN and he confirmed they were, both at local and national level, and that there were case studies that could be shared with the quality team. QC041116/062

Action Dr Kelly

Steve Hams welcomed this and said that any learning available did need to be shared with care homes. Dr Kelly said that the patient safety collaborative was targeting training and education to increase capacity. QC041116/063

Quality Improvement Strategy six month update QC041116/064

Steve Hams said this depended on Q1 data and was therefore somewhat limited. The key areas that needed attention were GP appointments, emergency admissions from ambulatory care, RTT, and Red 1 ambulance. The six clinical priority levels related to this work as did the CQUIN programme. Steve Hams noted that the CQUIN next year would be all nationally focused which would be easier but remove local flexibility. There were 7 care homes in Surrey Downs that had signed up to the CQUIN.

Debbie Stubberfield said this was a key part of the committee's work and would be bought to the GB's attention. QC041116/065

Antimicrobial prescribing – Steve Hams said this was showing reductions in primary care and it was hoped that this would also be the case in secondary care. QC041116/066

Dr Kelly noted the prevalence of sepsis and Urinary Tract Infections in care homes and the potential to reduce catheter related problems. QC041116/067

Integrated Safeguarding Report QC041116/068

This was the first integrated report and it was felt there was scope for improvement. There were felt to be benefits to having an integrated team and reporting should improve in the new year as a result of recommendations arising from the audit work. This would be aligned to safeguarding board reports.

Capacity issues were still a risk and it was noted that no additional resources were being put in place by the CCG collaborative, although having a single team might produce efficiencies. QC041116/069

Eileen Clark noted a number of areas for Governing Body attention. These were QC041116/070

- The need for a Section 11 action plan around training (on committee agenda for January) QC041116/071
- Safeguarding and Domestic Homicide – issue with gun licensing in isolated communities, which was being looked at by the clinical lead for safeguarding (Dr Gavins). This had raised ancillary issues about GP practices connection with Domestic Homicide reviews, and GP input into the licensing process when asked for an opinion. LK noted that there had been a change in wording of the licensing letter from the police which meant a failure to respond by the GP meant the licence was granted by default. QC041116/072
- Safeguarding Adults – the MASH has gone live but there is a backlog of referrals and this was a concern and the risk needed to be quantified. The committee expressed concern about the lack of proper assurance and the need for continued scrutiny. QC041116/073
- DOLS was also felt to be a risk as the local authority had a backlog of 5,000 applications. This was being addressed with Helen Atkinson as Director of adult services but would be on the CCG risk register. QC041116/074

Action Steve Hams

Patient Experience Annual Report

Eileen Clark presented this. The main issue was a decrease in complaints and PALS enquiries, probably as a result of improvements in CHC which was where the bulk of complaints have historically been. Commissioning changes might mean more complaints in future. QC041116/075

Debbie Stubberfield noted that delays in receiving complaints from hosted services were an issue. Helen Hobson reported this had improved with education from the quality team. QC041116/076

Funded Nursing Care (FNC) was noted as an issue which still highlighted learning. This had been audited and there was an action plan. Steve Hams noted that a PPE group was being set up for CHC (excluding PUPOC). There were difficulties finding people for this and Polly Mather reported this was progressing slowly but needed a lot of co-ordination as the people involved had caring responsibilities. QC041116/077

Helen Hobson noted there was also a need to educate the public about the process and timescales for PUPOC and she was doing lunchtime education sessions in this area. QC041116/078

Debbie Stubberfield said that the language was quite passive where improvement was needed and this was noted. QC041116/079

South East Coast Ambulance (SECAmb)

Performance Update

Steve Hams noted that there had been a slight improvement in Red 1 performance. The most recent data showed the number of 999 calls had returned to 2014 levels. Overall national performance showed SECAmb still the lowest performing ambulance trust in the country. QC041116/080

Conveyance rather than see and treat levels were still too high and this was being looked at. This was acknowledged as a complex area. Steve Hams said that an analysis of cycle times showed that see and treat overall was a benefit, and potentially made a case for improvement in ambulance staffing. QC041116/081

Red 2 continues to be more challenging as Red 1 was being prioritised. QC041116/082

It was noted that SASH data was not routinely provided and Steve Hams would approach SECAmb for this. QC041116/083

Action Steve Hams

The outcomes report showed a mixed picture; Q1 CQUINS had been partially achieved. QC041116/084

Action Plan Update / Feedback from host CCG QC041116/085

The action plan was still being developed. As noted earlier the report on the pilot scheme was now available.

The CQC report was not easily accessible on the trust website and this was being looked at. QC041116/086

Dr Kelly noted that all ambulance trusts were failing red 1 and 2 which showed this was an endemic problem. He queried why the performance had suddenly changed the previous year in November and December and whether there had been a critical event. Steve Hams felt this fitted with the timing of the cause for concern issues that had emerged. QC041116/087

3 Governance, Planning and Engagement QC041116/088

3.1 2017/18 Commissioning Intentions QC041116/089

Steve Hams introduced this. A further report from the Director of Strategy and Commissioning would be available shortly. Public engagement was still taking place. QC041116/090

3.2 Right Care Update QC041116/091

The CCG was part of the first wave and had submitted its evaluation around Musculo-Skeletal, Cardio Vascular Disease and complex patients. This was awaiting review by the national team. Programme Delivery Board reviews indicated some positive outcomes. Clinical leads were very engaged with the process and using the data to redesign services. QC041116/092

3.3 Patient and Public Engagement QC041116/093

Polly Mather gave a verbal update. The target level of engagement of 1% of the population had been achieved and social media engagement had also increased substantially. There had also been a lot of work on engaging the public in commissioning and equality and diversity. QC041116/094

New forums had been put in place and Jacky Oliver reported that there were tentative signs of improvement with a better and more diverse representation than in the past. There was a need to support participation e.g. with jargon free language. The next event would be in Bourne Hall in Ewell on the 21st November. Debbie Stubberfield noted the importance of this in discharging the delegated responsibility for PPE. QC041116/095

3.4 Quality and Equality Impact Policy QC041116/096

Steve Hams said this was still under review. It had been hoped to bring a draft to this committee but more input was needed on the equality side. The strategy would go to the Governing Body on the 25th November. It was noted that the resources were constrained. QC041116/097

The annual equality report would come to the January Quality Committee and Governing Body and was a statutory requirement for publication by the end of that month. QC041116/098

3.5 Risk Report

QC041116/099

Justin Dix introduced this. The use of Datix was now having an impact, not just as a system in its own right but also as a means of effecting cultural change and getting people to take greater responsibility for risk. There were some transitional issues in moving from the old system to the new but no risks had been lost. QC041116/100

Steve Hams said that it was still necessary to clarify the level of detail the committee looked at and that this was sometimes a matter of judgement as much as looking at the higher scoring risks. QC041116/101

It was noted that the Governing Body Assurance Framework clearly related only to risks to the CCGs principal objectives. Datix provided an opportunity to record all risk across the organisation. What was less clear was defining corporate risk in terms of the new Risk Management Strategy. QC041116/102

It was agreed that there should be clearer timescales for actions within each risk. QC041116/103

There was a specific request to review stroke mortality given the size and scope of the current project t change stroke services. QC041116/104

It was agreed that there should be a formal review of the risk register for quality risks after each main Quality Committee meeting. QC041116/105

4 Committee business

QC041116/106

4.1 Forward Plan / Next Agenda

QC041116/107

Justin Dix went through this and explained that the corporate team was undertaking forward planning for all the committees, governing body and some other meetings. There were capacity restraints in the corporate team which meant that it could only address high level agenda items and not go into e.g. the detail of the content of the Quality and Performance report. Some concern was expressed that this might mean that items would be lost. Conversely Dr Kelly asked that the committee did not become over-involved in the detail. QC041116/108

Debbie Stubberfield suggested stratifying the areas that needed reviewing prior to the next meeting through a further iteration of the forward plan. QC041116/109

Action Justin Dix

It was noted that the forward plan gave an indication of when items needed to be addressed during the year but did not necessarily mean that this fitted with the meeting timetable. QC041116/110

Dr Kelly noted that the role of the committee continued to evolve. It was noted that the discussion about the frequency and type of meetings still needed to be resolved. QC041116/111

4.2 Any other urgent business QC041116/112

There was no other business. QC041116/113

4.3 *Items to highlight to the next Governing Body* QC041116/114

- Provider trusts need to take responsibility for both the patient and the 4 hour A&E performance when receiving patients via ambulance handovers. QC041116/115
- There was a substantive backlog of CHC assessments that would be addressed over the coming weeks – mainly attributable to workforce issues. QC041116/116
- Lower respiratory tract emergency admissions were an issue for GP practices near to an A&E Department. QC041116/117
- Primary Care Standards for Care Homes were currently an issue as it was difficult to achieve the required targeted approach. QC041116/118
- There were 7 care homes in Surrey Downs that had signed up to the relevant CQUIN. QC041116/119

4.4 Date of next meeting QC041116/120

The meeting in December was a seminar. It was agreed to look at the Community Hospitals, Community Hub quality, Primary Care and the committee's Terms of Reference. QC041116/121